



April 2024

**Molina Healthcare of South
Carolina**

Medicaid

**Preferred Drug List
(Formulary)**

Molina Healthcare of South Carolina Preferred Drug List

(04/01/2024)

FORMULARY GUIDE

INTRODUCTION

We are pleased to provide the 2024 *Molina Healthcare of South Carolina Preferred Drug List* as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

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

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

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

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

PREFACE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., atorvastatin).
- The second column (Requirements/Limits) contains any special requirements for coverage of your drug.

- If the OTC and Prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms on the document will be consistent with the category and use where listed.

GENERIC SUBSTITUTION

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

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

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

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

PLAN DESIGN

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

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

PLAN DESIGN HIGHLIGHTS

Prescription Cost Sharing	
*Ages 19 years and older	\$3.40 copay per prescription and refill
Ages under 19 years	\$0 copay per prescription and refill

*There are no copays for pregnant members. Institutionalized individuals (such as persons in a

nursing facility or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)) and members of a federally recognized Indian tribe are exempt from most copays. Tribal members are exempt when services are received by the Catawba Service Unit in Rock Hill, South Carolina and when referred to a specialist or other medical provider by the Catawba Service Unit.

PRESCRIPTION QUANTITIES

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

NON-COVERED MEDICATIONS

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

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

PRIOR AUTHORIZATION REQUEST PROCEDURE

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

PRIOR AUTHORIZATION HELPFUL HINTS

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

Class of Medication/Diagnosis	Requested Clinical Information
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Cholesterol Lowering	Lipid Panel, Cardiovascular risk factors
Diabetes	A1c Report
Osteoporosis	T-score
Opioid dependence/addiction	Urine screen
Non-Formulary/Non-Preferred Medication	*Medication History and/or Progress Notes documenting previous use of Formulary medications

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

CLASSES OF CONSIDERATION

OPIOID ANALGESICS

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

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

The following constitute exceptions from these limits:

- Members with sickle cell disease, cancer, major surgery, major trauma, neonatal abstinence syndrome, chronic pain, or those receiving palliative or end-of-life care or medication assisted therapy (MAT).

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

REQUESTING PREFERRED DRUG LIST CHANGES

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

Fax: 1-855-571-3011

URGENT AND AFTER-HOURS MEDICATION POLICY

To prevent a member's condition from worsening in an urgent situation, it may be necessary to dispense a 3-day supply of a medication before prior authorization may be obtained from Molina.

(e.g., a member is discharged from a hospital after regular business hours with a special antibiotic prescription). Pharmacies are instructed to use their professional judgment and should not use this process to dispense medications that are specifically excluded from the pharmacy benefit. At the point of sale, pharmacies may enter a PAMC code of 11112222333 to allow for one-time processing of a 3-day supply of medication. This code should be submitted in the PA Auth code section on the claim. Successive 3-day supplies for a single prescription are not permitted.

In case of an emergency, a member who currently is enrolled in the South Carolina Medicaid Pharmacy Lock-In Program is allowed to obtain a 72-hour supply of a medication filled at a pharmacy that is not his/her designated lock-in pharmacy.

NOTICE

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

LEGEND

AGE	Age Limit
MED	Max 90 mg Morphine Equivalent Dose per day
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
PA, QL	Quantity Limit is applied after Prior Authorization approval
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
<i>lowercase</i>	Indicates generic availability
UPPERCASE	Indicates brand availability
90 DS	After two fills of a 30-day supply within 180 days, 90-day supply is available thereafter

FORMULARY UPDATES

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

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

Date Effective	Product Name	Change	Notes
4/1/2024	Albendazole tabs	Remove PA	Add QL 4/day
4/1/2024	Itraconazole caps	Add to formulary	QL: Max DD of 4; AGE (18+)
4/1/2024	<u>Lisdexamfetamine caps</u>	Add to formulary	QL: Max DD of 1; AGE (6+)
4/1/2024	Paxlovid	Add max 5-day supply per fill	

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

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90DS** - After two fills of a 30-day supply within 180 days, 90-day supply is available thereafter

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

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90DS** - After two fills of a 30-day supply within 180 days, 90-day supply is available thereafter

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

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90DS** - After two fills of a 30-day supply within 180 days, 90-day supply is available thereafter

Drug Name	Requirements/Limits
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***	
OTEZLA ORAL TABLET 30 MG	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	PA
*PYRIMIDINE SYNTHESIS INHIBITORS***	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	QL (1 EA per 1 day)
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	PA; QL (4 ML per 24 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	PA; QL (4 ML per 24 days)
*ANALGESICS OTHER***	
<i>acetaminophen 8 hour oral tablet extended release 650 mg</i>	QL (6 EA per 1 day)
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	QL (6 EA per 1 day)
<i>acetaminophen extra strength oral tablet 500 mg</i>	QL (8 EA per 1 day)
<i>acetaminophen infants oral suspension 160 mg/5ml</i>	
<i>acetaminophen junior strength oral tablet dispersible 160 mg</i>	QL (25 EA per 1 day)
<i>acetaminophen oral solution 160 mg/5ml</i>	
<i>acetaminophen oral tablet 325 mg</i>	QL (12 EA per 1 day)
<i>acetaminophen rectal suppository 650 mg</i>	QL (6 EA per 1 day)
<i>childrens non-aspirin oral tablet chewable 80 mg</i>	QL (6 EA per 1 day)
<i>ed-apap oral liquid 160 mg/5ml</i>	
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG	QL (50 EA per 1 day)
<i>pain relief childrens oral elixir 325 mg/10.15ml</i>	
*ANALGESICS-SEDATIVES***	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
*SALICYLATES***	
<i>aspirin low dose oral tablet chewable 81 mg</i>	QL (1 EA per 1 day)
<i>aspirin oral tablet 325 mg</i>	QL (12 EA per 1 day)
<i>aspirin oral tablet delayed release 325 mg</i>	QL (12 EA per 1 day)
<i>aspirin oral tablet delayed release 81 mg</i>	QL (1 EA per 1 day)
<i>salsalate oral tablet 500 mg, 750 mg</i>	QL (4 EA per 1 day)

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90DS** - After two fills of a 30-day supply within 180 days, 90-day supply is available thereafter

Drug Name	Requirements/Limits
*CODEINE COMBINATIONS***	
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	QL (3750 ML per 25 days); AGE (Min 12 Years); MED; Max 5 day supply for initial fill or PA required
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	QL (6 EA per 1 day); AGE (Min 12 Years); MED; Max 5 day supply for initial fill or PA required
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	QL (8 EA per 1 day); MED; Max 5 day supply for initial fill or PA required
*HYDROCODONE COMBINATIONS***	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	QL (3750 ML per 25 days); MED; Max 5 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	QL (6 EA per 1 day); MED; Max 5 day supply for initial fill or PA required
*OPIOID AGONISTS***	
<i>codeine sulfate oral tablet 30 mg</i>	QL (12 EA per 1 day); AGE (Min 12 Years); MED; Max 5 day supply for initial fill or PA required
<i>codeine sulfate oral tablet 60 mg</i>	QL (8 EA per 1 day); AGE (Min 12 Years); MED; Max 5 day supply for initial fill or PA required
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	PA; QL (0.334 EA per 1 day); MED
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	QL (12 EA per 1 day); MED; Max 5 day supply for initial fill or PA required
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	MED; Max 5 day supply for initial fill or PA required
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	MED; Max 5 day supply for initial fill or PA required
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	ST; QL (3 EA per 1 day); Requires prior use of IR Opioid; MED
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	MED; Max 5 day supply for initial fill or PA required
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	QL (3 EA per 1 day); MED; Max 5 day supply for initial fill or PA required
<i>oxycodone hcl oral solution 5 mg/5ml</i>	QL (240 ML per 1 day); MED; Max 5 day supply for initial fill or PA required
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	QL (90 EA per 25 days); MED; Max 5 day supply for initial fill or PA required

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Drug Name	Requirements/Limits
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	QL (120 EA per 25 days); MED; Max 5 day supply for initial fill or PA required
<i>tramadol hcl oral tablet 50 mg</i>	QL (8 EA per 1 day); AGE (Min 12 Years); MED; Max 5 day supply for initial fill or PA required
*OPIOID COMBINATIONS***	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	QL (6 EA per 1 day); MED; Max 5 day supply for initial fill or PA required
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	QL (8 EA per 1 day); MED; Max 5 day supply for initial fill or PA required
*OPIOID PARTIAL AGONISTS***	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	PA; QL (12 EA per 1 day); AGE (Min 16 Years); No pa required for DX of pregnancy
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	PA; QL (3 EA per 1 day); AGE (Min 16 Years); No pa required for DX of pregnancy
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	QL (2 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	QL (12 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	QL (6 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	QL (3 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	QL (12 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	QL (3 EA per 1 day); AGE (Min 16 Years)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML	AGE (Min 16 Years)
*ANDROGENS***	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	
*RECTAL ANESTHETIC COMBINATIONS***	
<i>hemorrhoidal external cream 1-0.25-14.4-15 %</i>	
*RECTAL LOCAL ANESTHETICS***	
<i>dibucaine (perianal) external ointment 1 %</i>	

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Drug Name	Requirements/Limits
*RECTAL STEROIDS***	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	QL (7 EA per 1 day)
PROCTOSOL HC EXTERNAL CREAM 2.5 %	
*ANTACID & SIMETHICONE***	
<i>antacid & antigas oral suspension 200-200-20 mg/5ml</i>	
<i>antacid anti-gas max strength oral suspension 400-400-40 mg/5ml</i>	
*ANTACID COMBINATIONS***	
<i>antacid extra strength oral tablet chewable 160-105 mg, 675-135 mg</i>	
<i>cvs antacid supreme oral suspension 400-135 mg/5ml</i>	
GAVISCON ORAL SUSPENSION 95-358 MG/15ML	
*ANTACIDS - BICARBONATE***	
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	
*ANTACIDS - CALCIUM SALTS***	
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	
<i>calcium antacid oral tablet chewable 500 mg</i>	
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	
<i>calcium carbonate antacid oral tablet 648 mg</i>	
<i>childrens soothe oral tablet chewable 400 mg</i>	
*ANTACIDS - MAGNESIUM SALTS***	
<i>magnesium oxide oral tablet 250 mg, 420 mg</i>	
*ANTHELMINTICS***	
<i>albendazole oral tablet 200 mg</i>	QL (4 EA per 1 day)
<i>ivermectin oral tablet 3 mg</i>	QL (1 EA per 1 day)
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>	
*ANTIANGINALS-OTHER***	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	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>	QL (4 EA per 1 day)
<i>isosorbide dinitrate oral tablet 20 mg</i>	QL (6 EA per 1 day)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	QL (2 EA per 1 day)
<i>isosorbide mononitrate oral tablet 10 mg</i>	QL (3 EA per 1 day)
<i>isosorbide mononitrate oral tablet 20 mg</i>	QL (2 EA per 1 day)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	QL (10 EA per 1 day)

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Drug Name	Requirements/Limits
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	QL (1 EA per 1 day)
*ANTIANKXIETY AGENTS - MISC.***	
<i>bupirone hcl oral tablet 10 mg</i>	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>bupirone hcl oral tablet 15 mg</i>	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>bupirone hcl oral tablet 5 mg</i>	QL (8 EA per 1 day); AGE (Min 6 Years)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	QL (8 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 100 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	QL (8 EA per 1 day); AGE (Max 64 Years)
*BENZODIAZEPINES***	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	QL (3 EA per 1 day); AGE (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	QL (4 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	PA; QL (3 ML per 1 day); AGE (Max 64 Years)
<i>diazepam oral solution 5 mg/5ml</i>	QL (4 ML per 1 day); AGE (Max 64 Years)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	QL (3 EA per 1 day); AGE (Max 64 Years)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	QL (3 ML per 1 day); AGE (Min 12 Years)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	QL (3 EA per 1 day); AGE (Min 12 Years)
<i>oxazepam oral capsule 10 mg, 15 mg</i>	QL (3 EA per 1 day); AGE (Min 6 Years)
<i>oxazepam oral capsule 30 mg</i>	QL (4 EA per 1 day); AGE (Min 6 Years)
*ANTIARRHYTHMICS TYPE I-A***	
<i>disopyramide phosphate oral capsule 100 mg</i>	QL (8 EA per 1 day)

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Drug Name	Requirements/Limits
<i>disopyramide phosphate oral capsule 150 mg</i>	QL (5 EA per 1 day); AGE (Max 64 Years)
<i>quinidine sulfate oral tablet 300 mg</i>	QL (8 EA per 1 day)
*ANTIARRHYTHMICS TYPE I-B***	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	QL (6 EA per 1 day)
*ANTIARRHYTHMICS TYPE I-C***	
<i>flecainide acetate oral tablet 100 mg</i>	QL (6 EA per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	QL (3 EA per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	QL (7 EA per 1 day)
<i>propafenone hcl oral tablet 150 mg</i>	QL (6 EA per 1 day)
<i>propafenone hcl oral tablet 225 mg, 300 mg</i>	QL (3 EA per 1 day)
*ANTIARRHYTHMICS TYPE III***	
<i>amiodarone hcl oral tablet 200 mg</i>	QL (4 EA per 1 day)
*ADRENERGIC COMBINATIONS***	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	QL (1 EA per 1 day)
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	QL (20.6 GM per 25 days); 90DS
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	QL (20.4 GM per 25 days); 90DS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	QL (1 EA per 1 day); 90DS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	QL (0.04 EA per 1 day); 90DS
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	QL (360 ML per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	QL (1 EA per 1 day)
*ANTI-IGE MONOCLONAL ANTIBODIES***	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	PA; QL (5 ML per 24 days); 90DS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	PA; QL (2.5 ML per 24 days); 90DS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	PA; QL (5 EA per 24 days); 90DS
*ANTI-INFLAMMATORY AGENTS***	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	QL (26 ML per 1 day)
*BETA ADRENERGICS***	
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	QL (18 GM per 25 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	QL (6.7 GM per 25 days)

