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Molina Healthcare of South Carolina Preferred Drug List

Molina Healthcare of South Carolina Preferred Drug List

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INTRODUCTION

We are pleased to provide the 2020 *Molina Healthcare of South Carolina Preferred Drug List* as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

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

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

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

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

PREFACE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

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

GENERIC SUBSTITUTION

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

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

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

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

PLAN DESIGN

The document represents a closed drug list plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a preferred drug list exception may be requested for coverage. Medical necessity or preferred drug list exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-preferred prescription request criteria. Log in to www.molinahealthcare.com to check coverage.

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

PLAN DESIGN HIGHLIGHTS

Copoly:	Molina Healthcare of SC (member age 19 years and older): \$3.40 copay per prescription and refill.
	Molina Healthcare of SC (member age under 19 years): \$0 copay per prescription and refill.

PRESCRIPTION QUANTITIES

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

CLASSES OF CONSIDERATION

OPIOID ANALGESICS

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

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

The following constitute exceptions from these limits: members with sickle cell disease, cancer, major surgery, major trauma, neonatal abstinence syndrome, chronic pain, or those receiving palliative or end-of-life care or medication assisted therapy (MAT).

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

NON-COVERED MEDICATIONS

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

- Appetite Suppressants / Anorexiant for weight loss (except for lipase inhibitors)
- Drugs for Cosmetic Purposes, including hair growth
- Drugs used to treat infertility

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

CARVED-OUT MEDICATIONS (medications covered under the Fee-for-Service program):

The following types of medications are covered by the Fee-for-Service (FFS) program directly, even when the member is enrolled in Molina Healthcare of South Carolina managed care health plan. Pharmacies with billing questions regarding the FFS point-of-sale pharmacy system should call the Magellan Pharmacy Support Call Center at 1-866-254-1669.

- Medications used to treat Hepatitis C virus (HCV), including all Direct-Acting Antivirals (e.g., Sovaldi, Harvoni, Olysio, etc.), ribavirin and interferon products. (Effective July 1, 2015)

Prior authorization requests for HCV medications will be processed by Magellan Rx Management on behalf of the FFS pharmacy program. Prior authorization requests for HCV medications should be directed to the Magellan Clinical Call Center at:

Phone: 1-866-247-1181
Fax: 1-888-603-7696

PRIOR AUTHORIZATION REQUEST PROCEDURE

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

PRIOR AUTHORIZATION HELPFUL HINTS

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

Class of Medication/Diagnosis

Cholesterol Lowering

Diabetes

Osteoporosis

Opioid dependence/addiction

Non-Preferred Medication

Requested Clinical Information

Lipid Panel, Cardiovascular risk factors

A1c Report

T-score

Urine screen

Medication Log and/or Progress Notes documenting previous use of Preferred Drug List medications

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

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 PREFERRED DRUG LIST CHANGES

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

Fax: 1-855-571-3011

URGENT AND AFTER-HOURS MEDICATION POLICY

To prevent a member's condition from worsening in an urgent situation, it may be necessary to dispense a 5-day supply of a medication before prior authorization may be obtained from Molina. (e.g., a member is discharged from a hospital after regular business hours with a special antibiotic prescription). Pharmacies are instructed to use their professional judgment and should not use this process to dispense medications that are specifically excluded from the pharmacy benefit. At the point of sale, pharmacies may enter a PAMC code of 11112222333 to allow for one-time processing of a 5-day supply of medication. This code should be submitted in the PA Auth code section on the claim. Successive 5-day supplies for a single prescription are not permitted.

In case of an emergency, a member who currently is enrolled in the South Carolina Medicaid Pharmacy Lock-In Program is allowed to obtain a 5-day supply of a medication filled at a pharmacy that is not his/her designated lock-in pharmacy.

NOTICE

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

FORMULARY UPDATES

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

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

Date Effective	Product Name	Change	Notes
1/1/2020	FREESTYLE 10 REA LIBRE	Add to formulary with PA	
1/1/2020	FREESTYLE 14 REA LIBRE	Add to formulary with PA	
1/1/2020	FREESTYLE 10 SEN LIBRE	Add to formulary with PA	
1/1/2020	FREESTYLE 14 SEN LIBRE	Add to formulary with PA	
1/1/2020	DEXCOM G5 MIS RECEIVER	Add to formulary with PA	
1/1/2020	DEXCOM G5 KIT RECV PNK	Add to formulary with PA	
1/1/2020	DEXCOM G5 KIT REC BLUE	Add to formulary with PA	
1/1/2020	DEXCOM G5 KIT RECEIVER	Add to formulary with PA	
1/1/2020	DEXCOM G6 MIS RECEIVER	Add to formulary with PA	
1/1/2020	DEXCOM G6 MIS SENSOR	Add to formulary with PA	
1/1/2020	DEXCOM G5 MIS TRANSMIT	Add to formulary with PA	
1/1/2020	DEXCOM G6 MIS TRANSMIT	Add to formulary with PA	
1/1/2020	TechLite Pen Needles MISC 29G X 10MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 29G X 12MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 31G X 5 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 31G X 6 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 31G X 8 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 32G X 4 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 32G X 6 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 32G X 8 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TRUEplus 5-Bevel Pen Needles MISC 29G X 12.7MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TRUEplus 5-Bevel Pen Needles MISC 31G X 5 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TRUEplus 5-Bevel Pen Needles MISC 31G X 6 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TRUEplus 5-Bevel Pen Needles MISC 31G X 8 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TRUEplus 5-Bevel Pen Needles MISC 32G X 4 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	EPIPEN-JR KIT 0.15MG	Remove from formulary	
1/1/2020	EPIPEN-JR2PK KIT 0.15MG	Remove from formulary	Prefer generic or Symjepi

1/1/2020	EPIPEN KIT 0.3MG	Remove from formulary	Prefer generic or Symjepi
1/1/2020	EPIPEN 2 PK KIT 0.3MG	Remove from formulary	Prefer generic or Symjepi
1/1/2020	SYMJEPI INJ 0.15MG	Add to formulary with QL	QL: Max 2 per 25 days
1/1/2020	SYMJEPI INJ 0.3MG	Add to formulary with QL	QL: Max 2 per 25 days
1/1/2020	TRELEGY AER ELLIPTA	Add to formulary with QL	QL: Max 2 per day
1/1/2020	VENTOLIN INH HFA 200	Remove from formulary	
1/1/2020	VENTOLIN INH HFA 60	Remove from formulary	
1/1/2020	VENTOLIN INH HFA 60	Remove from formulary	
1/1/2020	VENTOLIN INH HFA 60	Remove from formulary	
1/1/2020	XARELTO TAB 2.5MG	Remove from formulary	
1/1/2020	XARELTO TAB 10MG	Remove from formulary	
1/1/2020	XARELTO TAB 15MG	Remove from formulary	
1/1/2020	XARELTO TAB 20MG	Remove from formulary	
1/1/2020	XARELTO STAR TAB 15/20MG	Remove from formulary	
1/1/2020	ELIQUIS TAB 2.5MG	Add to formulary with PA	
1/1/2020	ELIQUIS TAB 5MG	Add to formulary with PA	
1/1/2020	TRULICITY INJ 0.75/0.5	Add to formulary with PA	
1/1/2020	TRULICITY INJ 1.5/0.5	Add to formulary with PA	
1/1/2020	XELJANZ TAB 5MG	Add to formulary with PA	
1/1/2020	XELJANZ TAB 10MG	Add to formulary with PA	
1/1/2020	XELJANZ XR TAB 11MG	Add to formulary with PA	
1/1/2020	CORLANOR TAB 5MG	Add to formulary with PA	
1/1/2020	CORLANOR TAB 7.5MG	Add to formulary with PA	
1/1/2020	TRAVATAN Z SOL 0.004%OP	Remove from formulary	
1/1/2020	EPOGEN/PROCRIT	Remove from formulary	
1/1/2020	RETACRIT INJ 2000UNIT	Add to formulary with PA	
1/1/2020	RETACRIT INJ 3000UNIT	Add to formulary with PA	
1/1/2020	RETACRIT INJ 4000UNIT	Add to formulary with PA	
1/1/2020	RETACRIT INJ 10000UNT	Add to formulary with PA	
1/1/2020	RETACRIT INJ 40000UNT	Add to formulary with PA	
1/1/2020	NEUPOGEN	Remove from formulary	
1/1/2020	ZARXIO INJ 300/0.5	Add to formulary with PA	
1/1/2020	ZARXIO INJ 480/0.8	Add to formulary with PA	
1/1/2020	NEULASTA	Remove from formulary	
1/1/2020	FULPHILA INJ 6/0.6ML	Remove from formulary	
1/1/2020	NIACOR TAB 500MG	Remove from formulary	
1/1/2020	BUDESONIDE SPR NASALOTC	Add OTC to formulary with QVT	QL: Max 8.43 per 25 days
1/1/2020	TRI-VI-SOL DRO	Add to formulary with QVT	QL: Max 50 per 25 days
1/1/2020	TRI-VITAMIN DRO	Add to formulary with QVT	QL: Max 50 per 25 days
1/1/2020	MULT VITAM DRO	Add to formulary with QVT	QL: Max 50 per 25 days
1/1/2020	POLY-VI-FLOR CHW 0.25MG	Remove from formulary	
1/1/2020	POLY-VI-FLOR CHW 0.5MG	Remove from formulary	
1/1/2020	POLY-VI-FLOR CHW 1MG	Remove from formulary	
1/1/2020	POLY-VI-FLOR SUS 0.25/ML	Remove from formulary	
1/1/2020	POLY-VI-FLOR MIS FS 0.25	Remove from formulary	
1/1/2020	POLY-VI-FLOR MIS FS 0.5MG	Remove from formulary	
1/1/2020	POLY-VI-FLOR MIS FS	Remove from formulary	
1/1/2020	MOXIFLOXACIN SOL HCL 0.5%	Add to formulary with QVT	QL: Max 3 per 25 days
1/1/2020	CYCLOPENTOL SOL 1% OP	Add to formulary with QVT	QL: Max 15 per 25 days
1/1/2020	VYVANSE CAP 10MG	Remove from formulary	
1/1/2020	VYVANSE CAP 20MG	Remove from formulary	
1/1/2020	VYVANSE CAP 30MG	Remove from formulary	

1/1/2020	VYVANSE CAP 40MG	Remove from formulary	
1/1/2020	VYVANSE CAP 50MG	Remove from formulary	
1/1/2020	VYVANSE CAP 60MG	Remove from formulary	
1/1/2020	VYVANSE CAP 70MG	Remove from formulary	
1/1/2020	DEXMETHYLPH CAP 5MG ER	Add to formulary with QL and AGE	QL: Max 1 per day AGE: covered only for age 6-18 yrs
1/1/2020	DEXMETHYLPH CAP 10MG ER	Add to formulary with QL and AGE	QL: Max 1 per day AGE: covered only for age 6-18 yrs
1/1/2020	DEXMETHYLPH CAP 15MG ER	Add to formulary with QL and AGE	QL: Max 1 per day AGE: covered only for age 6-18 yrs
1/1/2020	DEXMETHYLPH CAP 20MG ER	Add to formulary with QL and AGE	QL: Max 1 per day AGE: covered only for age 6-18 yrs
1/1/2020	DEXMETHYLPH CAP 25MG ER	Add to formulary with QL and AGE	QL: Max 1 per day AGE: covered only for age 6-18 yrs
1/1/2020	DEXMETHYLPH CAP 30MG ER	Add to formulary with QL and AGE	QL: Max 1 per day AGE: covered only for age 6-18 yrs
1/1/2020	DEXMETHYLPH CAP ER 35MG	Add to formulary with QL and AGE	QL: Max 1 per day AGE: covered only for age 6-18 yrs
1/1/2020	DEXMETHYLPH CAP 40MG ER	Add to formulary with QL and AGE	QL: Max 1 per day AGE: covered only for age 6-18 yrs

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

Drug Name	Requirements/Limits
<i>dextroamphetamine sulfate tab 5 mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>dextroamphetamine sulfate tab 10 mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>zenzedi tab 5mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>zenzedi tab 10mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)

ANALEPTICS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	QL (120 mL in lifetime); AGE (Max age 1 year)
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ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

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

Drug Name	Requirements/Limits
STIMULANTS - MISC.	
<i>armodafinil tab 50 mg</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
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> (generic of FOCALIN XR)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> (generic of FOCALIN XR)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> (generic of FOCALIN XR)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> (generic of FOCALIN XR)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> (generic of FOCALIN XR)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> (generic of FOCALIN XR)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> (generic of FOCALIN XR)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> (generic of FOCALIN XR)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl tab 2.5 mg</i> (generic of FOCALIN)	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl tab 5 mg</i> (generic of FOCALIN)	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl tab 10 mg</i> (generic of FOCALIN)	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>metadate tab 20mg er</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 10 mg</i> (cd)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD

Drug Name	Requirements/Limits
<i>methylphenidate hcl cap er 20 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i> (generic of RITALIN LA)	QL (30 ea / 30 days), PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> (generic of RITALIN LA)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> (generic of RITALIN LA)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> (generic of RITALIN LA)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 40 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 50 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 60 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl soln 5 mg/5ml</i> (generic of METHYLIN)	QL (450 mL / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl soln 10 mg/5ml</i> (generic of METHYLIN)	QL (900 mL / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 5 mg</i> (generic of RITALIN)	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 10 mg</i> (generic of RITALIN)	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 20 mg</i> (generic of RITALIN)	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)

Drug Name	Requirements/Limits
<i>methylphenidate hcl tab er 10 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 20 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>modafinil tab 100 mg (generic of PROVIGIL)</i>	QL (30 ea / 30 days), PA
<i>modafinil tab 200 mg (generic of PROVIGIL)</i>	QL (60 ea / 30 days), PA

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

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

Drug Name	Requirements/Limits
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 3-1 mg</i>	OTC, QL (60 ea / 30 days)
<i>melatonin-pyridoxine tab 3-2 mg</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
HUMIRA INJ 20/0.2ML	SP, QL (2 ea / 28 days), PA
HUMIRA INJ 40/0.4ML	SP, QL (2 ea / 28 days), PA
HUMIRA KIT 20MG/0.4	SP, QL (2 ea / 24 days), PA
HUMIRA KIT 40MG/0.8	SP, QL (2 ea / 24 days), PA
HUMIRA PEDIA INJ CROHNS	SP, QL (2 ea / 24 days), PA
HUMIRA PEDIA INJ CROHNS	SP, QL (2 ea / 28 days), PA
HUMIRA PEN INJ 40/0.4ML	SP, QL (2 ea / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	SP, QL (2 ea / 24 days), PA
HUMIRA PEN INJ CD/UC/HS	SP, QL (2 ea / 24 days), PA
HUMIRA PEN INJ PS/UV	SP, QL (2 ea / 24 days), PA
HUMIRA PEN KIT CD/UC/HS	SP, QL (3 ea / 180 days), PA
HUMIRA PEN KIT PS/UV	SP, QL (3 ea / 180 days), PA
ANTIRHEUMATIC - ENZYME INHIBITORS	
XELJANZ TAB 5MG	SP, PA
XELJANZ TAB 10MG	SP, PA
XELJANZ XR TAB 11MG	SP, 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)

Drug Name	Requirements/Limits
<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); AGE (Max age 64 years)
<i>indomethacin cap 50 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>ketorolac tromethamine tab 10 mg</i>	QL (4 ea / day, max 5 day supply); AGE (Max age 64 years)
<i>meloxicam tab 7.5 mg (generic of MOBIC)</i>	QL (30 ea / 30 days)
<i>meloxicam tab 15 mg (generic of MOBIC)</i>	QL (30 ea / 30 days)
<i>nabumetone tab 500 mg</i>	QL (120 ea / 30 days)
<i>nabumetone tab 750 mg</i>	QL (120 ea / 30 days)
<i>naproxen dr tab 375mg (generic of EC-NAPROSYN)</i>	QL (90 ea / 30 days)
<i>naproxen dr tab 500mg (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
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Drug Name	Requirements/Limits
OTEZLA TAB 30MG	SP, PA
PYRIMIDINE SYNTHESIS INHIBITORS	
<i>leflunomide tab 10 mg</i> (generic of ARAVA)	QL (30 ea / 30 days)
<i>leflunomide tab 20 mg</i> (generic of ARAVA)	QL (30 ea / 30 days)
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	
ENBREL INJ 25/0.5ML	SP, QL (4 mL / 24 days), PA
ENBREL INJ 25MG	SP, QL (4 ea / 24 days), PA
ENBREL INJ 50MG/ML	SP, QL (4 mL / 24 days), PA
ENBREL MINI INJ 50MG/ML	SP, QL (4 mL / 24 days), PA
ENBREL SRCLK INJ 50MG/ML	SP, QL (4 mL / 24 days), PA
ANALGESICS - NONNARCOTIC	
ANALGESIC COMBINATIONS	
<i>butalbital-acetaminophen tab 50-325 mg</i>	QL (300 ea / 30 days); AGE (Max age 64 years)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	QL (60 ea / 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (generic of ESGIC)	QL (180 ea / 30 days); AGE (Max age 64 years)
ANALGESICS OTHER	
<i>acetaminophen cap 500 mg</i>	OTC, QL (240 ea / 30 days)
<i>acetaminophen chew tab 80 mg</i>	OTC, QL (180 ea / 30 days)
<i>acetaminophen chew tab 160 mg</i>	OTC, QL (180 ea / 30 days)
<i>acetaminophen disintegrating tab 80 mg</i>	OTC, QL (1500 ea / 30 days)
<i>acetaminophen disintegrating tab 160 mg</i>	OTC, QL (750 ea / 30 days)
<i>acetaminophen elixir 160 mg/5ml</i>	OTC
<i>acetaminophen liquid 160 mg/5ml</i>	OTC
<i>acetaminophen liquid 167 mg/5ml</i>	OTC
<i>acetaminophen soln 160 mg/5ml</i>	OTC
<i>acetaminophen suppos 120 mg</i>	OTC, QL (1020 ea / 30 days)
<i>acetaminophen suppos 650 mg</i>	OTC, QL (180 ea / 30 days)
<i>acetaminophen susp 160 mg/5ml</i>	OTC
<i>acetaminophen tab 325 mg</i>	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 500 mg</i>	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab er 650 mg</i>	OTC, QL (180 ea / 30 days)
FEVERALL INF SUP 80MG	OTC, QL (1500 ea / 30 days)
SALICYLATES	
<i>aspirin chew tab 81 mg</i>	OTC, QL (30 ea / 30 days)
<i>aspirin tab 325 mg</i>	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 81 mg</i>	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 325 mg</i>	OTC, QL (360 ea / 30 days)
<i>salsalate tab 500 mg</i>	QL (120 ea / 30 days)

Drug Name	Requirements/Limits
<i>salsalate tab 750 mg</i>	QL (120 ea / 30 days)
ANALGESICS - OPIOID	
OPIOID AGONISTS	
CODEINE SULF TAB 60MG	QL (max 7 day supply for initial fill or PA required)
<i>codeine sulfate tab 30 mg</i> (generic of CODEINE SULFATE)	QL (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
<i>hydromorphone hcl tab 2 mg</i> (generic of DILAUDID)	QL (max 7 day supply for initial fill or PA required)
<i>hydromorphone hcl tab 4 mg</i> (generic of DILAUDID)	QL (max 7 day supply for initial fill or PA required)
<i>meperidine hcl oral soln 50 mg/5ml</i>	QL (max 7 day supply for initial fill or PA required); AGE (Max age 64 years)
<i>meperidine hcl tab 50 mg</i>	QL (max 7 day supply for initial fill or PA required); AGE (Max age 64 years)
<i>meperidine hcl tab 100 mg</i>	QL (max 7 day supply for initial fill or PA required); AGE (Max age 64 years)
<i>morphine sulfate oral soln 10 mg/5ml</i>	QL (max 7 day supply for initial fill or PA required)
<i>morphine sulfate oral soln 20 mg/5ml</i>	QL (max 7 day supply for initial fill or PA required)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	QL (max 7 day supply for initial fill or PA required)
<i>morphine sulfate tab 15 mg</i>	QL (max 7 day supply for initial fill or PA required)
<i>morphine sulfate tab 30 mg</i>	QL (max 7 day supply for initial fill or PA required)
<i>morphine sulfate tab er 15 mg</i> (generic of MS CONTIN)	QL (90 ea / 30 days)
<i>morphine sulfate tab er 30 mg</i> (generic of MS CONTIN)	QL (90 ea / 30 days)
<i>morphine sulfate tab er 60 mg</i> (generic of MS CONTIN)	QL (90 ea / 30 days)

