



October 2023

**Molina Healthcare of Nevada
&
Nevada Check-Up**

**Preferred Drug List
(Formulary)/
Lista de Medicamentos Preferidos
(Formulario)**



**Non-Discrimination Notification
Molina Healthcare of Nevada
Medicaid**

Molina Healthcare of Nevada (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy, and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - o Skilled sign language interpreters
 - o Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - o Skilled interpreters
 - o Written material translated in your language
 - o Material that is simply written in plain language

If you need these services, contact Molina Member Services at (833) 685-2102, TTY: 711, Monday - Friday, 8 a.m. to 6 p.m. PST.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or e-mail. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also e-mail your complaint to civil.rights@molinahealthcare.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

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

You can also send it to a website through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or call (800) 368-1019, TTY (800) 537-7697.



- English** **ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-472-4585 (TTY: 711).**
- Spanish** **ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-472-4585 (TTY: 711).**
- French Creole **ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (Haitian Creole) 1-888-472-4585 (TTY: 711).**
- Vietnamese **CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-472-4585 (TTY: 711).**
- Portuguese **ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-472-4585 (TTY: 711).**
- 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 1-888-472-4585 (TTY: 711)。**
- French **ATTENTION : Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-888-472-4585 (TTY: 711).**
- Tagalog **PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-472-4585 (TTY: 711).**
- Russian **ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-472-4585 (телетайп: 711).**
- Arabic **ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-472-4585 (رقم هاتف الصم والبكم: 711).**
- Italian **ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-472-4585 (TTY: 711).**
- German **ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-472-4585 (TTY: 711).**
- Korean **주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-472-4585 (TTY: 711) 번으로 전화해 주십시오.**
- Polish **UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-472-4585 (TTY: 711).**
- Gujarati **વધુ માહિતી: જો તમે ગુજરાતી બોલો છો, તો તમને મુક્તિ ભાષા સહાયતા સેવાઓ ઉપલબ્ધ છે. કૃપા કરીને 1-888-472-4585 (TTY: 711) નંબર પર કોલ કરો.**

Thai

เรียน :
ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี
โทร 1-888-472-4585 (TTY: 711).

CONTENTS/CONTENIDO

(10/01/2023)

FORMULARY GUIDE (ENGLISH)

INTRODUCTION

We are pleased to provide the *2023 Molina Healthcare of Nevada Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically appropriate and cost-effective products for their patients.

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

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

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

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

PREFACE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

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

GENERIC SUBSTITUTION

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

Prescription generic drugs are:

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

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

PLAN DESIGN

The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met

(i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log into www.molinahealthcare.com to check coverage.

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (844) 259-1689. The forms may be obtained by logging into the website www.molinahealthcare.com. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from MHU Pharmacy Department, please provide relevant information with the Prior Authorization request.

The following are examples:

Class of Medication/Diagnosis	Requested Clinical Information
Cholesterol Lowering	Lipid Panel, Cardiovascular risk factors
Diabetes	A1c Report
Non-Formulary/Non-Preferred Medication	Medication Log and/or Progress Notes documenting previous use of Formulary medications

REQUESTING FORMULARY CHANGES

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

Fax: (844) 259-1689

CATEGORIES OF CONSIDERATION

OPIOID ANALGESICS

All Opioid Analgesics are subject to a Morphine Equivalent Dose of 60 mg per day. Concurrent use of opioids with benzodiazepines or muscle relaxants is excluded.

EXCLUDED SERVICES

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

- Drugs not eligible for Federal Medicaid funds
- Drugs for anorexia, weight loss or weight gain
- Drugs to promote fertility
- Drugs for cosmetic purposes or hair growth
- Nonprescription drugs (Over-the-Counter or OTC), except for the medications listed on the preferred drug list
- Drugs for which the manufacturer requires, as a condition of sale, that associated tests and monitoring services are purchased exclusively from the manufacturer or its designee
- Drugs for the treatment of sexual or erectile dysfunction
- Experimental or Investigational Medications
- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related or similar drugs (frequently referred to as “DESI 5 and 6” drugs)
- Drug product not in Medicaid Drug Rebate Program

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2023. All rights reserved.

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

FORMULARY UPDATES

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

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

Date Effective	Product Name	Change	Notes
10/1/2023	Adalimumab-fkjp AJKT 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Adalimumab-fkjp AJKT 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Adalimumab-fkjp PSKT 20MG/0.4ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Adalimumab-fkjp PSKT 20MG/0.4ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Adalimumab-fkjp PSKT 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Adalimumab-fkjp PSKT 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Hadlima PushTouch SOAJ 40MG/0.4ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Hadlima PushTouch SOAJ 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Hadlima SOSY 40MG/0.4ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Hadlima SOSY 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Humira Pediatric Crohns Start PSKT 80 MG/0.8ML &40MG/0.4ML	Remove from formulary	
10/1/2023	Humira Pediatric Crohns Start PSKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen PNKT 40MG/0.4ML	Remove from formulary	
10/1/2023	Humira Pen PNKT 40MG/0.4ML	Remove from formulary	
10/1/2023	Humira Pen PNKT 40MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen PNKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-CD/UC/HS Starter PNKT 40MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-CD/UC/HS Starter PNKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-CD/UC/HS	Remove from formulary	

Date Effective	Product Name	Change	Notes
	Starter PNKT 80MG/0.8ML		
10/1/2023	Humira Pen-Pediatric UC Start PNKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen- Ps/UV/Adol HS Start PNKT 40MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-Psor/Uveit Starter PNKT 80 MG/0.8ML &40MG/0.4ML	Remove from formulary	
10/1/2023	Humira PSKT 10MG/0.1ML	Remove from formulary	
10/1/2023	Humira PSKT 20MG/0.2ML	Remove from formulary	
10/1/2023	Humira PSKT 40MG/0.4ML	Remove from formulary	
10/1/2023	Humira PSKT 40MG/0.8ML	Remove from formulary	

LEGEND

AGE	Age Limit
MED	Max 60 mg Morphine Equivalent Dose per day
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
PA, QL	Quantity Limit is applied after Prior Authorization approval
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
<i>lowercase</i>	Indicates generic availability
UPPERCASE	Indicates brand availability

GUÍA DE FORMULARIO (ESPAÑOL)

INTRODUCCIÓN

Nos complace proporcionar la *Lista de Medicamentos Preferidos de Molina Healthcare of Nevada 2023 (Formulario)* como una herramienta de referencia e información útil. Este documento puede ayudar a los proveedores médicos a seleccionar productos clínicamente apropiados y rentables para sus pacientes.

Los medicamentos representados fueron revisados por un Comité de Farmacia y Terapéutica (P&T, *Pharmacy and Therapeutics*) y están aprobados para su inclusión. En el documento se refleja la práctica médica actual a la fecha de revisión.

La información contenida en este documento y sus apéndices se proporciona únicamente para la conveniencia de los proveedores médicos. No garantizamos ni aseguramos la exactitud de dicha información. Tampoco fue hecha con un propósito integral. Toda la información del documento se proporciona como referencia para la selección de la terapia con medicamentos.

El documento está sujeto a normas y reglamentos específicos del estado, incluidos, entre otros, aquellos relacionados con la sustitución genérica, los programas de sustancias de administración controlada, la preferencia de marcas y los genéricos obligatorios cuando corresponda.

No asumimos responsabilidad alguna por las acciones u omisiones de cualquier proveedor médico en función de la confianza, total o parcial, en la información contenida en el presente documento. El proveedor médico debe consultar la documentación del producto provista por el fabricante del medicamento o las referencias estándar para obtener información más detallada.

PREFACIO

El documento está organizado en secciones. Cada sección se divide según la clase terapéutica del fármaco, la cual está definida principalmente por el mecanismo de acción.

COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T)

Los servicios de un Comité de Farmacia y Terapéutica (P&T) se utilizan para aprobar tratamientos con medicamentos seguros y clínicamente eficaces. El Comité de P&T es un organismo asesor de profesionales clínicos. Entre los miembros votantes del Comité de P&T, se encuentran médicos y farmacéuticos, los cuales tienen una amplia experiencia clínica y académica respecto de los medicamentos recetados. Los

miembros votantes del Comité de P&T deben divulgar cualquier relación financiera o conflicto de intereses con cualquier fabricante farmacéutico.

DESCRIPCIONES DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS

Para ayudar a entender cuáles son las fortalezas específicas y las formas de dosificación que se incluyen en el documento, los principios generales se describen a continuación.

- En la primera columna del cuadro se indica el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (p. ej., LIPITOR). Los medicamentos genéricos se indican en letra minúscula en cursiva (p. ej., atorvastatin).
- La segunda columna (Requisitos/Límites) contiene cualquier requisito especial para la cobertura de su medicamento.
- Si las versiones de productos de venta libre (OTC, *Over The Counter*) y las versiones de productos con receta médica están cubiertas, se indican ambas.
- Los productos de liberación prolongada y de liberación retardada requieren su propia entrada.
- Las formas de dosificación en el documento serán coherentes con la categoría y el uso en que se clasificaron.

SUSTITUCIÓN GENÉRICA

La sustitución genérica es una acción de farmacia en la que se administra una versión genérica en lugar de un producto de marca recetado. En este documento, la letra minúscula en cursiva indica la disponibilidad genérica. En la mayoría de los casos, un medicamento de marca registrada para el cual haya un producto genérico disponible no tendrá formulario y presentará el producto genérico cubierto en su lugar en el momento de lanzar el producto genérico al mercado. Sin embargo, el documento está sujeto a regulaciones y normas específicas del estado relacionadas con la sustitución genérica y se aplican normas genéricas obligatorias si corresponde.

Los medicamentos genéricos con receta médica cuentan con las siguientes características:

- Normalmente, tienen un precio menor que sus equivalentes de marca.
- Están aprobados por la Administración de Alimentos y Medicamentos de los EE. UU. en términos de seguridad y eficacia. Además, se fabrican bajo las mismas normas estrictas que se aplican a medicamentos de marca.
- Se probaron en humanos para garantizar que el genérico sea absorbido en el torrente sanguíneo en una tasa y extensión similares en comparación con el medicamento de marca (bioequivalencia). Los genéricos pueden ser diferentes de los de la marca en cuanto a tamaño, color e ingredientes inactivos, pero esto

no altera su eficacia o capacidad para ser absorbidos, tal como el medicamento de marca.

- Se fabrican con la misma concentración y dosificación que los medicamentos de marca.

Cuando un medicamento genérico es sustituido por un medicamento de marca, se puede esperar que el medicamento genérico tenga el mismo efecto clínico y perfil de seguridad que el medicamento de marca (equivalencia terapéutica).

DISEÑO DE PLANES

Los medicamentos que aparecen en el documento están cubiertos por el plan según lo que se representa. Algunos medicamentos de la lista están cubiertos si se cumplen los criterios de administración de utilización (es decir, terapia progresiva, autorización previa, límites de cantidad, etc.). Las solicitudes de uso de dichos medicamentos que estén fuera de los criterios enumerados se revisarán según la necesidad médica. Si un medicamento no aparece en el documento, es posible que se solicite una excepción de formulario para la cobertura. Las solicitudes de necesidad médica o de excepción de formulario se revisarán en función de los criterios de autorización previos específicos para el medicamento o los criterios estándar de solicitud de receta médica no convencional. Inicie sesión en www.molinahealthcare.com para revisar la cobertura.

PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA

Las recetas de medicamentos que requieren aprobación previa o para medicamentos que no están incluidos en el Formulario de Medicamentos de Molina pueden ser aprobadas cuando son médicamente necesarias y cuando se haya demostrado que las alternativas del formulario son ineficaces. Cuando estas situaciones excepcionales ocurren, su proveedor puede enviar por fax un formulario completado de autorización previa de medicamentos a Molina al (844) 259-1689. Inicie sesión en el sitio web de www.molinahealthcare.com para obtener los formularios. Los ensayos de muestras farmacéuticas no se considerarán como justificativos para la aprobación de una solicitud de autorización previa.

CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA

Para garantizar la respuesta más rápida posible del Departamento de Farmacia de MHU, proporcione la información pertinente con la solicitud de autorización previa.

Observe los siguientes ejemplos:

Clase de medicamento o diagnóstico	Información clínica solicitada
Reducción de colesterol	Perfil lipídico, factores de riesgo cardiovasculares
Diabetes	Resultados de prueba de A1c

Medicamento no preferido/fuera del formulario	Los Registros de Medicamentos o Notas de Progreso en los cuales se documente que el medicamento del formulario se utilizó con anterioridad
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SOLICITUD DE CAMBIOS EN EL FORMULARIO

Si usted es un recetador y desea solicitar un cambio en el formulario, envíe su solicitud y fundamento al Departamento de Farmacia de Molina con su información de contacto.

Fax: (844) 259-1689

CATEGORÍAS DE CONSIDERACIÓN

ANALGÉSICOS OPIOIDES

Todos los Analgésicos Opioides están sujetos a una dosis equivalente de morfina de 60 mg por día. Se excluye el uso concomitante de opioides con benzodiazepinas o relajantes musculares.

SERVICIOS EXCLUIDOS

Tenga en cuenta que algunos medicamentos están excluidos. Estos incluyen, entre otros:

- Medicamentos no aptos para fondos Federales de Medicaid
- Medicamentos contra la anorexia, pérdida de peso o aumento de peso
- Medicamentos para promover la fertilidad
- Medicamentos para fines cosméticos o el crecimiento del cabello
- Medicamentos sin receta (de venta libre u OTC), excepto aquellos medicamentos que aparecen en la lista de medicamentos preferidos
- Medicamentos para los que el fabricante requiere, como condición de venta, que las pruebas y los servicios de monitoreo asociados se compren exclusivamente al fabricante o a su representante
- Medicamentos para el tratamiento de la disfunción sexual o eréctil
- Medicamentos experimentales o en fase de investigación
- Productos farmacéuticos que la Administración de Alimentos y Medicamentos de los EE. UU. (FDA) determina que son menos eficaces y medicamentos idénticos, relacionados o similares (denominados, con frecuencia, medicamentos “DESI 5 y 6”)
- Producto farmacéutico no perteneciente al Programa de Devolución de Medicamentos de Medicaid

AVISO

La información contenida en este documento es patentada. La información no se puede copiar en su totalidad o en parte sin el permiso por escrito. ©2023. Todos los derechos reservados.

Este documento contiene referencias a medicamentos con receta que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos.

ACTUALIZACIONES DEL FORMULARIO

Revise los cambios de formulario que pertenecen al Beneficio de Farmacia, a menos que se denoten de otra manera. Si tiene preguntas, comuníquese con el soporte técnico de la farmacia del plan de salud de Molina.

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

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Date Effective	Product Name	Change	Notes
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10/1/2023	Humira Pediatric Crohns Start PSKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen PNKT 40MG/0.4ML	Remove from formulary	
10/1/2023	Humira Pen PNKT 40MG/0.4ML	Remove from formulary	
10/1/2023	Humira Pen PNKT 40MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen PNKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-CD/UC/HS Starter PNKT 40MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-CD/UC/HS Starter PNKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-CD/UC/HS Starter PNKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-Pediatric UC Start PNKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-Ps/UV/Adol HS Start PNKT 40MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-Psor/Uveit Starter PNKT 80 MG/0.8ML &40MG/0.4ML	Remove from formulary	
10/1/2023	Humira PSKT 10MG/0.1ML	Remove from formulary	
10/1/2023	Humira PSKT 20MG/0.2ML	Remove from formulary	
10/1/2023	Humira PSKT 40MG/0.4ML	Remove from formulary	
10/1/2023	Humira PSKT 40MG/0.8ML	Remove from formulary	

LEYENDA

AGE	Límite de edad
MED	Dosis equivalente de morfina de 60 mg como máximo por día
OTC	Medicamento de venta libre, beneficio cubierto con una receta médica
PA	Autorización previa
PA, QL	Límite de cantidad que se aplica después de la aprobación de la Autorización Previa
QL	Límite de Cantidad
SP	Medicamento de especialidad; estos medicamentos se deben obtener a través de una farmacia de especialidad
ST	Terapia progresiva
<i>minúscula</i>	Indica disponibilidad genérica
MAYÚSCULA	Indica disponibilidad de la marca

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Drug Name	Requirements/Limits
*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS***	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	QL (1 EA per 1 day)
*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR***	
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	QL (1 EA per 1 day)
*AMPHETAMINE MIXTURES***	
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg</i>	QL (3 EA per 1 day); AGE (Min 3 Years)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	QL (2 EA per 1 day); AGE (Min 3 Years)
<i>amphetamine-dextroamphetamine oral tablet 7.5 mg</i>	QL (5 EA per 1 day); AGE (Min 3 Years)
*AMPHETAMINES***	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	QL (6 EA per 1 day); AGE (Min 3 Years and Max 1 Years)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	QL (1 EA per 1 day); AGE (Min 6 Years)
*ANALEPTICS***	
<i>caffeine citrate oral solution 60 mg/3ml</i>	QL (MAX 120ML PER LIFETIME)
*STIMULANTS - MISC.***	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	QL (1 EA per 1 day); AGE (Min 17 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	QL (1 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	QL (2 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	QL (3 EA per 1 day); AGE (Min 6 Years)

AGE - Age Limit **MED** - Max 60 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	QL (30 ML per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	QL (15 ML per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	QL (3 EA per 1 day); AGE (Min 6 Years)
<i>modafinil oral tablet 100 mg, 200 mg</i>	QL (1 EA per 1 day); AGE (Min 17 Years)
*ALTERNATIVE MEDICINE - ME'S***	
<i>cvs melatonin oral capsule 5 mg</i>	QL (2 EA per 1 day)
<i>kp melatonin oral tablet 3 mg</i>	QL (1 EA per 1 day)
<i>melatonin oral capsule 3 mg</i>	QL (2 EA per 1 day)
<i>melatonin oral liquid 1 mg/4ml</i>	QL (20 ML per 1 day)
<i>melatonin oral tablet 1 mg, 300 mcg, 5 mg</i>	QL (1 EA per 1 day)
<i>melatonin tr oral tablet extended release 10 mg</i>	QL (1 EA per 1 day)
<i>sm melatonin oral tablet dispersible 5 mg</i>	QL (20 EA per 1 day)
*ALTERNATIVE MEDICINE COMBINATIONS - TWO INGREDIENTS***	
<i>melatonin tr with vitamin b6 oral tablet extended release 3-10 mg</i>	QL (2 EA per 1 day)
<i>melatonin/vitamin b-6 ex st oral tablet 3-1 mg</i>	QL (2 EA per 1 day)
<i>ra melatonin oral tablet 3-2 mg</i>	QL (2 EA per 1 day)
*AMINOGLYCOSIDES***	
<i>neomycin sulfate oral tablet 500 mg</i>	
<i>paromomycin sulfate oral capsule 250 mg</i>	
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***	
XELJANZ ORAL SOLUTION 1 MG/ML	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	PA
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***	
<i>adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml</i>	PA; QL (2 EA per 28 days)
<i>adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	PA; QL (2 EA per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	PA; QL (2 EA per 28 days)

