



October 2023

**Molina Healthcare of South
Carolina**

Medicaid

**Preferred Drug List
(Formulary)**

Molina Healthcare of South Carolina Preferred Drug List

(10/01/2023)

FORMULARY GUIDE

INTRODUCTION

We are pleased to provide the 2023 *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 / Anorexiants 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:
 - Greater than a 7 day supply, OR
 - 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

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

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

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

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
ST - Step Therapy

Drug Name	Requirements/Limits
methylphenidate hcl er oral tablet extended release 20 mg	QL (3 EA per 1 day); AGE (Min 6 Years)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	QL (1 EA per 1 day); AGE (Min 6 Years)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	QL (2 EA per 1 day); AGE (Min 6 Years)
methylphenidate hcl oral solution 10 mg/5ml	QL (30 ML per 1 day); AGE (Min 6 Years)
methylphenidate hcl oral solution 5 mg/5ml	QL (15 ML per 1 day); AGE (Min 6 Years)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	QL (3 EA per 1 day); AGE (Min 6 Years)
modafinil oral tablet 100 mg, 200 mg	QL (1 EA per 1 day); AGE (Min 17 Years)

*ALTERNATIVE MEDICINE - ME'S***

melatonin er oral tablet extended release 10 mg	QL (1 EA per 1 day)
melatonin oral capsule 3 mg	
melatonin oral capsule 5 mg	QL (2 EA per 1 day)
melatonin oral liquid 1 mg/4ml	QL (20 ML per 1 day)
melatonin oral tablet 1 mg, 3 mg, 5 mg	QL (1 EA per 1 day)
melatonin oral tablet 300 mcg	
melatonin oral tablet dispersible 5 mg	QL (2 EA per 1 day)

*ALTERNATIVE MEDICINE COMBINATIONS - TWO INGREDIENTS***

melatonin oral tablet 3-2 mg	
melatonin tr with vitamin b6 oral tablet extended release 3-10 mg	QL (1 EA per 1 day)
melatonin/vitamin b-6 ex st oral tablet 3-1 mg	QL (2 EA per 1 day)

*AMINOGLYCOSIDES***

neomycin sulfate oral tablet 500 mg	
paromomycin sulfate oral capsule 250 mg	

*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***

adalimumab-fkjp auto-injector kit 40 mg/0.8ml subcutaneous	PA; QL (2 EA per 28 days)
adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml subcutaneous	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

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

Drug Name	Requirements/Limits
naproxen sodium oral tablet 220 mg	QL (3 EA per 1 day)
oxaprozin oral tablet 600 mg	PA; QL (3 EA per 1 day)
piroxicam oral capsule 10 mg	PA; QL (4 EA per 1 day)
piroxicam oral capsule 20 mg	PA; QL (2 EA per 1 day)
sulindac oral tablet 150 mg, 200 mg	QL (3 EA per 1 day)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***	
OTEZLA ORAL TABLET 30 MG	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	PA
*PYRIMIDINE SYNTHESIS INHIBITORS***	
leflunomide oral tablet 10 mg, 20 mg	QL (1 EA per 1 day)
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	PA
*ANALGESICS OTHER***	
acetaminophen 8 hour oral tablet extended release 650 mg	QL (6 EA per 1 day)
acetaminophen childrens oral tablet chewable 160 mg	QL (6 EA per 1 day)
acetaminophen extra strength oral liquid 500 mg/15ml	
acetaminophen extra strength oral tablet 500 mg	QL (8 EA per 1 day)
acetaminophen infants oral suspension 160 mg/5ml	
acetaminophen junior strength oral tablet dispersible 160 mg	QL (25 EA per 1 day)
acetaminophen oral solution 160 mg/5ml	
acetaminophen oral tablet 325 mg	QL (12 EA per 1 day)
acetaminophen rectal suppository 650 mg	QL (6 EA per 1 day)
childrens acetaminophen oral tablet dispersible 80 mg	QL (50 EA per 1 day)
childrens non-aspirin oral tablet chewable 80 mg	QL (6 EA per 1 day)
ed-apap oral liquid 160 mg/5ml	
fever reducer childrens rectal suppository 120 mg	QL (34 EA per 1 day)
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG	QL (50 EA per 1 day)
pain relief childrens oral elixir 325 mg/10.15ml	
*ANALGESICS-SEDATIVES***	
butalbital-acetaminophen oral tablet 50-325 mg	QL (10 EA per 1 day); AGE (Max 64 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	QL (6 EA per 1 day); AGE (Max 64 Years)

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
ST - Step Therapy

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

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
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Drug Name	Requirements/Limits
<i>oxycodone hcl oral solution 5 mg/5ml</i>	QL (240 ML per 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	QL (90 EA per 25 days); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	QL (120 EA per 25 days); MED; Max 7 day supply for initial fill or PA required
<i>tramadol hcl oral tablet 50 mg</i>	QL (8 EA per 1 day); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required
*OPIOID COMBINATIONS***	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	QL (6 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	QL (8 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
*OPIOID PARTIAL AGONISTS***	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	PA; QL (12 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	PA; QL (3 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	PA; QL (2 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	PA; QL (12 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	PA; QL (6 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	PA; QL (3 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	PA; QL (12 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	PA; QL (3 EA per 1 day); AGE (Min 16 Years)
PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT 74.2 MG	PA
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 enanthate intramuscular solution 200 mg/ml</i>	