Drug Name	Requirements/Limits
<i>morphine sulfate tab er 100 mg</i> (generic of MS CONTIN)	QL (90 ea / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	QL (max 7 day supply for initial fill or PA required, max 1 fill per 90 days)
<i>oxycodone hcl tab 5 mg</i> (generic of ROXICODONE)	QL (max 7 day supply for initial fill or PA required, max 1 fill per 90 days)
<i>oxycodone hcl tab 10 mg</i>	QL (max 7 day supply for initial fill or PA required, max 1 fill per 90 days)
<i>oxycodone hcl tab 15 mg</i> (generic of ROXICODONE)	QL (max 7 day supply for initial fill or PA required, max 1 fill per 90 days)
<i>oxycodone hcl tab 20 mg</i>	QL (max 7 day supply for initial fill or PA required, max 1 fill per 90 days)
<i>oxycodone hcl tab 30 mg</i> (generic of ROXICODONE)	QL (max 7 day supply for initial fill or PA required, max 1 fill per 90 days)
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM)	QL (max 7 day supply for initial fill or PA required)

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL (max 7 day supply for initial fill or PA required)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (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 (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 (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)
<i>endocet tab 5-325mg</i> (generic of PERCOCET)	QL (max 7 day supply for initial fill or PA required)
<i>endocet tab 7.5-325</i> (generic of PERCOCET)	QL (max 7 day supply for initial fill or PA required)
<i>endocet tab 10-325mg</i> (generic of PERCOCET)	QL (max 7 day supply for initial fill or PA required)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL (3750 mL / 25 days); (max 7 day supply for initial fill or PA required)
<i>hydrocodone-acetaminophen tab 5-325 mg</i> (generic of HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG)	QL (max 7 day supply for initial fill or PA required)

Drug Name	Requirements/Limits
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> (generic of HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG)	QL (max 7 day supply for initial fill or PA required)
<i>hydrocodone-acetaminophen tab 10-325 mg</i> (generic of HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG)	QL (max 7 day supply for initial fill or PA required)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET)	QL (max 7 day supply for initial fill or PA required)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET)	QL (max 7 day supply for initial fill or PA required)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET)	QL (max 7 day supply for initial fill or PA required)

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	QL (360 ea / 30 days); AGE (Min age 16 years)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	QL (90 ea / 30 days); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE)	QL (360 ea / 30 days); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE)	QL (180 ea / 30 days); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE)	QL (90 ea / 30 days); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE)	QL (60 ea / 30 days); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL (360 ea / 30 days); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL (90 ea / 30 days); AGE (Min age 16 years)
PROBUPHINE IMP KIT 74.2	SP, PA
SUBLOCADE INJ 100/0.5	SP, PA
SUBLOCADE INJ 300/1.5	SP, PA

ANDROGENS-ANABOLIC

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

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

ANORECTAL AGENTS

INTRARECTAL STEROIDS

<i>colocort ene 100mg</i> (generic of CORTENEMA)	QL (1680 mL / 25 days)
<i>hydrocortisone enema 100 mg/60ml</i> (generic of CORTENEMA)	QL (1680 mL / 25 days)

Drug Name	Requirements/Limits
RECTAL COMBINATIONS	
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i>	OTC
RECTAL LOCAL ANESTHETICS	
<i>dibucaine 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 oxide tab 420 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

Drug Name	Requirements/Limits
<i>ivermectin tab 3 mg</i> (generic of STROMECTOL)	QL (300 ea / 30 days)
<i>pinworm med sus 144mg/ml</i>	OTC
ANTI-INFECTIVE AGENTS - MISC.	
ANTI-INFECTIVE AGENTS - MISC.	
<i>metronidazole tab 250 mg</i> (generic of FLAGYL)	QL (240 ea / 30 days)
<i>metronidazole tab 500 mg</i> (generic of FLAGYL)	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</i> (generic of BACTRIM)	QL (120 ea / 30 days)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	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</i> (generic of MEPRON)	PA; AGE (Min age 13 years)
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</i> (generic of CLEOCIN)	QL (240 ea / 30 days)
<i>clindamycin hcl cap 300 mg</i> (generic of CLEOCIN)	QL (180 ea / 30 days)
<i>clindamycin palmitate hcl for soln 75 mg/5ml</i> (base equiv) (generic of CLEOCIN PEDIATRIC GRANULE)	AGE (Max age 18 years)
OXAZOLIDINONES	
<i>linezolid for susp 100 mg/5ml</i> (generic of ZYVOX)	PA
<i>linezolid tab 600 mg</i> (generic of ZYVOX)	PA
ANTIANGINAL AGENTS	
ANTIANGINALS-OTHER	
<i>ranolazine tab er 12hr 500 mg</i> (generic of RANEXA)	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)

ANTI-ANXIETY AGENTS

ANTI-ANXIETY AGENTS - MISC.

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

Drug Name	Requirements/Limits
<i>hydroxyzine pamoate cap 50 mg (generic of VISTARIL)</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 100 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)

BENZODIAZEPINES

<i>alprazolam tab 0.5 mg (generic of XANAX)</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>alprazolam tab 0.25 mg (generic of XANAX)</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>alprazolam tab 1 mg (generic of XANAX)</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>alprazolam tab 2 mg (generic of XANAX)</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>chlordiazepoxide hcl cap 5 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>chlordiazepoxide hcl cap 10 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>chlordiazepoxide hcl cap 25 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>clorazepate dipotassium tab 3.75 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>clorazepate dipotassium tab 7.5 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>clorazepate dipotassium tab 15 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>diazepam conc 5 mg/ml</i>	QL (90 mL / 30 days), PA; AGE (Max age 64 years)
<i>diazepam oral soln 1 mg/ml</i>	QL (120 mL / 30 days); AGE (Max age 64 years)
<i>diazepam tab 2 mg (generic of VALIUM)</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>diazepam tab 5 mg (generic of VALIUM)</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>diazepam tab 10 mg (generic of VALIUM)</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>lorazepam conc 2 mg/ml</i>	QL (90 mL / 30 days); AGE (Min age 12 years)
<i>lorazepam tab 0.5 mg (generic of ATIVAN)</i>	QL (90 ea / 30 days); AGE (Min age 12 years)
<i>lorazepam tab 1 mg (generic of ATIVAN)</i>	QL (90 ea / 30 days); AGE (Min age 12 years)

Drug Name	Requirements/Limits
<i>lorazepam tab 2 mg</i> (generic of ATIVAN)	QL (90 ea / 30 days); AGE (Min age 12 years)
<i>oxazepam cap 10 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years)
<i>oxazepam cap 15 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years)
<i>oxazepam cap 30 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i> (generic of NORPACE)	QL (240 ea / 30 days)
<i>disopyramide phosphate cap 150 mg</i> (generic of NORPACE)	QL (150 ea / 30 days); AGE (Max age 64 years)
<i>quinidine sulfate tab 300 mg</i>	QL (240 ea / 30 days)

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	QL (180 ea / 30 days)
<i>mexiletine hcl cap 200 mg</i>	QL (180 ea / 30 days)
<i>mexiletine hcl cap 250 mg</i>	QL (180 ea / 30 days)

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	QL (210 ea / 30 days)
<i>flecainide acetate tab 100 mg</i>	QL (180 ea / 30 days)
<i>flecainide acetate tab 150 mg</i>	QL (90 ea / 30 days)
<i>propafenone hcl tab 150 mg</i>	QL (180 ea / 30 days)
<i>propafenone hcl tab 225 mg</i>	QL (90 ea / 30 days)
<i>propafenone hcl tab 300 mg</i>	QL (90 ea / 30 days)

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 200 mg</i>	QL (120 ea / 30 days)
<i>pacerone 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)
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ANTIASTHMATIC - MONOCLONAL ANTIBODIES

XOLAIR INJ 75/0.5	SP, QL (2.5 mL / 24 days), PA
XOLAIR INJ 150MG/ML	SP, QL (5 mL / 24 days), PA
XOLAIR SOL 150MG	SP, QL (5 ea / 24 days), PA

BRONCHODILATORS - ANTICHOLINERGICS

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

LEUKOTRIENE MODULATORS

<i>montelukast sodium chew tab 4 mg</i> (base equiv) (generic of SINGULAIR)	QL (30 ea / 30 days)
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Drug Name	Requirements/Limits
<i>montelukast sodium chew tab 5 mg (base equiv)</i> (generic of SINGULAIR)	QL (30 ea / 30 days)
<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); AGE (Max age 9 years)
<i>budesonide inhalation susp 0.25 mg/2ml</i> (generic of PULMICORT)	QL (120 mL / 30 days); AGE (Max age 9 years)
FLOVENT HFA AER 44MCG	QL (10.6 gm / 30 days); AGE (Max age 11 years)
FLOVENT HFA AER 110MCG	QL (12 gm / 30 days); AGE (Max age 11 years)
QVAR REDIHA AER 80MCG	QL (10.6 gm / 30 days)
QVAR REDIHAL AER 40MCG	QL (10.6 gm / 30 days)

SYMPATHOMIMETICS

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (18 gm / 25 days); Generic Ventolin
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (8.5 gm / 25 days); Generic Proair
<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); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i> (generic of ADVAIR DISKUS)	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	QL (1 ea / 30 days); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	QL (1 ea / 30 days); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</i> (generic of ADVAIR DISKUS)	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i> (generic of ADVAIR DISKUS)	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)

Drug Name	Requirements/Limits
SYMBICORT AER 80-4.5	QL (10.2 gm / 25 days); AGE (Max age 11 years)
SYMBICORT AER 160-4.5	QL (10.2 gm / 25 days); AGE (Max age 11 years)
<i>terbutaline sulfate tab 2.5 mg</i>	QL (240 ea / 30 days)
<i>terbutaline sulfate tab 5 mg</i>	QL (180 ea / 30 days)
TRELEGY AER ELLIPTA	QL (60 ea / 30 days)
<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 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)

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

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG	PA
ELIQUIS TAB 2.5MG	PA
ELIQUIS TAB 5MG	PA

HEPARINS AND HEPARINOID-LIKE AGENTS

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

Drug Name	Requirements/Limits
FRAGMIN INJ 12500UNT	SP, PA
FRAGMIN INJ 15000UNT	SP, PA
FRAGMIN INJ 18000UNT	SP, PA

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam tab 10 mg</i> (generic of ONFI)	QL (60 ea / 30 days)
<i>clobazam tab 20 mg</i> (generic of ONFI)	QL (60 ea / 30 days)
<i>clonazepam tab 0.5 mg</i> (generic of KLONOPIN)	QL (300 ea / 30 days)
<i>clonazepam tab 1 mg</i> (generic of KLONOPIN)	QL (300 ea / 30 days)
<i>clonazepam tab 2 mg</i> (generic of KLONOPIN)	QL (300 ea / 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	QL (2 ea / 25 days)
<i>diazepam rectal gel delivery system 10 mg</i>	QL (2 ea / 25 days)
<i>diazepam rectal gel delivery system 20 mg</i>	QL (2 ea / 25 days)

ANTICONVULSANTS - MISC.

BANZEL SUS 40MG/ML	QL (2400 mL / 30 days)
BANZEL TAB 200MG	QL (480 ea / 30 days)
BANZEL TAB 400MG	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 100 mg</i> (generic of CARBATROL)	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 200 mg</i> (generic of CARBATROL)	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 300 mg</i> (generic of CARBATROL)	QL (240 ea / 30 days)
<i>carbamazepine chew tab 100 mg</i>	QL (240 ea / 30 days)
<i>carbamazepine susp 100 mg/5ml</i> (generic of TEGRETOL)	QL (1800 mL / 30 days)
<i>carbamazepine tab 200 mg</i> (generic of TEGRETOL)	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 100 mg</i> (generic of TEGRETOL-XR)	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 200 mg</i> (generic of TEGRETOL-XR)	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 400 mg</i> (generic of TEGRETOL-XR)	QL (240 ea / 30 days)
CARBATROL CAP 100MG	QL (240 ea / 30 days)
CARBATROL CAP 200MG	QL (240 ea / 30 days)
CARBATROL CAP 300MG	QL (240 ea / 30 days)
<i>epitol tab 200mg</i> (generic of TEGRETOL)	QL (240 ea / 30 days)
<i>gabapentin cap 100 mg</i> (generic of NEURONTIN)	QL (300 ea / 30 days)
<i>gabapentin cap 300 mg</i> (generic of NEURONTIN)	QL (300 ea / 30 days)
<i>gabapentin cap 400 mg</i> (generic of NEURONTIN)	QL (270 ea / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i> (generic of NEURONTIN)	
<i>gabapentin tab 600 mg</i> (generic of NEURONTIN)	QL (180 ea / 30 days)
<i>gabapentin tab 800 mg</i> (generic of NEURONTIN)	QL (120 ea / 30 days)
<i>lamotrigine tab 25 mg</i> (generic of LAMICTAL)	QL (300 ea / 30 days)

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

Drug Name	Requirements/Limits
TEGRETOL-XR TAB 400MG	QL (240 ea / 30 days)
<i>topiramate sprinkle cap 15 mg</i> (generic of TOPAMAX SPRINKLE)	QL (240 ea / 30 days)
<i>topiramate sprinkle cap 25 mg</i> (generic of TOPAMAX SPRINKLE)	QL (240 ea / 30 days)
<i>topiramate tab 25 mg</i> (generic of TOPAMAX)	QL (120 ea / 30 days)
<i>topiramate tab 50 mg</i> (generic of TOPAMAX)	QL (60 ea / 30 days)
<i>topiramate tab 100 mg</i> (generic of TOPAMAX)	QL (60 ea / 30 days)
<i>topiramate tab 200 mg</i> (generic of TOPAMAX)	QL (60 ea / 30 days)
VIMPAT SOL 10MG/ML	QL (600 mL / 30 days)
VIMPAT TAB 50MG	QL (60 ea / 30 days)
VIMPAT TAB 100MG	QL (60 ea / 30 days)
VIMPAT TAB 150MG	QL (60 ea / 30 days)
VIMPAT TAB 200MG	QL (60 ea / 30 days)
<i>zonisamide cap 25 mg</i> (generic of ZONEGRAN)	QL (60 ea / 30 days)
<i>zonisamide cap 50 mg</i>	QL (60 ea / 30 days)
<i>zonisamide cap 100 mg</i> (generic of ZONEGRAN)	QL (180 ea / 30 days)

GABA MODULATORS

<i>tiagabine hcl tab 2 mg</i> (generic of GABITRIL)	QL (840 ea / 30 days)
<i>tiagabine hcl tab 4 mg</i> (generic of GABITRIL)	QL (420 ea / 30 days)
<i>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)
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Drug Name	Requirements/Limits
<i>divalproex sodium tab delayed release 125 mg</i> (generic of DEPAKOTE)	QL (450 ea / 30 days)
<i>divalproex sodium tab delayed release 250 mg</i> (generic of DEPAKOTE)	QL (300 ea / 30 days)
<i>divalproex sodium tab delayed release 500 mg</i> (generic of DEPAKOTE)	QL (300 ea / 30 days)
<i>divalproex sodium tab er 24 hr 250 mg</i> (generic of DEPAKOTE ER)	QL (300 ea / 30 days)
<i>divalproex sodium tab er 24 hr 500 mg</i> (generic of DEPAKOTE ER)	QL (300 ea / 30 days)
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	QL (3000 mL / 30 days)
<i>valproic acid cap 250 mg</i>	QL (600 ea / 30 days)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tab 15 mg</i> (generic of REMERON)	QL (30 ea / 30 days)
<i>mirtazapine tab 30 mg</i> (generic of REMERON)	QL (120 ea / 30 days)
<i>mirtazapine tab 45 mg</i>	QL (30 ea / 30 days)

ANTIDEPRESSANTS - MISC.

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

MONOAMINE OXIDASE INHIBITORS (MAOIS)

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

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)

Drug Name	Requirements/Limits
<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)
<i>escitalopram oxalate tab 10 mg (base equiv)</i> (generic of LEXAPRO)	QL (30 ea / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i> (generic of LEXAPRO)	QL (30 ea / 30 days)
<i>fluoxetine hcl cap 10 mg</i> (generic of PROZAC)	QL (90 ea / 30 days)
<i>fluoxetine hcl cap 20 mg</i> (generic of PROZAC)	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</i> (generic of PAXIL)	QL (60 ea / 30 days)
<i>paroxetine hcl tab 20 mg</i> (generic of PAXIL)	QL (60 ea / 30 days)
<i>paroxetine hcl tab 30 mg</i> (generic of PAXIL)	QL (60 ea / 30 days)
<i>paroxetine hcl tab 40 mg</i> (generic of PAXIL)	QL (60 ea / 30 days)
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	
<i>sertraline hcl tab 25 mg</i> (generic of ZOLOFT)	QL (30 ea / 30 days)
<i>sertraline hcl tab 50 mg</i> (generic of ZOLOFT)	QL (60 ea / 30 days)
<i>sertraline hcl tab 100 mg</i> (generic of ZOLOFT)	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</i> (base eq) (generic of CYMBALTA)	QL (60 ea / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg</i> (base eq) (generic of CYMBALTA)	QL (60 ea / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg</i> (base eq) (generic of CYMBALTA)	QL (60 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> (generic of EFFEXOR XR)	QL (30 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> (generic of EFFEXOR XR)	QL (90 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> (generic of EFFEXOR XR)	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)

Drug Name	Requirements/Limits
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	QL (90 ea / 30 days)
TRICYCLIC AGENTS	
<i>amitriptyline hcl tab 10 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 25 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 50 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 75 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 100 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 150 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>clomipramine hcl cap 25 mg (generic of ANAFRANIL)</i>	QL (180 ea / 30 days)
<i>clomipramine hcl cap 50 mg (generic of ANAFRANIL)</i>	QL (120 ea / 30 days)
<i>clomipramine hcl cap 75 mg (generic of ANAFRANIL)</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 10 mg (generic of NORPRAMIN)</i>	QL (180 ea / 30 days)
<i>desipramine hcl tab 25 mg (generic of NORPRAMIN)</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 50 mg</i>	QL (180 ea / 30 days)
<i>desipramine hcl tab 75 mg</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 100 mg</i>	QL (90 ea / 30 days)
<i>desipramine hcl tab 150 mg</i>	QL (60 ea / 30 days)
<i>doxepin hcl cap 10 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 25 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 50 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 75 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 100 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 150 mg</i>	QL (60 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl conc 10 mg/ml</i>	QL (900 mL / 30 days); AGE (Max age 64 years)
<i>imipramine hcl tab 10 mg</i>	QL (180 ea / 30 days)
<i>imipramine hcl tab 25 mg</i>	QL (180 ea / 30 days)
<i>imipramine hcl tab 50 mg</i>	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 10 mg (generic of PAMELOR)</i>	QL (180 ea / 30 days)

Drug Name	Requirements/Limits
<i>nortriptyline hcl cap 25 mg</i> (generic of PAMELOR)	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 50 mg</i> (generic of PAMELOR)	QL (120 ea / 30 days)
<i>nortriptyline hcl cap 75 mg</i> (generic of PAMELOR)	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</i> (generic of PRECOSE)	QL (90 ea / 30 days)
<i>acarbose tab 50 mg</i> (generic of PRECOSE)	QL (90 ea / 30 days)
<i>acarbose tab 100 mg</i> (generic of PRECOSE)	QL (120 ea / 30 days)