AGE - Age Limit **MED** - Max 60 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	PA; QL (2 EA per 28 days)
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS***	
<i>celecoxib oral capsule 100 mg, 50 mg</i>	QL (4 EA per 1 day)
<i>celecoxib oral capsule 200 mg, 400 mg</i>	QL (2 EA per 1 day)
*INTERLEUKIN-6 RECEPTOR INHIBITORS***	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	PA
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***	
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG	QL (6 EA per 1 day)
<i>cvs ibuprofen oral tablet 200 mg</i>	QL (4 EA per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	QL (4 EA per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	QL (2 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg</i>	QL (3 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	QL (2 EA per 1 day)
<i>etodolac oral tablet 400 mg</i>	QL (3 EA per 1 day)
<i>etodolac oral tablet 500 mg</i>	QL (2 EA per 1 day)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	QL (4 EA per 1 day)
<i>goodsense ibuprofen childrens oral suspension 100 mg/5ml</i>	QL (160 ML per 1 day)
<i>goodsense ibuprofen infants oral suspension 50 mg/1.25ml</i>	QL (160 ML per 1 day)
<i>ibuprofen oral capsule 200 mg</i>	QL (4 EA per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	QL (4 EA per 1 day)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	QL (4 EA per 1 day)
<i>ketorolac tromethamine oral tablet 10 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years); MAX 5 DAYS
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	QL (1 EA per 1 day)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	QL (4 EA per 1 day)
<i>naproxen oral suspension 125 mg/5ml</i>	QL (100 ML per 1 day)
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	QL (3 EA per 1 day)
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	QL (3 EA per 1 day)
<i>naproxen sodium oral tablet 220 mg</i>	QL (3 EA per 1 day)
<i>oxaprozin oral tablet 600 mg</i>	PA; QL (3 EA per 1 day)
<i>piroxicam oral capsule 10 mg</i>	PA; QL (4 EA per 1 day)
<i>piroxicam oral capsule 20 mg</i>	PA; QL (2 EA per 1 day)
<i>sm ibuprofen jr oral tablet 100 mg</i>	QL (4 EA per 1 day)
<i>sulindac oral tablet 150 mg, 200 mg</i>	QL (3 EA per 1 day)
<i>tgt naproxen sodium oral capsule 220 mg</i>	

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Drug Name	Requirements/Limits
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***	
OTEZLA ORAL TABLET 30 MG	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	PA
*PYRIMIDINE SYNTHESIS INHIBITORS***	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	QL (1 EA per 1 day)
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	PA; QL (4 EA per 24 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	PA; QL (4 ML per 24 days)
*ANALGESICS OTHER***	
<i>acetaminophen oral solution 160 mg/5ml</i>	
<i>acetaminophen rectal suppository 650 mg</i>	QL (6 EA per 1 day)
<i>childrens acetaminophen oral tablet dispersible 80 mg</i>	QL (50 EA per 1 day)
<i>childrens non-aspirin oral tablet chewable 80 mg</i>	QL (6 EA per 1 day)
<i>ed-apap oral liquid 160 mg/5ml</i>	
<i>fever reducer childrens rectal suppository 120 mg</i>	QL (34 EA per 1 day)
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG	QL (50 EA per 1 day)
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG	QL (12 EA per 1 day)
<i>goodsense arthritis pain oral tablet extended release 650 mg</i>	QL (6 EA per 1 day)
<i>goodsense pain & fever child oral suspension 160 mg/5ml</i>	
<i>goodsense pain relief extra st oral tablet 500 mg</i>	QL (8 EA per 1 day)
<i>goodsense pain relief oral tablet 325 mg</i>	QL (12 EA per 1 day)
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML	
<i>non-aspirin jr strength oral tablet chewable 160 mg</i>	QL (6 EA per 1 day)
<i>pain relief childrens oral elixir 325 mg/10.15ml</i>	
<i>tgt pain reliever jr st oral tablet dispersible 160 mg</i>	QL (25 EA per 1 day)
*ANALGESICS-SEDATIVES***	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	QL (2 EA per 1 day); AGE (Max 64 Years)
*SALICYLATE COMBINATIONS***	
<i>tri-buffered aspirin oral tablet 325 mg</i>	

AGE - Age Limit **MED** - Max 60 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
ST - Step Therapy

Drug Name	Requirements/Limits
*SALICYLATES***	
<i>aspirin oral tablet delayed release 325 mg</i>	QL (12 EA per 1 day)
<i>aspirin rectal suppository 300 mg, 600 mg</i>	
BAYER ADVANCED ASPIRIN EX ST ORAL TABLET 500 MG	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	QL (1 EA per 1 day)
<i>goodsense aspirin oral tablet 325 mg</i>	QL (12 EA per 1 day)
<i>goodsense aspirin oral tablet chewable 81 mg</i>	QL (1 EA per 1 day)
<i>salsalate oral tablet 500 mg, 750 mg</i>	QL (4 EA per 1 day)
*CODEINE COMBINATIONS***	
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	QL (3750 ML per 25 days); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	QL (6 EA per 1 day); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	QL (8 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
*HYDROCODONE COMBINATIONS***	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	QL (3750 ML per 25 days); MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	QL (6 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
*OPIOID AGONISTS***	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	QL (12 EA per 1 day); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required
<i>codeine sulfate oral tablet 60 mg</i>	QL (8 EA per 1 day); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	PA; QL (0.334 EA per 1 day); MED
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	QL (12 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	PA; MED
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	ST; QL (3 EA per 1 day); Requires prior use of IR Opioid; MED
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	MED; Max 7 day supply for initial fill or PA required

AGE - Age Limit **MED** - Max 60 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
ST - Step Therapy

Drug Name	Requirements/Limits
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	QL (3 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl oral solution 5 mg/5ml</i>	QL (240 ML per 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	QL(120); MED; Max 7 day supply for initial fill or PA required
<i>tramadol hcl oral tablet 50 mg</i>	QL (8 EA per 1 day); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required
*OPIOID COMBINATIONS***	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	QL (6 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	QL (8 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
*OPIOID PARTIAL AGONISTS***	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	QL (12 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	QL (3 EA per 1 day)
*ANDROGENS***	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	
*INTRARECTAL STEROIDS***	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	QL (1680 ML per 1 day)
*RECTAL ANESTHETIC COMBINATIONS***	
<i>hemorrhoidal external cream 1-0.25-14.4-15 %</i>	
*RECTAL LOCAL ANESTHETICS***	
<i>dibucaine (perianal) external ointment 1 %</i>	
*RECTAL STEROIDS***	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	QL (7 EA per 1 day)
PROCTOSOL HC EXTERNAL CREAM 2.5 %	

AGE - Age Limit **MED** - Max 60 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
ST - Step Therapy

Drug Name	Requirements/Limits
*ANTACID & SIMETHICONE***	
<i>antacid plus anti-gas relief oral suspension 200-200-20 mg/5ml</i>	
<i>mag-al plus xs oral liquid 400-400-40 mg/5ml</i>	
MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG	
*ANTACID COMBINATIONS***	
ACID GONE ORAL SUSPENSION 95-358 MG/15ML	
<i>antacid extra strength oral tablet chewable 675-135 mg</i>	
<i>cvs antacid supreme oral suspension 400-135 mg/5ml</i>	
<i>heartburn antacid ex st oral tablet chewable 160-105 mg</i>	
*ANTACIDS - BICARBONATE***	
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	
*ANTACIDS - CALCIUM SALTS***	
<i>antacid maximum oral tablet chewable 1000 mg</i>	
<i>antacid oral tablet chewable 500 mg</i>	
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	
<i>calcium carbonate antacid oral tablet 648 mg</i>	
<i>childrens soothe oral tablet chewable 400 mg</i>	
TUMS SMOOTHIES ORAL TABLET CHEWABLE 750 MG	
*ANTACIDS - MAGNESIUM SALTS***	
<i>magnesium oxide oral tablet 250 mg, 420 mg</i>	
*ANTHELMINTICS***	
<i>albendazole oral tablet 200 mg</i>	QL (4 EA per 1 day)
EMVERM ORAL TABLET CHEWABLE 100 MG	QL (4 EA per 1 day)
<i>ivermectin oral tablet 3 mg</i>	QL (16 EA per 2 days); MAX 2 DAYS, MAX 1 FILL/30 DAYS
<i>reeses pinworm medicine oral suspension 144 (50 base) mg/ml</i>	
*ANTIANGINALS-OTHER***	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	PA; QL (2 EA per 1 day)
*NITRATES***	
<i>isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg</i>	QL (4 EA per 1 day)
<i>isosorbide dinitrate oral tablet 20 mg</i>	QL (6 EA per 1 day)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	QL (2 EA per 1 day)
<i>isosorbide mononitrate oral tablet 10 mg</i>	QL (3 EA per 1 day)
<i>isosorbide mononitrate oral tablet 20 mg</i>	QL (2 EA per 1 day)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	QL (10 EA per 1 day)

AGE - Age Limit **MED** - Max 60 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
ST - Step Therapy

Drug Name	Requirements/Limits
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	QL (1 EA per 1 day)
*ANTIANGIENOSIS AGENTS - MISC.***	
<i>bupirone hcl oral tablet 10 mg</i>	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>bupirone hcl oral tablet 15 mg</i>	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>bupirone hcl oral tablet 5 mg</i>	QL (8 EA per 1 day); AGE (Min 6 Years)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	QL (8 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 100 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	QL (8 EA per 1 day)
*BENZODIAZEPINES***	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	QL (3 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	QL (4 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	PA; QL (3 ML per 1 day); AGE (Max 64 Years)
<i>diazepam oral solution 5 mg/5ml</i>	QL (4 ML per 1 day)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	QL (3 EA per 1 day)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	QL (3 ML per 1 day); AGE (Min 12 Years)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	QL (3 EA per 1 day); AGE (Min 12 Years)
<i>oxazepam oral capsule 10 mg, 15 mg</i>	QL (3 EA per 1 day); AGE (Min 6 Years)
<i>oxazepam oral capsule 30 mg</i>	QL (4 EA per 1 day); AGE (Min 6 Years)
*ANTIARRHYTHMICS TYPE I-A***	
<i>disopyramide phosphate oral capsule 100 mg</i>	QL (8 EA per 1 day)
<i>disopyramide phosphate oral capsule 150 mg</i>	QL (5 EA per 1 day)
<i>quinidine sulfate oral tablet 300 mg</i>	QL (8 EA per 1 day)

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Drug Name	Requirements/Limits
*ANTIARRHYTHMICS TYPE I-B***	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	QL (6 EA per 1 day)
*ANTIARRHYTHMICS TYPE I-C***	
<i>flecainide acetate oral tablet 100 mg</i>	QL (6 EA per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	QL (3 EA per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	QL (7 EA per 1 day)
<i>propafenone hcl oral tablet 150 mg</i>	QL (6 EA per 1 day)
<i>propafenone hcl oral tablet 225 mg, 300 mg</i>	QL (3 EA per 1 day)
*ANTIARRHYTHMICS TYPE III***	
<i>amiodarone hcl oral tablet 200 mg</i>	QL (4 EA per 1 day)
*5-LIPOXYGENASE INHIBITORS***	
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	QL (4 EA per 1 day)
*ADRENERGIC COMBINATIONS***	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	QL (2 EA per 1 day)
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	QL (20.6 GM per 25 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	QL (20.4 GM per 25 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	QL (13 GM per 25 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	QL (2 EA per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	QL (0.04 EA per 1 day)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	QL (360 ML per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	QL (2 EA per 1 day)
*ANTI-IGE MONOCLONAL ANTIBODIES***	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	PA; QL (2.5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	PA; QL (5 EA per 24 days)
*ANTI-INFLAMMATORY AGENTS***	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	QL (26 ML per 1 day)
*BETA ADRENERGICS***	
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	QL (18 GM per 25 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	QL (6.7 GM per 25 days)

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Drug Name	Requirements/Limits
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	QL (8.5 GM per 25 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	QL (225 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml</i>	QL (300 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 1.25 mg/3ml</i>	QL (150 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	QL (150 EA per 25 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	QL (150 ML per 1 day)
<i>albuterol sulfate oral tablet 4 mg</i>	QL (8 EA per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	QL (270 ML per 25 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	QL (90 EA per 25 days)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	QL (3 GM per 25 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	QL (2 EA per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	QL (2 GM per 1 day)
<i>terbutaline sulfate oral tablet 2.5 mg</i>	QL (8 EA per 1 day)
<i>terbutaline sulfate oral tablet 5 mg</i>	QL (6 EA per 1 day)
*BRONCHODILATORS - ANTICHOLINERGICS***	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	QL (12.9 GM per 25 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	QL (1 EA per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	QL (10 ML per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	QL (4 GM per 25 days)
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	PA
*LEUKOTRIENE RECEPTOR ANTAGONISTS***	
<i>montelukast sodium oral tablet 10 mg</i>	QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	QL (2 EA per 1 day)
*STEROID INHALANTS***	
<i>alvesco inhalation aerosol solution 160 mcg/act, 80 mcg/act</i>	QL (6.1 GM per 25 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	QL (1 EA per 25 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	QL (1 EA per 25 days)

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Drug Name	Requirements/Limits
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	QL (1 EA per 25 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	QL (1 EA per 25 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	QL (4 ML per 1 day); AGE (Max 9 Years)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	QL (0.4 GM per 1 day)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	QL (0.354 GM per 1 day)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	QL (0.354 GM per 1 day)
*XANTHINES***	
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	QL (4 EA per 1 day)
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	QL (2 EA per 1 day)
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	QL (3 EA per 1 day)
<i>theophylline oral solution 80 mg/15ml</i>	
*COUMARIN ANTICOAGULANTS***	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	QL (10 EA per 1 day)
*DIRECT FACTOR XA INHIBITORS***	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	QL (74 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	QL (2 EA per 1 day)
*LOW MOLECULAR WEIGHT HEPARINS***	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	QL (1.6 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	QL (0.6 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	QL (0.8 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	QL (1.2 ML per 1 day)
*SYNTHETIC HEPARINOID-LIKE AGENTS***	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	PA
*ANTICONVULSANTS - BENZODIAZEPINES***	
<i>clobazam oral tablet 10 mg, 20 mg</i>	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	QL (10 EA per 1 day)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	QL (10 EA per 25 days)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	QL (10 EA per 25 days)

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Drug Name	Requirements/Limits
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	QL (10 EA per 25 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	QL (10 EA per 25 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	QL (10 EA per 25 days)
*ANTICONVULSANTS - MISC.**	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	QL (8 EA per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	QL (8 EA per 1 day)
<i>carbamazepine oral suspension 100 mg/5ml</i>	QL (60 ML per 1 day)
<i>carbamazepine oral tablet chewable 100 mg</i>	QL (8 EA per 1 day)
EPITOL ORAL TABLET 200 MG	QL (8 EA per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	QL (10 EA per 1 day)
<i>gabapentin oral capsule 400 mg</i>	QL (9 EA per 1 day)
<i>gabapentin oral solution 250 mg/5ml</i>	
<i>gabapentin oral tablet 600 mg</i>	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	QL (4 EA per 1 day)
<i>lacosamide oral solution 10 mg/ml</i>	QL (20 ML per 1 day)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	QL (2 EA per 1 day)
<i>lamotrigine oral tablet 100 mg</i>	QL (8 EA per 1 day)
<i>lamotrigine oral tablet 150 mg, 200 mg</i>	QL (4 EA per 1 day)
<i>lamotrigine oral tablet 25 mg</i>	QL (10 EA per 1 day)
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	QL (8 EA per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	QL (6 EA per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	QL (4 EA per 1 day)
<i>levetiracetam oral solution 100 mg/ml</i>	QL (30 ML per 1 day)
<i>levetiracetam oral tablet 1000 mg</i>	QL (3 EA per 1 day)
<i>levetiracetam oral tablet 250 mg, 500 mg</i>	QL (6 EA per 1 day)
<i>levetiracetam oral tablet 750 mg</i>	QL (4 EA per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	QL (16.667 ML per 1 day)
<i>oxcarbazepine oral tablet 150 mg</i>	QL (16 EA per 1 day)
<i>oxcarbazepine oral tablet 300 mg</i>	QL (8 EA per 1 day)
<i>oxcarbazepine oral tablet 600 mg</i>	QL (4 EA per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg</i>	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	PA; QL (2 EA per 1 day)
<i>pregabalin oral capsule 50 mg</i>	PA; QL (6 EA per 1 day)
<i>pregabalin oral capsule 75 mg</i>	PA; QL (8 EA per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	QL (4 EA per 1 day)
<i>rufinamide oral suspension 40 mg/ml</i>	QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	QL (16 EA per 1 day)

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Drug Name	Requirements/Limits
<i>rufinamide oral tablet 400 mg</i>	QL (8 EA per 1 day)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	QL (8 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 50 mg</i>	QL (2 EA per 1 day)
<i>topiramate oral tablet 25 mg</i>	QL (4 EA per 1 day)
<i>zonisamide oral capsule 100 mg</i>	QL (6 EA per 1 day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>	QL (2 EA per 1 day)
*GABA MODULATORS***	
<i>tiagabine hcl oral tablet 12 mg</i>	QL (4.67 EA per 1 day)
<i>tiagabine hcl oral tablet 16 mg</i>	QL (3.5 EA per 1 day)
<i>tiagabine hcl oral tablet 2 mg</i>	QL (28 EA per 1 day)
<i>tiagabine hcl oral tablet 4 mg</i>	QL (14 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	QL (6 EA per 1 day)
VIGADRONE ORAL PACKET 500 MG	QL (6 EA per 1 day)
*HYDANTOINS***	
DILANTIN ORAL CAPSULE 30 MG	QL (6 EA per 1 day)
<i>phenytoin oral suspension 100 mg/4ml</i>	QL (20 ML per 1 day)
<i>phenytoin oral tablet chewable 50 mg</i>	QL (5 EA per 1 day)
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	QL (6 EA per 1 day)
*SUCCINIMIDES***	
<i>ethosuximide oral capsule 250 mg</i>	QL (6 EA per 1 day)
<i>ethosuximide oral solution 250 mg/5ml</i>	QL (30 ML per 1 day)
*VALPROIC ACID***	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	QL (10 EA per 1 day)
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	QL (10 EA per 1 day)
<i>divalproex sodium oral tablet delayed release 125 mg</i>	QL (15 EA per 1 day)
<i>divalproex sodium oral tablet delayed release 250 mg, 500 mg</i>	QL (10 EA per 1 day)
<i>valproic acid oral capsule 250 mg</i>	QL (20 EA per 1 day)
<i>valproic acid oral solution 250 mg/5ml</i>	QL (100 ML per 1 day)
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)***	
<i>mirtazapine oral tablet 15 mg, 45 mg</i>	QL (1 EA per 1 day)
<i>mirtazapine oral tablet 30 mg</i>	QL (4 EA per 1 day)
*ANTIDEPRESSANTS - MISC.***	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg</i>	QL (2 EA per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	QL (4 EA per 1 day)