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Drug Name	Requirements/Limits
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	QL (8.5 GM per 25 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml</i>	QL (200 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 1.25 mg/3ml</i>	QL (150 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	QL (150 EA per 25 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	QL (150 ML per 1 day)
<i>albuterol sulfate oral tablet 4 mg</i>	QL (8 EA per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	QL (2 GM per 1 day)
<i>terbutaline sulfate oral tablet 2.5 mg</i>	QL (8 EA per 1 day)
<i>terbutaline sulfate oral tablet 5 mg</i>	QL (6 EA per 1 day)
*BRONCHODILATORS - ANTICHOLINERGICS***	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	QL (12.9 GM per 25 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	QL (1 EA per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	QL (10 ML per 1 day)
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	PA; 90DS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	PA; 90DS
*LEUKOTRIENE RECEPTOR ANTAGONISTS***	
<i>montelukast sodium oral tablet 10 mg</i>	QL (1 EA per 1 day); 90DS
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	QL (1 EA per 1 day); 90DS
*STEROID INHALANTS***	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT	QL (6.1 GM per 25 days); 90DS
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	QL (4 ML per 1 day); AGE (Max 9 Years)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	QL (0.4 GM per 1 day); AGE (Max 11 Years); 90DS
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	QL (0.354 GM per 1 day); AGE (Max 11 Years); 90DS
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	QL (0.354 GM per 1 day); 90DS
*XANTHINES***	
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	QL (4 EA per 1 day); 90DS
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	QL (2 EA per 1 day); 90DS
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	QL (3 EA per 1 day); 90DS

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Drug Name	Requirements/Limits
<i>theophylline oral elixir 80 mg/15ml</i>	90DS
<i>theophylline oral solution 80 mg/15ml</i>	90DS
*COUMARIN ANTICOAGULANTS***	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	QL (10 EA per 1 day)
*DIRECT FACTOR XA INHIBITORS***	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	QL (74 EA per 1 day)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	QL (2 EA per 1 day)
*LOW MOLECULAR WEIGHT HEPARINS***	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	QL (2 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	QL (1.6 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	QL (0.6 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	QL (0.8 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	QL (1.2 ML per 1 day)
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	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>	PA
*ANTICONVULSANTS - BENZODIAZEPINES***	
<i>clobazam oral tablet 10 mg, 20 mg</i>	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg</i>	
<i>clonazepam oral tablet 1 mg</i>	QL (10 EA per 1 day)
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	
<i>diazepam rectal gel 10 mg, 20 mg</i>	
KLONOPIN ORAL TABLET 2 MG	QL (10 EA per 1 day)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	QL (10 EA per 25 days); AGE (Min 12 Years)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	QL (10 EA per 25 days); AGE (Min 6 Years)

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

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Drug Name	Requirements/Limits
<i>topiramate oral tablet 25 mg</i>	QL (4 EA per 1 day)
TRILEPTAL ORAL TABLET 300 MG	QL (8 EA per 1 day)
<i>zonisamide oral capsule 100 mg</i>	QL (6 EA per 1 day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>	QL (2 EA per 1 day)
*GABA MODULATORS***	
<i>tiagabine hcl oral tablet 12 mg</i>	QL (4.67 EA per 1 day)
<i>tiagabine hcl oral tablet 16 mg</i>	QL (3.5 EA per 1 day)
<i>tiagabine hcl oral tablet 2 mg</i>	QL (28 EA per 1 day)
<i>tiagabine hcl oral tablet 4 mg</i>	QL (14 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	QL (6 EA per 1 day)
VIGADRONE ORAL PACKET 500 MG	QL (6 EA per 1 day)
*HYDANTOINS***	
DILANTIN ORAL CAPSULE 30 MG	QL (6 EA per 1 day)
<i>phenytoin oral suspension 125 mg/5ml</i>	QL (20 ML per 1 day)
<i>phenytoin oral tablet chewable 50 mg</i>	QL (5 EA per 1 day)
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	QL (6 EA per 1 day)
*SUCCINIMIDES***	
<i>ethosuximide oral capsule 250 mg</i>	QL (6 EA per 1 day)
<i>ethosuximide oral solution 250 mg/5ml</i>	QL (30 ML per 1 day)
*VALPROIC ACID***	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	QL (10 EA per 1 day)
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	QL (10 EA per 1 day)
<i>divalproex sodium oral tablet delayed release 125 mg</i>	QL (15 EA per 1 day)
<i>divalproex sodium oral tablet delayed release 250 mg, 500 mg</i>	QL (10 EA per 1 day)
<i>valproic acid oral capsule 250 mg</i>	QL (20 EA per 1 day)
<i>valproic acid oral solution 250 mg/5ml</i>	QL (100 ML per 1 day)
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)***	
<i>mirtazapine oral tablet 15 mg, 45 mg</i>	QL (1 EA per 1 day); 90DS
<i>mirtazapine oral tablet 30 mg</i>	QL (4 EA per 1 day); 90DS
*ANTIDEPRESSANTS - MISC.***	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg</i>	QL (2 EA per 1 day); 90DS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	QL (3 EA per 1 day); 90DS
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	QL (1 EA per 1 day); 90DS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	QL (4 EA per 1 day); 90DS
*MONOAMINE OXIDASE INHIBITORS (MAOIS)***	
<i>phenelzine sulfate oral tablet 15 mg</i>	QL (6 EA per 1 day); 90DS

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90DS** - After two fills of a 30-day supply within 180 days, 90-day supply is available thereafter

Drug Name	Requirements/Limits
<i>tranylcypromine sulfate oral tablet 10 mg</i>	QL (8 EA per 1 day); 90DS
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	QL (20 ML per 1 day); 90DS
<i>citalopram hydrobromide oral tablet 10 mg</i>	QL (1.5 EA per 1 day); 90DS
<i>citalopram hydrobromide oral tablet 20 mg, 40 mg</i>	QL (2 EA per 1 day); 90DS
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	90DS
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	QL (1.5 EA per 1 day); 90DS
<i>escitalopram oxalate oral tablet 20 mg</i>	QL (1 EA per 1 day); 90DS
<i>fluoxetine hcl oral capsule 10 mg</i>	QL (3 EA per 1 day); 90DS
<i>fluoxetine hcl oral capsule 20 mg</i>	QL (4 EA per 1 day); 90DS
<i>fluoxetine hcl oral capsule 40 mg</i>	QL (2 EA per 1 day); 90DS
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	90DS
<i>fluvoxamine maleate oral tablet 100 mg</i>	QL (3 EA per 1 day); 90DS
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	QL (2 EA per 1 day); 90DS
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	QL (2 EA per 1 day); 90DS
<i>sertraline hcl oral concentrate 20 mg/ml</i>	90DS
<i>sertraline hcl oral tablet 100 mg, 50 mg</i>	QL (2 EA per 1 day); 90DS
<i>sertraline hcl oral tablet 25 mg</i>	QL (1.5 EA per 1 day); 90DS
*SEROTONIN MODULATORS***	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	90DS
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	QL (2 EA per 1 day); 90DS
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	QL (1 EA per 1 day); 90DS
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	QL (3 EA per 1 day); 90DS
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	QL (3 EA per 1 day); 90DS
*TRICYCLIC AGENTS***	
<i>amitriptyline hcl oral tablet 10 mg, 25 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years); 90DS
<i>amitriptyline hcl oral tablet 100 mg, 150 mg</i>	QL (3 EA per 1 day); AGE (Max 64 Years); 90DS
<i>amitriptyline hcl oral tablet 50 mg, 75 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years); 90DS
<i>clomipramine hcl oral capsule 25 mg</i>	QL (6 EA per 1 day); 90DS
<i>clomipramine hcl oral capsule 50 mg, 75 mg</i>	QL (4 EA per 1 day); 90DS
<i>desipramine hcl oral tablet 10 mg, 50 mg</i>	QL (6 EA per 1 day); 90DS
<i>desipramine hcl oral tablet 100 mg</i>	QL (3 EA per 1 day); 90DS
<i>desipramine hcl oral tablet 150 mg</i>	QL (2 EA per 1 day); 90DS

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Drug Name	Requirements/Limits
<i>desipramine hcl oral tablet 25 mg, 75 mg</i>	QL (4 EA per 1 day); 90DS
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	QL (3 EA per 1 day); AGE (Max 64 Years); 90DS
<i>doxepin hcl oral capsule 150 mg</i>	QL (2 EA per 1 day); AGE (Max 64 Years); 90DS
<i>doxepin hcl oral concentrate 10 mg/ml</i>	QL (30 ML per 1 day); AGE (Max 64 Years); 90DS
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	QL (6 EA per 1 day); 90DS
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	QL (6 EA per 1 day); 90DS
<i>nortriptyline hcl oral capsule 50 mg</i>	QL (4 EA per 1 day); 90DS
<i>nortriptyline hcl oral capsule 75 mg</i>	QL (2 EA per 1 day); 90DS
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	QL (8 EA per 1 day); 90DS
*ALPHA-GLUCOSIDASE INHIBITORS***	
<i>acarbose oral tablet 100 mg</i>	QL (4 EA per 1 day)
<i>acarbose oral tablet 25 mg, 50 mg</i>	QL (3 EA per 1 day)
*BIGUANIDES***	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	QL (4 EA per 1 day)
<i>metformin hcl oral tablet 1000 mg</i>	QL (2 EA per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	QL (5 EA per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	QL (3 EA per 1 day)
*DIABETIC OTHER - COMBINATIONS***	
<i>glucose instant energy oral tablet chewable 4-6 gm-mg</i>	
*DIABETIC OTHER***	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	QL (2 EA per 25 days)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	QL (2 EA per 25 days)
<i>glucagon emergency injection kit 1 mg</i>	QL (2 EA per 25 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	QL (2 ML per 25 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	QL (0.4 ML per 25 days)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	QL (0.4 ML per 25 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	QL (0.2 ML per 25 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	QL (0.4 ML per 25 days)
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***	
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	ST; QL (1 EA per 1 day); PRIOR USE OF METFORMIN

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Drug Name	Requirements/Limits
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***	
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	ST; QL (2 EA per 1 day); PRIOR USE OF METFORMIN AND SULFON
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***	
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	ST; QL (1 EA per 1 day); PRIOR USE OF METFORMIN AND SULFON
*HUMAN INSULIN***	
ADMELOG INJECTION SOLUTION 100 UNIT/ML	QL (30 ML per 25 days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	QL (30 ML per 25 days)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	QL (30 ML per 25 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	QL (20 ML per 25 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	QL (18 ML per 25 days)
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	QL (30 ML per 25 days)
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	QL (30 ML per 25 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	QL (30 ML per 25 days)
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	QL (30 ML per 25 days)
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	QL (30 ML per 25 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	QL (30 ML per 25 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	QL (30 ML per 25 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	QL (30 ML per 25 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	QL (30 ML per 25 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	QL (30 ML per 25 days)
SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML	QL (30 ML per 25 days)
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	ST; QL (3 ML per 25 days); PRIOR USE OF METFORMIN
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	ST; QL (3 ML per 25 days); PRIOR USE OF METFORMIN
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	ST; QL (3 ML per 25 days); PRIOR USE OF METFORMIN

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Drug Name	Requirements/Limits
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	ST; QL (1 EA per 1 day); PRIOR USE OF METFORMIN
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	ST; QL (2 ML per 25 days); PRIOR USE OF METFORMIN
*MEGLITINIDE ANALOGUES***	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	QL (3 EA per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	QL (6 EA per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***	
STEGLATRO ORAL TABLET 15 MG, 5 MG	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	ST; PRIOR USE OF METFORMIN
*SULFONYLUREA-BIGUANIDE COMBINATIONS***	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg</i>	QL (2 EA per 1 day)
<i>glyburide-metformin oral tablet 5-500 mg</i>	QL (4 EA per 1 day)
*SULFONYLUREAS***	
<i>glimepiride oral tablet 1 mg, 4 mg</i>	QL (3 EA per 1 day)
<i>glimepiride oral tablet 2 mg</i>	QL (4 EA per 1 day)
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	QL (2 EA per 1 day)
<i>glipizide oral tablet 10 mg</i>	QL (4 EA per 1 day)
<i>glipizide oral tablet 5 mg</i>	QL (8 EA per 1 day)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	QL (4 EA per 1 day)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	QL (4 EA per 1 day)
*THIAZOLIDINEDIONES***	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	QL (1 EA per 1 day)
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***	
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	
<i>stomach relief oral tablet 262 mg</i>	
*ANTIPERISTALTIC AGENTS***	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	QL (40 ML per 1 day)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	QL (8 EA per 1 day)
<i>loperamide hcl oral capsule 2 mg</i>	QL (8 EA per 1 day)
<i>loperamide hcl oral suspension 1 mg/7.5ml</i>	
<i>loperamide hcl oral tablet 2 mg</i>	QL (8 EA per 1 day)
*OPIOID ANTAGONISTS***	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	

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Drug Name	Requirements/Limits
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	
<i>naltrexone hcl oral tablet 50 mg</i>	QL (2 EA per 1 day)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	
*5-HT3 RECEPTOR ANTAGONISTS***	
<i>granisetron hcl oral tablet 1 mg</i>	ST; QL (2 EA per 1 day); PRIOR USE OF ONDANSETRON
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	QL (90 EA per 25 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	QL (90 EA per 25 days)
*ANTIEMETIC COMBINATIONS***	
<i>anti-nausea oral solution 1.87-1.87-21.5</i>	
*ANTIEMETICS - ANTICHOLINERGIC***	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	QL (4 EA per 1 day)
<i>motion sickness relief oral tablet chewable 25 mg</i>	QL (4 EA per 1 day)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	QL (0.34 EA per 1 day)
*ANTIFUNGALS***	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	QL (40 ML per 1 day)
<i>nystatin oral tablet 500000 unit</i>	QL (8 EA per 1 day)
<i>terbinafine hcl oral tablet 250 mg</i>	QL (1 EA per 1 day)
*IMIDAZOLES***	
<i>ketoconazole oral tablet 200 mg</i>	QL (2 EA per 1 day)
*TRIAZOLES***	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	QL (35 ML per 25 days); AGE (Max 12 Years)
<i>fluconazole oral tablet 100 mg, 200 mg</i>	QL (21 EA per 25 days)
<i>fluconazole oral tablet 150 mg</i>	QL (2 EA per 25 days)
<i>fluconazole oral tablet 50 mg</i>	QL (2 EA per 1 day)
<i>itraconazole oral capsule 100 mg</i>	QL (4 EA per 1 day); AGE (Min 18 Years)
*ANTIHISTAMINES - ALKYLAMINES***	
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	QL (2 EA per 1 day)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	QL (6 EA per 1 day)
*ANTIHISTAMINES - ETHANOLAMINES***	
<i>allergy relief childrens oral tablet dispersible 12.5 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>allergy relief oral capsule 25 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)