ANTIDIABETIC COMBINATIONS

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

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; Generic Oseni
<i>alogliptin-pioglitazone tab 25-30 mg</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-45 mg</i>	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>glyburide-metformin tab 1.25-250 mg</i>	QL (60 ea / 30 days); Generic Glucovance
<i>glyburide-metformin tab 2.5-500 mg</i>	QL (60 ea / 30 days); Generic Glucovance
<i>glyburide-metformin tab 5-500 mg</i>	QL (120 ea / 25 days); Generic Glucovance
SEGLUROMET TAB 2.5-500	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SEGLUROMET TAB 2.5-1000	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SEGLUROMET TAB 7.5-500	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
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)
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Drug Name	Requirements/Limits
<i>metformin hcl tab 850 mg (generic of GLUCOPHAGE)</i>	QL (90 ea / 30 days)
<i>metformin hcl tab 1000 mg (generic of GLUCOPHAGE)</i>	QL (60 ea / 30 days)
<i>metformin hcl tab er 24hr 500 mg (generic of GLUCOPHAGE XR)</i>	QL (120 ea / 30 days)
<i>metformin hcl tab er 24hr 750 mg (generic of GLUCOPHAGE XR)</i>	QL (120 ea / 30 days)

DIABETIC OTHER

BAQSIMI ONE POW 3MG/DOSE	QL (2 ea / 25 days)
BAQSIMI TWO POW 3MG/DOSE	QL (2 ea / 25 days)
GLUCAGON KIT 1MG	QL (2 ea / 25 days)
GLUCOSE CHEW TABS	OTC

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

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

INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)

OZEMPIC INJ 2/1.5ML	PA
TRULICITY INJ 0.75/0.5	PA
TRULICITY INJ 1.5/0.5	PA
VICTOZA INJ 18MG/3ML	PA

INSULIN

ADMELOG INJ 100U/ML	QL (30 mL / 25 days)
ADMELOG SOLO INJ 100U/ML	QL (30 mL / 25 days); AGE (Max age 18 years)
BASAGLAR INJ 100UNIT	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50	QL (30 mL / 25 days)

Drug Name	Requirements/Limits
HUMALOG MIX INJ 50/50KWP	QL (30 mL / 25 days); AGE (Max age 18 years)
HUMALOG MIX INJ 75/25KWP	QL (30 mL / 25 days); AGE (Max age 18 years)
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); AGE (Max age 18 years)
HUMULIN N INJ U-100	OTC, QL (30 mL / 25 days)
HUMULIN N INJ U-100KWP	OTC, QL (30 mL / 25 days); AGE (Max age 18 years)
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); AGE (Max age 18 years)
NOVOLIN N INJ U-100	OTC, QL (30 mL / 25 days)
NOVOLIN R INJ U-100	OTC, QL (30 mL / 25 days)
NOVOLOG MIX INJ 70/30	QL (30 mL / 25 days)
NOVOLOG MIX INJ FLEXPEN	QL (30 mL / 25 days); AGE (Max age 18 years)

INSULIN SENSITIZING AGENTS

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

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

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

MEGLITINIDE ANALOGUES

nateglinide tab 60 mg (generic of STARLIX) QL (90 ea / 30 days)

nateglinide tab 120 mg (generic of STARLIX) QL (90 ea / 30 days)

repaglinide tab 0.5 mg QL (180 ea / 30 days)

repaglinide tab 1 mg QL (180 ea / 30 days)

repaglinide tab 2 mg QL (180 ea / 30 days)

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

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

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

Drug Name	Requirements/Limits
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SULFONYLUREAS

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

ANTIDIARRHEAL/PROBIOTIC AGENTS

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>	
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Drug Name	Requirements/Limits
<i>naltrexone hcl tab 50 mg</i>	QL (60 ea / 30 days)
NARCAN SPR	
VIVITROL INJ 380MG	SP

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT₃ RECEPTOR ANTAGONISTS

<i>granisetron hcl tab 1 mg</i>	QL (60 ea / 30 days), ST; Requires trial of ondansetron
<i>ondansetron hcl oral soln 4 mg/5ml</i>	PA
<i>ondansetron hcl tab 4 mg (generic of ZOFTRAN)</i>	QL (93 ea / 25 days)
<i>ondansetron hcl tab 8 mg (generic of ZOFTRAN)</i>	QL (93 ea / 25 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	QL (93 ea / 25 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	QL (93 ea / 25 days)

ANTIEMETICS - ANTICHOLINERGIC

<i>dimenhydrinate tab 50 mg</i>	OTC, QL (180 ea / 30 days)
<i>meclizine hcl chew tab 25 mg</i>	OTC, QL (120 ea / 30 days)
<i>meclizine hcl tab 12.5 mg</i>	QL (120 ea / 30 days)
<i>meclizine hcl tab 12.5 mg</i>	OTC, QL (120 ea / 30 days)
<i>meclizine hcl tab 25 mg</i>	QL (120 ea / 30 days)
<i>meclizine hcl tab 25 mg</i>	OTC, QL (120 ea / 30 days)
<i>scopolamine td patch 72hr 1 mg/3days (generic of PA TRANSDERM SCOP)</i>	

ANTIEMETICS - MISCELLANEOUS

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

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

<i>griseofulvin microsize susp 125 mg/5ml</i>	QL (1200 mL / 30 days)
<i>nystatin tab 500000 unit</i>	QL (240 ea / 30 days)
<i>terbinafine hcl tab 250 mg (generic of LAMISIL)</i>	QL (30 ea / 30 days)

IMIDAZOLE-RELATED ANTIFUNGALS

<i>fluconazole for susp 10 mg/ml (generic of DIFLUCAN)</i>	QL (35 mL / 25 days); AGE (Max age 12 years)
<i>fluconazole for susp 40 mg/ml (generic of DIFLUCAN)</i>	QL (35 mL / 25 days); AGE (Max age 12 years)
<i>fluconazole tab 50 mg (generic of DIFLUCAN)</i>	QL (60 ea / 30 days)
<i>fluconazole tab 100 mg (generic of DIFLUCAN)</i>	QL (21 ea / 25 days)
<i>fluconazole tab 150 mg (generic of DIFLUCAN)</i>	QL (2 ea / 25 days)
<i>fluconazole tab 200 mg (generic of DIFLUCAN)</i>	QL (21 ea / 25 days)
<i>ketoconazole tab 200 mg</i>	QL (60 ea / 30 days)

ANTIHERISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHERISTAMINES - ALKYLAMINES

<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	OTC
<i>chlorpheniramine tab 4 mg</i>	OTC, QL (180 ea / 30 days)

Drug Name	Requirements/Limits
<i>chlorpheniramine tab er 12 mg</i>	OTC, QL (60 ea / 30 days)
ANTIHISTAMINES - ETHANOLAMINES	
<i>ALER-DRYL TAB 50MG</i>	OTC, QL (180 ea / 30 days); AGE (Max age 64 years)
<i>allergy rel elx 12.5/5ml</i>	OTC, QL (2400 mL / 30 days); AGE (Max age 12 years)
<i>carbinoxamine maleate soln 4 mg/5ml</i>	
<i>carbinoxamine maleate tab 4 mg</i>	
<i>clemastine fumarate tab 1.34 mg</i>	OTC, QL (60 ea / 30 days)
<i>clemastine fumarate tab 2.68 mg</i>	QL (90 ea / 30 days)
<i>diphen elx 12.5/5ml</i>	QL (2400 mL / 30 days); AGE (Max age 12 years)
<i>diphenhydramine hcl cap 25 mg</i>	OTC, QL (180 ea / 30 days); AGE (Max age 64 years)
<i>diphenhydramine hcl cap 50 mg</i>	OTC, QL (180 ea / 30 days); AGE (Max age 64 years)
<i>diphenhydramine hcl chew tab 12.5 mg</i>	OTC, QL (180 ea / 30 days); AGE (Max age 12 years)
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	QL (2400 mL / 30 days); AGE (Max age 12 years)
<i>diphenhydramine hcl inj 50 mg/ml</i>	AGE (Max age 64 years)
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	OTC, QL (1800 mL / 30 days); AGE (Max age 12 years)
<i>diphenhydramine hcl tab disint 12.5 mg</i>	OTC, QL (180 ea / 30 days); AGE (Max age 64 years)
<i>diphenhydramine hcl tab 25 mg</i>	OTC, QL (180 ea / 30 days); AGE (Max age 64 years)
ANTIHISTAMINES - NON-SEDATING	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	QL (300 mL / 30 days); AGE (Max age 12 years)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	OTC, QL (300 mL / 30 days); AGE (Max age 12 years)
<i>cetirizine hcl tab 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); AGE (Max age 12 years)
<i>loratadine syrup 5 mg/5ml</i>	OTC, QL (300 mL / 30 days); AGE (Max age 12 years)
<i>loratadine tab 10 mg</i>	OTC, QL (30 ea / 30 days)

Drug Name	Requirements/Limits
ANTI HISTAMINES - PHENOTHIAZINES	
<i>promethazine hcl inj 25 mg/ml (generic of PHENERGAN)</i>	QL (3000 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl inj 50 mg/ml (generic of PHENERGAN)</i>	QL (1500 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl suppos 12.5 mg</i>	QL (240 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl suppos 25 mg</i>	QL (240 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	QL (3000 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 12.5 mg</i>	QL (60 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 25 mg</i>	QL (180 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 50 mg</i>	QL (60 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
ANTI HISTAMINES - PIPERIDINES	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	QL (600 mL / 30 days); AGE (Max age 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
ANTI HYPERLIPIDEMICS	
BILE ACID SEQUESTRANTS	
<i>cholestyramine light powder 4 gm/dose (generic of QUESTRAN LIGHT)</i>	QL (240 gm / 30 days)
<i>cholestyramine powder 4 gm/dose (generic of QUESTRAN)</i>	QL (1440 gm / 30 days)
<i>colestipol hcl tab 1 gm (generic of COLESTID)</i>	QL (480 ea / 30 days)
<i>prevalite pow 4gm (generic of QUESTRAN LIGHT)</i>	QL (240 gm / 30 days)
FIBRIC ACID DERIVATIVES	
<i>fenofibrate tab 48 mg (generic of TRICOR)</i>	QL (30 ea / 30 days)
<i>fenofibrate tab 54 mg</i>	QL (30 ea / 30 days)
<i>fenofibrate tab 145 mg (generic of TRICOR)</i>	QL (30 ea / 30 days)
<i>fenofibrate tab 160 mg</i>	QL (30 ea / 30 days)
<i>gemfibrozil tab 600 mg (generic of LOPID)</i>	QL (120 ea / 30 days)

Drug Name	Requirements/Limits
HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium tab 10 mg (base equivalent)</i> (generic of LIPITOR)	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i> (generic of LIPITOR)	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i> (generic of LIPITOR)	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i> (generic of LIPITOR)	QL (30 ea / 30 days)
<i>lovastatin tab 10 mg</i>	QL (30 ea / 30 days)
<i>lovastatin tab 20 mg</i>	QL (30 ea / 30 days)
<i>lovastatin tab 40 mg</i>	QL (30 ea / 30 days)
<i>pravastatin sodium tab 10 mg</i>	QL (30 ea / 30 days)
<i>pravastatin sodium tab 20 mg</i> (generic of PRAVACHOL)	QL (30 ea / 30 days)
<i>pravastatin sodium tab 40 mg</i> (generic of PRAVACHOL)	QL (30 ea / 30 days)
<i>pravastatin sodium tab 80 mg</i>	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 5 mg</i> (generic of CRESTOR)	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 10 mg</i> (generic of CRESTOR)	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 20 mg</i> (generic of CRESTOR)	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 40 mg</i> (generic of CRESTOR)	QL (30 ea / 30 days)
<i>simvastatin tab 5 mg</i> (generic of ZOCOR)	QL (30 ea / 30 days)
<i>simvastatin tab 10 mg</i> (generic of ZOCOR)	QL (30 ea / 30 days)
<i>simvastatin tab 20 mg</i> (generic of ZOCOR)	QL (30 ea / 30 days)
<i>simvastatin tab 40 mg</i> (generic of ZOCOR)	QL (30 ea / 30 days)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	
<i>ezetimibe tab 10 mg</i> (generic of ZETIA)	QL (30 ea / 30 days)
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	
REPATHA INJ 140MG/ML	SP, QL (2 mL / 24 days), PA
REPATHA PUSH INJ 420/3.5	SP, QL (3.5 mL / 24 days), PA
REPATHA SURE INJ 140MG/ML	SP, QL (2 mL / 24 days), PA
ANTIHYPERTENSIVES	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
<i>benazepril hcl tab 5 mg</i>	QL (45 ea / 30 days)
<i>benazepril hcl tab 10 mg</i> (generic of LOTENSIN)	QL (45 ea / 30 days)
<i>benazepril hcl tab 20 mg</i> (generic of LOTENSIN)	QL (45 ea / 30 days)
<i>benazepril hcl tab 40 mg</i> (generic of LOTENSIN)	QL (60 ea / 30 days)
<i>captopril tab 12.5 mg</i>	QL (90 ea / 30 days)
<i>captopril tab 25 mg</i>	QL (90 ea / 30 days)

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

ANTIADRENERGIC ANTIHYPERTENSIVES

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

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

ANTIHYPERTENSIVE COMBINATIONS

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

Drug Name	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of LOTENSIN HCT)	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	QL (30 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> (generic of ZIAC)	QL (90 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> (generic of ZIAC)	QL (90 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (generic of ZIAC)	QL (120 ea / 30 days)
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	QL (90 ea / 30 days)
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	QL (60 ea / 30 days)
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	QL (90 ea / 30 days)
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	QL (60 ea / 30 days)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	QL (60 ea / 30 days)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	QL (60 ea / 30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	QL (30 ea / 30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	QL (30 ea / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE)	QL (30 ea / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE)	QL (30 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	QL (60 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	QL (60 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	QL (60 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	QL (30 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	QL (30 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> (generic of ACCURETIC)	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> (generic of ACCURETIC)	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i> (generic of ACCURETIC)	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT)	QL (30 ea / 30 days)

Drug Name	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT)	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT)	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)	QL (30 ea / 30 days)

VASODILATORS

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

ANTIMALARIALS - DRUGS TO TREAT MALARIA

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

ANTIMYASTHENIC/CHOLINERGIC AGENTS

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>	QL (480 ea / 30 days)
<i>cyclophosphamide cap 50 mg</i>	QL (480 ea / 30 days)
GLEOSTINE CAP 10MG	

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

ANTIMETABOLITES

<i>capecitabine tab 150 mg (generic of XELODA)</i>	SP, PA
<i>capecitabine tab 500 mg (generic of XELODA)</i>	SP, PA
<i>mercaptopurine tab 50 mg</i>	QL (120 ea / 30 days)
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	QL (720 ea / 30 days)

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

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

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA CAP 150MG	SP, QL (240 ea / 30 days), PA
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Drug Name	Requirements/Limits
IBRANCE CAP 75MG	SP, QL (21 ea / 28 days), PA
IBRANCE CAP 100MG	SP, QL (21 ea / 28 days), PA
IBRANCE CAP 125MG	SP, QL (21 ea / 28 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i> (generic of GLEEVEC)	SP, QL (180 ea / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i> (generic of GLEEVEC)	SP, QL (60 ea / 30 days), PA
IMBRUVICA CAP 140MG	SP, QL (90 ea / 30 days), PA
IMBRUVICA TAB 420MG	SP, QL (30 ea / 30 days), PA
IMBRUVICA TAB 560MG	SP, QL (30 ea / 30 days), PA
NEXAVAR TAB 200MG	SP, QL (120 ea / 30 days), PA
SPRYCEL TAB 20MG	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 50MG	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 70MG	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 100MG	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 140MG	SP, QL (30 ea / 30 days), PA
SUTENT CAP 12.5MG	SP, QL (30 ea / 30 days), PA
SUTENT CAP 25MG	SP, QL (30 ea / 30 days), PA
SUTENT CAP 37.5MG	SP, QL (30 ea / 30 days), PA
SUTENT CAP 50MG	SP, QL (30 ea / 30 days), PA
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

Drug Name	Requirements/Limits
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
ANTIPARKINSON AND RELATED THERAPY AGENTS	
ANTIPARKINSON ANTICHOLINERGICS	
<i>benztropine mesylate tab 0.5 mg</i>	QL (150 ea / 30 days); AGE (Max age 64 years)
<i>benztropine mesylate tab 1 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>benztropine mesylate tab 2 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	PA
<i>trihexyphenidyl hcl tab 2 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>trihexyphenidyl hcl tab 5 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
ANTIPARKINSON COMT INHIBITORS	
<i>entacapone tab 200 mg (generic of COMTAN)</i>	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
ANTIPARKINSON DOPAMINERGICS	
<i>amantadine hcl cap 100 mg</i>	QL (120 ea / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	QL (1200 mL / 30 days)
<i>bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)</i>	QL (180 ea / 30 days)
<i>bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)</i>	QL (180 ea / 30 days)
<i>carbidopa & 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</i>	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa

Drug Name	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)</i>	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)</i>	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	QL (180 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>pramipexole dihydrochloride tab 0.5 mg (generic of MIRAPEX)</i>	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.25 mg (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</i>	QL (180 ea / 30 days)
<i>ropinirole hydrochloride tab 0.25 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 1 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 2 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 3 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 4 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 5 mg</i>	QL (360 ea / 30 days)

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); AGE (Min age 6 years)
<i>lithium carbonate cap 300 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>lithium carbonate cap 600 mg</i>	QL (90 ea / 30 days)
<i>lithium carbonate tab 300 mg</i>	QL (180 ea / 30 days)

Drug Name	Requirements/Limits
<i>lithium carbonate tab er 300 mg</i> (generic of LITHOBID)	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>lithium carbonate tab er 450 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
LITHIUM SOL 8MEQ/5ML	

ANTIPSYCHOTICS - MISC.