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Drug Name	Requirements/Limits
<i>maprotiline hcl oral tablet 25 mg, 75 mg</i>	QL (3 EA per 1 day)
<i>maprotiline hcl oral tablet 50 mg</i>	QL (4 EA per 1 day)
*MONOAMINE OXIDASE INHIBITORS (MAOIS)***	
<i>phenelzine sulfate oral tablet 15 mg</i>	QL (6 EA per 1 day)
<i>tranylcypromine sulfate oral tablet 10 mg</i>	QL (8 EA per 1 day)
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	QL (20 ML per 1 day)
<i>citalopram hydrobromide oral tablet 10 mg</i>	QL (1.5 EA per 1 day)
<i>citalopram hydrobromide oral tablet 20 mg, 40 mg</i>	QL (2 EA per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	QL (1.5 EA per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	QL (1 EA per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	QL (3 EA per 1 day)
<i>fluoxetine hcl oral capsule 20 mg</i>	QL (4 EA per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	QL (2 EA per 1 day)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	
<i>fluvoxamine maleate oral tablet 100 mg</i>	QL (3 EA per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	QL (2 EA per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	QL (2 EA per 1 day)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	
<i>sertraline hcl oral tablet 100 mg, 50 mg</i>	QL (2 EA per 1 day)
<i>sertraline hcl oral tablet 25 mg</i>	QL (1.5 EA per 1 day)
*SEROTONIN MODULATORS***	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	QL (2 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	QL (3 EA per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	QL (3 EA per 1 day)
*TRICYCLIC AGENTS***	
<i>amitriptyline hcl oral tablet 10 mg, 25 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>amitriptyline hcl oral tablet 100 mg, 150 mg</i>	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>amitriptyline hcl oral tablet 50 mg, 75 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>clomipramine hcl oral capsule 25 mg</i>	QL (6 EA per 1 day)

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Drug Name	Requirements/Limits
<i>clomipramine hcl oral capsule 50 mg, 75 mg</i>	QL (4 EA per 1 day)
<i>desipramine hcl oral tablet 10 mg, 50 mg</i>	QL (6 EA per 1 day)
<i>desipramine hcl oral tablet 100 mg</i>	QL (3 EA per 1 day)
<i>desipramine hcl oral tablet 150 mg</i>	QL (2 EA per 1 day)
<i>desipramine hcl oral tablet 25 mg, 75 mg</i>	QL (4 EA per 1 day)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>doxepin hcl oral capsule 150 mg</i>	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	QL (30 ML per 1 day); AGE (Max 64 Years)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	QL (6 EA per 1 day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	QL (6 EA per 1 day)
<i>nortriptyline hcl oral capsule 50 mg</i>	QL (4 EA per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	QL (2 EA per 1 day)
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	QL (8 EA per 1 day)
*ALPHA-GLUCOSIDASE INHIBITORS***	
<i>acarbose oral tablet 100 mg</i>	QL (4 EA per 1 day)
<i>acarbose oral tablet 25 mg, 50 mg</i>	QL (3 EA per 1 day)
*BIGUANIDES***	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	QL (4 EA per 1 day)
<i>metformin hcl oral tablet 1000 mg</i>	QL (2 EA per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	QL (5 EA per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	QL (3 EA per 1 day)
*DIABETIC OTHER - COMBINATIONS***	
<i>up & up glucose oral tablet chewable 4-6 gm-mg</i>	
*DIABETIC OTHER***	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	QL (2 EA per 25 days)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	QL (2 EA per 25 days)
<i>glucagon emergency injection kit 1 mg</i>	QL (2 EA per 25 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	QL (0.2 ML per 25 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	QL (0.4 ML per 25 days)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	QL (0.4 ML per 25 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	QL (0.2 ML per 25 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	QL (0.4 ML per 25 days)

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Drug Name	Requirements/Limits
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***	
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	QL (1 EA per 1 day)
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***	
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	QL (2 EA per 1 day)
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***	
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	QL (1 EA per 1 day)
*HUMAN INSULIN***	
ADMELOG INJECTION SOLUTION 100 UNIT/ML	QL (30 ML per 25 days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	QL (30 ML per 25 days)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	QL (30 ML per 25 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	QL (90 ML per 82 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	QL (90 ML per 82 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	QL (90 ML per 82 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	QL (90 ML per 82 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	QL (90 ML per 82 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	QL (90 ML per 82 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	QL (90 ML per 82 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	QL (90 ML per 82 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	QL (60 ML per 82 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	QL (54 ML per 82 days)
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	QL (90 ML per 82 days)
<i>insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous</i>	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	QL (30 ML per 25 days)
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	QL (90 ML per 82 days)
SEMGLEE SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	QL (30 ML per 25 days)
SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML	QL (30 ML per 1 day)

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Drug Name	Requirements/Limits
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	ST; QL (1.5 ML per 25 days); PRIOR USE OF METFORMIN
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	ST; QL (3 ML per 25 days); PRIOR USE OF METFORMIN
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	ST; QL (1.5 ML per 25 days); PRIOR USE OF METFORMIN
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	ST; QL (3 ML per 25 days); PRIOR USE OF METFORMIN
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	ST; QL (3 ML per 25 days); PRIOR USE OF METFORMIN
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	ST; QL (2 ML per 25 days); PRIOR USE OF METFORMIN
*MEGLITINIDE ANALOGUES***	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	QL (3 EA per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	QL (6 EA per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***	
STEGLATRO ORAL TABLET 15 MG, 5 MG	
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	
*SULFONYLUREA-BIGUANIDE COMBINATIONS***	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg</i>	QL (2 EA per 1 day)
<i>glyburide-metformin oral tablet 5-500 mg</i>	QL (4 EA per 1 day)
*SULFONYLUREAS***	
<i>glimepiride oral tablet 1 mg, 4 mg</i>	QL (3 EA per 1 day)
<i>glimepiride oral tablet 2 mg</i>	QL (4 EA per 1 day)
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	QL (2 EA per 1 day)
<i>glipizide oral tablet 10 mg</i>	QL (4 EA per 1 day)
<i>glipizide oral tablet 5 mg</i>	QL (8 EA per 1 day)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	QL (4 EA per 1 day)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	QL (4 EA per 1 day)
<i>tolbutamide oral tablet 500 mg</i>	QL (6 EA per 1 day)
*THIAZOLIDINEDIONES***	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***	
<i>bismatrol maximum strength suspension 525 mg/15ml oral</i>	
<i>cvs bismuth maximum strength suspension 525 mg/15ml oral</i>	
<i>cvs stomach relief suspension 525 mg/15ml oral</i>	
<i>eql stomach relief max st oral suspension 525 mg/15ml</i>	
<i>gnp stomach relief max st suspension 525 mg/15ml oral</i>	
<i>hm stomach relief max strength suspension 525 mg/15ml oral</i>	
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	
<i>px stomach relief max st oral suspension 525 mg/15ml</i>	
<i>ra stomach relief max st suspension 525 mg/15ml oral</i>	
<i>sb bismuth maximum strength suspension 525 mg/15ml oral</i>	
<i>sb bismuth oral tablet 262 mg</i>	
<i>sm stomach relief max st suspension 525 mg/15ml oral</i>	
SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML	
SOOTHE ORAL SUSPENSION 262 MG/15ML	
SOOTHE ORAL TABLET CHEWABLE 262 MG	
<i>stomach relief max st suspension 525 mg/15ml oral</i>	
<i>stomach relief plus oral suspension 525 mg/15ml</i>	
*ANTIPERISTALTIC AGENTS***	
<i>anti-diarrheal oral liquid 1 mg/5ml</i>	
<i>anti-diarrheal oral tablet 2 mg</i>	QL (8 EA per 1 day)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	QL (40 ML per 1 day)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	QL (8 EA per 1 day)
<i>loperamide hcl oral capsule 2 mg</i>	QL (8 EA per 1 day)
<i>loperamide hcl oral suspension 1 mg/7.5ml</i>	
*OPIOID ANTAGONISTS***	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	
<i>naltrexone hcl oral tablet 50 mg</i>	QL (2 EA per 1 day)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	QL (1 EA per 28 days)
*5-HT3 RECEPTOR ANTAGONISTS***	
<i>granisetron hcl oral tablet 1 mg</i>	ST; QL (2 EA per 1 day); PRIOR USE OF ONDANSETRON
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	QL (90 EA per 25 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	QL (90 EA per 25 days)

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Drug Name	Requirements/Limits
*ANTIEMETIC COMBINATIONS***	
<i>goodsense nausea relief oral solution 1.87-1.87-21.5</i>	
*ANTIEMETICS - ANTICHOLINERGIC***	
<i>driminate oral tablet 50 mg</i>	QL (6 EA per 1 day)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	QL (4 EA per 1 day)
<i>motion sickness relief oral tablet chewable 25 mg</i>	QL (4 EA per 1 day)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	PA; QL (0.34 EA per 1 day)
*ANTIFUNGALS***	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	QL (40 ML per 1 day)
<i>nystatin oral tablet 500000 unit</i>	QL (8 EA per 1 day)
<i>terbinafine hcl oral tablet 250 mg</i>	QL (1 EA per 1 day)
*IMIDAZOLES***	
<i>ketoconazole oral tablet 200 mg</i>	QL (2 EA per 1 day)
*TRIAZOLES***	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	QL (35 ML per 25 days)
<i>fluconazole oral tablet 100 mg, 200 mg</i>	QL (21 EA per 25 days)
<i>fluconazole oral tablet 150 mg</i>	QL (2 EA per 25 days)
<i>fluconazole oral tablet 50 mg</i>	QL (2 EA per 1 day)
<i>itraconazole oral capsule 100 mg</i>	QL (4 EA per 1 day); AGE (Min 18 Years)
*ANTIHIISTAMINES - ALKYLAMINES***	
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	QL (2 EA per 1 day)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	QL (6 EA per 1 day)
<i>ed chlorped jr oral syrup 2 mg/5ml</i>	
*ANTIHIISTAMINES - ETHANOLAMINES***	
<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	QL (80 ML per 1 day)
<i>allergy relief childrens oral tablet dispersible 12.5 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>allergy relief oral capsule 25 mg</i>	QL (6 EA per 1 day)
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	
<i>carbinoxamine maleate oral tablet 4 mg</i>	
<i>clemastine fumarate oral tablet 2.68 mg</i>	QL (3 EA per 1 day)
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG	QL (2 EA per 1 day)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	AGE (Max 64 Years)
<i>diphenhydramine hcl oral capsule 50 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	QL (80 ML per 1 day); AGE (Max 12 Years)

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Drug Name	Requirements/Limits
<i>diphenhydramine hcl oral tablet 25 mg</i>	QL (6 EA per 1 day)
<i>diphenhydramine hcl oral tablet 50 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	QL (6 EA per 1 day)
<i>gnp allergy relief oral tablet chewable 12.5 mg</i>	QL (6 EA per 1 day)
*ANTIHISTAMINES - NON-SEDATING***	
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	QL (10 ML per 1 day)
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>goodsense all day allergy oral solution 5 mg/5ml</i>	QL (10 ML per 1 day)
<i>loratadine oral solution 5 mg/5ml</i>	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>loratadine oral tablet 10 mg</i>	QL (1 EA per 1 day)
<i>loratadine oral tablet dispersible 10 mg</i>	QL (1 EA per 1 day)
*ANTIHISTAMINES - PHENOTHIAZINES***	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG	QL (24 EA per 30 days); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl injection solution 25 mg/ml</i>	QL (100 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl injection solution 50 mg/ml</i>	QL (50 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	QL (100 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	QL (2 EA per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 25 mg</i>	QL (6 EA per 1 day); AGE (Min 2 Years and Max 64 Years)
*ANTIHISTAMINES - PIPERIDINES***	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	QL (20 ML per 1 day); AGE (Max 64 Years)
<i>cyproheptadine hcl oral tablet 4 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***	
NEXLIZET ORAL TABLET 180-10 MG	PA
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS***	
NEXLETOL ORAL TABLET 180 MG	PA
*BILE ACID SEQUESTRANTS***	
<i>cholestyramine light oral powder 4 gm/dose</i>	QL (48 GM per 1 day)
<i>cholestyramine oral powder 4 gm/dose</i>	QL (48 GM per 1 day)
<i>colestipol hcl oral tablet 1 gm</i>	QL (16 EA per 1 day)

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Drug Name	Requirements/Limits
*FIBRIC ACID DERIVATIVES***	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	QL (1 EA per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>	QL (4 EA per 1 day)
*HMG COA REDUCTASE INHIBITORS***	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	QL (1 EA per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	QL (1 EA per 1 day)
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***	
<i>ezetimibe oral tablet 10 mg</i>	QL (1 EA per 1 day)
*PCSK9 INHIBITORS***	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	PA; QL (3.5 ML per 24 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	PA; QL (2 ML per 24 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	PA; QL (2 ML per 24 days)
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS***	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	QL (12 EA per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 5-10 mg</i>	QL (1 EA per 1 day)
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE***	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	QL (1 EA per 1 day)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 50-15 mg</i>	QL (3 EA per 1 day)
<i>captopril-hydrochlorothiazide oral tablet 25-25 mg, 50-25 mg</i>	QL (2 EA per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	QL (2 EA per 1 day)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	QL (1 EA per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	QL (2 EA per 1 day)
<i>quinaretic oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	
*ACE INHIBITORS***	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	QL (1.5 EA per 1 day)
<i>benazepril hcl oral tablet 40 mg</i>	QL (2 EA per 1 day)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	QL (3 EA per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>enalapril maleate oral tablet 20 mg</i>	QL (2 EA per 1 day)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>lisinopril oral tablet 30 mg, 40 mg</i>	QL (2 EA per 1 day)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>quinapril hcl oral tablet 40 mg</i>	QL (2 EA per 1 day)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	QL (1 EA per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB***	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	QL (1 EA per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE***	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	QL (1 EA per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	QL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	QL (1 EA per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAGONISTS***	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	QL (1 EA per 1 day)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	QL (1 EA per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	QL (1 EA per 1 day)
*ANTIADRENERGICS - CENTRALLY ACTING***	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	QL (6 EA per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	QL (4 EA per 1 day)
<i>guanfacine hcl oral tablet 1 mg</i>	QL (4 EA per 1 day)
<i>guanfacine hcl oral tablet 2 mg</i>	QL (2 EA per 1 day)
<i>methyldopa oral tablet 250 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>methyldopa oral tablet 500 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
*ANTIADRENERGICS - PERIPHERALLY ACTING***	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	QL (2 EA per 1 day)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	QL (6 EA per 1 day)
<i>terazosin hcl oral capsule 1 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>terazosin hcl oral capsule 10 mg, 2 mg</i>	QL (2 EA per 1 day)
*BETA BLOCKER & DIURETIC COMBINATIONS***	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	QL (1 EA per 1 day)
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	QL (2 EA per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i>	QL (4 EA per 1 day)

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Drug Name	Requirements/Limits
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i>	QL (3 EA per 1 day)
*VASODILATORS***	
<i>hydralazine hcl oral tablet 10 mg</i>	QL (10 EA per 1 day)
<i>hydralazine hcl oral tablet 100 mg</i>	QL (3 EA per 1 day)
<i>hydralazine hcl oral tablet 25 mg</i>	QL (4 EA per 1 day)
<i>hydralazine hcl oral tablet 50 mg</i>	QL (8 EA per 1 day)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	QL (5 EA per 1 day)
*ANTI-INFECTIVE AGENTS - MISC.***	
<i>metronidazole oral tablet 250 mg</i>	QL (8 EA per 1 day)
<i>metronidazole oral tablet 500 mg</i>	QL (4 EA per 1 day)
<i>trimethoprim oral tablet 100 mg</i>	QL (6 EA per 1 day)
*ANTI-INFECTIVE MISC. - COMBINATIONS***	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	QL (40 ML per 1 day)
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	QL (4 EA per 1 day)
*ANTIPROTOZOAL AGENTS***	
<i>atovaquone oral suspension 750 mg/5ml</i>	PA
*GLYCOPEPTIDES***	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	QL (40 ML per 1 day)
*LEPROSTATICS***	
<i>dapsone oral tablet 100 mg</i>	QL (3 EA per 1 day)
<i>dapsone oral tablet 25 mg</i>	QL (4 EA per 1 day)
*LINCOSAMIDES***	
<i>clindamycin hcl oral capsule 150 mg</i>	QL (8 EA per 1 day)
<i>clindamycin hcl oral capsule 300 mg</i>	QL (6 EA per 1 day)
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	
*OXAZOLIDINONES***	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PA
<i>linezolid oral tablet 600 mg</i>	PA
*URINARY ANTI-INFECTIVES***	
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	QL (40 ML per 1 day); AGE (Max 12 Years); MAX 10 DAYS

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Drug Name	Requirements/Limits
*ANTIMALARIALS***	
<i>chloroquine phosphate oral tablet 250 mg</i>	QL (10 EA per 3 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	QL (5 EA per 3 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	QL (4 EA per 1 day)
<i>mefloquine hcl oral tablet 250 mg</i>	QL (4 EA per 1 day)
*ANTIMYASTHENIC/CHOLINERGIC AGENTS***	
<i>pyridostigmine bromide oral tablet 60 mg</i>	QL (6 EA per 1 day)
*ANTIMYCOBACTERIAL AGENTS***	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	QL (5 EA per 1 day)
<i>isoniazid oral syrup 50 mg/5ml</i>	QL (30 ML per 1 day)
<i>isoniazid oral tablet 100 mg</i>	QL (6 EA per 1 day)
<i>isoniazid oral tablet 300 mg</i>	QL (3 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	QL (1.143 EA per 1 day)
<i>pyrazinamide oral tablet 500 mg</i>	QL (6 EA per 1 day)
<i>rifampin oral capsule 150 mg</i>	QL (8 EA per 1 day)
<i>rifampin oral capsule 300 mg</i>	QL (4 EA per 1 day)
*ANDROGEN BIOSYNTHESIS INHIBITORS***	
<i>abiraterone acetate oral tablet 250 mg</i>	PA; QL (4 EA per 1 day)
*ANTIADRENALS***	
LYSODREN ORAL TABLET 500 MG	
*ANTIANDROGENS***	
<i>bicalutamide oral tablet 50 mg</i>	QL (3 EA per 1 day)
<i>flutamide oral capsule 125 mg</i>	QL (6 EA per 1 day)
*ANTIESTROGENS***	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	QL (2 EA per 1 day)
*ANTIMETABOLITES***	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	PA
<i>mercaptopurine oral tablet 50 mg</i>	QL (4 EA per 1 day)
<i>methotrexate oral tablet 2.5 mg</i>	QL (24 EA per 1 day)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	QL (10 ML per 25 days)
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	QL (10 ML per 25 days)
*ANTINEOPLASTIC - ALK INHIBITORS***	
ALECENSA ORAL CAPSULE 150 MG	PA; QL (8 EA per 1 day)

