

# **Priority Partners (690)**

**Effective 10/01/2024**

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## **INTRODUCTION**

Priority Partners is pleased to provide the 2024 Priority Partners MCO Formulary. The Priority Partners Formulary is a guide for health care providers and plan members. The formulary is updated on a regular basis, including when a new generic or brand-name medication becomes available, and as discontinued drugs are removed from the marketplace. **The Priority Partners Formulary is a closed formulary and only those drugs listed in this formulary are covered.**

The drugs selected for this formulary have been reviewed and approved by the Priority Partners Pharmacy and Therapeutics (P&T) Committee. Formulary drugs are clinically appropriate and cost-effective for patients who have their drug benefit administered through Priority Partners. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through the process, which is explained in the **NON-FORMULARY EXCEPTION REQUESTS** section of this document.

Please visit our website at [www.hopkinsmedicine.org/johns-hopkins-health-plans](http://www.hopkinsmedicine.org/johns-hopkins-health-plans) for additional information regarding the Priority Partners MCO Formulary.

# NONDISCRIMINATION STATEMENT

## Notice of Nondiscrimination



It is the policy of Priority Partners MCO not to discriminate on the basis of race, color, national origin, sex, age or disability. Priority Partners MCO has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of the Johns Hopkins Health Plans Compliance Grievance Coordinator, Johns Hopkins Health Plans Corporate Compliance Department at 7231 Parkway Dr., Suite 100, Hanover, MD 21076, phone: 1-844-422-6957, fax: 1-410-762-1527, and email: [compliance@jhhp.org](mailto:compliance@jhhp.org), who has been designated to coordinate the efforts of Priority Partners MCO to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Priority Partners MCO to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

### Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Priority Partners MCO relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the President of Johns Hopkins HealthCare within 15 days of receiving the Section 1557 Coordinator's decision. The President of Johns Hopkins Health Plans shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights.

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A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019/TDD: 1-800-537-7697.

Complaint forms are available at: <https://www.hhs.gov/ocr/complaints/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

Priority Partners MCO will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

### **Language Accessibility Statement**

#### **Interpreter Services Are Available for Free**

##### **English**

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-654-9728 (TTY: 1-800-201-7165).

##### **አማርኛ (Amharic)**

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዙዎት ተዘጋጅተዋል። ወደ ሚክሳው ቁጥር ይደውሉ 1-800-654-9728 (መስማት ለተሳናቸው፡ 1-800-201-7165)።

##### **العربية (Arabic)**

ملحوظة: إذا كنت تتحدث العربية فإن خدمات المساعدة اللغوية تتوافر لك مجانًا. اتصل برقم 1-800-654-9728 (مقر هاتف الصم والبكم: 1-800-201-7165).

##### **繁體中文 (Chinese)**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-654-9728 (TTY：1-800-201-7165)。

##### **فارسی (Farsi)**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-654-9728 (TTY: 1-800-201-7165) تماس بگیرید.

##### **Tagalog (Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-654-9728 (TTY: 1-800-201-7165).

##### **Français (French)**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-654-9728 (ATS : 1-800-201-7165).

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**ગુજરાતી (Gujarati)**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

ફોન કરો 1-800-654-9728 (TTY: 1-800-201-7165).

**Kreyòl Ayisyen (Haitain Creole)**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-654-9728 (TTY: 1-800-201-7165).

**Igbo asusu (Ibo)**

IGE NTI: Ọ bụrụ na ị na-asụ Igbo, ọrụ enyemaka asụsụ dịrị gị, n'efu. Kpọọ 1-800-654-9728 (TTY: 1-800-201-7165).

**한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-654-9728 (TTY: 1-800-201-7165)번으로 전화해 주십시오.

**Bàsɔ̀wò-wùdù-po-nyò (Kru/Bassa)**

Dè dɛ nià ke dyédé gbo: Ɔ jũ ké m̄ [Bàsɔ̀wò-wùdù-po-nyò] jũ ní, niì, à wuɖu kà kò dò po-poò bɛ́in m̄ gbo kpáa. Dá 1-800-654-9728 (TTY: 1-800-201-7165).

**Português (Portuguese)**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-654-9728 (TTY: 1-800-201-7165).

**Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-654-9728 (телетайп: 1-800-201-7165).

**Español (Spanish)**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-654-9728 (TTY: 1-800-201-7165).

**اُردُو (Urdu)**

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-654-9728 (TTY: 1-800-201-7165)۔

**Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-654-9728 (TTY: 1-800-201-7165).

**èdè Yorùbá (Yoruba)**

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfẹ ni iranlowọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-800-654-9728 (TTY: 1-800-201-7165).

## **PREFACE**

The Priority Partners MCO Formulary is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. Products are listed by generic name. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are covered.

This formulary covers selected over-the-counter (OTC) products upon prescription. You are encouraged to recommend OTC products when clinically appropriate.

The Priority Partners formulary is available online through [Formulary Navigator](#).

## **PHARMACY AND THERAPEUTICS (P&T) COMMITTEE**

The Priority Partners P&T Committee is comprised of faculty physicians from the Johns Hopkins School of Medicine and other Priority Partners practicing physicians from a variety of medical specialties. Additional members of the Committee include Clinical Pharmacists and Allied Health Professionals. The actions of the Priority Partners P&T Committee are communicated to Priority Partners network physicians in the Provider Pulse *Newsletter* which is distributed via electronic mail and available on provider website at [www.hopkinsmedicine.org/johns-hopkins-health-plans](http://www.hopkinsmedicine.org/johns-hopkins-health-plans).

## **PRODUCT SELECTION CRITERIA**

The Priority Partners P&T Committee considers all new-to-market drugs for inclusion to the formulary. The evaluation includes a literature review and expert external opinion may also be sought. Formal reviews are prepared that typically address the following information:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations
- Medical outcome and pharmacoeconomic studies



When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed in an effort to continually provide the most clinically useful and cost-effective agents.

*All the information in the Priority Partners MCO Formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.*

## **NON-FORMULARY EXCEPTION REQUESTS**

A medical exception must be requested for drug products not listed in the Priority Partners MCO Formulary. To request a Non-Formulary Exception Request form, call 1-800-654-9728, or download a copy from the Priority Partners website at [www.hopkinsmedicine.org/johns-hopkins-health-plans](http://www.hopkinsmedicine.org/johns-hopkins-health-plans). Fax the completed form to the Priority Partners Pharmacy Department at 1-410-424-4607.

## **GENERIC SUBSTITUTION**

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than the prescribed brand-name product. Products designated in the formulary drug list by *lowercase italic* type have generic availability. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market.

The U.S. Food and Drug Administration's (FDA) generic drug review and approval process assures the following requirements have been met:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand-name product.
2. The FDA has given the generic an "A" rating compared to the branded product indicating bioequivalence and has determined the generic is therapeutically equivalent to the reference brand. The ratings of generic drugs are available by referring to the FDA reference, *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the health care provider to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class,

when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional clinical tests or examinations by the physician are not needed when a therapeutically equivalent generic drug product is substituted for the brand-name product.

It is recommended that generic substitution not be exercised by the pharmacist with multisource products that appear in the Orange Book and carry a "B" rating, indicating that these products cannot be considered therapeutically equivalent to other products in the group. Also, state laws or regulations may dictate the ability to practice generic substitution for selected products or categories of drugs.

It is also recommended that generic substitution not be undertaken for any unrated multisource products that might be considered narrow therapeutic index, or maintenance drugs where it is known that unrated products from different labelers are not bioequivalent.

## **MARYLAND PREFERRED DRUG LIST**

Maryland Department of Health (MDH) is responsible for formulary management of most drugs used for behavioral health purposes which are covered under the Medicaid Mental Health Formulary as well as Substance Use Disorder Medications. Drugs in these classes are carved out of the MCO pharmacy benefit and are payable as fee-for-service through Maryland Medical Assistance. Some drugs are subject to the prior authorization requirements of the Preferred Drug List (PDL) and clinical criteria. Please refer to the [Maryland Preferred Drug List](#) for a complete listing of covered drugs.

### **Maryland Medicaid Mental Health Formulary**

Drugs from the American Hospital Formulary Service (AHFS) therapeutic classes listed below are included in the [Maryland Medicaid Mental Health Formulary](#).

Central Alpha-Agonist (AHFS Class No. 240816)

Anticonvulsants, Benzodiazepines (AHFS Class No. 281208)

Anticonvulsants, Miscellaneous (AHFS Class No. 281292)

Antidepressants (AHFS Class No. 281604)

Antipsychotic Agents (AHFS Class No. 281608)

Amphetamines (AHFS Class No. 282004)

Respiratory and Cerebral Stimulants (AHFS Class No. 282032)

Wakefulness-Promoting Agents (AHFS Class No. 282080)

Benzodiazepines, Anxiolytics, Sedatives and Hypnotics (AHFS Class No. 282408)

Anxiolytics, Sedatives and Hypnotics, Miscellaneous (AHFS Class No. 282492)

Antimanic Agents (AHFS Class No. 282800)

Anticholinergic Agents (AHFS Class No. 283608)

MAO Inhibitors (AHFS Class No. 283632)

Central Nervous System Agents, Miscellaneous (AHFS Class No. 289200)

### [Substance Use Disorder Medications](#)

Click on the link above for more information.

## **OVER-THE-COUNTER DRUG COVERAGE**

In addition to prescription benefits, all over-the-counter (OTC) medications on this list, up to a maximum 30-day supply, are covered by Priority Partners with a written or verbal prescription from a network provider. A prescription is not required for coverage of condoms, Plan B, or generic Plan B. OTC products covered are restricted to generics when available. If both prescription and OTC products are available, you are encouraged to prescribe OTC products when clinically appropriate.

An Abbott blood glucose meter may be provided at no charge by the manufacturer. For more information on how to obtain a blood glucose meter, call: 1-866-224-8892 or log in to [www.choosefreestyle.com](http://www.choosefreestyle.com).

## **PRIOR AUTHORIZATION**

Certain medications require prior authorization (PA) before coverage is approved, to assure medical necessity, clinical appropriateness and/or cost effectiveness. Coverage of these drugs is subject to specific criteria approved by the Priority Partners P&T Committee. Established criteria are based upon medical literature, physician expert opinion, and FDA-approved labeling information.

To request a Prior authorization form, call 1-800-654-9728, or download a copy from the Priority Partners website at [www.hopkinsmedicine.org/johns-hopkins-health-plans](http://www.hopkinsmedicine.org/johns-hopkins-health-plans). Fax the completed form to the Priority Partners Pharmacy Department at 1-410-424-4607.

## **QUANTITY LIMITS**

Certain prescription medications have specific dispensing limitations for quantity and maximum dose. These dispensing limitations are based on generally accepted guidelines, drug label information approved by the Food

and Drug Administration (FDA), current medical literature and input from a committee of physicians and pharmacists. The Priority Partners Pharmacy and Therapeutics Committee may place a limit on the quantity of drug a plan participant may receive based upon cost and/or clinical reasons. The most up-to-date listing of quantity limits is available on the website [www.hopkinsmedicine.org/johns-hopkins-health-plans](http://www.hopkinsmedicine.org/johns-hopkins-health-plans).

## STEP THERAPY

For some plan members who receive the pharmacy benefit, certain covered medications are required to satisfy specific step therapy criteria. Step therapy criteria simply means that for certain drug products, members must first have tried one or more prerequisite medications to treat their condition before other medications are covered through their benefit.

The following drugs and generic versions, if available, require step therapy. This list is subject to change and may not be all-inclusive.

DRUG	STEP THERAPY REQUIREMENT
<i>aliskiren fumarate</i> (generic of TEKTURN)A	Two antihypertensives required first
ANORO ELLIPTA	INCRUSE ELLIPTA required first
<i>febuxostat</i> (generic of ULORIC)	<i>allopurinol</i> required first
<i>mesalamine tab delayed-release 1.2 gm</i> (generic of LIALDA)	Other INFLAMMATORY BOWEL AGENT drug required first
<i>pimecrolimus cream</i> (generic of ELIDEL)	Topical steroid required first
SEGLUROMET	<i>metformin</i> or <i>metformin</i> combinations required first
SEREVENT DISKUS	Inhaled steroid required first
STEGLATRO	<i>metformin</i> or <i>metformin</i> combinations required first
STEGLUJAN	<i>metformin</i> or <i>metformin</i> combinations required first
<i>tacrolimus ointment</i> (generic of PROTOPIC)	Topical steroid required first
XADAGO	<i>carbidopa-levodopa</i> required first

## SPECIALTY PHARMACY

Most of the injectable products listed in this formulary for Priority Partners plan participants are available through CVS Specialty™. Prior Authorization is

required for most injectables. To request a Prior authorization form, call 1-800-654-9728, or download a copy from the Priority Partners website at [www.hopkinsmedicine.org/johns-hopkins-health-plans](http://www.hopkinsmedicine.org/johns-hopkins-health-plans). Fax the completed form to the Priority Partners Pharmacy Department at 1-410-424-4607.

In addition, CVS Specialty includes delivery services to the location of the plan participant's or the physician's choice. Other services include electronic claims processing and claims assistance designed to alleviate the administrative duties of physicians' offices. If a plan participant is unable to receive delivery of medication, specialty medication may be obtained from a retail pharmacy. Plan participants may contact Priority Partners to request obtaining specialty drugs from a retail pharmacy.

## **EDITOR**

Your comments and suggestions regarding the Priority Partners Formulary are encouraged. Your input is vital to this formulary's continued success. Network providers may request Formulary changes by completing a Formulary Change Request Form. All responses will be reviewed and considered. Please send your comments or completed form to:

Chairperson  
 Pharmacy and Therapeutics Committee  
 Priority Partners MCO  
 7231 Parkway Drive, Suite 100  
 Hanover, MD 21076  
 Phone: 1-800-654-9728  
 Fax: 1-410-424-4607

## **LEGEND**

<b>Abbreviation:</b>	<b>Definition:</b>
<b>\$0</b>	Zero Dollar Copay
<b>Opioid PA</b>	PA required for daily dose quantities greater than 90 morphine milligram equivalents (MME) across all Opioids
<b>OTC</b>	Over the counter
<b>PA</b>	Prior Authorization
<b>QL</b>	Quantity Limit
<b>SP</b>	Specialty
<b>ST</b>	Step Therapy

## **NOTICE**

The information contained in this Priority Partners Formulary and its appendices is provided by Priority Partners solely for the convenience of medical providers. Priority Partners does not warrant or assure accuracy of such information, nor is it intended to be comprehensive in nature. The Priority Partners Formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. Priority Partners assumes 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.

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.

The information contained in this document is proprietary. The information may not be copied in whole or in part without the written permission of Priority Partners MCO. ©2024. All rights reserved.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Priority Partners.

## 690 Effective 10/01/2024

Drug Name	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>	
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>	
<i>clonidine hcl tab er 12hr 0.1 mg</i>	Covered under Fee-for-Service for age 6-17
<i>guanfacine hcl tab er 24hr 1 mg (base equiv) (generic of INTUNIV)</i>	Covered under Fee-for-Service for age 6-17
<i>guanfacine hcl tab er 24hr 2 mg (base equiv) (generic of INTUNIV)</i>	Covered under Fee-for-Service for age 6-17
<i>guanfacine hcl tab er 24hr 3 mg (base equiv) (generic of INTUNIV)</i>	Covered under Fee-for-Service for age 6-17
<i>guanfacine hcl tab er 24hr 4 mg (base equiv) (generic of INTUNIV)</i>	Covered under Fee-for-Service for age 6-17

## ALLERGENIC EXTRACTS/BIOLOGICALS MISC

### ALLERGENIC EXTRACTS

ORALAIR SUB 300 IR	PA
PALFORZIA CAP ESCALAT	PA
PALFORZIA CAP LEVEL 1	PA
PALFORZIA CAP LEVEL 2	PA
PALFORZIA CAP LEVEL 3	PA
PALFORZIA CAP LEVEL 4	PA
PALFORZIA CAP LEVEL 5	PA
PALFORZIA CAP LEVEL 6	PA
PALFORZIA CAP LEVEL 7	PA
PALFORZIA CAP LEVEL 8	PA
PALFORZIA CAP LEVEL 9	PA
PALFORZIA CAP LEVEL 10	PA
PALFORZIA POW LEVEL 11	PA

## AMINOGLYCOSIDES

### AMINOGLYCOSIDES

*neomycin sulfate tab 500 mg*

## ANALGESICS - ANTI-INFLAMMATORY

### ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ADALIMU-ADAZ INJ 40/0.4ML	SP, PA
ADALIMU-FKJP KIT 20/0.4ML	SP, PA
ADALIMU-FKJP KIT 40/0.8ML	SP, PA
HADLIMA INJ 40/0.4ML	SP, PA
HADLIMA INJ 40/0.8ML	SP, PA
HADLIMA PUSH INJ 40/0.4ML	SP, PA
HADLIMA PUSH INJ 40/0.8ML	SP, PA

### ANTIRHEUMATIC - ENZYME INHIBITORS

XELJANZ SOL 1MG/ML	SP, PA
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**\$0** - Zero Dollar Copay **OTC** - Over the counter **Opioid PA** - PA for > 90 MME across all Opioids **PA** - Prior Authorization **QL** - Quantity Limit **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
XELJANZ TAB 5MG	SP, PA
XELJANZ TAB 10MG	SP, PA
XELJANZ XR TAB 11MG	SP, PA
XELJANZ XR TAB 22MG	SP, PA

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

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

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

<i>cataflam tab 50mg</i>	
<i>celecoxib cap 50 mg (generic of CELEBREX)</i>	
<i>celecoxib cap 100 mg (generic of CELEBREX)</i>	
<i>celecoxib cap 200 mg (generic of CELEBREX)</i>	
<i>celecoxib cap 400 mg (generic of CELEBREX)</i>	
<i>diclofenac potassium tab 50 mg</i>	
<i>diclofenac sodium tab delayed release 25 mg</i>	
<i>diclofenac sodium tab delayed release 50 mg</i>	
<i>diclofenac sodium tab delayed release 75 mg</i>	
<i>diclofenac sodium tab er 24hr 100 mg</i>	
<i>ec-naproxen tab 375mg (generic of EC-NAPROSYN)</i>	
<i>ec-naproxen tab 500mg (generic of EC-NAPROSYN)</i>	
<i>etodolac cap 200 mg</i>	
<i>etodolac cap 300 mg</i>	
<i>etodolac tab 400 mg (generic of LODINE)</i>	
<i>etodolac tab 500 mg</i>	
<i>etodolac tab er 24hr 400 mg</i>	
<i>etodolac tab er 24hr 600 mg</i>	
<i>flurbiprofen tab 100 mg</i>	
<i>ibu tab 400mg</i>	
<i>ibu tab 600mg</i>	
<i>ibu tab 800mg</i>	
<i>ibuprofen chew tab 100 mg</i>	OTC
<i>ibuprofen susp 40 mg/ml</i>	OTC
<i>ibuprofen susp 100 mg/5ml</i>	
<i>ibuprofen susp 100 mg/5ml</i>	OTC
<i>ibuprofen tab 100 mg</i>	OTC
<i>ibuprofen tab 200 mg</i>	OTC
<i>ibuprofen tab 400 mg</i>	
<i>ibuprofen tab 600 mg</i>	
<i>ibuprofen tab 800 mg</i>	
<i>indomethacin cap 25 mg</i>	
<i>indomethacin cap 50 mg</i>	
<i>indomethacin cap er 75 mg</i>	



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>indomethacin susp 25 mg/5ml (generic of INDOCIN)</i>	
<i>ketorolac tromethamine tab 10 mg</i>	
<i>mefenamic acid cap 250 mg</i>	
<i>meloxicam susp 7.5 mg/5ml</i>	
<i>meloxicam tab 7.5 mg</i>	
<i>meloxicam tab 15 mg</i>	
<i>nabumetone tab 500 mg</i>	
<i>nabumetone tab 750 mg</i>	
<i>naproxen sodium tab 275 mg</i>	
<i>naproxen sodium tab 550 mg (generic of ANAPROX DS)</i>	
<i>naproxen susp 125 mg/5ml (generic of NAPROSYN)</i>	
<i>naproxen tab 250 mg</i>	
<i>naproxen tab 375 mg</i>	
<i>naproxen tab 500 mg (generic of NAPROSYN)</i>	
<i>naproxen tab ec 375 mg (generic of EC-NAPROSYN)</i>	
<i>naproxen tab ec 500 mg (generic of EC-NAPROSYN)</i>	
<i>oxaprozin tab 600 mg (generic of DAYPRO)</i>	
<i>relafen tab 500mg</i>	
<i>relafen tab 750mg</i>	
<i>sulindac tab 150 mg</i>	
<i>sulindac tab 200 mg</i>	

**PYRIMIDINE SYNTHESIS INHIBITORS**

<i>leflunomide tab 10 mg (generic of ARAVA)</i>	
<i>leflunomide tab 20 mg (generic of ARAVA)</i>	

**SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**

ENBREL INJ 25/0.5ML	SP, PA
ENBREL INJ 25MG	SP, PA
ENBREL INJ 50MG/ML	SP, PA
ENBREL MINI INJ 50MG/ML	SP, PA
ENBREL SRCLK INJ 50MG/ML	SP, PA

**ANALGESICS - NONNARCOTIC**

**ANALGESIC COMBINATIONS**

<i>bac tab (generic of ESGIC)</i>	QL (240 tabs every 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg (generic of FIORICET)</i>	QL (240 caps every 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	QL (240 caps every 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg (generic of ESGIC)</i>	QL (240 tabs every 30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	QL (240 caps every 30 days)
<i>esgic cap</i>	QL (240 caps every 30 days)
<i>zebutal cap</i>	QL (240 caps every 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>ANALGESICS OTHER</b>	
<i>acetaminophen cap 500 mg</i>	OTC
<i>acetaminophen chew tab 80 mg</i>	OTC
<i>acetaminophen chew tab 160 mg</i>	OTC
<i>acetaminophen elixir 160 mg/5ml</i>	OTC
<i>acetaminophen liquid 160 mg/5ml</i>	OTC
<i>acetaminophen soln 160 mg/5ml</i>	OTC
<i>acetaminophen suppos 120 mg</i>	OTC
<i>acetaminophen suppos 650 mg</i>	OTC
<i>acetaminophen susp 160 mg/5ml</i>	OTC
<i>acetaminophen tab 325 mg</i>	OTC
<i>acetaminophen tab 500 mg</i>	OTC

### **SALICYLATES**

<i>aspirin chew tab 81 mg</i>	OTC
<i>aspirin tab 325 mg</i>	OTC
<i>aspirin tab 500 mg</i>	OTC
<i>aspirin tab delayed release 81 mg</i>	OTC
<i>aspirin tab delayed release 325 mg</i>	OTC
<i>salsalate tab 500 mg</i>	
<i>salsalate tab 750 mg</i>	

### **ANALGESICS - OPIOID**

#### **OPIOID AGONISTS**

<i>codeine sulfate tab 30 mg</i>	QL (180 tabs every 30 days); Opioid PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	PA; Opioid PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	PA; Opioid PA
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	PA; Opioid PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	PA; Opioid PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	PA; Opioid PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	PA; Opioid PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	PA; Opioid PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	PA; Opioid PA
HYDROMORPHON SUP 3MG	QL (120 supp every 30 days); Opioid PA
<i>hydromorphone hcl liqd 1 mg/ml (generic of DILAUDID)</i>	QL (473 mL every 30 days); Opioid PA
<i>hydromorphone hcl tab 2 mg (generic of DILAUDID)</i>	QL (180 tabs every 30 days); Opioid PA
<i>hydromorphone hcl tab 4 mg (generic of DILAUDID)</i>	QL (120 tabs every 30 days); Opioid PA
<i>hydromorphone hcl tab 8 mg (generic of DILAUDID)</i>	QL (60 tabs every 30 days); Opioid PA
<i>hydromorphone hcl tab er 24hr 8 mg</i>	PA; Opioid PA

**\$0** - Zero Dollar Copay **OTC** - Over the counter **Opioid PA** - PA for > 90 MME across all Opioids **PA** - Prior Authorization **QL** - Quantity Limit **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>hydromorphone hcl tab er 24hr 12 mg</i>	PA; Opioid PA
<i>hydromorphone hcl tab er 24hr 16 mg</i>	PA; Opioid PA
<i>hydromorphone hcl tab er 24hr 32 mg</i>	PA; Opioid PA
<i>methadone hcl conc 10 mg/ml (generic of METHADOSE)</i>	Opioid PA
<i>methadone hcl soln 5 mg/5ml</i>	Opioid PA
<i>methadone hcl soln 10 mg/5ml</i>	Opioid PA
<i>methadone hcl tab 5 mg</i>	PA; Opioid PA
<i>methadone hcl tab 10 mg</i>	PA; Opioid PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	QL (1350 mL every 30 days); Opioid PA
<i>morphine sulfate oral soln 20 mg/5ml</i>	QL (675 mL every 30 days); Opioid PA
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	QL (135 mL every 30 days); Opioid PA
<i>morphine sulfate suppos 5 mg</i>	QL (180 supp every 30 days); Opioid PA
<i>morphine sulfate suppos 10 mg</i>	QL (180 supp every 30 days); Opioid PA
<i>morphine sulfate suppos 20 mg</i>	QL (120 supp every 30 days); Opioid PA
<i>morphine sulfate suppos 30 mg</i>	QL (90 supp every 30 days); Opioid PA
<i>morphine sulfate tab 15 mg</i>	QL (180 tabs every 30 days); Opioid PA
<i>morphine sulfate tab 30 mg</i>	QL (90 tabs every 30 days); Opioid PA
<i>morphine sulfate tab er 15 mg (generic of MS CONTIN)</i>	PA; Opioid PA
<i>morphine sulfate tab er 30 mg (generic of MS CONTIN)</i>	PA; Opioid PA
<i>morphine sulfate tab er 60 mg (generic of MS CONTIN)</i>	PA; Opioid PA
<i>morphine sulfate tab er 100 mg (generic of MS CONTIN)</i>	PA; Opioid PA
<i>morphine sulfate tab er 200 mg (generic of MS CONTIN)</i>	PA; Opioid PA
<i>oxycodone hcl cap 5 mg</i>	Opioid PA
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	QL (90 mL every 30 days); Opioid PA
<i>oxycodone hcl soln 5 mg/5ml</i>	QL (1800 mL every 30 days); Opioid PA
<i>oxycodone hcl tab 5 mg</i>	QL (180 tabs every 30 days); Opioid PA
<i>oxycodone hcl tab 10 mg</i>	QL (180 tabs every 30 days); Opioid PA
<i>oxycodone hcl tab 15 mg (generic of ROXICODONE)</i>	QL (120 tabs every 30 days); Opioid PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>oxycodone hcl tab 20 mg</i>	QL (90 tabs every 30 days); Opioid PA
<i>oxycodone hcl tab 30 mg (generic of ROXICODONE)</i>	QL (60 tabs every 30 days); Opioid PA
<i>oxymorphone hcl tab er 12hr 5 mg</i>	PA; Opioid PA
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	PA; Opioid PA
<i>oxymorphone hcl tab er 12hr 10 mg</i>	PA; Opioid PA
<i>oxymorphone hcl tab er 12hr 15 mg</i>	PA; Opioid PA
<i>oxymorphone hcl tab er 12hr 20 mg</i>	PA; Opioid PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	PA; Opioid PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	PA; Opioid PA
<i>tramadol hcl tab 50 mg</i>	QL (180 tabs every 30 days); Opioid PA
<i>tramadol hcl tab er 24hr 100 mg</i>	Opioid PA
<i>tramadol hcl tab er 24hr 200 mg</i>	Opioid PA
<i>tramadol hcl tab er 24hr 300 mg</i>	Opioid PA
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Opioid PA
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Opioid PA
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Opioid PA

### **OPIOID COMBINATIONS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL (2700 mL every 30 days); Opioid PA
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (180 tabs every 30 days); Opioid PA
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL (180 tabs every 30 days); Opioid PA
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL (180 tabs every 30 days); Opioid PA
<i>ascomp/cod cap 30mg</i>	QL (180 caps every 30 days); Opioid PA
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (generic of FIORICET/CODEINE)</i>	QL (180 caps every 30 days); Opioid PA
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	QL (180 caps every 30 days); Opioid PA
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	QL (180 caps every 30 days); Opioid PA
<i>endocet tab 2.5-325 (generic of PERCOCET)</i>	QL (180 tabs every 30 days); Opioid PA
<i>endocet tab 5-325mg (generic of PERCOCET)</i>	QL (180 tabs every 30 days); Opioid PA
<i>endocet tab 7.5-325 (generic of PERCOCET)</i>	QL (180 tabs every 30 days); Opioid PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>endocet tab 10-325mg (generic of PERCOCET)</i>	QL (180 tabs every 30 days); Opioid PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL (2750 mL every 30 days); Opioid PA
<i>hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL)</i>	QL (180 tabs every 30 days); Opioid PA
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL (180 tabs every 30 days); Opioid PA
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	QL (180 tabs every 30 days); Opioid PA
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL (180 tabs every 30 days); Opioid PA
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	QL (180 tabs every 30 days); Opioid PA
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL (180 tabs every 30 days); Opioid PA
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	QL (180 tabs every 30 days); Opioid PA
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	QL (180 tabs every 30 days); Opioid PA
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	QL (180 tabs every 30 days); Opioid PA
<i>oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET)</i>	QL (180 tabs every 30 days); Opioid PA
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)</i>	QL (180 tabs every 30 days); Opioid PA
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)</i>	QL (180 tabs every 30 days); Opioid PA
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)</i>	QL (180 tabs every 30 days); Opioid PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	QL (180 tabs every 30 days); Opioid PA

