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Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS***		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	COVERED	QL (4 EA per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg, 4 mg</i>	COVERED	QL (1 EA per 1 day)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (<i>clonidine hcl</i>)	COVERED	PA; QL (4 EA per 1 day)
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML (<i>clonidine hcl</i>)	COVERED	
*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>	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	COVERED	QL (3 EA per 1 day); AGE (Min 6 Years)
*AMPHETAMINE MIXTURES***		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	COVERED	PA; QL (1 EA per 1 day)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	COVERED	QL (1 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg</i>	COVERED	QL (3 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	COVERED	QL (2 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 7.5 mg</i>	COVERED	QL (5 EA per 1 day)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 13 Years)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	COVERED	PA; QL (1 EA per 1 day); AGE (Min 13 Years)
*AMPHETAMINES***		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>amphetamine sulfate oral tablet 10 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Min 3 Years)
<i>amphetamine sulfate oral tablet 5 mg</i>	COVERED	QL (4 EA per 1 day)
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	COVERED	PA; QL (5 EA per 1 day); AGE (Min 6 Years)

AGE - Age Limit **MED** - Max 90mg Morphine EQ Dose Per Day **PA** - Prior Authorization **ST** - Step Therapy **SF** - Split Fill **MEDICAL BENEFIT ONLY** - Medication is given in places like hospitals or clinics **MAIL** - Mail Order Eligible Medication

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	COVERED	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	COVERED	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	COVERED	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	COVERED	QL (6 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 30 mg, 7.5 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 20 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 6 Years)
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	COVERED	QL (40 ML per 1 day); AGE (Min 6 Years)
DYANAVAL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
DYANAVAL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	COVERED	
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine sulfate</i>)	COVERED	QL (2 EA per 1 day); AGE (Min 3 Years and Max 17 Years)
EVEKEO ORAL TABLET 10 MG (<i>amphetamine sulfate</i>)	COVERED	PA; QL (4 EA per 1 day); AGE (Min 3 Years)
EVEKEO ORAL TABLET 5 MG (<i>amphetamine sulfate</i>)	COVERED	PA; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate</i> (Liquadd Oral Solution 5 Mg/5MI)	COVERED	
<i>lisdexamfetamine dimesylate oral capsule 10 mg</i>	COVERED	QL (1 EA per 1 day)
<i>lisdexamfetamine dimesylate oral capsule 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>methamphetamine hcl oral tablet 5 mg</i>	COVERED	QL (5 EA per 1 day); AGE (Min 6 Years)
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5MI)	COVERED	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	COVERED	PA; QL (1 EA per 1 day)
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (<i>dextroamphetamine</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 15 Mg, 30 Mg, 7.5 Mg)	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 2.5 Mg, 20 Mg)	COVERED	QL (2 EA per 1 day); AGE (Min 6 Years)
*ANALEPTICS***		
<i>caffeine citrate oral solution 60 mg/3ml</i>	COVERED	AGE (Max 1 Years); MAX 120ML PER LIFETIME
*STIMULANT COMBINATIONS***		
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)

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*STIMULANTS - MISC.***		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	COVERED	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 3 Years)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	COVERED	QL (6 EA per 1 day); AGE (Min 6 Years and Max 17 Years)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	COVERED	PA; QL (2 EA per 1 day); AGE (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg, 5 mg</i>	COVERED	QL (2 EA per 1 day)
FOCALIN ORAL TABLET 2.5 MG (<i>dexmethylphenidate hcl</i>)	COVERED	PA; QL (2 EA per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	COVERED	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
METHYLIN ORAL TABLET CHEWABLE 10 MG, 5 MG (<i>methylphenidate hcl</i>)	COVERED	PA; QL (6 EA per 1 day); AGE (Min 6 Years)
METHYLIN ORAL TABLET CHEWABLE 2.5 MG (<i>methylphenidate hcl</i>)	COVERED	PA; QL (4 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>	COVERED	QL (1 EA per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	COVERED	QL (1 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	COVERED	QL (2 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg, 72 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	COVERED	
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	COVERED	QL (1 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	COVERED	QL (3 EA per 1 day)

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<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	COVERED	QL (1 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	COVERED	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	COVERED	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	COVERED	QL (15 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	COVERED	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg, 5 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl oral tablet chewable 2.5 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	COVERED	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>modafinil oral tablet 100 mg, 200 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 17 Years)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG (<i>methylphenidate hcl</i>)	COVERED	QL (2 EA per 1 day); AGE (Min 6 Years)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG (<i>methylphenidate hcl</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	COVERED	QL (12 ML per 1 day); AGE (Min 6 Years)
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG (<i>methylphenidate hcl</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG (<i>methylphenidate hcl</i>)	COVERED	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG (<i>methylphenidate hcl</i>)	COVERED	PA; QL (2 EA per 1 day); AGE (Min 6 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG (<i>methylphenidate hcl</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
ALTERNATIVE MEDICINES		
*ALTERNATIVE MEDICINE - ME'S***		
<i>melatonin er oral tablet extended release 10 mg</i>	COVERED	QL (1 EA per 1 day)
<i>melatonin oral capsule 3 mg, 5 mg</i>	COVERED	QL (2 EA per 1 day)
<i>melatonin oral liquid 1 mg/4ml</i>	COVERED	QL (20 ML per 1 day)
<i>melatonin oral tablet 1 mg, 3 mg, 300 mcg, 5 mg</i>	COVERED	QL (1 EA per 1 day)
<i>melatonin oral tablet dispersible 5 mg</i>	COVERED	QL (2 EA per 1 day)
*ALTERNATIVE MEDICINE COMBINATIONS - TWO INGREDIENTS***		
<i>melatonin tr with vitamin b6 oral tablet extended release 3-10 mg</i>	COVERED	QL (1 EA per 1 day)
<i>melatonin/vitamin b-6 ex st oral tablet 3-1 mg</i>	COVERED	QL (2 EA per 1 day)
<i>ra melatonin oral tablet 3-2 mg</i>	COVERED	QL (2 EA per 1 day)

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AMINOGLYCOSIDES		
*AMINOGLYCOSIDES***		
<i>neomycin sulfate oral tablet 500 mg</i>	COVERED	
<i>paromomycin sulfate oral capsule 250 mg</i>	COVERED	
ANALGESICS - ANTI-INFLAMMATORY		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***		
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	COVERED	
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	COVERED	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	COVERED	
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***		
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	COVERED	QL (2 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	COVERED	QL (2 EA per 28 days)
<i>adalimumab-fkjp auto-injector kit 40 mg/0.8ml subcutaneous</i>	COVERED	QL (2 EA per 28 days)
<i>adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml subcutaneous</i>	COVERED	QL (2 EA per 28 days)
<i>adalimumab-fkjp prefilled syringe kit 40 mg/0.8ml subcutaneous</i>	COVERED	QL (2 EA per 28 days)
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	COVERED	QL (2 EA per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	COVERED	QL (2 EA per 28 days)
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS***		
<i>celecoxib oral capsule 100 mg, 50 mg</i>	COVERED	QL (4 EA per 1 day)
<i>celecoxib oral capsule 200 mg, 400 mg</i>	COVERED	QL (2 EA per 1 day)
*INTERLEUKIN-6 RECEPTOR INHIBITORS***		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	COVERED	
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***		
<i>cvs ibuprofen jr oral tablet 100 mg</i>	COVERED	QL (4 EA per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	COVERED	QL (4 EA per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	COVERED	QL (2 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	COVERED	QL (3 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>etodolac oral tablet 400 mg</i>	COVERED	QL (3 EA per 1 day)

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<i>etodolac oral tablet 500 mg</i>	COVERED	QL (2 EA per 1 day)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	COVERED	QL (4 EA per 1 day)
<i>ibuprofen childrens oral suspension 100 mg/5ml</i>	COVERED	QL (160 ML per 1 day)
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	COVERED	QL (6 EA per 1 day)
<i>ibuprofen oral capsule 200 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>indomethacin oral capsule 25 mg, 50 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>infants ibuprofen oral suspension 50 mg/1.25ml</i>	COVERED	QL (160 ML per 1 day)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	COVERED	QL (4 EA per 1 day)
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	COVERED	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	COVERED	
<i>ketorolac tromethamine oral tablet 10 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Max 64 Years); MAX 5 DAYS
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>nabumetone oral tablet 500 mg, 750 mg</i>	COVERED	QL (4 EA per 1 day)
<i>naproxen oral suspension 125 mg/5ml</i>	COVERED	QL (100 ML per 1 day)
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
<i>naproxen sodium oral capsule 220 mg</i>	COVERED	
<i>naproxen sodium oral tablet 220 mg</i>	COVERED	QL (3 EA per 1 day)
<i>oxaprozin oral tablet 600 mg</i>	COVERED	QL (3 EA per 1 day)
<i>piroxicam oral capsule 10 mg</i>	COVERED	QL (4 EA per 1 day)
<i>piroxicam oral capsule 20 mg</i>	COVERED	QL (2 EA per 1 day)
<i>sulindac oral tablet 150 mg, 200 mg</i>	COVERED	QL (3 EA per 1 day)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	COVERED	
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	COVERED	
*PYRIMIDINE SYNTHESIS INHIBITORS***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	COVERED	QL (1 EA per 1 day)
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	COVERED	QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	COVERED	QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	COVERED	QL (4 ML per 24 days)

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ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG (<i>etanercept</i>)	COVERED	QL (4 EA per 24 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 50 MG/ML (<i>etanercept</i>)	COVERED	QL (4 ML per 24 days)
ANALGESICS - NONNARCOTIC		
*ANALGESICS OTHER***		
<i>acetaminophen 8 hour oral tablet extended release 650 mg</i>	COVERED	QL (6 EA per 1 day)
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	COVERED	QL (6 EA per 1 day)
<i>acetaminophen extra strength oral tablet 500 mg</i>	COVERED	QL (8 EA per 1 day)
<i>acetaminophen infants oral suspension 160 mg/5ml</i>	COVERED	
<i>acetaminophen junior strength oral tablet dispersible 160 mg</i>	COVERED	QL (25 EA per 1 day)
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	COVERED	
<i>acetaminophen oral tablet 325 mg</i>	COVERED	QL (12 EA per 1 day)
<i>acetaminophen rapid tabs child oral tablet dispersible 80 mg</i>	COVERED	QL (50 EA per 1 day)
<i>acetaminophen rectal suppository 120 mg</i>	COVERED	QL (34 EA per 1 day)
<i>acetaminophen rectal suppository 650 mg</i>	COVERED	QL (6 EA per 1 day)
<i>childrens non-aspirin oral tablet chewable 80 mg</i>	COVERED	QL (6 EA per 1 day)
<i>cvs acetaminophen ex st oral liquid 500 mg/15ml</i>	COVERED	
<i>ed-apap oral liquid 160 mg/5ml</i>	COVERED	
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG (<i>acetaminophen</i>)	COVERED	QL (50 EA per 1 day)
<i>pain relief childrens oral elixir 325 mg/10.15ml</i>	COVERED	
*ANALGESICS-SEDATIVES***		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	COVERED	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Max 64 Years)
*SALICYLATE COMBINATIONS***		
<i>aspirin buf(cacarb-mgcarb-mgo) oral tablet 325 mg</i>	COVERED	MAIL
*SALICYLATES***		
<i>aspirin low dose oral tablet chewable 81 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>aspirin oral tablet 325 mg</i>	COVERED	QL (12 EA per 1 day); MAIL
<i>aspirin oral tablet delayed release 325 mg</i>	COVERED	QL (12 EA per 1 day); MAIL
<i>aspirin oral tablet delayed release 81 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>aspirin rectal suppository 300 mg, 600 mg</i>	COVERED	
<i>cvs aspirin extra strength oral tablet 500 mg</i>	COVERED	
<i>salsalate oral tablet 500 mg, 750 mg</i>	COVERED	QL (4 EA per 1 day)

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ANALGESICS - OPIOID		
*CODEINE COMBINATIONS***		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>	COVERED	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>	COVERED	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>	COVERED	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>	COVERED	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>	COVERED	QL (6 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
*OPIOID AGONISTS***		
<i>codeine sulfate oral tablet 30 mg</i>	COVERED	AGE (Min 12 Years); QL, MED; Max 7 day supply for initial fill or PA required
<i>codeine sulfate oral tablet 60 mg</i>	COVERED	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>	COVERED	PA; QL (0.334 EA per 1 day); MED
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	COVERED	PA; QL (12 EA per 1 day); MED
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	COVERED	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	COVERED	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>	COVERED	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>	COVERED	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	COVERED	QL (3 EA per 1 day); MED; Max 7 day supply for initial fill or PA required

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<i>oxycodone hcl oral solution 5 mg/5ml</i>	COVERED	QL(240 ML); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	COVERED	QL(90 EA); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	COVERED	QL(120 EA); MED; Max 7 day supply for initial fill or PA required
<i>tramadol hcl oral tablet 50 mg</i>	COVERED	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>	COVERED	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>	COVERED	QL (8 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
*OPIOID PARTIAL AGONISTS***		
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML (<i>buprenorphine</i>)	COVERED	QL (0.32 ML per 7 days)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 24 MG/0.48ML (<i>buprenorphine</i>)	COVERED	QL (0.48 ML per 7 days)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32 MG/0.64ML (<i>buprenorphine</i>)	COVERED	QL (0.64 ML per 7 days)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.16ML (<i>buprenorphine</i>)	COVERED	QL (0.16 ML per 7 days)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML (<i>buprenorphine</i>)	COVERED	QL (0.36 ML per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 64 MG/0.18ML (<i>buprenorphine</i>)	COVERED	QL (0.18 ML per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 96 MG/0.27ML (<i>buprenorphine</i>)	COVERED	QL (0.27 ML per 28 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG (<i>buprenorphine hcl-naloxone hcl</i>)	COVERED	QL (6 EA per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG (<i>buprenorphine hcl-naloxone hcl</i>)	COVERED	QL (3 EA per 1 day)
BUNAVAIL BUCCAL FILM 6.3-1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	COVERED	QL (2 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	COVERED	QL (12 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Min 16 Years)

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<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	COVERED	QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	COVERED	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	COVERED	QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	COVERED	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	COVERED	QL (12 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Min 16 Years)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML (<i>buprenorphine</i>)	COVERED	QL (0.5 ML per 28 days)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/1.5ML (<i>buprenorphine</i>)	COVERED	QL (1.5 ML per 28 days)
SUBOXONE SUBLINGUAL TABLET SUBLINGUAL 2-0.5 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	COVERED	PA
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG (<i>buprenorphine hcl-naloxone hcl</i>)	COVERED	QL (12 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (<i>buprenorphine hcl-naloxone hcl</i>)	COVERED	QL (6 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	COVERED	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	COVERED	QL (2 EA per 1 day)
ANDROGENS-ANABOLIC		
*ANDROGENS***		
<i>testosterone cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML)</i>	COVERED	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	COVERED	
ANORECTAL AND RELATED PRODUCTS		
*INTRARECTAL STEROIDS***		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	COVERED	QL (1680 ML per 25 days)
*RECTAL ANESTHETIC COMBINATIONS***		
<i>hemorrhoidal external cream 1-0.25-14.4-15 %</i>	COVERED	
*RECTAL LOCAL ANESTHETICS***		
<i>dibucaine (perianal) external ointment 1 %</i>	COVERED	
*RECTAL STEROIDS***		
<i>anucort-hc rectal suppository 25 mg</i>	COVERED	
<i>anumed-hc suppository 25 mg</i>	COVERED	
<i>hydrocortisone acetate (Anusol-Hc Rectal Suppository 25 Mg)</i>	COVERED	
<i>grx hicort 25 rectal suppository 25 mg</i>	COVERED	
<i>hydrocortisone acetate (Hemmorex-Hc Rectal Suppository 25 Mg, 30 Mg)</i>	COVERED	

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<i>hemorrhoidal-hc rectal suppository 25 mg</i>	COVERED	
<i>hydrocortisone acetate (Hemril-30 Rectal Suppository 30 Mg)</i>	COVERED	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	COVERED	QL (7 EA per 1 day)
<i>hydrocortisone acetate rectal suppository 30 mg</i>	COVERED	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (<i>hydrocortisone acetate</i>)	COVERED	
<i>hydrocortisone acetate (Proctosert Hc Suppository 30 Mg)</i>	COVERED	
<i>hydrocortisone (Proctosol Hc External Cream 2.5 %)</i>	COVERED	
<i>rectacort-hc rectal suppository 25 mg</i>	COVERED	
ANTACIDS		
*ANTACID & SIMETHICONE***		
<i>antacid & antigas oral suspension 200-200-20 mg/5ml</i>	COVERED	
<i>antacid anti-gas max strength oral suspension 400-400-40 mg/5ml</i>	COVERED	
<i>mintox plus oral tablet chewable 200-200-25 mg</i>	COVERED	
*ANTACID COMBINATIONS***		
<i>antacid extra strength oral tablet chewable 160-105 mg, 675-135 mg</i>	COVERED	
<i>cvs antacid supreme oral suspension 400-135 mg/5ml</i>	COVERED	
*ANTACIDS - BICARBONATE***		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	COVERED	
*ANTACIDS - CALCIUM SALTS***		
<i>antacid maximum oral tablet chewable 1000 mg</i>	COVERED	
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	COVERED	
<i>calcium antacid oral tablet chewable 500 mg</i>	COVERED	
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	COVERED	
<i>calcium carbonate antacid oral tablet 648 mg</i>	COVERED	
<i>childrens soothe oral tablet chewable 400 mg</i>	COVERED	
*ANTACIDS - MAGNESIUM SALTS***		
<i>magnesium oxide oral tablet 250 mg, 420 mg</i>	COVERED	
ANTHELMINTICS		
*ANTHELMINTICS***		
<i>albendazole oral tablet 200 mg</i>	COVERED	QL (4 EA per 1 day)
<i>ivermectin oral tablet 3 mg</i>	COVERED	QL (16 EA per 2 days); MAX 2 DAYS
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>	COVERED	

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ANTIANGINAL AGENTS		
*ANTIANGINALS-OTHER***		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	COVERED	ST; QL (2 EA per 1 day); Prior use BB/CCBs & long-acting nitrate
*NITRATES***		
<i>isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg</i>	COVERED	QL (4 EA per 1 day)
<i>isosorbide dinitrate oral tablet 20 mg</i>	COVERED	QL (6 EA per 1 day)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	COVERED	QL (2 EA per 1 day)
<i>isosorbide mononitrate oral tablet 10 mg</i>	COVERED	QL (3 EA per 1 day)
<i>isosorbide mononitrate oral tablet 20 mg</i>	COVERED	QL (2 EA per 1 day)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	COVERED	QL (10 EA per 1 day)
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	COVERED	QL (1 EA per 1 day)
ANTIAXIETY AGENTS		
*ANTIAXIETY AGENTS - MISC.***		
BUSPAR ORAL TABLET 30 MG (<i>bupirone hcl</i>)	COVERED	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
<i>bupirone hcl oral tablet 10 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Min 6 Years); MAIL
<i>bupirone hcl oral tablet 15 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Min 6 Years); MAIL
<i>bupirone hcl oral tablet 30 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 18 Years)
<i>bupirone hcl oral tablet 5 mg</i>	COVERED	QL (8 EA per 1 day); AGE (Min 6 Years); MAIL
<i>bupirone hcl oral tablet 7.5 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Min 18 Years)
<i>droperidol injection solution 2.5 mg/ml</i>	COVERED	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	COVERED	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	COVERED	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	COVERED	QL (8 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>hydroxyzine pamoate oral capsule 100 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	COVERED	QL (8 EA per 1 day); AGE (Max 64 Years)
INAPSINE INJECTION SOLUTION 2.5 MG/ML (<i>droperidol</i>)	COVERED	PA

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<i>meprobamate oral tablet 200 mg, 400 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Min 6 Years)
*BENZODIAZEPINES***		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 2 mg, 3 mg</i>	COVERED	QL (1 EA per 1 day)
<i>alprazolam er oral tablet extended release 24 hour 1 mg</i>	COVERED	QL (2 EA per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	COVERED	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	COVERED	QL (3 EA per 1 day)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	COVERED	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 2 mg, 3 mg</i>	COVERED	QL (1 EA per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 1 mg</i>	COVERED	QL (2 EA per 1 day)
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (<i>lorazepam</i>)	COVERED	PA
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>diazepam injection solution 10 mg/2ml, 5 mg/ml</i>	COVERED	
<i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/MI)</i>	COVERED	PA; QL (3 ML per 1 day); AGE (Max 64 Years)
<i>diazepam oral solution 5 mg/5ml</i>	COVERED	QL (4 ML per 1 day); AGE (Max 64 Years)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	COVERED	
<i>lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/MI)</i>	COVERED	QL (3 ML per 1 day); AGE (Min 12 Years)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Min 6 Years)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (<i>lorazepam</i>)	COVERED	
NIRAVAM ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	COVERED	PA
<i>oxazepam oral capsule 10 mg, 15 mg</i>	COVERED	QL (3 EA per 1 day)
<i>oxazepam oral capsule 30 mg</i>	COVERED	QL (4 EA per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 2 MG, 3 MG (<i>alprazolam</i>)	COVERED	PA; QL (1 EA per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG (<i>alprazolam</i>)	COVERED	PA; QL (2 EA per 1 day)

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ANTIARRHYTHMICS		
*ANTIARRHYTHMICS TYPE I-A***		
<i>disopyramide phosphate oral capsule 100 mg</i>	COVERED	QL (8 EA per 1 day)
<i>disopyramide phosphate oral capsule 150 mg</i>	COVERED	QL (5 EA per 1 day); AGE (Max 64 Years)
<i>quinidine sulfate oral tablet 300 mg</i>	COVERED	QL (8 EA per 1 day)
*ANTIARRHYTHMICS TYPE I-B***		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	COVERED	QL (6 EA per 1 day)
*ANTIARRHYTHMICS TYPE I-C***		
<i>flecainide acetate oral tablet 100 mg</i>	COVERED	QL (6 EA per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	COVERED	QL (3 EA per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	COVERED	QL (7 EA per 1 day)
<i>propafenone hcl oral tablet 150 mg</i>	COVERED	QL (6 EA per 1 day)
<i>propafenone hcl oral tablet 225 mg, 300 mg</i>	COVERED	QL (3 EA per 1 day)
*ANTIARRHYTHMICS TYPE III***		
<i>amiodarone hcl oral tablet 200 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*ADRENERGIC COMBINATIONS***		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	COVERED	QL (2 EA per 1 day)
<i>budesonide-formoterol fumarate</i> (Breyna Inhalation Aerosol 160-4.5 Mcg/Act)	COVERED	QL (20.6 GM per 25 days)
<i>budesonide-formoterol fumarate</i> (Breyna Inhalation Aerosol 80-4.5 Mcg/Act)	COVERED	QL (20.6 GM per 25 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	COVERED	QL (20.4 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>	COVERED	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>	COVERED	QL (0.04 EA per 1 day)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	COVERED	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 (<i>fluticasone-umeclidin-vilant</i>)	COVERED	QL (2 EA per 1 day)
*ANTI-IGE MONOCLONAL ANTIBODIES***		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	COVERED	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	COVERED	PA; QL (2.5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	COVERED	PA; QL (5 EA per 24 days)