LATUDA TAB 20MG	PA
LATUDA TAB 40MG	PA
LATUDA TAB 60MG	PA
LATUDA TAB 80MG	PA
LATUDA TAB 120MG	PA
<i>ziprasidone hcl cap 20 mg</i> (generic of GEODON)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>ziprasidone hcl cap 40 mg</i> (generic of GEODON)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>ziprasidone hcl cap 60 mg</i> (generic of GEODON)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>ziprasidone hcl cap 80 mg</i> (generic of GEODON)	QL (60 ea / 30 days); AGE (Min age 6 years)

BENZISOXAZOLES

FANAPT PAK	PA
FANAPT TAB 1MG	PA
FANAPT TAB 2MG	PA
FANAPT TAB 4MG	PA
FANAPT TAB 6MG	PA
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); AGE (Min age 6 years)
INVEGA TRINZ INJ 410MG	QL (1.315 mL / 71 days); AGE (Min age 6 years)
INVEGA TRINZ INJ 546MG	QL (1.75 mL / 71 days); AGE (Min age 6 years)
INVEGA TRINZ INJ 819MG	QL (2.65 mL / 71 days); AGE (Min age 6 years)
<i>paliperidone tab er 24hr 1.5 mg</i> (generic of INVEGA)	PA
<i>paliperidone tab er 24hr 3 mg</i> (generic of INVEGA)	PA
<i>paliperidone tab er 24hr 6 mg</i> (generic of INVEGA)	PA

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

BUTYROPHENONES

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

Drug Name	Requirements/Limits
<i>haloperidol tab 1 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 2 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 5 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 10 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 20 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)

DIBENZAPINES

<i>clozapine tab 25 mg (generic of CLOZARIL)</i>	AGE (Min age 6 years)
<i>clozapine tab 50 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>clozapine tab 100 mg (generic of CLOZARIL)</i>	AGE (Min age 6 years)
<i>clozapine tab 200 mg</i>	AGE (Min age 6 years)
<i>loxapine succinate cap 5 mg</i>	QL (450 ea / 30 days); AGE (Min age 6 years)
<i>loxapine succinate cap 10 mg</i>	QL (450 ea / 30 days); AGE (Min age 6 years)
<i>loxapine succinate cap 25 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>loxapine succinate cap 50 mg</i>	QL (450 ea / 30 days); AGE (Min age 6 years)
<i>olanzapine tab 2.5 mg (generic of ZYPREXA)</i>	QL (30 ea / 30 days), ST; Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)
<i>olanzapine tab 5 mg (generic of ZYPREXA)</i>	QL (30 ea / 30 days), ST; Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)
<i>olanzapine tab 7.5 mg (generic of ZYPREXA)</i>	QL (30 ea / 30 days), ST; Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)
<i>olanzapine tab 10 mg (generic of ZYPREXA)</i>	QL (30 ea / 30 days), ST; Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)
<i>olanzapine tab 15 mg (generic of ZYPREXA)</i>	QL (30 ea / 30 days), ST; Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)

Drug Name	Requirements/Limits
<i>olanzapine tab 20 mg</i> (generic of ZYPREXA)	QL (30 ea / 30 days), ST; Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)
<i>quetiapine fumarate tab 25 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 50 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 100 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 200 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 300 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 400 mg</i> (generic of SEROQUEL)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab er 24hr 50 mg</i> (generic of SEROQUEL XR)	QL (30 ea / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i> (generic of SEROQUEL XR)	QL (30 ea / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i> (generic of SEROQUEL XR)	QL (30 ea / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i> (generic of SEROQUEL XR)	QL (30 ea / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i> (generic of SEROQUEL XR)	QL (30 ea / 30 days), PA
SAPHRIS SUB 5MG	PA
SAPHRIS SUB 10MG	PA
ZYPREXA RELP INJ 210MG	QL (2 ea / 25 days); AGE (Min age 6 years)
ZYPREXA RELP INJ 300MG	QL (2 ea / 25 days); AGE (Min age 6 years)
ZYPREXA RELP INJ 405MG	QL (1 ea / 25 days); AGE (Min age 6 years)

PHENOTHIAZINES

<i>chlorpromazine hcl tab 10 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 25 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 50 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 100 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 200 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>compro sup 25mg</i>	QL (360 ea / 30 days)

Drug Name	Requirements/Limits
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	
<i>fluphenazine hcl tab 1 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>fluphenazine hcl tab 2.5 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>fluphenazine hcl tab 5 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>fluphenazine hcl tab 10 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>perphenazine tab 2 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>perphenazine tab 4 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>perphenazine tab 8 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>perphenazine tab 16 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	QL (300 ea / 30 days); AGE (Min age 6 years)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	QL (240 ea / 30 days); AGE (Min age 6 years)
<i>prochlorperazine suppos 25 mg</i>	QL (360 ea / 30 days)
<i>thioridazine hcl tab 10 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>thioridazine hcl tab 25 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>thioridazine hcl tab 50 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>thioridazine hcl tab 100 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
QUINOLINONE DERIVATIVES	
ABILIFY MAIN INJ 300MG	QL (1 ea / 25 days); AGE (Min age 6 years)

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

THIOXANTHENES

<i>thiothixene cap 1 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>thiothixene cap 2 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>thiothixene cap 5 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>thiothixene cap 10 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)

ANTISEPTICS & DISINFECTANTS

CHLORINE ANTISEPTICS

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

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv) (generic of ZIAGEN)</i>	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv) (generic of ZIAGEN)</i>	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	QL (30 ea / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> (generic of TRIZIVIR)	QL (60 ea / 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i> (generic of REYATAZ)	QL (60 ea / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i> (generic of REYATAZ)	QL (60 ea / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i> (generic of REYATAZ)	QL (30 ea / 30 days)
BIKTARVY TAB	QL (30 ea / 30 days)
CIMDUO TAB 300-300	QL (30 ea / 30 days)
COMPLERA TAB	QL (30 ea / 30 days)
DESCOVY TAB 200/25	QL (30 ea / 30 days)
<i>didanosine delayed release capsule 250 mg</i> (generic of VIDEX EC)	QL (30 ea / 30 days)
<i>didanosine delayed release capsule 400 mg</i>	QL (30 ea / 30 days)
DOVATO TAB 50-300MG	QL (30 ea / 30 days), PA
EDURANT TAB 25MG	QL (30 ea / 30 days)
<i>efavirenz cap 50 mg</i> (generic of SUSTIVA)	QL (360 ea / 30 days)
<i>efavirenz cap 200 mg</i> (generic of SUSTIVA)	QL (90 ea / 30 days)
<i>efavirenz tab 600 mg</i> (generic of SUSTIVA)	QL (30 ea / 30 days)
EMTRIVA CAP 200MG	QL (30 ea / 30 days)
EMTRIVA SOL 10MG/ML	QL (600 mL / 30 days)
EVOTAZ TAB 300-150	QL (30 ea / 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i> (generic of LEXIVA)	QL (120 ea / 30 days)
GENVOYA TAB	QL (30 ea / 30 days)
INTELENCE TAB 100MG	QL (120 ea / 30 days)
INTELENCE TAB 200MG	QL (60 ea / 30 days)
INVIRASE TAB 500MG	QL (120 ea / 30 days)
ISENTRESS CHW 100MG	QL (360 ea / 30 days)
ISENTRESS HD TAB 600MG	QL (60 ea / 30 days)
ISENTRESS TAB 400MG	QL (60 ea / 30 days)
JULUCA TAB 50-25MG	QL (30 ea / 30 days)
KALETRA TAB 100-25MG	QL (240 ea / 30 days)
KALETRA TAB 200-50MG	QL (120 ea / 30 days)
<i>lamivudine oral soln 10 mg/ml</i> (generic of EPIVIR)	QL (900 mL / 30 days)
<i>lamivudine tab 150 mg</i> (generic of EPIVIR)	QL (60 ea / 30 days)
<i>lamivudine tab 300 mg</i> (generic of EPIVIR)	QL (30 ea / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	QL (60 ea / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	QL (480 mL / 30 days)
<i>nevirapine susp 50 mg/5ml</i> (generic of VIRAMUNE)	QL (1200 mL / 30 days)

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

CMV AGENTS

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

HEPATITIS AGENTS

<i>adefovir dipivoxil tab 10 mg</i> (generic of HEPSERA)	QL (30 ea / 30 days)
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Drug Name	Requirements/Limits
BARACLUDE SOL	QL (900 mL / 30 days)
<i>entecavir tab 0.5 mg</i> (generic of BARACLUDE)	QL (30 ea / 30 days)
<i>entecavir tab 1 mg</i> (generic of BARACLUDE)	QL (30 ea / 30 days)
<i>lamivudine tab 100 mg (hbm)</i> (generic of EPIVIR HBV)	QL (90 ea / 30 days)

HERPES AGENTS

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

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i> (generic of TAMIFLU)	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i> (generic of TAMIFLU)	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i> (generic of TAMIFLU)	QL (max quantity 10 per fill)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> (generic of TAMIFLU)	QL (max quantity 180 per fill); AGE (Max age 12 years)
RELENZA MIS DISKHALE	QL (max quantity 20 per fill)
<i>rimantadine hydrochloride tab 100 mg</i> (generic of FLUMADINE)	QL (60 ea / 30 days)

BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol tab 3.125 mg</i> (generic of COREG)	QL (60 ea / 30 days)
<i>carvedilol tab 6.25 mg</i> (generic of COREG)	QL (60 ea / 30 days)
<i>carvedilol tab 12.5 mg</i> (generic of COREG)	QL (60 ea / 30 days)
<i>carvedilol tab 25 mg</i> (generic of COREG)	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</i> (generic of TENORMIN)	QL (60 ea / 30 days)
<i>atenolol tab 50 mg</i> (generic of TENORMIN)	QL (60 ea / 30 days)
<i>atenolol tab 100 mg</i> (generic of TENORMIN)	QL (60 ea / 30 days)
<i>bisoprolol fumarate tab 5 mg</i>	QL (60 ea / 30 days)

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

BETA BLOCKERS NON-SELECTIVE

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

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

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

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

<i>amlodipine besylate tab 2.5 mg (base equivalent) (generic of NORVASC)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate tab 5 mg (base equivalent) (generic of NORVASC)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate tab 10 mg (base equivalent) (generic of NORVASC)</i>	QL (30 ea / 30 days)
<i>cartia xt cap 120/24hr (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>cartia xt cap 180/24hr (generic of CARDIZEM CD)</i>	QL (60 ea / 30 days)
<i>cartia xt cap 240/24hr (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>cartia xt cap 300/24hr (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>dilt-xr cap 120mg</i>	QL (60 ea / 30 days)
<i>dilt-xr cap 180mg</i>	QL (60 ea / 30 days)
<i>dilt-xr cap 240mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 120 mg (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 180 mg (generic of CARDIZEM CD)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 240 mg (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 300 mg (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 180 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 300 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 360 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 420 mg (generic of TIAZAC)</i>	QL (30 ea / 30 days)
<i>diltiazem hcl tab 30 mg (generic of CARDIZEM)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl tab 60 mg (generic of CARDIZEM)</i>	QL (120 ea / 30 days)
<i>diltiazem hcl tab 90 mg</i>	QL (120 ea / 30 days)
<i>diltiazem hcl tab 120 mg (generic of CARDIZEM)</i>	QL (120 ea / 30 days)
<i>felodipine tab er 24hr 2.5 mg</i>	QL (30 ea / 30 days)
<i>felodipine tab er 24hr 5 mg</i>	QL (30 ea / 30 days)

Drug Name	Requirements/Limits
<i>felodipine tab er 24hr 10 mg</i>	QL (60 ea / 30 days)
<i>nifedipine cap 10 mg (generic of PROCARDIA)</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>nifedipine cap 20 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>nifedipine tab er 24hr 30 mg (generic of ADALAT CC)</i>	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 60 mg (generic of ADALAT CC)</i>	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 90 mg (generic of ADALAT CC)</i>	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 30 mg (generic of PROCARDIA XL)</i>	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 60 mg (generic of PROCARDIA XL)</i>	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 90 mg (generic of PROCARDIA XL)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 120mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 180mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 240mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 300mg er (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 360mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>tiadylt er cap 360mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>verapamil hcl tab 40 mg</i>	QL (120 ea / 30 days)
<i>verapamil hcl tab 80 mg</i>	QL (120 ea / 30 days)
<i>verapamil hcl tab 120 mg (generic of CALAN)</i>	QL (90 ea / 30 days)
<i>verapamil hcl tab er 120 mg (generic of CALAN SR)</i>	QL (90 ea / 30 days)
<i>verapamil hcl tab er 180 mg</i>	QL (60 ea / 30 days)
<i>verapamil hcl tab er 240 mg (generic of CALAN SR)</i>	QL (90 ea / 30 days)

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	AGE (Max age 12 years)
<i>digoxin tab 125 mcg (0.125 mg) (generic of DIGOXIN TAB 125 MCG (0.125 MG))</i>	QL (30 ea / 30 days)
<i>digoxin tab 250 mcg (0.25 mg) (generic of DIGOXIN TAB 250 MCG (0.25 MG))</i>	QL (30 ea / 30 days)
LANOXIN TAB 0.25MG	QL (30 ea / 30 days)
LANOXIN TAB 0.125MG	QL (30 ea / 30 days)

CARDIOVASCULAR AGENTS - MISC.

PERIPHERAL VASODILATORS

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

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

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

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

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

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

UPTRAVI TAB 200MCG	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 400MCG	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 600MCG	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 800MCG	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1000MCG	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1200MCG	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1400MCG	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1600MCG	SP, QL (60 ea / 30 days), PA

SINUS NODE INHIBITORS

CORLANOR TAB 5MG	PA
CORLANOR TAB 7.5MG	PA

Drug Name	Requirements/Limits
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS	
CEPHALOSPORINS - 1ST GENERATION	
<i>cefadroxil for susp 250 mg/5ml</i>	AGE (Max age 12 years)
<i>cefadroxil for susp 500 mg/5ml</i>	AGE (Max age 12 years)
<i>cephalexin cap 250 mg (generic of KEFLEX)</i>	QL (180 ea / 30 days)
<i>cephalexin cap 500 mg (generic of KEFLEX)</i>	QL (180 ea / 30 days)
<i>cephalexin for susp 125 mg/5ml</i>	AGE (Max age 12 years)
<i>cephalexin for susp 250 mg/5ml</i>	AGE (Max age 12 years)
CEPHALOSPORINS - 2ND GENERATION	
<i>cefprozil for susp 125 mg/5ml</i>	AGE (Max age 12 years)
<i>cefprozil for susp 250 mg/5ml</i>	AGE (Max age 12 years)
<i>cefuroxime axetil tab 250 mg</i>	QL (2 ea / day, max 10 day supply)
<i>cefuroxime axetil tab 500 mg</i>	QL (2 ea / day, max 10 day supply)
CEPHALOSPORINS - 3RD GENERATION	
<i>cefdinir cap 300 mg</i>	QL (60 ea / 30 days)
<i>cefdinir for susp 125 mg/5ml</i>	AGE (Max age 12 years)
<i>cefdinir for susp 250 mg/5ml</i>	AGE (Max age 12 years)
CHEMICALS	
BULK CHEMICALS - B'S	
BUDESONIDE POW	
BULK CHEMICALS - E'S	
ETHYL OLEATE LIQ	OTC
BULK CHEMICALS - H'S	
HYDROXYPROG POW CAPROATE	AGE (Min age 16 years and Max age 60 years)
BULK CHEMICALS - P'S	
PROGESTERONE POW MICRONIZ	
LIQUIDS	
BENZYL BENZO LIQ	AGE (Min age 16 years and Max age 60 years)
BENZYL BENZO LIQ	OTC; AGE (Min age 16 years and Max age 60 years)
SESAME OIL	
SESAME OIL	OTC
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	
COMBINATION CONTRACEPTIVES - ORAL	
<i>afirmelle tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>altavera tab</i>	QL (28 ea / 21 days)
<i>alyacen tab 1/35 (generic of ORTHO-NOVUM 1/35)</i>	QL (28 ea / 21 days)
<i>alyacen tab 7/7/7 (generic of ORTHO-NOVUM 7/7/7)</i>	QL (28 ea / 28 days)

Drug Name	Requirements/Limits
<i>amethia lo tab</i> (generic of LOSEASONIQUE)	QL (28 ea / 28 days)
<i>amethia tab</i> (generic of SEASONIQUE)	QL (28 ea / 28 days)
<i>apri tab</i>	QL (28 ea / 21 days)
<i>ashlyna tab</i> (generic of SEASONIQUE)	QL (28 ea / 28 days)
<i>aubra eq tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>aubra tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>aurovela fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	QL (28 ea / 28 days)
<i>aurovela fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	QL (112 ea / 70 days)
<i>aurovela tab 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	QL (28 ea / 21 days)
<i>aurovela tab 1/20</i> (generic of LOESTRIN 1/20-21)	QL (28 ea / 21 days)
<i>aviane tab</i>	QL (28 ea / 21 days)
<i>ayuna tab</i>	QL (28 ea / 21 days)
<i>azurette tab 28 day</i> (generic of MIRCETTE)	
<i>balziva tab</i>	QL (28 ea / 21 days)
<i>bekyree tab</i> (generic of MIRCETTE)	
<i>blisovi fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	QL (28 ea / 28 days)
<i>blisovi fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	QL (112 ea / 70 days)
<i>briellyn tab</i>	QL (28 ea / 21 days)
<i>camrese lo tab</i> (generic of LOSEASONIQUE)	QL (28 ea / 28 days)
<i>camrese tab</i> (generic of SEASONIQUE)	QL (28 ea / 28 days)
<i>caziant pak</i>	QL (28 ea / 28 days)
<i>chateal eq tab 0.15/30</i>	QL (28 ea / 21 days)
<i>chateal tab 0.15/30</i>	QL (28 ea / 21 days)
<i>cryselle-28 tab 28 tabs</i>	QL (28 ea / 21 days)
<i>cyclafem tab 1/35</i> (generic of ORTHO-NOVUM 1/35)	QL (28 ea / 21 days)
<i>cyclafem tab 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	QL (28 ea / 28 days)
<i>cyred eq tab</i>	QL (28 ea / 21 days)
<i>cyred tab</i>	QL (28 ea / 21 days)
<i>dasetta tab 1/35</i> (generic of ORTHO-NOVUM 1/35)	QL (28 ea / 21 days)
<i>dasetta tab 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	QL (28 ea / 28 days)
<i>daysee tab</i> (generic of SEASONIQUE)	QL (28 ea / 28 days)
<i>delyla tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	QL (28 ea / 21 days)

Drug Name	Requirements/Limits
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	QL (28 ea / 21 days)
<i>elinet tab</i>	QL (28 ea / 21 days)
<i>emoquette tab</i>	QL (28 ea / 21 days)
<i>enpresse-28 tab</i>	QL (28 ea / 28 days)
<i>enskyce tab</i>	QL (28 ea / 21 days)
<i>estarylla tab 0.25-35</i>	QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	QL (28 ea / 21 days)
<i>falmina tab</i>	QL (28 ea / 21 days)
<i>femynor tab 0.25-35</i>	QL (28 ea / 21 days)
<i>gianvi tab 3-0.02mg</i> (generic of YAZ)	QL (28 ea / 21 days)
<i>hailey tab 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	QL (28 ea / 21 days)
<i>introvale tab</i>	QL (28 ea / 28 days)
<i>isibloom tab</i>	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>	QL (28 ea / 21 days)
<i>junel 1.5/30 tab</i> (generic of LOESTRIN 1.5/30-21)	QL (28 ea / 21 days)
<i>junel 1/20 tab</i> (generic of LOESTRIN 1/20-21)	QL (28 ea / 21 days)
<i>junel fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	QL (28 ea / 28 days)
<i>junel fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	QL (112 ea / 70 days)
<i>kalliga tab</i>	QL (28 ea / 21 days)
<i>kariva tab 28 day</i> (generic of MIRCETTE)	
<i>kelnor 1/50 tab</i>	QL (28 ea / 21 days)
<i>kelnor tab 1/35</i>	QL (28 ea / 21 days)
<i>kurvelo tab 0.15/30</i>	QL (28 ea / 21 days)
<i>larin fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	QL (28 ea / 28 days)
<i>larin fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	QL (112 ea / 70 days)
<i>larin tab 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	QL (28 ea / 21 days)
<i>larin tab 1/20</i> (generic of LOESTRIN 1/20-21)	QL (28 ea / 21 days)
<i>larissia tab</i>	QL (28 ea / 21 days)
<i>lessina tab</i>	QL (28 ea / 21 days)
<i>levonest tab</i>	QL (28 ea / 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>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (generic of SEASONIQUE)	QL (28 ea / 28 days)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	QL (28 ea / 28 days)

Drug Name	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	QL (28 ea / 21 days)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	QL (28 ea / 21 days)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	QL (28 ea / 28 days)
<i>levora-28 tab 0.15/30</i>	QL (28 ea / 21 days)
<i>lillow tab 0.15/30</i>	QL (28 ea / 21 days)
<i>lo-zumandimi tab 3-0.02mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>loryna tab 3-0.02mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>low-ogestrel tab</i>	QL (28 ea / 21 days)
<i>lutra tab</i>	QL (28 ea / 21 days)
<i>marlissa tab 0.15/30</i>	QL (28 ea / 21 days)
<i>microgestin tab 1.5/30 (generic of LOESTRIN 1.5/30-21)</i>	QL (28 ea / 21 days)
<i>microgestin tab 1/20 (generic of LOESTRIN 1/20-21)</i>	QL (28 ea / 21 days)
<i>microgestin tab fe1.5/30 (generic of LOESTRIN FE 1.5/30)</i>	QL (28 ea / 28 days)
<i>microgestin tab fe 1/20 (generic of LOESTRIN FE 1/20)</i>	QL (112 ea / 70 days)
<i>mili tab 0.25/35</i>	QL (28 ea / 21 days)
<i>mono-lynyah tab 0.25-35</i>	QL (28 ea / 21 days)
<i>necon tab 0.5/35</i>	QL (28 ea / 21 days)
<i>nikki tab 3-0.02mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (generic of LOESTRIN 1/20-21)</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (generic of LOESTRIN 1.5/30-21)</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (generic of LOESTRIN FE 1/20)</i>	QL (112 ea / 70 days)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	QL (28 ea / 28 days)
<i>nortrel tab 0.5/35</i>	QL (28 ea / 21 days)
<i>nortrel tab 1/35 (generic of ORTHO-NOVUM 1/35)</i>	QL (28 ea / 21 days)
<i>nortrel tab 7/7/7 (generic of ORTHO-NOVUM 7/7/7)</i>	QL (28 ea / 28 days)
<i>ocella tab 3-0.03mg (generic of YASMIN 28)</i>	QL (28 ea / 21 days)
<i>ogestrel tab</i>	QL (28 ea / 21 days)
<i>orsythia tab</i>	QL (28 ea / 21 days)
<i>philith tab 0.4-35</i>	QL (28 ea / 21 days)