### **OPIOID PARTIAL AGONISTS**

*butorphanol tartrate nasal soln 10 mg/ml*

### **ANDROGENS-ANABOLIC**

#### **ANABOLIC STEROIDS**

*oxandrolone tab 2.5 mg*

*oxandrolone tab 10 mg*

#### **ANDROGENS**

*danazol cap 50 mg*

*danazol cap 100 mg*

*danazol cap 200 mg*

*depo-testost inj 100mg/ml*

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>depo-testost inj 200mg/ml</i>	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	
<i>testosterone td gel 12.5 mg/act (1%)</i>	QL (150 gm every 30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	
<i>testosterone td gel 20.25 mg/act (1.62%) (generic of ANDROGEL PUMP)</i>	
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	QL (150 gm every 30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	
<i>testosterone td gel 50 mg/5gm (1%)</i>	QL (150 gm every 30 days)

## **ANORECTAL AND RELATED PRODUCTS**

### **INTRARECTAL STEROIDS**

*CORTIFOAM AER 90MG*

*hydrocortisone enema 100 mg/60ml (generic of CORTENEMA)*

### **RECTAL COMBINATIONS**

*hydrocortisone acetate w/ pramoxine perianal cream 1-1%*

*hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%*

### **RECTAL STEROIDS**

*anucort-hc sup 25mg*

*anusol-hc sup 25mg*

*hemmorex-hc sup 25mg*

*hydrocortisone acetate suppos 25 mg*

*hydrocortisone perianal cream 1%*

*hydrocortisone perianal cream 2.5% (generic of ANUSOL-HC)*

*prep h cre 1%*

OTC

*procto-med cre hc 2.5% (generic of ANUSOL-HC)*

*proctocort cre 1%*

*proctosol hc cre 2.5% (generic of ANUSOL-HC)*

*proctozone cre -hc 2.5% (generic of ANUSOL-HC)*

## **ANTACIDS**

### **ANTACID COMBINATIONS**

*alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml* OTC

*alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml* OTC

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>ANTHELMINTICS</b>	
<b>ANTHELMINTICS</b>	
<i>albendazole tab 200 mg</i>	
<i>ivermectin tab 3 mg (generic of STROMEKTOL)</i>	
<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i>	OTC
<b>ANTI-INFECTIVE AGENTS - MISC.</b>	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>	
<i>metronidazole cap 375 mg (generic of FLAGYL)</i>	
<i>metronidazole tab 250 mg</i>	
<i>metronidazole tab 500 mg</i>	
<i>pentamidine isethionate for nebulization soln 300 mg (generic of NEBUPENT)</i>	
<i>tinidazole tab 250 mg</i>	
<i>tinidazole tab 500 mg</i>	
<i>trimethoprim tab 100 mg</i>	
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	
<i>sulfatrim pd sus 200-40/5</i>	
<b>ANTIPROTOZOAL AGENTS</b>	
<i>atovaquone susp 750 mg/5ml (generic of MEPRON)</i>	
<b>GLYCOPEPTIDES</b>	
<i>vancomycin hcl cap 125 mg (base equivalent) (generic of VANCOCIN)</i>	
<i>vancomycin hcl cap 250 mg (base equivalent) (generic of VANCOCIN)</i>	
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent) (generic of FIRVANQ)</i>	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent) (generic of FIRVANQ)</i>	
<b>LEPROSTATICS</b>	
<i>dapsone tab 25 mg</i>	
<i>dapsone tab 100 mg</i>	
<b>LINCOSAMIDES</b>	
<i>clindamycin hcl cap 75 mg (generic of CLEOCIN)</i>	
<i>clindamycin hcl cap 150 mg (generic of CLEOCIN)</i>	
<i>clindamycin hcl cap 300 mg (generic of CLEOCIN)</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (generic of CLEOCIN PEDIATRIC GRANULE)</i>	
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**OXAZOLIDINONES**

<i>linezolid for susp 100 mg/5ml (generic of ZYVOX)</i>	
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<i>linezolid tab 600 mg (generic of ZYVOX)</i>	QL (28 tabs every 30 days)
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**URINARY ANTI-INFECTIVES**

<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	QL (1 pack per fill)
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<i>methenamine hippurate tab 1 gm (generic of HIPREX)</i>	
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<i>methenamine mandelate tab 0.5 gm</i>	
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<i>methenamine mandelate tab 1 gm</i>	
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<i>nitrofurantoin macrocrystalline cap 25 mg (generic of MACRODANTIN)</i>	
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<i>nitrofurantoin macrocrystalline cap 50 mg (generic of MACRODANTIN)</i>	
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<i>nitrofurantoin macrocrystalline cap 100 mg (generic of MACRODANTIN)</i>	
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<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg (generic of MACROBID)</i>	
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<i>nitrofurantoin susp 25 mg/5ml</i>	
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**ANTIANGINAL AGENTS**

**ANTIANGINALS-OTHER**

<i>ranolazine tab er 12hr 500 mg</i>	
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<i>ranolazine tab er 12hr 1000 mg</i>	
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**NITRATES**

<i>isosorbide dinitrate tab 5 mg (generic of ISORDIL TITRADOSE)</i>	
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<i>isosorbide dinitrate tab 10 mg</i>	
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<i>isosorbide dinitrate tab 20 mg</i>	
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<i>isosorbide dinitrate tab 30 mg</i>	
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<i>isosorbide dinitrate tab 40 mg (generic of ISORDIL TITRADOSE)</i>	
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<i>isosorbide mononitrate tab 10 mg</i>	
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<i>isosorbide mononitrate tab 20 mg</i>	
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<i>isosorbide mononitrate tab er 24hr 30 mg</i>	
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<i>isosorbide mononitrate tab er 24hr 60 mg</i>	
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<i>isosorbide mononitrate tab er 24hr 120 mg</i>	
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NITRO-BID OIN 2%	
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NITRO-DUR DIS 0.3MG/HR	
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NITRO-DUR DIS 0.8MG/HR	
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<i>nitroglycerin sl tab 0.3 mg (generic of NITROSTAT)</i>	
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<i>nitroglycerin sl tab 0.4 mg (generic of NITROSTAT)</i>	
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<i>nitroglycerin sl tab 0.6 mg (generic of NITROSTAT)</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i> (generic of NITROLINGUAL)	

**ANTIARRHYTHMICS**

**ANTIARRHYTHMICS TYPE I-A**

<i>disopyramide phosphate cap 100 mg (generic of NORPACE)</i>	
<i>disopyramide phosphate cap 150 mg (generic of NORPACE)</i>	

**ANTIARRHYTHMICS TYPE I-B**

<i>mexiletine hcl cap 150 mg</i>	
<i>mexiletine hcl cap 200 mg</i>	
<i>mexiletine hcl cap 250 mg</i>	

**ANTIARRHYTHMICS TYPE I-C**

<i>flecainide acetate tab 50 mg</i>	
<i>flecainide acetate tab 100 mg</i>	
<i>flecainide acetate tab 150 mg</i>	
<i>propafenone hcl tab 150 mg</i>	
<i>propafenone hcl tab 225 mg</i>	
<i>propafenone hcl tab 300 mg</i>	

**ANTIARRHYTHMICS TYPE III**

<i>amiodarone hcl tab 100 mg</i>	
<i>amiodarone hcl tab 200 mg</i>	
<i>amiodarone hcl tab 400 mg</i>	
<i>dofetilide cap 125 mcg (0.125 mg) (generic of TIKOSYN) SP, PA</i>	
<i>dofetilide cap 250 mcg (0.25 mg) (generic of TIKOSYN) SP, PA</i>	
<i>dofetilide cap 500 mcg (0.5 mg) (generic of TIKOSYN) SP, PA</i>	
<i>MULTAQ TAB 400MG</i>	
<i>pacerone tab 100mg</i>	
<i>pacerone tab 200mg</i>	
<i>pacerone tab 400mg</i>	

**ANTIASTHMATIC AND BRONCHODILATOR AGENTS**

**ANTI-INFLAMMATORY AGENTS**

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	QL (240 nebulas every 30 days)
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**BRONCHODILATORS - ANTICHOLINERGICS**

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i> (generic of SPIRIVA HANDIHALER)	
<b>LEUKOTRIENE MODULATORS</b>	
<i>montelukast sodium chew tab 4 mg (base equiv)</i> (generic of SINGULAIR)	QL (90 tabs every 90 days)
<i>montelukast sodium chew tab 5 mg (base equiv)</i> (generic of SINGULAIR)	QL (90 tabs every 90 days)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i> (generic of SINGULAIR)	QL (90 packets every 90 days)
<i>montelukast sodium tab 10 mg (base equiv)</i> (generic of SINGULAIR)	QL (90 tabs every 90 days)
<i>zafirlukast tab 10 mg</i> (generic of ACCOLATE)	QL (90 tabs every 90 days)
<i>zafirlukast tab 20 mg</i> (generic of ACCOLATE)	QL (90 tabs every 90 days)
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>	
<i>roflumilast tab 250 mcg</i> (generic of DALIRESP)	
<i>roflumilast tab 500 mcg</i> (generic of DALIRESP)	
<b>STEROID INHALANTS</b>	
<i>budesonide inhalation susp 0.5 mg/2ml</i> (generic of PULMICORT)	Max 90-day supply per fill
<i>budesonide inhalation susp 0.25 mg/2ml</i> (generic of PULMICORT)	Max 90-day supply per fill
<i>budesonide inhalation susp 1 mg/2ml</i> (generic of PULMICORT)	Max 90-day supply per fill
<i>fluticasone propionate aer pow ba 50 mcg/act</i>	QL (180 inhalations every 90 days)
<i>fluticasone propionate aer pow ba 100 mcg/act</i>	QL (180 inhalations every 90 days)
<i>fluticasone propionate aer pow ba 250 mcg/act</i>	QL (180 inhalations every 90 days)
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	QL (3 inhalers every 90 days)
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	QL (3 inhalers every 90 days)
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	QL (3 inhalers every 90 days)
PULMICORT INH 90MCG	Max 90-day supply per fill
PULMICORT INH 180MCG	Max 90-day supply per fill
QVAR REDIHA AER 80MCG	Max 90-day supply per fill
QVAR REDIHAL AER 40MCG	Max 90-day supply per fill
<b>SYMPATHOMIMETICS</b>	
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (2 inhalers every 30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> (generic of PROVENTIL HFA)	QL (2 inhalers every 30 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	QL (375 each every 30 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	
<i>albuterol sulfate syrup 2 mg/5ml</i>	
<i>albuterol sulfate tab 2 mg</i>	QL (68 tabs every 30 days)
<i>albuterol sulfate tab 4 mg</i>	QL (68 tabs every 30 days)
ANORO ELLIPT AER 62.5-25	ST; Max 90-day supply per fill
<i>breyana aer 80/4.5 (generic of SYMBICORT)</i>	QL (6 inhalers every 90 days)
<i>breyana aer 160/4.5 (generic of SYMBICORT)</i>	QL (6 inhalers every 90 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT)</i>	QL (6 inhalers every 90 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT)</i>	QL (6 inhalers every 90 days)
COMBIVENT AER 20-100	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Generic of Airduo Respiclick; QL (3 inhalers / 90 days); \$0
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS)</i>	Covered for younger than age 19; Max 90-day supply per fill
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Generic of Airduo Respiclick; QL (3 inhalers / 90 days); \$0
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Generic of Airduo Respiclick; QL (3 inhalers / 90 days); \$0
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS)</i>	Covered for younger than age 19; Max 90-day supply per fill
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS)</i>	Covered for younger than age 19; Max 90-day supply per fill
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	Covered for younger than age 19; Max 90-day supply per fill
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	Covered for younger than age 19; Max 90-day supply per fill
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	Covered for younger than age 19; Max 90-day supply per fill
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	
SEREVENT DIS AER 50MCG	ST
STRIVERDI AER 2.5MCG	
<i>terbutaline sulfate tab 2.5 mg</i>	
<i>terbutaline sulfate tab 5 mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
TRELEGY AER 100MCG	PA; Max 90-day supply per fill
TRELEGY AER 200MCG	PA; Max 90-day supply per fill
<i>wixela inhub aer 100/50 (generic of ADVAIR DISKUS)</i>	Covered for younger than age 19; Max 90-day supply per fill
<i>wixela inhub aer 250/50 (generic of ADVAIR DISKUS)</i>	Covered for younger than age 19; Max 90-day supply per fill
<i>wixela inhub aer 500/50 (generic of ADVAIR DISKUS)</i>	Covered for younger than age 19; Max 90-day supply per fill

### **XANTHINES**

<i>elixophyllin elx 80/15ml</i>
<i>theophylline elixir 80 mg/15ml</i>
<i>theophylline soln 80 mg/15ml</i>
<i>theophylline tab er 12hr 100 mg</i>
<i>theophylline tab er 12hr 200 mg</i>
<i>theophylline tab er 12hr 300 mg</i>
<i>theophylline tab er 12hr 450 mg</i>
<i>theophylline tab er 24hr 400 mg</i>
<i>theophylline tab er 24hr 600 mg</i>

### **ANTICOAGULANTS**

#### **COUMARIN ANTICOAGULANTS**

<i>jantoven tab 1mg</i>
<i>jantoven tab 2.5mg</i>
<i>jantoven tab 2mg</i>
<i>jantoven tab 3mg</i>
<i>jantoven tab 4mg</i>
<i>jantoven tab 5mg</i>
<i>jantoven tab 6mg</i>
<i>jantoven tab 7.5mg</i>
<i>jantoven tab 10mg</i>
<i>warfarin sodium tab 1 mg</i>
<i>warfarin sodium tab 2 mg</i>
<i>warfarin sodium tab 2.5 mg</i>
<i>warfarin sodium tab 3 mg</i>
<i>warfarin sodium tab 4 mg</i>
<i>warfarin sodium tab 5 mg</i>
<i>warfarin sodium tab 6 mg</i>
<i>warfarin sodium tab 7.5 mg</i>
<i>warfarin sodium tab 10 mg</i>

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

<i>enoxaparin sodium inj 300 mg/3ml (generic of LOVENOX)</i>
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml (generic of LOVENOX)</i>

**\$0** - Zero Dollar Copay **OTC** - Over the counter **Opioid PA** - PA for > 90 MME across all Opioids **PA** - Prior Authorization **QL** - Quantity Limit **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i> (generic of LOVENOX)	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i> (generic of LOVENOX)	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i> (generic of LOVENOX)	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i> (generic of LOVENOX)	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i> (generic of LOVENOX)	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i> (generic of LOVENOX)	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	

### **THROMBIN INHIBITORS**

<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i> (generic of PRADAXA)
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i> (generic of PRADAXA)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i> (generic of PRADAXA)

### **ANTICONSULSANTS**

#### **ANTICONSULSANTS - MISC.**

<i>primidone tab 50 mg</i> (generic of MYSOLINE)
<i>primidone tab 250 mg</i> (generic of MYSOLINE)

#### **HYDANTOINS**

<i>DILANTIN CAP 30MG</i>
<i>phenytek cap 200mg</i>
<i>phenytek cap 300mg</i>
<i>phenytoin chew tab 50 mg</i> (generic of DILANTIN INFATABS)
<i>phenytoin sodium extended cap 100 mg</i> (generic of DILANTIN)
<i>phenytoin sodium extended cap 200 mg</i>
<i>phenytoin sodium extended cap 300 mg</i>
<i>phenytoin susp 125 mg/5ml</i> (generic of DILANTIN-125)

#### **SUCCINIMIDES**

<i>ethosuximide cap 250 mg</i> (generic of ZARONTIN)
<i>ethosuximide soln 250 mg/5ml</i> (generic of ZARONTIN)

Drug Name	Requirements/Limits
<b>ANTIDIABETICS</b>	
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>	
<i>acarbose tab 25 mg</i>	
<i>acarbose tab 50 mg</i>	
<i>acarbose tab 100 mg</i>	
<b>ANTIDIABETIC COMBINATIONS</b>	
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	\$0
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	\$0
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
<i>glipizide-metformin hcl tab 5-500 mg</i>	
<i>glyburide-metformin tab 1.25-250 mg</i>	
<i>glyburide-metformin tab 2.5-500 mg</i>	
<i>glyburide-metformin tab 5-500 mg</i>	
<i>pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)</i>	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)</i>	
SEGLUROMET TAB 2.5-500	ST
SEGLUROMET TAB 2.5-1000	ST
SEGLUROMET TAB 7.5-500	ST
SEGLUROMET TAB 7.5-1000	ST
STEGLUJAN TAB 5-100MG	ST
STEGLUJAN TAB 15-100MG	ST
<b>BIGUANIDES</b>	
<i>metformin hcl oral soln 500 mg/5ml (generic of RIOMET)</i>	
<i>metformin hcl tab 500 mg</i>	
<i>metformin hcl tab 850 mg</i>	
<i>metformin hcl tab 1000 mg</i>	
<i>metformin hcl tab er 24hr 500 mg</i>	
<i>metformin hcl tab er 24hr 750 mg</i>	
<b>DIABETIC OTHER</b>	
BAQSIMI ONE POW 3MG/DOSE	
BAQSIMI TWO POW 3MG/DOSE	
GLUCAGEN INJ HYPOKIT	
<i>glucagon (rdna) for inj kit 1 mg</i>	
ZEGALOGUE INJ 0.6/0.6	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>	
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	\$0
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	\$0
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	\$0
<b>INCRETIN MIMETIC AGENTS</b>	
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	PA, QL (3 pens every 30 days)
OZEMPIC INJ 2/1.5ML	PA, QL (2 pens every 30 days)
OZEMPIC INJ 2MG/3ML	PA, QL (1 pen every 30 days)
OZEMPIC INJ 4MG/3ML	PA, QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	PA, QL (1 pen every 30 days)
RYBELSUS TAB 3MG	PA, QL (30 tabs every 30 days)
RYBELSUS TAB 7MG	PA, QL (30 tabs every 30 days)
RYBELSUS TAB 14MG	PA, QL (30 tabs every 30 days)
TRULICITY INJ 0.75/0.5	PA, QL (4 pens every 30 days)
TRULICITY INJ 1.5/0.5	PA, QL (4 pens every 30 days)
TRULICITY INJ 3/0.5	PA, QL (4 pens every 30 days)
TRULICITY INJ 4.5/0.5	PA, QL (4 pens every 30 days)
VICTOZA INJ 18MG/3ML	PA, QL (3 pens every 30 days)
<b>INSULIN</b>	
ADMELOG INJ 100U/ML	QL (4 vials every 30 days)
ADMELOG SOLO INJ 100U/ML	QL (10 pens every 30 days)
BASAGLAR INJ 100UNIT	QL (20 pens every 30 days)
BASAGLAR INJ TEMPO PN	QL (20 pens every 30 days)
HUMALOG JR INJ 100/ML	QL (10 pens every 30 days)
HUMALOG KWIK INJ 200/ML	QL (5 pens every 30 days)
HUMALOG MIX INJ 50/50	QL (4 vials every 30 days)
HUMALOG MIX INJ 50/50KWP	QL (10 pens every 30 days)
HUMALOG MIX SUS 75/25	QL (4 vials every 30 days)
HUMULIN INJ 70/30	QL (4 vials every 30 days), OTC
HUMULIN INJ 70/30KWP	QL (10 pens every 30 days), OTC; Covered for younger than age 18; PA required for age 18 and older
HUMULIN N INJ U-100	QL (4 vials every 30 days), OTC
HUMULIN N INJ U-100KWP	QL (10 pens every 30 days), OTC; Covered for younger than age 18; PA required for age 18 and older
HUMULIN R INJ U-100	QL (4 vials every 30 days), OTC
HUMULIN R INJ U-500	QL (1 vial every 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
HUMULIN R INJ U-500	QL (10 pens every 30 days); Covered for younger than age 18; PA required for age 18 and older
INS ASP PROT INJ FLEXPEN	QL (10 pens every 30 days)
INSULIN ASPA INJ 70/30	QL (4 vials every 30 days)
INSULIN LISP INJ PROTAMIN	QL (10 pens every 30 days)
NOVOLIN70/30 INJ RELION	QL (4 vials every 30 days), OTC
NOVOLIN INJ 70/30	QL (4 vials every 30 days), OTC
NOVOLIN INJ 70/30 FP	QL (10 pens every 30 days), OTC; Covered for younger than age 18; PA required for age 18 and older
NOVOLIN N INJ 100 UNIT	QL (10 pens every 30 days), OTC; Covered for younger than age 18; PA required for age 18 and older
NOVOLIN N INJ RELION	QL (4 vials every 30 days), OTC
NOVOLIN N INJ U-100	QL (4 vials every 30 days), OTC
NOVOLIN R INJ 100 UNIT	QL (10 pens every 30 days), OTC; Covered for younger than age 18; PA required for age 18 and older
NOVOLIN R INJ RELION	QL (4 vials every 30 days), OTC
NOVOLIN R INJ U-100	QL (4 vials every 30 days), OTC
SEMGLEE INJ 100U/ML	QL (20 pens every 30 days)
SEMGLEE INJ 100U/ML	QL (6 vials every 30 days)
<b>INSULIN SENSITIZING AGENTS</b>	
<i>pioglitazone hcl tab 15 mg (base equiv) (generic of ACTOS)</i>	QL (30 tabs every 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv) (generic of ACTOS)</i>	QL (30 tabs every 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv) (generic of ACTOS)</i>	QL (30 tabs every 30 days)
<b>MEGLITINIDE ANALOGUES</b>	
<i>nateglinide tab 60 mg</i>	
<i>nateglinide tab 120 mg</i>	
<i>repaglinide tab 0.5 mg</i>	
<i>repaglinide tab 1 mg</i>	
<i>repaglinide tab 2 mg</i>	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>	
JARDIANCE TAB 10MG	PA
JARDIANCE TAB 25MG	PA



<b>Drug Name</b>	<b>Requirements/Limits</b>
STEGLATRO TAB 5MG	ST
STEGLATRO TAB 15MG	ST

### **SULFONYLUREAS**

<i>glimepiride tab 1 mg</i>	
<i>glimepiride tab 2 mg</i>	
<i>glimepiride tab 4 mg</i>	
<i>glipizide tab 2.5 mg</i>	
<i>glipizide tab 5 mg</i>	
<i>glipizide tab 10 mg</i>	
<i>glipizide tab er 24hr 2.5 mg</i>	
<i>glipizide tab er 24hr 5 mg (generic of GLUCOTROL XL)</i>	
<i>glipizide tab er 24hr 10 mg (generic of GLUCOTROL XL)</i>	
<i>glipizide xl tab 2.5mg</i>	
<i>glipizide xl tab 5mg (generic of GLUCOTROL XL)</i>	
<i>glipizide xl tab 10mg (generic of GLUCOTROL XL)</i>	
<i>glyburide micronized tab 1.5 mg</i>	
<i>glyburide micronized tab 3 mg</i>	
<i>glyburide micronized tab 6 mg</i>	
<i>glyburide tab 1.25 mg</i>	
<i>glyburide tab 2.5 mg</i>	
<i>glyburide tab 5 mg</i>	

### **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>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	
<i>loperamide hcl cap 2 mg</i>	
<i>loperamide hcl tab 2 mg</i>	OTC

### **ANTIDOTES AND SPECIFIC ANTAGONISTS**

#### **ANTIDOTES - CHELATING AGENTS**

CHEMET CAP 100MG	
<i>deferasirox tab 90 mg (generic of JADENU)</i>	SP, PA
<i>deferasirox tab 180 mg (generic of JADENU)</i>	SP, PA
<i>deferasirox tab 360 mg (generic of JADENU)</i>	SP, PA
<i>deferasirox tab for oral susp 125 mg (generic of EXJADE)</i>	SP, PA
<i>deferasirox tab for oral susp 250 mg (generic of EXJADE)</i>	SP, PA

**\$0** - Zero Dollar Copay **OTC** - Over the counter **Opioid PA** - PA for > 90 MME across all Opioids **PA** - Prior Authorization **QL** - Quantity Limit **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>deferasirox tab for oral susp 500 mg (generic of EXJADE)</i>	SP, PA

## **ANTIEMETICS**

### **5-HT3 RECEPTOR ANTAGONISTS**

<i>granisetron hcl inj 1 mg/ml</i>	PA, QL (6 mL every 30 days)
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	PA, QL (6 mL every 30 days)
<i>granisetron hcl tab 1 mg</i>	QL (6 tabs every 30 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	QL (180 mL every 30 days)
<i>ondansetron hcl tab 4 mg</i>	QL (90 tabs every 30 days)
<i>ondansetron hcl tab 8 mg</i>	QL (90 tabs every 30 days)
<i>ondansetron hcl tab 24 mg</i>	QL (60 tabs every 30 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	QL (90 tabs every 30 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	QL (90 tabs every 30 days)

### **ANTIEMETICS - ANTICHOLINERGIC**

<i>meclizine hcl tab 12.5 mg</i>	
<i>meclizine hcl tab 25 mg</i>	
<i>meclizine hcl tab 50 mg (generic of ANTIVERT)</i>	
<i>scopolamine td patch 72hr 1 mg/3days (generic of TRANSDERM-SCOP)</i>	

### **ANTIEMETICS - MISCELLANEOUS**

<i>dronabinol cap 2.5 mg (generic of MARINOL)</i>	
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### **SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**

<i>aprepitant capsule 40 mg</i>	
<i>aprepitant capsule 80 mg (generic of EMEND)</i>	QL (9 caps every 30 days)
<i>aprepitant capsule 125 mg</i>	QL (9 caps every 30 days)
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	QL (9 caps every 30 days)
<i>EMEND SUS 125MG</i>	QL (9 kits every 30 days)

## **ANTIFUNGALS**

### **ANTIFUNGALS**

<i>griseofulvin microsize susp 125 mg/5ml</i>	
<i>griseofulvin microsize tab 500 mg</i>	
<i>griseofulvin ultramicrosize tab 125 mg</i>	
<i>griseofulvin ultramicrosize tab 250 mg</i>	
<i>nystatin tab 500000 unit</i>	
<i>terbinafine hcl tab 250 mg</i>	

### **IMIDAZOLE-RELATED ANTIFUNGALS**

<i>fluconazole for susp 10 mg/ml</i>	
<i>fluconazole for susp 40 mg/ml (generic of DIFLUCAN)</i>	
<i>fluconazole tab 50 mg</i>	
<i>fluconazole tab 100 mg (generic of DIFLUCAN)</i>	
<i>fluconazole tab 150 mg (generic of DIFLUCAN)</i>	QL (30 tabs every 30 days)
<i>fluconazole tab 200 mg (generic of DIFLUCAN)</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>itraconazole cap 100 mg</i>	
<i>itraconazole cap 100 mg (generic of SPORANOX)</i>	
<i>itraconazole oral soln 10 mg/ml (generic of SPORANOX)</i>	
<i>ketoconazole tab 200 mg</i>	QL (68 tabs every 30 days)
NOXAFIL PAK 300MG	
<i>posaconazole susp 40 mg/ml (generic of NOXAFIL)</i>	
<i>posaconazole tab delayed release 100 mg (generic of NOXAFIL)</i>	

## **ANTI-HISTAMINES**

### **ANTI-HISTAMINES - ALKYLAMINES**

<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	OTC
<i>chlorpheniramine maleate tab 4 mg</i>	OTC

### **ANTI-HISTAMINES - ETHANOLAMINES**

<i>diphenhydramine hcl cap 25 mg</i>	OTC
<i>diphenhydramine hcl cap 50 mg</i>	OTC
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	OTC
<i>diphenhydramine hcl tab 25 mg</i>	OTC

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

<i>cetirizine hcl chew tab 5 mg</i>	OTC
<i>cetirizine hcl chew tab 10 mg</i>	OTC
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	OTC
<i>cetirizine hcl tab 5 mg</i>	OTC
<i>cetirizine hcl tab 10 mg</i>	OTC
<i>desloratadine tab 5 mg (generic of CLARINEX)</i>	
<i>fexofenadine hcl susp 30 mg/5ml (6 mg/ml)</i>	OTC
<i>fexofenadine hcl tab 60 mg</i>	QL (60 tabs every 30 days), OTC
<i>fexofenadine hcl tab 180 mg</i>	QL (30 tabs every 30 days), OTC
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	
<i>levocetirizine dihydrochloride tab 5 mg</i>	
<i>loratadine oral soln 5 mg/5ml</i>	QL (300 mL every 30 days), OTC
<i>loratadine rapidly-disintegrating tab 10 mg</i>	OTC
<i>loratadine tab 10 mg</i>	QL (30 tabs every 30 days), OTC
ZYRTEC CHILD CHW ALLERGY	OTC