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*ANTI-INFLAMMATORY AGENTS***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	COVERED	QL (26 ML per 1 day)
*BETA ADRENERGICS***		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	COVERED	QL (8.5 GM per 25 days); generic ProAir
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	COVERED	QL (6.7 GM per 25 days); generic Proventil
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	COVERED	QL (18 GM per 25 days); generic Ventolin
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	COVERED	QL (225 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml</i>	COVERED	QL (300 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 1.25 mg/3ml</i>	COVERED	QL (150 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	COVERED	QL (150 EA per 25 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	COVERED	QL (150 ML per 1 day)
<i>albuterol sulfate oral tablet 4 mg</i>	COVERED	QL (8 EA per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	COVERED	QL (2 GM per 1 day)
<i>terbutaline sulfate oral tablet 2.5 mg</i>	COVERED	QL (8 EA per 1 day)
<i>terbutaline sulfate oral tablet 5 mg</i>	COVERED	QL (6 EA per 1 day)
*BRONCHODILATORS - ANTICHOLINERGICS***		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	COVERED	QL (12.9 GM per 25 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	COVERED	QL (1 EA per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	COVERED	QL (10 ML per 1 day)
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	COVERED	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (<i>benralizumab</i>)	COVERED	PA
*LEUKOTRIENE RECEPTOR ANTAGONISTS***		
<i>montelukast sodium oral tablet 10 mg</i>	COVERED	QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	COVERED	QL (1 EA per 1 day)
*STEROID INHALANTS***		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	COVERED	QL (6.1 GM per 25 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	COVERED	QL (4 ML per 1 day); AGE (Max 9 Years)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	COVERED	QL (0.4 GM per 1 day); AGE (Max 11 Years); MAIL

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<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	COVERED	QL (0.354 GM per 1 day); AGE (Max 11 Years); MAIL
*XANTHINES***		
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	COVERED	QL (4 EA per 1 day)
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	COVERED	QL (2 EA per 1 day)
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	COVERED	QL (3 EA per 1 day)
<i>theophylline oral elixir 80 mg/15ml</i>	COVERED	
<i>theophylline oral solution 80 mg/15ml</i>	COVERED	
ANTICOAGULANTS		
*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>	COVERED	QL (10 EA per 1 day)
*DIRECT FACTOR XA INHIBITORS***		
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	COVERED	QL (600 ML per 30 days); AGE (Max 17 Years)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	COVERED	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG (<i>rivaroxaban</i>)	COVERED	QL (42 EA per 30 days)
XARELTO ORAL TABLET 2.5 MG (<i>rivaroxaban</i>)	COVERED	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	COVERED	QL (51 EA per 28 days)
*HEPARINS AND HEPARINOID-LIKE AGENTS***		
<i>heparin sod (pork) lock flush (Bd Heparin Posiflush Intravenous Solution 10 Unit/MI, 100 Unit/MI)</i>	COVERED	
<i>hep flush-10 intravenous solution 10 unit/ml</i>	COVERED	
<i>heparin (porcine) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	COVERED	
<i>heparin lock flush intravenous solution 100 unit/ml</i>	COVERED	
<i>heparin na (pork) lock flsh pf intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml</i>	COVERED	
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	COVERED	
<i>heparin sodium lock flush intravenous solution 10 unit/ml</i>	COVERED	
<i>hep-lock flush intravenous solution 100 unit/ml</i>	COVERED	
<i>heparin lock flush (Hep-Lock Intravenous Solution 10 Unit/MI, 100 Unit/MI)</i>	COVERED	
<i>heparin lock flush (Monoject Flush Syr/Hep Lock Intravenous Solution 10 Unit/MI, 100 Unit/MI)</i>	COVERED	
<i>heparin lock flush (Monoject Prefill Adv Heparin Intravenous Solution 10 Unit/MI, 100 Unit/MI)</i>	COVERED	
<i>heparin lock flush (Monoject Prefill Heparin Sod Intravenous Solution 10 Unit/MI, 100 Unit/MI)</i>	COVERED	

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<i>heparin lock flush</i> (Monoject Prefill Intravenous Solution 10 Unit/ML, 100 Unit/ML)	COVERED	
*LOW MOLECULAR WEIGHT HEPARINS***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	COVERED	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	COVERED	PA
*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>	COVERED	PA
ANTICONVULSANTS		
*ANTICONVULSANTS - BENZODIAZEPINES***		
<i>clobazam oral suspension 2.5 mg/ml</i>	COVERED	QL (16 ML per 1 day)
<i>clobazam oral tablet 10 mg, 20 mg</i>	COVERED	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	COVERED	QL (10 EA per 1 day); AGE (Min 6 Years)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.5 mg</i>	COVERED	QL (4 EA per 1 day)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	COVERED	QL (2 EA per 25 days)
KLONOPIN WAFER ORAL TABLET DISPERSIBLE 0.125 MG, 0.5 MG (<i>clonazepam</i>)	COVERED	PA; QL (4 EA per 1 day)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	COVERED	QL (10 EA per 25 days); AGE (Min 12 Years)
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	COVERED	QL (16 ML per 1 day)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	COVERED	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (<i>diazepam</i>)	COVERED	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (<i>diazepam</i>)	COVERED	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	COVERED	QL (10 EA per 25 days); AGE (Min 6 Years)
*ANTICONVULSANTS - MISC.***		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	COVERED	QL (8 EA per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 400 mg</i>	COVERED	QL (8 EA per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 200 mg</i>	COVERED	QL (8 EA per 1 day); MAIL
<i>carbamazepine oral suspension 100 mg/5ml</i>	COVERED	QL (60 ML per 1 day)
<i>carbamazepine oral tablet 200 mg</i>	COVERED	QL (8 EA per 1 day); AGE (Min 6 Years); MAIL
<i>carbamazepine oral tablet chewable 100 mg</i>	COVERED	QL (8 EA per 1 day); MAIL

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<i>carbamazepine oral tablet chewable 200 mg</i>	COVERED	
<i>gabapentin oral capsule 100 mg, 300 mg</i>	COVERED	QL (10 EA per 1 day)
<i>gabapentin oral capsule 400 mg</i>	COVERED	QL (9 EA per 1 day)
<i>gabapentin oral solution 250 mg/5ml</i>	COVERED	
<i>gabapentin oral tablet 25 mg, 50 mg</i>	COVERED	QL (8 EA per 1 day); AGE (Min 3 Years)
<i>gabapentin oral tablet 600 mg</i>	COVERED	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	COVERED	QL (4 EA per 1 day)
<i>lacosamide oral solution 10 mg/ml</i>	COVERED	QL (20 ML per 1 day)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	COVERED	QL (2 EA per 1 day)
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	COVERED	PA; QL (1 EA per 1 day)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 50 MG (<i>lamotrigine</i>)	COVERED	PA; QL (1 EA per 1 day)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 25 MG (<i>lamotrigine</i>)	COVERED	PA; QL (2 EA per 1 day)
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	COVERED	PA; QL (1 EA per 1 day)
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	COVERED	QL (1 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	COVERED	PA; QL (1 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (<i>lamotrigine</i>)	COVERED	PA; QL (2 EA per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 250 mg, 300 mg, 50 mg</i>	COVERED	QL (1 EA per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 25 mg</i>	COVERED	QL (2 EA per 1 day)
<i>lamotrigine odt oral tablet dispersible 25 mg, 50 mg</i>	COVERED	QL (1 EA per 1 day)
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 35 x 25 mg, 42 x 25 mg & 7 x 100 mg, 42 x 50 mg & 14x100 mg, 84 x 25 mg & 14x100 mg</i>	COVERED	QL (1 EA per 1 day)
<i>lamotrigine oral tablet 100 mg</i>	COVERED	QL (8 EA per 1 day); MAIL
<i>lamotrigine oral tablet 150 mg, 200 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>lamotrigine oral tablet 25 mg</i>	COVERED	QL (10 EA per 1 day); MAIL
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	COVERED	QL (8 EA per 1 day); MAIL
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 50 mg</i>	COVERED	QL (1 EA per 1 day)
<i>lamotrigine oral tablet dispersible 25 mg</i>	COVERED	QL (2 EA per 1 day)
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	COVERED	QL (1 EA per 1 day)
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	COVERED	QL (1 EA per 1 day)
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	COVERED	QL (1 EA per 1 day)

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<i>lamotrigine titration oral kit 25 & 50 & 100 mg, 25 (21)-50 (7) mg, 50 (42)-100(14) mg</i>	COVERED	QL (1 EA per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	COVERED	QL (6 EA per 1 day); MAIL
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>levetiracetam oral solution 100 mg/ml</i>	COVERED	QL (30 ML per 1 day)
<i>levetiracetam oral tablet 1000 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
<i>levetiracetam oral tablet 250 mg, 500 mg</i>	COVERED	QL (6 EA per 1 day); MAIL
<i>levetiracetam oral tablet 750 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	COVERED	PA; QL (30 ML per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	COVERED	QL (16.667 ML per 1 day); MAIL
<i>oxcarbazepine oral tablet 150 mg</i>	COVERED	QL (16 EA per 1 day); MAIL
<i>oxcarbazepine oral tablet 300 mg</i>	COVERED	QL (8 EA per 1 day); MAIL
<i>oxcarbazepine oral tablet 600 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg</i>	COVERED	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	COVERED	PA; QL (2 EA per 1 day)
<i>pregabalin oral capsule 50 mg</i>	COVERED	PA; QL (6 EA per 1 day)
<i>pregabalin oral capsule 75 mg</i>	COVERED	PA; QL (8 EA per 1 day)
<i>pregabalin oral solution 20 mg/ml</i>	COVERED	QL (30 ML per 1 day)
<i>primidone oral tablet 125 mg</i>	COVERED	QL (16 EA per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	COVERED	QL (4 EA per 1 day)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 25 MG, 50 MG (<i>topiramate</i>)	COVERED	PA; QL (1 EA per 1 day)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 200 MG (<i>topiramate</i>)	COVERED	PA; QL (2 EA per 1 day)
<i>rufinamide oral suspension 40 mg/ml</i>	COVERED	QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	COVERED	QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	COVERED	QL (8 EA per 1 day)
<i>lamotrigine (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)</i>	COVERED	QL (1 EA per 1 day)
<i>lamotrigine (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)</i>	COVERED	QL (1 EA per 1 day)
<i>lamotrigine (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)</i>	COVERED	QL (1 EA per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 25 mg, 50 mg</i>	COVERED	QL (1 EA per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 200 mg</i>	COVERED	QL (2 EA per 1 day)
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	COVERED	QL (8 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 50 mg</i>	COVERED	QL (2 EA per 1 day); MAIL

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<i>topiramate oral tablet 25 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	COVERED	PA; QL (2 EA per 1 day); AGE (Min 6 Years)
<i>zonisamide oral capsule 100 mg</i>	COVERED	QL (6 EA per 1 day); MAIL
<i>zonisamide oral capsule 25 mg, 50 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
*GABA MODULATORS***		
<i>tiagabine hcl oral tablet 12 mg</i>	COVERED	QL (4.67 EA per 1 day)
<i>tiagabine hcl oral tablet 16 mg</i>	COVERED	QL (3.5 EA per 1 day)
<i>tiagabine hcl oral tablet 2 mg</i>	COVERED	QL (28 EA per 1 day)
<i>tiagabine hcl oral tablet 4 mg</i>	COVERED	QL (14 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	COVERED	QL (6 EA per 1 day)
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	COVERED	QL (6 EA per 1 day)
*HYDANTOINS***		
<i>phenytoin oral suspension 125 mg/5ml</i>	COVERED	QL (20 ML per 1 day)
<i>phenytoin oral tablet chewable 50 mg</i>	COVERED	QL (5 EA per 1 day)
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	COVERED	QL (6 EA per 1 day)
*SUCCINIMIDES***		
<i>ethosuximide oral capsule 250 mg</i>	COVERED	QL (6 EA per 1 day)
<i>ethosuximide oral solution 250 mg/5ml</i>	COVERED	QL (30 ML per 1 day)
*VALPROIC ACID***		
<i>depakote sprinkles oral capsule delayed release sprinkle 125 mg</i>	COVERED	PA; QL (10 EA per 1 day); MAIL
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	COVERED	QL (10 EA per 1 day); MAIL
<i>divalproex sodium oral tablet delayed release 125 mg</i>	COVERED	QL (15 EA per 1 day); MAIL
<i>divalproex sodium oral tablet delayed release 250 mg, 500 mg</i>	COVERED	QL (10 EA per 1 day); MAIL
<i>valproic acid oral capsule 250 mg</i>	COVERED	QL (20 EA per 1 day)
<i>valproic acid oral solution 250 mg/5ml</i>	COVERED	QL (100 ML per 1 day)
ANTIDEPRESSANTS		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)***		
<i>mirtazapine oral tablet 15 mg, 45 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>mirtazapine oral tablet 30 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>mirtazapine oral tablet 7.5 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Min 18 Years)
<i>mirtazapine oral tablet dispersible 15 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Min 18 Years)
<i>mirtazapine oral tablet dispersible 30 mg, 45 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)

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REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG (<i>mirtazapine</i>)	COVERED	PA; QL (3 EA per 1 day); AGE (Min 18 Years)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 30 MG, 45 MG (<i>mirtazapine</i>)	COVERED	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
*ANTIDEPRESSANT - MISCELLANEOUS COMBINATIONS***		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (<i>dextromethorphan-bupropion</i>)	COVERED	
*ANTIDEPRESSANTS - MISC.***		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	COVERED	QL (1 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	COVERED	QL (4 EA per 1 day)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (<i>bupropion hcl</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>maprotiline hcl oral tablet 25 mg, 75 mg</i>	COVERED	QL (3 EA per 1 day)
<i>maprotiline hcl oral tablet 50 mg</i>	COVERED	QL (4 EA per 1 day)
*MONOAMINE OXIDASE INHIBITORS (MAOIS)***		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR (<i>selegiline</i>)	COVERED	QL (2 EA per 1 day); AGE (Min 18 Years)
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	COVERED	QL (6 EA per 1 day); AGE (Min 16 Years)
<i>phenelzine sulfate oral tablet 15 mg</i>	COVERED	QL (6 EA per 1 day)
<i>tranylcypromine sulfate oral tablet 10 mg</i>	COVERED	QL (8 EA per 1 day)
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***		
<i>citalopram hydrobromide oral capsule 30 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	COVERED	QL (20 ML per 1 day); MAIL
<i>citalopram hydrobromide oral tablet 10 mg</i>	COVERED	QL (1.5 EA per 1 day); MAIL
<i>citalopram hydrobromide oral tablet 20 mg, 40 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	COVERED	MAIL

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<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	COVERED	QL (1.5 EA per 1 day); MAIL
<i>escitalopram oxalate oral tablet 20 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>fluoxetine hcl oral capsule 10 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
<i>fluoxetine hcl oral capsule 20 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>fluoxetine hcl oral capsule 40 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	COVERED	QL (4 EA per 25 days); AGE (Min 3 Years)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	COVERED	
<i>fluoxetine hcl oral tablet 10 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 3 Years)
<i>fluoxetine hcl oral tablet 20 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Min 3 Years)
<i>fluoxetine hcl oral tablet 60 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 3 Years)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>fluvoxamine maleate oral tablet 100 mg</i>	COVERED	QL (3 EA per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	COVERED	QL (2 EA per 1 day)
LUVOX CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG (<i>fluvoxamine maleate</i>)	COVERED	PA; QL (2 EA per 1 day); AGE (Min 6 Years)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 18 Years)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	COVERED	QL (30 ML per 1 day); AGE (Min 18 Years)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	COVERED	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	COVERED	PA; QL (30 ML per 1 day); AGE (Min 18 Years)
PROZAC WEEKLY ORAL CAPSULE DELAYED RELEASE 90 MG (<i>fluoxetine hcl</i>)	COVERED	PA; QL (4 EA per 25 days); AGE (Min 3 Years)
RAPIFLUX ORAL TABLET 20 MG (<i>fluoxetine hcl</i>)	COVERED	PA; QL (4 EA per 1 day); AGE (Min 3 Years)
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	COVERED	
<i>sertraline hcl oral tablet 100 mg, 50 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>sertraline hcl oral tablet 25 mg</i>	COVERED	QL (1.5 EA per 1 day); MAIL
*SEROTONIN MODULATORS***		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Min 7 Years)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	COVERED	MAIL

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<i>trazodone hcl oral tablet 300 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)
TRINTELLIX ORAL TABLET 10 MG, 20 MG (<i>vortioxetine hbr</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)
TRINTELLIX ORAL TABLET 5 MG (<i>vortioxetine hbr</i>)	COVERED	
VIIBRYD ORAL TABLET 10 MG, 20 MG (<i>vilazodone hcl</i>)	COVERED	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
VIIBRYD ORAL TABLET 40 MG (<i>vilazodone hcl</i>)	COVERED	PA; QL (1 EA per 1 day)
<i>vilazodone hcl oral tablet 10 mg, 20 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 18 Years)
<i>vilazodone hcl oral tablet 40 mg</i>	COVERED	QL (1 EA per 1 day)
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***		
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Min 18 Years)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Min 18 Years)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (<i>duloxetine hcl</i>)	COVERED	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Min 7 Years)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	COVERED	QL (1 EA per 1 day)
IRENKA ORAL CAPSULE DELAYED RELEASE PARTICLES 40 MG (<i>duloxetine hcl</i>)	COVERED	QL (4 EA per 1 day); AGE (Min 7 Years)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG (<i>desvenlafaxine</i>)	COVERED	QL (4 EA per 1 day); AGE (Min 18 Years)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	COVERED	PA; QL (4 EA per 1 day); AGE (Min 18 Years)
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	COVERED	QL (3 EA per 1 day)

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*TRICYCLIC AGENTS***		
<i>amitriptyline hcl oral tablet 10 mg, 25 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Max 64 Years); MAIL
<i>amitriptyline hcl oral tablet 100 mg, 150 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>amitriptyline hcl oral tablet 50 mg, 75 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	COVERED	QL (4 EA per 1 day)
<i>clomipramine hcl oral capsule 25 mg</i>	COVERED	QL (6 EA per 1 day)
<i>clomipramine hcl oral capsule 50 mg, 75 mg</i>	COVERED	QL (4 EA per 1 day)
<i>desipramine hcl oral tablet 10 mg, 50 mg</i>	COVERED	QL (6 EA per 1 day)
<i>desipramine hcl oral tablet 100 mg</i>	COVERED	QL (3 EA per 1 day)
<i>desipramine hcl oral tablet 150 mg</i>	COVERED	QL (2 EA per 1 day)
<i>desipramine hcl oral tablet 25 mg, 75 mg</i>	COVERED	QL (4 EA per 1 day)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>doxepin hcl oral capsule 150 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	COVERED	QL (30 ML per 1 day); AGE (Max 64 Years)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	COVERED	QL (6 EA per 1 day); MAIL
<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 12 Years)
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 12 Years)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Min 6 Years); MAIL
<i>nortriptyline hcl oral capsule 50 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>nortriptyline hcl oral capsule 75 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	COVERED	QL (15 ML per 1 day); AGE (Min 12 Years)
PAMELOR ORAL SOLUTION 10 MG/5ML (<i>nortriptyline hcl</i>)	COVERED	PA; QL (15 ML per 1 day); AGE (Min 12 Years)
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	COVERED	QL (8 EA per 1 day)
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>trimipramine maleate</i>)	COVERED	PA; QL (2 EA per 1 day); AGE (Min 12 Years)
TOFRANIL-PM ORAL CAPSULE 100 MG, 75 MG (<i>imipramine pamoate</i>)	COVERED	PA; QL (2 EA per 1 day); AGE (Min 12 Years)
TOFRANIL-PM ORAL CAPSULE 125 MG, 150 MG (<i>imipramine pamoate</i>)	COVERED	PA; QL (1 EA per 1 day); AGE (Min 12 Years)

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<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 12 Years)
ANTIDIABETICS		
*ALPHA-GLUCOSIDASE INHIBITORS***		
<i>acarbose oral tablet 100 mg</i>	COVERED	QL (4 EA per 1 day)
<i>acarbose oral tablet 25 mg, 50 mg</i>	COVERED	QL (3 EA per 1 day)
*BIGUANIDES***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>metformin hcl oral tablet 1000 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>metformin hcl oral tablet 500 mg</i>	COVERED	QL (5 EA per 1 day); MAIL
<i>metformin hcl oral tablet 850 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
*DIABETIC OTHER - COMBINATIONS***		
<i>glucose instant energy oral tablet chewable 4-6 gm-mg</i>	COVERED	
*DIABETIC OTHER***		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	COVERED	QL (2 EA per 25 days)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	COVERED	QL (2 EA per 25 days)
<i>glucagon emergency injection kit 1 mg</i>	COVERED	QL (2 EA per 25 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (<i>glucagon</i>)	COVERED	QL (0.2 ML per 25 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (<i>glucagon</i>)	COVERED	QL (0.4 ML per 25 days)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	COVERED	QL (0.4 ML per 25 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML (<i>glucagon</i>)	COVERED	QL (0.2 ML per 25 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	COVERED	QL (0.4 ML per 25 days)
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	COVERED	ST; QL (1 EA per 1 day); PRIOR USE OF METFORMIN
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	COVERED	ST; QL (2 EA per 1 day); PRIOR USE OF METFORMIN AND SULFON
*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>	COVERED	ST; QL (1 EA per 1 day); PRIOR USE OF METFORMIN AND SULFON

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*HUMAN INSULIN***		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	COVERED	QL (30 ML per 25 days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	COVERED	QL (30 ML per 25 days)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	COVERED	QL (30 ML per 25 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	COVERED	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	COVERED	QL (30 ML per 25 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	COVERED	QL (30 ML per 25 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	COVERED	QL (30 ML per 25 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	COVERED	QL (30 ML per 25 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	COVERED	QL (30 ML per 25 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	COVERED	QL (30 ML per 25 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	COVERED	QL (20 ML per 25 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	COVERED	QL (18 ML per 25 days)
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	COVERED	QL (30 ML per 25 days)
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	COVERED	QL (30 ML per 25 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	COVERED	QL (30 ML per 25 days)
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	COVERED	QL (30 ML per 25 days)
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	COVERED	QL (30 ML per 25 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-aglr</i>)	COVERED	QL (30 ML per 30 days)
SEMGLEE SOLUTION 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>)	COVERED	QL (30 ML per 25 days)
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***		
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	COVERED	ST; QL (9 ML per 30 days); AGE (Min 10 Years)

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OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	COVERED	ST; QL (1.5 ML per 25 days); AGE (Min 18 Years); PRIOR USE OF METFORMIN
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (<i>semaglutide</i>)	COVERED	ST; QL (3 ML per 25 days); AGE (Min 18 Years); PRIOR USE OF METFORMIN
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	COVERED	ST; QL (1.5 ML per 25 days); AGE (Min 18 Years); PRIOR USE OF METFORMIN
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>)	COVERED	ST; QL (3 ML per 25 days); AGE (Min 18 Years); PRIOR USE OF METFORMIN
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (<i>semaglutide</i>)	COVERED	ST; QL (3 ML per 25 days); AGE (Min 18 Years); PRIOR USE OF METFORMIN
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	COVERED	ST; QL (1 EA per 1 day); AGE (Min 18 Years); PRIOR USE OF METFORMIN
*MEGLITINIDE ANALOGUES***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	COVERED	QL (3 EA per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	COVERED	QL (6 EA per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***		
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyroglytamidac</i>)	COVERED	ST; PRIOR USE OF METFORMIN
*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 (<i>ertugliflozin-metformin hcl</i>)	COVERED	ST; PRIOR USE OF METFORMIN
*SULFONYLUREA-BIGUANIDE COMBINATIONS***		
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>glyburide-metformin oral tablet 5-500 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
*SULFONYLUREAS***		
<i>glimepiride oral tablet 1 mg, 4 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
<i>glimepiride oral tablet 2 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>glipizide oral tablet 10 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>glipizide oral tablet 5 mg</i>	COVERED	QL (8 EA per 1 day); MAIL
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>tolbutamide oral tablet 500 mg</i>	COVERED	QL (6 EA per 1 day)