Drug Name	Requirements/Limits
<i>pimtreea tab</i> (generic of MIRCETTE)	
<i>pirmella tab 1/35</i> (generic of ORTHO-NOVUM 1/35)	QL (28 ea / 21 days)
<i>pirmella tab 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	QL (28 ea / 28 days)
<i>portia-28 tab</i>	QL (28 ea / 21 days)
<i>previfem tab</i>	QL (28 ea / 21 days)
<i>reclipsen tab</i>	QL (28 ea / 21 days)
<i>setlakin tab</i>	QL (28 ea / 28 days)
<i>simliya tab 28 day</i> (generic of MIRCETTE)	
<i>simpesse tab</i> (generic of SEASONIQUE)	QL (28 ea / 28 days)
<i>sprintec 28 tab 28 day</i>	QL (28 ea / 21 days)
<i>sronyx tab</i>	QL (28 ea / 21 days)
<i>syeda tab 3-0.03mg</i> (generic of YASMIN 28)	QL (28 ea / 21 days)
<i>tarina fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	QL (112 ea / 70 days)
<i>tarina fe tab 1/20 eq</i> (generic of LOESTRIN FE 1/20)	QL (112 ea / 70 days)
<i>tri femynor tab</i>	QL (28 ea / 28 days)
<i>tri-estaryl tab</i>	QL (28 ea / 28 days)
<i>tri-lynyah tab</i>	QL (28 ea / 28 days)
<i>tri-lo tab estaryl</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>tri-lo- tab sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>tri-lo-mili tab</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>tri-mili tab</i>	QL (28 ea / 28 days)
<i>tri-previfem tab</i>	QL (28 ea / 28 days)
<i>tri-sprintec tab</i>	QL (28 ea / 28 days)
<i>tri-vylibra tab</i>	QL (28 ea / 28 days)
<i>tri-vylibra tab lo</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>trivora-28 tab</i>	QL (28 ea / 28 days)
<i>velivet pak</i>	QL (28 ea / 28 days)
<i>vienva tab 0.1-20</i>	QL (28 ea / 21 days)
<i>viorele tab</i> (generic of MIRCETTE)	
<i>vyfemla tab 0.4-35</i>	QL (28 ea / 21 days)
<i>vylibra tab 0.25-35</i>	QL (28 ea / 21 days)
<i>wera tab 0.5/35</i>	QL (28 ea / 21 days)
<i>zarah tab 3-0.03mg</i> (generic of YASMIN 28)	QL (28 ea / 21 days)
<i>zovia 1/35e tab</i>	QL (28 ea / 21 days)
<i>zumandimine tab 3-0.03mg</i> (generic of YASMIN 28)	QL (28 ea / 21 days)

Drug Name	Requirements/Limits
COMBINATION CONTRACEPTIVES - TRANSDERMAL	
<i>xulane dis 150-35</i>	QL (3 ea / 28 days)
COMBINATION CONTRACEPTIVES - VAGINAL	
NUVARING MIS	QL (1 ea / 21 days)
EMERGENCY CONTRACEPTIVES	
ELLA TAB 30MG	
<i>levonorgestrel tab 1.5 mg</i>	OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	QL (1 mL / 71 days)
PROGESTIN CONTRACEPTIVES - IUD	
KYLEENA IUD 19.5MG	SP
LILETTA IUD 52MG	SP, QL (1 ea in lifetime)
MIRENA IUD SYSTEM	SP, QL (1 ea in lifetime)
SKYLA IUD 13.5MG	SP, QL (1 ea in lifetime)
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>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 tab 0.5mg</i>	QL (360 ea / 30 days)
<i>decadron tab 0.75mg</i>	QL (300 ea / 30 days)
<i>decadron tab 4mg</i>	QL (300 ea / 30 days)
<i>decadron tab 6mg</i>	QL (300 ea / 30 days)
<i>dexamethasone elixir 0.5 mg/5ml</i>	QL (1800 mL / 30 days)
<i>dexamethasone soln 0.5 mg/5ml</i>	
<i>dexamethasone tab 0.5 mg</i>	QL (360 ea / 30 days)
<i>dexamethasone tab 0.75 mg</i>	QL (300 ea / 30 days)

Drug Name	Requirements/Limits
<i>dexamethasone tab 1 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 1.5 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 2 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 4 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 6 mg</i>	QL (300 ea / 30 days)
<i>hydrocortisone tab 5 mg (generic of CORTEF)</i>	QL (720 ea / 30 days)
<i>hydrocortisone tab 10 mg (generic of CORTEF)</i>	QL (360 ea / 30 days)
<i>hydrocortisone tab 20 mg (generic of CORTEF)</i>	QL (180 ea / 30 days)
<i>methylprednisolone tab 4 mg (generic of MEDROL)</i>	QL (360 ea / 30 days)
<i>methylprednisolone tab 8 mg (generic of MEDROL)</i>	QL (180 ea / 30 days)
<i>methylprednisolone tab 16 mg (generic of MEDROL)</i>	QL (120 ea / 30 days)
<i>methylprednisolone tab 32 mg (generic of MEDROL)</i>	QL (60 ea / 30 days)
<i>methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)</i>	QL (360 ea / 30 days)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (generic of PEDIAPRED)</i>	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	
<i>prednisone oral soln 5 mg/5ml</i>	QL (1800 mL / 30 days)
<i>prednisone tab 1 mg</i>	QL (300 ea / 30 days)
<i>prednisone tab 2.5 mg</i>	QL (240 ea / 30 days)
<i>prednisone tab 5 mg</i>	QL (480 ea / 30 days)
<i>prednisone tab 10 mg</i>	QL (270 ea / 30 days)
<i>prednisone tab 20 mg</i>	QL (180 ea / 30 days)
<i>prednisone tab 50 mg</i>	QL (90 ea / 30 days)
<i>prednisone tab therapy pack 5 mg (21)</i>	
<i>prednisone tab therapy pack 5 mg (48)</i>	
<i>prednisone tab therapy pack 10 mg (21)</i>	
<i>prednisone tab therapy pack 10 mg (48)</i>	

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)
<i>hydromet syp 5-1.5/5</i>	QL (1800 mL / 30 days)

COUGH/COLD/ALLERGY COMBINATIONS

<i>bromfed dm syp</i>	QL (1800 mL / 30 days)
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Drug Name	Requirements/Limits
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	OTC, QL (480 mL / 25 days)
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	OTC, QL (60 ea / 30 days); AGE (Min age 4 years)
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	OTC, QL (240 mL / 25 days)
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i>	OTC, QL (240 mL / 25 days)
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	OTC, QL (180 mL / 25 days)
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	OTC, QL (60 ea / 30 days)
<i>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</i>	OTC, QL (180 mL / 25 days)
<i>diphenhydramine-phenylephrine tab 25-10 mg</i>	OTC, QL (180 ea / 30 days)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	OTC, QL (1800 mL / 30 days); AGE (Min age 2 years)
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	OTC, QL (60 ea / 30 days)
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	OTC, QL (30 ea / 30 days)
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL (240 mL / 25 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	QL (180 mL / 25 days); AGE (Min age 4 years and Max age 64 years)
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	QL (1800 mL / 30 days)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	OTC, QL (120 ea / 30 days); AGE (Min age 4 years)
<i>virtussin sol dac</i>	OTC, QL (1800 mL / 30 days)

EXPECTORANTS

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

Drug Name	Requirements/Limits
MISC. RESPIRATORY INHALANTS	
<i>nebusal neb 3%</i>	
<i>pulmosal neb 7%</i>	
<i>sodium chloride soln nebu 0.9%</i>	
<i>sodium chloride soln nebu 3%</i>	
<i>sodium chloride soln nebu 7%</i>	
MUCOLYTICS	
<i>acetylcysteine inhal soln 20%</i>	QL (3600 mL / 30 days)
DERMATOLOGICALS	
ACNE PRODUCTS	
ACNE MEDICAT LOT 10%	OTC; Benzoyl Peroxide
<i>avita cre 0.025%</i> (generic of RETIN-A)	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>avita gel 0.025%</i>	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
BENZOYL PER GEL 2.5%	OTC, QL (60 gm / 25 days)
<i>benzoyl peroxide gel 5%</i>	OTC
<i>benzoyl peroxide gel 10%</i>	OTC
<i>benzoyl peroxide liq 5%</i>	OTC, QL (240 gm / 25 days)
<i>benzoyl peroxide liq 10%</i>	OTC, QL (240 gm / 25 days)
BENZOYL PEROXIDE LOTION 5%	OTC
<i>clindamycin phosphate gel 1%</i>	QL (60 mL / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate lotion 1%</i> (generic of CLEOCIN-T)	QL (300 mL / 30 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate soln 1%</i>	QL (60 mL / 25 days)
DIFFERIN GEL 0.1%	OTC, QL (45 gm / 25 days)
<i>erythromycin soln 2%</i>	QL (450 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	PA
<i>isotretinoin cap 20 mg</i>	PA
<i>isotretinoin cap 30 mg</i>	PA

Drug Name	Requirements/Limits
<i>isotretinoin cap 40 mg</i>	PA
<i>sulfacetamide sodium lotion 10% (acne) (generic of KLARON)</i>	QL (118 mL / 25 days), PA
<i>tretinoin cream 0.1% (generic of RETIN-A)</i>	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin cream 0.05% (generic of RETIN-A)</i>	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin cream 0.025% (generic of RETIN-A)</i>	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin gel 0.01% (generic of RETIN-A)</i>	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin gel 0.025% (generic of RETIN-A)</i>	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)

ANTI-INFLAMMATORY AGENTS - TOPICAL

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

<i>bacitracin oint 500 unit/gm</i>	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	OTC
<i>bacitracin-polymyxin b oint</i>	OTC
<i>gentamicin sulfate cream 0.1%</i>	QL (30 gm / 25 days)
<i>gentamicin sulfate oint 0.1%</i>	QL (30 gm / 25 days)
<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)
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Drug Name	Requirements/Limits
<i>cavilon cre 2%</i>	OTC, QL (150 gm / 25 days)
<i>ciclodan sol 8%</i> (generic of PENLAC NAIL LACQUER)	QL (6.6 mL / 25 days)
<i>ciclopirox olamine cream 0.77%</i> (base equiv) (generic of LOPROX)	QL (600 gm / 30 days)
<i>ciclopirox olamine susp 0.77%</i> (base equiv) (generic of LOPROX)	QL (60 mL / 25 days)
<i>ciclopirox solution 8%</i> (generic of PENLAC NAIL LACQUER)	QL (6.6 mL / 25 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
<i>tolnaftate cream 1%</i>	OTC
<i>tolnaftate powder 1%</i>	OTC
<i>tolnaftate soln 1%</i>	OTC

ANTI-HISTAMINES-TOPICAL

<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	OTC
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ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>fluorouracil cream 5%</i> (generic of EFUDEX)	
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ANTIPSORIATICS

<i>calcipotriene cream 0.005%</i> (generic of DOVONEX)	PA
<i>calcipotriene oint 0.005%</i>	PA
<i>calcipotriene soln 0.005%</i> (50 mcg/ml)	PA
<i>calcitrene oin 0.005%</i>	PA

Drug Name	Requirements/Limits
ANTISEBORRHEIC PRODUCTS	
<i>selenium sulfide lotion 1%</i>	OTC
<i>selenium sulfide lotion 2.5%</i>	
ANTIVIRALS - TOPICAL	
<i>acyclovir oint 5% (generic of ZOVIRAX)</i>	PA; AGE (Max age 18 years)
<i>docosanol cream 10%</i>	OTC, QL (2 gm / 15 days)
BURN PRODUCTS	
<i>silver sulfadiazine cream 1% (generic of SILVADENE)</i>	
<i>ssd cre 1% (generic of SILVADENE)</i>	
CORTICOSTEROIDS - TOPICAL	
<i>ala-cort cre 2.5%</i>	QL (60 gm / 25 days)
<i>alclometasone dipropionate cream 0.05%</i>	QL (60 gm / 25 days)
<i>alclometasone dipropionate oint 0.05%</i>	QL (60 gm / 25 days)
<i>betamethasone dipropionate augmented cream 0.05% (generic of DIPROLENE AF)</i>	QL (50 gm / 25 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	QL (50 gm / 25 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	QL (60 mL / 25 days)
<i>betamethasone dipropionate augmented oint 0.05% (generic of DIPROLENE)</i>	QL (50 gm / 25 days)
<i>betamethasone dipropionate cream 0.05%</i>	QL (60 gm / 25 days)
<i>betamethasone dipropionate lotion 0.05%</i>	QL (60 mL / 25 days)
<i>betamethasone dipropionate oint 0.05%</i>	QL (45 gm / 25 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	QL (45 gm / 25 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	QL (60 mL / 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	QL (45 gm / 25 days)
<i>clobetasol propionate soln 0.05%</i>	QL (50 mL / 25 days)
<i>desonide cream 0.05% (generic of DESOWEN)</i>	QL (60 gm / 25 days), ST; Requires trial of 3 preferred low potency steroids
<i>desonide oint 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinolone acetonide cream 0.025% (generic of SYNALAR)</i>	QL (60 gm / 25 days)
<i>fluocinolone acetonide oil 0.01% (body oil) (generic of DERMA-SMOOTH/FS BODY)</i>	QL (120 mL / 25 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil) (generic of DERMA-SMOOTH/FS SCALP)</i>	QL (120 mL / 25 days)
<i>fluocinolone acetonide oint 0.025% (generic of SYNALAR)</i>	QL (60 gm / 25 days)
<i>fluocinonide cream 0.05%</i>	QL (60 gm / 25 days)

Drug Name	Requirements/Limits
<i>fluocinonide emulsified base cream 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinonide gel 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinonide oint 0.05%</i>	QL (60 gm / 25 days), ST; Requires trial of mometasone crm & either fluocinolone crm or triamcinolone acetonide crm 0.5%
<i>fluocinonide soln 0.05%</i>	QL (60 mL / 25 days)
<i>fluticasone propionate cream 0.05%</i>	QL (60 gm / 25 days)
<i>fluticasone propionate oint 0.005%</i>	QL (60 gm / 25 days)
<i>halobetasol propionate cream 0.05%</i>	QL (50 gm / 25 days)
<i>halobetasol propionate oint 0.05%</i>	QL (50 gm / 25 days)
<i>hydrocort cre 0.5%</i>	OTC
<i>hydrocortisone acetate cream 1%</i>	OTC
<i>hydrocortisone cream 0.5%</i>	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1%</i>	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1%- rx</i>	QL (60 gm / 25 days)
<i>hydrocortisone cream 2.5%</i>	QL (60 gm / 25 days)
<i>hydrocortisone gel 1%</i>	OTC
<i>hydrocortisone lotion 1%</i>	OTC
<i>hydrocortisone lotion 2.5%</i>	QL (60 mL / 25 days)
<i>hydrocortisone oint 0.5%</i>	OTC, QL (60 gm / 25 days)
<i>hydrocortisone oint 1%</i>	OTC, QL (60 gm / 25 days)
<i>hydrocortisone oint 1%- rx</i>	QL (60 gm / 25 days)
<i>hydrocortisone oint 2.5%</i>	QL (60 gm / 25 days)
<i>hydrocortisone-aloe vera cream 0.5%</i>	OTC
<i>hydrocortisone-aloe vera cream 1%</i>	OTC
<i>mometasone furoate cream 0.1% (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>	
<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)

Drug Name	Requirements/Limits
<i>emollient - ointment</i>	OTC; Generic Aquaphor
<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	
SANTYL OIN 250/GM	QL (30 gm / 30 days), PA
IMMUNOMODULATING AGENTS - TOPICAL	
<i>imiquimod cream 5% (generic of ALDARA)</i>	QL (24 ea / 25 days), PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
<i>pimecrolimus cream 1% (generic of ELIDEL)</i>	QL (60 gm / 30 days), PA
<i>tacrolimus oint 0.1% (generic of PROTOPIC)</i>	QL (31 gm / 25 days), PA
<i>tacrolimus oint 0.03% (generic of PROTOPIC)</i>	QL (31 gm / 25 days), PA
KERATOLYTIC/ANTIMITOTIC AGENTS	
<i>podofilox soln 0.5%</i>	QL (7 mL / 180 days)
LOCAL ANESTHETICS - TOPICAL	
ARTH PAIN CRE 0.075%	OTC
<i>capsaicin cream 0.1%</i>	OTC
<i>capsaicin cream 0.025%</i>	OTC
<i>capsaicin hp cre 0.1%</i>	OTC
CAPZASIN-P CRE 0.035%	OTC
<i>capzix cre 0.1%</i>	OTC
<i>glydo gel 2%</i>	
<i>lidocaine cream 4%</i>	OTC
<i>lidocaine hcl gel 2%</i>	OTC
<i>lidocaine hcl gel 2%- rx</i>	
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	
<i>lidocaine patch 4%</i>	OTC, QL (120 ea / 30 days)
<i>lidocaine patch 5% (generic of LIDODERM)</i>	QL (90 ea / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	QL (60 gm / 25 days)
<i>sure result cre sr 0.025</i>	OTC
<i>zostrix hp cre 0.1%</i>	OTC
ZOSTRIX NAT CRE 0.033%	OTC
MISC. TOPICAL	
<i>americerin cre</i>	OTC
<i>caladrox oin</i>	OTC
<i>dermacerin cre</i>	OTC

Drug Name	Requirements/Limits
DRYSOL SOL 20%	
<i>hydrocerin cre plus</i>	OTC
<i>kerodex-51 cre dry/oily</i>	OTC
<i>kerodex-71 cre wet</i>	OTC
<i>minerin cre</i>	OTC
<i>zinc-oxyde oin 0.44-20%</i>	OTC

ROSACEA AGENTS

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

SCABICIDES & PEDICULICIDES

<i>lice trtmnt liq 1%</i>	OTC; Generic NIX
<i>malathion lotion 0.5%</i>	ST; Requires trial of a permethrin AND pyrethrins/piperonyl butoxide
<i>permethrin aerosol 0.5%</i>	OTC; Generic RID
<i>permethrin cream 5%</i> (generic of ELIMITE)	
<i>permethrin lotion 1%</i>	OTC
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i>	OTC; Generic NIX
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	OTC; Generic RID
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	OTC; Generic RID
<i>spinosad susp 0.9%</i>	ST; Requires trial of malathion

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 (200 ea / 25 days), ST; max of #50/month for non-insulin users. max of #200/month for insulin users and pregnant members filling prenatal vitamins

Drug Name	Requirements/Limits
TRUE METRIX TES GLUCOSE	OTC, QL (50 ea / 25 days), ST; max of #50/month for non-insulin users. max of #200/month for insulin users and pregnant members filling prenatal vitamins

DIGESTIVE AIDS

DIGESTIVE ENZYMES

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

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

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

DIURETIC COMBINATIONS

ALDACTAZIDE TAB 50/50	QL (60 ea / 30 days)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	QL (60 ea / 30 days)
<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 DYAZIDE)	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>	AGE (Max age 12 years)
<i>furosemide oral soln 10 mg/ml</i>	AGE (Max age 12 years)
<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)

Drug Name	Requirements/Limits
<i>furosemide tab 80 mg</i> (generic of LASIX)	QL (180 ea / 30 days)
<i>torsemide tab 5 mg</i>	QL (60 ea / 30 days)
<i>torsemide tab 10 mg</i>	QL (120 ea / 30 days)
<i>torsemide tab 20 mg</i>	QL (120 ea / 30 days)
<i>torsemide tab 100 mg</i>	QL (60 ea / 30 days)

POTASSIUM SPARING DIURETICS

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

THIAZIDES AND THIAZIDE-LIKE DIURETICS

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

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

<i>alendronate sodium tab 5 mg</i>	QL (30 ea / 30 days)
<i>alendronate sodium tab 10 mg</i>	QL (30 ea / 30 days)
<i>alendronate sodium tab 35 mg</i>	QL (4 ea / 28 days)
<i>alendronate sodium tab 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); AGE (Min age 50 years)
<i>ibandronate sodium tab 150 mg</i> (base equivalent) (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); AGE (Min age 50 years)
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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
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Drug Name	Requirements/Limits
LUPR DEP-PED INJ 7.5MG	SP, PA
LUPR DEP-PED INJ 11.25MG	SP, PA
LUPR DEP-PED INJ 15MG	SP, PA
SYNAREL SOL 2MG/ML	SP, PA

METABOLIC MODIFIERS

<i>calcitriol cap 0.5 mcg</i> (generic of ROCALTROL)	QL (120 ea / 30 days)
<i>calcitriol cap 0.25 mcg</i> (generic of ROCALTROL)	QL (120 ea / 30 days)
ELAPRASE INJ 6MG/3ML	SP, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> (generic of CARNITOR)	QL (1800 mL / 30 days)
<i>levocarnitine tab 330 mg</i> (generic of CARNITOR)	QL (540 ea / 30 days)

POSTERIOR PITUITARY HORMONES

<i>desmopressin acetate nasal spray soln 0.01%</i> (generic of DDAVP)	SP, PA
<i>desmopressin acetate nasal spray soln 0.01%</i> (refrigerated)	PA
<i>desmopressin acetate tab 0.1 mg</i> (generic of DDAVP)	SP, QL (120 ea / 30 days)
<i>desmopressin acetate tab 0.2 mg</i> (generic of DDAVP)	SP, QL (150 ea / 30 days)
STIMATE SOL 1.5MG/ML	SP, PA

SOMATOSTATIC AGENTS

<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> (generic of SANDOSTATIN)	SP, PA
SANDOSTATIN KIT LAR 10MG	SP, PA
SANDOSTATIN KIT LAR 20MG	SP, PA
SANDOSTATIN KIT LAR 30MG	SP, PA

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

ESTROGEN COMBINATIONS

<i>fyavolv tab 0.5-2.5</i> (generic of FEMHRT LOW DOSE)	QL (28 ea / 28 days)
<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); AGE (Max age 64 years)
<i>estradiol tab 1 mg</i> (generic of ESTRACE)	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>estradiol tab 2 mg</i> (generic of ESTRACE)	QL (30 ea / 30 days); AGE (Max age 64 years)

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

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

GASTROINTESTINAL AGENTS - MISC.