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Drug Name	Requirements/Limits
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	
<i>carbinoxamine maleate oral tablet 4 mg</i>	
<i>clemastine fumarate oral tablet 1.34 mg</i>	QL (2 EA per 1 day)
<i>clemastine fumarate oral tablet 2.68 mg</i>	QL (3 EA per 1 day)
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	AGE (Max 64 Years)
<i>diphenhydramine hcl oral capsule 50 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	QL (6 EA per 1 day); AGE (Max 12 Years)
*ANTIHISTAMINES - NON-SEDATING***	
<i>allergy (cetirizine) oral tablet 10 mg</i>	QL (1 EA per 1 day)
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>cetirizine hcl oral tablet 5 mg</i>	QL (1 EA per 1 day)
<i>loratadine childrens oral solution 5 mg/5ml</i>	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>loratadine oral tablet 10 mg</i>	QL (1 EA per 1 day)
<i>loratadine oral tablet dispersible 10 mg</i>	QL (1 EA per 1 day); AGE (Max 12 Years)
*ANTIHISTAMINES - PHENOTHIAZINES***	
<i>promethazine hcl injection solution 25 mg/ml</i>	QL (100 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl injection solution 50 mg/ml</i>	QL (50 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	QL (100 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	QL (2 EA per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 25 mg</i>	QL (6 EA per 1 day); AGE (Min 2 Years and Max 64 Years)
*ANTIHISTAMINES - PIPERIDINES***	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	QL (20 ML per 1 day); AGE (Max 64 Years)
<i>cyproheptadine hcl oral tablet 4 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***	
NEXLIZET ORAL TABLET 180-10 MG	PA

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Drug Name	Requirements/Limits
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS***	
NEXLETOL ORAL TABLET 180 MG	PA
*BILE ACID SEQUESTRANTS***	
<i>cholestyramine light oral powder 4 gm/dose</i>	QL (8 GM per 1 day)
<i>cholestyramine oral powder 4 gm/dose</i>	QL (48 GM per 1 day)
<i>colestipol hcl oral tablet 1 gm</i>	QL (16 EA per 1 day)
*FIBRIC ACID DERIVATIVES***	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	QL (1 EA per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>	QL (4 EA per 1 day)
*HMG COA REDUCTASE INHIBITORS***	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (1 EA per 1 day); 90DS
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	QL (1 EA per 1 day); 90DS
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (1 EA per 1 day); 90DS
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	QL (1 EA per 1 day); 90DS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	QL (1 EA per 1 day); 90DS
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***	
<i>ezetimibe oral tablet 10 mg</i>	QL (1 EA per 1 day)
*PCSK9 INHIBITORS***	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	PA; QL (3.5 ML per 25 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	PA; QL (2 ML per 24 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	PA; QL (2 ML per 24 days)
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS***	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	QL (1 EA per 1 day)
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE***	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	QL (1 EA per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	QL (2 EA per 1 day)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	QL (1 EA per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	QL (1 EA per 1 day)
*ACE INHIBITORS***	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	QL (1.5 EA per 1 day)
<i>benazepril hcl oral tablet 40 mg</i>	QL (2 EA per 1 day)

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Drug Name	Requirements/Limits
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	QL (3 EA per 1 day)
<i>enalapril maleate oral solution 1 mg/ml</i>	AGE (Max 12 Years)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>enalapril maleate oral tablet 20 mg</i>	QL (2 EA per 1 day)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	QL (1 EA per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>lisinopril oral tablet 30 mg, 40 mg</i>	QL (2 EA per 1 day)
QBRELIS ORAL SOLUTION 1 MG/ML	AGE (Min 6 Years and Max 12 Years)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	QL (1 EA per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB***	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	QL (1 EA per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE***	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	QL (1 EA per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	QL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	QL (1 EA per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAGONISTS***	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	QL (1 EA per 1 day)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	QL (1 EA per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	QL (2 EA per 1 day)
*ANTIADRENERGICS - CENTRALLY ACTING***	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	QL (6 EA per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	QL (4 EA per 1 day)
<i>guanfacine hcl oral tablet 1 mg</i>	QL (4 EA per 1 day)
<i>guanfacine hcl oral tablet 2 mg</i>	QL (2 EA per 1 day)
<i>methyldopa oral tablet 250 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>methyldopa oral tablet 500 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
*ANTIADRENERGICS - PERIPHERALLY ACTING***	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	QL (2 EA per 1 day)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	QL (6 EA per 1 day)
<i>terazosin hcl oral capsule 1 mg, 5 mg</i>	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
<i>terazosin hcl oral capsule 10 mg, 2 mg</i>	QL (2 EA per 1 day)
*BETA BLOCKER & DIURETIC COMBINATIONS***	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	QL (1 EA per 1 day)
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	QL (2 EA per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i>	QL (4 EA per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i>	QL (3 EA per 1 day)
*VASODILATORS***	
<i>hydralazine hcl oral tablet 10 mg</i>	QL (10 EA per 1 day)
<i>hydralazine hcl oral tablet 100 mg</i>	QL (3 EA per 1 day)
<i>hydralazine hcl oral tablet 25 mg</i>	QL (4 EA per 1 day)
<i>hydralazine hcl oral tablet 50 mg</i>	QL (8 EA per 1 day)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	QL (5 EA per 1 day)
*ANTI-INFECTIVE AGENTS - MISC.***	
<i>metronidazole oral tablet 250 mg</i>	QL (8 EA per 1 day)
<i>metronidazole oral tablet 500 mg</i>	QL (4 EA per 1 day)
<i>trimethoprim oral tablet 100 mg</i>	QL (6 EA per 1 day)
*ANTI-INFECTIVE MISC. - COMBINATIONS***	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	QL (40 ML per 1 day)
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	QL (4 EA per 1 day)
*ANTIPROTOZOAL AGENTS***	
<i>atovaquone oral suspension 750 mg/5ml</i>	PA; 90
*GLYCOPEPTIDES***	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	QL (40 ML per 1 day)
*LEPROSTATICS***	
<i>dapsone oral tablet 100 mg</i>	QL (3 EA per 1 day)
<i>dapsone oral tablet 25 mg</i>	QL (4 EA per 1 day)
*LINCOSAMIDES***	
<i>clindamycin hcl oral capsule 150 mg</i>	QL (8 EA per 1 day)
<i>clindamycin hcl oral capsule 300 mg</i>	QL (6 EA per 1 day)
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	AGE (Max 18 Years)
*OXAZOLIDINONES***	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PA
<i>linezolid oral tablet 600 mg</i>	PA
*URINARY ANTI-INFECTIVES***	
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	QL (2 EA per 1 day); AGE (Max 64 Years)

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Drug Name	Requirements/Limits
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	QL (40 ML per 1 day); AGE (Max 12 Years)
*ANTIMALARIALS***	
<i>chloroquine phosphate oral tablet 250 mg</i>	QL (10 EA per 3 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	QL (5 EA per 3 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	QL (4 EA per 1 day)
<i>mefloquine hcl oral tablet 250 mg</i>	QL (4 EA per 1 day)
*ANTIMYASTHENIC/CHOLINERGIC AGENTS***	
<i>pyridostigmine bromide oral tablet 60 mg</i>	QL (6 EA per 1 day)
*ANTIMYCOBACTERIAL AGENTS***	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	QL (5 EA per 1 day)
<i>isoniazid oral syrup 50 mg/5ml</i>	QL (30 ML per 1 day)
<i>isoniazid oral tablet 100 mg</i>	QL (6 EA per 1 day)
<i>isoniazid oral tablet 300 mg</i>	QL (3 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	QL (1.143 EA per 1 day)
<i>pyrazinamide oral tablet 500 mg</i>	QL (6 EA per 1 day)
<i>rifampin oral capsule 150 mg, 300 mg</i>	QL (8 EA per 1 day)
*ANDROGEN BIOSYNTHESIS INHIBITORS***	
<i>abiraterone acetate oral tablet 250 mg</i>	PA; QL (4 EA per 1 day)
*ANTIADRENALS***	
LYSODREN ORAL TABLET 500 MG	
*ANTIANDROGENS***	
<i>bicalutamide oral tablet 50 mg</i>	QL (3 EA per 1 day)
*ANTIESTROGENS***	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	QL (2 EA per 1 day)
*ANTIMETABOLITES***	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	PA
<i>mercaptopurine oral tablet 50 mg</i>	QL (4 EA per 1 day)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	QL (10 ML per 25 days)
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	QL (10 ML per 25 days)
*ANTINEOPLASTIC - ALK INHIBITORS***	
ALECENSA ORAL CAPSULE 150 MG	PA; QL (8 EA per 1 day)

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

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Drug Name	Requirements/Limits
*NITROGEN MUSTARDS AND RELATED ANALOGUES***	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	QL (16 EA per 1 day)
LEUKERAN ORAL TABLET 2 MG	QL (8 EA per 1 day)
<i>melphalan oral tablet 2 mg</i>	
*PROGESTINS-ANTINEOPLASTIC***	
<i>megestrol acetate oral suspension 40 mg/ml</i>	QL (40 ML per 1 day)
<i>megestrol acetate oral tablet 20 mg</i>	QL (40 EA per 1 day)
<i>megestrol acetate oral tablet 40 mg</i>	QL (20 EA per 1 day)
*RETINOIDS***	
<i>tretinoin oral capsule 10 mg</i>	PA
*ANTIPARKINSON ANTICHOLINERGICS***	
<i>benztropine mesylate oral tablet 0.5 mg</i>	QL (5 EA per 1 day); AGE (Max 64 Years)
<i>benztropine mesylate oral tablet 1 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>benztropine mesylate oral tablet 2 mg</i>	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	PA
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	QL (3 EA per 1 day); AGE (Max 64 Years)
*ANTIPARKINSON DOPAMINERGICS***	
<i>amantadine hcl oral capsule 100 mg</i>	QL (4 EA per 1 day)
<i>amantadine hcl oral solution 50 mg/5ml</i>	QL (1 ML per 1 day)
<i>bromocriptine mesylate oral capsule 5 mg</i>	QL (6 EA per 1 day)
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	QL (6 EA per 1 day)
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***	
<i>selegiline hcl oral capsule 5 mg</i>	QL (2 EA per 1 day); 90DS
<i>selegiline hcl oral tablet 5 mg</i>	QL (2 EA per 1 day); 90DS
*LEVODOPA COMBINATIONS***	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg</i>	QL (4 EA per 1 day)
<i>carbidopa-levodopa er oral tablet extended release 50-200 mg</i>	QL (8 EA per 1 day)
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-250 mg</i>	QL (8 EA per 1 day)
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	QL (12 EA per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg</i>	ST; QL (8 EA per 1 day); prior use of LEVODOPA/CARBIDOPA
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	ST; QL (6 EA per 1 day); prior use of LEVODOPA/CARBIDOPA

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Drug Name	Requirements/Limits
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS***	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	QL (3 EA per 1 day)
<i>pramipexole dihydrochloride oral tablet 0.75 mg</i>	QL (6 EA per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	QL (12 EA per 1 day)
<i>ropinirole hcl oral tablet 0.5 mg</i>	QL (6 EA per 1 day)
*PERIPHERAL COMT INHIBITORS***	
<i>entacapone oral tablet 200 mg</i>	ST; QL (8 EA per 1 day); prior use of LEVODOPA/CARBIDOPA
*ANTIMANIC AGENTS***	
<i>lithium carbonate er oral tablet extended release 300 mg</i>	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate er oral tablet extended release 450 mg</i>	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate oral capsule 150 mg</i>	QL (12 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate oral capsule 300 mg</i>	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate oral capsule 600 mg</i>	QL (3 EA per 1 day)
<i>lithium carbonate oral tablet 300 mg</i>	QL (6 EA per 1 day)
<i>lithium oral solution 8 meq/5ml</i>	
*ANTIPSYCHOTICS - MISC.***	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	PA; AGE (Min 6 Years); 90DS
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	PA; AGE (Min 6 Years); 90DS
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	QL (2 EA per 1 day); 90DS
*BENZISOXAZOLES***	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	QL (0.75 ML per 25 days); AGE (Min 18 Years); 90DS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	QL (1 ML per 25 days); AGE (Min 18 Years); 90DS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	QL (1.5 ML per 25 days); AGE (Min 18 Years); 90DS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	QL (0.25 ML per 25 days); AGE (Min 18 Years); 90DS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	QL (0.5 ML per 25 days); AGE (Min 18 Years); 90DS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	QL (0.88 ML per 71 days); AGE (Min 18 Years and Max 1 Years); 90DS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	QL (1.32 ML per 71 days); AGE (Min 18 Years and Max 1 Years); 90DS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	QL (1.75 ML per 71 days); AGE (Min 18 Years); 90DS