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*THIAZOLIDINEDIONES***		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	COVERED	QL (1 EA per 1 day)
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***		
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	COVERED	
<i>cvs anti-diarrheal oral suspension 262 mg/15ml</i>	COVERED	
<i>stomach relief oral tablet 262 mg</i>	COVERED	
*ANTIPERISTALTIC AGENTS***		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	COVERED	QL (40 ML per 1 day)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	COVERED	QL (8 EA per 1 day)
<i>loperamide hcl oral capsule 2 mg</i>	COVERED	QL (8 EA per 1 day)
<i>loperamide hcl oral liquid 1 mg/5ml</i>	COVERED	
<i>loperamide hcl oral solution 1 mg/7.5ml</i>	COVERED	
<i>loperamide hcl oral tablet 2 mg</i>	COVERED	QL (8 EA per 1 day)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*OPIOID ANTAGONISTS***		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	COVERED	
<i>nalmefene hcl injection solution 1 mg/ml</i>	COVERED	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	COVERED	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	COVERED	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	COVERED	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	COVERED	
<i>naltrexone hcl oral tablet 50 mg</i>	COVERED	QL (2 EA per 1 day)
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>)	COVERED	
REXTOVY NASAL LIQUID 4 MG/0.25ML (<i>naloxone hcl</i>)	COVERED	
RIVIVE NASAL LIQUID 3 MG/0.1ML (<i>naloxone hcl</i>)	COVERED	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	COVERED	QL (1 EA per 28 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	COVERED	
ANTIEMETICS		
*5-HT3 RECEPTOR ANTAGONISTS***		
<i>granisetron hcl oral tablet 1 mg</i>	COVERED	ST; QL (2 EA per 1 day); PRIOR USE OF ONDANSETRON
<i>ondansetron hcl injection solution 40 mg/20ml</i>	COVERED	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	COVERED	PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	COVERED	QL (90 EA per 25 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	COVERED	QL (90 EA per 25 days)

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ZOFRAN INJECTION SOLUTION 40 MG/20ML (<i>ondansetron hcl</i>)	COVERED	
*ANTIEMETIC COMBINATIONS***		
<i>anti-nausea oral solution 1.87-1.87-21.5</i>	COVERED	
*ANTIEMETICS - ANTICHOLINERGIC***		
<i>cvs motion sickness oral tablet 50 mg</i>	COVERED	QL (6 EA per 1 day)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	COVERED	QL (4 EA per 1 day)
<i>motion sickness relief oral tablet chewable 25 mg</i>	COVERED	QL (4 EA per 1 day)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	COVERED	QL (0.34 EA per 1 day)
ANTIFUNGALS		
*ANTIFUNGALS***		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	COVERED	QL (40 ML per 1 day)
<i>nystatin oral tablet 500000 unit</i>	COVERED	QL (8 EA per 1 day)
<i>terbinafine hcl oral tablet 250 mg</i>	COVERED	QL (1 EA per 1 day)
*IMIDAZOLES***		
<i>ketoconazole oral tablet 200 mg</i>	COVERED	QL (2 EA per 1 day)
*TRIAZOLES***		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	COVERED	QL (35 ML per 25 days); AGE (Max 12 Years)
<i>fluconazole oral tablet 100 mg, 200 mg</i>	COVERED	QL (21 EA per 25 days)
<i>fluconazole oral tablet 150 mg</i>	COVERED	QL (2 EA per 25 days)
<i>fluconazole oral tablet 50 mg</i>	COVERED	QL (2 EA per 1 day)
<i>itraconazole oral capsule 100 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Min 18 Years)
ANTIHIISTAMINES		
*ANTIHIISTAMINES - ALKYLAMINES***		
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	COVERED	QL (2 EA per 1 day)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	COVERED	QL (6 EA per 1 day)
CHLOR-TRIMETON ORAL SYRUP 2 MG/5ML (<i>chlorpheniramine maleate</i>)	COVERED	
*ANTIHIISTAMINES - ETHANOLAMINES***		
<i>allergy relief childrens oral tablet dispersible 12.5 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>allergy relief oral capsule 25 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>allergy relief oral tablet 25 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	COVERED	
<i>carbinoxamine maleate oral tablet 4 mg</i>	COVERED	
<i>clemastine fumarate oral tablet 1.34 mg</i>	COVERED	QL (2 EA per 1 day)

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<i>clemastine fumarate oral tablet 2.68 mg</i>	COVERED	QL (3 EA per 1 day)
<i>cvs allergy relief oral tablet 25 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	COVERED	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	COVERED	AGE (Max 64 Years)
<i>diphenhydramine hcl oral capsule 50 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	COVERED	QL (80 ML per 1 day)
<i>diphenhydramine hcl oral tablet 50 mg</i>	COVERED	QL (6 EA per 1 day)
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Max 12 Years)
*ANTIHISTAMINES - NON-SEDATING***		
<i>allergy (cetirizine) oral tablet 10 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	COVERED	QL (10 ML per 1 day); AGE (Max 12 Years); MAIL
<i>cetirizine hcl oral tablet 5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>loratadine childrens oral solution 5 mg/5ml</i>	COVERED	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>loratadine oral tablet 10 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>loratadine oral tablet dispersible 10 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Max 12 Years); MAIL
*ANTIHISTAMINES - PHENOTHIAZINES***		
<i>promethazine hcl injection solution 25 mg/ml</i>	COVERED	QL (100 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl injection solution 50 mg/ml</i>	COVERED	QL (50 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	COVERED	QL (100 ML per 1 day)
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	COVERED	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>	COVERED	QL (2 EA per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 25 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	COVERED	QL (24 EA per 30 days)
*ANTIHISTAMINES - PIPERIDINES***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	COVERED	QL (20 ML per 1 day); AGE (Max 64 Years)

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<i>cyproheptadine hcl oral tablet 4 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Max 64 Years)
ANTHYPERLIPIDEMICS		
*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***		
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	COVERED	PA
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS***		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	COVERED	PA
*BILE ACID SEQUESTRANTS***		
<i>cholestyramine light oral powder 4 gm/dose</i>	COVERED	QL (8 GM per 1 day)
<i>cholestyramine oral powder 4 gm/dose</i>	COVERED	QL (48 GM per 1 day)
<i>colestipol hcl oral tablet 1 gm</i>	COVERED	QL (16 EA per 1 day)
*FIBRIC ACID DERIVATIVES***		
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	COVERED	QL (1 EA per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
*HMG COA REDUCTASE INHIBITORS***		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	COVERED	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***		
<i>ezetimibe oral tablet 10 mg</i>	COVERED	QL (1 EA per 1 day)
*PCSK9 INHIBITORS***		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	COVERED	PA; QL (3.5 ML per 24 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	COVERED	PA; QL (2 ML per 24 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	COVERED	PA; QL (2 ML per 24 days)
ANTHYPERTENSIVES		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS***		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
*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>	COVERED	QL (1 EA per 1 day)

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<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 50-15 mg</i>	COVERED	QL (3 EA per 1 day)
<i>captopril-hydrochlorothiazide oral tablet 25-25 mg, 50-25 mg</i>	COVERED	QL (2 EA per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	COVERED	QL (1 EA per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	COVERED	QL (1 EA per 1 day)
*ACE INHIBITORS***		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	COVERED	QL (1.5 EA per 1 day); MAIL
<i>benazepril hcl oral tablet 40 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>captopril oral tablet 100 mg</i>	COVERED	QL (3 EA per 1 day)
<i>captopril oral tablet 12.5 mg, 25 mg, 50 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
<i>enalapril maleate oral solution 1 mg/ml</i>	COVERED	AGE (Max 12 Years)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>enalapril maleate oral tablet 20 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>lisinopril oral tablet 30 mg, 40 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	COVERED	AGE (Min 6 Years and Max 12 Years)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
*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>	COVERED	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>	COVERED	QL (1 EA per 1 day); MAIL
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
*ANGIOTENSIN II RECEPTOR ANTAGONISTS***		
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	COVERED	QL (2 EA per 1 day); MAIL

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*ANTIADRENERGICS - CENTRALLY ACTING***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	COVERED	QL (6 EA per 1 day); MAIL
<i>clonidine hcl oral tablet 0.3 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>guanfacine hcl oral tablet 1 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>guanfacine hcl oral tablet 2 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>methyldopa oral tablet 250 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>methyldopa oral tablet 500 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Max 64 Years)
*ANTIADRENERGICS - PERIPHERALLY ACTING***		
<i>doxazosin mesylate oral tablet 1 mg</i>	COVERED	QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet 2 mg, 4 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>doxazosin mesylate oral tablet 8 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>terazosin hcl oral capsule 1 mg, 5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>terazosin hcl oral capsule 10 mg, 2 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
*BETA BLOCKER & DIURETIC COMBINATIONS***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
*VASODILATORS***		
<i>hydralazine hcl oral tablet 10 mg</i>	COVERED	QL (10 EA per 1 day)
<i>hydralazine hcl oral tablet 100 mg</i>	COVERED	QL (3 EA per 1 day)
<i>hydralazine hcl oral tablet 25 mg</i>	COVERED	QL (4 EA per 1 day)
<i>hydralazine hcl oral tablet 50 mg</i>	COVERED	QL (8 EA per 1 day)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	COVERED	QL (5 EA per 1 day)
ANTI-INFECTIVE AGENTS - MISC.		
*ANTI-INFECTIVE AGENTS - MISC.***		
<i>metronidazole oral tablet 250 mg</i>	COVERED	QL (8 EA per 1 day)
<i>metronidazole oral tablet 500 mg</i>	COVERED	QL (4 EA per 1 day)
<i>trimethoprim oral tablet 100 mg</i>	COVERED	QL (6 EA per 1 day)
*ANTI-INFECTIVE MISC. - COMBINATIONS***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	COVERED	QL (40 ML per 1 day)
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	COVERED	QL (4 EA per 1 day)

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*ANTIPROTOZOAL AGENTS***		
<i>atovaquone oral suspension 750 mg/5ml</i>	COVERED	PA
*GLYCOPEPTIDES***		
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	COVERED	QL (40 ML per 1 day)
*LEPROSTATICS***		
<i>dapsone oral tablet 100 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
<i>dapsone oral tablet 25 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
*LINCOSAMIDES***		
<i>clindamycin hcl oral capsule 150 mg</i>	COVERED	QL (8 EA per 1 day)
<i>clindamycin hcl oral capsule 300 mg</i>	COVERED	QL (6 EA per 1 day)
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	COVERED	AGE (Max 18 Years)
*OXAZOLIDINONES***		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	COVERED	PA
<i>linezolid oral tablet 600 mg</i>	COVERED	PA
*URINARY ANTI-INFECTIVES***		
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	COVERED	QL (40 ML per 1 day); AGE (Max 12 Years); MAX 10 DAYS
ANTIMALARIALS		
*ANTIMALARIALS***		
<i>chloroquine phosphate oral tablet 250 mg</i>	COVERED	QL (10 EA per 3 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	COVERED	QL (5 EA per 3 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>mefloquine hcl oral tablet 250 mg</i>	COVERED	QL (4 EA per 1 day)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS***		
<i>pyridostigmine bromide oral tablet 60 mg</i>	COVERED	QL (6 EA per 1 day)
ANTIMYCOBACTERIAL AGENTS		
*ANTIMYCOBACTERIAL AGENTS***		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	COVERED	QL (5 EA per 1 day)
<i>isoniazid oral syrup 50 mg/5ml</i>	COVERED	QL (30 ML per 1 day); MAIL
<i>isoniazid oral tablet 100 mg</i>	COVERED	QL (6 EA per 1 day); MAIL

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<i>isoniazid oral tablet 300 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	COVERED	QL (1.143 EA per 1 day)
<i>pyrazinamide oral tablet 500 mg</i>	COVERED	QL (6 EA per 1 day)
<i>rifampin oral capsule 150 mg, 300 mg</i>	COVERED	QL (8 EA per 1 day)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*ANDROGEN BIOSYNTHESIS INHIBITORS***		
<i>abiraterone acetate oral tablet 250 mg</i>	COVERED	QL (4 EA per 1 day)
*ANTIADRENALS***		
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	COVERED	SF
*ANTIANDROGENS***		
<i>bicalutamide oral tablet 50 mg</i>	COVERED	QL (3 EA per 1 day)
<i>flutamide oral capsule 125 mg</i>	COVERED	QL (6 EA per 1 day)
*ANTIESTROGENS***		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
*ANTIMETABOLITES***		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	COVERED	
<i>mercaptopurine oral tablet 50 mg</i>	COVERED	QL (4 EA per 1 day)
<i>methotrexate oral tablet 2.5 mg</i>	COVERED	QL (24 EA per 1 day)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	COVERED	QL (10 ML per 25 days)
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	COVERED	QL (10 ML per 25 days)
*ANTINEOPLASTIC - ALK INHIBITORS***		
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	COVERED	QL (8 EA per 1 day)
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS***		
<i>imatinib mesylate oral tablet 100 mg</i>	COVERED	QL (3 EA per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	COVERED	QL (2 EA per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	COVERED	QL (1 EA per 1 day); SF
SPRYCEL ORAL TABLET 20 MG (<i>dasatinib</i>)	COVERED	QL (3 EA per 1 day); SF
*ANTINEOPLASTIC - BTK INHIBITORS***		
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	COVERED	QL (4 EA per 1 day); SF
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	COVERED	QL (3 EA per 1 day)
IMBRUVICA ORAL TABLET 420 MG, 560 MG (<i>ibrutinib</i>)	COVERED	QL (1 EA per 1 day)
*ANTINEOPLASTIC - EGFR INHIBITORS***		
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	COVERED	QL (1 EA per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	COVERED	QL (3 EA per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	COVERED	QL (1 EA per 1 day); SF

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*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***		
<i>lapatinib ditosylate oral tablet 250 mg</i>	COVERED	QL (6 EA per 1 day)
<i>sorafenib tosylate oral tablet 200 mg</i>	COVERED	QL (4 EA per 1 day)
<i>sunitinib malate oral capsule 12.5 mg</i>	COVERED	QL (4 EA per 1 day)
<i>sunitinib malate oral capsule 25 mg</i>	COVERED	QL (2 EA per 1 day)
<i>sunitinib malate oral capsule 37.5 mg, 50 mg</i>	COVERED	QL (1 EA per 1 day)
*ANTINEOPLASTICS MISC.***		
<i>hydroxyurea oral capsule 500 mg</i>	COVERED	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML <i>(interferon alfa-2b)</i>	COVERED	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT <i>(interferon alfa-2b)</i>	COVERED	
MATULANE ORAL CAPSULE 50 MG <i>(procarbazine hcl)</i>	COVERED	
*AROMATASE INHIBITORS***		
<i>anastrozole oral tablet 1 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>letrozole oral tablet 2.5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG <i>(palbociclib)</i>	COVERED	QL (1 EA per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG <i>(palbociclib)</i>	COVERED	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>	COVERED	
*IMIDAZOTETRAZINES***		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	COVERED	
*LHRH ANALOGS***		
ELIGARD SUBCUTANEOUS KIT 22.5 MG <i>(leuprolide acetate (3 month))</i>	COVERED	
ELIGARD SUBCUTANEOUS KIT 30 MG <i>(leuprolide acetate (4 month))</i>	COVERED	
ELIGARD SUBCUTANEOUS KIT 45 MG <i>(leuprolide acetate (6 month))</i>	COVERED	
ELIGARD SUBCUTANEOUS KIT 7.5 MG <i>(leuprolide acetate)</i>	COVERED	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	COVERED	
*MITOTIC INHIBITORS***		
<i>etoposide oral capsule 50 mg</i>	COVERED	
*NITROGEN MUSTARDS AND RELATED ANALOGUES***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	COVERED	QL (16 EA per 1 day)
LEUKERAN ORAL TABLET 2 MG <i>(chlorambucil)</i>	COVERED	QL (8 EA per 1 day)
<i>melphalan oral tablet 2 mg</i>	COVERED	

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Drug Name	Drug Tier	Requirements/Limits
*NITROSOUREAS***		
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	COVERED	
*PROGESTINS-ANTINEOPLASTIC***		
<i>megestrol acetate oral suspension 40 mg/ml</i>	COVERED	QL (40 ML per 1 day)
<i>megestrol acetate oral tablet 20 mg</i>	COVERED	QL (40 EA per 1 day)
<i>megestrol acetate oral tablet 40 mg</i>	COVERED	QL (20 EA per 1 day)
*RETINOIDS***		
<i>tretinoin oral capsule 10 mg</i>	COVERED	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*ANTIPARKINSON ANTICHOLINERGICS***		
<i>benztropine mesylate oral tablet 0.5 mg</i>	COVERED	QL (5 EA per 1 day); AGE (Max 64 Years)
<i>benztropine mesylate oral tablet 1 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>benztropine mesylate oral tablet 2 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	COVERED	PA
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	COVERED	QL (12 EA per 1 day); AGE (Max 64 Years); MAIL
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Max 64 Years); MAIL
*ANTIPARKINSON DOPAMINERGICS***		
<i>amantadine hcl oral capsule 100 mg</i>	COVERED	QL (4 EA per 1 day)
<i>amantadine hcl oral solution 50 mg/5ml</i>	COVERED	QL (40 ML per 1 day)
<i>bromocriptine mesylate oral capsule 5 mg</i>	COVERED	QL (6 EA per 1 day)
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	COVERED	QL (6 EA per 1 day)
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***		
<i>selegiline hcl oral capsule 5 mg</i>	COVERED	QL (2 EA per 1 day)
<i>selegiline hcl oral tablet 5 mg</i>	COVERED	QL (2 EA per 1 day)
*LEVODOPA COMBINATIONS***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>carbidopa-levodopa er oral tablet extended release 50-200 mg</i>	COVERED	QL (8 EA per 1 day)
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-250 mg</i>	COVERED	QL (8 EA per 1 day); MAIL
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	COVERED	QL (12 EA per 1 day); MAIL
<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>	COVERED	ST; QL (8 EA per 1 day); prior use of LEVODOPA/CARBIDOPA
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	COVERED	ST; QL (6 EA per 1 day); prior use of LEVODOPA/CARBIDOPA

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*NONERGOLINE DOPAMINE RECEPTOR AGONISTS***		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
<i>pramipexole dihydrochloride oral tablet 0.75 mg</i>	COVERED	QL (6 EA per 1 day); MAIL
<i>ropinirole hcl oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	COVERED	QL (12 EA per 1 day); MAIL
<i>ropinirole hcl oral tablet 0.5 mg</i>	COVERED	QL (6 EA per 1 day); MAIL
*PERIPHERAL COMT INHIBITORS***		
<i>entacapone oral tablet 200 mg</i>	COVERED	ST; QL (8 EA per 1 day); prior use of LEVODOPA/CARBIDOPA
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*ANTIMANIC AGENTS***		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Min 6 Years); MAIL
<i>lithium carbonate er oral tablet extended release 450 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Min 6 Years); MAIL
<i>lithium carbonate oral capsule 150 mg</i>	COVERED	QL (12 EA per 1 day); AGE (Min 6 Years); MAIL
<i>lithium carbonate oral capsule 300 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Min 6 Years); MAIL
<i>lithium carbonate oral capsule 600 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
<i>lithium carbonate oral tablet 300 mg</i>	COVERED	QL (6 EA per 1 day); MAIL
<i>lithium oral solution 8 meq/5ml</i>	COVERED	
*ANTIPSYCHOTICS - MISC.***		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	COVERED	QL (6 EA per 1 day); AGE (Min 18 Years)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	COVERED	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	COVERED	QL (1 EA per 1 day)
<i>lurasidone hcl oral tablet 80 mg</i>	COVERED	QL (2 EA per 1 day)
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	COVERED	QL (2 EA per 1 day); AGE (Min 18 Years)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	COVERED	PA; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	COVERED	PA; QL (1 EA per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	COVERED	QL (2 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 18 Years)
*BENZISOXAZOLES***		
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML (<i>paliperidone palmitate</i>)	COVERED	QL (1 ML per 25 days); AGE (Min 18 Years)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML (<i>paliperidone palmitate</i>)	COVERED	QL (1.5 ML per 25 days); AGE (Min 18 Years)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML (<i>paliperidone palmitate</i>)	COVERED	QL (2.25 ML per 25 days); AGE (Min 18 Years)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML (<i>paliperidone palmitate</i>)	COVERED	QL (0.25 ML per 25 days); AGE (Min 18 Years)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML (<i>paliperidone palmitate</i>)	COVERED	QL (0.5 ML per 25 days); AGE (Min 18 Years)
FANAPT ORAL TABLET 1 MG (<i>iloperidone</i>)	COVERED	QL (6 EA per 1 day); AGE (Min 18 Years)
FANAPT ORAL TABLET 10 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	COVERED	QL (2 EA per 1 day); AGE (Min 18 Years)
FANAPT ORAL TABLET 12 MG (<i>iloperidone</i>)	COVERED	QL (4 EA per 1 day); AGE (Min 18 Years)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	COVERED	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML (<i>paliperidone palmitate</i>)	COVERED	QL (3.5 ML per 180 days); AGE (Min 18 Years)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML (<i>paliperidone palmitate</i>)	COVERED	QL (5 ML per 180 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML (<i>paliperidone palmitate</i>)	COVERED	QL (0.75 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML (<i>paliperidone palmitate</i>)	COVERED	QL (1 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML (<i>paliperidone palmitate</i>)	COVERED	QL (1.5 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML (<i>paliperidone palmitate</i>)	COVERED	QL (0.25 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML (<i>paliperidone palmitate</i>)	COVERED	QL (0.5 ML per 25 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML (<i>paliperidone palmitate</i>)	COVERED	QL (1 ML per 90 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML (<i>paliperidone palmitate</i>)	COVERED	QL (1 EA per 90 days); AGE (Min 18 Years); MAIL
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML (<i>paliperidone palmitate</i>)	COVERED	QL (1.75 ML per 90 days); AGE (Min 18 Years); MAIL
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML (<i>paliperidone palmitate</i>)	COVERED	QL (2.63 ML per 90 days); AGE (Min 18 Years); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	COVERED	PA
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	COVERED	QL (1 EA per 25 days); AGE (Min 18 Years)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	COVERED	PA; QL (2 EA per 25 days)
<i>risperidone er intramuscular suspension reconstituted er 25 mg, 37.5 mg, 50 mg</i>	COVERED	QL (1 EA per 25 days); AGE (Min 18 Years)
<i>risperidone oral solution 1 mg/ml</i>	COVERED	QL (16 ML per 1 day); MAIL
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>risperidone oral tablet 4 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>risperidone oral tablet dispersible 4 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (<i>risperidone</i>)	COVERED	QL (1 EA per 25 days); AGE (Min 18 Years)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML (<i>risperidone</i>)	COVERED	QL (1 ML per 25 days); AGE (Min 18 Years)
*BUTYROPHENONES***		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	COVERED	
<i>haloperidol lactate injection solution 5 mg/ml</i>	COVERED	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	COVERED	
<i>haloperidol oral tablet 0.5 mg</i>	COVERED	QL (6 EA per 1 day)
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	COVERED	QL (5 EA per 1 day)
*DIBENZODIAZEPINES***		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg</i>	COVERED	
<i>clozapine oral tablet 50 mg</i>	COVERED	QL (2 EA per 1 day)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg</i>	COVERED	QL (9 EA per 1 day); AGE (Min 9 Years)
<i>clozapine oral tablet dispersible 150 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Min 9 Years)
<i>clozapine oral tablet dispersible 200 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Min 9 Years)
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG (<i>clozapine</i>)	COVERED	PA; QL (9 EA per 1 day); AGE (Min 9 Years)
FAZACLO ORAL TABLET DISPERSIBLE 150 MG (<i>clozapine</i>)	COVERED	QL (6 EA per 1 day); AGE (Min 9 Years)
FAZACLO ORAL TABLET DISPERSIBLE 200 MG (<i>clozapine</i>)	COVERED	QL (4 EA per 1 day); AGE (Min 9 Years)