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

<i>promethazine hcl oral soln 6.25 mg/5ml</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>promethazine hcl suppos 12.5 mg</i>	
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<i>promethazine hcl suppos 25 mg</i>	
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<i>promethazine hcl tab 12.5 mg</i>	
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<i>promethazine hcl tab 25 mg</i>	
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<i>promethazine hcl tab 50 mg</i>	
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<i>promethegan sup 12.5mg</i>	
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<i>promethegan sup 25mg</i>	
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<i>promethegan sup 50mg</i>	
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**ANTIHISTAMINES - PIPERIDINES**

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	
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<i>cyproheptadine hcl tab 4 mg</i>	
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**ANTIHYPERLIPIDEMICS**

**ANTIHYPERLIPIDEMICS - COMBINATIONS**

<i>ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN)</i>	Max 90-day supply per fill
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<i>ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN)</i>	Max 90-day supply per fill
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<i>ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN)</i>	Max 90-day supply per fill
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<i>ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN)</i>	Max 90-day supply per fill
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**ANTIHYPERLIPIDEMICS - MISC.**

<i>omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)</i>	
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**BILE ACID SEQUESTRANTS**

<i>cholestyramine light powder 4 gm/dose (generic of QUESTRAN LIGHT)</i>	
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<i>cholestyramine light powder packets 4 gm</i>	
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<i>cholestyramine powder 4 gm/dose (generic of QUESTRAN)</i>	
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<i>cholestyramine powder packets 4 gm (generic of QUESTRAN)</i>	
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<i>colesevelam hcl packet for susp 3.75 gm (generic of WELCHOL)</i>	
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<i>colesevelam hcl tab 625 mg (generic of WELCHOL)</i>	
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<i>colestipol hcl granule packets 5 gm</i>	
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<i>colestipol hcl granules 5 gm (generic of COLESTID)</i>	
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<i>colestipol hcl tab 1 gm (generic of COLESTID)</i>	
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<i>prevalite pow 4gm (generic of QUESTRAN LIGHT)</i>	
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<i>prevalite pow 4gm pk</i>	
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**FIBRIC ACID DERIVATIVES**

<i>fenofibrate cap 50 mg</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>fenofibrate cap 150 mg</i>	
<i>fenofibrate micronized cap 30 mg</i>	
<i>fenofibrate micronized cap 43 mg</i>	
<i>fenofibrate micronized cap 67 mg</i>	
<i>fenofibrate micronized cap 90 mg</i>	
<i>fenofibrate micronized cap 130 mg</i>	
<i>fenofibrate micronized cap 134 mg</i>	
<i>fenofibrate micronized cap 200 mg</i>	
<i>fenofibrate tab 48 mg (generic of TRICOR)</i>	
<i>fenofibrate tab 54 mg</i>	
<i>fenofibrate tab 145 mg (generic of TRICOR)</i>	
<i>fenofibrate tab 160 mg</i>	
<i>fenofibric acid tab 35 mg</i>	
<i>fenofibric acid tab 105 mg</i>	
<i>gemfibrozil tab 600 mg (generic of LOPID)</i>	

**HMG COA REDUCTASE INHIBITORS**

<i>atorvastatin calcium tab 10 mg (base equivalent) (generic of LIPITOR)</i>	Max 90-day supply per fill
<i>atorvastatin calcium tab 20 mg (base equivalent) (generic of LIPITOR)</i>	Max 90-day supply per fill
<i>atorvastatin calcium tab 40 mg (base equivalent) (generic of LIPITOR)</i>	Max 90-day supply per fill
<i>atorvastatin calcium tab 80 mg (base equivalent) (generic of LIPITOR)</i>	Max 90-day supply per fill
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Max 90-day supply per fill
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Max 90-day supply per fill
<i>lovastatin tab 10 mg</i>	Max 90-day supply per fill
<i>lovastatin tab 20 mg</i>	Max 90-day supply per fill
<i>lovastatin tab 40 mg</i>	Max 90-day supply per fill
<i>pravastatin sodium tab 10 mg</i>	Max 90-day supply per fill
<i>pravastatin sodium tab 20 mg</i>	Max 90-day supply per fill
<i>pravastatin sodium tab 40 mg</i>	Max 90-day supply per fill
<i>pravastatin sodium tab 80 mg</i>	Max 90-day supply per fill
<i>rosuvastatin calcium tab 5 mg (generic of CRESTOR)</i>	Max 90-day supply per fill
<i>rosuvastatin calcium tab 10 mg (generic of CRESTOR)</i>	Max 90-day supply per fill
<i>rosuvastatin calcium tab 20 mg (generic of CRESTOR)</i>	Max 90-day supply per fill
<i>rosuvastatin calcium tab 40 mg (generic of CRESTOR)</i>	Max 90-day supply per fill
<i>simvastatin tab 5 mg</i>	Max 90-day supply per fill
<i>simvastatin tab 10 mg (generic of ZOCOR)</i>	Max 90-day supply per fill
<i>simvastatin tab 20 mg (generic of ZOCOR)</i>	Max 90-day supply per fill
<i>simvastatin tab 40 mg (generic of ZOCOR)</i>	Max 90-day supply per fill
<i>simvastatin tab 80 mg</i>	Max 90-day supply per fill

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>	
<i>ezetimibe tab 10 mg (generic of ZETIA)</i>	Max 90-day supply per fill
<b>NICOTINIC ACID DERIVATIVES</b>	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	
<b>ANTIHYPERTENSIVES</b>	
<b>ACE INHIBITORS</b>	
<i>benazepril hcl tab 5 mg</i>	
<i>benazepril hcl tab 10 mg (generic of LOTENSIN)</i>	
<i>benazepril hcl tab 20 mg (generic of LOTENSIN)</i>	
<i>benazepril hcl tab 40 mg (generic of LOTENSIN)</i>	
<i>captopril tab 12.5 mg</i>	
<i>captopril tab 25 mg</i>	
<i>captopril tab 50 mg</i>	
<i>captopril tab 100 mg</i>	
<i>enalapril maleate oral soln 1 mg/ml (generic of EPANED)</i>	
<i>enalapril maleate tab 2.5 mg (generic of VASOTEC)</i>	
<i>enalapril maleate tab 5 mg (generic of VASOTEC)</i>	
<i>enalapril maleate tab 10 mg (generic of VASOTEC)</i>	
<i>enalapril maleate tab 20 mg (generic of VASOTEC)</i>	
<i>fosinopril sodium tab 10 mg</i>	
<i>fosinopril sodium tab 20 mg</i>	
<i>fosinopril sodium tab 40 mg</i>	
<i>lisinopril tab 2.5 mg (generic of ZESTRIL)</i>	
<i>lisinopril tab 5 mg (generic of ZESTRIL)</i>	
<i>lisinopril tab 10 mg (generic of ZESTRIL)</i>	
<i>lisinopril tab 20 mg (generic of ZESTRIL)</i>	
<i>lisinopril tab 30 mg (generic of ZESTRIL)</i>	
<i>lisinopril tab 40 mg (generic of ZESTRIL)</i>	
<i>moexipril hcl tab 7.5 mg</i>	
<i>moexipril hcl tab 15 mg</i>	
<i>quinapril hcl tab 5 mg (generic of ACCUPRIL)</i>	
<i>quinapril hcl tab 10 mg (generic of ACCUPRIL)</i>	
<i>quinapril hcl tab 20 mg (generic of ACCUPRIL)</i>	
<i>quinapril hcl tab 40 mg (generic of ACCUPRIL)</i>	
<i>ramipril cap 1.25 mg (generic of ALTACE)</i>	QL (30 caps every 30 days)
<i>ramipril cap 2.5 mg (generic of ALTACE)</i>	QL (30 caps every 30 days)
<i>ramipril cap 5 mg (generic of ALTACE)</i>	QL (30 caps every 30 days)
<i>ramipril cap 10 mg (generic of ALTACE)</i>	QL (30 caps every 30 days)
<i>trandolapril tab 1 mg</i>	
<i>trandolapril tab 2 mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>trandolapril tab 4 mg</i>	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>	
<i>candesartan cilexetil tab 4 mg (generic of ATACAND)</i>	
<i>candesartan cilexetil tab 8 mg (generic of ATACAND)</i>	
<i>candesartan cilexetil tab 16 mg (generic of ATACAND)</i>	
<i>candesartan cilexetil tab 32 mg (generic of ATACAND)</i>	
<i>irbesartan tab 75 mg (generic of AVAPRO)</i>	QL (30 tabs every 30 days)
<i>irbesartan tab 150 mg (generic of AVAPRO)</i>	QL (30 tabs every 30 days)
<i>irbesartan tab 300 mg (generic of AVAPRO)</i>	QL (30 tabs every 30 days)
<i>losartan potassium tab 25 mg (generic of COZAAR)</i>	
<i>losartan potassium tab 50 mg (generic of COZAAR)</i>	
<i>losartan potassium tab 100 mg (generic of COZAAR)</i>	
<i>olmesartan medoxomil tab 5 mg (generic of BENICAR)</i>	
<i>olmesartan medoxomil tab 20 mg (generic of BENICAR)</i>	
<i>olmesartan medoxomil tab 40 mg (generic of BENICAR)</i>	
<i>telmisartan tab 20 mg (generic of MICARDIS)</i>	
<i>telmisartan tab 40 mg (generic of MICARDIS)</i>	
<i>telmisartan tab 80 mg (generic of MICARDIS)</i>	
<i>valsartan tab 40 mg (generic of DIOVAN)</i>	QL (30 tabs every 30 days)
<i>valsartan tab 80 mg (generic of DIOVAN)</i>	QL (30 tabs every 30 days)
<i>valsartan tab 160 mg (generic of DIOVAN)</i>	QL (30 tabs every 30 days)
<i>valsartan tab 320 mg (generic of DIOVAN)</i>	QL (30 tabs every 30 days)
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>	
<i>clonidine hcl tab 0.1 mg</i>	
<i>clonidine hcl tab 0.2 mg</i>	
<i>clonidine hcl tab 0.3 mg</i>	
<i>clonidine td patch weekly 0.1 mg/24hr (generic of CATAPRES-TTS-1)</i>	
<i>clonidine td patch weekly 0.2 mg/24hr (generic of CATAPRES-TTS-2)</i>	
<i>clonidine td patch weekly 0.3 mg/24hr (generic of CATAPRES-TTS-3)</i>	
<i>doxazosin mesylate tab 1 mg (generic of CARDURA)</i>	
<i>doxazosin mesylate tab 2 mg (generic of CARDURA)</i>	
<i>doxazosin mesylate tab 4 mg (generic of CARDURA)</i>	
<i>doxazosin mesylate tab 8 mg (generic of CARDURA)</i>	
<i>guanfacine hcl tab 1 mg</i>	
<i>guanfacine hcl tab 2 mg</i>	
<i>methyldopa tab 250 mg</i>	
<i>methyldopa tab 500 mg</i>	
<i>prazosin hcl cap 1 mg</i>	
<i>prazosin hcl cap 2 mg</i>	
<i>prazosin hcl cap 5 mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>terazosin hcl cap 1 mg (base equivalent)</i>	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	

**ANTIHYPERTENSIVE COMBINATIONS**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AMLODIPINE/OLMESARTAN MED)</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AMLODIPINE/OLMESARTAN MED)</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg (generic of AMLODIPINE/OLMESARTAN MED)</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg (generic of AMLODIPINE/OLMESARTAN MED)</i>	
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)</i>	
<i>atenolol &amp; chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>atenolol &amp; chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)</i>	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)</i>	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i>	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	
<i>telmisartan-amlodipine tab 40-5 mg</i>	
<i>telmisartan-amlodipine tab 40-10 mg</i>	
<i>telmisartan-amlodipine tab 80-5 mg</i>	
<i>telmisartan-amlodipine tab 80-10 mg</i>	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i>	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i>	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i>	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	
<b>DIRECT RENIN INHIBITORS</b>	
<i>aliskiren fumarate tab 150 mg (base equivalent) (generic of TEKTRUNA)</i>	
<i>aliskiren fumarate tab 300 mg (base equivalent) (generic of TEKTRUNA)</i>	ST

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>	
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<i>eplerenone tab 25 mg (generic of INSPRA)</i>	
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<i>eplerenone tab 50 mg (generic of INSPRA)</i>	
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<b>VASODILATORS</b>	
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<i>hydralazine hcl tab 10 mg</i>	
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<i>hydralazine hcl tab 25 mg</i>	
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<i>hydralazine hcl tab 50 mg</i>	
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<i>hydralazine hcl tab 100 mg</i>	
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<i>minoxidil tab 2.5 mg</i>	
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<i>minoxidil tab 10 mg</i>	
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<b>ANTIMALARIALS</b>	
<b>ANTIMALARIAL COMBINATIONS</b>	
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<i>atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)</i>	
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<i>atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)</i>	
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<b>ANTIMALARIALS</b>	
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<i>chloroquine phosphate tab 250 mg</i>	
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<i>chloroquine phosphate tab 500 mg</i>	
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<i>hydroxychloroquine sulfate tab 200 mg (generic of PLAQUENIL)</i>	
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KRINTAFEL TAB 150MG	
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<i>mefloquine hcl tab 250 mg</i>	
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<i>primaquine phosphate tab 26.3 mg (15 mg base) (generic of PRIMAQUINE PHOSPHATE)</i>	
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<i>pyrimethamine tab 25 mg (generic of DARAPRIM)</i>	
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<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>	
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<i>pyridostigmine bromide oral soln 60 mg/5ml (generic of MESTINON)</i>	
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<i>pyridostigmine bromide tab 60 mg (generic of MESTINON)</i>	
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<i>pyridostigmine bromide tab er 180 mg (generic of MESTINON TIMESPAN)</i>	
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<b>ANTIMYCOBACTERIAL AGENTS</b>	
<b>ANTIMYCOBACTERIAL AGENTS</b>	
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<i>ethambutol hcl tab 100 mg</i>	
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<i>ethambutol hcl tab 400 mg</i>	
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<i>isoniazid syrup 50 mg/5ml</i>	
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<i>isoniazid tab 100 mg</i>	
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<i>isoniazid tab 300 mg</i>	
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<i>pyrazinamide tab 500 mg</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>rifabutin cap 150 mg (generic of MYCOBUTIN)</i>	
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<i>rifampin cap 150 mg</i>	
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<i>rifampin cap 300 mg</i>	
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## **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

### **ALKYLATING AGENTS**

<i>cyclophosphamide cap 25 mg</i>	
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<i>cyclophosphamide cap 50 mg</i>	
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GLEOSTINE CAP 10MG	SP
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GLEOSTINE CAP 40MG	SP
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GLEOSTINE CAP 100MG	SP
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LEUKERAN TAB 2MG	
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<i>melphalan tab 2 mg</i>	
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MYLERAN TAB 2MG	
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<i>temozolomide cap 5 mg</i>	SP, PA
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<i>temozolomide cap 20 mg</i>	SP, PA
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<i>temozolomide cap 100 mg</i>	SP, PA
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<i>temozolomide cap 140 mg</i>	SP, PA
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<i>temozolomide cap 180 mg</i>	SP, PA
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<i>temozolomide cap 250 mg</i>	SP, PA
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### **ANTIMETABOLITES**

<i>capecitabine tab 150 mg (generic of XELODA)</i>	SP, PA
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<i>capecitabine tab 500 mg (generic of XELODA)</i>	SP, PA
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<i>mercaptopurine tab 50 mg</i>	
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<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	SP
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<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	SP
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<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	SP
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<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	SP
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<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	SP
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<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	
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ONUREG TAB 200MG	SP, PA
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ONUREG TAB 300MG	SP, PA
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PURIXAN SUS 20MG/ML	SP, PA
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TABLOID TAB 40MG	
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### **ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS**

FRUZAQLA CAP 1MG	SP, PA
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FRUZAQLA CAP 5MG	SP, PA
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INLYTA TAB 1MG	SP, PA
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INLYTA TAB 5MG	SP, PA
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LENVIMA CAP 4MG	SP, PA
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LENVIMA CAP 8 MG	SP, PA
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LENVIMA CAP 10 MG	SP, PA
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LENVIMA CAP 12MG	SP, PA
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<b>Drug Name</b>	<b>Requirements/Limits</b>
LENVIMA CAP 14 MG	SP, PA
LENVIMA CAP 18 MG	SP, PA
LENVIMA CAP 20 MG	SP, PA
LENVIMA CAP 24 MG	SP, PA
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>	
TUKYSA TAB 50MG	SP, PA
TUKYSA TAB 150MG	SP, PA
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>	
VENCLEXTA TAB 10MG	SP, PA
VENCLEXTA TAB 50MG	SP, PA
VENCLEXTA TAB 100MG	SP, PA
VENCLEXTA TAB START PK	SP, PA
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>	
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	SP, PA
<i>erlotinib hcl tab 100 mg (base equivalent) (generic of TARCEVA)</i>	SP, PA
<i>erlotinib hcl tab 150 mg (base equivalent) (generic of TARCEVA)</i>	SP, PA
EXKIVITY CAP 40MG	SP, PA
<i>gefitinib tab 250 mg (generic of IRESSA)</i>	SP, PA
GILOTRIF TAB 20MG	SP, PA
GILOTRIF TAB 30MG	SP, PA
GILOTRIF TAB 40MG	SP, PA
TAGRISSE TAB 40MG	SP, PA
TAGRISSE TAB 80MG	SP, PA
VIZIMPRO TAB 15MG	SP, PA
VIZIMPRO TAB 30MG	SP, PA
VIZIMPRO TAB 45MG	SP, PA
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>	
DAURISMO TAB 25MG	SP, PA
DAURISMO TAB 100MG	SP, PA
ERIVEDGE CAP 150MG	SP, PA
ODOMZO CAP 200MG	SP, PA
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>	
<i>abiraterone acetate tab 250 mg (generic of ZYTIGA)</i>	SP, PA
<i>abiraterone acetate tab 500 mg (generic of ZYTIGA)</i>	SP, PA
AKEEGA TAB 50/500MG	SP, PA
AKEEGA TAB 100/500	SP, PA
<i>anastrozole tab 1 mg (generic of ARIMIDEX)</i>	
<i>bicalutamide tab 50 mg (generic of CASODEX)</i>	
EMCYT CAP 140MG	
ERLEADA TAB 60MG	SP, PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
ERLEADA TAB 240MG	SP, PA
<i>exemestane tab 25 mg (generic of AROMASIN)</i>	
<i>flutamide cap 125 mg</i>	
<i>letrozole tab 2.5 mg (generic of FEMARA)</i>	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	SP, PA
LYSODREN TAB 500MG	SP
<i>megestrol acetate susp 40 mg/ml</i>	
<i>megestrol acetate tab 20 mg</i>	
<i>megestrol acetate tab 40 mg</i>	
<i>nilutamide tab 150 mg (generic of NILANDRON)</i>	
NUBEQA TAB 300MG	SP, PA
ORGOVYX TAB 120MG	SP, PA
ORSERDU TAB 86MG	SP, PA
ORSERDU TAB 345MG	SP, PA
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	
<i>toremifene citrate tab 60 mg (base equivalent) (generic of FARESTON)</i>	
XTANDI CAP 40MG	SP, PA
XTANDI TAB 40MG	SP, PA
XTANDI TAB 80MG	SP, PA
YONSA TAB 125MG	SP, PA
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>	
WELIREG TAB 40MG	SP, PA
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>	
POMALYST CAP 1MG	SP, PA
POMALYST CAP 2MG	SP, PA
POMALYST CAP 3MG	SP, PA
POMALYST CAP 4MG	SP, PA
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>	
AYVAKIT TAB 25MG	SP, PA
AYVAKIT TAB 50MG	SP, PA
AYVAKIT TAB 100MG	SP, PA
AYVAKIT TAB 200MG	SP, PA
AYVAKIT TAB 300MG	SP, PA
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>	
XPOVIO PAK 40MG	SP, PA
XPOVIO PAK 50MG	SP, PA
XPOVIO PAK 60MG	SP, PA
XPOVIO PAK 80MG	SP, PA
<b>ANTINEOPLASTIC COMBINATIONS</b>	
INQOVI TAB 35-100MG	SP, PA

**\$0** - Zero Dollar Copay **OTC** - Over the counter **Opioid PA** - PA for > 90 MME across all Opioids **PA** - Prior Authorization **QL** - Quantity Limit **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
KISQALI 200 PAK FEMARA	SP, PA
KISQALI 400 PAK FEMARA	SP, PA
KISQALI 600 PAK FEMARA	SP, PA
LONSURF TAB 15-6.14	SP, PA
LONSURF TAB 20-8.19	SP, PA

### **ANTINEOPLASTIC ENZYME INHIBITORS**

ALECENSA CAP 150MG	SP, PA
ALUNBRIG PAK	SP, PA
ALUNBRIG TAB 30MG	SP, PA
ALUNBRIG TAB 90MG	SP, PA
ALUNBRIG TAB 180MG	SP, PA
AUGTYRO CAP 40MG	SP, PA
BALVERSA TAB 3MG	SP, PA
BALVERSA TAB 4MG	SP, PA
BALVERSA TAB 5MG	SP, PA
BOSULIF CAP 50MG	SP, PA
BOSULIF CAP 100MG	SP, PA
BOSULIF TAB 100MG	SP, PA
BOSULIF TAB 400MG	SP, PA
BOSULIF TAB 500MG	SP, PA
BRAFTOVI CAP 75MG	SP, PA
BRUKINSA CAP 80MG	SP, PA
CABOMETYX TAB 20MG	SP, PA
CABOMETYX TAB 40MG	SP, PA
CABOMETYX TAB 60MG	SP, PA
CALQUENCE CAP 100MG	SP, PA
CALQUENCE TAB 100MG	SP, PA
CAPRELSA TAB 100MG	SP, PA
CAPRELSA TAB 300MG	SP, PA
COMETRIQ KIT 60MG	SP, PA
COMETRIQ KIT 100MG	SP, PA
COMETRIQ KIT 140MG	SP, PA
COPIKTRA CAP 15MG	SP, PA
COPIKTRA CAP 25MG	SP, PA
COTELLIC TAB 20MG	SP, PA
<i>everolimus tab 2.5 mg (generic of AFINITOR)</i>	SP, PA
<i>everolimus tab 5 mg (generic of AFINITOR)</i>	SP, PA
<i>everolimus tab 7.5 mg (generic of AFINITOR)</i>	SP, PA
<i>everolimus tab 10 mg (generic of AFINITOR)</i>	SP, PA
<i>everolimus tab for oral susp 2 mg (generic of AFINITOR DISPERZ)</i>	SP, PA
<i>everolimus tab for oral susp 3 mg (generic of AFINITOR DISPERZ)</i>	SP, PA

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>everolimus tab for oral susp 5 mg (generic of AFINITOR DISPERZ)</i>	SP, PA
FOTIVDA CAP 0.89MG	SP, PA
FOTIVDA CAP 1.34MG	SP, PA
GAVRETO CAP 100MG	SP, PA
IBRANCE CAP 75MG	SP, PA
IBRANCE CAP 100MG	SP, PA
IBRANCE CAP 125MG	SP, PA
IBRANCE TAB 75MG	SP, PA
IBRANCE TAB 100MG	SP, PA
IBRANCE TAB 125MG	SP, PA
ICLUSIG TAB 10MG	SP, PA
ICLUSIG TAB 15MG	SP, PA
ICLUSIG TAB 30MG	SP, PA
ICLUSIG TAB 45MG	SP, PA
IDHIFA TAB 50MG	SP, PA
IDHIFA TAB 100MG	SP, PA
<i>imatinib mesylate tab 100 mg (base equivalent) (generic of GLEEVEC)</i>	SP, PA, QL (60 tabs every 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent) (generic of GLEEVEC)</i>	SP, PA, QL (60 tabs every 30 days)
IMBRUVICA CAP 70MG	SP, PA
IMBRUVICA CAP 140MG	SP, PA
IMBRUVICA SUS 70MG/ML	SP, PA
IMBRUVICA TAB 140MG	SP, PA
IMBRUVICA TAB 280MG	SP, PA
IMBRUVICA TAB 420MG	SP, PA
IMBRUVICA TAB 560MG	SP, PA
INREBIC CAP 100MG	SP, PA
JAKAFI TAB 5MG	SP, PA
JAKAFI TAB 10MG	SP, PA
JAKAFI TAB 15MG	SP, PA
JAKAFI TAB 20MG	SP, PA
JAKAFI TAB 25MG	SP, PA
JAYPIRCA TAB 50MG	SP, PA
JAYPIRCA TAB 100MG	SP, PA
KISQALI TAB 200DOSE	SP, PA
KISQALI TAB 400DOSE	SP, PA
KISQALI TAB 600DOSE	SP, PA
KOSELUGO CAP 10MG	SP, PA
KOSELUGO CAP 25MG	SP, PA
KRAZATI TAB 200MG	SP, PA

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>lapatinib ditosylate tab 250 mg (base equiv) (generic of TYKERB)</i>	SP, PA
LORBRENA TAB 25MG	SP, PA
LORBRENA TAB 100MG	SP, PA
LUMAKRAS TAB 120MG	SP, PA
LUMAKRAS TAB 320MG	SP, PA
LYNPARZA TAB 100MG	SP, PA
LYNPARZA TAB 150MG	SP, PA
LYTGOBI TAB 4MG	SP, PA
MEKINIST SOL 0.05/ML	SP, PA
MEKINIST TAB 0.5MG	SP, PA
MEKINIST TAB 2MG	SP, PA
MEKTOVI TAB 15MG	SP, PA
NERLYNX TAB 40MG	SP, PA
NINLARO CAP 2.3MG	SP, PA
NINLARO CAP 3MG	SP, PA
NINLARO CAP 4MG	SP, PA
OGSIVEO TAB 50MG	SP, PA
OGSIVEO TAB 100MG	SP, PA
OGSIVEO TAB 150MG	SP, PA
OJJAARA TAB 100MG	SP, PA
OJJAARA TAB 150MG	SP, PA
OJJAARA TAB 200MG	SP, PA
<i>pazopanib hcl tab 200 mg (base equiv) (generic of VOTRIENT)</i>	SP, PA
PEMAZYRE TAB 4.5MG	SP, PA
PEMAZYRE TAB 9MG	SP, PA
PEMAZYRE TAB 13.5MG	SP, PA
PIQRAY 200MG TAB DOSE	SP, PA
PIQRAY 250MG TAB DOSE	SP, PA
PIQRAY 300MG TAB DOSE	SP, PA
QINLOCK TAB 50MG	SP, PA
RETEVMO CAP 40MG	SP, PA
RETEVMO CAP 80MG	SP, PA
REZLIDHIA CAP 150MG	SP, PA
ROZLYTREK CAP 100MG	SP, PA
ROZLYTREK CAP 200MG	SP, PA
ROZLYTREK PAK 50MG	SP, PA
RUBRACA TAB 200MG	SP, PA
RUBRACA TAB 250MG	SP, PA
RUBRACA TAB 300MG	SP, PA
RYDAPT CAP 25MG	SP, PA
SCEMBLIX TAB 20MG	SP, PA

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<b>Drug Name</b>	<b>Requirements/Limits</b>
SCEMBLIX TAB 40MG	SP, PA
SCEMBLIX TAB 100MG	SP, PA
<i>sorafenib tosylate tab 200 mg (base equivalent) (generic of NEXAVAR)</i>	SP, PA
SPRYCEL TAB 20MG	SP, PA
SPRYCEL TAB 50MG	SP, PA
SPRYCEL TAB 70MG	SP, PA
SPRYCEL TAB 80MG	SP, PA
SPRYCEL TAB 100MG	SP, PA
SPRYCEL TAB 140MG	SP, PA
STIVARGA TAB 40MG	SP, PA
<i>sunitinib malate cap 12.5 mg (base equivalent) (generic of SUTENT)</i>	SP, PA
<i>sunitinib malate cap 25 mg (base equivalent) (generic of SUTENT)</i>	SP, PA
<i>sunitinib malate cap 50 mg (base equivalent) (generic of SUTENT)</i>	SP, PA
TABRECTA TAB 150MG	SP, PA
TABRECTA TAB 200MG	SP, PA
TAFINLAR CAP 50MG	SP, PA
TAFINLAR CAP 75MG	SP, PA
TAFINLAR TAB 10MG	SP, PA
TALZENNA CAP 0.1MG	SP, PA
TALZENNA CAP 0.5MG	SP, PA
TALZENNA CAP 0.25MG	SP, PA
TALZENNA CAP 0.35MG	SP, PA
TALZENNA CAP 0.75MG	SP, PA
TALZENNA CAP 1MG	SP, PA
TASIGNA CAP 50MG	SP, PA
TASIGNA CAP 150MG	SP, PA
TASIGNA CAP 200MG	SP, PA
TAZVERIK TAB 200MG	SP, PA
TEPMETKO TAB 225MG	SP, PA
TRUQAP TAB 160MG	SP, PA
TRUQAP TAB 200MG	SP, PA
TRUSELTIQ CAP 50MG	SP, PA
TRUSELTIQ CAP 75MG	SP, PA
TRUSELTIQ CAP 100MG	SP, PA
TRUSELTIQ CAP 125MG	SP, PA
TURALIO CAP 125MG	SP, PA
TURALIO CAP 200MG	SP, PA
VANFLYTA TAB 17.7MG	SP, PA
VANFLYTA TAB 26.5MG	SP, PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
VERZENIO TAB 50MG	SP, PA
VERZENIO TAB 100MG	SP, PA
VERZENIO TAB 150MG	SP, PA
VERZENIO TAB 200MG	SP, PA
VITRAKVI CAP 25MG	SP, PA
VITRAKVI CAP 100MG	SP, PA
VITRAKVI SOL 20MG/ML	SP, PA
VONJO CAP 100MG	SP, PA
XALKORI CAP 20MG	SP, PA
XALKORI CAP 50MG	SP, PA
XALKORI CAP 150MG	SP, PA
XALKORI CAP 200MG	SP, PA
XALKORI CAP 250MG	SP, PA
XOSPATA TAB 40MG	SP, PA
ZEJULA CAP 100MG	SP, PA
ZEJULA TAB 100MG	SP, PA
ZEJULA TAB 200MG	SP, PA
ZEJULA TAB 300MG	SP, PA
ZELBORAF TAB 240MG	SP, PA
ZOLINZA CAP 100MG	SP, PA
ZYDELIG TAB 100MG	SP, PA
ZYDELIG TAB 150MG	SP, PA
ZYKADIA TAB 150MG	SP, PA