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Drug Name	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	QL (2.65 ML per 71 days); AGE (Min 18 Years and Max 1 Years); 90DS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	PA; AGE (Min 6 Years); 90DS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	AGE (Min 18 Years); 90DS
<i>risperidone oral solution 1 mg/ml</i>	QL (16 ML per 1 day); AGE (Min 5 Years); 90DS
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	QL (2 EA per 1 day); AGE (Min 5 Years); 90DS
<i>risperidone oral tablet 4 mg</i>	QL (4 EA per 1 day); AGE (Min 5 Years); 90DS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	QL (2 EA per 1 day); AGE (Min 5 Years); 90DS
<i>risperidone oral tablet dispersible 4 mg</i>	QL (4 EA per 1 day); AGE (Min 5 Years); 90DS
*BUTYROPHENONES***	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	AGE (Min 6 Years); 90DS
<i>haloperidol lactate injection solution 5 mg/ml</i>	AGE (Min 6 Years)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	AGE (Min 6 Years); 90DS
<i>haloperidol oral tablet 0.5 mg</i>	QL (6 EA per 1 day); AGE (Min 6 Years); 90DS
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	QL (5 EA per 1 day); AGE (Min 6 Years); 90DS
*DIBENZODIAZEPINES***	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg</i>	AGE (Min 6 Years); 90DS
<i>clozapine oral tablet 50 mg</i>	QL (2 EA per 1 day); AGE (Min 6 Years); 90DS
*DIBENZO-OXEPINO PYRROLES***	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	90DS
*DIBENZOTHIAZEPINES***	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	PA; QL (1 EA per 1 day); AGE (Min 6 Years); 90DS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	QL (2 EA per 1 day); AGE (Min 6 Years); 90DS
*DIBENZOXAZEPINES***	
<i>loxapine succinate oral capsule 10 mg, 5 mg, 50 mg</i>	QL (15 EA per 1 day); AGE (Min 6 Years); 90DS
<i>loxapine succinate oral capsule 25 mg</i>	QL (6 EA per 1 day); AGE (Min 6 Years); 90DS
*PHENOTHIAZINES***	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	QL (12 EA per 1 day); AGE (Min 6 Years); 90DS

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Drug Name	Requirements/Limits
COMPRO RECTAL SUPPOSITORY 25 MG	QL (12 EA per 1 day)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	90DS
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	QL (4 EA per 1 day); AGE (Min 6 Years); 90DS
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	QL (3 EA per 1 day); AGE (Min 6 Years); 90DS
<i>prochlorperazine maleate oral tablet 10 mg</i>	QL (8 EA per 1 day); AGE (Min 6 Years); 90DS
<i>prochlorperazine maleate oral tablet 5 mg</i>	QL (10 EA per 1 day); AGE (Min 6 Years); 90DS
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	QL (3 EA per 1 day); AGE (Max 64 Years); 90DS
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg</i>	QL (6 EA per 1 day); AGE (Min 6 Years); 90DS
<i>trifluoperazine hcl oral tablet 10 mg</i>	QL (4 EA per 1 day); AGE (Min 6 Years); 90DS
*QUINOLINONE DERIVATIVES***	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	QL (1 EA per 25 days); AGE (Min 18 Years); 90DS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	QL (1 EA per 25 days); AGE (Min 18 Years); 90DS
<i>aripiprazole oral solution 1 mg/ml</i>	PA; AGE (Min 6 Years); 90DS
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	QL (1 EA per 1 day); AGE (Min 6 Years); 90DS
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PA; QL (1 EA per 1 day); AGE (Min 6 Years); 90DS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	QL (3.9 ML per 50 days); AGE (Min 18 Years); 90DS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	QL (1.6 ML per 25 days); AGE (Min 18 Years); 90DS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	QL (2.4 ML per 25 days); AGE (Min 18 Years); 90DS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	QL (3.2 ML per 25 days); AGE (Min 18 Years); 90DS
*THIENBENZODIAZEPINES***	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	ST; QL (1 EA per 1 day); PRIOR USE RISPERIDONE or QUETIAPINE or CLOZAPINE, 90DS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	AGE (Min 18 Years); 90DS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	QL (1 EA per 25 days); AGE (Min 18 Years); 90DS

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Drug Name	Requirements/Limits
*THIOXANTHENES***	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	QL (6 EA per 1 day); AGE (Min 6 Years); 90DS
*CHLORINE ANTISEPTICS***	
HIBICLENS EXTERNAL LIQUID 4 %	
*ANTIRETROVIRAL COMBINATIONS***	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG	QL (1 EA per 1 day); AGE (Min 12 Years and Max 12 Years)
BIKTARVY ORAL TABLET 50-200-25 MG	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	ST; QL (1 EA per 1 day); Prior Use of Truvada
DOVATO ORAL TABLET 50-300 MG	QL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir oral tablet 200-300 mg</i>	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG	QL (1 EA per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML	QL (16 ML per 1 day)
KALETRA ORAL TABLET 100-25 MG	QL (8 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	QL (4 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	QL (2 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	QL (1 EA per 1 day)
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	QL (30 ML per 1 day)

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Drug Name	Requirements/Limits
SELZENTRY ORAL TABLET 25 MG	QL (4 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG	QL (2 EA per 1 day)
*ANTIRETROVIRALS - FUSION INHIBITORS***	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	PA
*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR***	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	QL (2 EA per 1 day)
*ANTIRETROVIRALS - INTEGRASE INHIBITORS***	
ISENTRESS HD ORAL TABLET 600 MG	QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG	QL (12 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	QL (12 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	QL (2 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG	QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	QL (6 EA per 1 day)
*ANTIRETROVIRALS - PROTEASE INHIBITORS***	
APTIVUS ORAL CAPSULE 250 MG	QL (4 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	QL (4 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	QL (8 ML per 1 day)
PREZISTA ORAL TABLET 150 MG	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG	QL (1 EA per 1 day)
REYATAZ ORAL CAPSULE 200 MG	QL (2 EA per 1 day)
REYATAZ ORAL CAPSULE 300 MG	QL (1 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG	QL (4 EA per 1 day)
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES***	
EDURANT ORAL TABLET 25 MG	QL (1 EA per 1 day)
<i>etravirine oral tablet 100 mg</i>	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	QL (4 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	QL (1 EA per 1 day)
<i>nevirapine oral tablet 200 mg</i>	QL (2 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	QL (1 EA per 1 day)
SUSTIVA ORAL TABLET 600 MG	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES***	
<i>abacavir sulfate oral solution 20 mg/ml</i>	QL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>	QL (2 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES***	
EMTRIVA ORAL CAPSULE 200 MG	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	QL (20 ML per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	QL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	QL (1 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES***	
RETROVIR ORAL CAPSULE 100 MG	QL (6 EA per 1 day)
RETROVIR ORAL SYRUP 50 MG/5ML	QL (60 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>	QL (2 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES***	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/GM	QL (7.5 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	QL (1 EA per 1 day)
*ANTIRETROVIRALS ADJUVANTS***	
TYBOST ORAL TABLET 150 MG	QL (1 EA per 1 day)
*ANTIVIRAL COMBINATIONS***	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	QL (30 EA per 5 days); AGE (Min 18 Years); Max 5 day supply
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	QL (30 EA per 5 days); AGE (Min 18 Years); Max 5 day supply
*CMV AGENTS***	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	PA
*HEPATITIS B AGENTS***	
<i>adefovir dipivoxil oral tablet 10 mg</i>	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	QL (3 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	PA
*HEPATITIS C AGENT - COMBINATIONS***	
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	PA; QL (1 EA per 1 day)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	PA; QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG	PA; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG	PA; QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
*HEPATITIS C AGENTS***	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	PA
<i>ribavirin oral capsule 200 mg</i>	PA
<i>ribavirin oral tablet 200 mg</i>	PA
SOVALDI ORAL TABLET 400 MG	PA; QL (1 EA per 1 day)
*HERPES AGENTS - PURINE ANALOGUES***	
<i>acyclovir oral capsule 200 mg</i>	QL (5 EA per 1 day)
<i>acyclovir oral suspension 200 mg/5ml</i>	QL (25 ML per 1 day)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	QL (5 EA per 1 day)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	QL (8 EA per 1 day)
*HERPES AGENTS - THYMIDINE ANALOGUES***	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	QL (3 EA per 1 day)
*INFLUENZA AGENTS***	
<i>rimantadine hcl oral tablet 100 mg</i>	QL (2 EA per 1 day)
*MISC. ANTIVIRALS***	
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	
*NEURAMINIDASE INHIBITORS***	
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	QL (10 EA per 5 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	QL (180 ML per 5 days); AGE (Max 12 Years)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	MAX QTY 20.00
*ALPHA-BETA BLOCKERS***	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	QL (2 EA per 1 day)
<i>labetalol hcl oral tablet 100 mg, 200 mg</i>	QL (4 EA per 1 day)
<i>labetalol hcl oral tablet 300 mg</i>	QL (8 EA per 1 day)
*BETA BLOCKERS CARDIO-SELECTIVE***	
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	QL (16 EA per 1 day)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	QL (2 EA per 1 day)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	QL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg</i>	QL (3 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	QL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 50 mg</i>	QL (4 EA per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	QL (3 EA per 1 day)

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Drug Name	Requirements/Limits
*BETA BLOCKERS NON-SELECTIVE***	
<i>nadolol oral tablet 20 mg, 40 mg</i>	QL (3 EA per 1 day)
<i>nadolol oral tablet 80 mg</i>	QL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg</i>	QL (3 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	QL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	QL (4 EA per 1 day)
<i>propranolol hcl oral solution 20 mg/5ml</i>	QL (20 ML per 1 day)
<i>propranolol hcl oral solution 40 mg/5ml</i>	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	QL (6 EA per 1 day)
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	QL (2 EA per 1 day)
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	QL (2 EA per 1 day)
*CALCIUM CHANNEL BLOCKERS***	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	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>	QL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	QL (2 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	QL (2 EA per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	QL (4 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	QL (2 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	QL (1 EA per 1 day)
KATERZIA ORAL SUSPENSION 1 MG/ML	AGE (Min 6 Years and Max 12 Years)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	QL (1 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	QL (2 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	QL (2 EA per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
NORLIQVA ORAL SOLUTION 1 MG/ML	AGE (Min 6 Years and Max 12 Years)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	QL (2 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	QL (3 EA per 1 day)
<i>verapamil hcl oral tablet 120 mg</i>	QL (3 EA per 1 day)
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>	QL (4 EA per 1 day)

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Drug Name	Requirements/Limits
*CARDIAC GLYCOSIDES***	
<i>digoxin oral solution 0.05 mg/ml</i>	AGE (Max 12 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	QL (1 EA per 1 day)
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	PA
*PERIPHERAL VASODILATORS***	
<i>niacin flush free oral capsule 500 mg</i>	
*PROSTAGLANDIN VASODILATORS***	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PA
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PA; QL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PA; QL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG	PA; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG	PA
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***	
<i>sildenafil citrate oral tablet 20 mg</i>	PA
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	PA; QL (2 EA per 1 day)
*SINUS NODE INHIBITORS**	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	PA
*CEPHALOSPORINS - 1ST GENERATION***	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	AGE (Max 12 Years)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	QL (6 EA per 1 day)
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	AGE (Max 12 Years)
*CEPHALOSPORINS - 2ND GENERATION***	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	AGE (Max 12 Years)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	QL (2 EA per 1 day); 10
*CEPHALOSPORINS - 3RD GENERATION***	
<i>cefdinir oral capsule 300 mg</i>	QL (2 EA per 1 day)
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	AGE (Max 12 Years)

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Drug Name	Requirements/Limits
*BULK CHEMICALS - AC'S***	
<i>acesulfame potassium powder</i>	
*BULK CHEMICALS - BU'S***	
<i>budesonide powder</i>	
*BULK CHEMICALS - ET'S***	
<i>ethyl oleate liquid</i>	
*BULK CHEMICALS - HY'S***	
<i>hydroxyurea powder</i>	
*BULK CHEMICALS - PR'S***	
<i>progesterone micronized powder</i>	
*BULK CHEMICALS - ST'S***	
<i>stevia extract powder</i>	
*FIXED OILS***	
<i>sesame oil oil</i>	
*LIQUIDS***	
<i>benzyl benzoate liquid</i>	AGE (Min 16 Years and Max 60 Years)
*BIPHASIC CONTRACEPTIVES - ORAL***	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	QL (1.34 EA per 1 day)
*COMBINATION CONTRACEPTIVES - ORAL***	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	QL (1.34 EA per 1 day)
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	QL (1.34 EA per 1 day)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	QL (1.34 EA per 1 day)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	QL (1.34 EA per 1 day)
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	QL (1.34 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	QL (1.34 EA per 1 day)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	QL (1.34 EA per 1 day)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	QL (1.34 EA per 1 day)
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	QL (1.34 EA per 1 day)
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	QL (1.34 EA per 1 day)
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	QL (1.34 EA per 1 day)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	QL (1.34 EA per 1 day)
VESTURA ORAL TABLET 3-0.02 MG	QL (1.34 EA per 1 day)
*COMBINATION CONTRACEPTIVES - TRANSDERMAL***	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	QL (0.143 EA per 1 day)
*COMBINATION CONTRACEPTIVES - VAGINAL***	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	QL (0.05 EA per 1 day)

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Drug Name	Requirements/Limits
*EMERGENCY CONTRACEPTIVES***	
ELLA ORAL TABLET 30 MG	QL (1 EA per 1 day)
OPTION 2 ORAL TABLET 1.5 MG	QL (12 EA per 310 days)
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	QL (1.08 EA per 1 day)
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	QL (1.08 EA per 1 day)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	QL (1.08 EA per 1 day)
*PROGESTIN CONTRACEPTIVES - INJECTABLE***	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML	QL (1 ML per 1 day)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	QL (4 ML per 310 days)
*PROGESTIN CONTRACEPTIVES - IUD***	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	QL (1 EA per 1 day)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	QL (1 EA per 1 day)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	QL (1 EA per 1 day)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	QL (1 EA per 1 day)
*PROGESTIN CONTRACEPTIVES - ORAL***	
<i>norethindrone oral tablet 0.35 mg</i>	QL (1.34 EA per 1 day)
*TRIPHASIC CONTRACEPTIVES - ORAL***	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	QL (1.34 EA per 1 day)
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	QL (1.34 EA per 1 day)
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (1.34 EA per 1 day)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	QL (1.34 EA per 1 day)
*GLUCOCORTICOSTEROIDS***	
<i>budesonide oral capsule delayed release particles 3 mg</i>	
CORTEF ORAL TABLET 10 MG	QL (12 EA per 1 day)
CORTEF ORAL TABLET 20 MG	QL (6 EA per 1 day)
CORTEF ORAL TABLET 5 MG	QL (24 EA per 1 day)
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	QL (60 ML per 1 day)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	
<i>dexamethasone oral tablet 0.5 mg</i>	QL (12 EA per 1 day)
<i>dexamethasone oral tablet 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	QL (10 EA per 1 day)
<i>methylprednisolone oral tablet 16 mg</i>	QL (4 EA per 1 day)
<i>methylprednisolone oral tablet 32 mg</i>	QL (2 EA per 1 day)
<i>methylprednisolone oral tablet 4 mg</i>	QL (12 EA per 1 day)
<i>methylprednisolone oral tablet 8 mg</i>	QL (6 EA per 1 day)