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Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	COVERED	QL (18 ML per 1 day); AGE (Min 18 Years)
*DIBENZO-OXEPINO PYRROLES***		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 10 Years)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	COVERED	PA; QL (2 EA per 1 day); AGE (Min 10 Years)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)
*DIBENZOTHIAZEPINES***		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	COVERED	PA; QL (1 EA per 1 day); MAIL
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 6 Years); MAIL
<i>quetiapine fumarate oral tablet 150 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 10 Years)
*DIBENZOAZEPINES***		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (<i>loxapine</i>)	COVERED	QL (1 EA per 25 days); AGE (Min 18 Years)
<i>loxapine succinate oral capsule 10 mg, 5 mg, 50 mg</i>	COVERED	QL (15 EA per 1 day)
<i>loxapine succinate oral capsule 25 mg</i>	COVERED	QL (6 EA per 1 day)
*DIHYDROINDOLONES***		
MOBAN ORAL TABLET 10 MG, 25 MG, 5 MG (<i>molindone hcl</i>)	COVERED	QL (4 EA per 1 day); AGE (Min 12 Years)
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Min 12 Years)
*PHENOTHIAZINES***		
<i>chlorpromazine hcl injection solution 25 mg/ml</i>	COVERED	QL (3 ML per 1 day)
<i>chlorpromazine hcl injection solution 50 mg/2ml</i>	COVERED	QL (1 ML per 1 day)
<i>chlorpromazine hcl oral concentrate 100 mg/ml</i>	COVERED	AGE (Min 5 Years and Max 12 Years)
<i>chlorpromazine hcl oral concentrate 30 mg/ml</i>	COVERED	QL (2 ML per 1 day); AGE (Min 5 Years and Max 12 Years)
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	COVERED	QL (12 EA per 1 day)
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	COVERED	QL (12 EA per 1 day)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	COVERED	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	COVERED	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	COVERED	QL (4 ML per 1 day); AGE (Min 18 Years)
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	COVERED	QL (4 ML per 1 day); AGE (Min 18 Years)

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<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	COVERED	QL (4 EA per 1 day)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	COVERED	QL (3 EA per 1 day)
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	COVERED	
<i>prochlorperazine maleate oral tablet 10 mg</i>	COVERED	QL (8 EA per 1 day)
<i>prochlorperazine maleate oral tablet 5 mg</i>	COVERED	QL (10 EA per 1 day)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg</i>	COVERED	QL (6 EA per 1 day)
<i>trifluoperazine hcl oral tablet 10 mg</i>	COVERED	QL (4 EA per 1 day)
*QUINOLINONE DERIVATIVES***		
ABILIFY ASIMTUFI INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (<i>aripiprazole</i>)	COVERED	QL (1 ML per 25 days); AGE (Min 18 Years)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	COVERED	QL (1 EA per 25 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	COVERED	QL (1 EA per 25 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	COVERED	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	COVERED	
<i>aripiprazole oral solution 1 mg/ml</i>	COVERED	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	COVERED	QL (1 EA per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	COVERED	PA; QL (1 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	COVERED	QL (2.4 ML per 25 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML (<i>aripiprazole lauroxil</i>)	COVERED	QL (3.9 ML per 50 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML (<i>aripiprazole lauroxil</i>)	COVERED	QL (1.6 ML per 25 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML (<i>aripiprazole lauroxil</i>)	COVERED	QL (2.4 ML per 25 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	COVERED	QL (3.2 ML per 25 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (<i>aripiprazole</i>)	COVERED	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG (<i>brexipiprazole</i>)	COVERED	
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG (<i>brexipiprazole</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 12 Years)
*THIENBENZODIAZEPINES***		
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Min 18 Years)

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<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	COVERED	QL (1 EA per 1 day)
<i>olanzapine oral tablet dispersible 10 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (<i>olanzapine</i>)	COVERED	PA; QL (3 EA per 1 day); AGE (Min 18 Years)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG (<i>olanzapine pamoate</i>)	COVERED	QL (2 EA per 25 days); AGE (Min 18 Years)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG (<i>olanzapine pamoate</i>)	COVERED	QL (1 EA per 25 days); AGE (Min 18 Years)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG (<i>olanzapine</i>)	COVERED	PA; QL (2 EA per 1 day); AGE (Min 6 Years)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	COVERED	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
*THIOXANTHENES***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	COVERED	QL (6 EA per 1 day)
ANTISEPTICS & DISINFECTANTS		
*CHLORINE ANTISEPTICS***		
<i>chlorhexidine gluconate external solution 4 %</i>	COVERED	
HIBICLENS EXTERNAL LIQUID 4 % (<i>chlorhexidine gluconate</i>)	COVERED	
ANTIVIRALS		
*ANTIRETROVIRAL COMBINATIONS***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	COVERED	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG (<i>bictegravir-emtricitab-tenofof</i>)	COVERED	QL (1 EA per 1 day); AGE (Max 12 Years)
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofof</i>)	COVERED	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	COVERED	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab- rilpivir-tenofovir</i>)	COVERED	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofof df</i>)	COVERED	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine-tenofovir af</i>)	COVERED	ST; QL (1 EA per 1 day); Prior Use of Truvada
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	COVERED	QL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofof df oral tablet 600-200-300 mg</i>	COVERED	QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	COVERED	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	COVERED	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	COVERED	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	COVERED	QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	COVERED	QL (1 EA per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	COVERED	QL (16 ML per 1 day)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	COVERED	QL (8 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	COVERED	QL (4 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	COVERED	QL (2 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofov af</i>)	COVERED	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	COVERED	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	COVERED	QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	COVERED	QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	COVERED	QL (1 EA per 1 day)
<i>triumeq pd oral tablet soluble 60-5-30 mg</i>	COVERED	QL (6 EA per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG (<i>abacavir-lamivudine-zidovudine</i>)	COVERED	QL (2 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofov df</i>)	COVERED	QL (1 EA per 1 day)
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	COVERED	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	COVERED	QL (30 ML per 1 day)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	COVERED	QL (4 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG (<i>maraviroc</i>)	COVERED	QL (2 EA per 1 day)
*ANTIRETROVIRALS - FUSION INHIBITORS***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	COVERED	PA
*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR***		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	COVERED	QL (2 EA per 1 day)
*ANTIRETROVIRALS - INTEGRASE INHIBITORS***		
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	COVERED	QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	COVERED	QL (12 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	COVERED	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG (<i>raltegravir potassium</i>)	COVERED	QL (12 EA per 1 day)

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ISENTRESS ORAL TABLET CHEWABLE 25 MG (<i>raltegravir potassium</i>)	COVERED	QL (2 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG (<i>dolutegravir sodium</i>)	COVERED	QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	COVERED	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	COVERED	QL (6 EA per 1 day)
*ANTIRETROVIRALS - PROTEASE INHIBITORS***		
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	COVERED	QL (4 EA per 1 day)
APTIVUS ORAL SOLUTION 100 MG/ML (<i>tipranavir</i>)	COVERED	QL (10 ML per 1 day)
<i>atazanavir sulfate oral capsule 150 mg</i>	COVERED	QL (2 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG (<i>indinavir sulfate</i>)	COVERED	QL (12 EA per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG (<i>indinavir sulfate</i>)	COVERED	QL (6 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	COVERED	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG (<i>saquinavir mesylate</i>)	COVERED	QL (4 EA per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML (<i>ritonavir</i>)	COVERED	QL (15 ML per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	COVERED	QL (8 ML per 1 day)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	COVERED	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG (<i>darunavir</i>)	COVERED	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	COVERED	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG (<i>darunavir</i>)	COVERED	QL (1 EA per 1 day)
REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>)	COVERED	QL (2 EA per 1 day)
REYATAZ ORAL CAPSULE 300 MG (<i>atazanavir sulfate</i>)	COVERED	QL (1 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	COVERED	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	COVERED	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	COVERED	QL (4 EA per 1 day)
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES***		
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	COVERED	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	COVERED	QL (3 EA per 1 day)
<i>etravirine oral tablet 100 mg</i>	COVERED	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	COVERED	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	COVERED	QL (4 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	COVERED	QL (3 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	COVERED	QL (1 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>	COVERED	QL (40 ML per 1 day)
<i>nevirapine oral tablet 200 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	COVERED	QL (1 EA per 1 day)
SUSTIVA ORAL TABLET 600 MG (<i>efavirenz</i>)	COVERED	QL (1 EA per 1 day)

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*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	COVERED	QL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	COVERED	QL (1 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES***		
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	COVERED	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	COVERED	QL (20 ML per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	COVERED	QL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	COVERED	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	COVERED	QL (1 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES***		
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	COVERED	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	COVERED	QL (6 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	COVERED	QL (60 ML per 1 day); MAIL
<i>zidovudine oral tablet 300 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES***		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	COVERED	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	COVERED	QL (7.5 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	COVERED	QL (1 EA per 1 day)
*ANTIRETROVIRALS ADJUVANTS***		
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	COVERED	QL (1 EA per 1 day)
*ANTIVIRAL COMBINATIONS***		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	COVERED	QL (30 EA per 25 days); AGE (Min 18 Years); MAX 5 days/fill
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	COVERED	QL (30 EA per 25 days); AGE (Min 18 Years); MAX 5 days/fill
*CMV AGENTS***		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	COVERED	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	COVERED	PA
*HEPATITIS B AGENTS***		
<i>adefovir dipivoxil oral tablet 10 mg</i>	COVERED	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	COVERED	QL (1 EA per 1 day)

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<i>lamivudine oral tablet 100 mg</i>	COVERED	QL (3 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	COVERED	PA
*HEPATITIS C AGENT - COMBINATIONS***		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	COVERED	PA; QL (1 EA per 1 day)
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	COVERED	QL (3 EA per 1 day); MAX QTY 168 in 999 DAYS
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 12 Years)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	COVERED	PA; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	COVERED	PA; QL (1 EA per 1 day)
*HEPATITIS C AGENTS***		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	COVERED	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	COVERED	PA
PEG-INTRON SUBCUTANEOUS KIT 50 MCG/0.5ML (<i>peginterferon alfa-2b</i>)	COVERED	PA
<i>ribavirin oral capsule 200 mg</i>	COVERED	PA
<i>ribavirin oral tablet 200 mg</i>	COVERED	PA
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	COVERED	PA; QL (1 EA per 1 day)
*HERPES AGENTS - PURINE ANALOGUES***		
<i>acyclovir oral capsule 200 mg</i>	COVERED	QL (5 EA per 1 day)
<i>acyclovir oral suspension 200 mg/5ml</i>	COVERED	QL (25 ML per 1 day)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	COVERED	QL (5 EA per 1 day)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	COVERED	QL (8 EA per 1 day)
*HERPES AGENTS - THYMIDINE ANALOGUES***		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	COVERED	QL (3 EA per 1 day)
*INFLUENZA AGENTS***		
<i>rimantadine hcl oral tablet 100 mg</i>	COVERED	QL (2 EA per 1 day)
*NEURAMINIDASE INHIBITORS***		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	COVERED	QL (10 EA per 5 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	COVERED	QL (180 ML per 5 days); AGE (Max 12 Years)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	COVERED	QL (20 EA per 1 day)
BETA BLOCKERS		
*ALPHA-BETA BLOCKERS***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>labetalol hcl oral tablet 100 mg, 200 mg</i>	COVERED	QL (4 EA per 1 day); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl oral tablet 300 mg</i>	COVERED	QL (8 EA per 1 day); MAIL
*BETA BLOCKERS CARDIO-SELECTIVE***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	COVERED	QL (16 EA per 1 day)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	COVERED	QL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>metoprolol succinate er oral tablet extended release 24 hour 50 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
*BETA BLOCKERS NON-SELECTIVE***		
<i>nadolol oral tablet 20 mg, 40 mg</i>	COVERED	QL (3 EA per 1 day)
<i>nadolol oral tablet 80 mg</i>	COVERED	QL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg</i>	COVERED	QL (3 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	COVERED	QL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>propranolol hcl oral solution 20 mg/5ml</i>	COVERED	QL (20 ML per 1 day); MAIL
<i>propranolol hcl oral solution 40 mg/5ml</i>	COVERED	MAIL
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	COVERED	QL (6 EA per 1 day); MAIL
<i>propranolol hcl oral tablet 60 mg</i>	COVERED	QL (6 EA per 1 day)
<i>sotalol hcl (af) oral tablet 120 mg, 80 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>sotalol hcl (af) oral tablet 160 mg</i>	COVERED	QL (2 EA per 1 day)
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	COVERED	QL (2 EA per 1 day)
CALCIUM CHANNEL BLOCKERS		
*CALCIUM CHANNEL BLOCKERS***		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	COVERED	QL (2 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	COVERED	QL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	COVERED	QL (2 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	COVERED	QL (2 EA per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	COVERED	QL (4 EA per 1 day); MAIL

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<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	COVERED	AGE (Min 6 Years and Max 12 Years)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	COVERED	QL (1 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	COVERED	QL (2 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	COVERED	QL (2 EA per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Max 64 Years)
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	COVERED	AGE (Min 6 Years and Max 12 Years)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG (<i>diltiazem hcl er beads</i>)	COVERED	QL (2 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
<i>verapamil hcl oral tablet 120 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
<i>verapamil hcl oral tablet 40 mg</i>	COVERED	QL (4 EA per 1 day)
<i>verapamil hcl oral tablet 80 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
CARDIOTONICS		
*CARDIAC GLYCOSIDES***		
<i>digoxin oral solution 0.05 mg/ml</i>	COVERED	AGE (Max 12 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	COVERED	QL (1 EA per 1 day)
CARDIOVASCULAR AGENTS - MISC.		
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (<i>sacubitril-valsartan</i>)	COVERED	PA; QL (8 EA per 1 day)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	COVERED	PA
*PERIPHERAL VASODILATORS***		
<i>niacin flush free oral capsule 500 mg</i>	COVERED	
*PROSTAGLANDIN VASODILATORS***		
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	COVERED	PA
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	COVERED	PA; QL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	COVERED	QL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	COVERED	PA; QL (1 EA per 1 day)

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TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	COVERED	PA
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***		
<i>sildenafil citrate oral tablet 20 mg</i>	COVERED	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 (<i>selexipag</i>)	COVERED	PA; QL (2 EA per 1 day)
*SINUS NODE INHIBITORS**		
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	COVERED	PA
CEPHALOSPORINS		
*CEPHALOSPORINS - 1ST GENERATION***		
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	COVERED	AGE (Max 12 Years)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	COVERED	QL (6 EA per 1 day)
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	COVERED	AGE (Max 12 Years)
*CEPHALOSPORINS - 2ND GENERATION***		
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	COVERED	AGE (Max 12 Years)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	COVERED	QL (2 EA per 1 day); MAX 10 DAYS
*CEPHALOSPORINS - 3RD GENERATION***		
<i>cefdinir oral capsule 300 mg</i>	COVERED	QL (2 EA per 1 day)
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	COVERED	AGE (Max 12 Years)
CHEMICALS		
*BULK CHEMICALS - BU'S***		
<i>budesonide powder</i>	COVERED	
*BULK CHEMICALS - ET'S***		
<i>ethyl oleate liquid</i>	COVERED	
*BULK CHEMICALS - PR'S***		
<i>progesterone micronized powder</i>	COVERED	
*FIXED OILS***		
<i>sesame oil oil</i>	COVERED	
*LIQUIDS***		
<i>benzyl benzoate liquid</i>	COVERED	AGE (Min 16 Years and Max 60 Years)

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Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES		
*BIPHASIC CONTRACEPTIVES - ORAL***		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	COVERED	
*COMBINATION CONTRACEPTIVES - ORAL***		
<i>norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)</i>	COVERED	
<i>norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)</i>	COVERED	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	COVERED	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	COVERED	
<i>ethynodiol diac-eth estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)</i>	COVERED	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	COVERED	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	COVERED	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	COVERED	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	COVERED	
<i>norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	COVERED	
<i>norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)</i>	COVERED	
<i>levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)</i>	COVERED	
<i>desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)</i>	COVERED	
<i>drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)</i>	COVERED	
*COMBINATION CONTRACEPTIVES - TRANSDERMAL***		
<i>norelgestromin-eth estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)</i>	COVERED	QL (0.143 EA per 1 day)
*COMBINATION CONTRACEPTIVES - VAGINAL***		
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	COVERED	QL (0.5 EA per 1 day)
*COPPER CONTRACEPTIVES - IUD***		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	COVERED	QL (1 EA per 999 days); 1 per 999 days
*EMERGENCY CONTRACEPTIVES***		
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	COVERED	MAX 4 FILLS PER YEAR
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	COVERED	QL (1 EA per 1 day); MAX 4 FILLS/YEAR

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*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***		
<i>levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)</i>	COVERED	
<i>levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)</i>	COVERED	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	COVERED	
*PROGESTIN CONTRACEPTIVES - IMPLANTS***		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	COVERED	QL (1 EA per 999 days)
*PROGESTIN CONTRACEPTIVES - INJECTABLE***		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	COVERED	QL (4 ML per 365 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	COVERED	QL (1 ML per 84 days)
*PROGESTIN CONTRACEPTIVES - IUD***		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	COVERED	QL (1 EA per 999 days)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	COVERED	QL (1 EA per 999 days)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	COVERED	QL (1 EA per 999 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	COVERED	QL (1 EA per 999 days)
*PROGESTIN CONTRACEPTIVES - ORAL***		
<i>norethindrone oral tablet 0.35 mg</i>	COVERED	QL (1.34 EA per 1 day)
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	COVERED	QL (364 EA per 365 days)
*TRIPHASIC CONTRACEPTIVES - ORAL***		
<i>levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)</i>	COVERED	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	COVERED	
<i>norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	COVERED	
<i>norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)</i>	COVERED	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	COVERED	
CORTICOSTEROIDS		
*GLUCOCORTICOSTEROIDS***		
<i>methylprednisolone sodium succ (A-Methapred Injection Solution Reconstituted 125 Mg, 40 Mg)</i>	COVERED	
<i>budesonide oral capsule delayed release particles 3 mg</i>	COVERED	

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DEPO-MEDROL INJECTION SUSPENSION 40 MG/ML, 80 MG/ML (methylprednisolone acetate)	COVERED	
dexamethasone oral elixir 0.5 mg/5ml	COVERED	QL (60 ML per 1 day)
dexamethasone oral solution 0.5 mg/5ml	COVERED	
dexamethasone oral tablet 0.5 mg	COVERED	QL (12 EA per 1 day)
dexamethasone oral tablet 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	COVERED	QL (10 EA per 1 day)
dexamethasone sod phos + rfid injection solution prefilled syringe 4 mg/ml	COVERED	
dexamethasone sodium phosphate injection solution 4 mg/ml	COVERED	
dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml	COVERED	
hydrocortisone oral tablet 10 mg	COVERED	QL (12 EA per 1 day)
hydrocortisone oral tablet 20 mg	COVERED	QL (6 EA per 1 day)
hydrocortisone oral tablet 5 mg	COVERED	QL (24 EA per 1 day)
hydrocortisone sod suc (pf) injection solution reconstituted 100 mg	COVERED	
methylprednisolone acetate injection suspension 40 mg/ml, 50 mg/ml, 80 mg/ml	COVERED	
methylprednisolone acetate powder	COVERED	
methylprednisolone oral tablet 32 mg	COVERED	QL (2 EA per 1 day)
methylprednisolone powder	COVERED	
methylprednisolone sodium succ injection solution reconstituted 1 gm, 1000 mg, 125 mg, 40 mg, 500 mg	COVERED	
prednisolone oral solution 15 mg/5ml	COVERED	
prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml	COVERED	
prednisone oral solution 5 mg/5ml	COVERED	QL (60 ML per 1 day)
prednisone oral tablet 1 mg	COVERED	QL (10 EA per 1 day)
prednisone oral tablet 10 mg	COVERED	QL (9 EA per 1 day)
prednisone oral tablet 2.5 mg	COVERED	QL (8 EA per 1 day)
prednisone oral tablet 20 mg	COVERED	QL (6 EA per 1 day)
prednisone oral tablet 5 mg	COVERED	QL (16 EA per 1 day)
prednisone oral tablet 50 mg	COVERED	QL (3 EA per 1 day)
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	COVERED	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG (hydrocortisone sod succinate)	COVERED	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG (methylprednisolone sodium succ)	COVERED	

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*MINERALOCORTICOIDS***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	COVERED	QL (5 EA per 1 day)
COUGH/COLD/ALLERGY		
*ANTITUSSIVE - NONNARCOTIC***		
<i>benzonatate oral capsule 100 mg</i>	COVERED	QL (6 EA per 1 day)
<i>benzonatate oral capsule 200 mg</i>	COVERED	QL (5 EA per 1 day)
<i>cough relief oral liquid 15 mg/5ml</i>	COVERED	
*ANTITUSSIVE - OPIOID***		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	COVERED	QL (60 ML per 1 day)
*ANTITUSSIVE-DECONGESTANT-ANALGESIC***		
<i>cold & flu relief daytime oral capsule 10-5-325 mg</i>	COVERED	
<i>cold multi-symptom daytime oral tablet 10-5-325 mg</i>	COVERED	
<i>day-time cold/flu relief oral liquid 10-5-325 mg/15ml</i>	COVERED	
<i>flu/severe cold & cough day oral packet 20-10-650 mg</i>	COVERED	
<i>pain relief cold pe day oral tablet 15-5-325 mg</i>	COVERED	
*ANTITUSSIVE-EXPECTORANT***		
<i>childrens mucus relief cough oral liquid 5-100 mg/5ml</i>	COVERED	
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	COVERED	QL (180 ML per 25 days)
<i>dextromethorphan-guaifenesin oral tablet 20-400 mg</i>	COVERED	
<i>dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg</i>	COVERED	
<i>guaifenesin dm cough & chest oral liquid† 10-200 mg/5ml</i>	COVERED	QL (240 ML per 25 days)
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	COVERED	QL (60 ML per 1 day); AGE (Min 2 Years)
<i>intense cough reliever oral liquid 20-300 mg/5ml, 30-200 mg/5ml</i>	COVERED	
MUCINEX COUGH FOR KIDS ORAL PACKET 5-100 MG (dextromethorphan-guaifenesin)	COVERED	
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	COVERED	QL (2 EA per 1 day)
<i>tussin dm oral liquid 100-10 mg/5ml</i>	COVERED	QL (240 ML per 25 days)
VICKS DAYQUIL MUCUS CONTROL DM ORAL LIQUID 10-200 MG/15ML (dextromethorphan-guaifenesin)	COVERED	
*DECONGESTANT & ANTIHISTAMINE***		
<i>allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	COVERED	QL (2 EA per 1 day)
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	COVERED	QL (2 EA per 1 day)
<i>childrens cold & allergy oral elixir 1-2.5 mg/5ml</i>	COVERED	
<i>childs cold/allergy oral elixir 1-15 mg/5ml</i>	COVERED	QL (480 ML per 25 days)