**ANTINEOPLASTICS MISC.**

<i>bexarotene cap 75 mg (generic of TARGRETIN)</i>	SP, PA
<i>hydroxyurea cap 500 mg (generic of HYDREA)</i>	
INTRON A INJ 10MU	SP, PA
MATULANE CAP 50MG	SP
<i>tretinoin cap 10 mg</i>	

**CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS**

IWILFIN TAB 192MG	SP, PA
<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>	
MESNEX TAB 400MG	

**MITOTIC INHIBITORS**

<i>etoposide cap 50 mg</i>	
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**TOPOISOMERASE I INHIBITORS**

HYCANTIN CAP 0.25MG	SP, PA
HYCANTIN CAP 1MG	SP, PA

Drug Name	Requirements/Limits
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>	
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>	
NOURIANZ TAB 20MG	
NOURIANZ TAB 40MG	
<b>ANTIPARKINSON COMT INHIBITORS</b>	
entacapone tab 200 mg	
<b>ANTIPARKINSON DOPAMINERGICS</b>	
amantadine hcl cap 100 mg	
amantadine hcl soln 50 mg/5ml	
amantadine hcl tab 100 mg	
bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)	
bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)	
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)	
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)	
carbidopa & levodopa tab 25-250 mg	
carbidopa & levodopa tab er 25-100 mg	
carbidopa & levodopa tab er 50-200 mg	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	
pramipexole dihydrochloride tab 0.5 mg	
pramipexole dihydrochloride tab 0.25 mg	
pramipexole dihydrochloride tab 0.75 mg	
pramipexole dihydrochloride tab 0.125 mg	
pramipexole dihydrochloride tab 1 mg	
pramipexole dihydrochloride tab 1.5 mg	
ropinirole hydrochloride tab 0.5 mg	
ropinirole hydrochloride tab 0.25 mg	
ropinirole hydrochloride tab 1 mg	
ropinirole hydrochloride tab 2 mg	
ropinirole hydrochloride tab 3 mg	
ropinirole hydrochloride tab 4 mg	
ropinirole hydrochloride tab 5 mg	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	

<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	
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<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	
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<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	
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<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	
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**ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

<i>selegiline hcl cap 5 mg</i>	
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XADAGO TAB 50MG	ST
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XADAGO TAB 100MG	ST
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**ANTIPSYCHOTICS/ANTIMANIC AGENTS**

**PHENOTHIAZINES**

<i>compro sup 25mg</i>	
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<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	
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<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	
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<i>prochlorperazine suppos 25 mg</i>	
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**ANTISEPTICS & DISINFECTANTS**

**ANTISEPTIC COMBINATIONS**

ANTISEPTIC PAD WIPES	OTC
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**ANTIVIRALS**

**ANTIRETROVIRALS**

<i>abacavir sulfate soln 20 mg/ml (base equiv) (generic of ZIAGEN)</i>	
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<i>abacavir sulfate tab 300 mg (base equiv)</i>	
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<i>abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)</i>	
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APRETUDE SUS 600MG ER	
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APTIVUS CAP 250MG	
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<i>atazanavir sulfate cap 150 mg (base equiv)</i>	
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<i>atazanavir sulfate cap 200 mg (base equiv) (generic of REYATAZ)</i>	
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<i>atazanavir sulfate cap 300 mg (base equiv) (generic of REYATAZ)</i>	
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BIKTARVY TAB	
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CABENUVA SUS 400-600	PA
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CABENUVA SUS 600-900	PA
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CIMDUO TAB 300-300	
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COMPLERA TAB	
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<i>darunavir tab 600 mg (generic of PREZISTA)</i>	
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<i>darunavir tab 800 mg (generic of PREZISTA)</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
DELSTRIGO TAB	
DESCOVY TAB 120-15MG	
DESCOVY TAB 200/25MG	
DOVATO TAB 50-300MG	
EDURANT TAB 25MG	
<i>efavirenz cap 50 mg</i>	
<i>efavirenz cap 200 mg</i>	
<i>efavirenz tab 600 mg</i>	
<i>efavirenz tab 600 mg (generic of SUSTIVA)</i>	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic of ATRIPLA)</i>	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic of SYMFI LO)</i>	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)</i>	
<i>emtricitabine caps 200 mg (generic of EMTRIVA)</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)</i>	
EMTRIVA SOL 10MG/ML	
<i>etravirine tab 100 mg (generic of INTELENCE)</i>	
<i>etravirine tab 200 mg (generic of INTELENCE)</i>	
EVOTAZ TAB 300-150	
<i>fosamprenavir calcium tab 700 mg (base equiv) (generic of LEXIVA)</i>	
GENVOYA TAB	
INTELENCE TAB 25MG	
ISENTRESS CHW 25MG	
ISENTRESS CHW 100MG	
ISENTRESS HD TAB 600MG	
ISENTRESS POW 100MG	
ISENTRESS TAB 400MG	
JULUCA TAB 50-25MG	
<i>lamivudine oral soln 10 mg/ml (generic of EPIVIR)</i>	
<i>lamivudine tab 150 mg (generic of EPIVIR)</i>	
<i>lamivudine tab 300 mg (generic of EPIVIR)</i>	
<i>lamivudine-zidovudine tab 150-300 mg</i>	
LEXIVA SUS 50MG/ML	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	
<i>maraviroc tab 150 mg</i> (generic of SELZENTRY)	
<i>maraviroc tab 300 mg</i> (generic of SELZENTRY)	
<i>nevirapine susp 50 mg/5ml</i>	
<i>nevirapine tab 200 mg</i>	
<i>nevirapine tab er 24hr 100 mg</i>	
<i>nevirapine tab er 24hr 400 mg</i>	
NORVIR CAP 100MG	
NORVIR POW 100MG	
NORVIR SOL 80MG/ML	
ODEFSEY TAB	
PIFELTRO TAB 100MG	
PREZCOBIX TAB 800-150	
PREZISTA SUS 100MG/ML	
PREZISTA TAB 75MG	
PREZISTA TAB 150MG	
REYATAZ POW 50MG	
<i>ritonavir tab 100 mg</i> (generic of NORVIR)	
SELZENTRY SOL 20MG/ML	
SELZENTRY TAB 25MG	
SELZENTRY TAB 75MG	
<i>stavudine cap 15 mg</i>	
<i>stavudine cap 20 mg</i>	
<i>stavudine cap 30 mg</i>	
<i>stavudine cap 40 mg</i>	
STRIBILD TAB	
SUNLENCA INJ	
SUNLENCA TAB 300MG	PA
SYM TUZA TAB	
<i>tenofovir disoproxil fumarate tab 300 mg</i> (generic of VIREAD)	
TIVICAY PD TAB 5MG	
TIVICAY TAB 10MG	
TIVICAY TAB 25MG	
TIVICAY TAB 50MG	
TRIUMEQ PD TAB	
TRIUMEQ TAB	
TRIZIVIR TAB	
TYBOST TAB 150MG	
VIRACEPT TAB 250MG	

<b>Drug Name</b>	<b>Requirements/Limits</b>
VIRACEPT TAB 625MG	
VIREAD POW 40MG/GM	
VIREAD TAB 150MG	
VIREAD TAB 200MG	
VIREAD TAB 250MG	
<i>zidovudine cap 100 mg (generic of RETROVIR)</i>	
<i>zidovudine syrup 10 mg/ml (generic of RETROVIR)</i>	
<i>zidovudine tab 300 mg</i>	

### **ANTIVIRAL COMBINATIONS**

PAXLOVID TAB 150-100	Covered for age 12 and older; Max 2 fills per 30 days
PAXLOVID TAB 300-100	Covered for age 12 and older; Max 2 fills per 30 days

### **CMV AGENTS**

PREVYMIS TAB 240MG	PA
PREVYMIS TAB 480MG	PA
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> (generic of VALCYTE)	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i> (generic QL (98 tabs every 30 days) of VALCYTE)	

### **HEPATITIS AGENTS**

<i>adefovir dipivoxil tab 10 mg</i>	
BARACLUDE SOL	
<i>entecavir tab 0.5 mg (generic of BARACLUDE)</i>	
<i>entecavir tab 1 mg (generic of BARACLUDE)</i>	
EPIVIR HBV SOL 5MG/ML	
HARVONI PAK	SP, PA
HARVONI PAK 45-200MG	SP, PA
HARVONI TAB 45-200MG	SP, PA
<i>lamivudine tab 100 mg (hbv)</i>	
LEDIP-SOFOSB TAB 90-400MG	SP, PA, QL (30 tabs every 30 days)
MAVYRET PAK 50-20MG	SP, PA
MAVYRET TAB 100-40MG	SP, PA
PEGASYS INJ	SP, PA
PEGASYS INJ 180MCG/M	SP, PA
<i>ribavirin cap 200 mg</i>	SP, PA
<i>ribavirin tab 200 mg</i>	SP, PA
SOVALDI PAK 150MG	SP, PA
SOVALDI PAK 200MG	SP, PA
SOVALDI TAB 200MG	SP, PA
SOVALDI TAB 400MG	SP, PA, QL (30 tabs every 30 days)

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>HERPES AGENTS</b>	
<i>acyclovir cap 200 mg</i>	
<i>acyclovir susp 200 mg/5ml</i>	
<i>acyclovir tab 400 mg</i>	
<i>acyclovir tab 800 mg</i>	
<i>famciclovir tab 125 mg</i>	
<i>famciclovir tab 250 mg</i>	
<i>famciclovir tab 500 mg</i>	
<i>valacyclovir hcl tab 1 gm (generic of VALTREX)</i>	
<i>valacyclovir hcl tab 500 mg (generic of VALTREX)</i>	
<b>INFLUENZA AGENTS</b>	
<i>oseltamivir phosphate cap 30 mg (base equiv) (generic of TAMIFLU)</i>	QL (20 caps every 180 days)
<i>oseltamivir phosphate cap 45 mg (base equiv) (generic of TAMIFLU)</i>	QL (10 caps every 180 days)
<i>oseltamivir phosphate cap 75 mg (base equiv) (generic of TAMIFLU)</i>	QL (10 caps every 180 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv) (generic of TAMIFLU)</i>	QL (180 mL every 90 days)
RELENZA MIS DISKHALE	
<b>MISC. ANTIVIRALS</b>	
LAGEVRIO CAP 200MG	Covered for age 18 and older; Max 2 fills per 30 days
<b>BETA BLOCKERS</b>	
<b>ALPHA-BETA BLOCKERS</b>	
<i>carvedilol tab 3.125 mg (generic of COREG)</i>	
<i>carvedilol tab 6.25 mg (generic of COREG)</i>	
<i>carvedilol tab 12.5 mg (generic of COREG)</i>	
<i>carvedilol tab 25 mg (generic of COREG)</i>	
<i>labetalol hcl tab 100 mg</i>	
<i>labetalol hcl tab 200 mg</i>	
<i>labetalol hcl tab 300 mg</i>	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>	
<i>acebutolol hcl cap 200 mg</i>	
<i>acebutolol hcl cap 400 mg</i>	
<i>atenolol tab 25 mg (generic of TENORMIN)</i>	
<i>atenolol tab 50 mg (generic of TENORMIN)</i>	
<i>atenolol tab 100 mg (generic of TENORMIN)</i>	
<i>bisoprolol fumarate tab 5 mg</i>	
<i>bisoprolol fumarate tab 10 mg</i>	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (generic of TOPROL XL)</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> (generic of TOPROL XL)	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> (generic of TOPROL XL)	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> (generic of TOPROL XL)	
<i>metoprolol tartrate tab 25 mg</i>	
<i>metoprolol tartrate tab 37.5 mg</i>	
<i>metoprolol tartrate tab 50 mg (generic of LOPRESSOR)</i>	
<i>metoprolol tartrate tab 75 mg</i>	
<i>metoprolol tartrate tab 100 mg (generic of LOPRESSOR)</i>	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i> (generic of BYSTOLIC)	
<i>nebivolol hcl tab 5 mg (base equivalent)</i> (generic of BYSTOLIC)	
<i>nebivolol hcl tab 10 mg (base equivalent)</i> (generic of BYSTOLIC)	
<i>nebivolol hcl tab 20 mg (base equivalent)</i> (generic of BYSTOLIC)	

**BETA BLOCKERS NON-SELECTIVE**

<i>nadolol tab 20 mg (generic of CORGARD)</i>	
<i>nadolol tab 40 mg (generic of CORGARD)</i>	
<i>nadolol tab 80 mg</i>	
<i>pindolol tab 5 mg</i>	
<i>pindolol tab 10 mg</i>	
<i>propranolol hcl cap er 24hr 60 mg (generic of INDERAL LA)</i>	
<i>propranolol hcl cap er 24hr 80 mg (generic of INDERAL LA)</i>	
<i>propranolol hcl cap er 24hr 120 mg (generic of INDERAL LA)</i>	
<i>propranolol hcl cap er 24hr 160 mg (generic of INDERAL LA)</i>	
<i>propranolol hcl oral soln 20 mg/5ml</i>	
<i>propranolol hcl oral soln 40 mg/5ml</i>	
<i>propranolol hcl tab 10 mg</i>	
<i>propranolol hcl tab 20 mg</i>	
<i>propranolol hcl tab 40 mg</i>	
<i>propranolol hcl tab 60 mg</i>	
<i>propranolol hcl tab 80 mg</i>	
<i>sorine tab 80mg (generic of BETAPACE)</i>	QL (60 tabs every 30 days)
<i>sorine tab 120mg (generic of BETAPACE)</i>	QL (60 tabs every 30 days)
<i>sorine tab 160mg (generic of BETAPACE)</i>	QL (60 tabs every 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>sorine tab 240mg</i>	QL (60 tabs every 30 days)
<i>sotalol hcl (afib/afl) tab 80 mg (generic of BETAPACE AF)</i>	QL (60 tabs every 30 days)
<i>sotalol hcl (afib/afl) tab 120 mg (generic of BETAPACE AF)</i>	QL (60 tabs every 30 days)
<i>sotalol hcl (afib/afl) tab 160 mg (generic of BETAPACE AF)</i>	QL (60 tabs every 30 days)
<i>sotalol hcl tab 80 mg (generic of BETAPACE)</i>	QL (60 tabs every 30 days)
<i>sotalol hcl tab 120 mg (generic of BETAPACE)</i>	QL (60 tabs every 30 days)
<i>sotalol hcl tab 160 mg (generic of BETAPACE)</i>	QL (60 tabs every 30 days)
<i>sotalol hcl tab 240 mg</i>	QL (60 tabs every 30 days)

## **CALCIUM CHANNEL BLOCKERS**

### **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate tab 2.5 mg (base equivalent) (generic of NORVASC)</i>
<i>amlodipine besylate tab 5 mg (base equivalent) (generic of NORVASC)</i>
<i>amlodipine besylate tab 10 mg (base equivalent) (generic of NORVASC)</i>
<i>cartia xt cap 120/24hr (generic of CARDIZEM CD)</i>
<i>cartia xt cap 180/24hr (generic of CARDIZEM CD)</i>
<i>cartia xt cap 240/24hr (generic of CARDIZEM CD)</i>
<i>cartia xt cap 300/24hr (generic of CARDIZEM CD)</i>
<i>dilt-xr cap 120mg</i>
<i>dilt-xr cap 180mg</i>
<i>dilt-xr cap 240mg</i>
<i>diltiazem hcl cap er 12hr 60 mg</i>
<i>diltiazem hcl cap er 12hr 90 mg</i>
<i>diltiazem hcl cap er 12hr 120 mg</i>
<i>diltiazem hcl cap er 24hr 120 mg</i>
<i>diltiazem hcl cap er 24hr 180 mg</i>
<i>diltiazem hcl cap er 24hr 240 mg</i>
<i>diltiazem hcl coated beads cap er 24hr 120 mg (generic of CARDIZEM CD)</i>
<i>diltiazem hcl coated beads cap er 24hr 180 mg (generic of CARDIZEM CD)</i>
<i>diltiazem hcl coated beads cap er 24hr 240 mg (generic of CARDIZEM CD)</i>
<i>diltiazem hcl coated beads cap er 24hr 300 mg (generic of CARDIZEM CD)</i>
<i>diltiazem hcl coated beads cap er 24hr 360 mg (generic of CARDIZEM CD)</i>

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl extended release beads cap er 24hr 120 mg (generic of TIAZAC)</i>	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg (generic of TIAZAC)</i>	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg (generic of TIAZAC)</i>	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg (generic of TIAZAC)</i>	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg (generic of TIAZAC)</i>	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg (generic of TIAZAC)</i>	
<i>diltiazem hcl tab er 24hr 120 mg (generic of CARDIZEM LA)</i>	
<i>diltiazem hcl tab er 24hr 180 mg (generic of CARDIZEM LA)</i>	
<i>diltiazem hcl tab er 24hr 240 mg (generic of CARDIZEM LA)</i>	
<i>diltiazem hcl tab er 24hr 300 mg (generic of CARDIZEM LA)</i>	
<i>diltiazem hcl tab er 24hr 360 mg (generic of CARDIZEM LA)</i>	
<i>diltiazem hcl tab er 24hr 420 mg (generic of CARDIZEM LA)</i>	
<i>felodipine tab er 24hr 2.5 mg</i>	QL (30 tabs every 30 days)
<i>felodipine tab er 24hr 5 mg</i>	QL (30 tabs every 30 days)
<i>felodipine tab er 24hr 10 mg</i>	QL (30 tabs every 30 days)
<i>matzim la tab 180mg/24 (generic of CARDIZEM LA)</i>	
<i>matzim la tab 240mg/24 (generic of CARDIZEM LA)</i>	
<i>matzim la tab 300mg/24 (generic of CARDIZEM LA)</i>	
<i>matzim la tab 360mg/24 (generic of CARDIZEM LA)</i>	
<i>matzim la tab 420mg/24 (generic of CARDIZEM LA)</i>	
<i>nifedipine cap 10 mg</i>	
<i>nifedipine cap 20 mg</i>	
<i>nifedipine tab er 24hr 30 mg</i>	
<i>nifedipine tab er 24hr 60 mg</i>	
<i>nifedipine tab er 24hr 90 mg</i>	
<i>nifedipine tab er 24hr osmotic release 30 mg (generic of PROCARDIA XL)</i>	
<i>nifedipine tab er 24hr osmotic release 60 mg (generic of PROCARDIA XL)</i>	
<i>nifedipine tab er 24hr osmotic release 90 mg (generic of PROCARDIA XL)</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>nisoldipine tab er 24hr 8.5 mg (generic of SULAR)</i>	
<i>nisoldipine tab er 24hr 17 mg (generic of SULAR)</i>	
<i>nisoldipine tab er 24hr 20 mg</i>	
<i>nisoldipine tab er 24hr 25.5 mg</i>	
<i>nisoldipine tab er 24hr 30 mg</i>	
<i>nisoldipine tab er 24hr 34 mg (generic of SULAR)</i>	
<i>nisoldipine tab er 24hr 40 mg</i>	
<i>taztia xt cap 120mg/24 (generic of TIAZAC)</i>	
<i>taztia xt cap 180mg/24 (generic of TIAZAC)</i>	
<i>taztia xt cap 240mg/24 (generic of TIAZAC)</i>	
<i>taztia xt cap 300mg er (generic of TIAZAC)</i>	
<i>taztia xt cap 360mg/24 (generic of TIAZAC)</i>	
<i>tiadytl cap 120mg/24 (generic of TIAZAC)</i>	
<i>tiadytl cap 180mg/24 (generic of TIAZAC)</i>	
<i>tiadytl cap 240mg/24 (generic of TIAZAC)</i>	
<i>tiadytl cap 300mg/24 (generic of TIAZAC)</i>	
<i>tiadytl cap 360mg/24 (generic of TIAZAC)</i>	
<i>tiadytl cap 420mg/24 (generic of TIAZAC)</i>	
<i>verapamil hcl cap er 24hr 100 mg</i>	
<i>verapamil hcl cap er 24hr 120 mg (generic of VERELAN)</i>	
<i>verapamil hcl cap er 24hr 180 mg (generic of VERELAN)</i>	
<i>verapamil hcl cap er 24hr 200 mg</i>	
<i>verapamil hcl cap er 24hr 240 mg (generic of VERELAN)</i>	
<i>verapamil hcl cap er 24hr 300 mg</i>	
<i>verapamil hcl cap er 24hr 360 mg</i>	
<i>verapamil hcl tab 40 mg</i>	
<i>verapamil hcl tab 80 mg</i>	
<i>verapamil hcl tab 120 mg</i>	
<i>verapamil hcl tab er 120 mg</i>	
<i>verapamil hcl tab er 180 mg</i>	
<i>verapamil hcl tab er 240 mg</i>	

**CARDIOTONICS**

**CARDIAC GLYCOSIDES**

<i>digitek tab 0.25mg (generic of LANOXIN)</i>	
<i>digitek tab 0.125mg (generic of LANOXIN)</i>	
<i>digoxin oral soln 0.05 mg/ml</i>	
<i>digoxin tab 125 mcg (0.125 mg) (generic of LANOXIN)</i>	
<i>digoxin tab 250 mcg (0.25 mg) (generic of LANOXIN)</i>	

**CARDIOVASCULAR AGENTS - MISC.**

**CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (generic of CADUET)	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (generic of CADUET)	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (generic of CADUET)	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (generic of CADUET)	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (generic of CADUET)	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (generic of CADUET)	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (generic of CADUET)	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET)	
ENTRESTO CAP 6-6MG	
ENTRESTO CAP 15-16MG	
ENTRESTO TAB 24-26MG	
ENTRESTO TAB 49-51MG	
ENTRESTO TAB 97-103MG	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	

### **PROSTAGLANDIN VASODILATORS**

<i>epoprostenol sodium for inj 0.5 mg</i> (generic of FLOLAN) SP, PA	
<i>epoprostenol sodium for inj 0.5 mg</i> (generic of VELETRI) SP, PA	
<i>epoprostenol sodium for inj 1.5 mg</i> (generic of FLOLAN) SP, PA	
<i>epoprostenol sodium for inj 1.5 mg</i> (generic of VELETRI) SP, PA	
TYVASO DPI POW 16-32-48	SP, PA
TYVASO DPI POW 16-32MCG	SP, PA
TYVASO DPI POW 16MCG	SP, PA
TYVASO DPI POW 32-48MCG	SP, PA
TYVASO DPI POW 32MCG	SP, PA
TYVASO DPI POW 48MCG	SP, PA
TYVASO DPI POW 64MCG	SP, PA
TYVASO RF KT SOL 0.6MG/ML	SP, PA
TYVASO SOL 0.6MG/ML	SP, PA
TYVASO ST KT SOL 0.6MG/ML	SP, PA

### **PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**

<i>ambrisentan tab 5 mg</i> (generic of LETAIRIS) SP, PA	
<i>ambrisentan tab 10 mg</i> (generic of LETAIRIS) SP, PA	
<i>bosentan tab 62.5 mg</i> (generic of TRACLEER) SP, PA	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>bosentan tab 125 mg (generic of TRACLEER)</i>	SP, PA
TRACLEER TAB 32MG	SP, PA

**PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**

<i>alyq tab 20mg (generic of ADCIRCA)</i>	SP, PA
<i>sildenafil citrate for suspension 10 mg/ml</i>	SP, PA
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent) (generic of REVATIO)</i>	SP, PA
<i>sildenafil citrate tab 20 mg (generic of REVATIO)</i>	SP, PA
<i>tadalafil tab 20 mg (pah) (generic of ADCIRCA)</i>	SP, PA
TADLIQ SUS 20MG/5ML	SP, PA

**SINUS NODE INHIBITORS**

CORLANOR SOL 5MG/5ML	
<i>ivabradine hcl tab 5 mg (base equiv) (generic of CORLANOR)</i>	
<i>ivabradine hcl tab 7.5 mg (base equiv) (generic of CORLANOR)</i>	

**CEPHALOSPORINS**

**CEPHALOSPORINS - 1ST GENERATION**

<i>cefadroxil cap 500 mg</i>	
<i>cefadroxil for susp 250 mg/5ml</i>	
<i>cefadroxil for susp 500 mg/5ml</i>	
<i>cephalexin cap 250 mg</i>	
<i>cephalexin cap 500 mg</i>	
<i>cephalexin cap 750 mg</i>	
<i>cephalexin for susp 125 mg/5ml</i>	
<i>cephalexin for susp 250 mg/5ml</i>	
<i>cephalexin tab 250 mg</i>	
<i>cephalexin tab 500 mg</i>	

**CEPHALOSPORINS - 2ND GENERATION**

<i>cefaclor cap 250 mg</i>	
<i>cefaclor cap 500 mg</i>	
<i>cefaclor for susp 125 mg/5ml</i>	
<i>cefaclor for susp 250 mg/5ml</i>	
<i>cefaclor for susp 375 mg/5ml</i>	
<i>cefprozil for susp 125 mg/5ml</i>	
<i>cefprozil for susp 250 mg/5ml</i>	
<i>cefprozil tab 250 mg</i>	
<i>cefuroxime axetil tab 250 mg</i>	
<i>cefuroxime axetil tab 500 mg</i>	

**CEPHALOSPORINS - 3RD GENERATION**

<i>cefdinir cap 300 mg</i>	
<i>cefdinir for susp 125 mg/5ml</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
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- |   |
|---|
| <i>cefdinir for susp 250 mg/5ml</i>             |
| <i>cefixime for susp 100 mg/5ml</i>             |
| <i>cefixime for susp 200 mg/5ml</i>             |
| <i>cefpodoxime proxetil for susp 50 mg/5ml</i>  |
| <i>cefpodoxime proxetil for susp 100 mg/5ml</i> |
| <i>cefpodoxime proxetil tab 100 mg</i>          |
| <i>cefpodoxime proxetil tab 200 mg</i>          |
| <i>ceftriaxone sodium for inj 1 gm</i>          |
| <i>ceftriaxone sodium for inj 2 gm</i>          |
| <i>ceftriaxone sodium for inj 10 gm</i>         |
| <i>ceftriaxone sodium for inj 250 mg</i>        |
| <i>ceftriaxone sodium for inj 500 mg</i>        |

**CONTRACEPTIVES**

**COMBINATION CONTRACEPTIVES - ORAL**

- |                                |
|--------------------------------|
| <i>afirmelle tab 0.1-0.02</i>  |
| <i>altavera tab</i>            |
| <i>alyacen tab 1/35</i>        |
| <i>alyacen tab 7/7/7</i>       |
| <i>amethia tab</i>             |
| <i>amethyst tab 90-20mcg</i>   |
| <i>apri tab</i>                |
| <i>aranelle tab</i>            |
| <i>ashlyna tab</i>             |
| <i>abra eq tab 0.1-0.02</i>    |
| <i>abra tab 0.1-0.02</i>       |
| <i>aurovela 24 tab fe 1/20</i> |
| <i>aurovela fe tab 1.5/30</i>  |
| <i>aurovela fe tab 1/20</i>    |
| <i>aurovela tab 1.5/30</i>     |
| <i>aurovela tab 1/20</i>       |
| <i>aviane tab</i>              |
| <i>ayuna tab</i>               |
| <i>azurette tab</i>            |
| <i>balziva tab</i>             |
| <i>blisovi 24 tab fe 1/20</i>  |
| <i>blisovi fe tab 1.5/30</i>   |
| <i>blisovi fe tab 1/20</i>     |
| <i>briellyn tab</i>            |
| <i>camrese lo tab</i>          |
| <i>camrese tab</i>             |
| <i>chateal eq tab 0.15/30</i>  |
| <i>chateal tab 0.15/30</i>     |
| <i>cryselle-28 tab 28 tabs</i> |