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Drug Name	Requirements/Limits
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	QL (12 EA per 1 day)
<i>prednisolone oral solution 15 mg/5ml</i>	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	
<i>prednisone oral solution 5 mg/5ml</i>	QL (60 ML per 1 day)
<i>prednisone oral tablet 1 mg</i>	QL (10 EA per 1 day)
<i>prednisone oral tablet 10 mg</i>	QL (9 EA per 1 day)
<i>prednisone oral tablet 2.5 mg</i>	QL (8 EA per 1 day)
<i>prednisone oral tablet 20 mg</i>	QL (6 EA per 1 day)
<i>prednisone oral tablet 5 mg</i>	QL (16 EA per 1 day)
<i>prednisone oral tablet 50 mg</i>	QL (3 EA per 1 day)
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	
*MINERALOCORTICIDS***	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	QL (5 EA per 1 day)
*ANTITUSSIVE - NONNARCOTIC***	
<i>benzonatate oral capsule 200 mg</i>	QL (5 EA per 1 day)
*ANTITUSSIVE - OPIOID***	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	QL (1 ML per 1 day)
*ANTITUSSIVE-EXPECTORANT***	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	QL (60 ML per 1 day); AGE (Min 2 Years)
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	QL (2 EA per 1 day)
*DECONGESTANT & ANTIHISTAMINE***	
<i>allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	QL (2 EA per 1 day)
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	QL (2 EA per 1 day)
<i>DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID 6.25-2.5 MG/5ML</i>	QL (180 ML per 25 days)
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	QL (1 EA per 1 day)
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	QL (60 ML per 1 day); AGE (Max 64 Years)
*EXPECTORANTS***	
<i>chest congestion relief oral tablet 400 mg</i>	AGE (Min 4 Years)
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	QL (2 EA per 1 day)
<i>guaifenesin oral tablet 200 mg</i>	AGE (Min 4 Years)
*MISC. RESPIRATORY INHALANTS***	
<i>sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %</i>	

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Drug Name	Requirements/Limits
*MUCOLYTICS***	
<i>acetylcysteine inhalation solution 20 %</i>	QL (120 ML per 1 day)
*NON-NARC ANTITUSSIVE-ANTIHISTAMINE***	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	QL (180 ML per 25 days); AGE (Min 4 Years)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	QL (60 ML per 1 day)
*OPIOID ANTITUSSIVE-ANTIHISTAMINE***	
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	QL (240 ML per 25 days); AGE (Min 2 Years and Max 64 Years)
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***	
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	QL (60 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
*ACNE ANTIBIOTICS***	
<i>clindamycin phosphate external gel 1 %</i>	ST; QL (60 GM per 25 days); PRIOR USE DIFFERIN OTC AND CLINDA SOLN
<i>clindamycin phosphate external lotion 1 %</i>	ST; QL (10 ML per 1 day); PRIOR USE DIFFERIN OTC AND CLINDA SOLN
<i>clindamycin phosphate external solution 1 %</i>	QL (60 ML per 25 days)
<i>erythromycin external solution 2 %</i>	QL (15 ML per 1 day)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	PA; QL (118 ML per 25 days)
*ACNE PRODUCTS***	
<i>acne medication 10 external lotion 10 %</i>	
<i>acne medication 2.5 external gel 2.5 %</i>	QL (60 GM per 25 days)
<i>acne medication 5 external lotion 5 %</i>	
<i>adapalene external gel 0.1 %</i>	QL (45 GM per 25 days)
<i>benzoyl peroxide external gel 10 %, 5 %</i>	
<i>benzoyl peroxide wash external liquid 10 %, 5 %</i>	QL (240 GM per 25 days)
<i>DIFFERIN EXTERNAL GEL 0.1 %</i>	QL (45 GM per 25 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	ST; QL (45 GM per 25 days); AGE (Max 35 Years); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC

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Drug Name	Requirements/Limits
<i>tretinoin external gel 0.01 %, 0.025 %</i>	ST; QL (45 GM per 25 days); AGE (Max 35 Years); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
*ANTIBIOTIC MIXTURES TOPICAL***	
POLYSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM	
<i>triple antibiotic external ointment</i>	
<i>triple antibiotic pain relief external ointment 1 %</i>	
*ANTIBIOTICS - TOPICAL***	
<i>bacitracin external ointment 500 unit/gm</i>	
<i>bacitracin zinc external ointment 500 unit/gm</i>	
<i>gentamicin sulfate external cream 0.1 %</i>	QL (30 GM per 25 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	QL (30 GM per 25 days)
<i>mupirocin external ointment 2 %</i>	QL (44 GM per 25 days)
*ANTIFUNGALS - TOPICAL***	
<i>antifungal (tolnaftate) external cream 1 %</i>	QL (60 GM per 25 days)
BLIS-TO-SOL EXTERNAL LIQUID 1 %	QL (151 ML per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>	QL (20 GM per 1 day)
<i>ciclopirox olamine external suspension 0.77 %</i>	QL (60 ML per 25 days)
<i>cvs athletes foot (tolnaftate) external aerosol powder 1 %</i>	QL (133 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	QL (90 GM per 25 days)
<i>nystatin external ointment 100000 unit/gm</i>	QL (90 GM per 25 days)
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	QL (30 GM per 25 days)
<i>terbinafine hcl external cream 1 %</i>	QL (30 GM per 25 days)
<i>tolnaftate external powder 1 %</i>	QL (67.5 GM per 30 days)
*ANTI-INFLAMMATORY AGENTS - TOPICAL***	
<i>diclofenac sodium external gel 1 %</i>	QL (200 GM per 25 days)
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***	
EFUDEX EXTERNAL CREAM 5 %	
*ANTIPSORIATICS - SYSTEMIC***	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	PA; QL (2 ML per 24 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	PA; QL (2 ML per 24 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	PA; QL (1 ML per 24 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	PA; QL (1 ML per 24 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	PA; QL (0.5 ML per 24 days)

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

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Drug Name	Requirements/Limits
<i>fluocinonide external cream 0.05 %</i>	QL (60 GM per 25 days)
<i>fluocinonide external gel 0.05 %</i>	QL (60 GM per 25 days)
<i>fluocinonide external ointment 0.05 %</i>	ST; QL (60 GM per 25 days); PRIOR USE MOMETASONE AND FLUOCINOLONE CRE
<i>fluocinonide external solution 0.05 %</i>	QL (60 ML per 25 days)
<i>fluticasone propionate external cream 0.05 %</i>	QL (60 GM per 25 days)
<i>fluticasone propionate external ointment 0.005 %</i>	QL (60 GM per 25 days)
<i>halobetasol propionate external cream 0.05 %</i>	QL (50 GM per 25 days)
<i>halobetasol propionate external ointment 0.05 %</i>	QL (50 GM per 25 days)
<i>hydrocortisone acetate external cream 1 %</i>	
<i>hydrocortisone external cream 0.5 %, 2.5 %</i>	QL (60 GM per 25 days)
<i>hydrocortisone external lotion 1 %</i>	
<i>hydrocortisone external lotion 2.5 %</i>	QL (60 ML per 25 days)
<i>hydrocortisone external ointment 0.5 %, 1 %, 2.5 %</i>	QL (60 GM per 25 days)
<i>mometasone furoate external cream 0.1 %</i>	QL (45 GM per 25 days)
<i>mometasone furoate external ointment 0.1 %</i>	QL (45 GM per 25 days)
<i>mometasone furoate external solution 0.1 %</i>	QL (60 ML per 25 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	
<i>triamcinolone acetonide powder</i>	
*EMOLLIENTS***	
<i>ammonium lactate external cream 12 %</i>	QL (280 GM per 25 days)
HYDROLATUM EXTERNAL OINTMENT	
*ENZYMES - TOPICAL***	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	PA; QL (2 GM per 1 day)
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***	
ALOE VESTA ANTIFUNGAL EXTERNAL OINTMENT 2 %	QL (113 GM per 30 days)
<i>antifungal (clotrimazole) external cream 1 %</i>	QL (60 GM per 25 days)
<i>antifungal external powder 2 %</i>	QL (90 GM per 30 days)
<i>athletes foot powder spray external aerosol powder 2 %</i>	QL (133 GM per 30 days)
<i>clotrimazole external solution 1 %</i>	QL (60 ML per 25 days)
<i>ketoconazole external cream 2 %</i>	QL (60 GM per 25 days)
<i>ketoconazole external shampoo 2 %</i>	QL (120 ML per 25 days)
<i>miconazole antifungal external cream 2 %</i>	QL (150 GM per 25 days)
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL***	
<i>imiquimod external cream 5 %</i>	PA; QL (24 EA per 25 days)

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Drug Name	Requirements/Limits
*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS***	
<i>podofilox external solution 0.5 %</i>	QL (7 ML per 180 days)
*LOCAL ANESTHETICS - TOPICAL***	
<i>arthritis pain relieving external cream 0.075 %</i>	
<i>capsaicin external cream 0.025 %, 0.1 %</i>	
CAPZASIN-P EXTERNAL CREAM 0.035 %	
CIRCATA EXTERNAL CREAM 0.05 %	
<i>dibucaine external ointment 1 %</i>	
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	
<i>lidocaine external cream 4 %</i>	
<i>lidocaine external patch 5 %</i>	PA; QL (3 EA per 1 day)
<i>lidocaine hcl external solution 4 %</i>	
<i>lidocaine pain relief max st external patch 4 %</i>	QL (1 EA per 1 day)
PROXIVOL EXTERNAL GEL 2 %	
ZOSTRIX NATURAL PAIN RELIEF EXTERNAL CREAM 0.033 %	
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL***	
<i>pimecrolimus external cream 1 %</i>	PA; QL (2 GM per 1 day)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	PA; QL (30 GM per 25 days)
*MISC. TOPICAL COMBINATIONS***	
ZINC-OXYDE PLUS EXTERNAL OINTMENT 0.44-20 %	
*MISC. TOPICAL***	
DRYSOL EXTERNAL SOLUTION 20 %	
*ROSACEA AGENTS***	
<i>metronidazole external cream 0.75 %</i>	
<i>metronidazole external gel 0.75 %</i>	
<i>metronidazole external lotion 0.75 %</i>	
*SCABICIDE COMBINATIONS***	
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	
<i>stop lice complete treatment combination kit 0.33-4-0.5 %</i>	
<i>stop lice maximum strength external liquid 0.33-4 %</i>	
*SCABICIDES & PEDICULICIDES***	
CROTAN EXTERNAL LOTION 10 %	PA
OVIDE EXTERNAL LOTION 0.5 %	QL (59 ML per 25 days)
<i>permethrin external cream 5 %</i>	
<i>ra lice treatment external lotion 1 %</i>	
<i>spinosad external suspension 0.9 %</i>	QL (120 ML per 25 days)
<i>stop lice aerosol 0.5 %</i>	
*SKIN PROTECTANTS***	
MINERIN CREME EXTERNAL CREAM	

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Drug Name	Requirements/Limits
*TOPICAL ANESTHETIC COMBINATIONS***	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	QL (60 GM per 25 days)
*DIAGNOSTIC DRUGS***	
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG	PA
*DIAGNOSTIC TESTS***	
KETOSTIX IN VITRO STRIP	
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP	PA; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	PA; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins
*INFECTION TESTS***	
BD VERITOR SYSTEM SARS-COV-2 IN VITRO KIT	QL (2 EA per 28 days)
<i>covid-19 at-home test in vitro kit</i>	QL (2 EA per 28 days)
<i>covid-19 testing by pharmacist kit</i>	QL (2 EA per 28 days)
CUE COVID-19 TEST IN VITRO CARTRIDGE	QL (2 EA per 28 days)
CUE HEALTH MONITORING SYSTEM IN VITRO	QL (2 EA per 28 days)
ID NOW COVID-19 2.0 TEST IN VITRO KIT	QL (2 EA per 28 days)
ID NOW COVID-19 IN VITRO KIT	QL (2 EA per 28 days)
LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT	QL (2 EA per 28 days)
PIXEL COVID-19 PCR HOME TEST IN VITRO KIT	QL (2 EA per 28 days)
RAPID RESPONSE COVID-19 IN VITRO KIT	QL (2 EA per 28 days)
*DIGESTIVE ENZYMES***	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	QL (6 EA per 1 day)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	QL (6 EA per 1 day)
*CARBONIC ANHYDRASE INHIBITORS***	
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	QL (4 EA per 1 day)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	QL (4 EA per 1 day)
*DIURETIC COMBINATIONS***	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	QL (2 EA per 1 day)
MAXZIDE ORAL TABLET 75-50 MG	QL (4 EA per 1 day)