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<i>cold/allergy pe oral tablet 4-10 mg</i>	COVERED	
DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID 6.25-2.5 MG/5ML (<i>diphenhydramine-phenylephrine</i>)	COVERED	QL (180 ML per 25 days)
<i>diphenhydramine-phenylephrine oral tablet 25-10 mg</i>	COVERED	QL (6 EA per 1 day)
DRIXORAL COLD/ALLERGY ORAL TABLET EXTENDED RELEASE 12 HOUR 6-120 MG (<i>dexbrompheniramine-pseudoeph</i>)	COVERED	
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	COVERED	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	COVERED	
<i>glenmax peb oral liquid 4-10 mg/5ml</i>	COVERED	
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	COVERED	QL (1 EA per 1 day)
<i>nohist-lq oral liquid 4-10 mg/5ml</i>	COVERED	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	COVERED	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>tri-pseudaphed oral tablet 2.5-60 mg</i>	COVERED	
*DECONGESTANT W/ EXPECTORANT***		
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Min 4 Years)
*DECONGESTANT-ANALGESIC***		
<i>cold tablets oral tablet 30-325 mg</i>	COVERED	
<i>daytime sinus congestion oral capsule 5-325 mg</i>	COVERED	
<i>flu/severe cold daytime oral packet 10-650 mg</i>	COVERED	
<i>ibuprofen and pse cold & sinus oral tablet 200-30 mg</i>	COVERED	
*EXPECTORANTS***		
<i>chest congestion relief oral tablet 400 mg</i>	COVERED	AGE (Min 4 Years)
GILTUSS EX EXPECTORANT CHILD ORAL LIQUID 200 MG/5ML (<i>guaifenesin</i>)	COVERED	
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	COVERED	QL (2 EA per 1 day)
<i>guaifenesin oral liquid 100 mg/5ml</i>	COVERED	
<i>guaifenesin oral syrup 100 mg/5ml</i>	COVERED	AGE (Min 4 Years)
<i>guaifenesin oral tablet 200 mg</i>	COVERED	AGE (Min 4 Years)
*MISC. RESPIRATORY INHALANTS***		
<i>sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %</i>	COVERED	
*MUCOLYTICS***		
<i>acetylcysteine inhalation solution 20 %</i>	COVERED	QL (120 ML per 1 day)
*NON-NARC ANTITUSSIVE-ANTI HISTAMINE***		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	COVERED	QL (180 ML per 25 days); AGE (Min 4 Years)

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*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTI-HISTAMINE***		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	COVERED	QL (60 ML per 1 day)
*OPIOID ANTITUSSIVE-ANTI-HISTAMINE***		
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	COVERED	QL (240 ML per 25 days); AGE (Min 2 Years and Max 64 Years)
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTI-HISTAMINE***		
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	COVERED	QL (60 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
DERMATOLOGICALS		
*ACNE ANTIBIOTICS***		
<i>clindamycin phosphate external gel 1 %</i>	COVERED	ST; QL (60 GM per 25 days); PRIOR USE DIFFERIN OTC AND CLINDA SOLN
<i>clindamycin phosphate external lotion 1 %</i>	COVERED	ST; QL (10 ML per 1 day); PRIOR USE DIFFERIN OTC AND CLINDA SOLN
<i>clindamycin phosphate external solution 1 %</i>	COVERED	QL (60 ML per 25 days)
<i>erythromycin external solution 2 %</i>	COVERED	QL (15 ML per 1 day)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	COVERED	PA; QL (118 ML per 25 days)
*ACNE PRODUCTS***		
<i>acne medication 10 external lotion 10 %</i>	COVERED	
<i>acne medication 5 external lotion 5 %</i>	COVERED	
<i>adapalene external gel 0.1 %</i>	COVERED	QL (45 GM per 25 days)
<i>benzoyl peroxide external gel 10 %, 5 %</i>	COVERED	
<i>benzoyl peroxide external gel 2.5 %</i>	COVERED	QL (60 GM per 25 days)
<i>benzoyl peroxide wash external liquid 10 %, 5 %</i>	COVERED	QL (240 GM per 25 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	COVERED	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	COVERED	ST; QL (45 GM per 25 days); AGE (Max 35 Years); PRIOR USE DIFFERIN OTC AND CLINDA SOLN OR ERYTHRO SOLN
<i>tretinoin external gel 0.01 %, 0.025 %</i>	COVERED	ST; QL (45 GM per 25 days); AGE (Max 35 Years); PRIOR USE DIFFERIN OTC AND CLINDA SOLN OR ERYTHRO SOLN

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*ANTIBIOTIC MIXTURES TOPICAL***		
POLYSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM (bacitracin-polymyxin b)	COVERED	
triple antibiotic external ointment	COVERED	
triple antibiotic pain relief external ointment 1 %	COVERED	
*ANTIBIOTICS - TOPICAL***		
bacitracin external ointment 500 unit/gm	COVERED	
bacitracin zinc external ointment 500 unit/gm	COVERED	
gentamicin sulfate external cream 0.1 %	COVERED	QL (30 GM per 25 days)
gentamicin sulfate external ointment 0.1 %	COVERED	QL (30 GM per 25 days)
mupirocin external ointment 2 %	COVERED	QL (44 GM per 25 days)
*ANTIFUNGALS - TOPICAL***		
antifungal (tolnaftate) external cream 1 %	COVERED	QL (60 GM per 30 days)
BLIS-TO-SOL EXTERNAL LIQUID 1 % (tolnaftate)	COVERED	QL (151 ML per 30 days)
ciclopirox external solution 8 %	COVERED	QL (6.6 ML per 25 days)
ciclopirox olamine external cream 0.77 %	COVERED	QL (20 GM per 1 day)
ciclopirox olamine external suspension 0.77 %	COVERED	QL (60 ML per 25 days)
cvs athletes foot (tolnaftate) external aerosol powder 1 %	COVERED	QL (133 GM per 30 days)
nystatin external cream 100000 unit/gm	COVERED	QL (90 GM per 25 days)
nystatin external ointment 100000 unit/gm	COVERED	QL (90 GM per 25 days)
nystatin (Nystop External Powder 100000 Unit/Gm)	COVERED	QL (30 GM per 25 days)
terbinafine hcl external cream 1 %	COVERED	QL (30 GM per 25 days)
tolnaftate external powder 1 %	COVERED	QL (67.5 GM per 30 days)
*ANTI-INFLAMMATORY AGENTS - TOPICAL***		
diclofenac sodium external gel 1 %	COVERED	QL (200 GM per 25 days)
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***		
fluorouracil external cream 5 %	COVERED	
*ANTIPSORIATICS - SYSTEMIC***		
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	COVERED	QL (2 ML per 24 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	COVERED	QL (2 ML per 24 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	COVERED	QL (1 ML per 24 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	COVERED	QL (1 ML per 24 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (secukinumab)	COVERED	QL (0.5 ML per 24 days)
*ANTIPSORIATICS***		
calcipotriene external cream 0.005 %	COVERED	PA

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<i>calcipotriene external ointment 0.005 %</i>	COVERED	PA
<i>calcipotriene external solution 0.005 %</i>	COVERED	PA
*ANTISEBORRHEIC PRODUCTS***		
<i>anti-dandruff external shampoo 1 %</i>	COVERED	
<i>selenium sulfide external lotion 2.5 %</i>	COVERED	
*ANTIVIRALS - TOPICAL***		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	COVERED	QL (2 GM per 15 days)
<i>acyclovir external ointment 5 %</i>	COVERED	PA
*BURN PRODUCTS***		
<i>silver sulfadiazine external cream 1 %</i>	COVERED	
*CORTICOSTEROIDS - TOPICAL***		
<i>alclometasone dipropionate external cream 0.05 %</i>	COVERED	QL (60 GM per 25 days); LOW POTENCY STEROID
<i>alclometasone dipropionate external ointment 0.05 %</i>	COVERED	QL (60 GM per 25 days)
<i>anti-itch maximum strength external cream 1 %</i>	COVERED	QL (60 GM per 25 days)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	COVERED	QL (50 GM per 25 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	COVERED	QL (50 GM per 25 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	COVERED	QL (60 ML per 25 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	COVERED	QL (50 GM per 25 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	COVERED	QL (60 GM per 25 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	COVERED	QL (60 ML per 25 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	COVERED	QL (45 GM per 25 days)
<i>betamethasone valerate external cream 0.1 %</i>	COVERED	QL (45 GM per 25 days)
<i>betamethasone valerate external lotion 0.1 %</i>	COVERED	QL (60 ML per 25 days)
<i>betamethasone valerate external ointment 0.1 %</i>	COVERED	QL (45 GM per 25 days)
<i>clobetasol propionate external solution 0.05 %</i>	COVERED	QL (50 ML per 25 days)
<i>cvs cortisone maximum strength external gel 1 %</i>	COVERED	
<i>desonide external cream 0.05 %</i>	COVERED	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>desonide external ointment 0.05 %</i>	COVERED	QL (60 GM per 25 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	COVERED	QL (120 ML per 25 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	COVERED	QL (60 GM per 25 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	COVERED	QL (60 GM per 25 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	COVERED	QL (120 ML per 25 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	COVERED	QL (60 GM per 25 days)
<i>fluocinonide external cream 0.05 %</i>	COVERED	QL (60 GM per 25 days)
<i>fluocinonide external gel 0.05 %</i>	COVERED	QL (60 GM per 25 days)

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<i>fluocinonide external ointment 0.05 %</i>	COVERED	ST; QL (60 GM per 25 days); PRIOR USE MOMETASONE AND FLUCINOLONE CREAM
<i>fluocinonide external solution 0.05 %</i>	COVERED	QL (60 ML per 25 days)
<i>fluticasone propionate external cream 0.05 %</i>	COVERED	QL (60 GM per 25 days)
<i>fluticasone propionate external ointment 0.005 %</i>	COVERED	QL (60 GM per 25 days)
<i>halobetasol propionate external cream 0.05 %</i>	COVERED	QL (50 GM per 25 days)
<i>halobetasol propionate external ointment 0.05 %</i>	COVERED	QL (50 GM per 25 days)
<i>hydrocortisone acetate external cream 1 %</i>	COVERED	
<i>hydrocortisone external cream 0.5 %, 2.5 %</i>	COVERED	QL (60 GM per 25 days)
<i>hydrocortisone external lotion 1 %</i>	COVERED	
<i>hydrocortisone external lotion 2.5 %</i>	COVERED	QL (60 ML per 25 days)
<i>hydrocortisone external ointment 0.5 %, 1 %, 2.5 %</i>	COVERED	QL (60 GM per 25 days)
<i>mometasone furoate external cream 0.1 %</i>	COVERED	QL (45 GM per 25 days)
<i>mometasone furoate external ointment 0.1 %</i>	COVERED	QL (45 GM per 25 days)
<i>mometasone furoate external solution 0.1 %</i>	COVERED	QL (60 ML per 25 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	COVERED	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	COVERED	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	COVERED	
<i>triamcinolone acetonide powder</i>	COVERED	
*EMOLLIENTS***		
<i>ammonium lactate external cream 12 %</i>	COVERED	QL (280 GM per 25 days)
<i>ammonium lactate external lotion 12 %</i>	COVERED	QL (225 GM per 25 days)
HYDROLATUM EXTERNAL OINTMENT (<i>emollient</i>)	COVERED	
*ENZYMES - TOPICAL***		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	COVERED	PA; QL (2 GM per 1 day)
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***		
ALOE VESTA ANTIFUNGAL EXTERNAL OINTMENT 2 % (<i>miconazole nitrate</i>)	COVERED	QL (113 GM per 30 days)
<i>antifungal (clotrimazole) external cream 1 %</i>	COVERED	QL (60 GM per 30 days)
<i>antifungal external powder 2 %</i>	COVERED	QL (90 GM per 30 days)
<i>athletes foot powder spray external aerosol powder 2 %</i>	COVERED	QL (133 GM per 30 days)
<i>clotrimazole external solution 1 %</i>	COVERED	QL (60 ML per 30 days)
<i>ketoconazole external cream 2 %</i>	COVERED	QL (60 GM per 25 days)
<i>ketoconazole external shampoo 2 %</i>	COVERED	QL (120 ML per 25 days)
<i>miconazole antifungal external cream 2 %</i>	COVERED	QL (150 GM per 25 days)

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*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL***		
<i>imiquimod external cream 5 %</i>	COVERED	PA; QL (24 EA per 25 days)
*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS***		
<i>podofilox external solution 0.5 %</i>	COVERED	QL (7 ML per 180 days)
*LOCAL ANESTHETICS - TOPICAL***		
<i>arthritis pain relieving external cream 0.075 %</i>	COVERED	
<i>capsaicin external cream 0.025 %, 0.075 %, 0.1 %</i>	COVERED	
<i>capsaicin hp external cream 0.1 %</i>	COVERED	
<i>dibucaine external ointment 1 %</i>	COVERED	
<i>lidocaine hcl (Glydo External Prefilled Syringe 2 %)</i>	COVERED	
<i>lidocaine external cream 4 %</i>	COVERED	
<i>lidocaine external patch 5 %</i>	COVERED	PA; QL (3 EA per 1 day)
<i>lidocaine hcl external solution 4 %</i>	COVERED	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	COVERED	
<i>lidocaine pain relief max st external patch 4 %</i>	COVERED	QL (4 EA per 1 day)
<i>lidocaine hcl (Proxivol External Gel 2 %)</i>	COVERED	
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL***		
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	COVERED	PA; QL (2 GM per 1 day)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	COVERED	PA; QL (30 GM per 25 days)
*MISC. TOPICAL COMBINATIONS***		
ZINC-OXYDE PLUS EXTERNAL OINTMENT 0.44-20 % (<i>menthol-zinc oxide</i>)	COVERED	
*MISC. TOPICAL***		
DRYSOL EXTERNAL SOLUTION 20 % (<i>aluminum chloride</i>)	COVERED	
*ROSACEA AGENTS***		
<i>metronidazole external cream 0.75 %</i>	COVERED	
<i>metronidazole external gel 0.75 %</i>	COVERED	
<i>metronidazole external lotion 0.75 %</i>	COVERED	
*SCABICIDE COMBINATIONS***		
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	COVERED	
<i>sb lice treatment external liquid 0.3-3 %</i>	COVERED	
<i>stop lice complete treatment combination kit 0.33-4-0.5 %</i>	COVERED	
*SCABICIDES & PEDICULICIDES***		
<i>crotan external lotion 10 %</i>	COVERED	
<i>lice treatment creme rinse external liquid 1 %</i>	COVERED	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	COVERED	QL (59 ML per 25 days)
<i>permethrin external cream 5 %</i>	COVERED	
<i>ra lice treatment external lotion 1 %</i>	COVERED	

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<i>spinosad external suspension 0.9 %</i>	COVERED	QL (120 ML per 25 days)
<i>stop lice aerosol 0.5 %</i>	COVERED	
*SKIN PROTECTANTS***		
MINERIN CREME EXTERNAL CREAM (<i>skin protectants, misc.</i>)	COVERED	
*TOPICAL ANESTHETIC COMBINATIONS***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	COVERED	QL (60 GM per 25 days)
*TOPICAL STEROID COMBINATIONS***		
<i>hydrocortisone-aloe external cream 0.5 %, 1 %</i>	COVERED	
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC DRUGS***		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG (<i>thyrotropin alfa</i>)	COVERED	PA; QL (2 EA per 180 days)
*DIAGNOSTIC TESTS***		
<i>cvs digital pregnancy test in vitro diagnostic test</i>	COVERED	QL (10 single test packs per 365 days; 5 two-test packs per 365 days)
<i>cvs early pregnancy in vitro diagnostic test</i>	COVERED	QL (10 single test packs per 365 days; 5 two-test packs per 365 days)
<i>cvs early result pregnancy in vitro diagnostic test</i>	COVERED	QL (10 single test packs per 365 days; 5 two-test packs per 365 days)
<i>cvs one step pregnancy in vitro diagnostic test</i>	COVERED	QL (10 single test packs per 365 days; 5 two-test packs per 365 days)
<i>cvs pregnancy test kit in vitro diagnostic test</i>	COVERED	QL (10 single test packs per 365 days; 5 two-test packs per 365 days)
<i>digital pregnancy in vitro diagnostic test</i>	COVERED	QL (10 single test packs per 365 days; 5 two-test packs per 365 days)
<i>early pregnancy in vitro diagnostic test</i>	COVERED	QL (10 single test packs per 365 days; 5 two-test packs per 365 days)
<i>early result pregnancy in vitro diagnostic test</i>	COVERED	QL (10 single test packs per 365 days; 5 two-test packs per 365 days)
<i>eq pregnancy test early result in vitro diagnostic test</i>	COVERED	QL (10 single test packs per 365 days; 5 two-test packs per 365 days)
<i>eq pregnancy test in vitro diagnostic test</i>	COVERED	QL (10 single test packs per 365 days; 5 two-test packs per 365 days)

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<i>eql one-step pregnancy in vitro diagnostic test</i>	COVERED	QL (10 single test packs per 365 days; 5 two-test packs per 365 days)
<i>eql pregnancy early result in vitro diagnostic test</i>	COVERED	QL (10 single test packs per 365 days; 5 two-test packs per 365 days)
<i>eql pregnancy test digital in vitro diagnostic test</i>	COVERED	QL (10 single test packs per 365 days; 5 two-test packs per 365 days)
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	COVERED	
<i>relion true metrix test strips in vitro strip</i>	COVERED	PA; QL (100 EA per 25 days)
<i>true metrix blood glucose test in vitro strip</i>	COVERED	PA; QL (100 EA per 25 days)
*INFECTION TESTS***		
BD VERITOR SYSTEM SARS-COV-2 IN VITRO KIT (<i>covid-19 antigen test</i>)	COVERED	QL (4 EA per 28 days)
<i>covid-19 at-home test in vitro kit</i>	COVERED	QL (4 EA per 28 days)
<i>covid-19 testing by pharmacist kit</i>	COVERED	QL (4 EA per 28 days)
CUE COVID-19 TEST IN VITRO CARTRIDGE (<i>covid-19 at home test</i>)	COVERED	QL (4 EA per 28 days)
CUE HEALTH MONITORING SYSTEM IN VITRO (<i>covid-19 at home test</i>)	COVERED	QL (4 EA per 28 days)
ID NOW COVID-19 2.0 TEST IN VITRO KIT (<i>covid-19 test</i>)	COVERED	QL (4 EA per 28 days)
ID NOW COVID-19 IN VITRO KIT (<i>covid-19 test</i>)	COVERED	QL (4 EA per 28 days)
LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT (<i>covid-19 at home test</i>)	COVERED	QL (4 EA per 28 days)
PIXEL COVID-19 PCR HOME TEST IN VITRO KIT (<i>covid-19 home test</i>)	COVERED	QL (4 EA per 28 days)
RAPID RESPONSE COVID-19 IN VITRO KIT (<i>covid-19 antibody test</i>)	COVERED	QL (4 EA per 28 days)
DIGESTIVE AIDS		
*DIGESTIVE ENZYMES***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	COVERED	QL (6 EA per 1 day)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	COVERED	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	COVERED	QL (6 EA per 1 day)

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DIURETICS		
*CARBONIC ANHYDRASE INHIBITORS***		
acetazolamide er oral capsule extended release 12 hour 500 mg	COVERED	QL (4 EA per 1 day)
acetazolamide oral tablet 125 mg, 250 mg	COVERED	QL (4 EA per 1 day)
*DIURETIC COMBINATIONS***		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	COVERED	QL (2 EA per 1 day); MAIL
spironolactone-hctz oral tablet 25-25 mg	COVERED	QL (4 EA per 1 day)
triamterene-hctz oral capsule 37.5-25 mg	COVERED	QL (2 EA per 1 day); MAIL
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	COVERED	QL (4 EA per 1 day); MAIL
*LOOP DIURETICS***		
bumetanide oral tablet 0.5 mg, 1 mg	COVERED	QL (2 EA per 1 day)
bumetanide oral tablet 2 mg	COVERED	QL (5 EA per 1 day)
furosemide oral solution 10 mg/ml, 8 mg/ml	COVERED	AGE (Max 12 Years)
furosemide oral tablet 20 mg, 40 mg, 80 mg	COVERED	QL (6 EA per 1 day); MAIL
toremide oral tablet 10 mg, 20 mg	COVERED	QL (4 EA per 1 day); MAIL
toremide oral tablet 100 mg, 5 mg	COVERED	QL (2 EA per 1 day); MAIL
*POTASSIUM SPARING DIURETICS***		
ALDACTONE ORAL TABLET 100 MG (<i>spironolactone</i>)	COVERED	QL (2 EA per 1 day); MAIL
ALDACTONE ORAL TABLET 25 MG (<i>spironolactone</i>)	COVERED	QL (8 EA per 1 day); MAIL
ALDACTONE ORAL TABLET 50 MG (<i>spironolactone</i>)	COVERED	QL (4 EA per 1 day); MAIL
amiloride hcl oral tablet 5 mg	COVERED	QL (4 EA per 1 day)
*THIAZIDES AND THIAZIDE-LIKE DIURETICS***		
chlorthalidone oral tablet 25 mg, 50 mg	COVERED	QL (4 EA per 1 day)
hydrochlorothiazide oral capsule 12.5 mg	COVERED	QL (2 EA per 1 day); MAIL
hydrochlorothiazide oral tablet 12.5 mg	COVERED	QL (2 EA per 1 day)
hydrochlorothiazide oral tablet 25 mg	COVERED	QL (8 EA per 1 day); MAIL
hydrochlorothiazide oral tablet 50 mg	COVERED	QL (4 EA per 1 day); MAIL
indapamide oral tablet 1.25 mg, 2.5 mg	COVERED	QL (2 EA per 1 day); MAIL
metolazone oral tablet 10 mg	COVERED	QL (2 EA per 1 day)
metolazone oral tablet 2.5 mg, 5 mg	COVERED	QL (4 EA per 1 day)
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS***		
mifepristone oral tablet 200 mg	COVERED	
*BISPHOSPHONATES***		
alendronate sodium oral tablet 10 mg, 5 mg	COVERED	QL (1 EA per 1 day); MAIL
alendronate sodium oral tablet 35 mg, 70 mg	COVERED	QL (4 EA per 28 days); MAIL
ibandronate sodium oral tablet 150 mg	COVERED	QL (0.0358 EA per 1 day)