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>cyred eq tab</i>	
<i>cyred tab</i>	
<i>dasetta tab 1/35</i>	
<i>dasetta tab 7/7/7</i>	
<i>daysee tab</i>	
<i>delyla tab 0.1-0.02</i>	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>dolishale tab 90-20mcg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	
<i>elinest tab</i>	
<i>enpresse-28 tab</i>	
<i>enskyce tab</i>	
<i>estarylla tab 0.25-35</i>	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>falmina tab</i>	
<i>femynor tab 0.25-35</i>	
<i>hailey 24 tab fe</i>	
<i>hailey fe tab 1.5/30</i>	
<i>hailey fe tab 1/20</i>	
<i>hailey tab 1.5/30</i>	
<i>iclevia tab</i>	
<i>introvale tab</i>	
<i>isibloom tab</i>	
<i>jaimiess tab</i>	
<i>jasmiel tab 3-0.02mg (generic of YAZ)</i>	
<i>jolessa tab</i>	
<i>juleber tab</i>	
<i>junel 1.5/30 tab</i>	
<i>junel 1/20 tab</i>	
<i>junel fe 24 tab 1/20</i>	
<i>junel fe tab 1.5/30</i>	
<i>junel fe tab 1/20</i>	
<i>kalliga tab</i>	
<i>kariva tab 28 day</i>	
<i>kelnor 1/50 tab</i>	
<i>kelnor tab 1/35</i>	
<i>kurvelo tab 0.15/30</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>larin 24 tab fe 1/20</i>	
<i>larin fe tab 1.5/30</i>	
<i>larin fe tab 1/20</i>	
<i>larin tab 1.5/30</i>	
<i>larin tab 1/20</i>	
<i>leena tab</i>	
<i>lessina tab</i>	
<i>levonest tab</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	
<i>levora-28 tab 0.15/30</i>	
<i>lo-zumandimi tab 3-0.02mg (generic of YAZ)</i>	
<i>loestrin 21 tab 1.5/30</i>	
<i>loestrin fe tab 1.5/30</i>	
<i>loestrin fe tab 1/20</i>	
<i>loestrin tab 1/20-21</i>	
<i>lojaimiess tab</i>	
<i>loryna tab 3-0.02mg (generic of YAZ)</i>	
<i>low-ogestrel tab</i>	
<i>lutra tab</i>	
<i>marlissa tab 0.15/30</i>	
<i>micrgstin 24 tab fe 1/20</i>	
<i>microgestin tab 1.5/30</i>	
<i>microgestin tab 1/20</i>	
<i>microgestin tab fe1.5/30</i>	
<i>microgestin tab fe 1/20</i>	
<i>mili tab 0.25/35</i>	
<i>mono-linyah tab 0.25-35</i>	
<i>necon tab 0.5/35</i>	
<i>nikki tab 3-0.02mg (generic of YAZ)</i>	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35</i>	
<i>mg-mcg</i>	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>nortrel tab 0.5/35</i>	
<i>nortrel tab 1/35</i>	
<i>nortrel tab 7/7/7</i>	
<i>nylia tab 1/35</i>	
<i>nylia tab 7/7/7</i>	
<i>nymyo tab 0.25-35</i>	
<i>ocella tab 3-0.03mg (generic of YASMIN 28)</i>	
<i>philith tab 0.4-35</i>	
<i>pimtrea tab</i>	
<i>pirmella tab 1/35</i>	
<i>pirmella tab 7/7/7</i>	
<i>portia-28 tab</i>	
<i>reclipsen tab</i>	
<i>setlakin tab</i>	
<i>simliya tab 28 day</i>	
<i>simpesse tab</i>	
<i>sprintec 28 tab 28 day</i>	
<i>sronyx tab</i>	
<i>syeda tab 3-0.03mg (generic of YASMIN 28)</i>	
<i>tarina 24 fe tab</i>	
<i>tarina fe tab 1/20</i>	
<i>tarina fe tab 1/20 eq</i>	
<i>tilia fe tab</i>	
<i>tri femynor tab</i>	
<i>tri-estaryll tab</i>	
<i>tri-legest tab fe</i>	
<i>tri-linyah tab</i>	
<i>tri-lo tab estaryll (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>tri-lo- tab marzia (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>tri-lo- tab sprintec (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>tri-lo-mili tab (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>tri-mili tab</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>tri-nymyo tab</i>	
<i>tri-sprintec tab</i>	
<i>tri-vylibra tab</i>	
<i>tri-vylibra tab lo (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>trivora-28 tab</i>	
<i>turqoz tab</i>	
<i>velivet pak</i>	
<i>vestura tab 3-0.02mg (generic of YAZ)</i>	
<i>vienva tab 0.1-20</i>	
<i>violele tab</i>	
<i>volnea tab</i>	
<i>vyfemla tab 0.4-35</i>	
<i>vylibra tab 0.25-35</i>	
<i>wera tab 0.5/35</i>	
<i>wymzya fe chw 0.4mg-35</i>	
<i>zovia 1/35 tab</i>	
<i>zumandimine tab 3-0.03mg (generic of YASMIN 28)</i>	
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35</i>	
<i>mcg/24hr</i>	
<i>xulane dis 150-35</i>	
<i>zafemy dis 150/35</i>	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>	
<i>eluryng mis (generic of NUVARING)</i>	
<i>enilloring mis (generic of NUVARING)</i>	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015</i>	
<i>mg/24hr (generic of NUVARING)</i>	
<i>haloette mis (generic of NUVARING)</i>	
<b>EMERGENCY CONTRACEPTIVES</b>	
<i>levonorgestrel tab 1.5 mg</i>	QL (1 tab every 30 days), OTC
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>	
<i>DEPO-SQ PROV INJ 104</i>	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	
<i>(generic of DEPO-PROVERA CONTRACEPTIV)</i>	
<i>medroxyprogesterone acetate im susp prefilled syr 150</i>	
<i>mg/ml (generic of DEPO-PROVERA CONTRACEPTIV)</i>	
<b>PROGESTIN CONTRACEPTIVES - IUD</b>	
<i>KYLEENA IUD 19.5MG</i>	
<i>LILETTA IUD 52MG</i>	
<i>MIRENA IUD SYSTEM</i>	
<i>SKYLA IUD 13.5MG</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>	
<i>camila tab 0.35mg</i>	
<i>deblitane tab 0.35mg</i>	
<i>emzahh tab 0.35mg</i>	
<i>errin tab 0.35mg</i>	
<i>heather tab 0.35mg</i>	
<i>incassia tab 0.35mg</i>	
<i>jencycla tab 0.35mg</i>	
<i>lyleq tab 0.35mg</i>	
<i>lyza tab 0.35mg</i>	
<i>nora-be tab 0.35mg</i>	
<i>norethindrone tab 0.35 mg</i>	
<i>norlyroc tab 0.35mg</i>	
<i>sharobel tab 0.35mg</i>	
<b>CORTICOSTEROIDS</b>	
<b>GLUCOCORTICOSTEROIDS</b>	
<i>budesonide delayed release particles cap 3 mg</i>	
DEXAMETHASON CON 1MG/ML	
<i>dexamethasone elixir 0.5 mg/5ml</i>	
<i>dexamethasone soln 0.5 mg/5ml</i>	
<i>dexamethasone tab 0.5 mg</i>	
<i>dexamethasone tab 0.75 mg</i>	
<i>dexamethasone tab 1 mg</i>	
<i>dexamethasone tab 1.5 mg</i>	
<i>dexamethasone tab 2 mg</i>	
<i>dexamethasone tab 4 mg</i>	
<i>dexamethasone tab 6 mg</i>	
<i>hydrocortisone tab 5 mg (generic of CORTEF)</i>	
<i>hydrocortisone tab 10 mg (generic of CORTEF)</i>	
<i>hydrocortisone tab 20 mg</i>	
MEDROL TAB 2MG	
<i>methylprednisolone tab 4 mg (generic of MEDROL)</i>	
<i>methylprednisolone tab 8 mg (generic of MEDROL)</i>	
<i>methylprednisolone tab 16 mg (generic of MEDROL)</i>	
<i>methylprednisolone tab 32 mg</i>	
<i>methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)</i>	
<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 sodium phosphate oral soln 25 mg/5ml (base eq)</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>prednisolone soln 15 mg/5ml</i>	
<i>PREDNISONE CON 5MG/ML</i>	
<i>prednisone oral soln 5 mg/5ml</i>	
<i>prednisone tab 1 mg</i>	
<i>prednisone tab 2.5 mg</i>	
<i>prednisone tab 5 mg</i>	
<i>prednisone tab 10 mg</i>	
<i>prednisone tab 20 mg</i>	
<i>prednisone tab 50 mg</i>	
<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>	
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### **COUGH/COLD/ALLERGY**

#### **ANTITUSSIVES**

<i>benzonatate cap 100 mg</i>	
<i>benzonatate cap 200 mg</i>	
<i>dextromethorphan hbr syrup 15 mg/5ml</i>	OTC
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (generic of HYCODAN)</i>	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (generic of HYCODAN)</i>	
<i>hydromet syp 5-1.5/5 (generic of HYCODAN)</i>	

#### **COUGH/COLD/ALLERGY COMBINATIONS**

<i>bromfed dm sol 2-30-10</i>	
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i>	OTC
<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i>	OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	QL (60 tabs every 30 days), OTC
<i>dextromethorphan-guaifenesin liquid 5-100 mg/5ml</i>	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	OTC
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i>	OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	OTC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	OTC
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	QL (60 tabs every 30 days), OTC
<i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i>	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	OTC
<i>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</i>	OTC
<i>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</i>	OTC

<b>Drug Name</b>	<b>Requirements/Limits</b>
M-CLEAR WC LIQ 100-6.33	OTC
<i>prometh vc syp 6.25-5/5</i>	
<i>prometh vc/ syp codeine</i>	
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	
<i>promethazine-dm syrup 6.25-15 mg/5ml (generic of PROMETHAZINE HYDROCHLORID)</i>	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	

### **EXPECTORANTS**

<i>guaifenesin liquid 100 mg/5ml</i>	OTC
<i>guaifenesin tab 400 mg</i>	OTC
<i>guaifenesin tab er 12hr 600 mg</i>	OTC

### **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>	
<i>sodium chloride soln nebu 10%</i>	

### **DERMATOLOGICALS**

#### **ACNE PRODUCTS**

<i>acutane cap 10mg</i>	QL (60 caps every 30 days)
<i>acutane cap 20mg</i>	QL (60 caps every 30 days)
<i>acutane cap 30mg</i>	QL (60 caps every 30 days)
<i>acutane cap 40mg</i>	QL (60 caps every 30 days)
<i>acne medicat gel 2.5%</i>	OTC
<i>adapalene cream 0.1% (generic of DIFFERIN)</i>	
<i>adapalene gel 0.1%</i>	
<i>adapalene gel 0.3% (generic of DIFFERIN)</i>	
<i>adapalene pads 0.1%</i>	
<i>adapalene-benzoyl peroxide gel 0.1-2.5% (generic of EPIDUO)</i>	
<i>adapalene-benzoyl peroxide gel 0.3-2.5% (generic of EPIDUO FORTE)</i>	
<i>amnesteem cap 10mg</i>	QL (60 caps every 30 days)
<i>amnesteem cap 20mg</i>	QL (60 caps every 30 days)
<i>amnesteem cap 40mg</i>	QL (60 caps every 30 days)
<i>avar cleanse liq 10-5%</i>	
<i>avar-e emoll cre 10-5%</i>	
<i>avar-e green cre 10-5%</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>avita cre 0.025% (generic of RETIN-A)</i>	
<i>avita gel 0.025%</i>	
<i>benzoyl peroxide gel 2.5%</i>	OTC
<i>benzoyl peroxide gel 5%</i>	OTC
<i>benzoyl peroxide gel 10%</i>	OTC
<i>benzoyl peroxide liq 5%</i>	OTC
<i>benzoyl peroxide liq 10%</i>	OTC
<i>benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)</i>	QL (47 gm every 30 days)
<i>bp 10-1 emu</i>	
<i>bp wash liq 2.5%</i>	OTC
<i>claravis cap 10mg</i>	QL (60 caps every 30 days)
<i>claravis cap 20mg</i>	QL (60 caps every 30 days)
<i>claravis cap 30mg</i>	QL (60 caps every 30 days)
<i>claravis cap 40mg</i>	QL (60 caps every 30 days)
<i>clindacin aer 1%</i>	
<i>clindacin mis etz 1%</i>	
<i>clindacin-p pad 1%</i>	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	
<i>clindamycin phosphate foam 1%</i>	
<i>clindamycin phosphate gel 1%</i>	
<i>clindamycin phosphate gel 1% (generic of CLINDAGEL)</i>	
<i>clindamycin phosphate lotion 1% (generic of CLEOCIN-T)</i>	
<i>clindamycin phosphate soln 1%</i>	
<i>clindamycin phosphate swab 1%</i>	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	
<i>ery pad 2%</i>	
<i>erythromycin gel 2% (generic of ERYGEL)</i>	
<i>erythromycin soln 2%</i>	
<i>isotretinoin cap 10 mg (generic of ABSORICA)</i>	QL (60 caps every 30 days)
<i>isotretinoin cap 20 mg (generic of ABSORICA)</i>	QL (60 caps every 30 days)
<i>isotretinoin cap 30 mg (generic of ABSORICA)</i>	QL (60 caps every 30 days)
<i>isotretinoin cap 40 mg (generic of ABSORICA)</i>	QL (60 caps every 30 days)
<i>myorisan cap 10mg</i>	QL (60 caps every 30 days)
<i>myorisan cap 20mg</i>	QL (60 caps every 30 days)
<i>myorisan cap 30mg</i>	QL (60 caps every 30 days)
<i>myorisan cap 40mg</i>	QL (60 caps every 30 days)
<i>neuac gel 1.2-5%</i>	
<i>sss 10-5 aer 10-5%</i>	
<i>sss cre 10%-5%</i>	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	
<i>sulfamez emu 10-1%</i>	
<i>tretinoin cream 0.1% (generic of RETIN-A)</i>	
<i>tretinoin cream 0.05% (generic of RETIN-A)</i>	
<i>tretinoin cream 0.025% (generic of RETIN-A)</i>	
<i>tretinoin gel 0.01% (generic of RETIN-A)</i>	
<i>tretinoin gel 0.025% (generic of RETIN-A)</i>	
<i>zenatane cap 10mg</i>	QL (60 caps every 30 days)
<i>zenatane cap 20mg</i>	QL (60 caps every 30 days)
<i>zenatane cap 30mg</i>	QL (60 caps every 30 days)
<i>zenatane cap 40mg</i>	QL (60 caps every 30 days)
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>	
<i>diclofenac epolamine patch 1.3%</i>	PA
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	
<i>diclofenac sodium soln 1.5%</i>	
<b>ANTIBIOTICS - TOPICAL</b>	
<i>bacitracin oint 500 unit/gm</i>	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	OTC
<i>gentamicin sulfate cream 0.1%</i>	
<i>mupirocin calcium cream 2%</i>	
<i>mupirocin oint 2%</i>	
<i>neomycin-bacitracin-polymyxin oint</i>	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	OTC
<b>ANTIFUNGALS - TOPICAL</b>	
<i>butenafine hcl cream 1%</i>	OTC
<i>ciclodan sol 8%</i>	
<i>ciclopirox gel 0.77%</i>	
<i>ciclopirox kit 8%</i>	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	
<i>ciclopirox shampoo 1%</i>	
<i>ciclopirox solution 8%</i>	
<i>clotrimazole cream 1%</i>	
<i>clotrimazole cream 1%</i>	OTC
<i>clotrimazole soln 1%</i>	
<i>clotrimazole soln 1%</i>	OTC
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	
<i>dermazene cre 1-1%</i>	
<i>econazole nitrate cream 1%</i>	
<i>iodoquinol-hc cream 1-1%</i>	

**\$0** - Zero Dollar Copay **OTC** - Over the counter **Opioid PA** - PA for > 90 MME across all Opioids **PA** - Prior Authorization **QL** - Quantity Limit **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>ketoconazole cream 2%</i>	
<i>ketoconazole shampoo 2%</i>	
<i>klayesta pow 100000</i>	
<i>miconazole nitrate aerosol pow 2%</i>	OTC
<i>miconazole nitrate cream 2%</i>	OTC
<i>miconazole nitrate powder 2%</i>	OTC
<i>nyamyc pow 100000</i>	
<i>nystatin cream 100000 unit/gm</i>	
<i>nystatin oint 100000 unit/gm</i>	
<i>nystatin topical powder 100000 unit/gm</i>	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	
<i>nystop pow 100000</i>	

**ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**

<i>fluorouracil cream 5% (generic of EFUDEX)</i>
<i>fluorouracil soln 2%</i>
<i>fluorouracil soln 5%</i>

**ANTIPSORIATICS**

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

COSENTYX INJ 75MG/0.5	SP, PA, QL (1 syringe every 28 days)
COSENTYX INJ 150MG/ML	SP, PA, QL (1 syringe every 28 days)
COSENTYX INJ 300DOSE	SP, PA, QL (2 syringes every 28 days)
COSENTYX PEN INJ 150MG/ML	SP, PA, QL (1 pen every 28 days)
COSENTYX PEN INJ 300DOSE	SP, PA, QL (2 pens every 28 days)
COSENTYX UNO INJ 300/2ML	SP, PA, QL (1 pen every 28 days)

*methoxsalen rapid cap 10 mg*

SILIQ INJ 210/1.5	SP, PA
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*tazarotene cream 0.1% (generic of TAZORAC)*

*tazarotene gel 0.1% (generic of TAZORAC)*

*tazarotene gel 0.05% (generic of TAZORAC)*

TAZORAC CRE 0.05%

**ANTISEBORRHEIC PRODUCTS**

*selenium sulfide lotion 2.5%*

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>ANTIVIRALS - TOPICAL</b>	
<i>acyclovir oint 5% (generic of ZOVIRAX)</i>	
<b>BURN PRODUCTS</b>	
<i>silver sulfadiazine cream 1% (generic of SILVADENE)</i>	
<i>ssd cre 1% (generic of SILVADENE)</i>	
<b>CORTICOSTEROIDS - TOPICAL</b>	
<i>ala-cort cre 1%</i>	
<i>alclometasone dipropionate cream 0.05%</i>	
<i>alclometasone dipropionate oint 0.05%</i>	
<i>betamethasone dipropionate augmented cream 0.05%</i>	
<i>betamethasone dipropionate augmented gel 0.05%</i>	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	
<i>betamethasone dipropionate augmented oint 0.05%</i> <i>(generic of DIPROLENE)</i>	
<i>betamethasone dipropionate cream 0.05%</i>	
<i>betamethasone dipropionate lotion 0.05%</i>	
<i>betamethasone dipropionate oint 0.05%</i>	
<i>betamethasone valerate aerosol foam 0.12%</i>	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	
<i>clobetasol propionate cream 0.05%</i>	
<i>clobetasol propionate emollient base cream 0.05%</i>	
<i>clobetasol propionate foam 0.05%</i>	
<i>clobetasol propionate gel 0.05%</i>	
<i>clobetasol propionate lotion 0.05% (generic of CLOBEX)</i>	
<i>clobetasol propionate oint 0.05%</i>	
<i>clobetasol propionate shampoo 0.05% (generic of CLOBEX)</i>	
<i>clobetasol propionate soln 0.05%</i>	
<i>clodan sha 0.05% (generic of CLOBEX)</i>	
<i>desonide cream 0.05% (generic of DESOWEN)</i>	
<i>desonide lotion 0.05%</i>	
<i>desonide oint 0.05%</i>	
<i>desoximetasone cream 0.05% (generic of TOPICORT)</i>	
<i>desoximetasone cream 0.25% (generic of TOPICORT)</i>	
<i>desoximetasone gel 0.05% (generic of TOPICORT)</i>	
<i>desoximetasone oint 0.05% (generic of TOPICORT)</i>	
<i>desoximetasone oint 0.25% (generic of TOPICORT)</i>	
<i>fluocinolone acetonide cream 0.01%</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>fluocinolone acetonide cream 0.025% (generic of SYNALAR)</i>	
<i>fluocinolone acetonide oil 0.01% (body oil) (generic of DERMA-SMOOTH/FS BODY)</i>	
<i>fluocinolone acetonide oil 0.01% (scalp oil) (generic of DERMA-SMOOTH/FS SCALP)</i>	
<i>fluocinolone acetonide oint 0.025% (generic of SYNALAR)</i>	
<i>fluocinolone acetonide soln 0.01%</i>	
<i>fluocinonide cream 0.1% (generic of VANOS)</i>	
<i>fluocinonide cream 0.05%</i>	
<i>fluocinonide emulsified base cream 0.05%</i>	
<i>fluocinonide gel 0.05%</i>	
<i>fluocinonide oint 0.05%</i>	
<i>fluocinonide soln 0.05%</i>	
<i>fluticasone propionate cream 0.05%</i>	
<i>halobetasol propionate cream 0.05%</i>	
<i>halobetasol propionate oint 0.05%</i>	
<i>hydrocortisone acetate cream 1%</i>	OTC
<i>hydrocortisone butyrate cream 0.1%</i>	
<i>hydrocortisone butyrate oint 0.1%</i>	
<i>hydrocortisone butyrate soln 0.1%</i>	
<i>hydrocortisone cream 0.5%</i>	OTC
<i>hydrocortisone cream 1%</i>	
<i>hydrocortisone cream 1%</i>	OTC
<i>hydrocortisone cream 2.5%</i>	
<i>hydrocortisone gel 1%</i>	OTC
<i>hydrocortisone lotion 1%</i>	OTC
<i>hydrocortisone lotion 2.5%</i>	
<i>hydrocortisone oint 0.5%</i>	OTC
<i>hydrocortisone oint 1%</i>	
<i>hydrocortisone oint 1%</i>	OTC
<i>hydrocortisone oint 2.5%</i>	
<i>hydrocortisone soln 1%</i>	OTC
<i>hydrocortisone valerate cream 0.2%</i>	
<i>hydrocortisone valerate oint 0.2%</i>	
<i>mometasone furoate cream 0.1%</i>	
<i>mometasone furoate oint 0.1%</i>	
<i>mometasone furoate solution 0.1% (lotion)</i>	
<i>TEXACORT SOL 2.5%</i>	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm (generic of KENALOG)</i>	
<i>triamcinolone acetonide cream 0.1%</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>triamcinolone acetonide cream 0.5%</i>	
<i>triamcinolone acetonide cream 0.025%</i>	
<i>triamcinolone acetonide lotion 0.1%</i>	
<i>triamcinolone acetonide lotion 0.025%</i>	
<i>triamcinolone acetonide oint 0.1%</i>	
<i>triamcinolone acetonide oint 0.5%</i>	
<i>triamcinolone acetonide oint 0.025%</i>	
<i>triderm cre 0.5%</i>	
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>	
<i>urea cream 10%</i>	OTC
<i>urea cream 20%</i>	OTC
<i>urea cream 40%</i>	
<i>urea cream 40%</i>	OTC
<i>urea lotion 10%</i>	OTC
<i>urea lotion 40%</i>	
<i>uremez-40 cre 40%</i>	
<b>EMOLLIENTS</b>	
<i>lactic acid (ammonium lactate) cream 12%</i>	
<i>lactic acid (ammonium lactate) cream 12%</i>	OTC
<i>lactic acid (ammonium lactate) lotion 12%</i>	
<i>lactic acid (ammonium lactate) lotion 12%</i>	OTC
<b>ENZYMES - TOPICAL</b>	
<i>SANTYL OIN 250/GM</i>	PA
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>	
<i>imiquimod cream 5%</i>	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>	
<i>pimecrolimus cream 1% (generic of ELIDEL)</i>	ST, QL (100 gm every 30 days); Covered for age 2 and older
<i>tacrolimus oint 0.1%</i>	ST, QL (100 gm every 30 days); Covered for age 15 and older
<i>tacrolimus oint 0.03%</i>	ST, QL (100 gm every 30 days); Covered for age 2 and older
<b>KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS</b>	
<i>podofilox soln 0.5%</i>	
<i>salicylic acid film forming liquid 27.5%</i>	
<i>salicylic acid foam 6%</i>	
<i>salicylic acid pad 2%</i>	OTC
<b>LOCAL ANESTHETICS - TOPICAL</b>	
<i>glydo gel 2%</i>	
<i>lidocaine cream 4%</i>	OTC
<i>lidocaine hcl gel 2%</i>	OTC
<i>lidocaine hcl soln 4%</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	
<i>lidocaine oint 5%</i>	QL (60 gm every 30 days)
<i>lidocaine patch 4%</i>	QL (90 patches every 30 days), OTC
<i>lidocaine patch 5% (generic of LIDODERM)</i>	QL (30 patches every 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
<i>lidocan pad 5% (generic of LIDODERM)</i>	QL (30 patches every 30 days)
<i>proxivol gel 2%</i>	
<i>7t lido gel 2%</i>	
<i>tridacaine pad 5% (generic of LIDODERM)</i>	QL (30 patches every 30 days)

### **MISC. TOPICAL**

<i>aluminum sulfate &amp; calcium acetate powd pack</i>	OTC
<i>DRYSOL SOL 20%</i>	
<i>isopropyl alcohol swabs 70%</i>	OTC

### **PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**

<i>EUCRISA OIN 2%</i>	PA, QL (60 gm every 30 days)
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### **ROSACEA AGENTS**

<i>azelaic acid gel 15% (generic of FINACEA)</i>	
<i>metronidazole cream 0.75% (generic of METROCREAM)</i>	
<i>metronidazole gel 1% (generic of METROGEL)</i>	QL (60 gm every 30 days)
<i>rosadan cre 0.75% (generic of METROCREAM)</i>	

### **SCABICIDES & PEDICULICIDES**

<i>malathion lotion 0.5%</i>	
<i>permethrin creme rinse 1%</i>	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	OTC

### **DIAGNOSTIC PRODUCTS**

#### **DIAGNOSTIC TESTS**

<i>FREESTYLE TES</i>	OTC; QL (200/30 days for younger than age 19; 100/30 days for age 19 and older)
<i>FREESTYLE TES INSULINX</i>	OTC; QL (200/30 days for younger than age 19; 100/30 days for age 19 and older)
<i>FREESTYLE TES LITE</i>	OTC; QL (200/30 days for younger than age 19; 100/30 days for age 19 and older)
<i>PRECISION TES XTRA</i>	OTC; QL (200/30 days for younger than age 19; 100/30 days for age 19 and older)
<i>PRECISN XTRA TES KETONE</i>	OTC
<i>URINE GLUCOSE TEST STRIPS</i>	QL (100 strips every 30 days), OTC

<b>Drug Name</b>	<b>Requirements/Limits</b>
URINE GLUCOSE-KETONE TEST STRIPS	OTC
URINE KETONE TEST STRIPS	OTC

## **DIGESTIVE AIDS**

### **DIGESTIVE ENZYMES**

CREON CAP 3000UNIT
CREON CAP 6000UNIT
CREON CAP 12000UNT
CREON CAP 24000UNT
CREON CAP 36000UNT
ZENPEP CAP 3000UNIT
ZENPEP CAP 15000UNT
ZENPEP CAP 25000UNT
ZENPEP CAP 40000UNT
ZENPEP CAP 60000UNT

## **DIURETICS**

### **CARBONIC ANHYDRASE INHIBITORS**

<i>acetazolamide cap er 12hr 500 mg</i>
<i>acetazolamide tab 125 mg</i>
<i>acetazolamide tab 250 mg</i>
<i>methazolamide tab 25 mg</i>
<i>methazolamide tab 50 mg</i>

### **DIURETIC COMBINATIONS**

<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>

### **LOOP DIURETICS**

<i>bumetanide tab 0.5 mg (generic of BUMEX)</i>
<i>bumetanide tab 1 mg</i>
<i>bumetanide tab 2 mg</i>
FUROSCIX KIT 80/10ML
<i>furosemide oral soln 8 mg/ml</i>
<i>furosemide oral soln 10 mg/ml</i>
<i>furosemide tab 20 mg (generic of LASIX)</i>
<i>furosemide tab 40 mg (generic of LASIX)</i>
<i>furosemide tab 80 mg (generic of LASIX)</i>
<i>soanz tab 20mg</i>
<i>torseamide tab 5 mg</i>
<i>torseamide tab 10 mg</i>
<i>torseamide tab 20 mg</i>
<i>torseamide tab 100 mg</i>

Drug Name	Requirements/Limits
<b>POTASSIUM SPARING DIURETICS</b>	
<i>amiloride hcl tab 5 mg</i>	
<i>spironolactone tab 25 mg (generic of ALDACTONE)</i>	
<i>spironolactone tab 50 mg (generic of ALDACTONE)</i>	
<i>spironolactone tab 100 mg (generic of ALDACTONE)</i>	
<i>triamterene cap 50 mg (generic of DYRENIUM)</i>	
<i>triamterene cap 100 mg (generic of DYRENIUM)</i>	

**THIAZIDES AND THIAZIDE-LIKE DIURETICS**

<i>chlorthalidone tab 25 mg</i>	
<i>chlorthalidone tab 50 mg</i>	
DIURIL SUS 250/5ML	
<i>hydrochlorothiazide cap 12.5 mg</i>	
<i>hydrochlorothiazide tab 12.5 mg</i>	
<i>hydrochlorothiazide tab 25 mg</i>	
<i>hydrochlorothiazide tab 50 mg</i>	
<i>indapamide tab 1.25 mg</i>	
<i>indapamide tab 2.5 mg</i>	
<i>metolazone tab 2.5 mg</i>	
<i>metolazone tab 5 mg</i>	
<i>metolazone tab 10 mg</i>	
THALITONE TAB 15MG	