ANTIFLATULENTS

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

GALLSTONE SOLUBILIZING AGENTS

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

GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	
<i>metoclopramide hcl tab 5 mg (base equivalent) (generic of REGLAN)</i>	QL (180 ea / 30 days)
<i>metoclopramide hcl tab 10 mg (base equivalent) (generic of REGLAN)</i>	QL (180 ea / 30 days)

INFLAMMATORY BOWEL AGENTS

<i>APRISO CAP 0.375GM</i>	QL (120 ea / 30 days)
<i>balsalazide disodium cap 750 mg (generic of COLAZAL)</i>	
<i>sulfasalazine tab 500 mg (generic of AZULFIDINE)</i>	QL (300 ea / 30 days)
<i>sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)</i>	QL (240 ea / 30 days)

INTESTINAL ACIDIFIERS

<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	QL (5400 mL / 30 days)
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PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (generic of PHOSLO)</i>	
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Drug Name	Requirements/Limits
GENITOURINARY AGENTS - MISCELLANEOUS	
ALKALINIZERS	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	
<i>potassium citrate tab er 5 meq (540 mg) (generic of UROCIT-K 5)</i>	QL (90 ea / 30 days)
<i>potassium citrate tab er 10 meq (1080 mg) (generic of UROCIT-K 10)</i>	QL (90 ea / 30 days)
<i>sodium citrate & 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 (generic of UROXATRAL)</i>	QL (30 ea / 30 days)
<i>finasteride tab 5 mg (generic of PROSCAR)</i>	QL (30 ea / 30 days)
<i>tamsulosin hcl cap 0.4 mg (generic of FLOMAX)</i>	QL (60 ea / 30 days)
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 (generic of ZYLOPRIM)</i>	QL (180 ea / 30 days)
<i>allopurinol tab 300 mg (generic of ZYLOPRIM)</i>	QL (120 ea / 30 days)
<i>colchicine tab 0.6 mg (generic of COLCRYS)</i>	QL (30 ea / 90 days, max 1 fill per 90 days)
URICOSURICS	
<i>probenecid tab 500 mg</i>	QL (90 ea / 30 days)
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

Drug Name	Requirements/Limits
BENEFIX INJ 2000UNIT	SP, PA
BENEFIX INJ 3000UNIT	SP, PA
HUMATE-P SOL 500-1200	SP, PA
HUMATE-P SOL 2400UNIT	SP, PA
IXINITY INJ 250UNIT	SP, PA
IXINITY INJ 500UNIT	SP, PA
IXINITY INJ 1000UNIT	SP, PA
IXINITY INJ 2000UNIT	SP, PA
IXINITY INJ 3000UNIT	SP, PA
KOGENATE FS INJ 250UNIT	SP, PA
KOGENATE FS INJ 500UNIT	SP, PA
KOGENATE FS INJ 1000UNIT	SP, PA
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</i> (generic of AGGRENOX)	PA
<i>cilostazol tab 50 mg</i>	QL (60 ea / 30 days)
<i>cilostazol tab 100 mg</i>	QL (60 ea / 30 days)
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> (generic of PLAVIX)	QL (30 ea / 30 days)
<i>dipyridamole tab 25 mg</i>	QL (300 ea / 30 days)
<i>dipyridamole tab 50 mg</i>	QL (240 ea / 30 days)
<i>dipyridamole tab 75 mg</i>	QL (120 ea / 30 days)

HEMATOPOIETIC AGENTS

COBALAMINS

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

Drug Name	Requirements/Limits
FOLIC ACID/FOLATES	
<i>folic acid tab 1 mg</i>	QL (150 ea / 30 days)
<i>folic acid tab 400 mcg</i>	OTC, QL (150 ea / 30 days)
<i>folic acid tab 800 mcg</i>	OTC, QL (150 ea / 30 days)
<i>folic acid tab 1000mcg</i>	OTC, QL (150 ea / 30 days)
HEMATOPOIETIC GROWTH FACTORS	
ARANESP INJ 25MCG	SP, PA
ARANESP INJ 40MCG	SP, PA
ARANESP INJ 60MCG	SP, PA
ARANESP INJ 100MCG	SP, PA
ARANESP INJ 200MCG	SP, PA
ARANESP INJ 300MCG	SP, PA
ARANESP INJ 500MCG	SP, PA
LEUKINE INJ 250MCG	SP, PA
NIVESTYM INJ 300/0.5	SP, PA
NIVESTYM INJ 480/0.8	SP, PA
RETACRIT INJ 2000UNIT	SP, PA
RETACRIT INJ 3000UNIT	SP, PA
RETACRIT INJ 4000UNIT	SP, PA
RETACRIT INJ 10000UNT	SP, PA
RETACRIT INJ 40000UNT	SP, PA
UDENYCA INJ 6MG/.6ML	SP, PA
ZARXIO INJ 300/0.5	SP, PA
ZARXIO INJ 480/0.8	SP, PA
HEMATOPOIETIC MIXTURES	
<i>chromagen cap</i>	QL (60 ea / 30 days)
<i>ferocon cap</i>	QL (60 ea / 30 days)
<i>ferottrinsic cap</i>	QL (60 ea / 30 days)
<i>foltrin cap</i>	QL (60 ea / 30 days)
<i>hematogen cap</i>	QL (60 ea / 30 days)
<i>iferex 150 cap forte</i>	QL (60 ea / 30 days)
<i>iron complex cap</i>	OTC, QL (60 ea / 30 days)
<i>myferon 150 cap forte</i>	QL (60 ea / 30 days)
<i>poly-iron cap 150 fort</i>	QL (60 ea / 30 days)
<i>polysacchari cap iron</i>	QL (60 ea / 30 days)
<i>tricon cap</i>	QL (60 ea / 30 days)
IRON	
<i>fe tabs tab 325mg ec</i>	OTC
<i>ferrex 150 cap 150mg</i>	OTC, QL (60 ea / 30 days)
<i>ferric x-150 cap 150mg</i>	OTC, QL (60 ea / 30 days)
<i>ferrocite tab 324mg</i>	OTC
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	OTC
<i>ferrous gluc tab 324mg</i>	OTC

Drug Name	Requirements/Limits
FERROUS GLUC TAB 324MG	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	OTC
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	OTC
FERROUS SULF 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
<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>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	OTC, QL (60 ea / 30 days)
<i>slow iron tab 50mg</i>	OTC
<i>slow release tab 47.5mg</i>	OTC

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

ANTI-HISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) tab 25 mg</i>	OTC, QL (30 ea / 30 days)
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	OTC, QL (30 ea / 30 days)
<i>doxylamine succinate (sleep) tab 25 mg</i>	OTC, QL (30 ea / 30 days)

BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	QL (1500 mL / 30 days); AGE (Max age 12 years)
<i>phenobarbital tab 15 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 16.2 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 30 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 32.4 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 60 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 64.8 mg</i>	QL (90 ea / 30 days)
<i>phenobarbital tab 97.2 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 100 mg</i>	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
NON-BARBITURATE HYPNOTICS	
<i>estazolam tab 1 mg</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>estazolam tab 2 mg</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>flurazepam hcl cap 15 mg</i>	QL (30 ea / 30 days); AGE (Min age 15 years and Max age 64 years)
<i>flurazepam hcl cap 30 mg</i>	QL (30 ea / 30 days); AGE (Min age 15 years and Max age 64 years)
<i>temazepam cap 15 mg</i> (generic of RESTORIL)	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>temazepam cap 30 mg</i> (generic of RESTORIL)	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>triazolam tab 0.25 mg</i> (generic of HALCION)	QL (60 ea / 30 days); AGE (Min age 18 years)
<i>triazolam tab 0.125 mg</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>zolpidem tartrate tab 5 mg</i> (generic of AMBIEN)	QL (60 ea / 30 days); AGE (Min age 18 years)
<i>zolpidem tartrate tab 10 mg</i> (generic of AMBIEN)	QL (30 ea / 30 days); AGE (Min age 18 years)

LAXATIVES

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

Drug Name	Requirements/Limits
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 (generic of COLYTE-FLAVOR PACKS)</i>	QL (120000 mL / 30 days)
GOLYTELY SOL	QL (30 ea / 30 days)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	QL (120000 mL / 30 days)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	QL (120000 mL / 30 days)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm (generic of PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM)</i>	QL (120000 mL / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	OTC, QL (180 ea / 30 days)
LAXATIVES - MISCELLANEOUS	
<i>constulose sol 10gm/15</i>	QL (5400 mL / 30 days)
<i>glycerin suppos 1.2 gm</i>	OTC
<i>glycerin suppos 2 gm</i>	OTC
<i>glycerin suppos 2.1 gm</i>	OTC
<i>glycerin suppos 80.7%</i>	OTC
<i>lactulose solution 10 gm/15ml</i>	QL (5400 mL / 30 days)
<i>polyethylene glycol 3350 oral powder</i>	OTC, QL (1020 gm / 30 days)
LUBRICANT LAXATIVES	
<i>mineral oil</i>	OTC
<i>mineral oil enema</i>	OTC
<i>mineral oil- rx</i>	
SALINE LAXATIVES	
<i>magnesium citrate soln</i>	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i>	OTC
<i>milk of magn sus 2400mg</i>	OTC
<i>pediatric ene enema</i>	OTC
<i>sodium phosphates - enema</i>	OTC
STIMULANT LAXATIVES	
<i>bisacodyl suppos 10 mg</i>	OTC, QL (30 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg</i>	OTC, QL (90 ea / 30 days)
<i>sennosides chew tab 15 mg</i>	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	OTC
<i>sennosides tab 8.6 mg</i>	OTC, QL (60 ea / 30 days)
<i>sennosides tab 25 mg</i>	OTC
SURFACTANT LAXATIVES	
BENZOCAINE-DOCUSATE SODIUM RECTAL ENEMA	OTC
20-283 MG	
<i>docusate calcium cap 240 mg</i>	OTC, QL (60 ea / 30 days)

Drug Name	Requirements/Limits
<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)

MACROLIDES

AZITHROMYCIN

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

ERYTHROMYCINS

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

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

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

DIABETIC SUPPLIES

DEXCOM G5 MOBILE RECEIVER	PA
DEXCOM G5 MOBILE TRANSMIT	PA
DEXCOM G6 RECEIVER	PA
DEXCOM G6 SENSOR	PA
DEXCOM G6 TRANSMITTER	PA
DEXCOM RECEIVER KIT	PA
FREESTYLE LIBRE READER	PA

Drug Name	Requirements/Limits
FREESTYLE LIBRE SENSOR	PA
LANCETS	OTC
TRUE METRIX KIT AIR	OTC, QL (1 ea / year)
TRUE METRIX KIT METER	OTC, QL (1 ea / year)

MISC. DEVICES

ALCOH-WIPE MIS 12"X12"	QL (200 ea / 25 days)
ALCOHOL SWABS	OTC, QL (200 ea / 25 days)
LMA MAD MIS NASAL	
MUCOSAL ATOM MIS DEVICE	OTC

PARENTERAL THERAPY SUPPLIES

BD U-500 MIS 31GX6MM	QL (150 ea / 30 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	
TECHLITE PEN NEEDLES 29GX10MM	OTC, QL (150 ea / 30 days)
TECHLITE PEN NEEDLES 29GX12MM	OTC, QL (150 ea / 30 days)
TECHLITE PEN NEEDLES 31GX5MM	OTC, QL (150 ea / 30 days)
TECHLITE PEN NEEDLES 31GX6MM	OTC, QL (150 ea / 30 days)
TECHLITE PEN NEEDLES 31GX8MM	OTC, QL (150 ea / 30 days)
TECHLITE PEN NEEDLES 32GX4MM	OTC, QL (150 ea / 30 days)
TECHLITE PEN NEEDLES 32GX6MM	OTC, QL (150 ea / 30 days)
TECHLITE PEN NEEDLES 32GX8MM	OTC, QL (150 ea / 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	QL (150 ea / 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	QL (150 ea / 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	QL (150 ea / 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	QL (150 ea / 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	QL (150 ea / 30 days)

RESPIRATORY THERAPY SUPPLIES

NEBULIZER	OTC
NEBULIZER- RX	
PEAK FLOW METER	OTC, QL (1 ea / year)
PEAK FLOW METER- RX	QL (1 ea / year)
PULMONEB LT MIS NEBULIZE	
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	OTC, QL (1 ea / year)
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)-QL (1 ea / year)	
RX	

Drug Name	Requirements/Limits
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	OTC, QL (2 ea / year)
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	QL (2 ea / year)
VORTEX/MASK MIS CHILDS	
VORTEX/MASK MIS TODDLER	

MIGRAINE PRODUCTS

SEROTONIN AGONISTS

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

MINERALS & ELECTROLYTES

CALCIUM

<i>calcitrate tab 950mg</i>	OTC
<i>calcium carb tab 1250mg</i>	OTC
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	OTC
<i>calcium carbonate tab 600 mg</i>	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	OTC
<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
calcium carbonate-cholecalciferol tab 600 mg-200 unit	OTC
calcium carbonate-cholecalciferol tab 600 mg-400 unit	OTC
calcium carbonate-cholecalciferol tab 600 mg-800 unit	OTC
calcium carbonate-vitamin d cap 600 mg-200 unit	OTC
calcium carbonate-vitamin d chew tab 600 mg-400 unit	OTC
calcium carbonate-vitamin d tab 250 mg-125 unit	OTC
calcium carbonate-vitamin d tab 500 mg-125 unit	OTC
calcium carbonate-vitamin d tab 500 mg-200 unit	OTC
calcium carbonate-vitamin d tab 500 mg-400 unit	OTC
calcium carbonate-vitamin d tab 600 mg-125 unit	OTC
calcium carbonate-vitamin d tab 600 mg-200 unit	OTC
calcium carbonate-vitamin d tab 600 mg-400 unit	OTC
calcium citrate tab 950 mg (200 mg elemental ca)	OTC
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)	OTC
calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)	OTC
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)	OTC
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)	OTC
calcium-magnesium-zinc tab 333-133-5 mg	OTC
liq ca/vit d cap 600mg	OTC
oys shell+d tab 250-125	OTC
oyster shell calcium tab 500 mg	OTC
RISACAL-D TAB	OTC
ELECTROLYTE MIXTURES	
oral electrolyte solution	OTC
FLUORIDE	
flura-drops dro 0.25mg f	QL (30 mL / 30 days)
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	QL (30 ea / 30 days)
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	QL (30 ea / 30 days)
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	QL (30 ea / 30 days)
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	QL (50 mL / 30 days)
MAGNESIUM	
magdelay tab 64mg	OTC
magnesium gluconate tab 27.5 mg (elemental mg)	OTC

Drug Name	Requirements/Limits
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	OTC
<i>magnesium ox tab 250mg</i>	OTC
<i>magnesium oxide cap 500 mg (elemental mg)</i>	OTC
<i>magnesium oxide tab 250 mg (mg supplement)</i>	OTC
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	OTC
<i>magnesium 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

Drug Name	Requirements/Limits
MISCELLANEOUS THERAPEUTIC CLASSES	
CHELATING AGENTS	
DEPEN TITRA TAB 250MG	PA
IMMUNOMODULATORS	
REVLIMID CAP 5MG	SP, QL (30 ea / 30 days), PA
REVLIMID CAP 10MG	SP, QL (30 ea / 30 days), PA
REVLIMID CAP 15MG	SP, QL (30 ea / 30 days), PA
REVLIMID CAP 25MG	SP, QL (30 ea / 30 days), PA
THALOMID CAP 100MG	SP, PA
IMMUNOSUPPRESSIVE AGENTS	
<i>azathioprine tab 50 mg (generic of IMURAN)</i>	QL (240 ea / 30 days)
<i>cyclosporine cap 25 mg (generic of SANDIMMUNE)</i>	QL (480 ea / 30 days)
<i>cyclosporine cap 100 mg (generic of SANDIMMUNE)</i>	QL (150 ea / 30 days)
<i>cyclosporine modified cap 25 mg (generic of NEORAL)</i>	QL (450 ea / 30 days)
<i>cyclosporine modified cap 50 mg</i>	QL (450 ea / 30 days)
<i>cyclosporine modified cap 100 mg (generic of NEORAL)</i>	QL (300 ea / 30 days)
<i>cyclosporine modified oral soln 100 mg/ml (generic of NEORAL)</i>	QL (300 mL / 30 days)
<i>engraf cap 25mg (generic of NEORAL)</i>	QL (450 ea / 30 days)
<i>engraf cap 100mg (generic of NEORAL)</i>	QL (300 ea / 30 days)
<i>engraf sol 100mg/ml (generic of NEORAL)</i>	QL (300 mL / 30 days)
<i>mycophenolate mofetil cap 250 mg (generic of CELLCEPT)</i>	QL (360 ea / 30 days)
<i>mycophenolate mofetil tab 500 mg (generic of CELLCEPT)</i>	QL (240 ea / 30 days)
NEORAL CAP 25MG	QL (450 ea / 30 days)
NEORAL CAP 100MG	QL (300 ea / 30 days)
NEORAL SOL 100MG/ML	QL (300 mL / 30 days)
SANDIMMUNE CAP 25MG	QL (480 ea / 30 days)
SANDIMMUNE CAP 100MG	QL (150 ea / 30 days)
<i>tacrolimus cap 0.5 mg (generic of PROGRAF)</i>	QL (60 ea / 30 days)
<i>tacrolimus cap 1 mg (generic of PROGRAF)</i>	QL (420 ea / 30 days)
<i>tacrolimus cap 5 mg (generic of PROGRAF)</i>	
IRRIGATION SOLUTIONS	
<i>argyl saline sol 100ml</i>	
<i>water for irrigation, sterile irrigation soln</i>	

Drug Name	Requirements/Limits
POTASSIUM REMOVING AGENTS	
<i>kionex sus 15gm/60</i>	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	
<i>sodium polystyrene sulfonate powder</i>	
<i>sps sus 15gm/60</i>	
MOUTH/THROAT/DENTAL AGENTS	
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	
<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)