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Drug Name	Requirements/Limits
MAXZIDE-25 ORAL TABLET 37.5-25 MG	QL (4 EA per 1 day)
*LOOP DIURETICS***	
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	QL (2 EA per 1 day)
<i>bumetanide oral tablet 2 mg</i>	QL (5 EA per 1 day)
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	AGE (Max 12 Years)
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	QL (6 EA per 1 day)
<i>torseamide oral tablet 100 mg, 5 mg</i>	QL (2 EA per 1 day)
<i>torseamide oral tablet 20 mg</i>	QL (4 EA per 1 day)
*POTASSIUM SPARING DIURETICS***	
ALDACTONE ORAL TABLET 100 MG	QL (2 EA per 1 day)
ALDACTONE ORAL TABLET 25 MG	QL (8 EA per 1 day)
ALDACTONE ORAL TABLET 50 MG	QL (4 EA per 1 day)
<i>amiloride hcl oral tablet 5 mg</i>	QL (4 EA per 1 day)
*THIAZIDES AND THIAZIDE-LIKE DIURETICS***	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	QL (4 EA per 1 day)
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	QL (2 EA per 1 day)
<i>hydrochlorothiazide oral tablet 25 mg</i>	QL (8 EA per 1 day)
<i>hydrochlorothiazide oral tablet 50 mg</i>	QL (4 EA per 1 day)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	QL (2 EA per 1 day)
<i>metolazone oral tablet 10 mg</i>	QL (2 EA per 1 day)
<i>metolazone oral tablet 2.5 mg, 5 mg</i>	QL (4 EA per 1 day)
*BISPHOSPHONATES***	
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg</i>	QL (0.1429 EA per 1 day)
FOSAMAX ORAL TABLET 70 MG	QL (0.1429 EA per 1 day)
*CALCITONINS***	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	QL (1 ML per 1 day); AGE (Min 50 Years)
*CARNITINE REPLENISHER - AGENTS***	
<i>levocarnitine oral solution 1 gm/10ml</i>	QL (60 ML per 1 day)
<i>levocarnitine oral tablet 330 mg</i>	QL (18 EA per 1 day)
*DOPAMINE RECEPTOR AGONISTS***	
<i>cabergoline oral tablet 0.5 mg</i>	
*GROWTH HORMONES***	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	PA
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	QL (4 EA per 1 day)

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Drug Name	Requirements/Limits
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)***	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	PA
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS***	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	PA
SYNAREL NASAL SOLUTION 2 MG/ML	PA
*MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS***	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	PA
*PARATHYROID HORMONE AND DERIVATIVES***	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	PA
*RANK LIGAND (RANKL) INHIBITORS***	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	PA
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***	
EVISTA ORAL TABLET 60 MG	QL (1 EA per 1 day); AGE (Min 50 Years)
*SOMATOSTATIC AGENTS***	
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml</i>	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	PA
*VASOPRESSIN***	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	PA
<i>desmopressin acetate oral tablet 0.1 mg</i>	QL (4 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>	QL (5 EA per 1 day)
<i>desmopressin acetate spray nasal solution 0.01 %</i>	PA
*ESTROGEN & PROGESTIN***	
JINTELI ORAL TABLET 1-5 MG-MCG	QL (1 EA per 1 day)
*ESTROGENS***	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	AGE (Max 64 Years)
*FLUOROQUINOLONES***	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	QL (2 EA per 1 day)
<i>levofloxacin oral solution 25 mg/ml</i>	PA
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	QL (1 EA per 1 day); 10

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Drug Name	Requirements/Limits
*ANTIFLATULENTS***	
PHAZYME ORAL TABLET CHEWABLE 125 MG	
<i>simethicone extra strength oral capsule 125 mg</i>	
<i>simethicone oral tablet chewable 80 mg</i>	
<i>simethicone ultra strength oral capsule 180 mg</i>	
*GALLSTONE SOLUBILIZING AGENTS***	
<i>ursodiol oral capsule 300 mg</i>	
<i>ursodiol oral tablet 250 mg</i>	QL (4 EA per 1 day)
<i>ursodiol oral tablet 500 mg</i>	QL (2 EA per 1 day)
*GASTROINTESTINAL STIMULANTS***	
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	QL (6 EA per 1 day)
*INFLAMMATORY BOWEL AGENTS***	
<i>balsalazide disodium oral capsule 750 mg</i>	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	QL (4 EA per 1 day)
<i>sulfasalazine oral tablet 500 mg</i>	QL (10 EA per 1 day)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	QL (8 EA per 1 day)
*INTESTINAL ACIDIFIERS***	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	QL (180 ML per 1 day)
*PHOSPHATE BINDER AGENTS***	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	
<i>sevelamer carbonate oral tablet 800 mg</i>	ST; PRIOR USE OF calcium acetate
*5-ALPHA REDUCTASE INHIBITORS***	
<i>finasteride oral tablet 5 mg</i>	QL (1 EA per 1 day)
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS***	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	QL (1 EA per 1 day)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	QL (2 EA per 1 day)
*CITRATES***	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	
UROCID-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG)	QL (3 EA per 1 day)
UROCID-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG)	QL (4 EA per 1 day)
UROCID-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	QL (3 EA per 1 day)
*GENITOURINARY IRRIGANTS***	
<i>acetic acid irrigation solution 0.25 %</i>	
<i>sodium chloride irrigation solution 0.9 %</i>	QL (10000 ML per 25 days)

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Drug Name	Requirements/Limits
*URINARY ANALGESICS***	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	QL (3 EA per 1 day)
*GOUT AGENT COMBINATIONS***	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	QL (3 EA per 1 day)
*GOUT AGENTS***	
<i>allopurinol oral tablet 100 mg</i>	QL (6 EA per 1 day)
<i>allopurinol oral tablet 300 mg</i>	QL (4 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	QL (30 EA per 90 days)
*URICOSURICS***	
<i>probenecid oral tablet 500 mg</i>	QL (3 EA per 1 day)
*ANTIHEMOPHILIC PRODUCTS***	
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 4000 UNIT	PA
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 500-1200 UNIT	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	PA
*HEMATORHEOLOGIC AGENTS***	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	QL (4 EA per 1 day)
*PHOSPHODIESTERASE III INHIBITORS***	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	QL (2 EA per 1 day)
*PLATELET AGGREGATION INHIBITOR COMBINATIONS***	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PA
*PLATELET AGGREGATION INHIBITORS***	
<i>dipyridamole oral tablet 25 mg</i>	QL (10 EA per 1 day)
<i>dipyridamole oral tablet 50 mg</i>	QL (8 EA per 1 day)
<i>dipyridamole oral tablet 75 mg</i>	QL (4 EA per 1 day)
*THIENOPYRIDINE DERIVATIVES***	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	QL (1 EA per 1 day)
*COBALAMINS***	
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	

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Drug Name	Requirements/Limits
<i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg</i>	
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg</i>	
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)***	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 60 MCG/ML	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	PA
*FOLIC ACID/FOLATES***	
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	QL (5 EA per 1 day)
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	PA; QL (0.6 ML per 11 days)
*IRON COMBINATIONS***	
<i>foltrin oral capsule</i>	QL (2 EA per 1 day)
HEMATOGEN ORAL CAPSULE	QL (2 EA per 1 day)
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	QL (2 EA per 1 day)
*IRON***	
FERATE ORAL TABLET 240 (27 FE) MG	
FER-IN-SOL ORAL SOLUTION 75 (15 FE) MG/ML	
FERROCITE ORAL TABLET 324 MG	
<i>ferrous gluconate oral tablet 324 (37.5 fe) mg, 324 (38 fe) mg</i>	
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	
<i>iron (ferrous sulfate) oral tablet 325 (65 fe) mg</i>	QL (3 EA per 1 day)
NU-IRON ORAL CAPSULE 150 MG	QL (2 EA per 1 day)
<i>px iron oral tablet 200 (65 fe) mg</i>	
SLOW FE ORAL TABLET EXTENDED RELEASE 142 (45 FE) MG	
<i>slow release iron oral tablet extended release 160 (50 fe) mg, 45 mg, 50 mg</i>	
*ANTIHISTAMINE HYPNOTICS***	
<i>diphenhydramine hcl (sleep) oral tablet 50 mg</i>	QL (1 EA per 1 day)
<i>sleep aid oral tablet 25 mg</i>	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
*BARBITURATE HYPNOTICS***	
<i>phenobarbital oral elixir 20 mg/5ml</i>	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>	QL (2 EA per 1 day)
<i>phenobarbital oral tablet 64.8 mg</i>	QL (3 EA per 1 day)
*BENZODIAZEPINE HYPNOTICS***	
<i>estazolam oral tablet 1 mg, 2 mg</i>	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	QL (1 EA per 1 day); AGE (Min 15 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	QL (2 EA per 1 day); AGE (Min 18 Years)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	QL (1 EA per 1 day); AGE (Min 18 Years)
*BOWEL EVACUANT COMBINATIONS***	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	QL (4000 ML per 1 day)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	QL (4000 ML per 1 day)
*BULK LAXATIVES***	
BENEFIBER DRINK MIX ORAL PACKET	
BENEFIBER FOR CHILDREN ORAL POWDER	
CITRUCEL ORAL TABLET 500 MG	
<i>cvs daily fiber oral packet 58.6 %</i>	
<i>fiber (corn dextrin) oral powder</i>	
FIBERCON ORAL TABLET 625 MG	
HYDROCIL ORAL POWDER 95 %	
<i>konsyl daily fiber oral packet 100 %</i>	
<i>konsyl daily fiber oral powder 28.3 %</i>	
METAMUCIL ORAL PACKET 28 %	
METAMUCIL ORAL WAFER	
<i>natural fiber oral powder 58.6 %</i>	
<i>sb fib lax orange oral powder 33 %</i>	
UNIFIBER ORAL POWDER	

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Drug Name	Requirements/Limits
*LAXATIVES - MISCELLANEOUS***	
<i>glycerin (adult) rectal suppository 2 gm, 2.1 gm</i>	
<i>glycerin (pediatric) rectal suppository 1.2 gm</i>	
<i>lactulose oral solution 10 gm/15ml</i>	QL (180 ML per 1 day)
<i>peg 3350 oral powder 17 gm/scoop</i>	QL (34 GM per 1 day)
<i>ra glycerin adult rectal suppository 80.7 %</i>	
*LAXATIVES & DSS***	
<i>easy-lax plus oral tablet 8.6-50 mg</i>	QL (6 EA per 1 day)
*LUBRICANT LAXATIVES***	
<i>enema mineral oil rectal enema</i>	
<i>mineral oil oral oil</i>	
*SALINE LAXATIVE MIXTURES***	
<i>FLEET ENEMA RECTAL ENEMA 7-19 GM/118ML</i>	
<i>FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML</i>	
*SALINE LAXATIVES***	
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	
<i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i>	
<i>milk of magnesia oral suspension 1200 mg/15ml</i>	
*STIMULANT LAXATIVES***	
<i>bisacodyl oral tablet delayed release 5 mg</i>	QL (3 EA per 1 day)
<i>cvs chocolate laxative pieces oral tablet chewable 15 mg</i>	
<i>gentle laxative rectal suppository 10 mg</i>	QL (1 EA per 1 day)
<i>senna lax oral tablet 8.6 mg</i>	QL (2 EA per 1 day)
<i>senna oral syrup 8.8 mg/5ml</i>	
*SURFACTANT LAXATIVES***	
<i>cvs stool softener oral capsule 50 mg</i>	QL (2 EA per 1 day)
<i>docusate calcium oral capsule 240 mg</i>	QL (2 EA per 1 day)
<i>docusate sodium oral capsule 250 mg</i>	QL (6 EA per 1 day)
<i>docusate sodium oral liquid 50 mg/5ml</i>	QL (30 ML per 1 day)
<i>docusate sodium oral syrup 60 mg/15ml</i>	
<i>PEDIA-LAX ORAL LIQUID 50 MG/15ML</i>	QL (30 ML per 1 day)
<i>stool softener oral capsule 100 mg</i>	QL (6 EA per 1 day)
*AZITHROMYCIN***	
<i>azithromycin oral packet 1 gm</i>	
<i>azithromycin oral suspension reconstituted 100 mg/5ml</i>	QL (20 ML per 1 day); AGE (Max 12 Years)
<i>azithromycin oral suspension reconstituted 200 mg/5ml</i>	QL (30 ML per 1 day); AGE (Max 12 Years)
<i>azithromycin oral tablet 250 mg</i>	QL (12 EA per 25 days)

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Drug Name	Requirements/Limits
<i>azithromycin oral tablet 500 mg</i>	QL (6 EA per 25 days)
<i>azithromycin oral tablet 600 mg</i>	QL (1 EA per 1 day)
*CLARITHROMYCIN***	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	AGE (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	
*ERYTHROMYCINS***	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	AGE (Max 12 Years)
*APPLICATORS,COTTON BALLS,ETC***	
<i>alcohol swabs pad 70 %</i>	QL (200 EA per 25 days)
<i>essentra wipes 9x9" sheet 70 %</i>	QL (200 EA per 25 days)
*CONDOMS - MALE***	
<i>condoms</i>	QL (12 EA per 1 day)
TRUSTEX RIA NON-LUBRICATED	QL (12 EA per 1 day)
*GLUCOSE MONITORING TEST SUPPLIES***	
DEXCOM G6 RECEIVER DEVICE	PA; QL (1 EA per 310 days); (except ages 2-18 with history of insulin)
DEXCOM G6 SENSOR	PA; QL (3 EA per 23 days); (except ages 2-18 with history of insulin)
DEXCOM G6 TRANSMITTER	PA; QL (1 EA per 76 days); (except ages 2-18 with history of insulin)
DEXCOM G7 RECEIVER DEVICE	PA; QL (1 EA per 310 days); (except ages 2-18 with history of insulin)
DEXCOM G7 SENSOR	PA; QL (3 EA per 23 days); (except ages 2-18 with history of insulin)
FREESTYLE LIBRE 14 DAY READER DEVICE	PA; QL (1 EA per 310 days); (except ages 2-18 with history of insulin)
FREESTYLE LIBRE 14 DAY SENSOR	PA; QL (2 EA per 23 days); (except ages 2-18 with history of insulin)
FREESTYLE LIBRE 2 READER DEVICE	PA; QL (1 EA per 310 days); (except ages 2-18 with history of insulin)
FREESTYLE LIBRE 2 SENSOR	PA; QL (2 EA per 23 days); (except ages 2-18 with history of insulin)