**ENDOCRINE AND METABOLIC AGENTS - MISC.**

**BONE DENSITY REGULATORS**

<i>alendronate sodium oral soln 70 mg/75ml</i>	
<i>alendronate sodium tab 5 mg</i>	
<i>alendronate sodium tab 10 mg</i>	
<i>alendronate sodium tab 35 mg</i>	
<i>alendronate sodium tab 70 mg (generic of FOSAMAX)</i>	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	
FOSAMAX + D TAB 70-2800	
FOSAMAX + D TAB 70-5600	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	
<i>risedronate sodium tab 5 mg</i>	
<i>risedronate sodium tab 30 mg</i>	
<i>risedronate sodium tab 35 mg (generic of ACTONEL)</i>	
<i>risedronate sodium tab 150 mg (generic of ACTONEL)</i>	

**FERTILITY REGULATORS**

CHOR GONADOT INJ 10000UNT	SP
FOLLISTIM AQ INJ 300UNIT	SP
FOLLISTIM AQ INJ 600UNIT	SP
FOLLISTIM AQ INJ 900UNIT	SP
GONAL-F INJ 450UNIT	SP



<b>Drug Name</b>	<b>Requirements/Limits</b>
GONAL-F INJ 1050UNIT	SP
GONAL-F RFF INJ 75UNIT	SP
GONAL-F RFF INJ 300/0.5	SP
GONAL-F RFF INJ 450/0.75	SP
GONAL-F RFF INJ 900/1.5	SP
MENOPUR INJ 75UNIT	SP
NOVAREL INJ 5000UNIT	SP
OVIDREL INJ	SP
PREGNYL INJ 10000UNT	SP

### **GNRH/LHRH ANTAGONISTS**

<i>cetrorelix acetate for inj kit 0.25 mg (generic of CETROTIDE)</i>	SP
<i>fyremadel sol 250/0.5 (generic of GANIRELIX ACETATE)</i>	SP
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (generic of GANIRELIX ACETATE)</i>	SP
ORLISSA TAB 150MG	PA
ORLISSA TAB 200MG	PA

### **GROWTH HORMONES**

NORDITROPIN INJ 5/1.5ML	SP, PA
NORDITROPIN INJ 10/1.5ML	SP, PA
NORDITROPIN INJ 15/1.5ML	SP, PA
NORDITROPIN INJ 30/3ML	SP, PA
SAIZEN INJ 5MG	SP, PA
SAIZEN INJ 8.8MG	SP, PA
SAIZENPREP INJ 8.8MG	SP, PA
SEROSTIM INJ 5MG	SP, PA

### **HORMONE RECEPTOR MODULATORS**

<i>raloxifene hcl tab 60 mg (generic of EVISTA)</i>	
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### **METABOLIC MODIFIERS**

<i>calcitriol cap 0.5 mcg (generic of ROCALTROL)</i>	
<i>calcitriol cap 0.25 mcg (generic of ROCALTROL)</i>	
<i>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</i>	
<i>cinacalcet hcl tab 30 mg (base equiv) (generic of SENSIPAR)</i>	SP, PA
<i>cinacalcet hcl tab 60 mg (base equiv) (generic of SENSIPAR)</i>	SP, PA
<i>cinacalcet hcl tab 90 mg (base equiv) (generic of SENSIPAR)</i>	SP, PA
<i>doxercalciferol cap 0.5 mcg</i>	
<i>doxercalciferol cap 1 mcg</i>	
<i>doxercalciferol cap 2.5 mcg</i>	
<i>levocarnitine oral soln 1 gm/10ml (10%) (generic of CARNITOR)</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>levocarnitine tab 330 mg (generic of CARNITOR)</i>	
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<i>paricalcitol cap 1 mcg (generic of ZEMPLAR)</i>	
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<i>paricalcitol cap 2 mcg (generic of ZEMPLAR)</i>	
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<i>paricalcitol cap 4 mcg</i>	
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XURIDEN POW 2GM	SP
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**MINERALOCORTICOID RECEPTOR ANTAGONISTS**

KERENDIA TAB 10MG	PA
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KERENDIA TAB 20MG	PA
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**POSTERIOR PITUITARY HORMONES**

<i>desmopressin acetate nasal spray soln 0.01%</i>	QL (10 mL every 30 days)
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<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	QL (10 mL every 30 days)
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<i>desmopressin acetate tab 0.1 mg (generic of DDAVP)</i>	
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<i>desmopressin acetate tab 0.2 mg (generic of DDAVP)</i>	
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**PROLACTIN INHIBITORS**

<i>cabergoline tab 0.5 mg</i>	
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**ESTROGENS**

**ESTROGEN COMBINATIONS**

CLIMARA PRO DIS WEEKLY	
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<i>covaryx hs tab</i>	
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<i>covaryx tab 1.25-2.5</i>	
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<i>eemt hs tab</i>	
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<i>eemt tab 1.25-2.5</i>	
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<i>est estrogen tab mtest hs</i>	
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<i>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</i>	
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<i>fyavolv tab 0.5-2.5</i>	
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<i>fyavolv tab 1-5</i>	
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<i>jinteli tab 1mg-5mcg</i>	
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<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
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<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	
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PREMPHASE TAB	
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PREMPRO TAB	
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PREMPRO TAB 0.3-1.5	
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PREMPRO TAB 0.45-1.5	
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PREMPRO TAB 0.625-5	
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**ESTROGENS**

<i>dotti dis 0.1mg (generic of VIVELLE-DOT)</i>	
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<i>dotti dis 0.05mg (generic of VIVELLE-DOT)</i>	
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<i>dotti dis 0.025mg (generic of VIVELLE-DOT)</i>	
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<i>dotti dis 0.075mg (generic of VIVELLE-DOT)</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>dotti dis 0.0375mg</i> (generic of VIVELLE-DOT)	
<i>estradiol tab 0.5 mg</i> (generic of ESTRACE)	
<i>estradiol tab 1 mg</i> (generic of ESTRACE)	
<i>estradiol tab 2 mg</i> (generic of ESTRACE)	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> (generic of MINIVELLE)	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> (generic of MINIVELLE)	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> (generic of MINIVELLE)	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> (generic of MINIVELLE)	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> (generic of MINIVELLE)	
<i>estradiol td patch weekly 0.1 mg/24hr</i> (generic of CLIMARA)	
<i>estradiol td patch weekly 0.05 mg/24hr</i> (generic of CLIMARA)	
<i>estradiol td patch weekly 0.06 mg/24hr</i> (generic of CLIMARA)	
<i>estradiol td patch weekly 0.025 mg/24hr</i> (generic of CLIMARA)	
<i>estradiol td patch weekly 0.075 mg/24hr</i> (generic of CLIMARA)	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> (generic of CLIMARA)	
<i>estradiol valerate im in oil 10 mg/ml</i> (generic of DELESTROGEN)	
<i>estradiol valerate im in oil 20 mg/ml</i> (generic of DELESTROGEN)	
<i>estradiol valerate im in oil 40 mg/ml</i> (generic of DELESTROGEN)	
<i>lyllana dis 0.1mg</i> (generic of MINIVELLE)	
<i>lyllana dis 0.05mg</i> (generic of MINIVELLE)	
<i>lyllana dis 0.025mg</i> (generic of MINIVELLE)	
<i>lyllana dis 0.075mg</i> (generic of MINIVELLE)	
<i>lyllana dis 0.0375mg</i> (generic of MINIVELLE)	
PREMARIN TAB 0.3MG	
PREMARIN TAB 0.9MG	
PREMARIN TAB 0.45MG	
PREMARIN TAB 0.625MG	
PREMARIN TAB 1.25MG	

Drug Name	Requirements/Limits
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**FLUOROQUINOLONES**

**FLUOROQUINOLONES**

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CIPRO (5%) SUS 250MG/5

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CIPRO (10%) SUS 500MG/5

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*ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)*

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*ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)*

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*ciprofloxacin hcl tab 100 mg (base equiv)*

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*ciprofloxacin hcl tab 250 mg (base equiv) (generic of CIPRO)*

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*ciprofloxacin hcl tab 500 mg (base equiv) (generic of CIPRO)*

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*ciprofloxacin hcl tab 750 mg (base equiv)*

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*levofloxacin oral soln 25 mg/ml*

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*levofloxacin tab 250 mg*

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*levofloxacin tab 500 mg*

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*levofloxacin tab 750 mg*

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*moxifloxacin hcl tab 400 mg (base equiv)*

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*ofloxacin tab 300 mg*

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*ofloxacin tab 400 mg*

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**GASTROINTESTINAL AGENTS - MISC.**

**GALLSTONE SOLUBILIZING AGENTS**

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*ursodiol cap 300 mg*

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*ursodiol tab 250 mg*

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*ursodiol tab 500 mg (generic of URSO FORTE)*

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**GASTROINTESTINAL ANTIALLERGY AGENTS**

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*cromolyn sodium oral conc 100 mg/5ml (generic of GASTROCROM)*

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**GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS**

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*lubiprostone cap 8 mcg (generic of AMITIZA) PA*

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*lubiprostone cap 24 mcg (generic of AMITIZA) PA*

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**GASTROINTESTINAL STIMULANTS**

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*metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)*

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*metoclopramide hcl tab 5 mg (base equivalent) (generic of REGLAN)*

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*metoclopramide hcl tab 10 mg (base equivalent) (generic of REGLAN)*

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**INFLAMMATORY BOWEL AGENTS**

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*balsalazide disodium cap 750 mg (generic of COLAZAL)*

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*mesalamine cap er 500 mg (generic of PENTASA)*

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<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>mesalamine enema 4 gm</i>	
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<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit (generic of ROWASA)</i>	
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<i>mesalamine suppos 1000 mg (generic of CANASA)</i>	
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<i>mesalamine tab delayed release 1.2 gm (generic of LIALDA)</i>	ST
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<i>mesalamine tab delayed release 800 mg</i>	
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PENTASA CAP 250MG CR	
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<i>sulfasalazine tab 500 mg (generic of AZULFIDINE)</i>	
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<i>sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)</i>	
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**INTESTINAL ACIDIFIERS**

<i>enulose sol 10gm/15</i>	
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<i>generlac sol 10gm/15</i>	
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<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	
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**PHOSPHATE BINDER AGENTS**

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	
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<i>calcium acetate (phosphate binder) tab 667 mg</i>	
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<i>calcium acetate (phosphate binder) tab 667 mg</i>	OTC
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FOSRENOL POW 750MG	
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FOSRENOL POW 1000MG	
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<i>lanthanum carbonate chew tab 500 mg (elemental) (generic of FOSRENOL)</i>	
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<i>lanthanum carbonate chew tab 750 mg (elemental) (generic of FOSRENOL)</i>	
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<i>lanthanum carbonate chew tab 1000 mg (elemental) (generic of FOSRENOL)</i>	
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<i>sevelamer carbonate packet 0.8 gm (generic of RENVELA)</i>	
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<i>sevelamer carbonate packet 2.4 gm (generic of RENVELA)</i>	
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<i>sevelamer carbonate tab 800 mg (generic of RENVELA)</i>	
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<i>sevelamer hcl tab 400 mg</i>	
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<i>sevelamer hcl tab 800 mg (generic of RENAGEL)</i>	
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**GENITOURINARY AGENTS - MISCELLANEOUS**

**ALKALINIZERS**

<i>cytra-k sol</i>	OTC
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ORACIT SOL	
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ORAL CITRATE SOL	
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<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>	
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<i>potassium citrate tab er 5 meq (540 mg)</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>potassium citrate tab er 10 meq (1080 mg) (generic of UROCIT-K 10)</i>	
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<i>potassium citrate tab er 15 meq (1620 mg) (generic of UROCIT-K 15)</i>	
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<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	
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**PROSTATIC HYPERTROPHY AGENTS**

<i>alfuzosin hcl tab er 24hr 10 mg (generic of UROXATRAL)</i>	
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<i>dutasteride cap 0.5 mg (generic of AVODART)</i>	
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<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	
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<i>finasteride tab 5 mg (generic of PROSCAR)</i>	
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<i>silodosin cap 4 mg (generic of RAPAFLO)</i>	
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<i>silodosin cap 8 mg (generic of RAPAFLO)</i>	
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<i>tamsulosin hcl cap 0.4 mg (generic of FLOMAX)</i>	
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**URINARY ANALGESICS**

<i>phenazo tab 200mg</i>	
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<i>phenazopyridine hcl tab 100 mg</i>	
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<i>phenazopyridine hcl tab 200 mg</i>	
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**GOUT AGENTS**

**GOUT AGENTS**

<i>allopurinol tab 100 mg</i>	
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<i>allopurinol tab 300 mg</i>	
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<i>colchicine tab 0.6 mg</i>	
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<i>febuxostat tab 40 mg (generic of ULORIC)</i>	ST
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<i>febuxostat tab 80 mg (generic of ULORIC)</i>	ST
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**URICOSURICS**

<i>probenecid tab 500 mg</i>	
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**HEMATOLOGICAL AGENTS - MISC.**

**HEMATORHEOLOGIC AGENTS**

<i>pentoxifylline tab er 400 mg</i>	
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**PLATELET AGGREGATION INHIBITORS**

<i>anagrelide hcl cap 0.5 mg (generic of AGRYLIN)</i>	
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<i>anagrelide hcl cap 1 mg</i>	
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<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	
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<i>cilostazol tab 50 mg</i>	
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<i>cilostazol tab 100 mg</i>	
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<i>clopidogrel bisulfate tab 75 mg (base equiv) (generic of PLAVIX)</i>	
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<i>dipyridamole tab 25 mg</i>	
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<i>dipyridamole tab 50 mg</i>	
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<i>dipyridamole tab 75 mg</i>	
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<i>prasugrel hcl tab 5 mg (base equiv) (generic of EFFIENT)</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>prasugrel hcl tab 10 mg (base equiv) (generic of EFFIENT)</i>	
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ZONTIVITY TAB 2.08MG	
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### **HEMATOPOIETIC AGENTS**

#### **AGENTS FOR SICKLE CELL DISEASE**

DROXIA CAP 200MG	
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DROXIA CAP 300MG	
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DROXIA CAP 400MG	
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#### **COBALAMINS**

<i>cyanocobalamin inj 1000 mcg/ml</i>	
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<i>dodex inj</i>	
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<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	
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#### **FOLIC ACID/FOLATES**

<i>folic acid tab 1 mg</i>	
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### **HEMATOPOIETIC GROWTH FACTORS**

ARANESP INJ 10MCG	SP, QL (4 syringes every 30 days)
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ARANESP INJ 25MCG	SP, QL (4 syringes every 30 days)
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ARANESP INJ 25MCG	SP, QL (4 vials every 30 days)
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ARANESP INJ 40MCG	SP, QL (4 syringes every 30 days)
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ARANESP INJ 40MCG	SP, QL (4 vials every 30 days)
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ARANESP INJ 60MCG	SP, QL (4 syringes every 30 days)
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ARANESP INJ 60MCG	SP, QL (4 vials every 30 days)
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ARANESP INJ 100MCG	SP, QL (4 syringes every 30 days)
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ARANESP INJ 100MCG	SP, QL (4 vials every 30 days)
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ARANESP INJ 150MCG	SP, QL (4 syringes every 30 days)
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ARANESP INJ 200MCG	SP, QL (4 syringes every 30 days)
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ARANESP INJ 200MCG	SP, QL (4 vials every 30 days)
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ARANESP INJ 300MCG	SP, QL (4 syringes every 30 days)
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ARANESP INJ 500MCG	SP, QL (4 syringes every 30 days)
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EPOGEN INJ 2000/ML	SP, QL (4 vials every 30 days)
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EPOGEN INJ 3000/ML	SP, QL (4 vials every 30 days)
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EPOGEN INJ 4000/ML	SP, QL (4 vials every 30 days)
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EPOGEN INJ 10000/ML	SP, QL (4 vials every 30 days)
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<b>Drug Name</b>	<b>Requirements/Limits</b>
EPOGEN INJ 20000/ML	SP, QL (4 vials every 30 days)
GRANIX INJ 300/0.5	SP, QL (12 syringes every 30 days)
GRANIX INJ 300/1ML	SP, QL (12 vials every 30 days)
GRANIX INJ 480/0.8	SP, QL (12 syringes every 30 days)
GRANIX INJ 480/1.6	SP, QL (12 vials every 30 days)
LEUKINE INJ 250MCG	SP
NEUPOGEN INJ 300/0.5	SP, QL (12 syringes every 30 days)
NEUPOGEN INJ 300MCG	SP, QL (12 vials every 30 days)
NEUPOGEN INJ 480/0.8	SP, QL (12 syringes every 30 days)
NEUPOGEN INJ 480MCG	SP, QL (12 vials every 30 days)
PROCRIT INJ 2000/ML	SP, QL (4 vials every 30 days)
PROCRIT INJ 3000/ML	SP, QL (4 vials every 30 days)
PROCRIT INJ 4000/ML	SP, QL (4 vials every 30 days)
PROCRIT INJ 10000/ML	SP, QL (4 vials every 30 days)
PROCRIT INJ 20000/ML	SP, QL (4 vials every 30 days)
PROCRIT INJ 40000/ML	SP, QL (4 vials every 30 days)
PROMACTA PAK 25MG	SP, PA
PROMACTA POW 12.5MG	SP, PA
PROMACTA TAB 12.5MG	SP, PA
PROMACTA TAB 25MG	SP, PA
PROMACTA TAB 50MG	SP, PA
PROMACTA TAB 75MG	SP, PA
RETACRIT INJ 2000UNIT	SP, QL (4 vials every 30 days)
RETACRIT INJ 3000UNIT	SP, QL (4 vials every 30 days)
RETACRIT INJ 4000UNIT	SP, QL (4 vials every 30 days)
RETACRIT INJ 10000UNT	SP, QL (4 vials every 30 days)
RETACRIT INJ 20000UNI	SP, QL (4 vials every 30 days)
RETACRIT INJ 40000UNT	SP, QL (4 vials every 30 days)

### **HEMATOPOIETIC MIXTURES**

*iferex 150 cap forte*

*poly-iron cap 150 fort*

*polysacchari cap iron*

### **IRON**

*ferrous gluconate tab 240 mg (27 mg elemental fe)* OTC

*ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)* OTC

*ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)* OTC

*ferrous sulfate tab 325 mg (65 mg elemental fe)* OTC

*ferrous sulfate tab ec 324 mg (65 mg fe equivalent)* OTC



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	OTC

## **HEMOSTATICS**

### **HEMOSTATICS - SYSTEMIC**

<i>aminocaproic acid inj 250 mg/ml</i>	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	
<i>aminocaproic acid tab 500 mg</i>	
<i>aminocaproic acid tab 1000 mg</i>	
<i>tranexamic acid tab 650 mg</i>	QL (30 tabs every 30 days)

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

### **BARBITURATE HYPNOTICS**

<i>phenobarbital elixir 20 mg/5ml</i>	
<i>phenobarbital tab 15 mg</i>	
<i>phenobarbital tab 16.2 mg</i>	
<i>phenobarbital tab 30 mg</i>	
<i>phenobarbital tab 32.4 mg</i>	
<i>phenobarbital tab 60 mg</i>	
<i>phenobarbital tab 64.8 mg</i>	
<i>phenobarbital tab 97.2 mg</i>	
<i>phenobarbital tab 100 mg</i>	

## **LAXATIVES**

### **BULK LAXATIVES**

<i>METAMUCIL CAP 0.36GM</i>	OTC
<i>methylcellulose powder laxative</i>	OTC
<i>methylcellulose tab 500 mg</i>	OTC
<i>psyllium cap 0.52 gm</i>	OTC
<i>psyllium cap 400 mg</i>	OTC
<i>psyllium powder 25%</i>	OTC
<i>psyllium powder 27%</i>	OTC
<i>psyllium powder 28.3%</i>	OTC
<i>psyllium powder 30%</i>	OTC
<i>psyllium powder 30.9%</i>	OTC
<i>psyllium powder 33%</i>	OTC
<i>psyllium powder 43%</i>	OTC
<i>psyllium powder 48.57%</i>	OTC
<i>psyllium powder 49%</i>	OTC
<i>psyllium powder 51.7%</i>	OTC
<i>psyllium powder 58.6%</i>	OTC
<i>psyllium powder 95%</i>	OTC
<i>psyllium powder 100%</i>	OTC

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>LAXATIVE COMBINATIONS</b>	
<i>gavilyte-c sol</i>	
<i>gavilyte-g sol (generic of GOLYTELY)</i>	
<i>gavilyte-n sol flav pk</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)</i>	
<b>LAXATIVES - MISCELLANEOUS</b>	
<i>constulose sol 10gm/15</i>	
<i>lactulose solution 10 gm/15ml</i>	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	OTC
<b>SALINE LAXATIVES</b>	
<i>magnesium citrate soln</i>	OTC
<b>STIMULANT LAXATIVES</b>	
<i>bisacodyl tab delayed release 5 mg</i>	OTC
<i>sennosides cap 8.6 mg</i>	OTC
<i>sennosides chew tab 15 mg</i>	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	OTC
<i>sennosides tab 8.6 mg</i>	OTC
<i>sennosides tab 15 mg</i>	OTC
<i>sennosides tab 17.2 mg</i>	OTC
<i>sennosides tab 25 mg</i>	OTC
<b>SURFACTANT LAXATIVES</b>	
<i>docusate sodium cap 100 mg</i>	OTC
<i>docusate sodium cap 250 mg</i>	OTC
<i>docusate sodium liquid 150 mg/15ml</i>	OTC
<b>MACROLIDES</b>	
<b>AZITHROMYCIN</b>	
<i>azithromycin for susp 100 mg/5ml (generic of ZITHROMAX)</i>	
<i>azithromycin for susp 200 mg/5ml (generic of ZITHROMAX)</i>	
<i>azithromycin powd pack for susp 1 gm</i>	
<i>azithromycin tab 250 mg (generic of ZITHROMAX)</i>	
<i>azithromycin tab 500 mg (generic of ZITHROMAX)</i>	
<i>azithromycin tab 600 mg</i>	
<b>CLARITHROMYCIN</b>	
<i>clarithromycin for susp 125 mg/5ml</i>	
<i>clarithromycin for susp 250 mg/5ml</i>	
<i>clarithromycin tab 250 mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>clarithromycin tab 500 mg</i>	
<i>clarithromycin tab er 24hr 500 mg (generic of BIAXIN XL)</i>	

**ERYTHROMYCINS**

<i>erythrocin tab 250mg</i>	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml (generic of E.E.S. GRANULES)</i>	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml (generic of ERYPED 400)</i>	
<i>erythromycin ethylsuccinate tab 400 mg</i>	
<i>erythromycin tab 250 mg</i>	
<i>erythromycin tab 500 mg</i>	
<i>erythromycin tab delayed release 250 mg</i>	
<i>erythromycin tab delayed release 333 mg</i>	
<i>erythromycin tab delayed release 500 mg</i>	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	

**FIDAXOMICIN**

DIFICID SUS	PA
DIFICID TAB 200MG	PA

**MEDICAL DEVICES AND SUPPLIES**

**CONTRACEPTIVES**

CAYA DPR	
CONDOMS - FEMALE	OTC
CONDOMS - MALE	OTC
CONDOMS LATEX LUBRICATED - MALE	OTC
CONDOMS LATEX NON-LUBRICATED - MALE	OTC
CONDOMS NON-LATEX LUBRICATED - MALE	OTC
FEMCAP MIS 22MM	
FEMCAP MIS 26MM	
FEMCAP MIS 30MM	
OMNIFLEX DPR	
WIDE-SEAL DPR KIT 60	
WIDE-SEAL DPR KIT 65	
WIDE-SEAL DPR KIT 70	
WIDE-SEAL DPR KIT 75	
WIDE-SEAL DPR KIT 80	
WIDE-SEAL DPR KIT 85	
WIDE-SEAL DPR KIT 90	
WIDE-SEAL DPR KIT 95	

**DIABETIC SUPPLIES**

DEXCOM G6 MIS RECEIVER	PA, QL (1 receiver every year); \$0
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<b>Drug Name</b>	<b>Requirements/Limits</b>
DEXCOM G6 MIS SENSOR	PA, QL (3 boxes every 30 days); \$0
DEXCOM G6 MIS TRANSMIT	PA, QL (1 box every 90 days); \$0
DEXCOM G7 MIS RECEIVER	PA, QL (1 receiver every year); \$0
DEXCOM G7 MIS SENSOR	PA, QL (3 boxes every 30 days); \$0
FREESTY LIBR KIT 2 SENSOR	PA, QL (2 boxes every 28 days); \$0
FREESTY LIBR KIT 3 SENSOR	PA, QL (2 boxes every 28 days); \$0
FREESTY LIBR KIT SENSOR	PA, QL (2 boxes every 28 days); \$0
FREESTY LIBR MIS 2 READER	PA, QL (1 reader every year); \$0
FREESTY LIBR MIS 3 READER	PA, QL (1 reader every year); \$0
FREESTY LIBR MIS READER	PA, QL (1 reader every year); \$0
LANCET DEVICES	OTC
LANCETS	OTC
LANCETS KIT	OTC
LANCETS MISC	OTC
OMNIPOD 5 DE MIS PODS	\$0
OMNIPOD 5 KIT DEXG7G6	\$0
OMNIPOD DASH KIT INTRO	\$0
OMNIPOD DASH MIS PODS	\$0
OMNIPOD GO KIT 10UNT/DY	\$0
OMNIPOD GO KIT 15UNT/DY	\$0
OMNIPOD GO KIT 20UNT/DY	\$0
OMNIPOD GO KIT 25UNT/DY	\$0
OMNIPOD GO KIT 30UNT/DY	\$0
OMNIPOD GO KIT 35UNT/DY	\$0
OMNIPOD GO KIT 40UNT/DY	\$0
OMNIPOD MIS CLASSIC	\$0
OMNIPOD PDM KIT CLASSIC	\$0
<b>MISC. DEVICES</b>	
ALCOH-WIPE MIS 12"X12"	
ESSENTRA MIS 9X9"	
ISOPROPYL ALCOHOL SWABS	
ISOPROPYL ALCOHOL SWABS	OTC

**\$0** - Zero Dollar Copay **OTC** - Over the counter **Opioid PA** - PA for > 90 MME across all Opioids **PA** - Prior Authorization **QL** - Quantity Limit **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>PARENTERAL THERAPY SUPPLIES</b>	
INSULIN PEN NEEDLES	
INSULIN PEN NEEDLES	OTC
INSULIN SYRINGE/NEEDLE U-100	QL (200/30 days for younger than age 19; 100/30 days for age 19 and older)
INSULIN SYRINGE/NEEDLE U-100	OTC; QL (200/30 days for younger than age 19; 100/30 days for age 19 and older)
SHARPS CONTAINER	OTC
<b>RESPIRATORY THERAPY SUPPLIES</b>	
ACE AERO CLD MIS ENHANCER	
AERCHMBR PLS MIS FLOW-VU	QL (1 spacer every year)
AERCHMBR PLS MIS LRG MASK	QL (1 spacer every year)
AERCHMBR PLS MIS MED MASK	QL (1 spacer every year)
AERCHMBR PLS MIS SM MASK	QL (1 spacer every year)
AERCHMBR Z- MIS STAT PLS	QL (1 spacer every year)
AEROCHAMBER MIS FLOSIGNA	QL (1 spacer every year)
AEROCHAMBER MIS MV	QL (1 spacer every year)
AEROCHAMBER MIS PLUS	QL (1 spacer every year)
BUBBLES PEDIATRIC MASK	OTC
CONVERSION MIS BABY SZ1	
CONVERSION MIS BABY SZ2	
CONVERSION MIS BABY SZ3	
EASIVENT MIS	QL (1 spacer every year)
EASIVENT MIS MASK LG	QL (1 spacer every year)
EASIVENT MIS MASK MED	QL (1 spacer every year)
EASIVENT MIS MASK SM	QL (1 spacer every year)
INSPIREASE MIS DD SYST	QL (1 spacer every year)
INSPIREASE MIS RES BAG	
MICROCHAMBER MIS	QL (1 spacer every year)
MICROSPACER MIS	QL (1 spacer every year)
PROCHAMBER MIS VHC	QL (1 spacer every year)
VORTEX VALVE MIS CHAMBER	QL (1 spacer every year)
VORTEX/MASK MIS CHILDS	QL (1 spacer every year)
VORTEX/MASK MIS TODDLER	QL (1 spacer every year)
<b>MIGRAINE PRODUCTS</b>	
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>	
AJOVY INJ 225/1.5	PA
<b>MIGRAINE COMBINATIONS</b>	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>SEROTONIN AGONISTS</b>	
<i>eletriptan hydrobromide tab 20 mg (base equivalent) (generic of RELPAX)</i>	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent) (generic of RELPAX)</i>	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	QL (8 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	QL (8 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	QL (12 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (generic of MAXALT-MLT)</i>	QL (12 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	QL (12 tabs every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent) (generic of MAXALT)</i>	QL (12 tabs every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	QL (12 inhalers every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	QL (12 inhalers every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	QL (16 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	QL (16 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml (generic of IMITREX STATDOSE SYSTEM)</i>	QL (16 injections every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	QL (16 injections every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml (generic of IMITREX STATDOSE REFILL)</i>	QL (16 injections every 30 days)
<i>sumatriptan succinate tab 25 mg (generic of IMITREX)</i>	QL (16 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg (generic of IMITREX)</i>	QL (16 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg (generic of IMITREX)</i>	QL (16 tabs every 30 days)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	QL (12 inhalers every 30 days)
<i>zolmitriptan nasal spray 5 mg/spray unit (generic of ZOMIG)</i>	QL (12 bottles every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	QL (18 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	QL (15 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	QL (18 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	QL (15 tabs every 30 days)