Drug Name	Requirements/Limits
MULTIPLE VITAMINS W/ MINERALS	
<i>multiple vitamins w/ minerals cap</i>	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals cap- rx</i>	QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals liquid</i>	OTC, QL (30 mL / 30 days)
<i>multiple vitamins w/ minerals tab</i>	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab- rx</i>	QL (30 ea / 30 days)
MULTIVITAMINS	
<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 drops 45 mg/ml</i>	OTC, QL (30 mL / 30 days)
<i>pediatric multiple vitamin w/ minerals & c drops 45 mg/ml- rx</i>	QL (30 mL / 30 days)
PED MV W/ FLUORIDE	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	QL (60 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	QL (50 mL / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	QL (50 mL / 30 days)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	QL (50 mL / 30 days)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	QL (50 mL / 30 days)
PED MV W/ IRON	
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ iron drops 10 mg/ml</i>	OTC, QL (50 mL / 25 days)
POLY-VI-SOL DRO /IRON	OTC, QL (50 mL / 25 days)
PEDIATRIC MULTIPLE VITAMINS	
MULT VITAM DRO	OTC, QL (50 mL / 25 days)
<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
PEDIATRIC VITAMINS	
<i>bprotected sol tri-vite</i>	OTC, QL (50 mL / 25 days)
TRI-VI-SOL SOL	OTC, QL (50 mL / 25 days)
PRENATAL VITAMINS	
ATABEX OB TAB 29-1MG	QL (30 ea / 30 days)
BE WELL PAK ROUNDED	OTC, QL (30 ea / 30 days)
BRAINSTRONG MIS PRENATAL	OTC, QL (30 ea / 30 days)
CALNA TAB	OTC, QL (30 ea / 30 days)
CO-NATAL FA TAB 29-1MG	QL (30 ea / 30 days)
COMPLETENATE CHW	QL (30 ea / 30 days)
CVS PRENATAL CHW GUMMY	OTC, QL (30 ea / 30 days)
EZFE FORTE CAP	OTC, QL (30 ea / 30 days)
KPN PRENATAL TAB	OTC, QL (30 ea / 30 days)
MYNATAL CAP	QL (30 ea / 30 days)
MYNATAL PLUS TAB	QL (30 ea / 30 days)
MYNATAL TAB	QL (30 ea / 30 days)
MYNATAL TAB ADVANCE	QL (30 ea / 30 days)
MYNATAL-Z TAB	QL (30 ea / 30 days)
MYNATE 90 TAB PLUS	QL (30 ea / 30 days)
NATALVIT TAB 75-1MG	QL (30 ea / 30 days)
NUTRIENTS TAB PRENATAL	OTC, QL (30 ea / 30 days)
O-CAL TAB PRENATAL	QL (30 ea / 30 days)
PERRY PRENAT CAP	OTC, QL (30 ea / 30 days)
PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3 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, QL (30 ea / 30 days)
PRENATAL MV & MIN W/FE FUM-FA-DHA CAP 27-0.8-250 MG	OTC, QL (30 ea / 30 days)
PRENATAL TAB	OTC, QL (30 ea / 30 days)
PRENATAL TAB COMPLETE	OTC, QL (30 ea / 30 days)
PRENATAL TAB FORMULA	OTC, QL (30 ea / 30 days)
<i>prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg- rx</i>	QL (30 ea / 30 days)
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg- rx</i>	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUM-FA-FISH OIL CAP 28-0.8-530 MG	OTC, QL (30 ea / 30 days)

Drug Name	Requirements/Limits
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg-rx</i>	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	OTC, QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	OTC, QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG-RX	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	OTC, QL (30 ea / 30 days)
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	QL (30 ea / 30 days)
PRENATAL W/FE FUM-FA TAB 27-0.8 MG & DHA CAP 200 MG PACK	OTC, QL (30 ea / 30 days)
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK	OTC, QL (60 ea / 30 days)
PRENATAL W/FE FUM-FA TAB 28-0.975 MG & DHA CAP 200 MG PACK	OTC, QL (30 ea / 30 days)
PRENATAL+FE TAB 29-1MG	QL (30 ea / 30 days)
SE-NATAL 19 CHW	QL (30 ea / 30 days)
TRINATAL RX TAB 1	QL (30 ea / 30 days)
VINATE II TAB	QL (30 ea / 30 days)
VINATE 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)

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

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

VISCOSUPPLEMENTS

EUFLEXXA INJ 10MG/ML	SP, QL (6 mL / 180 days), PA
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Drug Name	Requirements/Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL	
NASAL AGENTS - MISC.	
<i>saline nasal spray 0.65%</i>	OTC
NASAL ANTIALLERGY	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	QL (31 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>budesonide sus 32mcg</i>	OTC, QL (8.43 mL / 25 days)
<i>budesonide sus nasal</i>	OTC, QL (8.43 mL / 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (16 gm / 25 days); AGE (Min age 4 years)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	OTC, QL (16 mL / 25 days); AGE (Min age 4 years)
<i>rhinocort sus allergy</i>	OTC, QL (8.43 mL / 25 days)
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	OTC
SYMPATHOMIMETIC DECONGESTANTS	
<i>oxymetazoline hcl nasal soln 0.05%</i>	OTC
<i>phenylephrine hcl tab 10 mg</i>	OTC
<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)
<i>SUDAFED PE SOL CHILDREN</i>	OTC
NUTRIENTS	
MISC. NUTRITIONAL SUBSTANCES	
<i>docosahexaenoic acid cap 200 mg</i>	OTC, QL (30 ea / 30 days)
<i>omega-3 fatty acids cap 500 mg</i>	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	OTC
<i>omega-3 fatty acids cap delayed release 1000 mg</i>	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg</i>	OTC

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>cyclopentolate hcl ophth soln 1% (generic of CYCLOGYL)</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>	

Drug Name	Requirements/Limits
OPHTHALMIC ADRENERGIC AGENTS	
<i>brimonidine tartrate ophth soln 0.2%</i>	
OPHTHALMIC ANTI-INFECTIVES	
<i>bacitracin ophth oint 500 unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent) (generic of CILOXAN)</i>	
<i>erythromycin ophth oint 5 mg/gm</i>	
<i>gentak oin 0.3% op</i>	
<i>gentamicin sulfate ophth soln 0.3%</i>	
<i>levofloxacin ophth soln 0.5%</i>	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)</i>	QL (3 mL / 25 days)
<i>neo-polycin oin op</i>	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin ophth soln 0.3% (generic of OCUFLOX)</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	
<i>sulfacetamide sodium ophth soln 10% (generic of BLEPH-10)</i>	
<i>tobramycin ophth soln 0.3% (generic of TOBREX)</i>	
<i>trifluridine ophth soln 1%</i>	QL (7.5 mL / 25 days)
OPHTHALMIC INTEGRIN ANTAGONISTS	
<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>	

Drug Name	Requirements/Limits
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	
OPHTHALMICS - MISC.	
<i>altachlore oin 5% op</i>	OTC
<i>azelastine hcl ophth soln 0.05%</i>	QL (6 mL / 25 days), PA
<i>cromolyn sodium ophth soln 4%</i>	
<i>diclofenac sodium ophth soln 0.1%</i>	
<i>dorzolamide hcl ophth soln 2% (generic of TRUSOPT)</i>	
<i>flurbiprofen sodium ophth soln 0.03%</i>	
<i>ketorolac tromethamine ophth soln 0.5% (generic of ACULAR)</i>	QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	OTC, QL (10 mL / 25 days)
<i>sodium chloride hypertonic ophth oint 5%</i>	OTC
<i>sodium chloride hypertonic ophth soln 5%</i>	OTC
PROSTAGLANDINS - OPHTHALMIC	
<i>bimatoprost ophth soln 0.03%</i>	ST; Requires trial of latanoprost
<i>latanoprost ophth soln 0.005%</i>	QL (5 mL / 25 days)
<i>latanoprost ophth soln 0.005% (generic of XALATAN)</i>	QL (5 mL / 25 days)
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%</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>	
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	
<i>HYPERRHO S/D INJ 50MCG</i>	SP

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

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); AGE (Max age 12 years)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	QL (120 ea / 30 days); AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	QL (2 ea / day, max 10 day supply)
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	QL (2 ea / day, max 10 day supply)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	QL (2 ea / day, max 10 day supply)

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	QL (240 ea / 30 days)
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Drug Name	Requirements/Limits
<i>dicloxacillin sodium cap 500 mg</i>	QL (180 ea / 30 days)
PHARMACEUTICAL ADJUVANTS	
ANTIMICROBIAL AGENTS	
BENZYL ALC LIQ	AGE (Min age 16 years and Max age 60 years)
BENZYL ALC LIQ	OTC; AGE (Min age 16 years and Max age 60 years)
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	
<i>hydroxyprogesterone caproate im in oil 250 mg/ml SP, PA</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-CATALECTIC 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)	

Drug Name	Requirements/Limits
<i>galantamine hydrobromide tab 4 mg (generic of RAZADYNE)</i>	
<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>	

MOVEMENT DISORDER DRUG THERAPY

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

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

AUBAGIO TAB 7MG	SP, PA
AUBAGIO TAB 14MG	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>glatiramer acetate soln prefilled syringe 40 mg/ml (generic of COPAXONE)</i>	SP, PA
<i>glatopa inj 20mg/ml (generic of COPAXONE)</i>	SP, PA
<i>glatopa inj 40mg/ml (generic of COPAXONE)</i>	SP, PA
PLEGRIDY INJ	SP, PA
PLEGRIDY INJ PEN	SP, PA
PLEGRIDY INJ STARTER	SP, PA
PLEGRIDY PEN INJ STARTER	SP, PA

Drug Name	Requirements/Limits
TECFIDERA CAP 120MG	SP, QL (60 ea / 30 days), PA
TECFIDERA CAP 240MG	SP, QL (60 ea / 30 days), PA

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	QL (60 ea / 30 days, max 90 day supply per year)
CHANTIX PAK 0.5& 1MG	
CHANTIX PAK 1MG	
CHANTIX TAB 0.5MG	
CHANTIX TAB 1MG	
<i>nicotine polacrilex gum 2 mg</i>	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex gum 4 mg</i>	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 2 mg</i>	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 4 mg</i>	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine td patch 24hr 7 mg/24hr</i>	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 14 mg/24hr</i>	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 21 mg/24hr</i>	OTC, QL (30 ea / 30 days, max 90 day supply per year)
NICOTROL INH	QL (480 ea / 30 days; max 3 fills per 365 days)
NICOTROL NS SPR 10MG/ML	QL (120 mL / 30 days); AGE (Min age 18 years)

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

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); AGE (Max age 64 years)
ARMOUR THYRO TAB 30MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 60MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 90MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 120MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 180MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 240MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 300MG	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>levothyroxine sodium tab 25 mcg (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)
<i>levothyroxine sodium tab 150 mcg (generic of LEVOTHYROXINE SODIUM TAB 150 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 175 mcg (generic of LEVOTHYROXINE SODIUM TAB 175 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 200 mcg (generic of LEVOTHYROXINE SODIUM TAB 200 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 300 mcg (generic of LEVOTHYROXINE SODIUM TAB 300 MCG)</i>	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
NATURE THROI TAB 162.5MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 16.25MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 32.5MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 48.75MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 65MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 81.25MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 97.5MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 113.75MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 130MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 146.25MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 195MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 260MG	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 325MG	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 15mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 30mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 60mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 90mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 120mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
SYNTHROID TAB 25MCG	QL (60 ea / 30 days)
SYNTHROID TAB 50MCG	QL (60 ea / 30 days)
SYNTHROID TAB 75MCG	QL (60 ea / 30 days)
SYNTHROID TAB 88MCG	QL (60 ea / 30 days)
SYNTHROID TAB 100MCG	QL (60 ea / 30 days)
SYNTHROID TAB 112MCG	QL (60 ea / 30 days)
SYNTHROID TAB 125MCG	QL (60 ea / 30 days)
SYNTHROID TAB 137MCG	QL (60 ea / 30 days)
SYNTHROID TAB 150MCG	QL (60 ea / 30 days)
SYNTHROID TAB 175MCG	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
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); AGE (Max age 64 years)
<i>thyroid tab 30 mg (1/2 grain)</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>thyroid tab 60 mg (1 grain)</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>thyroid tab 90 mg (1 1/2 grain)</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>thyroid tab 120 mg (2 grain)</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
WESTHROID TAB 32.5MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WESTHROID TAB 65MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WESTHROID TAB 97.5MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WESTHROID TAB 130MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WESTHROID TAB 195MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 16.25MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 32.5MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 48.75MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 65MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 81.25MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 97.5MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 113.75MG	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 130MG	QL (30 ea / 30 days); AGE (Max age 64 years)

TOXOIDS

TOXOID COMBINATIONS

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

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

CUVPOSA SOL 1MG/5ML	PA
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Drug Name	Requirements/Limits
<i>dicyclomine hcl cap 10 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	QL (2400 mL / 30 days); AGE (Max age 64 years)
<i>dicyclomine hcl tab 20 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>glycopyrrolate tab 1 mg</i>	
<i>glycopyrrolate tab 2 mg</i>	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab 0.125 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>oscimin tab 0.125mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	QL (1800 mL / 30 days)
<i>cimetidine tab 200 mg</i>	QL (120 ea / 30 days)
<i>cimetidine tab 200 mg</i>	OTC, QL (120 ea / 30 days)
<i>cimetidine tab 300 mg</i>	QL (60 ea / 30 days)
<i>cimetidine tab 400 mg</i>	QL (60 ea / 30 days)
<i>cimetidine tab 800 mg</i>	QL (60 ea / 30 days)
<i>famotidine 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); AGE (Max age 12 years)
<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); AGE (Max age 18 years)
<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 (base eq)</i>	OTC, QL (60 ea / 30 days)
FIRST-OMEPRASUS 2MG/ML	QL (150 mL / 30 days); AGE (Max age 12 years)
<i>heartburn tr cap 15mg</i>	OTC, QL (60 ea / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	OTC, QL (60 ea / 30 days)
<i>lansoprazole cap delayed release 15 mg</i> (generic of PREVACID)	QL (60 ea / 30 days)
OMEPRASOLE + SUS SYRSPEND	QL (150 mL / 30 days); AGE (Max age 12 years)
<i>omeprazole cap delayed release 10 mg</i>	QL (90 ea / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	QL (90 ea / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	OTC, QL (90 ea / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	QL (30 ea / 30 days)
<i>omeprazole delayed release tab 20 mg</i>	OTC, QL (90 ea / 30 days)
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	OTC, QL (30 ea / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i> (generic of PROTONIX)	QL (30 ea / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i> (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); AGE (Max age 64 years)
<i>nitrofurantoin macrocrystalline cap 100 mg</i> (generic of MACRODANTIN)	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (generic of MACROBID)	QL (60 ea / 30 days); AGE (Max age 64 years)
<i>nitrofurantoin susp 25 mg/5ml</i>	QL (40 mL / day, max 10 day supply); AGE (Max age 12 years)

Drug Name	Requirements/Limits
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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

BACTERIAL VACCINES

PNEUMOVAX 23 INJ 25/0.5	QL (max 2 fills per lifetime); AGE (Min age 19 years)
PREVNAR 13 INJ	QL (max 4 fills per lifetime); AGE (Min age 19 years)

VIRAL VACCINES

AFLURIA QUAD INJ 2019-20	AGE (Min age 19 years)
ENGRIX-B INJ 10/0.5ML	AGE (Min age 19 years)
ENGRIX-B INJ 20MCG/ML	AGE (Min age 19 years)
FLUARIX QUAD INJ 2019-20	AGE (Min age 19 years)
FLUBLOK QUAD INJ 2019-20	AGE (Min age 19 years)
FLUCLVX QUAD INJ 2019-20	AGE (Min age 19 years)

Drug Name	Requirements/Limits
FLULAVAL QUA INJ 2019-20	AGE (Min age 19 years)
FLUZONE QUAD INJ 2019-20	AGE (Min age 19 years)
HAVRIX INJ 720UNIT	AGE (Min age 19 years)
HAVRIX INJ 1440UNIT	AGE (Min age 19 years)
HEPLISAV-B INJ 20/0.5ML	AGE (Min age 19 years)
RECOMBIVA HB INJ 5MCG/0.5	AGE (Min age 19 years)
RECOMBIVA HB INJ 10MCG/ML	AGE (Min age 19 years)
SHINGRIX INJ 50MCG	AGE (Min age 50 years)
TWINRIX INJ	AGE (Min age 19 years)
VAQTA INJ 25/0.5ML	AGE (Min age 19 years)
VAQTA INJ 50UNT/ML	AGE (Min age 19 years)
ZOSTAVAX INJ	QL (max 1 fill per lifetime); AGE (Min age 50 years)

VAGINAL PRODUCTS

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2% (generic of CLEOCIN)</i>	
<i>clotrimazole vaginal cream 1%</i>	OTC
<i>clotrimazole vaginal cream 2%</i>	OTC
<i>metronidazole vaginal gel 0.75%</i>	QL (70 gm / 5 days)
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	OTC
<i>miconazole nitrate vaginal cream 2%</i>	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i>	OTC
<i>terconazole vaginal cream 0.4%</i>	
<i>terconazole vaginal cream 0.8%</i>	
<i>terconazole vaginal suppos 80 mg</i>	QL (30 ea / 30 days)
<i>tioconazole vaginal oint 6.5%</i>	OTC
<i>vandazole gel 0.75%</i>	QL (70 gm / 5 days)

VAGINAL ESTROGENS

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

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

SYMJEPI INJ 0.3MG	QL (2 ea / 25 days)
SYMJEPI INJ 0.15MG	QL (2 ea / 25 days)

VASOPRESSORS

<i>midodrine hcl tab 2.5 mg</i>	QL (90 ea / 30 days)
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Drug Name	Requirements/Limits
<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 125 mcg/ml (5000 unit/ml)</i>	OTC, QL (180 mL / 30 days)
<i>cholecalciferol oral liquid 400 unit/ml</i>	OTC, QL (180 mL / 30 days)
<i>cholecalciferol tab 400 unit</i>	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 1000 unit</i>	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 2000 unit</i>	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 5000 unit</i>	OTC, QL (180 ea / 30 days)
<i>d3 max st dro 5000unit</i>	OTC, QL (180 mL / 30 days)
<i>ergocalciferol cap 1.25 mg (50000 unit) (generic of DRISDOL)</i>	QL (180 ea / 30 days)
<i>phytonadione tab 5 mg (generic of MEPHYTON)</i>	QL (150 ea / 30 days)

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)

Drug Name	Requirements/Limits
<i>thiamine hcl tab 100 mg</i>	OTC, QL (30 ea / 30 days)
<i>vitamin b-2 tab 100mg</i>	OTC

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dexamethasone soln 0.5 mg/5ml 80
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<i>ketorolac tromethamine ophth soln 0.5%</i>	113
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<i>see progesterone micronized cap 100 mg</i>	115
<i>see progesterone micronized cap 200 mg</i>	115
<i>propafenone hcl tab 150 mg</i>	35
<i>propafenone hcl tab 225 mg</i>	35
<i>propafenone hcl tab 300 mg</i>	35
<i>proparacaine hcl ophth soln 0.5%</i>	112
<i>propranolol hcl cap er 24hr 120 mg</i>	71
<i>propranolol hcl cap er 24hr 160 mg</i>	71
<i>propranolol hcl cap er 24hr 60 mg</i>	71
<i>propranolol hcl cap er 24hr 80 mg</i>	71
<i>propranolol hcl oral soln 20 mg/5ml</i>	71
<i>propranolol hcl oral soln 40 mg/5ml</i>	71
<i>propranolol hcl tab 10 mg</i>	71
<i>propranolol hcl tab 20 mg</i>	71
<i>propranolol hcl tab 40 mg</i>	71
<i>propranolol hcl tab 60 mg</i>	71
<i>propranolol hcl tab 80 mg</i>	71
<i>propylene glycol-glycerin ophth soln 1-0.3%</i>	111
<i>propylthiouracil tab 50 mg</i>	118
PROSCAR	
<i>see finasteride tab 5 mg</i>	94
PROTONIX	
<i>see pantoprazole sodium ec tab 20 mg (base equiv)</i>	122
<i>see pantoprazole sodium ec tab 40 mg (base equiv)</i>	122
PROTOPIC	
<i>see tacrolimus oint 0.03%</i>	88
<i>see tacrolimus oint 0.1%</i>	88
<i>protriptyline hcl tab 10 mg</i>	45
<i>protriptyline hcl tab 5 mg</i>	45
PROVERA	
<i>see medroxyprogesterone acetate tab 10 mg</i>	115
<i>see medroxyprogesterone acetate tab 2.5 mg</i>	115
<i>see medroxyprogesterone acetate tab 5 mg</i>	115
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<i>see modafinil tab 100 mg</i>	24
<i>see modafinil tab 200 mg</i>	24
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<i>see fluoxetine hcl cap 10 mg</i>	43
<i>see fluoxetine hcl cap 20 mg</i>	43
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	82
<i>pseudoephedrine hcl liq 15 mg/5ml</i> ..	110
<i>pseudoephedrine hcl tab 30 mg</i>	110
<i>pseudoephedrine hcl tab 60 mg</i>	110
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	110
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	82
<i>psyllium cap 0.52 gm</i>	98
<i>psyllium powder 100%</i>	98
<i>psyllium powder 28.3%</i>	98
<i>psyllium powder 30.9%</i>	98
<i>psyllium powder 48.57%</i>	98
<i>psyllium powder 58.6%</i>	98
PULMICORT	
<i>see budesonide inhalation susp 0.25 mg/2ml</i>	36
<i>see budesonide inhalation susp 0.5 mg/2ml</i>	36
PULMONEB LT MIS NEBULIZE	101
<i>pulmosal neb 7%</i>	83
PULMOZYME SOL 1MG/ML	117
<i>pyrazinamide tab 500 mg</i>	57
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i>	89
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	89
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	89
<i>pyridostigmine bromide tab 60 mg</i>	57
<i>pyridoxine hcl tab 100 mg</i>	125

pyridoxine hcl tab 25 mg 125
pyridoxine hcl tab 50 mg 125
pyridoxine hcl tab er 200 mg.....125