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Drug Name	Requirements/Limits
FREESTYLE LIBRE 3 SENSOR	PA; QL (2 EA per 23 days); (except ages 2-18 with history of insulin)
FREESTYLE LIBRE READER DEVICE	PA; QL (1 EA per 310 days); (except ages 2-18 with history of insulin)
<i>lancets thin</i>	
*NEBULIZERS***	
AEROECLIPSE II NEBULIZER	
*NEEDLES & SYRINGES***	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	QL (5 EA per 1 day)
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2"	
MONOJECT SYRINGE 22G X 1" 3 ML, 25G X 1" 3 ML	
MONOJECT SYRINGE REGULAR TIP 3 ML	
<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>	QL (5 EA per 1 day)
TECHLITE PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	QL (200 EA per 25 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	QL (5 EA per 1 day)
*PEAK FLOW METERS***	
TRUZONE PEAK FLOW METER DEVICE	QL (1 EA per 365 days)
*RESPIRATORY THERAPY SUPPLIES***	
ACE AEROSOL CLOUD ENHANCER	QL (1 EA per 365 days)
ACTIVITY POUCH	QL (1 EA per 365 days)
<i>adult aerosol mask</i>	QL (1 EA per 365 days)
<i>adult mask large</i>	QL (1 EA per 365 days)
AEROECLIPSE EZ TWIST TUBING	QL (1 EA per 365 days)
AEROTRACH PLUS	QL (1 EA per 365 days)
AIRS PEDIATRIC AEROSOL MASK	QL (1 EA per 365 days)
ALL FLOW 1000 PFT FILTER	QL (1 EA per 365 days)
<i>breathe ease neb mask/child</i>	QL (1 EA per 365 days)
<i>breathe ease neb mask/infant</i>	QL (1 EA per 365 days)
BUBBLES THE FISH II PEDI MASK	QL (1 EA per 365 days)
CARETOUCH 2 CPAP HOSE HANGER	QL (1 EA per 365 days)
CARETOUCH CPAP & BIPAP HOSE	QL (1 EA per 365 days)

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

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Drug Name	Requirements/Limits
SIDESTREAM PEDIATRIC FACE MASK	QL (1 EA per 365 days)
SIDESTREAM PLS ADULT FACE MASK	QL (1 EA per 365 days)
<i>silicone mask/adult</i>	QL (1 EA per 365 days)
<i>silicone mask/infant</i>	QL (1 EA per 365 days)
<i>silicone mask/pediatric</i>	QL (1 EA per 365 days)
<i>sootheneb nbl 100 adult mask</i>	QL (1 EA per 365 days)
<i>sootheneb nbl 100 child mask</i>	QL (1 EA per 365 days)
<i>sootheneb nbl 100 med cup</i>	QL (1 EA per 365 days)
<i>sootheneb nbl 100 mesh cap</i>	QL (1 EA per 365 days)
THRESHOLD IMT	QL (1 EA per 365 days)
<i>tubing/wing tip</i>	QL (1 EA per 365 days)
WINDMILL TRAINER	QL (5 EA per 365 days)
*SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES***	
INSPIREASE	QL (2 EA per 365 days)
PEDIATRIC PANDA MASK	QL (1 EA per 365 days)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	QL (9 EA per 25 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	QL (12 EA per 25 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	QL (12 EA per 25 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	QL (9 EA per 25 days)
*CALCIUM COMBINATIONS***	
<i>calcium 500 + d oral tablet 500-3.125 mg-mcg</i>	
<i>calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg</i>	
<i>calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	
<i>calcium carb-cholecalciferol oral tablet 600-5 mg-mcg</i>	
<i>calcium citrate + d oral tablet 250-5 mg-mcg</i>	
<i>calcium citrate + d3 oral tablet 315-6.25 mg-mcg</i>	
<i>calcium citrate-vitamin d oral tablet 315-5 mg-mcg</i>	
<i>calcium-magnesium-zinc oral tablet 333.33-133.33-5 mg</i>	
<i>calcium-vitamin d oral tablet 600-3.125 mg-mcg</i>	
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i>	
CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG	
<i>citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg</i>	
<i>liquid calcium/vitamin d oral capsule 600-5 mg-mcg</i>	
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	
OS-CAL ORAL TABLET CHEWABLE 500-15 MG-MCG	

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Drug Name	Requirements/Limits
<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg, 500-10 mg-mcg</i>	
<i>ra calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit</i>	
<i>risacal-d oral tablet 105-81-120 mg-mg-unit</i>	
*CALCIUM***	
<i>calcium 600 oral tablet 600 mg</i>	
<i>calcium carbonate oral tablet 1250 (500 ca) mg</i>	
<i>calcium citrate oral tablet 950 (200 ca) mg</i>	
*ELECTROLYTES ORAL***	
REHYDRALYTE ORAL SOLUTION	
*FLUORIDE***	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	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</i>	QL (1 EA per 1 day)
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	
*MAGNESIUM***	
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG	
<i>magnesium gluconate oral tablet 27.5 mg</i>	
<i>magnesium oral tablet 250 mg, 400 mg</i>	
<i>magnesium oxide -mg supplement oral capsule 500 mg</i>	
<i>magnesium oxide -mg supplement oral tablet 250 mg, 400 (240 mg) mg, 500 mg</i>	
*PHOSPHATE***	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG	QL (4 EA per 1 day)
*POTASSIUM***	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	QL (4 EA per 1 day)
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	QL (5 EA per 1 day)
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ	QL (2 EA per 1 day)
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	QL (5 EA per 1 day)
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	QL (4 EA per 1 day)
<i>potassium chloride oral solution 10 %, 40 meq/15ml (20%)</i>	
*SODIUM***	
<i>sodium chloride oral tablet 1 gm</i>	
*ZINC***	
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	
*ANTILEPTICS***	
THALOMID ORAL CAPSULE 100 MG	PA; QL (1 EA per 1 day)
*CHELATING AGENTS***	
DEPEN TITRATABS ORAL TABLET 250 MG	PA

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Drug Name	Requirements/Limits
*CYCLOSPORINE ANALOGS***	
<i>cyclosporine modified oral capsule 50 mg</i>	QL (15 EA per 1 day)
<i>cyclosporine oral capsule 100 mg</i>	QL (5 EA per 1 day)
<i>cyclosporine oral capsule 25 mg</i>	QL (16 EA per 1 day)
GENGRAF ORAL CAPSULE 100 MG	QL (10 EA per 1 day)
GENGRAF ORAL CAPSULE 25 MG	QL (15 EA per 1 day)
GENGRAF ORAL SOLUTION 100 MG/ML	QL (10 ML per 1 day)
*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES***	
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	PA; QL (1 EA per 1 day)
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***	
<i>mycophenolate mofetil oral capsule 250 mg</i>	QL (12 EA per 1 day)
<i>mycophenolate mofetil oral tablet 500 mg</i>	QL (8 EA per 1 day)
*IRRIGATION SOLUTIONS***	
<i>sterile water for irrigation irrigation solution</i>	
*MACROLIDE IMMUNOSUPPRESSANTS***	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	
<i>tacrolimus oral capsule 0.5 mg</i>	QL (2 EA per 1 day)
<i>tacrolimus oral capsule 1 mg</i>	QL (14 EA per 1 day)
<i>tacrolimus oral capsule 5 mg</i>	
*POTASSIUM REMOVING AGENTS***	
LOKELMA ORAL PACKET 10 GM, 5 GM	QL (3 EA per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	QL (1 EA per 1 day)
*PURINE ANALOGS***	
<i>azathioprine oral tablet 50 mg</i>	QL (8 EA per 1 day)
*ANESTHETICS TOPICAL ORAL***	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	
*ANTI-INFECTIVES - THROAT***	
<i>clotrimazole mouth/throat troche 10 mg</i>	QL (5 EA per 1 day)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	QL (120 ML per 1 day)
*ANTISEPTICS - MOUTH/THROAT***	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	
*FLUORIDE DENTAL PRODUCTS***	
<i>sf dental gel 1.1 %</i>	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	

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Drug Name	Requirements/Limits
*SALIVA STIMULANTS***	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	
*STERIODS - MOUTH/THROAT/DENTAL***	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	
*B-COMPLEX W/ C & FOLIC ACID***	
<i>b-complex/vitamin c oral tablet</i>	
<i>folbee plus oral tablet</i>	
NEPHRO-VITE ORAL TABLET 0.8 MG	
<i>triphrocaps oral capsule 1 mg</i>	QL (2 EA per 1 day)
*MULTIPLE VITAMINS W/ MINERALS***	
<i>cvs one daily mens 50+ adv oral tablet</i>	QL (1 EA per 1 day)
ICAPS ORAL CAPSULE	
*MULTIVITAMINS***	
<i>daily-vite oral tablet</i>	QL (1 EA per 1 day)
ZELDANA ORAL CAPSULE	QL (1 EA per 1 day)
*PED MULTI VITAMINS W/FL & FE***	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	QL (1.67 ML per 1 day)
*PED MULTIPLE VITAMINS W/ MINERALS***	
CENTRUM KIDS ORAL TABLET CHEWABLE	QL (1 EA per 1 day)
*PED MV W/ FLUORIDE***	
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	QL (1.67 ML per 1 day)
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	QL (1 EA per 1 day)
<i>multivitamin/fluoride oral tablet chewable 1 mg</i>	QL (2 EA per 1 day)
<i>multi-vit-flor oral tablet chewable 0.5 mg</i>	QL (1 EA per 1 day)
*PED MV W/ IRON***	
<i>cvs chewable childrens vitamin oral tablet chewable 18 mg</i>	
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML	QL (50 ML per 25 days)
<i>poly-vitamin/iron oral solution 10 mg/ml</i>	QL (50 ML per 25 days)
*PED VITAMINS ACD W/ FLUORIDE***	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	QL (1.67 ML per 1 day)
<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>	QL (1.67 ML per 1 day)
*PEDIATRIC MULTIPLE VITAMINS***	
POLY-VI-SOL ORAL SOLUTION	QL (50 EA per 25 days)
*PEDIATRIC VITAMINS A & D W/ C***	
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10	QL (50 ML per 25 days)
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>	QL (50 ML per 25 days)
*PRENATAL MV & MIN W/FE-FA***	
<i>completenate oral tablet chewable 29-1 mg</i>	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
CO-NATAL FA ORAL TABLET	QL (1 EA per 1 day)
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG	QL (1 EA per 1 day)
<i>kpn prenatal oral tablet 0.1 mg</i>	QL (1 EA per 1 day)
NATALVIT ORAL TABLET	QL (1 EA per 1 day)
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG	QL (1 EA per 1 day)
<i>prenatal (w/iron & fa) oral tablet 27-0.8 mg</i>	QL (1 EA per 1 day)
<i>prenatal complete oral tablet 14-0.4 mg</i>	QL (1 EA per 1 day)
<i>prenatal formula a-free oral tablet 9-0.267 mg</i>	QL (1 EA per 1 day)
<i>prenatal formula oral capsule 28-0.8-235 mg</i>	QL (1 EA per 1 day)
<i>prenatal multi +dha oral capsule 27-0.8-228 mg</i>	QL (1 EA per 1 day)
<i>prenatal oral tablet 27-0.8 mg, 6.75-0.2 mg</i>	QL (1 EA per 1 day)
<i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i>	QL (1 EA per 1 day)
<i>se-natal 19 oral tablet 29-1 mg</i>	QL (1 EA per 1 day)
<i>sm one daily prenatal oral 28-0.8 & 440 mg</i>	QL (1 EA per 1 day)
<i>trinatal rx 1 oral tablet 60-1 mg</i>	QL (1 EA per 1 day)
VINATE II ORAL TABLET 29-1 MG	QL (1 EA per 1 day)
VITAFOL-OB ORAL TABLET	QL (1 EA per 1 day)
*PRENATAL MV & MIN W/FE-FA-DHA***	
BRAINSTRONG PRENATAL ORAL 33-0.8 & 350 MG	QL (1 EA per 1 day)
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG	QL (1 EA per 1 day)
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	QL (1 EA per 1 day)
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG	QL (2 EA per 1 day)
<i>prenatal+dha oral 28-0.975 & 200 mg</i>	QL (1 EA per 1 day)
*PRENATAL MV & MINERALS W/ FA-OMEGA FATTY ACIDS W/O IRON***	
<i>cvs prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	QL (1 EA per 1 day)
*PRENATAL MV & MINERALS W/FA WITHOUT IRON***	
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	QL (2 EA per 1 day)
*CENTRAL MUSCLE RELAXANTS***	
<i>baclofen oral tablet 10 mg</i>	QL (3 EA per 1 day)
<i>baclofen oral tablet 20 mg, 5 mg</i>	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	QL (6 EA per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	QL (3 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>methocarbamol oral tablet 750 mg</i>	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	QL (2 EA per 1 day)

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Drug Name	Requirements/Limits
<i>tizanidine hcl oral tablet 2 mg</i>	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>tizanidine hcl oral tablet 4 mg</i>	QL (9 EA per 1 day); AGE (Max 64 Years)
*VISCOSUPPLEMENTS***	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	PA; QL (6 ML per 180 days)
*NASAL ANTICHOLINERGICS***	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	
*NASAL ANTIHISTAMINES***	
<i>azelastine hcl nasal solution 0.1 %</i>	QL (30 ML per 25 days)
*NASAL MAST CELL STABILIZERS***	
NASALCROM NASAL AEROSOL SOLUTION 5.2 MG/ACT	QL (52 ML per 25 days)
*NASAL STEROIDS***	
<i>budesonide nasal suspension 32 mcg/act</i>	QL (8.43 ML per 25 days); AGE (Min 6 Years)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	QL (16 GM per 25 days); AGE (Min 4 Years)
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	QL (17 ML per 25 days); AGE (Min 2 Years)
*SYSTEMIC DECONGESTANTS***	
<i>phenylephrine hcl oral tablet 10 mg</i>	
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	QL (2 EA per 1 day)
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	QL (6 EA per 1 day)
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML	
*TOPICAL DECONGESTANTS***	
<i>12 hour nasal decongestant nasal solution 0.05 %</i>	
*MISC. NUTRITIONAL SUBSTANCES***	
<i>dha complete oral capsule 200 mg</i>	QL (1 EA per 1 day)
<i>fish oil extra strength oral capsule 1200 mg</i>	
<i>fish oil oral capsule 500 mg</i>	
<i>fish oil oral capsule delayed release 1200 mg</i>	
<i>odorless coated fish oil oral capsule delayed release 1000 mg</i>	
<i>omega-3 fish oil oral capsule 1000 mg</i>	
*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS***	
<i>artificial tears ophthalmic solution 0.1-0.3 %, 0.5-0.6 %</i>	
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	