## **MINERALS & ELECTROLYTES**

### **ELECTROLYTE MIXTURES**

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

<i>fluoritab dro 0.125mg</i>
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<i>nafrinse chw 1mg f</i>
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<i>nafrinse dro 0.125mg</i>
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<b>Drug Name</b>	<b>Requirements/Limits</b>
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sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	
sodium fluoride tab 1 mg f (from 2.2 mg naf)	

**PHOSPHATE**

phospha 250 tab neutral	
phospho-trin tab 250 neut	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	
wes-phos 250 tab neutral	

**POTASSIUM**

effer-k tab 25meq ef	
k-prime tab 25meq ef	
klor-con 8 tab 8meq er	
klor-con 10 tab 10meq er	
klor-con m10 tab 10meq er	
klor-con m20 tab 20meq er	
klor-con pak 20meq	
klor-con/ef tab 25meq	
potassium chloride cap er 10 meq	
potassium chloride microencapsulated crys er tab 10 meq	
potassium chloride microencapsulated crys er tab 20 meq	
potassium chloride oral soln 10% (20 meq/15ml)	
potassium chloride oral soln 20% (40 meq/15ml)	
potassium chloride powder packet 20 meq	
potassium chloride tab er 8 meq (600 mg)	
potassium chloride tab er 10 meq	
potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)	

**ZINC**

GALZIN CAP 25MG	
GALZIN CAP 50MG	
WILZIN CAP 25MG	

**MISCELLANEOUS THERAPEUTIC CLASSES**

**IMMUNOMODULATORS**

lenalidomide cap 5 mg	SP, PA
lenalidomide cap 10 mg	SP, PA
lenalidomide cap 15 mg	SP, PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>lenalidomide cap 20 mg</i>	SP, PA
<i>lenalidomide cap 25 mg</i>	SP, PA
<i>lenalidomide caps 2.5 mg</i>	SP, PA
REVLIMID CAP 2.5MG	SP, PA
REVLIMID CAP 20MG	SP, PA
THALOMID CAP 50MG	SP, PA
THALOMID CAP 100MG	SP, PA
THALOMID CAP 150MG	SP, PA
THALOMID CAP 200MG	SP, PA

### **IMMUNOSUPPRESSIVE AGENTS**

<i>azasan tab 75 mg</i>	
<i>azasan tab 100mg</i>	
<i>azathioprine tab 50 mg (generic of IMURAN)</i>	
<i>azathioprine tab 75 mg</i>	
<i>azathioprine tab 100 mg</i>	
<i>cyclosporine cap 25 mg (generic of SANDIMMUNE)</i>	
<i>cyclosporine cap 100 mg (generic of SANDIMMUNE)</i>	
<i>cyclosporine modified cap 25 mg (generic of NEORAL)</i>	
<i>cyclosporine modified cap 50 mg</i>	
<i>cyclosporine modified cap 100 mg (generic of NEORAL)</i>	
<i>cyclosporine modified oral soln 100 mg/ml (generic of NEORAL)</i>	
<i>engraf cap 25mg (generic of NEORAL)</i>	
<i>engraf cap 100mg (generic of NEORAL)</i>	
<i>engraf sol 100mg/ml (generic of NEORAL)</i>	
LUPKYNIS CAP 7.9MG	SP, PA
<i>mycophenolate mofetil cap 250 mg (generic of CELLCEPT)</i>	
<i>mycophenolate mofetil for oral susp 200 mg/ml (generic of CELLCEPT)</i>	
<i>mycophenolate mofetil tab 500 mg (generic of CELLCEPT)</i>	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (generic of MYFORTIC)</i>	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (generic of MYFORTIC)</i>	
<i>sirolimus oral soln 1 mg/ml (generic of RAPAMUNE)</i>	
<i>sirolimus tab 0.5 mg (generic of RAPAMUNE)</i>	
<i>sirolimus tab 1 mg (generic of RAPAMUNE)</i>	
<i>sirolimus tab 2 mg (generic of RAPAMUNE)</i>	
<i>tacrolimus cap 0.5 mg</i>	
<i>tacrolimus cap 0.5 mg (generic of PROGRAF)</i>	
<i>tacrolimus cap 1 mg</i>	



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>tacrolimus cap 1 mg (generic of PROGRAF)</i>	
<i>tacrolimus cap 5 mg</i>	
<i>tacrolimus cap 5 mg (generic of PROGRAF)</i>	
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>	
VIJOICE TAB 50MG	SP, PA
VIJOICE TAB 125MG	SP, PA
VIJOICE TAB 250MG	SP, PA
<b>POTASSIUM REMOVING AGENTS</b>	
<i>sodium polystyrene sulfonate powder</i>	
<i>sps sus 15gm/60</i>	
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>	
BENLYSTA INJ 200MG/ML	SP, PA
<b>MOUTH/THROAT/DENTAL AGENTS</b>	
<b>ANESTHETICS TOPICAL ORAL</b>	
<i>lidocaine hcl viscous soln 2%</i>	
<b>ANTI-INFECTIVES - THROAT</b>	
<i>clotrimazole troche 10 mg</i>	
<i>nystatin susp 100000 unit/ml (generic of NYSTATIN)</i>	
<b>ANTISEPTICS - MOUTH/THROAT</b>	
<i>chlorhexidine gluconate soln 0.12% (generic of PERIDEX)</i>	
<i>perio gard sol 0.12% (generic of PERIDEX)</i>	
<b>DENTAL PRODUCTS</b>	
<i>denta 5000 cre plus</i>	
<i>denta 5000 cre plus 2pk</i>	
<i>dentagel gel 1.1%</i>	
<i>just right gel 5000</i>	
<i>sf 5000 plus cre 1.1%</i>	
<i>sf gel 1.1%</i>	
<i>sod fluoride gel 1.1%</i>	
<i>sodium fluor cre 5000 pls</i>	
<i>sodium fluor cre 5000 ppm</i>	
<i>sodium fluoride cream 1.1%</i>	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	
<i>sodium fluoride rinse 0.2%</i>	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>	
<i>kourzeq pst 0.1%</i>	
<i>oralone dent pst 0.1%</i>	
<i>triamcinolone acetonide dental paste 0.1%</i>	
<b>THROAT PRODUCTS - MISC.</b>	
<i>cevimeline hcl cap 30 mg (generic of EVOXAC)</i>	
<i>pilocarpine hcl tab 5 mg (generic of SALAGEN)</i>	

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>pilocarpine hcl tab 7.5 mg (generic of SALAGEN)</i>	
<b>MULTIVITAMINS</b>	
<b>B-COMPLEX W/ FOLIC ACID</b>	
<i>activite tab</i>	
<i>b-plex tab</i>	
<i>dialyvite tab</i>	
<b>DIALYVITE/ TAB ZINC</b>	
<i>genicin tab vita-s</i>	
<i>nephronex tab</i>	
<i>tm-vite rx tab</i>	
<i>tronvite tab</i>	
<i>vitasure tab</i>	
<i>vp-vite rx tab</i>	
<i>wescaps cap</i>	
<i>xvite tab</i>	
<b>IRON W/ VITAMINS</b>	
<i>geritol tab complete</i>	OTC
<i>vitafol tab</i>	
<b>MULTIPLE VITAMINS W/ IRON</b>	
<i>daily multi tab vit/iron</i>	OTC
<i>daily vit tab +iron</i>	OTC
<i>daily vit tab iron</i>	OTC
<i>daily vite tab iron</i>	OTC
<i>daily-vitamn tab</i>	OTC
<i>multi vitamini tab w/iron</i>	OTC
<i>multi-vit/fe tab</i>	OTC
<i>multiple vitamins w/ iron tab</i>	OTC
<i>multiv/iron tab adult</i>	OTC
<i>nat-rul dail tab vit/iron</i>	OTC
<i>one daily mv tab /iron</i>	OTC
<i>one-daily tab /iron</i>	OTC
<i>sm multiple tab vit/iron</i>	OTC
<i>stress b com tab w/iron</i>	OTC
<i>stress form tab /iron</i>	OTC
<i>tab-a-vite tab /iron</i>	OTC
<b>MULTIPLE VITAMINS W/ MINERALS</b>	
<i>a thru z adv tab adult</i>	OTC
<i>a thru z sel tab 50+ adva</i>	OTC
<i>a thru z sel tab 50+ mens</i>	OTC
<i>a thru z sel tab advanced</i>	OTC
<i>a thru z tab advanced</i>	OTC
<i>a thru z tab high pot</i>	OTC

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>a thru z tab select</i>	OTC
<i>a thru z tab ultimate</i>	OTC
<i>a thru z ult tab mens</i>	OTC
<i>50+ adult cap eye hlth</i>	OTC
<i>advanced eye cap health</i>	OTC
<i>advanced tab formula</i>	OTC
<i>amoryn mood cap booster</i>	OTC
<i>antiox form/ cap minerals</i>	OTC
<i>antioxidant cap</i>	OTC
<i>antioxidant tab protecti</i>	OTC
<i>antioxidant tab vitamins</i>	OTC
<i>b-plex plus tab</i>	
<i>bdy/hair/skn cap nails</i>	OTC
<i>biocel tab</i>	
<i>bprotected liq multi-vi</i>	OTC
<i>centavite az tab minerals</i>	OTC
<i>central-vite tab mens mat</i>	OTC
<i>central-vite tab wmns mat</i>	OTC
<i>centravites tab</i>	OTC
<i>centravites tab 50 plus</i>	OTC
<i>century tab</i>	OTC
<i>century tab mature</i>	OTC
<i>cerovite tab senior</i>	OTC
<i>certa plus tab</i>	OTC
<i>certavite/ tab antioxid</i>	OTC
<i>comp multivi liq mineral</i>	OTC
<i>companion tab</i>	OTC
<i>compete tab</i>	OTC
<i>comple multi tab adlt 50+</i>	OTC
<i>coral calciu cap plus</i>	OTC
<i>corvita tab</i>	
<i>daily betic tab</i>	OTC
<i>daily combo tab</i>	OTC
<i>daily diet tab support</i>	OTC
<i>daily mens tab health</i>	OTC
<i>daily multi tab men</i>	OTC
<i>daily multi tab minerals</i>	OTC
<i>daily multi tab vit/mens</i>	OTC
<i>daily multi tab vit/min</i>	OTC
<i>daily multi tab womn 50+</i>	OTC
<i>daily vit tab +mineral</i>	OTC
<i>daily vitamn cap plus</i>	OTC
<i>daily womens tab health</i>	OTC

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>daily-vitamn tab maximum</i>	OTC
<i>diabets hlth tab formula</i>	OTC
<i>dialyvite tab 800/d</i>	OTC
<i>dry eye cap formula</i>	OTC
<i>eq one daily tab womens</i>	OTC
<i>eql century tab</i>	OTC
<i>eql century tab mature</i>	OTC
<i>eql vision tab formula</i>	OTC
<i>essentia tab</i>	OTC
<i>essential tab balance</i>	OTC
<i>eye health &amp; tab lutein</i>	OTC
<i>eye vitamins cap</i>	OTC
<i>eye-vites tab</i>	OTC
<i>gerivite tab complete</i>	OTC
<i>glucoten cap</i>	OTC
<i>gnp healthy tab eyes</i>	OTC
<i>hair skin tab nails</i>	OTC
<i>hair/skin cap nails</i>	OTC
<i>hair/skin/ tab nails</i>	OTC
<i>healthy eyes cap</i>	OTC
<i>healthy eyes cap superv 2</i>	OTC
<i>healthy eyes tab</i>	OTC
<i>hi-kovite tab 2-part</i>	OTC
<i>hi-potency tab multivit</i>	OTC
<i>hm complete tab women</i>	OTC
<i>i-vite tab</i>	OTC
<i>icaps cap</i>	OTC
<i>icaps lutein cap /omega-3</i>	OTC
<i>icaps mv tab</i>	OTC
<i>kp adult 50+ tab daily</i>	OTC
<i>kp adults tab daily</i>	OTC
<i>kp mens 50+ tab daily</i>	OTC
<i>kp mens tab daily</i>	OTC
<i>kp vision tab for/ltn</i>	OTC
<i>kp vision tab formula</i>	OTC
<i>kp women 50+ tab daily</i>	OTC
<i>kp womens tab daily</i>	OTC
<i>life pack tab mens</i>	OTC
<i>life pack tab womens</i>	OTC
<i>lysiplex tab plus</i>	
<i>macular hlth cap formula</i>	OTC
<i>macuvite tab</i>	OTC
<i>macuvite tab eye care</i>	OTC

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>macuvite tab lutein</i>	OTC
<i>max daily tab green</i>	OTC
<i>mega multi tab men</i>	OTC
<i>mega multi tab women</i>	OTC
<i>mens daily tab formula</i>	OTC
<i>milltrium sr tab</i>	OTC
<i>milltrium tab advanced</i>	OTC
<i>milltrium tab cardio</i>	OTC
<i>mult vitamin tab no iron</i>	OTC
<i>mult vitamin tab womens</i>	OTC
<i>multi 50+ cap for her</i>	OTC
<i>multi 50+ tab for her</i>	OTC
<i>multi 50+ tab for him</i>	OTC
<i>multi 50+ wm tab advanced</i>	OTC
<i>multi cap complete</i>	OTC
<i>multi cap for her</i>	OTC
<i>multi cap for him</i>	OTC
<i>multi complt tab /iron</i>	OTC
<i>multi tab for her</i>	OTC
<i>multi tab for him</i>	OTC
<i>multi-lean tab</i>	OTC
<i>multi-vit/ tab minerals</i>	OTC
<i>multi-vitami tab menopaus</i>	OTC
<i>multi-vite tab</i>	OTC
<i>multi-vite tab 50&amp;over</i>	OTC
<i>multiple vitamins w/ minerals liquid</i>	OTC
<i>multiple vitamins w/ minerals tab</i>	OTC
<i>multiv women tab 50+</i>	OTC
<i>multivitamin cap daily</i>	OTC
<i>multivitamin tab adlt 50+</i>	OTC
<i>multivitamin tab adults</i>	OTC
<i>multivitamin tab men 50+</i>	OTC
<i>multivitamin tab women</i>	OTC
<i>multivitamin tab womens</i>	OTC
<i>myamulti tab</i>	OTC
<i>nutrifac zx tab</i>	
<i>nutritional tab support</i>	OTC
<i>ocutabs tab</i>	OTC
<i>ocutabs tab lutein</i>	OTC
<i>ocuvite eye cap health</i>	OTC
<i>ocuvite eye tab + multi</i>	OTC
<i>ocuvite tab lutein</i>	OTC
<i>ocuvite xtra tab</i>	OTC

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>one daily tab 50 plus</i>	OTC
<i>one daily tab 50+</i>	OTC
<i>one daily tab 50+ adv</i>	OTC
<i>one daily tab /mineral</i>	OTC
<i>one daily tab complete</i>	OTC
<i>one daily tab essentl</i>	OTC
<i>one daily tab fe/ca</i>	OTC
<i>one daily tab healthy</i>	OTC
<i>one daily tab iron-fre</i>	OTC
<i>one daily tab maximum</i>	OTC
<i>one daily tab men</i>	OTC
<i>one daily tab men 50+</i>	OTC
<i>one daily tab mens</i>	OTC
<i>one daily tab mens 50+</i>	OTC
<i>one daily tab multi-vi</i>	OTC
<i>one daily tab wom 50+</i>	OTC
<i>one daily tab women</i>	OTC
<i>one daily tab women 50</i>	OTC
<i>one daily tab womens</i>	OTC
<i>one dly hlth tab wght adv</i>	OTC
<i>one-a-day tab teen/her</i>	OTC
<i>optic-vites tab</i>	OTC
<i>optic-vites tab lutein</i>	OTC
<i>optimum pms tab</i>	OTC
<i>osteoprime tab ultra</i>	OTC
<i>prevent cap</i>	OTC
<i>prosght tab</i>	OTC
<i>px advanced tab multivit</i>	OTC
<i>px complete tab senior</i>	OTC
<i>px mens mult tab vitamins</i>	OTC
<i>qc hair/skin tab nails</i>	OTC
<i>qc therin-m tab</i>	OTC
<i>quintabs-m tab</i>	OTC
<i>ra one daily tab maximum</i>	OTC
<i>ra one daily tab mens</i>	OTC
<i>ra one daily tab mens 50+</i>	OTC
<i>ra one daily tab mens/d3</i>	OTC
<i>renaplex tab</i>	OTC
<i>senior tabs tab</i>	OTC
<i>sentry tab</i>	OTC
<i>sentry tab senior</i>	OTC
<i>sm complete tab</i>	OTC
<i>sm complete tab 50+</i>	OTC

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>sm complete tab 50+ mens</i>	OTC
<i>sm complete tab 50+ wmn</i>	OTC
<i>sm complete tab adv form</i>	OTC
<i>sm complete tab senior</i>	OTC
<i>sm hair/skin tab /nails</i>	OTC
<i>sm opti-vita tab</i>	OTC
<i>spectr women tab hlth sen</i>	OTC
<i>spectra ultr tab hlth men</i>	OTC
<i>spectravite tab advanced</i>	OTC
<i>spectravite tab men</i>	OTC
<i>spectravite tab men 50+</i>	OTC
<i>spectravite tab senior</i>	OTC
<i>spectravite tab women</i>	OTC
<i>spectravite tab women 50</i>	OTC
<i>stress b-com tab antio/zn</i>	OTC
<i>stress form/ tab zinc</i>	OTC
<i>stresstabs tab advanced</i>	OTC
<i>super antiox cap protect</i>	OTC
<i>super antiox tab a/c/e/se</i>	OTC
<i>super liq nu-thera</i>	OTC
<i>super multip tab</i>	OTC
<i>super tab nu-thera</i>	OTC
<i>super thera tab vite m</i>	OTC
<i>supr aytinal tab</i>	OTC
<i>supr aytinal tab 50 plus</i>	OTC
<i>supr vitamin tab</i>	OTC
<i>systane icap cap areds2</i>	OTC
<i>thera form/ tab hematin</i>	OTC
<i>thera tab vital-m</i>	OTC
<i>thera vital tab m</i>	OTC
<i>thera-m tab</i>	OTC
<i>thera-mill m tab</i>	OTC
<i>therabasic-m tab</i>	OTC
<i>therapeutic tab -m</i>	OTC
<i>theratrum co tab 50 plus</i>	OTC
<i>theratrum tab complete</i>	OTC
<i>thrive for tab women</i>	OTC
<i>tropical liq nutritio</i>	OTC
<i>ultra freeda tab</i>	OTC
<i>ultra freeda tab /iron</i>	OTC
<i>ultra multi cap /iron</i>	OTC
<i>ultrachoice tab advanced</i>	OTC
<i>vision form cap 2</i>	OTC

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>vision form/ tab lutein</i>	OTC
<i>vision formu cap 50+</i>	OTC
<i>vision plus cap</i>	OTC
<i>vision tab vitamins</i>	OTC
<i>visivites tab</i>	OTC
<i>visivites tab /lutein</i>	OTC
<i>vita hair tab</i>	OTC
<i>vita s forte tab</i>	
<i>vita-min cap</i>	OTC
<i>vitabasic tab complete</i>	OTC
<i>vitabasic tab senior</i>	OTC
<i>vitacel tab</i>	
<i>viteyes cap complete</i>	OTC
<i>womens 50+ cap advanced</i>	OTC
<i>womens 50+ tab advanced</i>	OTC
<i>womens cap multi</i>	OTC
<i>womens daily tab formula</i>	OTC
<i>womens mult tab</i>	OTC
<i>womns active tab daily</i>	OTC

### **MULTIVITAMINS**

<i>anti-oxidant tab</i>	OTC
<i>daily multi tab vitamins</i>	OTC
<i>daily tab vitamin</i>	OTC
<i>daily value tab multivit</i>	OTC
<i>daily vit tab</i>	OTC
<i>daily vite tab</i>	OTC
<i>daily-vitamn tab</i>	OTC
<i>daily-vite tab</i>	OTC
<i>essentl one tab daily</i>	OTC
<i>healthy hair tab skn/nail</i>	OTC
<i>mult vitamin tab daily</i>	OTC
<i>mult vitamin tab essent</i>	OTC
<i>multi-vitamn tab</i>	OTC
<i>multiple vitamin tab</i>	OTC
<i>multivitamin tab adult</i>	OTC
<i>multivitamin tab daily</i>	OTC
<i>multivitamin tab iron-fre</i>	OTC
<i>once daily tab</i>	OTC
<i>one daily tab</i>	OTC
<i>one daily tab essentl</i>	OTC
<i>one daily tab multivit</i>	OTC
<i>one-daily tab mult vit</i>	OTC
<i>one-daily tab mult-vit</i>	OTC

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>qc essential tab</i>	OTC
<i>sm multiple tab vitamins</i>	OTC
<i>stress form tab</i>	OTC
<i>stress formu tab</i>	OTC
<i>stresstabs tab</i>	OTC
<i>stresstabs tab energy</i>	OTC
<i>tab-a-vite tab</i>	OTC
<i>tab-a-vite tab beta car</i>	OTC
<i>thera-mill tab</i>	OTC
<i>thera-tabs tab</i>	OTC
<i>true daily tab vite</i>	OTC
<i>vitalee tab</i>	OTC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>	
<i>multi-vit/fe dro /fl 0.25</i>	OTC
<i>multi-vit/fl dro /fe 0.25</i>	
<b>PED MV W/ FLUORIDE</b>	
MULTI VIT/FL DRO 0.5MG/ML	OTC
<i>multi-vit/fl dro 0.5mg/ml</i>	
<i>multivit/fl dro 0.25mg</i>	
<i>tri-vit/fluo dro 0.25mg</i>	
VIT A/C/D/FL DRO 0.25MG	OTC
<b>PED MV W/ IRON</b>	
<i>animal shape chw complete</i>	OTC
<i>bite-a-mins chw /iron</i>	OTC
<i>cerovite jr chw</i>	OTC
<i>chewable chw children</i>	OTC
<i>child multiv chw iron</i>	OTC
<i>child vitami chw</i>	OTC
<i>childrens chw /iron</i>	OTC
<i>childrens chw complete</i>	OTC
<i>chld mltivit chw /mineral</i>	OTC
<i>compl multiv chw childrns</i>	OTC
<i>cvs children chw complete</i>	OTC
<i>flintstones chw complete</i>	OTC
<i>flintstones chw ext iron</i>	OTC
<i>flintstones chw w/iron</i>	OTC
<i>fruity chews chw /iron</i>	OTC
<i>land bfr tim chw vit/iron</i>	OTC
MULTI/IRON/ DRO 11MG/ML	OTC
MULTI/IRON/ DRO INF/TODD	OTC
PED POLY-VIT DRO /IRON	OTC
POLY-VI-SOL SOL IRON	OTC

<b>Drug Name</b>	<b>Requirements/Limits</b>
POLY-VITA/FE DRO	OTC
POLY-VITE SOL /IRON	OTC
POLY-VITE SOL IRON	OTC
<i>qc childrens chw complete</i>	OTC
<i>qc childrens chw iron</i>	OTC
<i>sm animal sh chw complete</i>	OTC
<i>ultra choice chw kids</i>	OTC

### **PEDIATRIC MULTIPLE VITAMINS**

<i>animal chews chw</i>	OTC
<i>bite-a-mins chw</i>	OTC
<i>child chew chw vitamins</i>	OTC
<i>child chew/ chw extra c</i>	OTC
<i>children vit chw</i>	OTC
<i>childrens chw multivit</i>	OTC
<i>childrens chw vitamins</i>	OTC
<i>culturelle chw</i>	OTC
<i>culturelle chw kids</i>	OTC
<i>flintstones chw multivit</i>	OTC
<i>flintstones chw my first</i>	OTC
<i>flintstones chw omega-3</i>	OTC
<i>flintstones chw pls calc</i>	OTC
<i>fruity chews chw</i>	OTC
<i>gerber grow chw mighty</i>	OTC
<i>gerber lil chw brainies</i>	OTC
<i>gnp little chw ones</i>	OTC
<i>kids probiot chw multivit</i>	OTC
<i>land bfr tim chw vit/c</i>	OTC
<i>little chw animals</i>	OTC
<i>multivitamin chw children</i>	OTC
<i>qc childrens chw extra c</i>	OTC
<i>sm animal chw shapes</i>	OTC
<i>zoo friends chw extra c</i>	OTC

### **PEDIATRIC VITAMINS**

HONEY BEARS CHW	OTC
MULTIVITAMIN CHW CHILD	OTC

### **PRENATAL VITAMINS**

CITRANATAL CAP HARMONY	
CITRANATAL MIS 90 DHA	
CITRANATAL MIS B-CALM	
CITRANATAL PAK ASSURE	
CITRANATAL PAK DHA	
CO-NATAL FA TAB 29-1MG	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>inatal gt tab</i>	
M-NATAL PLUS TAB	
NEONATAL PLS TAB 27-1MG	
NEONATAL TAB COMPLETE	
NEONATAL TAB COMPLTE	
NEONATAL TAB PLUS	
NIVA-PLUS TAB	
OB COMPLETE TAB	
ONE VITE TAB 1MG PLUS	
<i>pnv-dha cap</i>	
<i>pnv-select tab</i>	
PRENATAL 19 CHW 29-1MG	
<i>prenatal 19 chw tab</i>	
PRENATAL 19 TAB 29-1MG	
PRENATAL TAB 27-1MG	
PRENATAL TAB PLUS	
PRENATAL VIT TAB LOW IRON	
PRENATRIX TAB	
PRENATRYL TAB	
SE-NATAL 19 CHW	
SE-NATAL 19 TAB	
SELECT-OB+ PAK DHA	
THRIVITE RX TAB 29-1MG	
TRICARE TAB PRENATAL	
<i>trinate tab</i>	
VINATE ONE TAB	
VITAFOL CHW GUMMIES	
VITAFOL-OB TAB 65-1MG	
VITATHELY TAB	
WESTAB PLUS TAB 27-1MG	
<b>SPECIALTY VITAMINS PRODUCTS</b>	
<i>a thru z tab advantag</i>	OTC
<i>hair/skin/ tab nails</i>	OTC
<i>urosex tab</i>	
<i>vit for hair tab</i>	OTC
<b>MUSCULOSKELETAL THERAPY AGENTS</b>	
<b>CENTRAL MUSCLE RELAXANTS</b>	
<i>baclofen tab 5 mg</i>	
<i>baclofen tab 10 mg</i>	
<i>baclofen tab 15 mg</i>	
<i>baclofen tab 20 mg</i>	
<i>carisoprodol tab 350 mg (generic of SOMA)</i>	

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>chlorzoxazone tab 500 mg</i>	
<i>cyclobenzaprine hcl tab 5 mg</i>	
<i>cyclobenzaprine hcl tab 7.5 mg</i>	
<i>cyclobenzaprine hcl tab 10 mg</i>	
<i>fexmid tab 7.5mg</i>	
<i>metaxalone tab 400 mg</i>	
<i>metaxalone tab 800 mg</i>	
<i>methocarbamol tab 500 mg</i>	
<i>methocarbamol tab 750 mg</i>	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	
<i>tizanidine hcl tab 4 mg (base equivalent) (generic of ZANAFLEX)</i>	
<i>vanadom tab 350mg (generic of SOMA)</i>	

**DIRECT MUSCLE RELAXANTS**

<i>dantrolene sodium cap 25 mg (generic of DANTRIUM)</i>	
<i>dantrolene sodium cap 50 mg</i>	
<i>dantrolene sodium cap 100 mg</i>	

**MUSCLE RELAXANT COMBINATIONS**

<i>norgesic tab</i>	
<i>orphenadrine w/ aspirin &amp; caffeine tab 25-385-30 mg</i>	

**NASAL AGENTS - SYSTEMIC AND TOPICAL**

**NASAL AGENTS - MISC.**

<i>NOZIN NASAL KIT SANITIZE</i>	OTC
<i>NOZIN NASAL MIS SANITIZE</i>	OTC

**NASAL ANTIALLERGY**

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	QL (1 bottle every 30 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	QL (1 bottle every 30 days)

**NASAL ANTICHOLINERGICS**

<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	QL (30 mL every 30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	QL (15 mL every 30 days)

**NASAL STEROIDS**

<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (1 bottle every 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (1 bottle every 30 days), OTC
<i>mometasone furoate nasal susp 50 mcg/act</i>	Covered for age 2 to 4
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	QL (2 bottles every 30 days), OTC