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Drug Name	Requirements/Limits
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS***	
<i>imatinib mesylate oral tablet 100 mg</i>	PA; QL (3 EA per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	PA; QL (2 EA per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	PA; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG	PA; QL (3 EA per 1 day)
*ANTINEOPLASTIC - BTK INHIBITORS***	
BRUKINSA ORAL CAPSULE 80 MG	PA; QL (4 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	PA; QL (3 EA per 1 day)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	PA; QL (1 EA per 1 day)
*ANTINEOPLASTIC - EGFR INHIBITORS***	
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	PA; QL (1 EA per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	PA; QL (3 EA per 1 day)
TAGRISSE ORAL TABLET 40 MG, 80 MG	PA; QL (1 EA per 1 day)
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***	
<i>lapatinib ditosylate oral tablet 250 mg</i>	PA; QL (6 EA per 1 day)
<i>sorafenib tosylate oral tablet 200 mg</i>	PA; QL (4 EA per 1 day)
<i>sunitinib malate oral capsule 12.5 mg</i>	PA; QL (4 EA per 1 day)
<i>sunitinib malate oral capsule 25 mg</i>	PA; QL (2 EA per 1 day)
<i>sunitinib malate oral capsule 37.5 mg, 50 mg</i>	PA; QL (1 EA per 1 day)
*ANTINEOPLASTICS MISC.***	
<i>hydroxyurea oral capsule 500 mg</i>	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	PA
MATULANE ORAL CAPSULE 50 MG	PA
*AROMATASE INHIBITORS***	
<i>anastrozole oral tablet 1 mg</i>	QL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	QL (1 EA per 1 day)
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	PA; QL (1 EA per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	PA; QL (1 EA per 1 day)
*FOLIC ACID ANTAGONISTS RESCUE AGENTS***	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	
*IMIDAZOTETRAZINES***	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	PA
*LHRH ANALOGS***	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PA

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Drug Name	Requirements/Limits
*MITOTIC INHIBITORS***	
<i>etoposide oral capsule 50 mg</i>	PA
*NITROGEN MUSTARDS AND RELATED ANALOGUES***	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	QL (16 EA per 1 day)
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	QL (16 EA per 1 day)
LEUKERAN ORAL TABLET 2 MG	QL (8 EA per 1 day)
<i>melphalan oral tablet 2 mg</i>	
*NITROSOUREAS***	
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	
*PROGESTINS-ANTINEOPLASTIC***	
<i>hydroxyprogesterone caproate solution 1.25 gm/5ml intramuscular</i>	PA
<i>megestrol acetate oral suspension 40 mg/ml</i>	QL (40 ML per 1 day)
<i>megestrol acetate oral tablet 20 mg</i>	QL (40 EA per 1 day)
<i>megestrol acetate oral tablet 40 mg</i>	QL (20 EA per 1 day)
*RETINOIDS***	
<i>tretinoin oral capsule 10 mg</i>	PA
*ANTIPARKINSON ANTICHOLINERGICS***	
<i>benztropine mesylate oral tablet 0.5 mg</i>	QL (5 EA per 1 day); AGE (Max 64 Years)
<i>benztropine mesylate oral tablet 1 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>benztropine mesylate oral tablet 2 mg</i>	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	PA
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	QL (3 EA per 1 day); AGE (Max 64 Years)
*ANTIPARKINSON DOPAMINERGICS***	
<i>amantadine hcl oral capsule 100 mg</i>	QL (4 EA per 1 day)
<i>bromocriptine mesylate oral capsule 5 mg</i>	QL (6 EA per 1 day)
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	QL (6 EA per 1 day)
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***	
<i>selegiline hcl oral capsule 5 mg</i>	QL (2 EA per 1 day)
<i>selegiline hcl oral tablet 5 mg</i>	QL (2 EA per 1 day)
*LEVODOPA COMBINATIONS***	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg</i>	QL (4 EA per 1 day)
<i>carbidopa-levodopa er oral tablet extended release 50-200 mg</i>	QL (8 EA per 1 day)
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-250 mg</i>	QL (8 EA per 1 day)

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Drug Name	Requirements/Limits
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	QL (12 EA per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg</i>	QL (8 EA per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	QL (6 EA per 1 day)
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS***	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	QL (3 EA per 1 day)
<i>pramipexole dihydrochloride oral tablet 0.75 mg</i>	QL (6 EA per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	QL (12 EA per 1 day)
<i>ropinirole hcl oral tablet 0.5 mg</i>	QL (6 EA per 1 day)
*PERIPHERAL COMT INHIBITORS***	
<i>entacapone oral tablet 200 mg</i>	QL (8 EA per 1 day)
*ANTIMANIC AGENTS***	
<i>lithium carbonate er oral tablet extended release 300 mg</i>	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate er oral tablet extended release 450 mg</i>	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate oral capsule 150 mg</i>	QL (12 EA per 1 day); AGE (Min 6 Years and Max 1 Years)
<i>lithium carbonate oral capsule 300 mg</i>	QL (6 EA per 1 day); AGE (Min 6 Years and Max 1 Years)
<i>lithium carbonate oral capsule 600 mg</i>	QL (3 EA per 1 day)
<i>lithium carbonate oral tablet 300 mg</i>	QL (6 EA per 1 day)
<i>lithium oral solution 8 meq/5ml</i>	
*ANTIPSYCHOTICS - MISC.***	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	QL (1 EA per 1 day); AGE (Min 18 Years)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	QL (2 EA per 1 day); AGE (Min 6 Years)
*BENZISOXAZOLES***	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	PA
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	PA
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	QL (0.75 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	QL (1 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	QL (1.5 ML per 25 days); AGE (Min 18 Years)

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Drug Name	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	QL (0.25 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	QL (0.5 ML per 25 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	QL (0.88 ML per 71 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	QL (1.32 ML per 71 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	QL (1.75 ML per 71 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	QL (2.65 ML per 71 days); AGE (Min 18 Years)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	PA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	QL (2 EA per 25 days)
<i>risperidone oral solution 1 mg/ml</i>	QL (16 ML per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	QL (2 EA per 1 day)
<i>risperidone oral tablet 4 mg</i>	QL (4 EA per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	QL (2 EA per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet dispersible 4 mg</i>	QL (4 EA per 1 day); AGE (Min 5 Years)
*BUTYROPHENONES***	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	AGE (Min 6 Years and Max 999 Years)
<i>haloperidol lactate injection solution 5 mg/ml</i>	AGE (Min 6 Years and Max 1 Years)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	AGE (Min 6 Years and Max 1 Years)
<i>haloperidol oral tablet 0.5 mg</i>	QL (6 EA per 1 day); AGE (Min 6 Years and Max 1 Years)
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	QL (5 EA per 1 day); AGE (Min 6 Years and Max 1 Years)
*DIBENZODIAZEPINES***	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg</i>	AGE (Min 6 Years)
<i>clozapine oral tablet 50 mg</i>	QL (2 EA per 1 day); AGE (Min 6 Years)
*DIBENZO-OXEPINO PYRROLES***	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	
*DIBENZOTHIAZEPINES***	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	PA; QL (1 EA per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	QL (2 EA per 1 day); AGE (Min 6 Years)

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Drug Name	Requirements/Limits
*DIBENZOXAZEPINES***	
<i>loxapine succinate oral capsule 10 mg, 5 mg, 50 mg</i>	QL (15 EA per 1 day); AGE (Min 6 Years)
<i>loxapine succinate oral capsule 25 mg</i>	QL (6 EA per 1 day); AGE (Min 6 Years)
*PHENOTHIAZINES***	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	QL (12 EA per 1 day); AGE (Min 6 Years and Max 1 Years)
COMPRO RECTAL SUPPOSITORY 25 MG	QL (12 EA per 1 day)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	QL (4 EA per 1 day); AGE (Min 6 Years and Max 1 Years)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>prochlorperazine maleate oral tablet 10 mg</i>	QL (8 EA per 1 day); AGE (Min 6 Years)
<i>prochlorperazine maleate oral tablet 5 mg</i>	QL (10 EA per 1 day); AGE (Min 6 Years)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	QL (3 EA per 1 day)
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg</i>	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>trifluoperazine hcl oral tablet 10 mg</i>	QL (4 EA per 1 day); AGE (Min 6 Years)
*QUINOLINONE DERIVATIVES***	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	QL (1 EA per 25 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	PA
<i>aripiprazole oral solution 1 mg/ml</i>	PA; AGE (Min 6 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	QL (3.9 ML per 50 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	QL (1.6 ML per 25 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	QL (2.4 ML per 25 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	QL (3.2 ML per 25 days); AGE (Min 18 Years)

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Drug Name	Requirements/Limits
*THIENBENZODIAZEPINES***	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	QL (1 EA per 1 day); AGE (Min 6 Years)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	QL (2 EA per 25 days)
*THIOXANTHENES***	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	QL (6 EA per 1 day); AGE (Min 6 Years)
*CHLORINE ANTISEPTICS***	
<i>chlorhexidine gluconate external liquid 4 %</i>	
*ANTIRETROVIRAL COMBINATIONS***	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	QL (1 EA per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	QL (2 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG	QL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	QL (2 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	QL (16 ML per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	QL (8 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	QL (4 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	QL (1 EA per 1 day)
SYM TUZA ORAL TABLET 800-150-200-10 MG	QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	QL (6 EA per 1 day)

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Drug Name	Requirements/Limits
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	QL (30 ML per 1 day)
SELZENTRY ORAL TABLET 25 MG	QL (4 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG	QL (2 EA per 1 day)
*ANTIRETROVIRALS - FUSION INHIBITORS***	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	PA
*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR***	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	QL (2 EA per 1 day)
*ANTIRETROVIRALS - INTEGRASE INHIBITORS***	
ISENTRESS HD ORAL TABLET 600 MG	QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG	QL (12 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	QL (12 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	QL (2 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG	QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	QL (6 EA per 1 day)
*ANTIRETROVIRALS - PROTEASE INHIBITORS***	
APTIVUS ORAL CAPSULE 250 MG	QL (4 EA per 1 day)
APTIVUS ORAL SOLUTION 100 MG/ML	QL (10 ML per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	QL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG	QL (12 EA per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG	QL (6 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG	QL (4 EA per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML	QL (15 ML per 1 day)
<i>ritonavir oral tablet 100 mg</i>	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG	QL (4 EA per 1 day)
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES***	
EDURANT ORAL TABLET 25 MG	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg</i>	QL (3 EA per 1 day)
<i>efavirenz oral capsule 50 mg</i>	QL (12 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	QL (1 EA per 1 day)
<i>etravirine oral tablet 100 mg</i>	QL (4 EA per 1 day)

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Drug Name	Requirements/Limits
<i>etravirine oral tablet 200 mg</i>	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	QL (4 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	QL (3 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	QL (1 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>	QL (40 ML per 1 day)
<i>nevirapine oral tablet 200 mg</i>	QL (2 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	QL (1 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES***	
<i>abacavir sulfate oral solution 20 mg/ml</i>	QL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>	QL (2 EA per 1 day)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	QL (1 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES***	
<i>emtricitabine oral capsule 200 mg</i>	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	QL (20 ML per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	QL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	QL (1 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES***	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	QL (6 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	QL (60 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>	QL (2 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES***	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/GM	QL (7.5 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	QL (1 EA per 1 day)
*ANTIRETROVIRALS ADJUVANTS***	
TYBOST ORAL TABLET 150 MG	QL (1 EA per 1 day)
*ANTIVIRAL COMBINATIONS***	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	QL (30 EA per 25 days); AGE (Min 18 Years); MAX 5 Day Supply
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	QL (30 EA per 25 days); AGE (Min 18 Years); MAX 5 Day Supply
*CMV AGENTS***	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	PA

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Drug Name	Requirements/Limits
*HEPATITIS B AGENTS***	
<i>adefovir dipivoxil oral tablet 10 mg</i>	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	QL (3 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	PA
*HEPATITIS C AGENT - COMBINATIONS***	
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	PA; QL (1 EA per 1 day)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	PA; QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG	PA; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG	PA; QL (1 EA per 1 day)
*HEPATITIS C AGENTS***	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	PA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	PA
<i>ribavirin oral capsule 200 mg</i>	PA
<i>ribavirin oral tablet 200 mg</i>	PA
SOVALDI ORAL TABLET 400 MG	PA; QL (1 EA per 1 day)
*HERPES AGENTS - PURINE ANALOGUES***	
<i>acyclovir oral capsule 200 mg</i>	QL (5 EA per 1 day)
<i>acyclovir oral suspension 200 mg/5ml</i>	QL (25 ML per 1 day)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	QL (5 EA per 1 day)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	QL (8 EA per 1 day)
*HERPES AGENTS - THYMIDINE ANALOGUES***	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	QL (3 EA per 1 day)
*INFLUENZA AGENTS***	
<i>rimantadine hcl oral tablet 100 mg</i>	QL (2 EA per 1 day)
*NEURAMINIDASE INHIBITORS***	
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	QL (10 EA per 1 day); QL (max quantity 10 per fill)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	QL (180 ML per 1 day); AGE (Max 12 Years)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	QL (20 EA per 1 day)
*ALPHA-BETA BLOCKERS***	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	QL (2 EA per 1 day)
<i>labetalol hcl oral tablet 100 mg, 200 mg</i>	QL (4 EA per 1 day)
<i>labetalol hcl oral tablet 300 mg</i>	QL (8 EA per 1 day)

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Drug Name	Requirements/Limits
*BETA BLOCKERS CARDIO-SELECTIVE***	
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	QL (16 EA per 1 day)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	QL (2 EA per 1 day)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	QL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg</i>	QL (3 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 50 mg</i>	QL (4 EA per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	QL (3 EA per 1 day)
*BETA BLOCKERS NON-SELECTIVE***	
<i>nadolol oral tablet 20 mg, 40 mg</i>	QL (3 EA per 1 day)
<i>nadolol oral tablet 80 mg</i>	QL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg</i>	QL (3 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	QL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	QL (4 EA per 1 day)
<i>propranolol hcl oral solution 20 mg/5ml</i>	QL (20 ML per 1 day)
<i>propranolol hcl oral solution 40 mg/5ml</i>	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	QL (6 EA per 1 day)
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	QL (2 EA per 1 day)
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	QL (2 EA per 1 day)
*CALCIUM CHANNEL BLOCKERS***	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	QL (2 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	QL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	QL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	QL (2 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	QL (2 EA per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	QL (4 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	QL (2 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	QL (2 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	QL (1 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg</i>	QL (2 EA per 1 day)

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Drug Name	Requirements/Limits
<i>nifedipine oral capsule 10 mg</i>	QL (4 EA per 1 day)
<i>nifedipine oral capsule 20 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>verapamil hcl er oral tablet extended release 120 mg, 240 mg</i>	QL (3 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 180 mg</i>	QL (2 EA per 1 day)
<i>verapamil hcl oral tablet 120 mg</i>	QL (3 EA per 1 day)
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>	QL (4 EA per 1 day)
*CARDIAC GLYCOSIDES***	
<i>digoxin oral solution 0.05 mg/ml</i>	AGE (Max 12 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	QL (1 EA per 1 day)
*PERIPHERAL VASODILATORS***	
<i>niacin flush free oral capsule 500 mg</i>	
*PROSTAGLANDIN VASODILATORS***	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PA
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PA; QL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PA; QL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG	PA; QL (1 EA per 1 day)
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***	
<i>sildenafil citrate oral tablet 20 mg</i>	PA; QL (3 EA per 1 day)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	PA; QL (2 EA per 1 day)
*SINUS NODE INHIBITORS**	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	PA
*CEPHALOSPORINS - 1ST GENERATION***	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	AGE (Max 12 Years)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	QL (6 EA per 1 day)
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	AGE (Max 12 Years)
*CEPHALOSPORINS - 2ND GENERATION***	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	AGE (Max 12 Years)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	QL (2 EA per 1 day); MAX 10 DAYS
*CEPHALOSPORINS - 3RD GENERATION***	
<i>cefdinir oral capsule 300 mg</i>	QL (2 EA per 1 day)

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Drug Name	Requirements/Limits
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	AGE (Max 12 Years)
*BULK CHEMICALS - BU'S***	
<i>budesonide powder</i>	
*BULK CHEMICALS - ET'S***	
<i>ethyl oleate liquid</i>	
*BULK CHEMICALS - FO***	
<i>formoterol fumarate powder</i>	
*BULK CHEMICALS - PR'S***	
<i>progesterone micronized powder</i>	
*FIXED OILS***	
<i>sesame oil oil</i>	
*LIQUIDS***	
<i>benzyl benzoate liquid</i>	AGE (Min 16 Years and Max 60 Years)
*BIPHASIC CONTRACEPTIVES - ORAL***	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	QL (1.34 EA per 1 day)
*COMBINATION CONTRACEPTIVES - ORAL***	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	QL (1.34 EA per 1 day)
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	QL (1.34 EA per 1 day)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	QL (1.34 EA per 1 day)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	QL (1.34 EA per 1 day)
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	QL (1.34 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	QL (1.34 EA per 1 day)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	QL (1.34 EA per 1 day)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	QL (1.34 EA per 1 day)
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	QL (1.34 EA per 1 day)
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	QL (1.34 EA per 1 day)
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	QL (1.34 EA per 1 day)
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	QL (1.34 EA per 1 day)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	QL (1.34 EA per 1 day)
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	QL (1.34 EA per 1 day)
VESTURA ORAL TABLET 3-0.02 MG	QL (1.34 EA per 1 day)
*COMBINATION CONTRACEPTIVES - TRANSDERMAL***	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	QL (0.143 EA per 1 day)
*COMBINATION CONTRACEPTIVES - VAGINAL***	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	QL (0.05 EA per 1 day)

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Drug Name	Requirements/Limits
*EMERGENCY CONTRACEPTIVES***	
ELLA ORAL TABLET 30 MG	QL (12 EA per 292 days)
OPTION 2 ORAL TABLET 1.5 MG	QL (12 EA per 292 days)
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	QL (1.08 EA per 1 day)
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	QL (1.08 EA per 1 day)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	QL (1.08 EA per 1 day)
*PROGESTIN CONTRACEPTIVES - INJECTABLE***	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	QL (4 ML per 269 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	QL (4 ML per 269 days)
*PROGESTIN CONTRACEPTIVES - IUD***	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	QL (1 EA per 999 days)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	QL (1 EA per 999 days)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	QL (1 EA per 999 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	QL (1 EA per 999 days)
*PROGESTIN CONTRACEPTIVES - ORAL***	
<i>norethindrone oral tablet 0.35 mg</i>	QL (1.34 EA per 1 day)
*TRIPHASIC CONTRACEPTIVES - ORAL***	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	QL (1.34 EA per 1 day)
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	QL (1.34 EA per 1 day)
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (1.34 EA per 1 day)
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (1.34 EA per 1 day)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	QL (1.34 EA per 1 day)
*GLUCOCORTICOSTEROIDS***	
<i>budesonide oral capsule delayed release particles 3 mg</i>	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	QL (60 ML per 1 day)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	
<i>dexamethasone oral tablet 0.5 mg</i>	QL (12 EA per 1 day)
<i>dexamethasone oral tablet 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	QL (10 EA per 1 day)
<i>hydrocortisone oral tablet 10 mg</i>	QL (12 EA per 1 day)
<i>hydrocortisone oral tablet 20 mg</i>	QL (6 EA per 1 day)
<i>hydrocortisone oral tablet 5 mg</i>	QL (24 EA per 1 day)
<i>methylprednisolone oral tablet 16 mg</i>	QL (4 EA per 1 day)
<i>methylprednisolone oral tablet 32 mg</i>	QL (2 EA per 1 day)
<i>methylprednisolone oral tablet 4 mg</i>	QL (12 EA per 1 day)