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*CALCITONINS***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	COVERED	QL (1 ML per 1 day); AGE (Min 50 Years)
*CARNITINE REPLENISHER - AGENTS***		
<i>levocarnitine oral solution 1 gm/10ml</i>	COVERED	QL (60 ML per 1 day)
<i>levocarnitine oral tablet 330 mg</i>	COVERED	QL (18 EA per 1 day)
*DOPAMINE RECEPTOR AGONISTS***		
<i>cabergoline oral tablet 0.5 mg</i>	COVERED	
*GROWTH HORMONES***		
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	COVERED	PA
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	COVERED	QL (4 EA per 1 day)
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)***		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	COVERED	PA
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS***		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	COVERED	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (<i>leuprolide acetate (3 month)</i>)	COVERED	PA
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	COVERED	PA
*MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS***		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	COVERED	PA
*PARATHYROID HORMONE AND DERIVATIVES***		
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	COVERED	PA
*RANK LIGAND (RANKL) INHIBITORS***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	COVERED	PA
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***		
<i>raloxifene hcl oral tablet 60 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 50 Years)
*SOMATOSTATIC AGENTS***		
<i>octreotide acetate injection solution 100 mcg/ml</i>	COVERED	
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml</i>	COVERED	
<i>sandostatin injection solution 100 mcg/ml</i>	COVERED	

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SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	COVERED	
*VASOPRESSIN***		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	COVERED	PA
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	COVERED	PA
<i>desmopressin acetate oral tablet 0.1 mg</i>	COVERED	QL (4 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>	COVERED	QL (5 EA per 1 day)
<i>desmopressin acetate spray nasal solution 0.01 %</i>	COVERED	PA
ESTROGENS		
*ESTROGEN & PROGESTIN***		
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	COVERED	QL (1 EA per 1 day)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	COVERED	QL (1 EA per 1 day)
*ESTROGENS***		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	COVERED	AGE (Max 64 Years); MAIL
FLUOROQUINOLONES		
*FLUOROQUINOLONES***		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	COVERED	QL (2 EA per 1 day)
<i>levofloxacin oral solution 25 mg/ml</i>	COVERED	PA
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	COVERED	QL (1 EA per 1 day); MAX 10 DAYS
<i>moxifloxacin hcl oral tablet 400 mg</i>	COVERED	
GASTROINTESTINAL AGENTS - MISC.		
*ANTIFLATULENTS***		
<i>cvs infants gas relief oral suspension 20 mg/0.3ml</i>	COVERED	
<i>gas relief infants oral liquid 40 mg/0.6ml</i>	COVERED	
PHAZYME ORAL TABLET CHEWABLE 125 MG (<i>simethicone</i>)	COVERED	
<i>simethicone extra strength oral capsule 125 mg</i>	COVERED	
<i>simethicone oral tablet chewable 80 mg</i>	COVERED	
<i>simethicone ultra strength oral capsule 180 mg</i>	COVERED	
*GALLSTONE SOLUBILIZING AGENTS***		
<i>ursodiol oral capsule 300 mg</i>	COVERED	QL (2 EA per 1 day)
<i>ursodiol oral tablet 250 mg</i>	COVERED	QL (4 EA per 1 day)
<i>ursodiol oral tablet 500 mg</i>	COVERED	QL (2 EA per 1 day)
*GASTROINTESTINAL STIMULANTS***		
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	COVERED	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	COVERED	QL (6 EA per 1 day)
*INFLAMMATORY BOWEL AGENTS***		
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	COVERED	QL (10 EA per 1 day)
<i>balsalazide disodium oral capsule 750 mg</i>	COVERED	

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mesalamine er oral capsule extended release 24 hour 0.375 gm	COVERED	QL (4 EA per 1 day)
sulfasalazine oral tablet delayed release 500 mg	COVERED	QL (8 EA per 1 day)
*INTESTINAL ACIDIFIERS***		
lactulose encephalopathy oral solution 10 gm/15ml	COVERED	QL (180 ML per 1 day)
*PHOSPHATE BINDER AGENTS***		
calcium acetate (phos binder) oral capsule 667 mg	COVERED	
sevelamer carbonate oral tablet 800 mg	COVERED	ST
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-ALPHA REDUCTASE INHIBITORS***		
PROSCAR ORAL TABLET 5 MG (finasteride)	COVERED	QL (1 EA per 1 day); MAIL
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS***		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	COVERED	QL (1 EA per 1 day)
tamsulosin hcl oral capsule 0.4 mg	COVERED	QL (2 EA per 1 day); MAIL
*CITRATES***		
potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)	COVERED	QL (3 EA per 1 day)
potassium citrate er oral tablet extended release 15 meq (1620 mg)	COVERED	QL (4 EA per 1 day)
potassium citrate-citric acid oral solution 1100-334 mg/5ml	COVERED	
sod citrate-citric acid oral solution 500-334 mg/5ml	COVERED	
*GENITOURINARY IRRIGANTS***		
acetic acid irrigation solution 0.25 %	COVERED	
sodium chloride irrigation solution 0.9 %	COVERED	QL (1000 ML per 25 days)
*URINARY ANALGESICS***		
phenazopyridine hcl oral tablet 100 mg, 200 mg	COVERED	QL (3 EA per 1 day)
GOUT AGENTS		
*GOUT AGENT COMBINATIONS***		
colchicine-probenecid oral tablet 0.5-500 mg	COVERED	QL (3 EA per 1 day)
*GOUT AGENTS***		
allopurinol oral tablet 100 mg	COVERED	QL (6 EA per 1 day); MAIL
allopurinol oral tablet 300 mg	COVERED	QL (4 EA per 1 day); MAIL
colchicine oral tablet 0.6 mg	COVERED	QL (30 EA per 90 days); MAX 1 FILL/90 DAYS
*URICOSURICS***		
probenecid oral tablet 500 mg	COVERED	QL (3 EA per 1 day)
HEMATOLOGICAL AGENTS - MISC.		
*ANTIHEMOPHILIC PRODUCTS***		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 4000 UNIT (antihemophil factor (rahf-pfm))	COVERED	PA

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BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	COVERED	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	COVERED	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	COVERED	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	COVERED	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	COVERED	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	COVERED	PA
*HEMATORHEOLOGIC AGENTS***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	COVERED	QL (4 EA per 1 day)
*PHOSPHODIESTERASE III INHIBITORS***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	COVERED	QL (2 EA per 1 day)
*PLATELET AGGREGATION INHIBITOR COMBINATIONS***		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	COVERED	PA
*PLATELET AGGREGATION INHIBITORS***		
<i>dipyridamole oral tablet 25 mg</i>	COVERED	QL (10 EA per 1 day)
<i>dipyridamole oral tablet 50 mg</i>	COVERED	QL (8 EA per 1 day)
<i>dipyridamole oral tablet 75 mg</i>	COVERED	QL (4 EA per 1 day)
*THIENOPYRIDINE DERIVATIVES***		
<i>clopidogrel bisulfate oral tablet 75 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
HEMATOPOIETIC AGENTS		
*COBALAMINS***		
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	COVERED	
<i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg</i>	COVERED	
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg</i>	COVERED	
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	COVERED	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 (<i>darbepoetin alfa</i>)	COVERED	PA

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RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	COVERED	PA
*FOLIC ACID/FOLATES***		
<i>folic acid oral tablet 1 mg</i>	COVERED	QL (5 EA per 1 day); MAIL
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	COVERED	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 (<i>filgrastim-sndz</i>)	COVERED	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	COVERED	PA; QL (0.6 ML per 11 days)
*IRON COMBINATIONS***		
<i>foltrin oral capsule</i>	COVERED	QL (2 EA per 1 day)
HEMATOGEN ORAL CAPSULE (<i>iron combinations</i>)	COVERED	QL (2 EA per 1 day)
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	COVERED	QL (2 EA per 1 day)
*IRON***		
FERATE ORAL TABLET 240 (27 FE) MG (<i>ferrous gluconate</i>)	COVERED	
FER-IN-SOL ORAL SOLUTION 75 (15 FE) MG/ML (<i>ferrous sulfate</i>)	COVERED	
FERROCITE ORAL TABLET 324 MG (<i>ferrous fumarate</i>)	COVERED	
<i>ferrous gluconate oral tablet 324 (37.5 fe) mg, 324 (38 fe) mg</i>	COVERED	
<i>ferrous sulfate er oral tablet extended release 45 mg</i>	COVERED	
<i>ferrous sulfate oral elixir 220 (44 fe) mg/5ml</i>	COVERED	
<i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>	COVERED	
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml</i>	COVERED	
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg</i>	COVERED	
<i>ferrous sulfate oral tablet delayed release 325 (65 fe) mg</i>	COVERED	MAIL
<i>iron (ferrous sulfate) oral tablet 325 (65 fe) mg</i>	COVERED	QL (3 EA per 1 day); MAIL
NU-IRON ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>)	COVERED	QL (2 EA per 1 day)
<i>px iron oral tablet 200 (65 fe) mg</i>	COVERED	
SLOW FE ORAL TABLET EXTENDED RELEASE 142 (45 FE) MG (<i>ferrous sulfate</i>)	COVERED	
<i>slow release iron oral tablet extended release 160 (50 fe) mg, 50 mg</i>	COVERED	
<i>slow release iron oral tablet extended release 45 mg</i>	COVERED	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
*ANTI-HISTAMINE HYPNOTIC COMBINATIONS***		
<i>acetaminophen pm oral tablet 500-25 mg</i>	COVERED	
<i>cvs non-aspirin headache pm oral tablet 500-38 mg</i>	COVERED	

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*ANTI-HISTAMINE HYPNOTICS***		
<i>diphenhydramine hcl (sleep) oral tablet 50 mg</i>	COVERED	QL (1 EA per 1 day)
<i>sleep aid (diphenhydramine) oral tablet 25 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>sleep aid oral tablet 25 mg</i>	COVERED	QL (1 EA per 1 day)
*BARBITURATE HYPNOTICS***		
<i>phenobarbital oral elixir 20 mg/5ml</i>	COVERED	QL (50 ML per 1 day); AGE (Max 12 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 97.2 mg</i>	COVERED	QL (2 EA per 1 day)
<i>phenobarbital oral tablet 64.8 mg</i>	COVERED	QL (3 EA per 1 day)
*BENZODIAZEPINE HYPNOTICS***		
DORAL ORAL TABLET 15 MG (<i>quazepam</i>)	COVERED	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>estazolam oral tablet 1 mg, 2 mg</i>	COVERED	QL (1 EA per 1 day)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml</i>	COVERED	
<i>midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml</i>	COVERED	
<i>midazolam hcl oral syrup 2 mg/ml</i>	COVERED	
<i>midazolam injection solution prefilled syringe 2 mg/2ml, 3 mg/3ml, 5 mg/5ml</i>	COVERED	
<i>quazepam oral tablet 15 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	COVERED	QL (1 EA per 1 day)
<i>triazolam oral tablet 0.125 mg</i>	COVERED	QL (1 EA per 1 day)
<i>triazolam oral tablet 0.25 mg</i>	COVERED	QL (2 EA per 1 day)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG (<i>zolpidem tartrate</i>)	COVERED	PA; QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	COVERED	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
SONATA ORAL CAPSULE 10 MG (<i>zaleplon</i>)	COVERED	PA; QL (2 EA per 1 day); AGE (Min 18 Years)
SONATA ORAL CAPSULE 5 MG (<i>zaleplon</i>)	COVERED	PA; QL (4 EA per 1 day); AGE (Min 18 Years)
<i>zaleplon oral capsule 10 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 18 Years)

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<i>zaleplon oral capsule 5 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>	COVERED	QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet 10 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>zolpidem tartrate oral tablet 5 mg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 6 Years)
*OREXIN RECEPTOR ANTAGONISTS***		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)
LAXATIVES		
*BOWEL EVACUANT COMBINATIONS***		
<i>gavilyte-c oral solution reconstituted 240 gm</i>	COVERED	QL (4000 ML per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	COVERED	QL (4000 ML per 1 day)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	COVERED	QL (4000 ML per 1 day)
<i>peg-prep oral kit 5-210 mg-gm</i>	COVERED	QL (1 EA per 30 days)
*BULK LAXATIVES***		
BENEFIBER DRINK MIX ORAL PACKET (<i>wheat dextrin</i>)	COVERED	
BENEFIBER FOR CHILDREN ORAL POWDER (<i>wheat dextrin</i>)	COVERED	
CITRUCEL ORAL TABLET 500 MG (<i>methylcellulose (laxative)</i>)	COVERED	
<i>cvs daily fiber oral packet 58.6 %</i>	COVERED	
<i>daily fiber oral powder 43 %</i>	COVERED	
<i>fiber (corn dextrin) oral powder</i>	COVERED	
FIBERCON ORAL TABLET 625 MG (<i>calcium polycarbophil</i>)	COVERED	
HYDROCIL ORAL POWDER 95 % (<i>psyllium</i>)	COVERED	
<i>konsyl daily fiber oral packet 100 %</i>	COVERED	
<i>konsyl daily fiber oral powder 28.3 %</i>	COVERED	
METAMUCIL MULTIHEALTH FIBER ORAL PACKET 58.12 % (<i>psyllium</i>)	COVERED	
METAMUCIL ORAL PACKET 28 % (<i>psyllium</i>)	COVERED	
METAMUCIL ORAL WAFER (<i>psyllium</i>)	COVERED	
<i>natural fiber oral powder 58.6 %</i>	COVERED	
<i>natural psyllium seed oral powder 100 %</i>	COVERED	
<i>natural vegetable fiber oral powder 48.57 %</i>	COVERED	
<i>psyllium fiber oral capsule 0.52 gm</i>	COVERED	
<i>sb fib lax orange oral powder 33 %</i>	COVERED	
UNIFIBER ORAL POWDER (<i>cellulose</i>)	COVERED	
*LAXATIVES - MISCELLANEOUS***		
<i>glycerin (adult) rectal suppository 2 gm, 2.1 gm</i>	COVERED	
<i>glycerin (pediatric) rectal suppository 1.2 gm</i>	COVERED	

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<i>lactulose oral solution 10 gm/15ml</i>	COVERED	QL (180 ML per 1 day)
<i>peg 3350 oral powder 17 gm/scoop</i>	COVERED	QL (34 GM per 1 day)
<i>ra glycerin adult rectal suppository 80.7 %</i>	COVERED	
*LAXATIVES & DSS***		
<i>easy-lax plus oral tablet 8.6-50 mg</i>	COVERED	QL (6 EA per 1 day); MAIL
*LUBRICANT LAXATIVES***		
<i>enema mineral oil rectal enema</i>	COVERED	
<i>mineral oil oral oil</i>	COVERED	
*SALINE LAXATIVE MIXTURES***		
FLEET ENEMA RECTAL ENEMA 7-19 GM/118ML (<i>sodium phosphates</i>)	COVERED	
FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML (<i>sodium phosphates</i>)	COVERED	
*SALINE LAXATIVES***		
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	COVERED	
<i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i>	COVERED	
<i>milk of magnesia oral suspension 1200 mg/15ml</i>	COVERED	
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 800 MG/5ML (<i>magnesium hydroxide</i>)	COVERED	
*STIMULANT LAXATIVES***		
<i>bisacodyl oral tablet delayed release 5 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
<i>cvs chocolate laxative pieces oral tablet chewable 15 mg</i>	COVERED	
<i>gentle laxative rectal suppository 10 mg</i>	COVERED	QL (1 EA per 1 day)
<i>laxative max str oral tablet 25 mg</i>	COVERED	
<i>senna lax oral tablet 8.6 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>senna oral syrup 8.8 mg/5ml</i>	COVERED	
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG (<i>sennosides</i>)	COVERED	
*SURFACTANT LAXATIVES***		
<i>cvs stool softener oral capsule 50 mg</i>	COVERED	QL (2 EA per 1 day)
<i>docusate calcium oral capsule 240 mg</i>	COVERED	QL (2 EA per 1 day)
<i>docusate mini rectal enema 283 mg/5ml</i>	COVERED	
<i>docusate sodium oral capsule 250 mg</i>	COVERED	QL (6 EA per 1 day); MAIL
<i>docusate sodium oral liquid 50 mg/5ml</i>	COVERED	QL (30 ML per 1 day)
<i>docusate sodium oral syrup 60 mg/15ml</i>	COVERED	QL (30 ML per 1 day)
<i>docusate sodium oral tablet 100 mg</i>	COVERED	QL (6 EA per 1 day); MAIL
PEDIA-LAX ORAL LIQUID 50 MG/15ML (<i>docusate sodium</i>)	COVERED	QL (30 ML per 1 day)
<i>stool softener oral capsule 100 mg</i>	COVERED	QL (6 EA per 1 day); MAIL

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MACROLIDES		
*AZITHROMYCIN***		
<i>azithromycin oral packet 1 gm</i>	COVERED	QL (1 EA per 1 day); MAX 1 DAY
<i>azithromycin oral suspension reconstituted 100 mg/5ml</i>	COVERED	QL (20 ML per 1 day); AGE (Max 12 Years); MAX 1 FILL/45 DAYS
<i>azithromycin oral suspension reconstituted 200 mg/5ml</i>	COVERED	QL (30 ML per 1 day); AGE (Max 12 Years); MAX 1 FILL/45 DAYS
<i>azithromycin oral tablet 250 mg</i>	COVERED	QL (12 EA per 25 days)
<i>azithromycin oral tablet 500 mg</i>	COVERED	QL (6 EA per 25 days)
<i>azithromycin oral tablet 600 mg</i>	COVERED	QL (1 EA per 1 day)
*CLARITHROMYCIN***		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	COVERED	AGE (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	COVERED	
*ERYTHROMYCINS***		
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	COVERED	AGE (Max 12 Years)
MEDICAL DEVICES AND SUPPLIES		
*APPLICATORS,COTTON BALLS,ETC***		
<i>alcohol swabs pad 70 %</i>	COVERED	QL (200 EA per 25 days)
<i>essentra wipes 9x9" sheet 70 %</i>	COVERED	QL (200 EA per 25 days)
*CONDOMS - MALE***		
<i>condoms</i>	COVERED	QL (12 EA per 1 day)
TRUSTEX LUB/RIBBED/STUDED (<i>condoms latex lubricated</i>)	COVERED	QL (12 EA per 1 day)
TRUSTEX LUBRICATED EX LARGE (<i>condoms latex lubricated</i>)	COVERED	QL (12 EA per 1 day)
TRUSTEX RIA LUBRICATED (<i>condoms latex lubricated</i>)	COVERED	QL (12 EA per 1 day)
TRUSTEX RIA NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	COVERED	QL (12 EA per 1 day)
*GLUCOSE MONITORING TEST SUPPLIES***		
DEXCOM G5 MOB/G4 PLAT SENSOR (<i>continuous glucose sensor</i>)	COVERED	PA; QL (4 EA per 23 days)
DEXCOM G5 MOBILE TRANSMITTER (<i>continuous glucose transmitter</i>)	COVERED	PA; QL (1 EA per 76 days)
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	COVERED	PA; QL (1 EA per 310 days)
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	COVERED	PA; QL (3 EA per 23 days)
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	COVERED	PA; QL (1 EA per 76 days)
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	COVERED	PA; QL (1 EA per 310 days)
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	COVERED	PA; QL (3 EA per 23 days)

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FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous glucose receiver</i>)	COVERED	PA; QL (1 EA per 310 days)
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous glucose sensor</i>)	COVERED	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE 2 PLUS SENSOR (<i>continuous glucose sensor</i>)	COVERED	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous glucose receiver</i>)	COVERED	PA; QL (1 EA per 310 days)
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose sensor</i>)	COVERED	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE 3 PLUS SENSOR (<i>continuous glucose sensor</i>)	COVERED	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE 3 READER DEVICE (<i>continuous glucose receiver</i>)	COVERED	PA; QL (1 EA per 310 days)
FREESTYLE LIBRE READER DEVICE (<i>continuous glucose receiver</i>)	COVERED	PA; QL (1 EA per 310 days)
FREESTYLE LIBRE SENSOR SYSTEM (<i>continuous glucose sensor</i>)	COVERED	PA; QL (3 EA per 23 days)
<i>lancets 28g thin</i>	COVERED	
<i>lancets ultra thin 30g</i>	COVERED	
RELION TRUE MET AIR GLUC METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	COVERED	QL (1 EA per 365 days)
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	COVERED	QL (1 EA per 365 days)
TRUE METRIX METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	COVERED	QL (1 EA per 365 days)
<i>trueplus lancets 26g</i>	COVERED	
<i>trueplus lancets 28g</i>	COVERED	
<i>trueplus lancets 30g</i>	COVERED	
<i>trueplus lancets 33g</i>	COVERED	
*MISC. DEVICES***		
<i>mucosal atomization device</i>	COVERED	
*NEBULIZERS***		
AEROECLIPSE II NEBULIZER (<i>nebulizers</i>)	COVERED	
*NEEDLES & SYRINGES***		
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	COVERED	QL (5 EA per 1 day)
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" (<i>needle (disp)</i>)	COVERED	
MONOJECT SYRINGE 22G X 1" 3 ML, 25G X 1" 3 ML (<i>syringe/needle (disp)</i>)	COVERED	
MONOJECT SYRINGE REGULAR TIP 3 ML (<i>syringe (disposable)</i>)	COVERED	

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<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" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 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>	COVERED	QL (5 EA per 1 day)
<i>techlite insulin syringe 30g x 1/2" 0.3 ml</i>	COVERED	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 6 MM , 32G X 8 MM (<i>insulin pen needle</i>)	COVERED	QL (200 EA per 25 days)
TECHLITE PLUS PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	COVERED	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 (<i>insulin pen needle</i>)	COVERED	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 (<i>insulin syringe-needle u-100</i>)	COVERED	QL (5 EA per 1 day)
*PEAK FLOW METERS***		
TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	COVERED	QL (1 EA per 365 days)
*RESPIRATORY THERAPY SUPPLIES***		
ACE AEROSOL CLOUD ENHANCER (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
ACTIVITY POUCH (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
<i>adult aerosol mask</i>	COVERED	QL (1 EA per 365 days)
<i>adult mask large</i>	COVERED	QL (1 EA per 365 days)
AEROECLIPSE EZ TWIST TUBING (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
AEROECLIPSE MASK LARGE (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
AEROECLIPSE MASK MEDIUM (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
AEROECLIPSE MASK SMALL (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
AEROTRACH PLUS (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
AIRS PEDIATRIC AEROSOL MASK (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
ALL FLOW 1000 PFT FILTER (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
<i>breathe ease neb mask/child</i>	COVERED	QL (1 EA per 365 days)
<i>breathe ease neb mask/infant</i>	COVERED	QL (1 EA per 365 days)
BUBBLES THE FISH II PEDI MASK (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
CARETOUCH 2 CPAP HOSE HANGER (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)