**SYMPATHOMIMETIC DECONGESTANTS**

<i>phenylephrine hcl tab 10 mg</i>	OTC
<i>pseudoephedrine hcl tab 30 mg</i>	OTC

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>pseudoephedrine hcl tab 60 mg</i>	OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	OTC

## **NEUROMUSCULAR AGENTS**

### **ALS AGENTS**

EXSERVAN MIS 50MG	
RADICAVA ORS SUS 105/5ML	SP, PA
RADICAVA ORS SUS STARTER	SP, PA
<i>riluzole tab 50 mg</i>	
TEGLUTIK SUS 50/10ML	

## **NUTRIENTS**

### **PROTEINS**

<i>levocarnitine (dietary) oral soln 1 gm/10ml</i>	OTC
<i>levocarnitine cap 250 mg</i>	OTC

## **OPHTHALMIC AGENTS**

### **ARTIFICIAL TEARS AND LUBRICANTS**

<i>artificial tear ophth solution</i>	OTC
<i>carboxymethylcellulose sodium (pf) ophth gel 1%</i>	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	OTC
<i>carboxymethylcellulose sodium ophth gel 1%</i>	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	OTC
<i>carboxymethylcellulose sodium ophth soln 0.25%</i>	OTC
<i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</i>	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	OTC
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	OTC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	OTC
<i>propylene glycol ophth soln 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**

BETIMOL SOL 0.5%	
BETIMOL SOL 0.25%	
BETOPTIC-S SUS 0.25% OP	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN)</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)</i>	

**\$0** - Zero Dollar Copay **OTC** - Over the counter **Opioid PA** - PA for > 90 MME across all Opioids **PA** - Prior Authorization **QL** - Quantity Limit **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>levobunolol hcl ophth soln 0.5%</i>	
<i>timolol maleate ophth gel forming soln 0.5%</i>	
<i>timolol maleate ophth soln 0.5%</i>	
<i>timolol maleate ophth soln 0.5% (once-daily) (generic of ISTALOL)</i>	
<i>timolol maleate ophth soln 0.25%</i>	
<b>CYCLOPLEGIC MYDRIATICS</b>	
<i>ATROPINE SUL SOL 1% OP</i>	
<i>atropine sulfate ophth oint 1%</i>	
<i>atropine sulfate ophth soln 1%</i>	
<i>cyclopentolate hcl ophth soln 1% (generic of CYCLOGYL)</i>	
<i>homatropaire sol 5% op</i>	
<i>ISOPTO ATROP SOL 1% OP</i>	
<b>MIOTICS</b>	
<i>pilocarpine hcl ophth soln 1%</i>	
<i>pilocarpine hcl ophth soln 2%</i>	
<i>pilocarpine hcl ophth soln 4%</i>	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>	
<i>brimonidine tartrate ophth soln 0.1% (generic of ALPHAGAN P)</i>	
<i>brimonidine tartrate ophth soln 0.2%</i>	
<i>brimonidine tartrate ophth soln 0.15% (generic of ALPHAGAN P)</i>	
<b>OPHTHALMIC ANTI-INFECTIVES</b>	
<i>ak-poly-bac oin op</i>	
<i>AZASITE SOL 1%</i>	
<i>bacitracin ophth oint 500 unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	
<i>erythromycin ophth oint 5 mg/gm</i>	
<i>gentak oin 0.3% op</i>	
<i>gentamicin sulfate ophth soln 0.3%</i>	
<i>KLARITY-A DRO 1%</i>	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)</i>	
<i>neo-polycin oin op</i>	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	

**\$0** - Zero Dollar Copay **OTC** - Over the counter **Opioid PA** - PA for > 90 MME across all Opioids **PA** - Prior Authorization **QL** - Quantity Limit **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>ofloxacin ophth soln 0.3% (generic of OCUFLOX)</i>	
<i>polycin oin op</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium ophth oint 10%</i>	
<i>sulfacetamide sodium ophth soln 10%</i>	
<i>tobramycin ophth soln 0.3%</i>	
TOBREX OIN 0.3% OP	
<i>trifluridine ophth soln 1%</i>	
XDEMZY DRO 0.25%	PA

### **OPHTHALMIC IMMUNOMODULATORS**

<i>cyclosporine (ophth) emulsion 0.05% (generic of RESTASIS)</i>	QL (60 single-use vials every 30 days)
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### **OPHTHALMIC STEROIDS**

<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	
<i>fluorometholone ophth susp 0.1% (generic of FML LIQUIFILM)</i>	
FML FORTE SUS 0.25% OP	
FML OIN 0.1% OP	
<i>loteprednol etabonate ophth susp 0.5% (generic of LOTEMAX)</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>	
PRED MILD SUS 0.12% OP	
PRED SOD PHO SOL 1% OP	
PRED-G S.O.P OIN OP	
PRED-G SUS OP	
<i>prednisolone acetate ophth susp 1% (generic of PRED FORTE)</i>	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	

### **OPHTHALMICS - MISC.**

<i>azelastine hcl ophth soln 0.05%</i>	
<i>brinzolamide ophth susp 1% (generic of AZOPT)</i>	
<i>cromolyn sodium ophth soln 4%</i>	
<i>dorzolamide hcl ophth soln 2%</i>	
<i>ketorolac tromethamine ophth soln 0.4% (generic of ACULAR LS)</i>	
<i>ketorolac tromethamine ophth soln 0.5% (generic of ACULAR)</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>ketotifen fumarate ophth soln 0.025%</i>	OTC
NEVANAC SUS 0.1%	
NEVANAC SUS 0.1% OP	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	OTC
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	OTC
PATADAY SOL 0.7%	OTC

### **PROSTAGLANDINS - OPHTHALMIC**

<i>bimatoprost ophth soln 0.03%</i>	
<i>latanoprost ophth soln 0.005% (generic of XALATAN)</i>	
LUMIGAN SOL 0.01% OP	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free) (generic of TRAVATAN Z)</i>	

### **OTIC AGENTS**

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

<i>acetic acid otic soln 2%</i>	
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#### **OTIC ANTI-INFECTIVES**

<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	
<i>ofloxacin otic soln 0.3%</i>	

#### **OTIC COMBINATIONS**

<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	
<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>flac oil 0.01% (generic of DERMOTIC)</i>	
<i>fluocinolone acetonide (otic) oil 0.01% (generic of DERMOTIC)</i>	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	

### **OXYTOCICS**

#### **OXYTOCICS**

<i>methergine tab 0.2mg</i>	
<i>methylergonovine maleate tab 0.2 mg</i>	

### **PENICILLINS**

#### **AMINOPENICILLINS**

<i>amoxicillin (trihydrate) cap 250 mg</i>	
<i>amoxicillin (trihydrate) cap 500 mg</i>	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	



<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml (generic of AMOXICILLIN)</i>	
<i>amoxicillin (trihydrate) tab 500 mg</i>	
<i>amoxicillin (trihydrate) tab 875 mg</i>	
<i>ampicillin cap 500 mg</i>	

**NATURAL PENICILLINS**

<i>penicillin v potassium for soln 125 mg/5ml</i>	
<i>penicillin v potassium for soln 250 mg/5ml</i>	
<i>penicillin v potassium tab 250 mg</i>	
<i>penicillin v potassium tab 500 mg</i>	

**PENICILLIN COMBINATIONS**

<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	
<i>AUGMENTIN SUS 125/5ML</i>	

**PENICILLINASE-RESISTANT PENICILLINS**

<i>dicloxacillin sodium cap 250 mg</i>	
<i>dicloxacillin sodium cap 500 mg</i>	

**PROGESTINS**

**PROGESTINS**

<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	SP, QL (4 mL every 30 days)
<i>MAKENA INJ 275MG</i>	SP, QL (4 injections every 30 days)
<i>medroxyprogesterone acetate tab 2.5 mg (generic of PROVERA)</i>	
<i>medroxyprogesterone acetate tab 5 mg (generic of PROVERA)</i>	
<i>medroxyprogesterone acetate tab 10 mg (generic of PROVERA)</i>	
<i>norethindrone acetate tab 5 mg</i>	
<i>progesterone cap 100 mg (generic of PROMETRIUM)</i>	
<i>progesterone cap 200 mg (generic of PROMETRIUM)</i>	

Drug Name	Requirements/Limits
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>	
<b>ANTIDEMENTIA AGENTS</b>	
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<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	
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<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	
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<i>donepezil hydrochloride tab 5 mg (generic of ARICEPT)</i>	
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<i>donepezil hydrochloride tab 10 mg (generic of ARICEPT)</i>	
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<i>donepezil hydrochloride tab 23 mg (generic of ARICEPT)</i>	
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<i>galantamine hydrobromide oral soln 4 mg/ml</i>	
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<i>galantamine hydrobromide tab 4 mg</i>	
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<i>galantamine hydrobromide tab 8 mg</i>	
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<i>galantamine hydrobromide tab 12 mg</i>	
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<i>memantine hcl cap er 24hr 7 mg</i>	
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<i>memantine hcl cap er 24hr 14 mg (generic of NAMENDA XR)</i>	
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<i>memantine hcl cap er 24hr 21 mg (generic of NAMENDA XR)</i>	
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<i>memantine hcl cap er 24hr 28 mg (generic of NAMENDA XR)</i>	
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<i>memantine hcl oral solution 2 mg/ml</i>	
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<i>memantine hcl tab 5 mg</i>	
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<i>memantine hcl tab 10 mg</i>	
<hr/>	
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)</i>	
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<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	
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<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	
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<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	
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<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	
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<i>rivastigmine td patch 24hr 4.6 mg/24hr (generic of EXELON)</i>	
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<i>rivastigmine td patch 24hr 9.5 mg/24hr (generic of EXELON)</i>	
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<i>rivastigmine td patch 24hr 13.3 mg/24hr (generic of EXELON)</i>	
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<b>MOVEMENT DISORDER DRUG THERAPY</b>	
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<i>tetrabenazine tab 12.5 mg (generic of XENAZINE)</i>	SP, PA
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<i>tetrabenazine tab 25 mg (generic of XENAZINE)</i>	SP, PA
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<b>MULTIPLE SCLEROSIS AGENTS</b>	
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<i>AVONEX PEN KIT 30MCG</i>	SP, PA
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<i>AVONEX PREFL KIT 30MCG</i>	SP, PA
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<i>dalfampridine tab er 12hr 10 mg (generic of AMPYRA)</i>	SP, PA
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<i>dimethyl fumarate capsule delayed release 120 mg (generic of TECFIDERA)</i>	SP, PA
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>dimethyl fumarate capsule delayed release 240 mg</i> (generic of TECFIDERA)	SP, PA
EXTAVIA INJ 0.3MG	SP, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> (generic of COPAXONE)	SP, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> (generic of COPAXONE)	SP, PA
<i>glatopa inj 20mg/ml</i> (generic of COPAXONE)	SP, PA
<i>glatopa inj 40mg/ml</i> (generic of COPAXONE)	SP, PA
PLEGRIDY INJ	SP, PA
PLEGRIDY INJ PEN	SP, PA
PLEGRIDY INJ STARTER	SP, PA
PLEGRIDY PEN INJ STARTER	SP, PA
REBIF INJ 22/0.5	SP, PA
REBIF INJ 44/0.5	SP, PA
REBIF REBIDO INJ 22/0.5	SP, PA
REBIF REBIDO INJ 44/0.5	SP, PA
REBIF REBIDO INJ TITRATN	SP, PA
REBIF TITRTN INJ PACK	SP, PA

### **PSEUDOBULBAR AFFECT (PBA) AGENTS**

NUEDEXTA CAP 20-10MG

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

#### **PULMONARY FIBROSIS AGENTS**

OFEV CAP 100MG

SP, PA

OFEV CAP 150MG

SP, PA

### **SULFONAMIDES**

#### **SULFONAMIDES**

*sulfadiazine tab 500 mg*

### **TETRACYCLINES**

#### **TETRACYCLINES**

*avidoxy tab 100mg*

*doxycycline hyclate cap 50 mg*

*doxycycline hyclate cap 100 mg* (generic of  
VIBRAMYCIN)

*doxycycline hyclate tab 20 mg*

*doxycycline hyclate tab 100 mg*

*doxycycline monohydrate cap 50 mg*

*doxycycline monohydrate cap 100 mg*

*doxycycline monohydrate for susp 25 mg/5ml*

*doxycycline monohydrate tab 50 mg*

*doxycycline monohydrate tab 75 mg*

*doxycycline monohydrate tab 100 mg*

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>doxycycline monohydrate tab 150 mg</i>	
<i>lymepak tab 100mg</i>	
<i>minocycline hcl cap 50 mg</i>	
<i>minocycline hcl cap 75 mg</i>	
<i>minocycline hcl cap 100 mg</i>	
<i>minocycline hcl tab 50 mg</i>	
<i>minocycline hcl tab 100 mg</i>	
<i>mondoxyne nl cap 100mg</i>	
<i>tetracycline hcl cap 250 mg</i>	
<i>tetracycline hcl cap 500 mg</i>	

**THYROID AGENTS**

**ANTITHYROID AGENTS**

<i>methimazole tab 5 mg</i>
<i>methimazole tab 10 mg</i>
<i>propylthiouracil tab 50 mg</i>

**THYROID HORMONES**

ADTHYZA TAB 15MG
ADTHYZA TAB 30MG
ADTHYZA TAB 60MG
ADTHYZA TAB 90MG
ADTHYZA TAB 120MG
ARMOUR THYRO TAB 15MG
ARMOUR THYRO TAB 30MG
ARMOUR THYRO TAB 60MG
ARMOUR THYRO TAB 90MG
ARMOUR THYRO TAB 120MG
ARMOUR THYRO TAB 180MG
ARMOUR THYRO TAB 240MG
ARMOUR THYRO TAB 300MG
<i>euthyrox tab 25mcg (generic of SYNTHROID)</i>
<i>euthyrox tab 50mcg (generic of SYNTHROID)</i>
<i>euthyrox tab 75mcg (generic of SYNTHROID)</i>
<i>euthyrox tab 88mcg (generic of SYNTHROID)</i>
<i>euthyrox tab 100mcg (generic of SYNTHROID)</i>
<i>euthyrox tab 112mcg (generic of SYNTHROID)</i>
<i>euthyrox tab 125mcg (generic of SYNTHROID)</i>
<i>euthyrox tab 137mcg (generic of SYNTHROID)</i>
<i>euthyrox tab 150mcg (generic of SYNTHROID)</i>
<i>euthyrox tab 175mcg (generic of SYNTHROID)</i>
<i>euthyrox tab 200mcg (generic of SYNTHROID)</i>
<i>levo-t tab 25mcg (generic of SYNTHROID)</i>
<i>levo-t tab 50mcg (generic of SYNTHROID)</i>

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>levo-t tab 75mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 88mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 100mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 112mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 125mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 137mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 150mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 175mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 200mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 300 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 25 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 50 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 75 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 88 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 100 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 112 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 125 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 137 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 150 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 175 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 200 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 300 mcg (generic of SYNTHROID)</i>	
<i>levoxyl tab 25mcg (generic of SYNTHROID)</i>	
<i>levoxyl tab 50mcg (generic of SYNTHROID)</i>	
<i>levoxyl tab 75mcg (generic of SYNTHROID)</i>	
<i>levoxyl tab 88mcg (generic of SYNTHROID)</i>	
<i>levoxyl tab 100mcg (generic of SYNTHROID)</i>	
<i>levoxyl tab 112mcg (generic of SYNTHROID)</i>	
<i>levoxyl tab 125mcg (generic of SYNTHROID)</i>	
<i>levoxyl tab 137mcg (generic of SYNTHROID)</i>	
<i>levoxyl tab 150mcg (generic of SYNTHROID)</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>levoxyl tab 175mcg (generic of SYNTHROID)</i>	
<i>levoxyl tab 200mcg (generic of SYNTHROID)</i>	
<i>liothyronine sodium tab 5 mcg (generic of CYTOMEL)</i>	
<i>liothyronine sodium tab 25 mcg (generic of CYTOMEL)</i>	
<i>liothyronine sodium tab 50 mcg (generic of CYTOMEL)</i>	
NIVA THYROID TAB 15MG	
NIVA THYROID TAB 30MG	
NIVA THYROID TAB 60MG	
NIVA THYROID TAB 90MG	
NIVA THYROID TAB 120MG	
NP THYROID TAB 15MG	
NP THYROID TAB 30MG	
NP THYROID TAB 60MG	
NP THYROID TAB 90MG	
NP THYROID TAB 120MG	
THYROID TAB 15MG	
THYROID TAB 30MG	
THYROID TAB 60MG	
THYROID TAB 90MG	
THYROID TAB 120MG	
<i>unithroid tab 25mcg (generic of SYNTHROID)</i>	
<i>unithroid tab 50mcg (generic of SYNTHROID)</i>	
<i>unithroid tab 75mcg (generic of SYNTHROID)</i>	
<i>unithroid tab 88mcg (generic of SYNTHROID)</i>	
<i>unithroid tab 100mcg (generic of SYNTHROID)</i>	
<i>unithroid tab 112mcg (generic of SYNTHROID)</i>	
<i>unithroid tab 125mcg (generic of SYNTHROID)</i>	
<i>unithroid tab 137mcg (generic of SYNTHROID)</i>	
<i>unithroid tab 150mcg (generic of SYNTHROID)</i>	
<i>unithroid tab 175mcg (generic of SYNTHROID)</i>	
<i>unithroid tab 200mcg (generic of SYNTHROID)</i>	
<i>unithroid tab 300mcg (generic of SYNTHROID)</i>	

**ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**

**ANTISPASMODICS**

<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	
<i>dicyclomine hcl cap 10 mg</i>	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	
<i>dicyclomine hcl tab 20 mg</i>	
<i>ed-spaz tab 0.125mg</i>	
<i>glycopyrrolate oral soln 1 mg/5ml (generic of CUVPOSA)</i>	
<i>glycopyrrolate tab 1 mg (generic of ROBINUL)</i>	
<i>glycopyrrolate tab 2 mg (generic of ROBINUL FORTE)</i>	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	

**\$0** - Zero Dollar Copay   **OTC** - Over the counter   **Opioid PA** - PA for > 90 MME across all Opioids   **PA** - Prior Authorization   **QL** - Quantity Limit   **SP** - Specialty   **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	
<i>hyoscyamine sulfate tab 0.125 mg</i>	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	
<i>hyosyne dro 0.125/ml</i>	
<i>hyosyne elx 0.125/5</i>	
<i>nulev tab 0.125mg</i>	
<i>oscimin sub 0.125mg</i>	
<i>oscimin tab 0.125mg</i>	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	
<i>phenohydro tab</i>	

### **H-2 ANTAGONISTS**

<i>cimetidine hcl soln 300 mg/5ml</i>	
<i>cimetidine tab 200 mg</i>	
<i>cimetidine tab 300 mg</i>	
<i>cimetidine tab 400 mg</i>	
<i>cimetidine tab 800 mg</i>	
<i>famotidine for susp 40 mg/5ml</i>	
<i>famotidine tab 10 mg</i>	OTC
<i>famotidine tab 20 mg</i>	OTC
<i>famotidine tab 20 mg (generic of PEPCID)</i>	
<i>famotidine tab 40 mg (generic of PEPCID)</i>	
<i>nizatidine cap 150 mg</i>	

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

<i>sucralfate susp 1 gm/10ml (generic of CARAFATE)</i>	
<i>sucralfate tab 1 gm (generic of CARAFATE)</i>	

### **PROTON PUMP INHIBITORS**

<i>acid reducer tab 20mg dr</i>	OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	QL (60 caps every 30 days), OTC
<i>esomeprazole magnesium cap delayed release 40 mg (base eq) (generic of NEXIUM)</i>	
<i>esomeprazole magnesium tab delayed release 20 mg</i>	QL (60 tabs every 30 days), OTC
<i>lansoprazole cap delayed release 15 mg</i>	
<i>lansoprazole cap delayed release 15 mg</i>	OTC
<i>lansoprazole cap delayed release 30 mg (generic of PREVACID)</i>	
<i>omeprazole cap delayed release 20 mg</i>	
<i>omeprazole cap delayed release 40 mg</i>	
<i>omeprazole delayed release tab 20 mg</i>	OTC

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv) (generic of PROTONIX)</i>	
<i>pantoprazole sodium ec tab 40 mg (base equiv) (generic of PROTONIX)</i>	
<i>rabeprazole sodium ec tab 20 mg (generic of ACIPHEX)</i>	

### **ULCER DRUGS - PROSTAGLANDINS**

<i>misoprostol tab 100 mcg</i>	
<i>misoprostol tab 100 mcg (generic of CYTOTEC)</i>	
<i>misoprostol tab 200 mcg</i>	
<i>misoprostol tab 200 mcg (generic of CYTOTEC)</i>	

### **ULCER THERAPY COMBINATIONS**

<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 QL (112 ea every 14 days) &amp; 30mg</i>	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (generic of PYLERA)</i>	
<b>HELIDAC MIS THERAPY</b>	
<i>omepra/bicar cap 20-1100</i>	OTC
<i>omeprazole-sodium bicarbonate cap 20-1100 mg (generic of ZEGERID)</i>	
<i>omeprazole-sodium bicarbonate cap 40-1100 mg (generic of ZEGERID)</i>	
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (generic of ZEGERID)</i>	
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (generic of ZEGERID)</i>	

### **URINARY ANTISPASMODICS**

#### **URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	
<i>oxybutynin chloride solution 5 mg/5ml</i>	
<i>oxybutynin chloride tab 5 mg</i>	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	
<i>solifenacin succinate tab 5 mg (generic of VESICARE)</i>	
<i>solifenacin succinate tab 10 mg (generic of VESICARE)</i>	



<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>tolterodine tartrate cap er 24hr 2 mg (generic of DETROL LA)</i>	
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<i>tolterodine tartrate cap er 24hr 4 mg (generic of DETROL LA)</i>	
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<i>tolterodine tartrate tab 1 mg (generic of DETROL)</i>	
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<i>tolterodine tartrate tab 2 mg (generic of DETROL)</i>	
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<i>tropium chloride cap er 24hr 60 mg</i>	
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<i>tropium chloride tab 20 mg</i>	
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<i>VESICARE LS SUS 5MG/5ML</i>	
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**URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**

<i>bethanechol chloride tab 5 mg</i>	
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<i>bethanechol chloride tab 10 mg</i>	
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<i>bethanechol chloride tab 25 mg</i>	
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<i>bethanechol chloride tab 50 mg</i>	
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**URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS**

<i>flavoxate hcl tab 100 mg</i>	
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**VAGINAL AND RELATED PRODUCTS**

**VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate vaginal cream 2% (generic of CLEOCIN)</i>	
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<i>clotrimazole vaginal cream 1%</i>	OTC
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<i>clotrimazole vaginal cream 2%</i>	OTC
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<i>metronidazole vaginal gel 0.75%</i>	
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<i>MICONAZOLE 1 KIT COMBO</i>	OTC
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<i>miconazole 3 sup 200mg</i>	
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<i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</i>	OTC
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<i>miconazole nitrate vaginal cream 2%</i>	OTC
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<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	OTC
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<i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</i>	OTC
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<i>miconazole nitrate vaginal supp 1200 mg &amp; 2% cream kit</i>	OTC
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<i>miconazole nitrate vaginal suppos 100 mg</i>	OTC
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<i>MONISTAT 3 KIT COMBO PK</i>	OTC
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<i>MONISTAT 7 KIT COMBO PK</i>	OTC
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<i>MONISTAT 7 KIT COMPLETE</i>	OTC
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<i>terconazole vaginal cream 0.4%</i>	
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<i>terconazole vaginal cream 0.8%</i>	
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<i>terconazole vaginal suppos 80 mg</i>	
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<i>vandazole gel 0.75%</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>VAGINAL ANTI-INFLAMMATORY AGENTS</b>	
<i>hydrocortisone perivaginal cream 1%</i>	OTC
<b>VAGINAL ESTROGENS</b>	
<i>estradiol vaginal cream 0.1 mg/gm (generic of ESTRACE)</i>	
<i>estradiol vaginal tab 10 mcg (generic of VAGIFEM)</i>	
PREMARIN VAG CRE 0.625MG	
<i>yuvafem tab 10mcg (generic of VAGIFEM)</i>	
<b>VAGINAL PROGESTINS</b>	
PROGESTERONE SUP VGS 100	
PROGESTERONE SUP VGS 200	
<b>VASOPRESSORS</b>	
<b>ANAPHYLAXIS THERAPY AGENTS</b>	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	QL (8 pens every year)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	QL (8 pens every year)
(generic of EPIPEN 2-PAK)	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	QL (8 pens every year)
(generic of EPIPEN-JR 2-PAK)	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	QL (8 pens every year)
<b>VASOPRESSORS</b>	
<i>midodrine hcl tab 2.5 mg</i>	
<i>midodrine hcl tab 5 mg</i>	
<i>midodrine hcl tab 10 mg</i>	
<b>VITAMINS</b>	
<b>OIL SOLUBLE VITAMINS</b>	
<i>ergocalciferol cap 1.25 mg (50000 unit) (generic of DRISDOL)</i>	
<i>phytonadione tab 5 mg</i>	
<i>vitamin d2/ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	OTC
VITAMIN D3 DRO 5000UNIT	OTC
<i>vitamin d3/cholecalciferol cap 1.25 mg (50000 unit)</i>	OTC
<i>vitamin d3/cholecalciferol cap 10 mcg (400 unit)</i>	OTC
<i>vitamin d3/cholecalciferol cap 25 mcg (1000 unit)</i>	OTC
<i>vitamin d3/cholecalciferol cap 50 mcg (2000 unit)</i>	OTC
<i>vitamin d3/cholecalciferol cap 125 mcg (5000 unit)</i>	OTC
<i>vitamin d3/cholecalciferol cap 250 mcg (10000 unit)</i>	OTC
<i>vitamin d3/cholecalciferol chew tab 25 mcg (1000 unit)</i>	OTC
<i>vitamin d3/cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	OTC
<i>vitamin d3/cholecalciferol tab 125 mcg (5000 unit)</i>	OTC

**\$0** - Zero Dollar Copay **OTC** - Over the counter **Opioid PA** - PA for > 90 MME across all Opioids **PA** - Prior Authorization **QL** - Quantity Limit **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>vitamin e cap 45 mg (100 unit)</i>	OTC
<i>vitamin e cap 90 mg (200 unit)</i>	OTC
<i>vitamin e cap 100 unit</i>	OTC
<i>vitamin e cap 134 mg (200 unit)</i>	OTC
<i>vitamin e cap 180 mg (400 unit)</i>	OTC
<i>vitamin e cap 200 unit</i>	OTC
<i>vitamin e cap 268 mg (400 unit)</i>	OTC
<i>vitamin e cap 400 unit</i>	OTC
<i>vitamin e oral oil 45 mg/0.25ml (100 unit/0.25ml)</i>	OTC
<i>vitamin e oral oil 67 mg/0.25ml (100 unit/0.25ml)</i>	OTC
<i>vitamin e soln 6.75 mg/0.3ml (15 unit/0.3ml)</i>	OTC
<b>WATER SOLUBLE VITAMINS</b>	
<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>pyridoxine hcl tab 25 mg</i>	OTC

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<i>mcg/act (base equiv)</i> .....	35	<i>levo-t tab 112mcg</i> .....	125
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.....	117	<i>levo-t tab 150mcg</i> .....	125
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<i>psyllium powder 30.9%</i> .....	97	<b>QINLOCK TAB 50MG</b> .....	57
<i>psyllium powder 30%</i> .....	97	<b>QUESTRAN</b>	
<i>psyllium powder 33%</i> .....	97	<i>see cholestyramine powder 4 gm/dose</i>	
<i>psyllium powder 43%</i> .....	97	.....	44
<i>psyllium powder 48.57%</i> .....	97	<i>see cholestyramine powder packets 4</i>	
<i>psyllium powder 49%</i> .....	97	<i>gm</i> .....	44
<i>psyllium powder 51.7%</i> .....	97	<b>QUESTRAN LIGHT</b>	
<i>psyllium powder 58.6%</i> .....	97	<i>see cholestyramine light powder 4</i>	
<i>psyllium powder 95%</i> .....	97	<i>gm/dose</i> .....	44
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<i>see budesonide inhalation susp 0.25</i>		<i>quinapril hcl tab 10 mg</i> .....	46
<i>mg/2ml</i> .....	34	<i>quinapril hcl tab 20 mg</i> .....	46
<i>see budesonide inhalation susp 0.5</i>		<i>quinapril hcl tab 40 mg</i> .....	46
<i>mg/2ml</i> .....	34	<i>quinapril hcl tab 5 mg</i> .....	46
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.....	34	<i>mg</i> .....	50
<b>PULMICORT INH 180MCG</b> .....	34	<i>quinapril-hydrochlorothiazide tab 20-12.5</i>	
<b>PULMICORT INH 90MCG</b> .....	34	<i>mg</i> .....	50
<i>pulmosal neb 7%</i> .....	79	<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	
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<i>mg/5ml</i> .....	51	<i>ranolazine tab er 12hr 1000 mg</i> .....	32
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