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Drug Name	Requirements/Limits
<i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i>	
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	
<i>lubricant pm ophthalmic ointment</i>	
MOISTURE EYES OPHTHALMIC SOLUTION 1-0.3 %	
*ARTIFICIAL TEAR SOLUTIONS***	
SYSTANE CONTACTS OPHTHALMIC SOLUTION	
*ARTIFICIAL TEARS AND LUBRICANTS***	
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS***	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	QL (10 ML per 25 days)
*BETA-BLOCKERS - OPHTHALMIC***	
<i>carteolol hcl ophthalmic solution 1 %</i>	QL (15 ML per 25 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	QL (15 ML per 25 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	
*CYCLOPLEGIC MYDRIATICS***	
<i>atropine sulfate ophthalmic solution 1 %</i>	QL (15 EA per 25 days)
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	QL (15 ML per 25 days)
*MIOTICS - DIRECT ACTING***	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	
*OPHTHALMIC ANTIALLERGIC***	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PA; QL (6 ML per 25 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>	
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	QL (10 ML per 25 days)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	QL (2.5 ML per 30 days)
*OPHTHALMIC ANTIBIOTICS***	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	QL (10 ML per 30 days)
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	
<i>ofloxacin ophthalmic solution 0.3 %</i>	
<i>tobramycin ophthalmic solution 0.3 %</i>	
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS***	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	

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Drug Name	Requirements/Limits
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	
*OPHTHALMIC ANTIVIRALS***	
<i>trifluridine ophthalmic solution 1 %</i>	QL (7.5 ML per 25 days)
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	
*OPHTHALMIC HYPEROSMOLAR PRODUCTS***	
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	
*OPHTHALMIC LOCAL ANESTHETICS***	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	QL (10 ML per 25 days)
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	
*OPHTHALMIC STEROID COMBINATIONS***	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %</i>	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	
*OPHTHALMIC STEROIDS***	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	QL (15 ML per 25 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	
*OPHTHALMIC SULFONAMIDES***	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	
*PROSTAGLANDINS - OPHTHALMIC***	
<i>bimatoprost ophthalmic solution 0.03 %</i>	ST; Please use Latanoprost
<i>latanoprost ophthalmic solution 0.005 %</i>	QL (5 ML per 25 days)
*OTIC AGENTS - MISCELLANEOUS***	
<i>acetic acid otic solution 2 %</i>	QL (20 ML per 25 days)
<i>ear drops otic solution 6.5 %</i>	
<i>ra ear drying agent otic liquid 95-5 %</i>	

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Drug Name	Requirements/Limits
*OTIC ANTI-INFECTIVES***	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	QL (14 EA per 25 days)
<i>ofloxacin otic solution 0.3 %</i>	QL (5 ML per 25 days)
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS***	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	
*OTIC STEROIDS***	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	
*OXYTOCICS***	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	QL (7 EA per 1 day)
*ANTIVIRAL MONOCLONAL ANTIBODIES***	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	PA
*IMMUNE SERUMS***	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	
*AMINOPENICILLINS***	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	QL (8 EA per 1 day)
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	
<i>amoxicillin oral tablet 500 mg</i>	QL (5 EA per 1 day)
<i>amoxicillin oral tablet 875 mg</i>	QL (4 EA per 1 day)
<i>amoxicillin oral tablet chewable 125 mg</i>	QL (6 EA per 1 day)
<i>amoxicillin oral tablet chewable 250 mg</i>	QL (8 EA per 1 day)
<i>ampicillin oral capsule 500 mg</i>	QL (8 EA per 1 day)
*NATURAL PENICILLINS***	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	QL (40 ML per 1 day)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	QL (8 EA per 1 day)
*PENICILLIN COMBINATIONS***	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	QL (2 EA per 1 day); 10

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Drug Name	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg</i>	QL (3 EA per 1 day); AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>	QL (4 EA per 1 day); AGE (Max 12 Years)
*PENICILLINASE-RESISTANT PENICILLINS***	
<i>dicloxacillin sodium oral capsule 250 mg</i>	QL (8 EA per 1 day)
<i>dicloxacillin sodium oral capsule 500 mg</i>	QL (6 EA per 1 day)
*ANTIMICROBIAL AGENTS***	
<i>benzyl alcohol liquid</i>	AGE (Min 16 Years and Max 60 Years)
<i>methylparaben powder</i>	
<i>propylparaben powder</i>	
*FLAVORING AGENTS***	
<i>banana cream flavor liquid</i>	
*ORAL VEHICLES***	
<i>cherry oral syrup</i>	
<i>flavor sweet oral syrup</i>	
<i>simple syrup oral syrup</i>	
*PARENTERAL VEHICLES***	
<i>sterile water for injection injection solution</i>	
*PROGESTINS***	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	QL (2 EA per 1 day)
<i>norethindrone acetate oral tablet 5 mg</i>	QL (1 EA per 1 day)
<i>progesterone oral capsule 100 mg</i>	QL (1 EA per 1 day)
<i>progesterone oral capsule 200 mg</i>	QL (2 EA per 1 day)
*ALCOHOL DETERRENTS***	
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	QL (1 EA per 1 day)
*ANTI-CATAPLECTIC AGENTS***	
<i>sodium oxybate oral solution 500 mg/ml</i>	PA
*CHOLINOMIMETICS - ACHE INHIBITORS***	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	QL (1 EA per 1 day)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	QL (2 EA per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	

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Drug Name	Requirements/Limits
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	PA
*MOVEMENT DISORDER DRUG THERAPY***	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	PA
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***	
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	PA
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	PA
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS***	
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	PA; QL (2 EA per 1 day)
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS***	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PA
*MULTIPLE SCLEROSIS AGENTS***	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	PA
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	
*SMOKING DETERRENTS***	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	QL (2 EA per 1 day); 90DS
<i>nicotine polacrilex mouth/throat gum 2 mg</i>	QL (8 EA per 1 day); MAX 3 FILLS/365 DAYS
<i>nicotine polacrilex mouth/throat gum 4 mg</i>	QL (8 EA per 1 day); AGE (Min 18 Years); MAX 3 FILLS/365 DAYS
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	QL (8 EA per 1 day); MAX 3 FILLS/365 DAYS
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
NICOTROL INHALATION INHALER 10 MG	QL (16 EA per 1 day)
NICOTROL NS NASAL SOLUTION 10 MG/ML	QL (4 ML per 1 day); AGE (Min 18 Years)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS***	
<i>fingolimod hcl oral capsule 0.5 mg</i>	PA
*ALPHA-PROTEINASE INHIBITOR (HUMAN)***	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	PA
*CFTR POTENTIATORS***	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	PA
KALYDECO ORAL TABLET 150 MG	PA
*CYSTIC FIBROSIS AGENT - COMBINATIONS***	
ORKAMBI ORAL PACKET 150-188 MG	PA
ORKAMBI ORAL TABLET 100-125 MG	PA; QL (4 EA per 1 day); AGE (Min 6 Years and Max 11 Years)
ORKAMBI ORAL TABLET 200-125 MG	PA; QL (4 EA per 1 day); AGE (Min 11 Years)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	PA
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	PA
*HYDROLYTIC ENZYMES***	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	PA; QL (1 ML per 1 day)
*TETRACYCLINES***	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	QL (3 EA per 1 day)
<i>doxycycline monohydrate oral tablet 100 mg</i>	QL (3 EA per 1 day)
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	QL (2 EA per 1 day)
*ANTITHYROID AGENTS***	
<i>methimazole oral tablet 10 mg, 5 mg</i>	QL (6 EA per 1 day)
<i>propylthiouracil oral tablet 50 mg</i>	QL (20 EA per 1 day)
*THYROID HORMONES***	
<i>adthyza oral tablet 130 mg, 16.25 mg, 32.5 mg, 65 mg, 97.5 mg</i>	QL (1 EA per 1 day); AGE (Max 64 Years)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	QL (1 EA per 1 day); AGE (Max 64 Years)

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Drug Name	Requirements/Limits
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	QL (2 EA per 1 day)
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	QL (1 EA per 1 day); AGE (Max 64 Years)
*ANTISPASMODICS***	
<i>dicyclomine hcl oral capsule 10 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	QL (80 ML per 1 day); AGE (Max 64 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>	QL (8 EA per 1 day); AGE (Max 64 Years)
*BELLADONNA ALKALOIDS***	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	QL (12 EA per 1 day); AGE (Max 64 Years)
*H-2 ANTAGONISTS***	
<i>acid reducer maximum strength oral tablet 20 mg</i>	QL (2 EA per 1 day)
<i>acid reducer oral tablet 10 mg</i>	QL (2 EA per 1 day)
<i>cimetidine 200 oral tablet 200 mg</i>	QL (4 EA per 1 day)
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	QL (2 EA per 1 day)
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	QL (5 ML per 1 day); AGE (Max 6 Years)
<i>famotidine oral tablet 40 mg</i>	QL (2 EA per 1 day)
<i>nizatidine oral capsule 150 mg</i>	ST; QL (4 EA per 1 day); T/F of Famotidine
*MISC. ANTI-ULCER***	
<i>sucralfate oral suspension 1 gm/10ml</i>	QL (40 ML per 1 day); AGE (Max 18 Years)
<i>sucralfate oral tablet 1 gm</i>	QL (4 EA per 1 day)
*PROTON PUMP INHIBITORS***	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	QL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 15 mg</i>	QL (2 EA per 1 day)

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Drug Name	Requirements/Limits
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	QL (1 EA per 1 day)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	QL (3 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>	QL (3 EA per 1 day)
<i>omeprazole oral capsule delayed release 40 mg</i>	QL (1 EA per 1 day)
<i>omeprazole oral tablet delayed release 20 mg</i>	QL (3 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	QL (1 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	QL (3 EA per 1 day)
*QUATERNARY ANTICHOLINERGICS***	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	
*ULCER DRUGS - PROSTAGLANDINS***	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	QL (4 EA per 1 day)
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)***	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	ST; QL (1 EA per 1 day); Prior use of oxybutynin required
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	QL (20 ML per 1 day)
<i>oxybutynin chloride oral tablet 5 mg</i>	QL (3 EA per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	ST; QL (2 EA per 1 day); Prior use of oxybutynin required
<i>tropium chloride oral tablet 20 mg</i>	ST; QL (2 EA per 1 day); Prior use of oxybutynin required
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	QL (4 EA per 1 day)
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS***	
<i>flavoxate hcl oral tablet 100 mg</i>	QL (4 EA per 1 day)
*IMIDAZOLE-RELATED ANTIFUNGALS***	
<i>clotrimazole 3 vaginal cream 2 %</i>	
<i>clotrimazole-7 vaginal cream 1 %</i>	
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	
<i>miconazole 7 vaginal cream 2 %</i>	
<i>miconazole 7 vaginal suppository 100 mg</i>	
<i>ra miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i>	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	
<i>terconazole vaginal suppository 80 mg</i>	QL (1 EA per 1 day)
<i>tioconazole-1 vaginal ointment 6.5 %</i>	

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Drug Name	Requirements/Limits
*VAGINAL ANTI-INFECTIVES***	
<i>clindamycin phosphate vaginal cream 2 %</i>	
<i>metronidazole vaginal gel 0.75 %</i>	QL (70 GM per 5 days)
*VAGINAL ESTROGENS***	
<i>estradiol vaginal cream 0.1 mg/gm</i>	QL (1.42 GM per 1 day)
<i>estradiol vaginal tablet 10 mcg</i>	
*ANAPHYLAXIS THERAPY AGENTS***	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	
*VASOPRESSORS***	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	QL (3 EA per 1 day)
*VITAMIN B-1***	
<i>thiamine hcl oral tablet 100 mg</i>	QL (1 EA per 1 day)
<i>vitamin b-1 oral tablet 100 mg</i>	QL (1 EA per 1 day)
*VITAMIN B-2***	
<i>vitamin b-2 oral tablet 100 mg</i>	
*VITAMIN B-3***	
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>	
<i>niacin er oral tablet extended release 250 mg, 500 mg, 750 mg</i>	
<i>niacin oral tablet 100 mg, 250 mg, 500 mg</i>	
<i>niacinamide oral tablet 500 mg</i>	
*VITAMIN B-6***	
<i>pyridoxine hcl oral tablet 50 mg</i>	QL (4 EA per 1 day)
<i>vitamin b-6 er oral tablet extended release 200 mg</i>	
<i>vitamin b-6 oral tablet 100 mg</i>	QL (4 EA per 1 day)
<i>vitamin b-6 oral tablet 25 mg</i>	QL (2 EA per 1 day)
*VITAMIN C***	
<i>ascorbic acid oral tablet 500 mg</i>	
*VITAMIN D***	
<i>d 10000 oral capsule 250 mcg (10000 ut)</i>	QL (1 EA per 1 day)
<i>d3-1000 oral capsule 25 mcg (1000 ut)</i>	QL (1 EA per 1 day)
<i>D3-50 ORAL CAPSULE 1.25 MG (50000 UT)</i>	QL (1 EA per 1 day)
<i>D-VI-SOL ORAL LIQUID 10 MCG/ML</i>	QL (6 ML per 1 day)
<i>natural vitamin d-3 oral tablet 125 mcg (5000 ut)</i>	QL (6 EA per 1 day)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	QL (6 EA per 1 day)
<i>vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	QL (6 EA per 1 day)
<i>vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)</i>	QL (1 EA per 1 day); AGE (Max 1 Years)

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Drug Name	Requirements/Limits
<i>vitamin d3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)</i>	QL (1 EA per 1 day)
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	QL (6 EA per 1 day)
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	QL (1 EA per 1 day)

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