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CARETOUCH CPAP & BIPAP HOSE (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
CARETOUCH CPAP MASK WIPES (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
CARETOUCH CPAP PRE-WASH SOLN (<i>respiratory therapy supplies</i>)	COVERED	QL (354.8 ML per 365 days)
CARETOUCH CPAP TUBE BRUSH (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
CARETOUCH UNIVERSL CPAP FILTER (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
<i>co monitor replacement pieces</i>	COVERED	QL (1 EA per 365 days)
EASY FLOW 300 MM HOSE (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
EASY FLOW 400 MM HOSE (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
EASY FLOW AIR NOZZLE (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
EASY FLOW HEPA FILTER (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
<i>filter air pp</i>	COVERED	QL (1 EA per 365 days)
FLYP HYPERSONIQ CARTRIDGE (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
<i>full kit nebulizer set</i>	COVERED	QL (1 EA per 365 days)
INNOSPIRE REPLACEMENT FILTER (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
LITETOUCH MASK LARGE (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
LITETOUCH MASK MEDIUM (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
LITETOUCH MASK SMALL (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
MINIELITE FILTER REPLACEMENTS (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
<i>nebulizer air tube/plugs</i>	COVERED	QL (1 EA per 365 days)
<i>nebulizer mask adult</i>	COVERED	QL (1 EA per 365 days)
<i>nebulizer mask child</i>	COVERED	QL (1 EA per 365 days)
<i>nose clip</i>	COVERED	QL (1 EA per 365 days)
OMBRA COMPRESSOR AIR FILTERS (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
PARI BABY CONVERSION KIT (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
PARI EXPIRATORY FILTER SET DEVICE (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
PARI MASK SET (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
PARI SMARTMASK BABY/ELBOW (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
PARI SOFT PLASTIC ADULT MASK (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
PARI SOFT PLASTIC PED MASK (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
<i>pediatric mouthpiece</i>	COVERED	QL (1 EA per 365 days)
PFLEX (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
<i>pharmacist choice mask wipes</i>	COVERED	QL (1 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pillow mask/adult</i>	COVERED	QL (1 EA per 365 days)
<i>pillow mask/child</i>	COVERED	QL (1 EA per 365 days)
<i>pillow mask/pediatric</i>	COVERED	QL (1 EA per 365 days)
PRONEB ULTRA FILTER SET (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
<i>replacement air filter</i>	COVERED	QL (1 EA per 365 days)
<i>replacement filters</i>	COVERED	QL (1 EA per 365 days)
REUSABLE COMFORTSEAL MASK-LRG (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
REUSABLE COMFORTSEAL MASK-MED (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
REUSABLE COMFORTSEAL MASK-SML (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
SAMI THE SEAL FILTERS (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
SIDESTREAM ADULT FACE MASK (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
SIDESTREAM PEDIATRIC FACE MASK (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
SIDESTREAM PLS ADULT FACE MASK (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
<i>silicone mask/adult</i>	COVERED	QL (1 EA per 365 days)
<i>silicone mask/infant</i>	COVERED	QL (1 EA per 365 days)
<i>silicone mask/pediatric</i>	COVERED	QL (1 EA per 365 days)
<i>sootheneb nbl 100 adult mask</i>	COVERED	QL (1 EA per 365 days)
<i>sootheneb nbl 100 child mask</i>	COVERED	QL (1 EA per 365 days)
<i>sootheneb nbl 100 med cup</i>	COVERED	QL (1 EA per 365 days)
<i>sootheneb nbl 100 mesh cap</i>	COVERED	QL (1 EA per 365 days)
THRESHOLD IMT (<i>respiratory therapy supplies</i>)	COVERED	QL (1 EA per 365 days)
<i>tubing/wing tip</i>	COVERED	QL (1 EA per 365 days)
<i>ultra neb accessories kit</i>	COVERED	QL (1 EA per 365 days)
WINDMILL TRAINER (<i>respiratory therapy supplies</i>)	COVERED	QL (5 EA per 365 days)
*SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES***		
INSPIREASE (<i>spacer/aero-holding chambers</i>)	COVERED	QL (1 EA per 365 days)
PEDIATRIC PANDA MASK (<i>spacer/aero-hold chamber mask</i>)	COVERED	QL (1 EA per 365 days)
MIGRAINE PRODUCTS		
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	COVERED	QL (9 EA per 25 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	COVERED	QL (12 EA per 25 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	COVERED	QL (12 EA per 25 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	COVERED	QL (9 EA per 25 days)

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MINERALS & ELECTROLYTES		
*CALCIUM COMBINATIONS***		
calcium 500 + d oral tablet 500-3.125 mg-mcg	COVERED	
calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg	COVERED	
calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg	COVERED	
calcium carb-cholecalciferol oral tablet 600-5 mg-mcg	COVERED	
calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg	COVERED	
calcium citrate + d oral tablet 250-5 mg-mcg	COVERED	
calcium citrate + d3 oral tablet 315-6.25 mg-mcg	COVERED	
calcium citrate-vitamin d oral tablet 315-5 mg-mcg	COVERED	
calcium-magnesium-zinc oral tablet 333.33-133.33-5 mg	COVERED	
calcium-vitamin d oral tablet 600-3.125 mg-mcg	COVERED	
calcium-vitamin d3 oral tablet 250-3.125 mg-mcg	COVERED	
CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG (calcium carb-cholecalciferol)	COVERED	
citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg	COVERED	
cvs calcium carbonate/vit d oral tablet 500-125 mg-unit	COVERED	
liquid calcium/vitamin d oral capsule 600-5 mg-mcg	COVERED	
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG (calcium carb-cholecalciferol)	COVERED	
OS-CAL ORAL TABLET CHEWABLE 500-15 MG-MCG (calcium carb-cholecalciferol)	COVERED	
oyster shell calcium/d oral tablet 250-3.125 mg-mcg, 500-10 mg-mcg, 500-5 mg-mcg	COVERED	
ra calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit	COVERED	
risacal-d oral tablet 105-81-120 mg-mg-unit	COVERED	
*CALCIUM***		
calcium 600 oral tablet 1500 (600 ca) mg	COVERED	
calcium 600 oral tablet 600 mg	COVERED	
calcium carbonate oral tablet 1250 (500 ca) mg	COVERED	
calcium citrate oral tablet 950 (200 ca) mg	COVERED	
calcium oyster shell oral tablet 500 mg	COVERED	
*ELECTROLYTES & DEXTROSE***		
dextrose in lactated ringers intravenous solution 5 %	COVERED	
*ELECTROLYTES ORAL***		
REHYDRALYTE ORAL SOLUTION (oral electrolytes)	COVERED	
*ELECTROLYTES PARENTERAL***		
lactated ringers intravenous solution	COVERED	

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*FLUORIDE***		
<i>flura-drops oral solution 0.55 (0.25 f) mg/drop</i>	COVERED	QL (1 ML per 1 day)
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	COVERED	QL (1.67 ML per 1 day)
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	COVERED	QL (1 EA per 1 day)
*MAGNESIUM***		
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG (<i>magnesium chloride</i>)	COVERED	
<i>mag-g oral tablet 500 (27 mg) mg</i>	COVERED	
<i>magnesium gluconate oral tablet 27.5 mg</i>	COVERED	
<i>magnesium oral tablet 250 mg, 400 mg</i>	COVERED	
<i>magnesium oxide -mg supplement oral capsule 500 mg</i>	COVERED	
<i>magnesium oxide -mg supplement oral tablet 250 mg, 400 (240 mg) mg, 500 mg</i>	COVERED	
*PHOSPHATE***		
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	COVERED	QL (4 EA per 1 day)
*POTASSIUM***		
<i>potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)</i>	COVERED	QL (4 EA per 1 day)
<i>potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)</i>	COVERED	QL (5 EA per 1 day)
<i>potassium bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)</i>	COVERED	QL (2 EA per 1 day)
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ (<i>potassium chloride</i>)	COVERED	QL (4 EA per 1 day)
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ (<i>potassium chloride</i>)	COVERED	QL (5 EA per 1 day)
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	COVERED	QL (4 EA per 1 day)
<i>potassium chloride er oral tablet extended release 8 meq</i>	COVERED	QL (4 EA per 1 day)
<i>potassium chloride oral solution 10 %, 40 meq/15ml (20%)</i>	COVERED	
*SODIUM***		
<i>sodium chloride flush (Aquastat Intravenous Solution 0.9 %)</i>	COVERED	
<i>sodium chloride flush (Aquastat Sfr Intravenous Solution 0.9 %)</i>	COVERED	
<i>sodium chloride flush (Bd Posiflush Intravenous Solution 0.9 %)</i>	COVERED	
<i>sodium chloride flush (Bd Posiflush Safescrub Intravenous Solution 0.9 %)</i>	COVERED	
<i>sodium chloride flush (Kendall Sodium Chloride Flush Intravenous Solution 0.9 %)</i>	COVERED	

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sodium chloride flush (Monoject Flush Syringe Intravenous Solution 0.9 %)	COVERED	
sodium chloride flush (Monoject Sodium Chloride Flush Intravenous Solution 0.9 %)	COVERED	
normal saline flush intravenous solution 0.9 %	COVERED	
saline flush intravenous solution 0.9 %	COVERED	
sodium chloride flush (Saline Flush Zr Intravenous Solution 0.9 %)	COVERED	
sodium chloride flush intravenous solution 0.9 %	COVERED	
sodium chloride intravenous solution 0.9 %	COVERED	
sodium chloride oral tablet 1 gm	COVERED	
sodium chloride flush (Swabflush Saline Flush Intravenous Solution 0.9 %)	COVERED	
*ZINC***		
zinc sulfate oral capsule 220 (50 zn) mg	COVERED	
MISCELLANEOUS THERAPEUTIC CLASSES		
*ANTILEPTOTICS***		
THALOMID ORAL CAPSULE 100 MG (<i>thalidomide</i>)	COVERED	PA; QL (1 EA per 1 day)
*CHELATING AGENTS***		
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	COVERED	
*CYCLOSPORINE ANALOGS***		
cyclosporine modified oral capsule 50 mg	COVERED	QL (15 EA per 1 day)
cyclosporine oral capsule 100 mg	COVERED	QL (5 EA per 1 day)
cyclosporine oral capsule 25 mg	COVERED	QL (16 EA per 1 day)
cyclosporine modified (Gengraf Oral Capsule 100 Mg)	COVERED	QL (10 EA per 1 day)
cyclosporine modified (Gengraf Oral Capsule 25 Mg)	COVERED	QL (15 EA per 1 day)
cyclosporine modified (Gengraf Oral Solution 100 Mg/ML)	COVERED	QL (10 ML per 1 day)
*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES***		
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	COVERED	QL (1 EA per 1 day)
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***		
mycophenolate mofetil oral capsule 250 mg	COVERED	QL (12 EA per 1 day); MAIL
mycophenolate mofetil oral tablet 500 mg	COVERED	QL (8 EA per 1 day); MAIL
*IRRIGATION SOLUTIONS***		
sterile water for irrigation irrigation solution	COVERED	
*MACROLIDE IMMUNOSUPPRESSANTS***		
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 4 MG (<i>tacrolimus</i>)	COVERED	

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ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG (<i>tacrolimus</i>)	COVERED	MAIL
<i>tacrolimus oral capsule 0.5 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>tacrolimus oral capsule 1 mg</i>	COVERED	QL (14 EA per 1 day); MAIL
<i>tacrolimus oral capsule 5 mg</i>	COVERED	MAIL
*POTASSIUM REMOVING AGENTS***		
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	COVERED	QL (3 EA per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	COVERED	
<i>sps oral suspension 15 gm/60ml</i>	COVERED	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiomer sorbitex calcium</i>)	COVERED	QL (1 EA per 1 day)
*PURINE ANALOGS***		
<i>azathioprine oral tablet 50 mg</i>	COVERED	QL (8 EA per 1 day)
MOUTH/THROAT/DENTAL AGENTS		
*ANESTHETICS TOPICAL ORAL***		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	COVERED	
*ANTI-INFECTIVES - THROAT***		
<i>clotrimazole mouth/throat troche 10 mg</i>	COVERED	QL (5 EA per 1 day)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	COVERED	QL (120 ML per 1 day)
*ANTISEPTICS - MOUTH/THROAT***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	COVERED	
*FLUORIDE DENTAL PRODUCTS***		
<i>sf dental gel 1.1 %</i>	COVERED	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	COVERED	
*SALIVA STIMULANTS***		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	COVERED	
*STEROIDS - MOUTH/THROAT/DENTAL***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	COVERED	
MULTIVITAMINS		
*B-COMPLEX W/ C & FOLIC ACID***		
<i>b-complex/vitamin c oral tablet</i>	COVERED	
<i>folbee plus oral tablet</i>	COVERED	
NEPHRO-VITE ORAL TABLET 0.8 MG (<i>b complex-c-folic acid</i>)	COVERED	
<i>triphrocaps oral capsule 1 mg</i>	COVERED	QL (2 EA per 1 day)
<i>vp-vite rx oral tablet 1 mg</i>	COVERED	
*MULTIPLE VITAMINS W/ IRON***		
<i>multivitamin plus iron adult oral tablet</i>	COVERED	QL (1 EA per 1 day)

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*MULTIPLE VITAMINS W/ MINERALS***		
<i>complete multivitamin/mineral oral liquid</i>	COVERED	QL (5 ML per 1 day)
<i>cvs one daily mens 50+ adv oral tablet</i>	COVERED	QL (1 EA per 1 day)
ICAPS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	COVERED	QL (1 EA per 1 day)
*MULTIVITAMINS***		
AMLADEX ORAL TABLET (<i>multiple vitamin</i>)	COVERED	QL (1 EA per 1 day)
ZELDANA ORAL CAPSULE (<i>multiple vitamin</i>)	COVERED	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>	COVERED	QL (1.67 ML per 1 day); MAIL
*PED MULTIPLE VITAMINS W/ MINERALS***		
CENTRUM KIDS ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	COVERED	QL (1 EA per 1 day)
<i>mvw complete formulation oral solution</i>	COVERED	QL (1 ML per 1 day)
*PED MV W/ FLUORIDE***		
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	COVERED	QL (1.67 ML per 1 day); MAIL
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>multivitamin/fluoride oral tablet chewable 1 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>multi-vit-flor oral tablet chewable 0.5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
*PED MV W/ IRON***		
<i>cvs chewable childrens vitamin oral tablet chewable 18 mg</i>	COVERED	
<i>multiple vitamins-iron oral tablet chewable 15 mg</i>	COVERED	QL (1 EA per 1 day)
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML (<i>pediatric multivitamins-iron</i>)	COVERED	QL (50 ML per 25 days)
<i>poly-vitamin/iron oral solution 10 mg/ml</i>	COVERED	QL (50 ML per 25 days)
*PED VITAMINS ACD W/ FLUORIDE***		
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	COVERED	QL (1.67 ML per 1 day); MAIL
<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>	COVERED	QL (1.67 ML per 1 day); MAIL
*PEDIATRIC MULTIPLE VITAMINS W/ C & FA***		
<i>cvs gummy swirls oral tablet chewable</i>	COVERED	QL (1 EA per 1 day); MAIL
*PEDIATRIC MULTIPLE VITAMINS W/ EXTRA C & FA***		
<i>cvs childrens multivit/extra c oral tablet chewable</i>	COVERED	QL (1 EA per 1 day); MAIL
*PEDIATRIC MULTIPLE VITAMINS***		
<i>childrens chew multivitamin oral tablet chewable</i>	COVERED	QL (1 EA per 1 day); MAIL
POLY-VI-SOL ORAL SOLUTION (<i>pediatric multiple vitamins</i>)	COVERED	QL (0.5 EA per 25 days); MAIL

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*PEDIATRIC VITAMINS A & D W/ C***		
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10 (<i>pediatric vitamins adc</i>)	COVERED	QL (50 ML per 25 days); MAIL
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>	COVERED	QL (50 ML per 25 days); MAIL
*PRENATAL MV & MIN W/FE-FA***		
<i>clinical nutrients prenatal oral tablet 7.5-0.2 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>completenate oral tablet chewable 29-1 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG (<i>prenatal-fe bisgly-fa-omega 3</i>)	COVERED	QL (1 EA per 1 day); MAIL
<i>inatal gt oral tablet</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>kpn prenatal oral tablet 0.1 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	COVERED	QL (1 EA per 1 day); MAIL
<i>o-cal prenatal oral tablet</i>	COVERED	QL (1 EA per 1 day); MAIL
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG (<i>prenatal vit-fe fum-fa-omega</i>)	COVERED	QL (1 EA per 1 day); MAIL
<i>perry prenatal oral capsule 13.5-0.4 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>prenatabs rx oral tablet 29-1 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>prenatal (w/iron & fa) oral tablet 27-0.8 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>prenatal formula a-free oral tablet 9-0.267 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>prenatal formula oral capsule 28-0.8-235 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>prenatal mr 90 fe oral tablet extended release 90-1 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>prenatal multi +dha oral capsule 27-0.8-228 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>prenatal oral tablet 27-0.8 mg, 6.75-0.2 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>prenatal plus oral tablet 27-1 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>prenatal/omega-3/fa/iron oral capsule 28-0.8-530 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>se-natal 19 oral tablet 29-1 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>sm one daily prenatal oral 28-0.8 & 440 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>trinatal rx 1 oral tablet 60-1 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
VINATE II ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe bisg-fa</i>)	COVERED	QL (1 EA per 1 day); MAIL
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	COVERED	QL (1 EA per 1 day); MAIL
*PRENATAL MV & MIN W/FE-FA-DHA***		
BRAINSTRONG PRENATAL ORAL 33-0.8 & 350 MG (<i>prenatal mv-min-fe cbn-fa-dha</i>)	COVERED	QL (1 EA per 1 day); MAIL
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	COVERED	QL (1 EA per 1 day); MAIL
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	COVERED	QL (2 EA per 1 day); MAIL

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<i>prenatal+dha oral 28-0.975 & 200 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
*PRENATAL MV & MINERALS W/ FA-OMEGA FATTY ACIDS W/O IRON***		
<i>cvs prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
*PRENATAL MV & MINERALS W/FA WITHOUT IRON***		
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
*PRENATAL VITAMINS***		
<i>calna oral tablet</i>	COVERED	QL (1 EA per 1 day); MAIL
MUSCULOSKELETAL THERAPY AGENTS		
*CENTRAL MUSCLE RELAXANTS***		
<i>baclofen oral tablet 10 mg</i>	COVERED	QL (3 EA per 1 day); MAIL
<i>baclofen oral tablet 20 mg</i>	COVERED	QL (4 EA per 1 day); MAIL
<i>baclofen oral tablet 5 mg</i>	COVERED	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	COVERED	QL (6 EA per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	COVERED	QL (3 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	COVERED	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>methocarbamol oral tablet 750 mg</i>	COVERED	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	COVERED	QL (2 EA per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>tizanidine hcl oral tablet 4 mg</i>	COVERED	QL (9 EA per 1 day); AGE (Max 64 Years)
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*NASAL AGENTS - MISC.***		
<i>saline nasal spray nasal solution 0.65 %</i>	COVERED	
*NASAL ANTICHOLINERGICS***		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	COVERED	
*NASAL ANTIHISTAMINES***		
<i>azelastine hcl nasal solution 0.1 %</i>	COVERED	QL (30 ML per 25 days)
*NASAL MAST CELL STABILIZERS***		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	COVERED	QL (52 ML per 25 days)
*NASAL STEROIDS***		
<i>budesonide nasal suspension 32 mcg/act</i>	COVERED	QL (8.43 ML per 25 days); AGE (Min 6 Years)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	COVERED	QL (16 GM per 25 days); AGE (Min 4 Years); MAIL
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	COVERED	QL (17 ML per 25 days); AGE (Min 2 Years)

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*SYSTEMIC DECONGESTANTS***		
<i>phenylephrine hcl oral tablet 10 mg</i>	COVERED	
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	COVERED	QL (2 EA per 1 day)
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	COVERED	QL (6 EA per 1 day)
SUDAFED CHILDRENS ORAL LIQUID 15 MG/5ML (<i>pseudoephedrine hcl</i>)	COVERED	QL (40 ML per 1 day)
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML (<i>phenylephrine hcl</i>)	COVERED	
*TOPICAL DECONGESTANTS***		
<i>12 hour nasal decongestant nasal solution 0.05 %</i>	COVERED	
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	COVERED	
NUTRIENTS		
*MISC. NUTRITIONAL SUBSTANCES***		
<i>dha complete oral capsule 200 mg</i>	COVERED	QL (1 EA per 1 day)
<i>fish oil extra strength oral capsule 1200 mg</i>	COVERED	
<i>fish oil oral capsule 500 mg</i>	COVERED	
<i>fish oil oral capsule delayed release 1200 mg</i>	COVERED	
<i>odorless coated fish oil oral capsule delayed release 1000 mg</i>	COVERED	
<i>omega-3 fish oil oral capsule 1000 mg</i>	COVERED	
OPHTHALMIC AGENTS		
*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS***		
<i>artificial tears ophthalmic solution 0.1-0.3 %</i>	COVERED	
<i>artificial tears ophthalmic solution 0.5-0.6 %</i>	COVERED	
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	COVERED	
<i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i>	COVERED	
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	COVERED	
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	COVERED	
<i>lubricant pm ophthalmic ointment</i>	COVERED	
MOISTURE EYES OPHTHALMIC SOLUTION 1-0.3 % (<i>propylene glycol-glycerin</i>)	COVERED	
*ARTIFICIAL TEAR SOLUTIONS***		
SYSTANE CONTACTS OPHTHALMIC SOLUTION (<i>artificial tear solution</i>)	COVERED	
*ARTIFICIAL TEARS AND LUBRICANTS***		
<i>artificial tears ophthalmic solution 1.4 %</i>	COVERED	
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	COVERED	
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	COVERED	

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*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS***		
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	COVERED	QL (10 ML per 25 days)
*BETA-BLOCKERS - OPHTHALMIC***		
<i>carteolol hcl ophthalmic solution 1 %</i>	COVERED	QL (15 ML per 25 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	COVERED	QL (15 ML per 25 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	COVERED	
*CYCLOPLEGIC MYDRIATICS***		
<i>atropine sulfate ophthalmic solution 1 %</i>	COVERED	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	COVERED	QL (15 ML per 25 days)
*MIOTICS - DIRECT ACTING***		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	COVERED	
*OPHTHALMIC ANTIALLERGIC***		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	COVERED	PA; QL (6 ML per 25 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>	COVERED	
<i>ketotifen fumarate ophthalmic solution 0.025 %, 0.035 %</i>	COVERED	QL (10 ML per 25 days)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	COVERED	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	COVERED	QL (2.5 ML per 30 days)
*OPHTHALMIC ANTIBIOTICS***		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	COVERED	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	COVERED	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	COVERED	
<i>gentamicin sulfate ophthalmic ointment 0.3 %</i>	COVERED	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	COVERED	QL (10 ML per 30 days)
<i>levofloxacin ophthalmic solution 0.5 %</i>	COVERED	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	COVERED	QL (3 ML per 25 days)
<i>ofloxacin ophthalmic solution 0.3 %</i>	COVERED	
<i>tobramycin ophthalmic solution 0.3 %</i>	COVERED	
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS***		
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	COVERED	
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)</i>	COVERED	
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)</i>	COVERED	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	COVERED	
*OPHTHALMIC ANTIVIRALS***		
<i>trifluridine ophthalmic solution 1 %</i>	COVERED	QL (7.5 ML per 25 days)