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qc natural pow vegetabl.....98

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quetiapine fumarate tab 200 mg 65

quetiapine fumarate tab 25 mg.....65

quetiapine fumarate tab 300 mg 65

quetiapine fumarate tab 400 mg 65

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quetiapine fumarate tab er 24hr 150 mg
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quetiapine fumarate tab er 24hr 200 mg
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quetiapine fumarate tab er 24hr 300 mg
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quetiapine fumarate tab er 24hr 400 mg
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ra niacin tab 100mg 125

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<i>repaglinide tab 0.5 mg</i>	48	<i>see rifampin cap 150 mg</i>	57
<i>repaglinide tab 1 mg</i>	48	<i>see rifampin cap 300 mg</i>	57
<i>repaglinide tab 2 mg</i>	48	<i>rifampin cap 150 mg</i>	57
REPATHA INJ 140MG/ML	53	<i>rifampin cap 300 mg</i>	57
REPATHA PUSH INJ 420/3.5	53	<i>rimantadine hydrochloride tab 100 mg</i>	70
REPATHA SURE INJ 140MG/ML	53	RISACAL-D TAB	103
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MISC (MASK)	101	<i>see risperidone soln 1 mg/ml</i>	63
RESPIRATORY THERAPY SUPPLIES -		<i>see risperidone tab 0.5 mg</i>	63
MISC (MASK)- RX	101	<i>see risperidone tab 1 mg</i>	63
RESTORIL		<i>see risperidone tab 2 mg</i>	63
<i>see temazepam cap 15 mg</i>	98	<i>see risperidone tab 3 mg</i>	63
<i>see temazepam cap 30 mg</i>	98	<i>see risperidone tab 4 mg</i>	63
RETACRIT INJ 10000UNT	96	RISPERDAL INJ 12.5MG	63
RETACRIT INJ 2000UNIT	96	RISPERDAL INJ 25MG	63
RETACRIT INJ 3000UNIT	96	RISPERDAL INJ 37.5MG	63
RETACRIT INJ 40000UNT	96	RISPERDAL INJ 50MG	63
RETACRIT INJ 4000UNIT	96	<i>risperidone orally disintegrating tab 0.25</i>	
RETIN-A		<i>mg</i>	63
<i>see avita cre 0.025%</i>	83	<i>risperidone orally disintegrating tab 0.5</i>	
<i>see tretinoin cream 0.025%</i>	84	<i>mg</i>	63
<i>see tretinoin cream 0.05%</i>	84	<i>risperidone orally disintegrating tab 1 mg</i>	
<i>see tretinoin cream 0.1%</i>	84		63
<i>see tretinoin gel 0.01%</i>	84	<i>risperidone orally disintegrating tab 2 mg</i>	
<i>see tretinoin gel 0.025%</i>	84		63
RETROVIR		<i>risperidone orally disintegrating tab 3 mg</i>	
<i>see zidovudine cap 100 mg</i>	69		63
<i>see zidovudine syrup 10 mg/ml</i>	69	<i>risperidone orally disintegrating tab 4 mg</i>	
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REVLIMID CAP 15MG	105	<i>risperidone tab 0.5 mg</i>	63
REVLIMID CAP 25MG	105	<i>risperidone tab 1 mg</i>	63
REVLIMID CAP 5MG	105	<i>risperidone tab 2 mg</i>	63
REYATAZ		<i>risperidone tab 3 mg</i>	63
<i>see atazanavir sulfate cap 150 mg</i>		<i>risperidone tab 4 mg</i>	63
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<i>see atazanavir sulfate cap 300 mg</i>		<i>see methylphenidate hcl tab 5 mg</i> ...	23
<i>(base equiv)</i>	68	RITALIN LA	
<i>rhinocort sus allergy</i>	110	<i>see methylphenidate hcl cap er 24hr</i>	
RHOGAM PLUS INJ 300MCG	114	<i>10 mg (la)</i>	23
RHOPHYLAC INJ 1500/2ML	114	<i>see methylphenidate hcl cap er 24hr</i>	
<i>riboflavin tab 100 mg</i>	125	<i>20 mg (la)</i>	23
RIFADIN		<i>see methylphenidate hcl cap er 24hr</i>	

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40 mg (la).....	23
ritonavir tab 100 mg	69
rivastigmine tartrate cap 1.5 mg (base equivalent)	116
rivastigmine tartrate cap 3 mg (base equivalent)	116
rivastigmine tartrate cap 4.5 mg (base equivalent)	116
rivastigmine tartrate cap 6 mg (base equivalent)	116
rivastigmine td patch 24hr 13.3 mg/24hr	116
rivastigmine td patch 24hr 4.6 mg/24hr	116
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RIXUBIS INJ 1000UNIT.....	95
RIXUBIS INJ 2000UNIT.....	95
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ropinirole hydrochloride tab 1 mg	61
ropinirole hydrochloride tab 2 mg	61
ropinirole hydrochloride tab 3 mg	61
ropinirole hydrochloride tab 4 mg	61
ropinirole hydrochloride tab 5 mg	61
rosadan cre 0.75%	89
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rosuvastatin calcium tab 10 mg	53
rosuvastatin calcium tab 20 mg	53
rosuvastatin calcium tab 40 mg	53
rosuvastatin calcium tab 5 mg	53
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salsalate tab 500 mg	27
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<i>selegiline hcl cap 5 mg</i>	61	<i>silver sulfadiazine cream 1%</i>	86
<i>selegiline hcl tab 5 mg</i>	61	<i>simethicone cap 125 mg</i>	93
<i>selenium sulfide lotion 1%</i>	86	<i>simethicone cap 180 mg</i>	93
<i>selenium sulfide lotion 2.5%</i>	86	<i>simethicone chew tab 125 mg</i>	93
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<i>sennosides chew tab 15 mg</i>	99	<i>simliya tab 28 day</i>	79
<i>sennosides syrup 8.8 mg/5ml</i>	99	<i>simpesse tab</i>	79
<i>sennosides tab 25 mg</i>	99	<i>simvastatin tab 10 mg</i>	53
<i>sennosides tab 8.6 mg</i>	99	<i>simvastatin tab 20 mg</i>	53
<i>sennosides-docusate sodium tab 8.6-50</i>		<i>simvastatin tab 40 mg</i>	53
<i>mg</i>	99	<i>simvastatin tab 5 mg</i>	53
SEROQUEL		SINEMET	
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see <i>quetiapine fumarate tab 300 mg</i>	65	<i>mg</i>	60
see <i>quetiapine fumarate tab 400 mg</i>	65	see <i>carbidopa & levodopa tab 25-250</i>	
see <i>quetiapine fumarate tab 50 mg</i> ..	65	<i>mg</i>	60
SEROQUEL XR		SINEMET CR	
see <i>quetiapine fumarate tab er 24hr</i>		see <i>carbidopa & levodopa tab er 25-</i>	
<i>150 mg</i>	65	<i>100 mg</i>	60
see <i>quetiapine fumarate tab er 24hr</i>		see <i>carbidopa & levodopa tab er 50-</i>	
<i>200 mg</i>	65	<i>200 mg</i>	60
see <i>quetiapine fumarate tab er 24hr</i>		SINGULAIR	
<i>300 mg</i>	65	see <i>montelukast sodium chew tab 4</i>	
see <i>quetiapine fumarate tab er 24hr</i>		<i>mg (base equiv)</i>	35
<i>400 mg</i>	65	see <i>montelukast sodium chew tab 5</i>	
see <i>quetiapine fumarate tab er 24hr</i>		<i>mg (base equiv)</i>	36
<i>50 mg</i>	65	see <i>montelukast sodium tab 10 mg</i>	
<i>sertraline hcl oral concentrate for</i>		<i>(base equiv)</i>	36
<i>solution 20 mg/ml</i>	43	<i>skin trtment lot 12%</i>	88
<i>sertraline hcl tab 100 mg</i>	43	SKYLA IUD 13.5MG	80
<i>sertraline hcl tab 25 mg</i>	43	<i>slow iron tab 50mg</i>	97
<i>sertraline hcl tab 50 mg</i>	43	<i>slow release tab 47.5mg</i>	97
SESAME OIL.....	75	<i>sm antifunql cre 2%</i>	85
<i>setlakin tab</i>	79	<i>sm magnesium tab 250mg</i>	104
<i>sf 5000 plus cre 1.1%</i>	106	<i>sm melatonin tab 5mg</i>	24
<i>sf gel 1.1%</i>	106	<i>sodium bicarbonate tab 325 mg</i>	31
<i>sharobel tab 0.35mg</i>	80	<i>sodium bicarbonate tab 650 mg</i>	31
SHINGRIX INJ 50MCG	124	<i>sodium chloride hypertonic ophth oint</i>	
<i>sildenafil citrate tab 20 mg</i>	74	<i>5%</i>	113
SILVADENE		<i>sodium chloride hypertonic ophth soln</i>	

5%	113	SPRYCEL TAB 140MG.....	59
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sodium chloride soln nebu 0.9%	83	SPRYCEL TAB 50MG.....	59
sodium chloride soln nebu 3%	83	SPRYCEL TAB 70MG.....	59
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1.1 mg naf).....	103	tabs 37.5-150-200 mg	61
sodium fluoride chew tab 1 mg f (from		STARLIX	
2.2 mg naf).....	103	see nateglinide tab 120 mg.....	48
sodium fluoride gel 1.1% (0.5% f)	106	see nateglinide tab 60 mg	48
sodium fluoride soln 0.5 mg/ml f (from		stavudine cap 20 mg	69
1.1 mg/ml naf)	103	stavudine cap 30 mg	69
sodium phosphates - enema	99	stavudine cap 40 mg	69
sodium polystyrene sulfonate oral susp		STEGLATRO TAB 15MG	48
15 gm/60ml	106	STEGLATRO TAB 5MG	48
sodium polystyrene sulfonate powder	106	STIMATE SOL 1.5MG/ML	92
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sorine tab 160mg.....	71	equiv)	21
sorine tab 240mg.....	71	see atomoxetine hcl cap 100 mg (base	
sorine tab 80mg	71	equiv)	21
sotalol hcl (afib/af) tab 120 mg.....	71	see atomoxetine hcl cap 18 mg (base	
sotalol hcl (afib/af) tab 160 mg.....	71	equiv)	21
sotalol hcl (afib/af) tab 80 mg	71	see atomoxetine hcl cap 25 mg (base	
sotalol hcl tab 120 mg	71	equiv)	21
sotalol hcl tab 160 mg	72	see atomoxetine hcl cap 40 mg (base	
sotalol hcl tab 240 mg	72	equiv)	21
sotalol hcl tab 80 mg.....	71	see atomoxetine hcl cap 60 mg (base	
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SPACER/AEROSOL-HOLDING CHAMBERS		equiv)	21
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spinosad susp 0.9%	89	STRIVERDI AER 2.5MCG	36
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25-25 mg	90	see ivermectin tab 3 mg.....	32
spironolactone tab 100 mg.....	91	SUBLOCADE INJ 100/0.5.....	30
spironolactone tab 25 mg	91	SUBLOCADE INJ 300/1.5.....	30
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see buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	30
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subvenite tab 150mg.....	40
subvenite tab 200mg.....	40
subvenite tab 25mg	40
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sulfacetamide sodium ophth soln 10%	112
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sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	32
sulfamethoxazole-trimethoprim tab 400- 80 mg	32
sulfamethoxazole-trimethoprim tab 800- 160 mg	32
sulfasalazine tab 500 mg	93
sulfasalazine tab delayed release 500 mg	93
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SYMFI TAB	69
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SYNTHROID TAB 112MCG	119
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T	
tacrolimus cap 0.5 mg	105
tacrolimus cap 1 mg	105
tacrolimus cap 5 mg	105
tacrolimus oint 0.03%	88
tacrolimus oint 0.1%	88
TAMIFLU	
see oseltamivir phosphate cap 30 mg (base equiv)	70
see oseltamivir phosphate cap 45 mg (base equiv)	70
see oseltamivir phosphate cap 75 mg (base equiv)	70
see oseltamivir phosphate for susp 6 mg/ml (base equiv)	70
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<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	58
<i>tamsulosin hcl cap 0.4 mg</i>	94
TAPAZOLE	
<i>see methimazole tab 10 mg</i>	118
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<i>terazosin hcl cap 2 mg (base equivalent)</i>	55
<i>terazosin hcl cap 5 mg (base equivalent)</i>	55
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<i>thyroid tab 60 mg (1 grain)</i>	120
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<i>tolnaftate powder 1%</i>	85
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<i>tretinoin cream 0.025%</i>	84		
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<i>triamterene & hydrochlorothiazide tab</i>			
<i>37.5-25 mg</i>			90
<i>triamterene & hydrochlorothiazide tab</i>			
<i>75-50 mg</i>			90
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<i>equivalent)</i>			66
<i>trifluoperazine hcl tab 10 mg (base</i>			
<i>equivalent)</i>			66
<i>trifluoperazine hcl tab 2 mg (base</i>			
<i>equivalent)</i>			66
<i>trifluoperazine hcl tab 5 mg (base</i>			
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<i>trifluridine ophth soln 1%</i>			112
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>			60
<i>trihexyphenidyl hcl tab 2 mg</i>			60
<i>trihexyphenidyl hcl tab 5 mg</i>			60
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<i>(60 mg/ml)</i>			40
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see <i>ocella tab 3-0.03mg</i>	78
see <i>syeda tab 3-0.03mg</i>	79
see <i>zarah tab 3-0.03mg</i>	79
see <i>zumandimine tab 3-0.03mg</i>	79

YAZ

see <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	76
see <i>gianvi tab 3-0.02mg</i>	77
see <i>jasmie tab 3-0.02mg</i>	77
see <i>loryna tab 3-0.02mg</i>	78
see <i>lo-zumandimi tab 3-0.02mg</i>	78
see <i>nikki tab 3-0.02mg</i>	78

Z

ZANAFLEX

see <i>tizanidine hcl tab 4 mg (base equivalent)</i>	109
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ZANTAC

see <i>ranitidine hcl tab 150 mg</i>	121
<i>zarah tab 3-0.03mg</i>	79

ZARONTIN

see <i>ethosuximide cap 250 mg</i>	41
see <i>ethosuximide soln 250 mg/5ml</i> ..	41
ZARXIO INJ 300/0.5	96
ZARXIO INJ 480/0.8	96
ZENPEP CAP 15000UNT	90
ZENPEP CAP 20000UNT	90
ZENPEP CAP 25000	90
ZENPEP CAP 3000UNIT	90
ZENPEP CAP 40000	90
ZENPEP CAP 5000UNIT	90
<i>zenzedi tab 10mg</i>	21
<i>zenzedi tab 5mg</i>	21

ZERIT

see <i>stavudine cap 30 mg</i>	69
see <i>stavudine cap 40 mg</i>	69

ZESTORETIC

see <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	56
see <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	56
see <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	56

ZESTRIL

see <i>lisinopril tab 2.5 mg</i>	54
see <i>lisinopril tab 30 mg</i>	54
see <i>lisinopril tab 40 mg</i>	54

ZETIA

see <i>ezetimibe tab 10 mg</i>	53
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ZIAC

see <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	56
see <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	56
see <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	56

ZIAGEN

see <i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	67
see <i>abacavir sulfate tab 300 mg (base equiv)</i>	67
<i>zidovudine cap 100 mg</i>	69
<i>zidovudine syrup 10 mg/ml</i>	69
<i>zidovudine tab 300 mg</i>	69
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	104
<i>zinc-220 cap</i>	104
<i>zinc-oxyde oin 0.44-20%</i>	89
<i>ziprasidone hcl cap 20 mg</i>	62
<i>ziprasidone hcl cap 40 mg</i>	62
<i>ziprasidone hcl cap 60 mg</i>	62
<i>ziprasidone hcl cap 80 mg</i>	62

ZITHROMAX

see <i>azithromycin for susp 100 mg/5ml</i>	100
see <i>azithromycin for susp 200 mg/5ml</i>	100
see <i>azithromycin tab 250 mg</i>	100
see <i>azithromycin tab 500 mg</i>	100
see <i>azithromycin tab 600 mg</i>	100

ZOCOR

see <i>simvastatin tab 10 mg</i>	53
see <i>simvastatin tab 20 mg</i>	53

see <i>simvastatin tab 40 mg</i>	53
see <i>simvastatin tab 5 mg</i>	53
ZOFRAN	
see <i>ondansetron hcl tab 4 mg</i>	50
see <i>ondansetron hcl tab 8 mg</i>	50
ZOLOFT	
see <i>sertraline hcl tab 100 mg</i>	43
see <i>sertraline hcl tab 25 mg</i>	43
see <i>sertraline hcl tab 50 mg</i>	43
<i>zolpidem tartrate tab 10 mg</i>	98
<i>zolpidem tartrate tab 5 mg</i>	98
ZONEGRAN	
see <i>zonisamide cap 100 mg</i>	41
see <i>zonisamide cap 25 mg</i>	41
<i>zonisamide cap 100 mg</i>	41
<i>zonisamide cap 25 mg</i>	41
<i>zonisamide cap 50 mg</i>	41
ZOSTAVAX INJ	124
<i>zostrix hp cre 0.1%</i>	88
ZOSTRIX NAT CRE 0.033%	88
<i>zovia 1/35e tab</i>	79
ZOVIRAX	
see <i>acyclovir cap 200 mg</i>	70

see <i>acyclovir oint 5%</i>	86
see <i>acyclovir susp 200 mg/5ml</i>	70
see <i>acyclovir tab 400 mg</i>	70
see <i>acyclovir tab 800 mg</i>	70
<i>zumandimine tab 3-0.03mg</i>	79
ZYLOPRIM	
see <i>allopurinol tab 100 mg</i>	94
see <i>allopurinol tab 300 mg</i>	94
ZYPREXA	
see <i>olanzapine tab 10 mg</i>	64
see <i>olanzapine tab 15 mg</i>	64
see <i>olanzapine tab 2.5 mg</i>	64
see <i>olanzapine tab 20 mg</i>	65
see <i>olanzapine tab 5 mg</i>	64
see <i>olanzapine tab 7.5 mg</i>	64
ZYPREXA RELP INJ 210MG	65
ZYPREXA RELP INJ 300MG	65
ZYPREXA RELP INJ 405MG	65
ZYTIGA	
see <i>abiraterone acetate tab 250 mg</i> ..	58
ZYVOX	
see <i>linezolid for susp 100 mg/5ml</i> ...	32
see <i>linezolid tab 600 mg</i>	32