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Drug Name	Requirements/Limits
<i>methylprednisolone oral tablet 8 mg</i>	QL (6 EA per 1 day)
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	QL (12 EA per 1 day)
<i>prednisolone oral syrup 15 mg/5ml</i>	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	
<i>prednisone oral solution 5 mg/5ml</i>	QL (60 ML per 1 day)
<i>prednisone oral tablet 1 mg</i>	QL (10 EA per 1 day)
<i>prednisone oral tablet 10 mg</i>	QL (9 EA per 1 day)
<i>prednisone oral tablet 2.5 mg</i>	QL (8 EA per 1 day)
<i>prednisone oral tablet 20 mg</i>	QL (6 EA per 1 day)
<i>prednisone oral tablet 5 mg</i>	QL (16 EA per 1 day)
<i>prednisone oral tablet 50 mg</i>	QL (3 EA per 1 day)
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	
*MINERALOCORTICIDS***	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	QL (5 EA per 1 day)
*ANTITUSSIVE - NONNARCOTIC***	
<i>benzonatate oral capsule 100 mg</i>	QL (6 EA per 1 day)
<i>benzonatate oral capsule 200 mg</i>	QL (5 EA per 1 day)
<i>cvs tussin long-acting oral liquid 15 mg/5ml</i>	
TRIAMINIC LONG ACTING COUGH ORAL SYRUP 7.5 MG/5ML	QL (180 ML per 25 days); AGE (Min 4 Years)
*ANTITUSSIVE-DECONGESTANT-ANALGESIC***	
<i>flu/severe cold & cough day oral packet 20-10-650 mg</i>	
ROBITUSSIN COLD+FLU DAYTIME ORAL CAPSULE 10-5-325 MG	
SUDAFED PE PRESSURE+PAIN+COUGH ORAL LIQUID 10-5-325 MG/15ML	
THERAFLU SEVERE COLD DAYTIME ORAL TABLET 15-5-325 MG	
THERAFLU SEVERE COLD/CGH DAY ORAL TABLET 10-5-325 MG	
*ANTITUSSIVE-EXPECTORANT***	
<i>goodsense mucus dm oral tablet extended release 12 hour 60-1200 mg</i>	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	QL (60 ML per 1 day); AGE (Min 18 Years and Max 999 Years)
<i>intense cough reliever ex st oral liquid 20-300 mg/5ml</i>	
MUCINEX COUGH FOR KIDS ORAL PACKET 5-100 MG	
<i>mucus relief dm cough oral tablet 20-400 mg</i>	
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	QL (2 EA per 1 day)
<i>neotuss oral liquid 30-200 mg/5ml</i>	

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Drug Name	Requirements/Limits
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML	
<i>tussin dm max adult oral liquid 10-200 mg/5ml</i>	QL (240 ML per 25 days)
<i>tussin dm oral syrup 100-10 mg/5ml</i>	QL (180 ML per 25 days)
VICKS DAYQUIL MUCUS CONTROL DM ORAL LIQUID 10-200 MG/15ML	
*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT***	
<i>guaifenesin dac oral solution 30-10-100 mg/5ml</i>	QL (60 ML per 1 day); AGE (Min 18 Years and Max 1 Years)
*DECONGESTANT & ANTIHISTAMINE***	
<i>allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	QL (2 EA per 1 day)
<i>childrens cold & allergy oral elixir 1-2.5 mg/5ml</i>	
DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID 6.25-2.5 MG/5ML	QL (180 ML per 25 days)
<i>diphenhydramine-phenylephrine oral tablet 25-10 mg</i>	QL (6 EA per 1 day)
DRIXORAL COLD/ALLERGY ORAL TABLET EXTENDED RELEASE 12 HOUR 6-120 MG	
<i>glenmax peb oral liquid 4-10 mg/5ml</i>	
<i>goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	QL (2 EA per 1 day)
<i>nohist-lq oral liquid 4-10 mg/5ml</i>	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	QL (60 ML per 1 day); AGE (Max 64 Years)
WAL-ACT ORAL TABLET 2.5-60 MG	
WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG	
WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG	
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	QL (1 EA per 1 day)
WAL-PHED PE SINUS/ALLERGY ORAL TABLET 4-10 MG	
<i>wal-tap cold/allergy oral elixir 1-15 mg/5ml</i>	QL (480 ML per 25 days)
*DECONGESTANT W/ EXPECTORANT***	
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	QL (4 EA per 1 day)
*DECONGESTANT-ANALGESIC***	
NEXAFED SINUS PRESSURE + PAIN ORAL TABLET 30-325 MG	
<i>sb daytime sinus oral capsule 5-325 mg</i>	
WAL-FLU SEVERE COLD DAYTIME ORAL PACKET 10-650 MG	
WAL-PROFEN COLD & SINUS ORAL TABLET 30-200 MG	

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Drug Name	Requirements/Limits
*EXPECTORANTS***	
<i>chest congestion relief oral tablet 400 mg</i>	AGE (Min 4 Years)
<i>cvs mucus extended release oral tablet extended release 12 hour 600 mg</i>	QL (2 EA per 1 day)
<i>geri-tussin oral syrup 100 mg/5ml</i>	AGE (Min 4 Years)
GILTUSS EX MAXIMUM STRENGTH ORAL LIQUID 400 MG/10ML	
<i>guaifenesin oral liquid 100 mg/5ml</i>	AGE (Min 4 Years)
<i>guaifenesin oral tablet 200 mg</i>	AGE (Min 4 Years)
*MISC. RESPIRATORY INHALANTS***	
<i>sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %</i>	
*MUCOLYTICS***	
<i>acetylcysteine inhalation solution 20 %</i>	QL (120 ML per 1 day)
*NON-NARC ANTITUSSIVE-ANTIHISTAMINE***	
<i>promethazine-dm oral solution 6.25-15 mg/5ml</i>	QL (180 ML per 25 days); AGE (Min 4 Years and Max 64 Years)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	QL (60 ML per 1 day)
*OPIOID ANTITUSSIVE-ANTIHISTAMINE***	
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	QL (240 ML per 25 days); AGE (Min 18 Years and Max 64 Years)
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***	
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	QL (60 ML per 1 day)
*ACNE ANTIBIOTICS***	
<i>clindamycin phosphate external gel 1 %</i>	ST; QL (60 GM per 25 days); PRIOR USE DIFFERIN OTC AND CLINDA SOLN
<i>clindamycin phosphate external lotion 1 %</i>	ST; QL (10 ML per 1 day); PRIOR USE DIFFERIN OTC AND CLINDA SOLN
<i>clindamycin phosphate external solution 1 %</i>	QL (60 ML per 25 days)
<i>erythromycin external solution 2 %</i>	QL (15 ML per 1 day)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	PA; QL (118 ML per 25 days)
*ACNE PRODUCTS***	
<i>acne medication 10 external gel 10 %</i>	
<i>acne medication 10 external lotion 10 %</i>	
<i>acne medication 2.5 external gel 2.5 %</i>	QL (60 GM per 25 days)
<i>acne medication 5 external gel 5 %</i>	
<i>acne medication 5 external lotion 5 %</i>	
<i>adapalene external gel 0.1 %</i>	QL (45 GM per 25 days)

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Drug Name	Requirements/Limits
<i>benzoyl peroxide wash external liquid 5 %</i>	QL (240 GM per 25 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	PA
PANOXYL FOAMING WASH EXTERNAL LIQUID 10 %	QL (240 GM per 25 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	ST; QL (45 GM per 25 days); AGE (Max 35 Years); PRIOR USE DIFFERIN OTC AND CLINDA SOLN
<i>tretinoin external gel 0.01 %, 0.025 %</i>	ST; QL (45 GM per 25 days); AGE (Max 35 Years); PRIOR USE DIFFERIN OTC AND CLINDA SOLN
*ANTIBIOTIC MIXTURES TOPICAL***	
<i>first aid antibiotic external ointment 3.5-400-5000 mg-unit</i>	
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 %	
<i>ra double antibiotic external ointment 500-10000 unit/gm</i>	
*ANTIBIOTICS - TOPICAL***	
<i>bacitracin external ointment 500 unit/gm</i>	
<i>bacitracin zinc external ointment 500 unit/gm</i>	
<i>gentamicin sulfate external cream 0.1 %</i>	QL (30 GM per 25 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	QL (30 GM per 25 days)
<i>mupirocin external ointment 2 %</i>	QL (44 GM per 25 days)
*ANTIFUNGALS - TOPICAL***	
<i>athletes foot (terbinafine) external cream 1 %</i>	QL (30 GM per 25 days)
BLIS-TO-SOL EXTERNAL LIQUID 1 %	QL (151 ML per 30 days)
<i>ciclopirox external solution 8 %</i>	QL (6.6 ML per 25 days)
<i>ciclopirox olamine external cream 0.77 %</i>	QL (20 GM per 1 day)
<i>ciclopirox olamine external suspension 0.77 %</i>	QL (60 ML per 25 days)
<i>jock itch spray powder external aerosol powder 1 %</i>	QL (133 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	QL (90 GM per 25 days)
<i>nystatin external ointment 100000 unit/gm</i>	QL (90 GM per 25 days)
<i>nystatin external powder</i>	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	QL (30 GM per 25 days)
<i>tolnaftate external cream 1 %</i>	QL (60 GM per 30 days)
<i>tolnaftate external powder 1 %</i>	QL (67.5 GM per 30 days)
*ANTI-HISTAMINE-TOPICAL COMBINATIONS***	
<i>allergy cream 2-0.1 % external</i>	
<i>sb anti-itch maximum strength cream 2-0.1 % external</i>	
*ANTI-INFLAMMATORY AGENTS - TOPICAL***	
<i>diclofenac sodium external gel 1 %</i>	QL (200 GM per 25 days)
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***	
<i>fluorouracil external cream 5 %</i>	

AGE - Age Limit **MED** - Max 60 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
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Drug Name	Requirements/Limits
*ANTIPSORIATICS - SYSTEMIC***	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	PA; QL (2 ML per 24 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	PA; QL (2 ML per 24 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	PA; QL (1 ML per 24 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	PA; QL (1 ML per 24 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	PA; QL (0.5 ML per 24 days)
*ANTIPSORIATICS***	
<i>calcipotriene external cream 0.005 %</i>	PA
<i>calcipotriene external ointment 0.005 %</i>	PA
<i>calcipotriene external solution 0.005 %</i>	PA
*ANTISEBORRHEIC PRODUCTS***	
<i>anti-dandruff external shampoo 1 %</i>	
<i>selenium sulfide external lotion 2.5 %</i>	
*ANTIVIRALS - TOPICAL***	
<i>acyclovir external ointment 5 %</i>	PA
<i>docosanol external cream 10 %</i>	QL (2 GM per 15 days)
*BURN PRODUCTS***	
<i>silver sulfadiazine external cream 1 %</i>	
*CORTICOSTEROIDS - TOPICAL***	
<i>alclometasone dipropionate external cream 0.05 %</i>	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>alclometasone dipropionate external ointment 0.05 %</i>	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>anti-itch maximum strength external cream 1 %</i>	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>betamethasone dipropionate aug external cream 0.05 %</i>	QL (50 GM per 25 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	QL (50 GM per 25 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	QL (60 ML per 25 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	QL (50 GM per 25 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	QL (60 GM per 25 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	QL (60 ML per 25 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	QL (45 GM per 25 days)
<i>betamethasone valerate external cream 0.1 %</i>	QL (45 GM per 25 days)
<i>betamethasone valerate external lotion 0.1 %</i>	QL (60 ML per 25 days)

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Drug Name	Requirements/Limits
<i>betamethasone valerate external ointment 0.1 %</i>	QL (45 GM per 25 days)
<i>clobetasol propionate external solution 0.05 %</i>	QL (50 ML per 25 days)
<i>desonide external cream 0.05 %</i>	QL (60 GM per 25 days)
<i>desonide external ointment 0.05 %</i>	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>fluocinolone acetonide body external oil 0.01 %</i>	QL (120 ML per 25 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	QL (60 GM per 25 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	QL (60 GM per 25 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	QL (120 ML per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>fluocinonide emulsified base external cream 0.05 %</i>	QL (60 GM per 25 days)
<i>fluocinonide external cream 0.05 %</i>	QL (60 GM per 25 days)
<i>fluocinonide external gel 0.05 %</i>	QL (60 GM per 25 days)
<i>fluocinonide external ointment 0.05 %</i>	QL (60 GM per 25 days)
<i>fluocinonide external solution 0.05 %</i>	QL (60 ML per 25 days)
<i>fluticasone propionate external cream 0.05 %</i>	QL (60 GM per 25 days)
<i>fluticasone propionate external ointment 0.005 %</i>	QL (60 GM per 25 days)
<i>halobetasol propionate external cream 0.05 %</i>	QL (50 GM per 25 days)
<i>halobetasol propionate external ointment 0.05 %</i>	QL (50 GM per 25 days)
<i>hydrocortisone external cream 0.5 %, 1 %, 2.5 %</i>	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>hydrocortisone external lotion 1 %</i>	
<i>hydrocortisone external lotion 2.5 %</i>	ST; QL (60 ML per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>hydrocortisone external ointment 0.5 %, 2.5 %</i>	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>hydrocortisone external ointment 1 %</i>	QL (60 GM per 25 days)
LANACORT 10 EXTERNAL CREAM 1 %	
MG217 PSORIASIS ANIT-ITCH EXTERNAL GEL 1 %	
<i>mometasone furoate external cream 0.1 %</i>	QL (45 GM per 25 days)
<i>mometasone furoate external ointment 0.1 %</i>	QL (45 GM per 25 days)
<i>mometasone furoate external solution 0.1 %</i>	QL (60 ML per 25 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	
<i>triamcinolone acetonide powder</i>	
*EMOLLIENTS***	
AMLACTIN DAILY EXTERNAL LOTION 12 %	QL (225 GM per 25 days)

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Drug Name	Requirements/Limits
<i>ammonium lactate external cream 12 %</i>	QL (280 GM per 25 days)
HYDROLATUM EXTERNAL OINTMENT	
*ENZYMES - TOPICAL***	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	PA; QL (2 GM per 1 day)
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***	
<i>clotrimazole external solution 1 %</i>	QL (60 ML per 30 days)
DESENEX EXTERNAL CREAM 1 %	QL (60 GM per 30 days)
DESENEX EXTERNAL POWDER 2 %	QL (90 GM per 30 days)
DESENEX JOCK ITCH EXTERNAL AEROSOL POWDER 2 %	QL (133 GM per 30 days)
<i>ketconazole external cream 2 %</i>	QL (60 GM per 25 days)
<i>ketconazole external shampoo 2 %</i>	QL (120 ML per 25 days)
<i>miconazole nitrate external cream 2 %</i>	QL (150 GM per 25 days)
TRIPLE PASTE AF EXTERNAL OINTMENT 2 %	QL (113 GM per 30 days)
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL***	
<i>imiquimod external cream 5 %</i>	PA; QL (24 EA per 25 days)
*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS***	
<i>podofilox external solution 0.5 %</i>	QL (7 ML per 180 days)
*LOCAL ANESTHETICS - TOPICAL***	
<i>capsaicin external cream 0.025 %</i>	
<i>dibucaine external ointment 1 %</i>	
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	
<i>lidocaine external cream 4 %</i>	
<i>lidocaine external patch 5 %</i>	PA; QL (3 EA per 1 day)
<i>lidocaine hcl external solution 4 %</i>	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	
<i>lidocaine pain relief max st external patch 4 %</i>	QL (4 EA per 1 day)
PROXIVOL EXTERNAL GEL 2 %	
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL***	
<i>pimecrolimus external cream 1 %</i>	PA; QL (2 GM per 1 day)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	PA; QL (30 GM per 25 days)
*MISC. TOPICAL COMBINATIONS***	
ZINC-OXYDE PLUS EXTERNAL OINTMENT 0.44-20 %	
*MISC. TOPICAL***	
DRYSOL EXTERNAL SOLUTION 20 %	
*ROSACEA AGENTS***	
<i>metronidazole external cream 0.75 %</i>	
<i>metronidazole external gel 0.75 %</i>	
<i>metronidazole external lotion 0.75 %</i>	

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Drug Name	Requirements/Limits
*SCABICIDE COMBINATIONS***	
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	
<i>sb lice treatment external liquid 0.3-3 %</i>	
<i>stop lice complete treatment combination kit 0.33-4-0.5 %</i>	
<i>stop lice maximum strength external liquid 0.33-4 %</i>	
*SCABICIDES & PEDICULICIDES***	
<i>crotan external lotion 10 %</i>	
<i>goodsense lice killing external liquid 1 %</i>	
<i>malathion external lotion 0.5 %</i>	QL (59 ML per 25 days)
<i>permethrin external cream 5 %</i>	
<i>ra lice treatment external lotion 1 %</i>	
<i>spinosad external suspension 0.9 %</i>	QL (120 ML per 25 days)
<i>stop lice aerosol 0.5 %</i>	
*SKIN PROTECTANTS***	
MINERIN CREME EXTERNAL CREAM	
*TOPICAL ANESTHETIC COMBINATIONS***	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	QL (60 GM per 25 days)
*TOPICAL STEROID COMBINATIONS***	
<i>hydrocortisone-aloe external cream 0.5 %, 1 %</i>	
*DIAGNOSTIC TESTS***	
<i>ketone test in vitro strip</i>	
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP	PA; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	PA; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins
*INFECTION TESTS***	
BD VERITOR SYSTEM SARS-COV-2 IN VITRO KIT	QL (2 EA per 28 days)
<i>covid-19 at-home test in vitro kit</i>	QL (2 EA per 28 days)
<i>covid-19 testing by pharmacist kit</i>	QL (2 EA per 28 days)
CUE COVID-19 TEST IN VITRO CARTRIDGE	QL (2 EA per 28 days)
CUE HEALTH MONITORING SYSTEM IN VITRO	QL (2 EA per 28 days)
ID NOW COVID-19 2.0 TEST IN VITRO KIT	QL (2 EA per 28 days)
ID NOW COVID-19 IN VITRO KIT	QL (2 EA per 28 days)
LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT	QL (2 EA per 28 days)
PIXEL COVID-19 PCR HOME TEST IN VITRO KIT	QL (2 EA per 28 days)
RAPID RESPONSE COVID-19 IN VITRO KIT	QL (2 EA per 28 days)