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*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***		
<i>dorzolamide hcl ophthalmic solution 2 %</i>	COVERED	
*OPHTHALMIC HYPEROSMOLAR PRODUCTS***		
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	COVERED	
*OPHTHALMIC LOCAL ANESTHETICS***		
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	COVERED	
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	COVERED	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	COVERED	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	COVERED	QL (10 ML per 25 days)
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	COVERED	
*OPHTHALMIC STEROID COMBINATIONS***		
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	COVERED	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %</i>	COVERED	
<i>bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)</i>	COVERED	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	COVERED	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	COVERED	
*OPHTHALMIC STEROIDS***		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	COVERED	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	COVERED	QL (15 ML per 25 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	COVERED	
*OPHTHALMIC SULFONAMIDES***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	COVERED	
*PROSTAGLANDINS - OPHTHALMIC***		
<i>bimatoprost ophthalmic solution 0.03 %</i>	COVERED	ST; Please use Latanoprost
<i>latanoprost ophthalmic solution 0.005 %</i>	COVERED	QL (5 ML per 25 days)
OTIC AGENTS		
*OTIC AGENTS - MISCELLANEOUS***		
<i>acetic acid otic solution 2 %</i>	COVERED	QL (20 ML per 25 days)
<i>ear drops otic solution 6.5 %</i>	COVERED	
<i>ra ear drying agent otic liquid 95-5 %</i>	COVERED	
*OTIC ANTI-INFECTIVES***		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	COVERED	QL (14 EA per 25 days)
<i>ofloxacin otic solution 0.3 %</i>	COVERED	QL (5 ML per 25 days)

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*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS***		
<i>neomycin-polymyxin-hc otic solution 1 %</i>	COVERED	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	COVERED	
*OTIC STEROIDS***		
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	COVERED	
OXYTOCICS		
*OXYTOCICS***		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	COVERED	QL (7 EA per 1 day)
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*ANTIVIRAL MONOCLONAL ANTIBODIES***		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	COVERED	PA
*IMMUNE SERUMS***		
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (<i>rho d immune globulin</i>)	COVERED	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	COVERED	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	COVERED	
PENICILLINS		
*AMINOPENICILLINS***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	COVERED	QL (8 EA per 1 day)
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	COVERED	
<i>amoxicillin oral tablet 500 mg</i>	COVERED	QL (5 EA per 1 day)
<i>amoxicillin oral tablet 875 mg</i>	COVERED	QL (4 EA per 1 day)
<i>amoxicillin oral tablet chewable 125 mg</i>	COVERED	QL (6 EA per 1 day)
<i>amoxicillin oral tablet chewable 250 mg</i>	COVERED	QL (8 EA per 1 day)
<i>ampicillin oral capsule 500 mg</i>	COVERED	QL (8 EA per 1 day)
*NATURAL PENICILLINS***		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	COVERED	QL (40 ML per 1 day)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	COVERED	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>	COVERED	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	COVERED	QL (2 EA per 1 day); MAX 10 DAYS
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Max 12 Years)

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<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Max 12 Years)
*PENICILLINASE-RESISTANT PENICILLINS***		
<i>dicloxacillin sodium oral capsule 250 mg</i>	COVERED	QL (8 EA per 1 day)
<i>dicloxacillin sodium oral capsule 500 mg</i>	COVERED	QL (6 EA per 1 day)
PHARMACEUTICAL ADJUVANTS		
*ANTIMICROBIAL AGENTS***		
<i>benzyl alcohol liquid</i>	COVERED	AGE (Min 16 Years and Max 60 Years)
PROGESTINS		
*PROGESTINS***		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>norethindrone acetate oral tablet 5 mg</i>	COVERED	QL (1 EA per 1 day)
<i>progesterone oral capsule 100 mg</i>	COVERED	QL (1 EA per 1 day)
<i>progesterone oral capsule 200 mg</i>	COVERED	QL (2 EA per 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*AGENTS FOR OPIOID WITHDRAWAL***		
<i>lofexidine hcl oral tablet 0.18 mg</i>	COVERED	QL (16 EA per 1 day); AGE (Min 18 Years)
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	COVERED	PA; QL (16 EA per 1 day); AGE (Min 18 Years)
*ALCOHOL DETERRENTS***		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	COVERED	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	COVERED	QL (1 EA per 1 day)
*ANTI-CATAPLECTIC AGENTS***		
<i>sodium oxybate oral solution 500 mg/ml</i>	COVERED	PA
*CHOLINOMIMETICS - ACHE INHIBITORS***		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>donepezil hcl oral tablet dispersible 10 mg</i>	COVERED	QL (1 EA per 1 day); MAIL
<i>donepezil hcl oral tablet dispersible 5 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	COVERED	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	COVERED	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	COVERED	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	COVERED	PA
*MOVEMENT DISORDER DRUG THERAPY***		
AUSTEDO ORAL TABLET 12 MG (<i>deutetrabenazine</i>)	COVERED	QL (4 EA per 1 day); AGE (Min 18 Years)

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AUSTEDO ORAL TABLET 6 MG, 9 MG (<i>deutetrabenazine</i>)	COVERED	QL (2 EA per 1 day); AGE (Min 18 Years)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (<i>deutetrabenazine</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (<i>deutetrabenazine</i>)	COVERED	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	COVERED	PA
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	COVERED	
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	COVERED	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	COVERED	
EXTAVIA KIT 0.3 MG SUBCUTANEOUS (<i>interferon beta-1b</i>)	COVERED	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	COVERED	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	COVERED	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	COVERED	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	COVERED	
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS***		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	COVERED	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>	COVERED	
*MULTIPLE SCLEROSIS AGENTS***		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	COVERED	
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***		
<i>memantine hcl oral solution 2 mg/ml</i>	COVERED	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	COVERED	MAIL

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*PHENOTHIAZINES & TRICYCLIC AGENTS***		
<i>duo-vil 2-10 oral tablet 2-10 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Min 18 Years)
<i>duo-vil 2-25 oral tablet 2-25 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Min 18 Years)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Min 18 Years)
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.***		
ORAP ORAL TABLET 1 MG, 2 MG (<i>pimozide</i>)	COVERED	PA; QL (5 EA per 1 day); AGE (Min 8 Years)
<i>pimozide oral tablet 1 mg, 2 mg</i>	COVERED	QL (5 EA per 1 day); AGE (Min 8 Years)
*SMOKING DETERRENTS***		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	COVERED	MAIL
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	COVERED	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	COVERED	
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	COVERED	
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	COVERED	
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	COVERED	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	COVERED	
<i>varenicline tartrate oral 0.5 mg x 11 & 1 mg x 42</i>	COVERED	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	COVERED	
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS***		
<i>fingolimod hcl oral capsule 0.5 mg</i>	COVERED	
*THIENBENZODIAZEPINES & SSRIS***		
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>	COVERED	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>olanzapine-fluoxetine hcl oral capsule 6-25 mg</i>	COVERED	QL (3 EA per 1 day); AGE (Min 6 Years)
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 3-25 MG, 6-50 MG (<i>olanzapine-fluoxetine hcl</i>)	COVERED	PA; QL (1 EA per 1 day); AGE (Min 10 Years)
SYMBYAX ORAL CAPSULE 6-25 MG (<i>olanzapine-fluoxetine hcl</i>)	COVERED	PA; QL (3 EA per 1 day); AGE (Min 10 Years)
RESPIRATORY AGENTS - MISC.		
*ALPHA-PROTEINASE INHIBITOR (HUMAN)***		
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	COVERED	PA

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ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	COVERED	PA
*CFTR POTENTIATORS***		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	COVERED	PA
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	COVERED	PA
*CYSTIC FIBROSIS AGENT - COMBINATIONS***		
ORKAMBI ORAL PACKET 150-188 MG (<i>lumacaftor-ivacaftor</i>)	COVERED	PA
ORKAMBI ORAL TABLET 100-125 MG (<i>lumacaftor-ivacaftor</i>)	COVERED	PA; QL (4 EA per 1 day); AGE (Min 6 Years and Max 11 Years)
ORKAMBI ORAL TABLET 200-125 MG (<i>lumacaftor-ivacaftor</i>)	COVERED	PA; QL (4 EA per 1 day); AGE (Min 11 Years)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	COVERED	PA
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	COVERED	PA
*HYDROLYTIC ENZYMES***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	COVERED	PA; QL (2.5 ML per 1 day)
TETRACYCLINES		
*TETRACYCLINES***		
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	COVERED	QL (3 EA per 1 day)
<i>doxycycline monohydrate oral tablet 100 mg</i>	COVERED	QL (3 EA per 1 day)
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	COVERED	QL (2 EA per 1 day)
THYROID AGENTS		
*ANTITHYROID AGENTS***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	COVERED	QL (6 EA per 1 day)
<i>propylthiouracil oral tablet 50 mg</i>	COVERED	QL (20 EA per 1 day)
*THYROID HORMONES***		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 65 MG, 97.5 MG (<i>thyroid</i>)	COVERED	QL (1 EA per 1 day); AGE (Max 64 Years)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG (<i>thyroid</i>)	COVERED	QL (1 EA per 1 day)
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	COVERED	PA; QL (2 EA per 1 day); AGE (Min 6 Years)
<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>	COVERED	QL (2 EA per 1 day)
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	COVERED	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	COVERED	QL (1 EA per 1 day)

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TOXOIDS		
*TOXOID COMBINATIONS***		
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (<i>tetanus-diphtheria toxoids td</i>)	COVERED	QL, AGE per ACIP
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	COVERED	QL, AGE per ACIP
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
*ANTISPASMODICS***		
<i>dicyclomine hcl oral capsule 10 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	COVERED	QL (80 ML per 1 day); AGE (Max 64 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>	COVERED	QL (8 EA per 1 day); AGE (Max 64 Years); MAIL
*BELLADONNA ALKALOIDS***		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	COVERED	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	COVERED	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	COVERED	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	COVERED	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	COVERED	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	COVERED	QL (12 EA per 1 day); AGE (Max 64 Years)
*H-2 ANTAGONISTS***		
<i>acid reducer maximum strength oral tablet 20 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>acid reducer oral tablet 10 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>cimetidine 200 oral tablet 200 mg</i>	COVERED	QL (4 EA per 1 day)
<i>cimetidine hcl oral solution 300 mg/5ml</i>	COVERED	QL (60 ML per 1 day)
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	COVERED	QL (2 EA per 1 day)
<i>famotidine intravenous solution 40 mg/4ml</i>	COVERED	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	COVERED	QL (5 ML per 1 day); AGE (Max 6 Years)
<i>famotidine oral tablet 40 mg</i>	COVERED	QL (2 EA per 1 day); MAIL
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	COVERED	
<i>nizatidine oral capsule 150 mg</i>	COVERED	ST; QL (4 EA per 1 day); T/F of Famotidine
<i>nizatidine oral solution 15 mg/ml</i>	COVERED	ST; T/F of Famotidine

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PEPCID PREMIXED INTRAVENOUS SOLUTION 20-0.9 MG/50ML-% (famotidine in nacl)	COVERED	
*MISC. ANTI-ULCER***		
sucralfate oral suspension 1 gm/10ml	COVERED	QL (40 ML per 1 day); AGE (Max 18 Years)
sucralfate oral tablet 1 gm	COVERED	QL (4 EA per 1 day)
*PROTON PUMP INHIBITORS***		
esomeprazole magnesium oral capsule delayed release 20 mg	COVERED	QL (2 EA per 1 day)
lansoprazole oral capsule delayed release 15 mg	COVERED	QL (2 EA per 1 day)
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	COVERED	QL (1 EA per 1 day)
omeprazole magnesium oral tablet delayed release 20 mg	COVERED	QL (3 EA per 1 day); MAIL
omeprazole oral capsule delayed release 10 mg, 20 mg	COVERED	QL (3 EA per 1 day); MAIL
omeprazole oral capsule delayed release 40 mg	COVERED	QL (1 EA per 1 day); MAIL
omeprazole oral tablet delayed release 20 mg	COVERED	QL (3 EA per 1 day); MAIL
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (omeprazole)	COVERED	QL (5 ML per 1 day); AGE (Max 12 Years)
pantoprazole sodium oral tablet delayed release 20 mg	COVERED	QL (1 EA per 1 day); MAIL
pantoprazole sodium oral tablet delayed release 40 mg	COVERED	QL (3 EA per 1 day); MAIL
*QUATERNARY ANTICHOLINERGICS***		
glycopyrrolate oral solution 1 mg/5ml	COVERED	PA
glycopyrrolate oral tablet 1 mg, 2 mg	COVERED	
*ULCER DRUGS - PROSTAGLANDINS***		
misoprostol oral tablet 100 mcg, 200 mcg	COVERED	QL (4 EA per 1 day)
URINARY ANTISPASMODICS		
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)***		
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	COVERED	ST; QL (1 EA per 1 day); Prior use of Oxybutynin IR
oxybutynin chloride oral solution 5 mg/5ml	COVERED	QL (20 ML per 1 day)
oxybutynin chloride oral syrup 5 mg/5ml	COVERED	QL (20 ML per 1 day)
oxybutynin chloride oral tablet 5 mg	COVERED	QL (3 EA per 1 day)
tolterodine tartrate oral tablet 1 mg	COVERED	ST; QL (2 EA per 1 day); Prior use of Oxybutynin IR
tolterodine tartrate oral tablet 2 mg	COVERED	ST; QL (2 EA per 1 day); Prior use of Oxybutynin IR
trospium chloride oral tablet 20 mg	COVERED	ST; QL (2 EA per 1 day); Prior use of Oxybutynin IR
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	COVERED	QL (4 EA per 1 day)

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*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS***		
flavoxate hcl oral tablet 100 mg	COVERED	QL (4 EA per 1 day)
VACCINES		
*BACTERIAL VACCINES***		
MENACTRA SOLUTION INTRAMUSCULAR (<i>mening acy&w-135 diphth conj</i>)	COVERED	QL, AGE per ACIP
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (<i>pneumococcal vac polyvalent</i>)	COVERED	QL, AGE per ACIP
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML (<i>pneumococcal vac polyvalent</i>)	COVERED	QL, AGE per ACIP
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (<i>pneumococcal vac polyvalent</i>)	COVERED	QL, AGE per ACIP
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 20-val conj vacc</i>)	COVERED	QL, AGE per ACIP
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 15-val conj vacc</i>)	COVERED	QL, AGE per ACIP
*VIRAL VACCINE COMBINATIONS***		
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	COVERED	QL, AGE per ACIP
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	COVERED	QL, AGE per ACIP
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	COVERED	QL, AGE per ACIP
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (<i>hepatitis a-hep b recomb vac</i>)	COVERED	QL, AGE per ACIP
*VIRAL VACCINES***		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (<i>rsv pre-fusion f a&b vac rcmb</i>)	COVERED	QL, AGE per ACIP
AFLURIA INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	COVERED	
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	COVERED	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	COVERED	QL, AGE per ACIP
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (<i>rsvpref3 vac recomb adjuvanted</i>)	COVERED	QL, AGE per ACIP
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	COVERED	QL, AGE per ACIP
COMIRNATY SUSPENSION 30 MCG/0.3ML INTRAMUSCULAR (<i>covid-19 mrna virus vaccine</i>)	COVERED	QL, AGE per ACIP
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	COVERED	QL, AGE per ACIP

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ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	COVERED	QL, AGE per ACIP
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	COVERED	QL, AGE per ACIP
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac a&b surf ant adj</i>)	COVERED	
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML (<i>influenza vac a&b sa adj quad</i>)	COVERED	QL, AGE per ACIP
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	COVERED	
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	COVERED	QL, AGE per ACIP
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (<i>influenza vac recomb ha quad</i>)	COVERED	QL, AGE per ACIP
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac tiss-cult subunt</i>)	COVERED	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac subunit quad</i>)	COVERED	QL, AGE per ACIP
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac subunit quad</i>)	COVERED	QL, AGE per ACIP
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	COVERED	QL, AGE per ACIP
FLUMIST QUADRIVALENT SUSPENSION NASAL (<i>influenza virus vac live quad</i>)	COVERED	QL, AGE per ACIP
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split high-dose</i>)	COVERED	
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML (<i>influenza vac high-dose quad</i>)	COVERED	QL, AGE per ACIP
FLUZONE INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	COVERED	
FLUZONE PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	COVERED	
FLUZONE QUADRIVALENT SUSPENSION INTRAMUSCULAR (<i>influenza vac split quad</i>)	COVERED	QL, AGE per ACIP
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hpv 9-valent recomb vaccine</i>)	COVERED	QL, AGE per ACIP
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (<i>hepatitis a vaccine</i>)	COVERED	QL, AGE per ACIP
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (<i>hepatitis b vac recomb adj</i>)	COVERED	QL, AGE per ACIP
IPOL INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	COVERED	QL, AGE per ACIP
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (<i>rsv mrna pre-f virus vaccine</i>)	COVERED	AGE (Min 60 Years); MAX 1 DOSE/LIFETIME

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<i>novavax covid-19 vaccine suspension 5 mcg/0.5ml intramuscular</i>	COVERED	QL, AGE per ACIP
PREHEVBRIO SUSPENSION 10 MCG/ML INTRAMUSCULAR (<i>hepatitis b vac 3-antigen rcmb</i>)	COVERED	QL, AGE per ACIP
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML (<i>hepatitis b vac recombinant</i>)	COVERED	QL, AGE per ACIP
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	COVERED	QL, AGE per ACIP
RECOMBIVAX HB SUSPENSION 10 MCG/ML INJECTION (<i>hepatitis b vac recombinant</i>)	COVERED	QL, AGE per ACIP
RECOMBIVAX HB SUSPENSION 5 MCG/0.5ML INJECTION (<i>hepatitis b vac recombinant</i>)	COVERED	QL, AGE per ACIP
ROTARIX ORAL SUSPENSION (<i>rotavirus vaccine live oral</i>)	COVERED	QL, AGE per ACIP
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (<i>covid-19 mrna virus vaccine</i>)	COVERED	QL, AGE per ACIP
SPIKEVAX SUSPENSION 50 MCG/0.5ML INTRAMUSCULAR (<i>covid-19 mrna virus vaccine</i>)	COVERED	QL, AGE per ACIP
VAQTA SUSPENSION 25 UNIT/0.5ML INTRAMUSCULAR (<i>hepatitis a vaccine</i>)	COVERED	QL, AGE per ACIP
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML (<i>varicella virus vaccine live</i>)	COVERED	QL, AGE per ACIP
VAGINAL AND RELATED PRODUCTS		
*IMIDAZOLE-RELATED ANTIFUNGALS***		
<i>clotrimazole 3 vaginal cream 2 %</i>	COVERED	
<i>clotrimazole-7 vaginal cream 1 %</i>	COVERED	
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	COVERED	
<i>miconazole 3 vaginal cream 4 %</i>	COVERED	
<i>miconazole 7 vaginal cream 2 %</i>	COVERED	
<i>miconazole 7 vaginal suppository 100 mg</i>	COVERED	
<i>ra miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i>	COVERED	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	COVERED	
<i>terconazole vaginal suppository 80 mg</i>	COVERED	QL (1 EA per 1 day)
<i>tioconazole-1 vaginal ointment 6.5 %</i>	COVERED	
*SPERMICIDES***		
<i>today sponge vaginal 1000 mg</i>	COVERED	
<i>vcf vaginal contraceptive vaginal film 28 %</i>	COVERED	
<i>vcf vaginal contraceptive vaginal foam 12.5 %</i>	COVERED	
*VAGINAL ANTI-INFECTIVES***		
<i>clindamycin phosphate vaginal cream 2 %</i>	COVERED	
<i>metronidazole vaginal gel 0.75 %</i>	COVERED	QL (70 GM per 5 days)

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*VAGINAL ESTROGENS***		
<i>estradiol vaginal cream 0.1 mg/gm</i>	COVERED	QL (1.42 GM per 1 day)
<i>estradiol vaginal tablet 10 mcg</i>	COVERED	
VASOPRESSORS		
*ANAPHYLAXIS THERAPY AGENTS***		
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml, 30 mg/30ml</i>	COVERED	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	COVERED	QL (2 EA per 25 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML (<i>epinephrine</i>)	COVERED	QL (2 EA per 25 days)
*VASOPRESSORS***		
<i>epinephrine injection solution 1 mg/ml, 10 mg/10ml</i>	COVERED	
<i>epinephrine injection solution prefilled syringe 0.2 mg/0.2ml, 1 mg/ml</i>	COVERED	
<i>epinephrine intravenous solution 1 mg/10ml</i>	COVERED	
<i>epinephrine pf injection solution 1 mg/ml</i>	COVERED	
<i>epinephrine solution prefilled syringe 1 mg/10ml intravenous</i>	COVERED	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	COVERED	QL (3 EA per 1 day)
VITAMINS		
*VITAMIN B-1***		
<i>thiamine hcl oral tablet 100 mg</i>	COVERED	QL (1 EA per 1 day)
<i>vitamin b-1 oral tablet 100 mg</i>	COVERED	QL (1 EA per 1 day)
<i>vitamin b-1 oral tablet 50 mg</i>	COVERED	QL (2 EA per 1 day)
*VITAMIN B-2***		
<i>vitamin b-2 oral tablet 100 mg</i>	COVERED	
*VITAMIN B-3***		
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>	COVERED	
<i>niacin er oral tablet extended release 250 mg, 500 mg, 750 mg</i>	COVERED	
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	COVERED	
<i>niacinamide oral tablet 500 mg</i>	COVERED	
*VITAMIN B-6***		
<i>pyridoxine hcl oral tablet 50 mg</i>	COVERED	QL (4 EA per 1 day)
<i>vitamin b-6 er oral tablet extended release 200 mg</i>	COVERED	QL (4 EA per 1 day)
<i>vitamin b-6 oral tablet 100 mg</i>	COVERED	QL (4 EA per 1 day)
<i>vitamin b-6 oral tablet 25 mg</i>	COVERED	QL (2 EA per 1 day)
*VITAMIN C***		
<i>ascorbic acid oral tablet 500 mg</i>	COVERED	

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*VITAMIN D***		
<i>d 10000 oral capsule 250 mcg (10000 ut)</i>	COVERED	QL (1 EA per 1 day)
<i>d3-1000 oral capsule 25 mcg (1000 ut)</i>	COVERED	QL (1 EA per 1 day)
<i>D3-50 ORAL CAPSULE 1.25 MG (50000 UT) (cholecalciferol)</i>	COVERED	QL (1 EA per 1 day)
<i>D-VI-SOL ORAL LIQUID 10 MCG/ML (cholecalciferol)</i>	COVERED	QL (6 ML per 1 day)
<i>natural vitamin d-3 oral tablet 125 mcg (5000 ut)</i>	COVERED	QL (6 EA per 1 day)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	COVERED	QL (6 EA per 1 day)
<i>vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	COVERED	QL (6 EA per 1 day)
<i>vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)</i>	COVERED	QL (1 EA per 1 day)
<i>vitamin d3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)</i>	COVERED	QL (1 EA per 1 day)
<i>vitamin d3 oral liquid 125 mcg/ml</i>	COVERED	QL (6 ML per 1 day)
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	COVERED	QL (6 EA per 1 day)
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	COVERED	QL (1 EA per 1 day)
*VITAMIN K***		
<i>phytonadione oral tablet 5 mg</i>	COVERED	QL (5 EA per 1 day)

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200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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