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Drug Name	Requirements/Limits
*DIGESTIVE ENZYMES***	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	QL (6 EA per 1 day)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	QL (6 EA per 1 day)
*CARBONIC ANHYDRASE INHIBITORS***	
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	QL (4 EA per 1 day)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	QL (4 EA per 1 day)
*DIURETIC COMBINATIONS***	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	QL (2 EA per 1 day)
<i>spironolactone-hctz oral tablet 25-25 mg</i>	QL (4 EA per 1 day)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	QL (2 EA per 1 day)
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	QL (4 EA per 1 day)
*LOOP DIURETICS***	
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	QL (2 EA per 1 day)
<i>bumetanide oral tablet 2 mg</i>	QL (5 EA per 1 day)
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	AGE (Max 12 Years)
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	QL (6 EA per 1 day)
<i>torseamide oral tablet 10 mg, 20 mg</i>	QL (4 EA per 1 day)
<i>torseamide oral tablet 100 mg, 5 mg</i>	QL (2 EA per 1 day)
*POTASSIUM SPARING DIURETICS***	
<i>amiloride hcl oral tablet 5 mg</i>	QL (4 EA per 1 day)
<i>spironolactone oral tablet 100 mg</i>	QL (2 EA per 1 day)
<i>spironolactone oral tablet 25 mg</i>	QL (8 EA per 1 day)
<i>spironolactone oral tablet 50 mg</i>	QL (4 EA per 1 day)
*THIAZIDES AND THIAZIDE-LIKE DIURETICS***	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	QL (4 EA per 1 day)
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	QL (2 EA per 1 day)
<i>hydrochlorothiazide oral tablet 25 mg</i>	QL (8 EA per 1 day)
<i>hydrochlorothiazide oral tablet 50 mg</i>	QL (4 EA per 1 day)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	QL (2 EA per 1 day)
<i>metolazone oral tablet 10 mg</i>	QL (2 EA per 1 day)
<i>metolazone oral tablet 2.5 mg, 5 mg</i>	QL (4 EA per 1 day)

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Drug Name	Requirements/Limits
*BISPHOSPHONATES***	
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	QL (0.1429 EA per 1 day)
<i>ibandronate sodium oral tablet 150 mg</i>	QL (0.0358 EA per 1 day)
*CALCITONINS***	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	QL (1 ML per 1 day)
*CARNITINE REPLENISHER - AGENTS***	
<i>levocarnitine oral solution 1 gm/10ml</i>	QL (60 ML per 1 day)
<i>levocarnitine oral tablet 330 mg</i>	QL (18 EA per 1 day)
*DOPAMINE RECEPTOR AGONISTS***	
<i>cabergoline oral tablet 0.5 mg</i>	
*GROWTH HORMONES***	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	PA
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	QL (4 EA per 1 day)
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)***	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	PA
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS***	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	PA
SYNAREL NASAL SOLUTION 2 MG/ML	PA
*PARATHYROID HORMONE AND DERIVATIVES***	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	PA
*RANK LIGAND (RANKL) INHIBITORS***	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	PA
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***	
<i>raloxifene hcl oral tablet 60 mg</i>	QL (1 EA per 1 day)
*SOMATOSTATIC AGENTS***	
<i>octreotide acetate injection solution 100 mcg/ml</i>	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	PA
*VASOPRESSIN***	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	PA
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	PA

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Drug Name	Requirements/Limits
<i>desmopressin acetate oral tablet 0.1 mg</i>	QL (4 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>	QL (5 EA per 1 day)
<i>desmopressin acetate spray nasal solution 0.01 %</i>	PA
*ESTROGEN & ANDROGEN***	
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	
*ESTROGEN & PROGESTIN***	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG	QL (1 EA per 1 day)
JINTELI ORAL TABLET 1-5 MG-MCG	QL (1 EA per 1 day)
*ESTROGENS***	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	AGE (Max 64 Years)
*FLUOROQUINOLONES***	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	QL (2 EA per 1 day)
<i>levofloxacin oral solution 25 mg/ml</i>	PA
<i>levofloxacin oral tablet 250 mg, 500 mg</i>	QL (1 EA per 1 day); MAX 10 DAYS
<i>levofloxacin oral tablet 750 mg</i>	QL (1 EA per 1 day); MAX 10 DAYS, 1 FILL PER 30 DAYS
<i>moxifloxacin hcl oral tablet 400 mg</i>	
*ANTIFLATULENTS***	
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG	
GAS-X INFANT DROPS ORAL LIQUID 20 MG/0.3ML	
GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG	
<i>infants gas relief oral suspension 40 mg/0.6ml</i>	
PHAZYME ORAL TABLET CHEWABLE 125 MG	
<i>simethicone oral tablet chewable 80 mg</i>	
*GALLSTONE SOLUBILIZING AGENTS***	
<i>ursodiol oral capsule 300 mg</i>	QL (2 EA per 1 day)
<i>ursodiol oral tablet 250 mg</i>	QL (4 EA per 1 day)
<i>ursodiol oral tablet 500 mg</i>	QL (2 EA per 1 day)
*GASTROINTESTINAL STIMULANTS***	
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	QL (6 EA per 1 day)
*INFLAMMATORY BOWEL AGENTS***	
<i>balsalazide disodium oral capsule 750 mg</i>	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	QL (4 EA per 1 day)
<i>sulfasalazine oral tablet 500 mg</i>	QL (10 EA per 1 day)

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Drug Name	Requirements/Limits
<i>sulfasalazine oral tablet delayed release 500 mg</i>	QL (8 EA per 1 day)
*INTESTINAL ACIDIFIERS***	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	QL (180 ML per 1 day)
*PHOSPHATE BINDER AGENTS***	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	
<i>sevelamer carbonate oral tablet 800 mg</i>	
*5-ALPHA REDUCTASE INHIBITORS***	
<i>finasteride oral tablet 5 mg</i>	QL (1 EA per 1 day)
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS***	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	QL (1 EA per 1 day)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	QL (2 EA per 1 day)
*CITRATES***	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>	QL (3 EA per 1 day)
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	QL (4 EA per 1 day)
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	
*GENITOURINARY IRRIGANTS***	
<i>acetic acid irrigation solution 0.25 %</i>	
<i>sodium chloride irrigation solution 0.9 %</i>	QL (10000 ML per 25 days)
*URINARY ANALGESICS***	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	QL (3 EA per 1 day)
*GOUT AGENT COMBINATIONS***	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	QL (3 EA per 1 day)
*GOUT AGENTS***	
<i>allopurinol oral tablet 100 mg</i>	QL (6 EA per 1 day)
<i>allopurinol oral tablet 300 mg</i>	QL (4 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	QL (30 EA per 90 days); MAX 1 FILL/90 DAYS
*URICOSURICS***	
<i>probenecid oral tablet 500 mg</i>	QL (3 EA per 1 day)
*ANTIHEMOPHILIC PRODUCTS***	
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 4000 UNIT	PA
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	PA

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Drug Name	Requirements/Limits
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 500-1200 UNIT	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	PA
*HEMATORHEOLOGIC AGENTS***	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	QL (4 EA per 1 day)
*PHOSPHODIESTERASE III INHIBITORS***	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	QL (2 EA per 1 day)
*PLATELET AGGREGATION INHIBITOR COMBINATIONS***	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PA
*PLATELET AGGREGATION INHIBITORS***	
<i>dipyridamole oral tablet 25 mg</i>	QL (10 EA per 1 day)
<i>dipyridamole oral tablet 50 mg</i>	QL (8 EA per 1 day)
<i>dipyridamole oral tablet 75 mg</i>	QL (4 EA per 1 day)
*THIENOPYRIDINE DERIVATIVES***	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	QL (2 EA per 1 day)
*AMINO ACIDS***	
ENDARI ORAL PACKET 5 GM	
*COBALAMINS***	
<i>kp vitamin b-12 oral tablet 1000 mcg</i>	
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	
<i>vitamin b-12 oral tablet 100 mcg, 250 mcg, 500 mcg</i>	
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg</i>	
*CYTOTOXIC AGENTS***	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	
SIKLOS ORAL TABLET 100 MG, 1000 MG	
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)***	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 60 MCG/ML	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	PA

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Drug Name	Requirements/Limits
*FOLIC ACID/FOLATES***	
<i>folic acid oral tablet 400 mcg</i>	QL (5 EA per 1 day)
<i>kp folic acid oral tablet 1 mg, 800 mcg</i>	QL (5 EA per 1 day)
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	PA; QL (0.6 ML per 11 days)
*IRON COMBINATIONS***	
<i>foltrin oral capsule</i>	QL (2 EA per 1 day)
HEMATOGEN ORAL CAPSULE	QL (2 EA per 1 day)
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	QL (2 EA per 1 day)
*IRON***	
FERATE ORAL TABLET 240 (27 FE) MG	
FEROSUL ORAL ELIXIR 220 (44 FE) MG/5ML	
FERROCITE ORAL TABLET 324 MG	
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	
<i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	
<i>kp ferrous gluconate oral tablet 324 (37.5 fe) mg</i>	
<i>kp ferrous sulfate oral tablet 325 (65 fe) mg</i>	QL (3 EA per 1 day)
NU-IRON ORAL CAPSULE 150 MG	QL (2 EA per 1 day)
<i>px iron oral tablet 200 (65 fe) mg</i>	
<i>slow release iron oral tablet extended release 160 (50 fe) mg, 50 mg</i>	
<i>sm slow release iron oral tablet extended release 142 (45 fe) mg, 45 mg</i>	
*ANTIHISTAMINE HYPNOTIC COMBINATIONS***	
<i>goodsense headache pm oral tablet 25-500 mg</i>	
<i>headache relief pm oral tablet 500-38 mg</i>	
*ANTIHISTAMINE HYPNOTICS***	
<i>diphenhydramine hcl (sleep) oral tablet 25 mg, 50 mg</i>	QL (1 EA per 1 day)
<i>sleep aid oral tablet 25 mg</i>	QL (1 EA per 1 day)
*BARBITURATE HYPNOTICS***	
<i>phenobarbital oral elixir 20 mg/5ml</i>	QL (50 ML per 1 day); AGE (Max 12 Years)

AGE - Age Limit **MED** - Max 60 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
ST - Step Therapy

Drug Name	Requirements/Limits
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 97.2 mg</i>	QL (2 EA per 1 day)
<i>phenobarbital oral tablet 64.8 mg</i>	QL (3 EA per 1 day)
*BENZODIAZEPINE HYPNOTICS***	
<i>estazolam oral tablet 1 mg, 2 mg</i>	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	QL (1 EA per 1 day); AGE (Min 15 Years and Max 64 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	QL (2 EA per 1 day)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***	
<i>zolpidem tartrate oral tablet 10 mg</i>	QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet 5 mg</i>	QL (2 EA per 1 day)
*BOWEL EVACUANT COMBINATIONS***	
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	QL (4000 ML per 1 day)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	QL (4000 ML per 1 day)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	QL (4000 ML per 1 day)
PEG-PREP ORAL KIT 5-210 MG-GM	QL (1 EA per 1 day)
*BULK LAXATIVES***	
BENEFIBER DRINK MIX ORAL PACKET	
<i>clear soluble fiber oral powder</i>	
<i>cvs daily fiber oral packet 58.6 %</i>	
<i>fiber (corn dextrin) oral powder</i>	
<i>fiber therapy oral tablet 500 mg</i>	
FIBERCON ORAL TABLET 625 MG	
<i>konsyl daily fiber oral packet 100 %</i>	
<i>konsyl daily fiber oral packet 28.3 %</i>	
<i>konsyl daily fiber oral powder 28.3 %</i>	
KONSYL-D ORAL POWDER 52.3 %	
METAMUCIL MULTIHEALTH FIBER ORAL PACKET 58.12 %	
METAMUCIL ORAL PACKET 28 %	
METAMUCIL ORAL WAFER	
<i>natural fiber oral powder 58.6 %</i>	
<i>qc natural vegetable oral powder 95 %</i>	
<i>sb fib lax orange oral powder 33 %</i>	
UNIFIBER ORAL POWDER	

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ST - Step Therapy

Drug Name	Requirements/Limits
WAL-MUCIL ORAL CAPSULE 0.52 GM	
WAL-MUCIL ORAL POWDER 100 %, 48.57 %	
*LAXATIVES - MISCELLANEOUS***	
<i>glycerin (adult) rectal suppository 2 gm, 2.1 gm</i>	
<i>glycerin (pediatric) rectal suppository 1.2 gm</i>	
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP	QL (34 GM per 1 day)
<i>lactulose oral solution 10 gm/15ml</i>	QL (180 ML per 1 day)
<i>ra glycerin adult rectal suppository 80.7 %</i>	
*LAXATIVES & DSS***	
<i>easy-lax plus oral tablet 8.6-50 mg</i>	QL (6 EA per 1 day)
*LUBRICANT LAXATIVES***	
<i>enema mineral oil rectal enema</i>	
<i>mineral oil oral oil</i>	
*SALINE LAXATIVE MIXTURES***	
<i>enema pediatric rectal enema 3.5-9.5 gm/59ml</i>	
<i>enema rectal enema 7-19 gm/118ml</i>	
*SALINE LAXATIVES***	
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	
<i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i>	
<i>milk of magnesia oral suspension 1200 mg/15ml</i>	
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 800 MG/5ML	
*STIMULANT LAXATIVES***	
<i>chocolated laxative oral tablet chewable 15 mg</i>	
<i>cvs senna-extra oral tablet 17.2 mg</i>	
EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG	QL (3 EA per 1 day)
<i>gentle laxative rectal suppository 10 mg</i>	QL (1 EA per 1 day)
<i>kp senna oral tablet 8.6 mg</i>	QL (2 EA per 1 day)
<i>senna oral syrup 8.8 mg/5ml</i>	
*SURFACTANT LAXATIVES***	
<i>cvs stool softener oral capsule 50 mg</i>	QL (2 EA per 1 day)
<i>docusate calcium oral capsule 240 mg</i>	QL (2 EA per 1 day)
<i>docusate mini rectal enema 283 mg/5ml</i>	
<i>docusate sodium oral capsule 250 mg</i>	QL (6 EA per 1 day)
<i>docusate sodium oral liquid 50 mg/5ml</i>	QL (30 ML per 1 day)
DOK ORAL TABLET 100 MG	QL (6 EA per 1 day)
<i>gnp stool softener oral syrup 60 mg/15ml</i>	QL (30 ML per 1 day)
PEDIA-LAX ORAL LIQUID 50 MG/15ML	QL (30 ML per 1 day)
<i>stool softener oral capsule 100 mg</i>	QL (6 EA per 1 day)

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Drug Name	Requirements/Limits
*AZITHROMYCIN***	
<i>azithromycin oral packet 1 gm</i>	QL (1 EA per 1 day); MAX 1 DAY
<i>azithromycin oral suspension reconstituted 100 mg/5ml</i>	QL (20 ML per 1 day); MAX 1 FILL/45 DAYS
<i>azithromycin oral suspension reconstituted 200 mg/5ml</i>	QL (30 ML per 1 day); MAX 1 FILL/45 DAYS
<i>azithromycin oral tablet 250 mg</i>	QL (12 EA per 25 days)
<i>azithromycin oral tablet 500 mg</i>	QL (6 EA per 25 days)
<i>azithromycin oral tablet 600 mg</i>	QL (1 EA per 1 day)
*CLARITHROMYCIN***	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	AGE (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	
*ERYTHROMYCINS***	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	AGE (Max 12 Years)
*APPLICATORS,COTTON BALLS,ETC***	
<i>alcohol swabs pad 70 %</i>	QL (200 EA per 25 days)
<i>essentra wipes 9x9" sheet 70 %</i>	QL (200 EA per 25 days)
*CONDOMS - MALE***	
<i>condoms</i>	QL (12 EA per 1 day)
TRUSTEX RIA NON-LUBRICATED	QL (12 EA per 1 day)
TRUSTEX-NONOXYNOL-9/RIB/STUD	QL (12 EA per 1 day)
*GLUCOSE MONITORING TEST SUPPLIES***	
DEXCOM G5 MOB/G4 PLAT SENSOR	PA; QL (4 EA per 28 days); (except ages 2-17 with history of insulin)
DEXCOM G5 MOBILE RECEIVER DEVICE	PA; QL (1 EA per 310 days); (except ages 2-17 with history of insulin)
DEXCOM G5 MOBILE TRANSMITTER	PA; QL (1 EA per 76 days); (except ages 2-17 with history of insulin)
DEXCOM G5 RECEIVER KIT DEVICE	PA; QL (1 EA per 310 days); (except ages 2-17 with history of insulin)
DEXCOM G6 RECEIVER DEVICE	PA; QL (1 EA per 310 days); (except ages 2-17 with history of insulin)
DEXCOM G6 SENSOR	PA; QL (3 EA per 28 days); (except ages 2-17 with history of insulin)
DEXCOM G6 TRANSMITTER	PA; QL (1 EA per 76 days); (except ages 2-17 with history of insulin)
DEXCOM G7 RECEIVER DEVICE	PA; QL (1 EA per 310 days); (except ages 2-17 with history of insulin)

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Drug Name	Requirements/Limits
DEXCOM G7 SENSOR	PA; QL (3 EA per 28 days); (except ages 2-17 with history of insulin)
FREESTYLE LIBRE 14 DAY READER DEVICE	PA; QL (1 EA per 310 days); (except ages 2-17 with history of insulin)
FREESTYLE LIBRE 14 DAY SENSOR	PA; QL (2 EA per 28 days); (except ages 2-17 with history of insulin)
FREESTYLE LIBRE 2 READER DEVICE	PA; QL (1 EA per 310 days); (except ages 2-17 with history of insulin)
FREESTYLE LIBRE 2 SENSOR	PA; QL (2 EA per 28 days); (except ages 2-17 with history of insulin)
FREESTYLE LIBRE 3 SENSOR	PA; QL (2 EA per 28 days); (except ages 2-17 with history of insulin)
FREESTYLE LIBRE READER DEVICE	PA; QL (1 EA per 310 days); (except ages 2-17 with history of insulin)
<i>lancets micro thin 33g</i>	
*MISC. DEVICES***	
LMA MAD NASAL	
<i>mucosal atomization device</i>	
*NEBULIZERS***	
AEROECLIPSE II NEBULIZER	
*NEEDLES & SYRINGES***	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	QL (5 EA per 1 day)
<i>hypodermic needle 18g x 1-1/2"</i>	
<i>syringe 22g x 1" 3 ml, 25g x 1" 3 ml</i>	
<i>syringe 2-3 ml 3 ml</i>	
<i>techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	QL (5 EA per 1 day)
TECHLITE PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 32G X 8 MM	QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	QL (200 EA per 25 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	QL (5 EA per 1 day)
*PEAK FLOW METERS***	
TRUZONE PEAK FLOW METER DEVICE	QL (1 EA per 365 days)
*RESPIRATORY THERAPY SUPPLIES***	
ACE AEROSOL CLOUD ENHANCER	QL (1 EA per 365 days)
ACTIVITY POUCH	QL (1 EA per 365 days)

AGE - Age Limit **MED** - Max 60 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>adult aerosol mask</i>	QL (1 EA per 365 days)
<i>adult mask large</i>	QL (1 EA per 365 days)
AEROECLIPSE EZ TWIST TUBING	QL (1 EA per 365 days)
AEROTRACH PLUS	QL (1 EA per 365 days)
AIRS PEDIATRIC AEROSOL MASK	QL (1 EA per 365 days)
ALL FLOW 1000 PFT FILTER	QL (1 EA per 365 days)
<i>breathe ease neb mask/child</i>	QL (1 EA per 365 days)
<i>breathe ease neb mask/infant</i>	QL (1 EA per 365 days)
BUBBLES THE FISH II PEDI MASK	QL (1 EA per 365 days)
CARETOUCH 2 CPAP HOSE HANGER	QL (1 EA per 365 days)
CARETOUCH CPAP & BIPAP HOSE	QL (1 EA per 365 days)
CARETOUCH CPAP MASK WIPES	QL (1 EA per 365 days)
CARETOUCH CPAP PRE-WASH SOLN	QL (354.8 ML per 365 days)
CARETOUCH CPAP TUBE BRUSH	QL (1 EA per 365 days)
CARETOUCH UNIVERSL CPAP FILTER	QL (1 EA per 365 days)
<i>co monitor replacement pieces</i>	QL (1 EA per 365 days)
EASY FLOW 300 MM HOSE	QL (1 EA per 365 days)
EASY FLOW 400 MM HOSE	QL (1 EA per 365 days)
EASY FLOW AIR NOZZLE	QL (1 EA per 365 days)
EASY FLOW HEPA FILTER	QL (1 EA per 365 days)
<i>filter air pp</i>	QL (1 EA per 365 days)
FLYP HYPERSONIQ CARTRIDGE	QL (1 EA per 365 days)
<i>full kit nebulizer set</i>	QL (1 EA per 365 days)
INNOSPIRE REPLACEMENT FILTER	QL (1 EA per 365 days)
LITETOUCH MASK LARGE	QL (1 EA per 365 days)
LITETOUCH MASK MEDIUM	QL (1 EA per 365 days)
LITETOUCH MASK SMALL	QL (1 EA per 365 days)
MINIELITE FILTER REPLACEMENTS	QL (1 EA per 365 days)
<i>nebulizer air tube/plugs</i>	QL (1 EA per 365 days)
<i>nebulizer mask adult</i>	QL (1 EA per 365 days)
<i>nebulizer mask child</i>	QL (1 EA per 365 days)
<i>nose clip</i>	QL (1 EA per 365 days)
OMBRA COMPRESSOR AIR FILTERS	QL (1 EA per 365 days)
PARI BABY CONVERSION KIT	QL (1 EA per 365 days)
PARI EXPIRATORY FILTER SET DEVICE	QL (1 EA per 365 days)
PARI MASK SET	QL (1 EA per 365 days)
PARI SMARTMASK BABY/ELBOW	QL (1 EA per 365 days)
PARI SOFT PLASTIC ADULT MASK	QL (1 EA per 365 days)
PARI SOFT PLASTIC PED MASK	QL (1 EA per 365 days)

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Drug Name	Requirements/Limits
<i>pediatric mouthpiece</i>	QL (1 EA per 365 days)
PFLEX	QL (1 EA per 365 days)
<i>pharmacist choice mask wipes</i>	QL (1 EA per 365 days)
<i>pillow mask/adult</i>	QL (1 EA per 365 days)
<i>pillow mask/child</i>	QL (1 EA per 365 days)
<i>pillow mask/pediatric</i>	QL (1 EA per 365 days)
PRONEB ULTRA FILTER SET	QL (1 EA per 365 days)
PULMONEB LT DEVICE	
<i>replacement air filter</i>	QL (1 EA per 365 days)
<i>replacement filters</i>	QL (1 EA per 365 days)
SAMI THE SEAL FILTERS	QL (1 EA per 365 days)
SIDESTREAM ADULT FACE MASK	QL (1 EA per 365 days)
SIDESTREAM PEDIATRIC FACE MASK	QL (1 EA per 365 days)
SIDESTREAM PLS ADULT FACE MASK	QL (1 EA per 365 days)
<i>silicone mask/adult</i>	QL (1 EA per 365 days)
<i>silicone mask/infant</i>	QL (1 EA per 365 days)
<i>silicone mask/pediatric</i>	QL (1 EA per 365 days)
<i>sootheneb nbl 100 adult mask</i>	QL (1 EA per 365 days)
<i>sootheneb nbl 100 child mask</i>	QL (1 EA per 365 days)
<i>sootheneb nbl 100 med cup</i>	QL (1 EA per 365 days)
<i>sootheneb nbl 100 mesh cap</i>	QL (1 EA per 365 days)
THRESHOLD IMT	QL (1 EA per 365 days)
<i>tubing/wing tip</i>	QL (1 EA per 365 days)
WINDMILL TRAINER	QL (5 EA per 365 days)
*SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES***	
PEDIATRIC PANDA MASK	QL (1 EA per 365 days)
<i>pro comfort spacer adult</i>	QL (1 EA per 365 days)
VORTEX HOLDING CHAMBER/MASK DEVICE	
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	QL (9 EA per 25 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	QL (12 EA per 25 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	QL (12 EA per 25 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	QL (9 EA per 25 days)
*CALCIUM COMBINATIONS***	
<i>calcium + vitamin d3 oral tablet chewable 500-10 mg-mcg</i>	
<i>calcium 500 + d oral tablet 500-3.125 mg-mcg</i>	
<i>calcium 600+d oral tablet 600-5 mg-mcg</i>	

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Drug Name	Requirements/Limits
<i>calcium carb-cholecalciferol oral tablet 600-5 mg-mcg</i>	
<i>calcium carbonate-vitamin d oral tablet 500-3.125 mg-mcg</i>	
<i>calcium citrate + d oral tablet 250-5 mg-mcg</i>	
<i>calcium citrate-vitamin d oral tablet 315-5 mg-mcg</i>	
<i>calcium-vitamin d oral tablet 600-3.125 mg-mcg</i>	
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i>	
<i>citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg</i>	
<i>kp calcium 600+d oral tablet 600-10 mg-mcg</i>	
<i>kp calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	
<i>kp calcium-magnesium-zinc oral tablet 333-133-5 mg</i>	
<i>liquid calcium/vitamin d oral capsule 600-5 mg-mcg</i>	
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	
OS-CAL ORAL TABLET CHEWABLE 500-15 MG-MCG	
<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg, 500-10 mg-mcg</i>	
PRONUTRIENTS CALCIUM+D3 ORAL TABLET 600-20 MG-MCG	
<i>ra calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit</i>	
<i>ra oyster shell calcium/d oral tablet 500-5 mg-mcg</i>	
<i>risacal-d oral tablet 105-81-120 mg-mg-unit</i>	
*CALCIUM***	
<i>calcium 600 oral tablet 600 mg</i>	
<i>calcium carbonate oral tablet 1250 (500 ca) mg</i>	
<i>calcium citrate oral tablet 950 (200 ca) mg</i>	
CALTRATE 600 ORAL TABLET 1500 (600 CA) MG	
OYSCO 500 ORAL TABLET 500 MG	
*ELECTROLYTES ORAL***	
REHYDRALYTE ORAL SOLUTION	
*FLUORIDE***	
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	QL (1 ML per 1 day)
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	QL (1 EA per 1 day)
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	QL (1 ML per 1 day)
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	QL (1 EA per 1 day)
*MAGNESIUM***	
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG	
<i>magnesium gluconate oral tablet 27.5 mg, 500 (27 mg) mg</i>	
<i>magnesium oral tablet 400 mg</i>	
<i>magnesium oxide -mg supplement oral tablet 250 mg, 500 mg</i>	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	QL (2 EA per 1 day)
<i>ra magnesium oral capsule 500 mg</i>	

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Drug Name	Requirements/Limits
<i>ra natural magnesium oral tablet 250 mg</i>	
*PHOSPHATE***	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	QL (4 EA per 1 day)
*POTASSIUM***	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	QL (4 EA per 1 day)
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	QL (4 EA per 1 day)
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	QL (4 EA per 1 day)
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	QL (4 EA per 1 day)
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ	QL (2 EA per 1 day)
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	QL (4 EA per 1 day)
<i>potassium chloride er oral tablet extended release 20 meq</i>	QL (4 EA per 1 day)
<i>potassium chloride oral solution 10 %, 40 meq/15ml (20%)</i>	
*SODIUM***	
<i>sodium chloride oral tablet 1 gm</i>	
*ZINC***	
ORAZINC ORAL CAPSULE 220 (50 ZN) MG	
*ANTILEPTICS***	
THALOMID ORAL CAPSULE 100 MG	PA; QL (1 EA per 1 day)
*CHELATING AGENTS***	
<i>penicillamine oral tablet 250 mg</i>	PA
*CYCLOSPORINE ANALOGS***	
<i>cyclosporine modified oral capsule 50 mg</i>	QL (15 EA per 1 day)
<i>cyclosporine oral capsule 100 mg</i>	QL (5 EA per 1 day)
<i>cyclosporine oral capsule 25 mg</i>	QL (16 EA per 1 day)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	QL (15 EA per 1 day)
GENGRAF ORAL SOLUTION 100 MG/ML	QL (10 ML per 1 day)
*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES***	
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	PA; QL (1 EA per 1 day)
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***	
<i>mycophenolate mofetil oral capsule 250 mg</i>	QL (12 EA per 1 day)
<i>mycophenolate mofetil oral tablet 500 mg</i>	QL (8 EA per 1 day)
*IRRIGATION SOLUTIONS***	
<i>sterile water for irrigation irrigation solution</i>	
*MACROLIDE IMMUNOSUPPRESSANTS***	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	
<i>tacrolimus oral capsule 0.5 mg</i>	QL (2 EA per 1 day)

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Drug Name	Requirements/Limits
<i>tacrolimus oral capsule 1 mg</i>	QL (14 EA per 1 day)
<i>tacrolimus oral capsule 5 mg</i>	
*POTASSIUM REMOVING AGENTS***	
LOKELMA ORAL PACKET 10 GM, 5 GM	QL (3 EA per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	
SPS ORAL SUSPENSION 15 GM/60ML	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	QL (1 EA per 1 day)
*PURINE ANALOGS***	
<i>azathioprine oral tablet 50 mg</i>	QL (8 EA per 1 day)
*ANESTHETICS TOPICAL ORAL***	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	
*ANTI-INFECTIVES - THROAT***	
<i>clotrimazole mouth/throat troche 10 mg</i>	QL (5 EA per 1 day)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	QL (120 ML per 1 day)
*ANTISEPTICS - MOUTH/THROAT***	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	
*FLUORIDE DENTAL PRODUCTS***	
DENTAGEL DENTAL GEL 1.1 %	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	
*SALIVA STIMULANTS***	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	
*STEROIDS - MOUTH/THROAT/DENTAL***	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	
*B-COMPLEX W/ C & FOLIC ACID***	
DIALYVITE 800 ORAL TABLET 0.8 MG	
DIALYVITE ORAL TABLET	
<i>folbee plus oral tablet</i>	
<i>kp b complex-c oral tablet</i>	
<i>triphrocaps oral capsule 1 mg</i>	QL (2 EA per 1 day)
*MULTIPLE VITAMINS W/ IRON***	
<i>multi-vitamin/iron oral tablet</i>	QL (1 EA per 1 day)
*MULTIPLE VITAMINS W/ MINERALS***	
ICAPS MV ORAL TABLET	QL (1 EA per 1 day)
ICAPS ORAL CAPSULE	QL (1 EA per 1 day)
<i>multivitamin & mineral oral liquid</i>	QL (1 ML per 1 day)
*MULTIVITAMINS***	
<i>daily-vite oral tablet</i>	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
<i>multiple vitamin oral tablet</i>	QL (1 EA per 1 day)
<i>mv-one oral capsule</i>	QL (1 EA per 1 day)
*PED MULTI VITAMINS W/FL & FE***	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	QL (1.67 ML per 1 day)
*PED MULTIPLE VITAMINS W/ MINERALS***	
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE	QL (1 EA per 1 day)
VITAMAX PEDIATRIC ORAL SOLUTION	QL (1 ML per 1 day)
*PED MV W/ FLUORIDE***	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	QL (2 ML per 1 day)
<i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>	QL (1.67 ML per 1 day)
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	QL (1 EA per 1 day)
<i>multivitamin/fluoride oral tablet chewable 1 mg</i>	QL (1.67 EA per 1 day)
*PED MV W/ IRON***	
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	
<i>chewable vite/iron childrens oral tablet chewable 15 mg</i>	QL (1 EA per 1 day)
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML	QL (50 ML per 25 days)
<i>poly-vita/iron oral solution 10 mg/ml</i>	QL (50 ML per 25 days)
*PED VITAMINS ACD W/ FLUORIDE***	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	QL (1.67 ML per 1 day)
<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>	QL (1.67 ML per 1 day)
*PEDIATRIC MULTIPLE VITAMINS***	
POLY-VI-SOL ORAL SOLUTION	QL (50 EA per 25 days)
*PEDIATRIC VITAMINS A & D W/ C***	
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10	QL (50 ML per 25 days)
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>	QL (50 ML per 25 days)
*PRENATAL MV & MIN W/FE-FA***	
CLINICAL NUTRIENTS PRENATAL ORAL TABLET 7.5-0.2 MG	QL (1 EA per 1 day)
<i>completenate oral tablet chewable 29-1 mg</i>	QL (1 EA per 1 day)
CO-NATAL FA ORAL TABLET	QL (1 EA per 1 day)
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG	QL (1 EA per 1 day)
<i>kp prenatal multivitamins oral tablet 28-0.8 mg</i>	QL (1 EA per 1 day)
<i>kpn prenatal oral tablet 0.1 mg</i>	QL (2 EA per 1 day)
M-VIT TABLET ORAL	QL (1 EA per 1 day)
MYNATAL ADVANCE TABLET ORAL	QL (1 EA per 1 day)
MYNATAL TABLET 90-1 MG ORAL	QL (1 EA per 1 day)
<i>mynate 90 plus oral tablet extended release</i>	QL (1 EA per 1 day)
NATALVIT ORAL TABLET	QL (1 EA per 1 day)
NIVA-PLUS ORAL TABLET 27-1 MG	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
O-CAL FA TABLET 27-1 MG ORAL	QL (1 EA per 1 day)
O-CAL PRENATAL ORAL TABLET	QL (1 EA per 1 day)
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG	QL (1 EA per 1 day)
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG	QL (1 EA per 1 day)
<i>pnv folic acid + iron tablet 27-1 mg oral</i>	QL (1 EA per 1 day)
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	QL (1 EA per 1 day)
<i>prenatal (w/iron & fa) oral tablet 27-0.8 mg</i>	QL (1 EA per 1 day)
<i>prenatal 19 tablet 29-1 mg oral</i>	QL (1 EA per 1 day)
<i>prenatal complete oral tablet 14-0.4 mg</i>	QL (1 EA per 1 day)
<i>prenatal formula a-free oral tablet 9-0.267 mg</i>	QL (1 EA per 1 day)
<i>prenatal formula oral capsule 28-0.8-235 mg</i>	QL (1 EA per 1 day)
<i>prenatal multi +dha oral capsule 27-0.8-228 mg</i>	QL (1 EA per 1 day)
<i>prenatal oral tablet 27-0.8 mg, 6.75-0.2 mg</i>	QL (1 EA per 1 day)
<i>prenatal plus iron tablet 29-1 mg oral</i>	QL (1 EA per 1 day)
<i>prenatal plus oral tablet 27-1 mg</i>	QL (1 EA per 1 day)
<i>prenatal tablet 27-1 mg oral</i>	QL (1 EA per 1 day)
<i>prenatal vitamin plus low iron tablet 27-1 mg oral</i>	QL (1 EA per 1 day)
<i>prenatal/omega-3/fa/iron oral capsule 28-0.8-530 mg</i>	
<i>se-natal 19 oral tablet 29-1 mg</i>	QL (1 EA per 1 day)
<i>sm one daily prenatal oral 28-0.8 & 440 mg</i>	QL (1 EA per 1 day)
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG	QL (1 EA per 1 day)
<i>tl folate tablet 27-0.5-0.5 mg oral</i>	QL (1 EA per 1 day)
<i>trinatal gt tablet 90-1 mg oral</i>	QL (1 EA per 1 day)
<i>trinatal rx 1 oral tablet 60-1 mg</i>	QL (1 EA per 1 day)
VINATE II ORAL TABLET 29-1 MG	QL (1 EA per 1 day)
<i>virt-advance tablet 90-1 mg oral</i>	QL (1 EA per 1 day)
<i>virt-vite gt tablet 90-1 mg oral</i>	QL (1 EA per 1 day)
VITAFOL-OB ORAL TABLET	QL (1 EA per 1 day)
<i>vol-plus tablet 27-1 mg oral</i>	QL (1 EA per 1 day)
*PRENATAL MV & MIN W/FE-FA-DHA***	
BRAINSTRONG PRENATAL ORAL 33-0.8 & 350 MG	QL (1 EA per 1 day)
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG	QL (1 EA per 1 day)
ENFAMIL EXPECTA ORAL 28-0.8 & 200 MG	QL (1 EA per 1 day)
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	QL (1 EA per 1 day)
<i>prenatal+dha oral 28-0.975 & 200 mg</i>	QL (1 EA per 1 day)
*PRENATAL MV & MINERALS W/ FA-OMEGA FATTY ACIDS W/O IRON***	
<i>cvs prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
*PRENATAL MV & MINERALS W/FA WITHOUT IRON***	
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	QL (1 EA per 1 day)
*PRENATAL VITAMINS***	
<i>calna oral tablet</i>	QL (1 EA per 1 day)
*CENTRAL MUSCLE RELAXANTS***	
<i>baclofen oral tablet 10 mg</i>	QL (3 EA per 1 day)
<i>baclofen oral tablet 20 mg, 5 mg</i>	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	QL (6 EA per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	QL (3 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>methocarbamol oral tablet 750 mg</i>	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	QL (2 EA per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	QL (3 EA per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	QL (9 EA per 1 day)
*VISCOSUPPLEMENTS***	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	PA
*NASAL AGENTS - MISC.***	
AFRIN SALINE NASAL MIST NASAL SOLUTION 0.65 %	
*NASAL ANTICHOLINERGICS***	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	
*NASAL ANTIHISTAMINES***	
<i>azelastine hcl nasal solution 0.1 %</i>	QL (30 ML per 25 days)
*NASAL MAST CELL STABILIZERS***	
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	QL (52 ML per 25 days)
*NASAL STEROIDS***	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	QL (16 GM per 25 days); AGE (Min 4 Years)
<i>goodsense nasal allergy spray nasal aerosol 55 mcg/act</i>	QL (17 ML per 25 days)
RHINOCORT ALLERGY NASAL SUSPENSION 32 MCG/ACT	QL (8.43 ML per 25 days); AGE (Min 6 Years)
*SYSTEMIC DECONGESTANTS***	
<i>gnp suphedrin oral liquid 15 mg/5ml</i>	QL (40 ML per 1 day)
<i>kp pseudoephedrine hcl oral tablet 60 mg</i>	QL (6 EA per 1 day)
<i>nasal decongestant oral tablet 30 mg</i>	QL (6 EA per 1 day)
<i>nasal decongestant pe max st oral tablet 10 mg</i>	

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Drug Name	Requirements/Limits
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML	
SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	QL (2 EA per 1 day)
*TOPICAL DECONGESTANTS***	
<i>nasal spray extra moisturizing nasal solution 0.05 %</i>	
*MISC. NUTRITIONAL SUBSTANCES***	
<i>dha complete oral capsule 200 mg</i>	QL (1 EA per 1 day)
<i>fish oil high potency oral capsule 1000 mg</i>	
<i>fish oil oral capsule 500 mg</i>	
<i>kp omega-3 fish oil oral capsule 1200 mg</i>	
<i>kp omega-3 fish oil oral capsule delayed release 1200 mg</i>	
<i>odorless coated fish oil oral capsule delayed release 1000 mg</i>	
SEA-OMEGA ORAL CAPSULE 1000 MG	
*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS***	
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	
<i>cvs lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.3 %	
<i>gnp artificial tears ophthalmic solution 5-6 mg/ml</i>	
<i>gnp eye drops ophthalmic solution 0.2-0.2-1 %</i>	
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	
<i>ra artificial tears ophthalmic solution 1-0.3 %</i>	
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT	
*ARTIFICIAL TEAR SOLUTIONS***	
SYSTANE CONTACTS OPHTHALMIC SOLUTION	
*ARTIFICIAL TEARS AND LUBRICANTS***	
<i>artificial tears ophthalmic solution 1.4 %</i>	
<i>goodsense lubricating eye drop ophthalmic solution 0.5 %</i>	
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>	
<i>ra lubricant eye drops ophthalmic solution 0.5 %</i>	
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS***	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	QL (10 ML per 25 days)
*BETA-BLOCKERS - OPHTHALMIC***	
<i>carteolol hcl ophthalmic solution 1 %</i>	QL (15 ML per 25 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	QL (15 ML per 25 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	
*CYCLOPLEGIC MYDRIATICS***	
<i>atropine sulfate ophthalmic solution 1 %</i>	QL (15 ML per 25 days)

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Drug Name	Requirements/Limits
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	QL (15 ML per 25 days)
*MIOTICS - DIRECT ACTING***	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	
*OPHTHALMIC ANTIALLERGIC***	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PA; QL (6 ML per 25 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>	
<i>eye itch relief ophthalmic solution 0.025 %</i>	QL (10 ML per 25 days)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	QL (2.5 ML per 30 days)
*OPHTHALMIC ANTIBIOTICS***	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	
GENTAK OPHTHALMIC OINTMENT 0.3 %	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	QL (10 ML per 30 days)
<i>levofloxacin ophthalmic solution 0.5 %</i>	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	QL (3 ML per 25 days)
<i>ofloxacin ophthalmic solution 0.3 %</i>	
<i>tobramycin ophthalmic solution 0.3 %</i>	
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS***	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	
*OPHTHALMIC ANTIVIRALS***	
<i>trifluridine ophthalmic solution 1 %</i>	QL (7.5 ML per 25 days)
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	
*OPHTHALMIC HYPEROSMOLAR PRODUCTS***	
ALTACHLORE OPHTHALMIC SOLUTION 5 %	
<i>cvs sodium chloride ophthalmic solution 5 %</i>	
<i>sochlor solution 5 % ophthalmic</i>	
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	
*OPHTHALMIC LOCAL ANESTHETICS***	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	

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Drug Name	Requirements/Limits
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	QL (10 ML per 25 days)
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	
*OPHTHALMIC STEROID COMBINATIONS***	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	
*OPHTHALMIC STEROIDS***	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	QL (15 ML per 25 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	
*OPHTHALMIC SULFONAMIDES***	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	
*PROSTAGLANDINS - OPHTHALMIC***	
<i>bimatoprost ophthalmic solution 0.03 %</i>	
<i>latanoprost ophthalmic solution 0.005 %</i>	QL (5 ML per 25 days)
*OTIC AGENTS - MISCELLANEOUS***	
<i>acetic acid otic solution 2 %</i>	QL (20 ML per 25 days)
<i>ear drops otic solution 6.5 %</i>	
<i>ra ear drying agent otic liquid 95-5 %</i>	
*OTIC ANTI-INFECTIVES***	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	QL (14 EA per 25 days)
<i>ofloxacin otic solution 0.3 %</i>	QL (5 ML per 25 days)
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS***	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	
*OTIC STEROIDS***	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	
*OXYTOCICS***	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	QL (7 EA per 1 day)
*ANTIVIRAL MONOCLONAL ANTIBODIES***	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	PA

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Drug Name	Requirements/Limits
*IMMUNE SERUMS***	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	
*AMINOPENICILLINS***	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	QL (8 EA per 1 day)
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	
<i>amoxicillin oral tablet 500 mg</i>	QL (5 EA per 1 day)
<i>amoxicillin oral tablet 875 mg</i>	QL (4 EA per 1 day)
<i>amoxicillin oral tablet chewable 125 mg</i>	QL (6 EA per 1 day)
<i>amoxicillin oral tablet chewable 250 mg</i>	QL (8 EA per 1 day)
<i>ampicillin oral capsule 500 mg</i>	QL (8 EA per 1 day)
*NATURAL PENICILLINS***	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	QL (40 ML per 1 day)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	QL (8 EA per 1 day)
*PENICILLIN COMBINATIONS***	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	QL (2 EA per 1 day); MAX 10 DAYS
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg</i>	QL (3 EA per 1 day); AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>	QL (4 EA per 1 day); AGE (Max 12 Years)
*PENICILLINASE-RESISTANT PENICILLINS***	
<i>dicloxacillin sodium oral capsule 250 mg</i>	QL (8 EA per 1 day)
<i>dicloxacillin sodium oral capsule 500 mg</i>	QL (6 EA per 1 day)
*ANTIMICROBIAL AGENTS***	
<i>benzyl alcohol liquid</i>	AGE (Min 16 Years and Max 60 Years)
*PROGESTINS***	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	QL (2 EA per 1 day)
<i>norethindrone acetate oral tablet 5 mg</i>	QL (1 EA per 1 day)
<i>progesterone oral capsule 100 mg</i>	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
<i>progesterone oral capsule 200 mg</i>	QL (2 EA per 1 day)
*ALCOHOL DETERRENTS***	
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	QL (1 EA per 1 day)
*ANTI-CATAPLECTIC AGENTS***	
<i>sodium oxybate oral solution 500 mg/ml</i>	PA
*CHOLINOMIMETICS - ACHE INHIBITORS***	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	QL (1 EA per 1 day)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	QL (2 EA per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	PA
*MOVEMENT DISORDER DRUG THERAPY***	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	PA
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***	
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	PA
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	PA
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS***	
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	PA; QL (2 EA per 1 day)
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS***	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PA

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Drug Name	Requirements/Limits
*MULTIPLE SCLEROSIS AGENTS***	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	PA
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***	
<i>memantine hcl oral solution 10 mg/5ml</i>	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	
*SMOKING DETERRENTS***	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	QL (2 EA per 1 day)
<i>goodsense nicotine mouth/throat gum 4 mg</i>	QL (8 EA per 1 day); MAX 3 FILLS PER YEAR
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	QL (8 EA per 1 day)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	QL (8 EA per 1 day)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	QL (1 EA per 1 day)
THRIVE MOUTH/THROAT GUM 2 MG	QL (8 EA per 1 day); MAX 3 FILLS PER YEAR
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	PA
<i>varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	PA
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS***	
<i>fingolimod hcl oral capsule 0.5 mg</i>	PA
*ALPHA-PROTEINASE INHIBITOR (HUMAN)***	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	PA
*CFTR POTENTIATORS***	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	PA
KALYDECO ORAL TABLET 150 MG	PA
*CYSTIC FIBROSIS AGENT - COMBINATIONS***	
ORKAMBI ORAL PACKET 150-188 MG	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	PA; QL (4 EA per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	PA
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	PA
*HYDROLYTIC ENZYMES***	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	PA; QL (2.5 ML per 1 day)

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Drug Name	Requirements/Limits
*TETRACYCLINES***	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	QL (3 EA per 1 day)
<i>doxycycline monohydrate oral tablet 100 mg</i>	QL (3 EA per 1 day)
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	QL (2 EA per 1 day)
*ANTITHYROID AGENTS***	
<i>methimazole oral tablet 10 mg, 5 mg</i>	QL (6 EA per 1 day)
<i>propylthiouracil oral tablet 50 mg</i>	QL (20 EA per 1 day)
*THYROID HORMONES***	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 97.5 MG	QL (1 EA per 1 day)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	QL (1 EA per 1 day)
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	QL (2 EA per 1 day)
NATURE-THROID ORAL TABLET 113.75 MG, 146.25 MG, 162.5 MG, 195 MG, 260 MG, 325 MG, 48.75 MG, 81.25 MG	QL (1 EA per 1 day)
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 65 mg, 90 mg</i>	QL (1 EA per 1 day)
*ANTISPASMODICS***	
<i>dicyclomine hcl oral capsule 10 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	QL (80 ML per 1 day); AGE (Max 64 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>	QL (8 EA per 1 day); AGE (Max 64 Years)
*BELLADONNA ALKALOIDS***	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	QL (4 EA per 1 day)
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	QL (12 EA per 1 day)
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	QL (12 EA per 1 day)
*H-2 ANTAGONISTS***	
<i>acid reducer maximum strength oral tablet 20 mg</i>	QL (2 EA per 1 day)
<i>acid reducer oral tablet 10 mg</i>	QL (2 EA per 1 day)
<i>cimetidine 200 oral tablet 200 mg</i>	QL (4 EA per 1 day)
<i>cimetidine hcl oral solution 300 mg/5ml</i>	QL (60 ML per 1 day)

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Drug Name	Requirements/Limits
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	QL (2 EA per 1 day)
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	QL (5 ML per 1 day); AGE (Max 6 Years)
<i>famotidine oral tablet 40 mg</i>	QL (2 EA per 1 day)
<i>nizatidine oral capsule 150 mg</i>	QL (4 EA per 1 day)
<i>nizatidine oral solution 15 mg/ml</i>	
*MISC. ANTI-ULCER***	
CARAFATE ORAL SUSPENSION 1 GM/10ML	
<i>sucralfate oral suspension 1 gm/10ml</i>	QL (40 ML per 1 day); AGE (Max 18 Years)
<i>sucralfate oral tablet 1 gm</i>	QL (4 EA per 1 day)
*PROTON PUMP INHIBITORS***	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	QL (2 EA per 1 day)
<i>kp omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	QL (1 EA per 1 day)
<i>lansoprazole oral capsule delayed release 15 mg</i>	QL (2 EA per 1 day)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	QL (3 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>	QL (3 EA per 1 day)
<i>omeprazole oral capsule delayed release 40 mg</i>	QL (1 EA per 1 day)
<i>omeprazole oral tablet delayed release 20 mg</i>	QL (3 EA per 1 day)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML	QL (5 ML per 1 day)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	QL (1 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	QL (3 EA per 1 day)
*QUATERNARY ANTICHOLINERGICS***	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	
*ULCER DRUGS - PROSTAGLANDINS***	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	QL (4 EA per 1 day)
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)***	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	QL (20 ML per 1 day)
<i>oxybutynin chloride oral tablet 5 mg</i>	QL (3 EA per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	QL (2 EA per 1 day)
<i>tropium chloride oral tablet 20 mg</i>	QL (2 EA per 1 day)
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	QL (4 EA per 1 day)

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Drug Name	Requirements/Limits
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS***	
<i>flavoxate hcl oral tablet 100 mg</i>	QL (4 EA per 1 day)
*IMIDAZOLE-RELATED ANTIFUNGALS***	
<i>clotrimazole 3 vaginal cream 2 %</i>	
<i>clotrimazole vaginal cream 1 %</i>	
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	
<i>miconazole 7 vaginal cream 2 %</i>	
<i>miconazole 7 vaginal suppository 100 mg</i>	
<i>qc 3 day vaginal cream 4 %</i>	
<i>ra miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i>	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	
<i>terconazole vaginal suppository 80 mg</i>	QL (1 EA per 1 day)
<i>tioconazole-1 vaginal ointment 6.5 %</i>	
*SPERMICIDES***	
TODAY SPONGE VAGINAL 1000 MG	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 %	
*VAGINAL ANTI-INFECTIVES***	
<i>clindamycin phosphate vaginal cream 2 %</i>	
<i>metronidazole vaginal gel 0.75 %</i>	QL (70 GM per 5 days)
*VAGINAL ESTROGENS***	
<i>estradiol vaginal cream 0.1 mg/gm</i>	QL (1.42 GM per 1 day)
<i>estradiol vaginal tablet 10 mcg</i>	
*ANAPHYLAXIS THERAPY AGENTS***	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	QL (2 EA per 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i>	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	QL (2 EA per 25 days)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	QL (2 EA per 25 days)
<i>SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML</i>	QL (2 EA per 25 days)
*VASOPRESSORS***	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	QL (3 EA per 1 day)
*VITAMIN B-1***	
<i>thiamine hcl oral tablet 100 mg</i>	QL (1 EA per 1 day)
<i>vitamin b1 oral tablet 50 mg</i>	QL (2 EA per 1 day)

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Drug Name	Requirements/Limits
*VITAMIN B-2***	
<i>vitamin b-2 oral tablet 100 mg</i>	
*VITAMIN B-3***	
<i>kp niacin oral tablet 500 mg</i>	
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>	
<i>niacin er oral tablet extended release 500 mg, 750 mg</i>	
<i>niacin oral tablet 100 mg, 250 mg</i>	
<i>niacin-50 oral tablet 50 mg</i>	
<i>niacinamide oral tablet 500 mg</i>	
<i>sm niacin cr oral tablet extended release 250 mg</i>	
*VITAMIN B-6***	
<i>kp vitamin b-6 oral tablet 100 mg</i>	QL (4 EA per 1 day)
<i>pyridoxine hcl oral tablet 50 mg</i>	QL (4 EA per 1 day)
<i>vitamin b-6 er oral tablet extended release 200 mg</i>	QL (4 EA per 1 day)
<i>vitamin b-6 oral tablet 25 mg</i>	QL (2 EA per 1 day)
*VITAMIN C***	
<i>ascorbic acid oral tablet 500 mg</i>	
*VITAMIN D***	
<i>d 10000 oral capsule 250 mcg (10000 ut)</i>	QL (1 EA per 1 day)
<i>d3 maximum strength oral liquid 125 mcg/ml</i>	QL (6 ML per 1 day)
<i>D3-50 ORAL CAPSULE 1.25 MG (50000 UT)</i>	QL (1 EA per 1 day)
<i>kp vitamin d oral tablet chewable 10 mcg (400 unit)</i>	QL (1 EA per 1 day)
<i>kp vitamin d3 oral capsule 50 mcg (2000 ut)</i>	QL (1 EA per 1 day)
<i>natural vitamin d-3 oral tablet 125 mcg (5000 ut)</i>	QL (6 EA per 1 day)
<i>PRONUTRIENTS VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT)</i>	QL (1 EA per 1 day)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	QL (6 EA per 1 day)
<i>vitamin d oral liquid 10 mcg/ml</i>	QL (6 ML per 1 day)
<i>vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	QL (6 EA per 1 day)
<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i>	QL (1 EA per 1 day)
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	QL (6 EA per 1 day)
<i>YUMVS VITAMIN D3 ORAL TABLET CHEWABLE 25 MCG (1000 UT)</i>	QL (1 EA per 1 day)
*VITAMIN K***	
<i>phytonadione oral tablet 5 mg</i>	QL (5 EA per 1 day)

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Medical Benefit

Drug Name	Requirements/Limits
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	PA; MEDICAL BENEFIT
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	PA; MEDICAL BENEFIT
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML	PA; MEDICAL BENEFIT
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML	PA; MEDICAL BENEFIT
<i>bevacizumab intravitreal solution prefilled syringe 2 mg/0.08ml, 2.5 mg/0.1ml, 3 mg/0.12ml, 3.25 mg/0.13ml</i>	PA; MEDICAL BENEFIT
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML	PA; MEDICAL BENEFIT
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML	PA; MEDICAL BENEFIT
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	PA; MEDICAL BENEFIT
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML	PA; MEDICAL BENEFIT
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	PA; MEDICAL BENEFIT
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07ML	PA; MEDICAL BENEFIT
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML	PA; MEDICAL BENEFIT
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML	PA; MEDICAL BENEFIT
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	PA; MEDICAL BENEFIT
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	PA; MEDICAL BENEFIT
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	PA; MEDICAL BENEFIT
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	PA; MEDICAL BENEFIT
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	PA; MEDICAL BENEFIT
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML	PA; MEDICAL BENEFIT
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	MEDICAL BENEFIT
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	PA; MEDICAL BENEFIT
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	PA; MEDICAL BENEFIT
KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	PA; MEDICAL BENEFIT
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML	PA; MEDICAL BENEFIT
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML	PA; MEDICAL BENEFIT
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	MEDICAL BENEFIT
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	MEDICAL BENEFIT
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	PA; MEDICAL BENEFIT

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Drug Name	Requirements/Limits
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	PA; MEDICAL BENEFIT
PANGLOBULIN NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	PA; MEDICAL BENEFIT
<i>pemetrexed disodium intravenous solution 500 mg/20ml</i>	PA; MEDICAL BENEFIT
<i>pemetrexed disodium intravenous solution reconstituted 100 mg</i>	PA; MEDICAL BENEFIT
PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML	PA; MEDICAL BENEFIT
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML	PA; MEDICAL BENEFIT
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	PA; MEDICAL BENEFIT
SOLIRIS INTRAVENOUS SOLUTION 10 MG/ML	PA; MEDICAL BENEFIT
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML	PA; MEDICAL BENEFIT
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML	PA; MEDICAL BENEFIT
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	PA; MEDICAL BENEFIT
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	PA; MEDICAL BENEFIT
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	PA; MEDICAL BENEFIT
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	PA; MEDICAL BENEFIT
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	PA; MEDICAL BENEFIT
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	PA; MEDICAL BENEFIT
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	PA; MEDICAL BENEFIT

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<i>triamcinolone acetonide</i>	63, 80	VCF VAGINAL		ZEMAIRA.....	89
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<i>triamterene-hctz</i>	66	VELTASSA.....	80	<i>zidovudine</i>	52
<i>triazolam</i>	72	VEMLIDY.....	53	ZIEXTENZO.....	71
<i>tri-buffered aspirin</i>	24	<i>venlafaxine hcl</i>	34	<i>zileuton er</i>	29
<i>trifluoperazine hcl</i>	49	<i>venlafaxine hcl er</i>	34	ZINC-OXYDE PLUS.....	64
<i>trifluridine</i>	85	<i>verapamil hcl</i>	55	<i>ziprasidone hcl</i>	47
<i>trihexyphenidyl hcl</i>	46	<i>verapamil hcl er</i>	55	<i>zolpidem tartrate</i>	72
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<i>trinatal rx 1</i>	82	VIGADRONE.....	33		
<i>triphrocaps</i>	80	VINATE II.....	82		
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<i>tri-vite pediatric</i>	81	VITAMAX PEDIATRIC.....	81		
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