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Drug Name	Requirements/Limits
*INTRARECTAL STEROIDS***	
COLOCORT RECTAL ENEMA 100 MG/60ML	
*RECTAL ANESTHETIC COMBINATIONS***	
hemorrhoidal external cream 1-0.25-14.4-15 %	
*RECTAL LOCAL ANESTHETICS***	
dibucaine (perianal) external ointment 1 %	
*RECTAL STEROIDS***	
hydrocortisone acetate rectal suppository 25 mg	QL (7 EA per 1 day)
PROCTOSOL HC EXTERNAL CREAM 2.5 %	
*ANTACID & SIMETHICONE***	
antacid & antigas oral suspension 200-200-20 mg/5ml	
antacid anti-gas max strength oral suspension 400-400-40 mg/5ml	
antacid plus oral tablet chewable 200-200-25 mg	
*ANTACID COMBINATIONS***	
antacid extra strength oral tablet chewable 160-105 mg, 675-135 mg	
cvs antacid supreme oral suspension 400-135 mg/5ml	
GAVISCON ORAL SUSPENSION 95-358 MG/15ML	
*ANTACIDS - BICARBONATE***	
sodium bicarbonate oral tablet 325 mg, 650 mg	
*ANTACIDS - CALCIUM SALTS***	
calcium antacid extra strength oral tablet chewable 750 mg	
calcium antacid oral tablet chewable 500 mg	
calcium antacid ultra max st oral tablet chewable 1000 mg	
calcium carbonate antacid oral suspension 1250 mg/5ml	
calcium carbonate antacid oral tablet 648 mg	
childrens soothe oral tablet chewable 400 mg	
*ANTACIDS - MAGNESIUM SALTS***	
magnesium oxide oral tablet 250 mg, 420 mg	
*ANTHELMINTICS***	
albendazole oral tablet 200 mg	PA
ivermectin oral tablet 3 mg	QL (1 EA per 1 day)
pinworm medicine oral suspension 144 (50 base) mg/ml	

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Drug Name	Requirements/Limits
*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)
<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)
*ANTIANXIETY AGENTS - MISC.***	
<i>buspirone hcl oral tablet 10 mg</i>	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>buspirone hcl oral tablet 15 mg</i>	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>buspirone 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)
<i>DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML</i>	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)

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Drug Name	Requirements/Limits
<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)
<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***	
<i>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT</i>	QL (1 EA per 1 day)
<i>BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT</i>	QL (10.3 GM per 25 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	QL (10.2 GM per 25 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	QL (1 EA per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	QL (0.04 EA per 1 day)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	
<i>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT</i>	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
*ANTI-IGE MONOCLONAL ANTIBODIES***	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	PA
*ANTI-INFLAMMATORY AGENTS***	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	QL (26 ML per 1 day)
*BETA ADRENERGICS***	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	QL (18 GM per 25 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	QL (6.7 GM per 25 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	QL (8.5 GM per 25 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	
albuterol sulfate oral syrup 2 mg/5ml	QL (150 ML per 1 day)
albuterol sulfate oral tablet 4 mg	QL (8 EA per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	QL (2 GM per 1 day)
terbutaline sulfate oral tablet 2.5 mg	QL (8 EA per 1 day)
terbutaline sulfate oral tablet 5 mg	QL (6 EA per 1 day)
*BRONCHODILATORS - ANTICHOLINERGICS***	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	QL (1 EA per 1 day)
ipratropium bromide inhalation solution 0.02 %	QL (10 ML per 1 day)
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	PA
*LEUKOTRIENE RECEPTOR ANTAGONISTS***	
montelukast sodium oral tablet 10 mg	QL (1 EA per 1 day)
montelukast sodium oral tablet chewable 4 mg, 5 mg	QL (1 EA per 1 day)
*STEROID INHALANTS***	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	QL (4 ML per 1 day); AGE (Max 9 Years)
fluticasone propionate hfa inhalation aerosol 110 mcg/act	QL (0.4 GM per 1 day); AGE (Max 11 Years)

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Drug Name	Requirements/Limits
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	QL (0.354 GM per 1 day); AGE (Max 11 Years)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	QL (0.354 GM per 1 day)
*XANTHINES***	
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	QL (4 EA per 1 day)
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	QL (2 EA per 1 day)
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	QL (3 EA per 1 day)
<i>theophylline oral elixir 80 mg/15ml</i>	
<i>theophylline oral solution 80 mg/15ml</i>	
*COUMARIN ANTICOAGULANTS***	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	QL (10 EA per 1 day)
*DIRECT FACTOR XA INHIBITORS***	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	QL (74 EA per 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)

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

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

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Drug Name	Requirements/Limits
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	QL (1 EA per 1 day)
bupropion hcl oral tablet 100 mg, 75 mg	QL (4 EA per 1 day)
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	
*MONOAMINE OXIDASE INHIBITORS (MAOIS)***	
phenelzine sulfate oral tablet 15 mg	QL (6 EA per 1 day)
tranylcypromine sulfate oral tablet 10 mg	QL (8 EA per 1 day)
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***	
citalopram hydrobromide oral solution 10 mg/5ml	QL (20 ML per 1 day)
citalopram hydrobromide oral tablet 10 mg	QL (1.5 EA per 1 day)
citalopram hydrobromide oral tablet 20 mg, 40 mg	QL (2 EA per 1 day)
escitalopram oxalate oral solution 5 mg/5ml	
escitalopram oxalate oral tablet 10 mg, 5 mg	QL (1.5 EA per 1 day)
escitalopram oxalate oral tablet 20 mg	QL (1 EA per 1 day)
fluoxetine hcl oral capsule 10 mg	QL (3 EA per 1 day)
fluoxetine hcl oral capsule 20 mg	QL (4 EA per 1 day)
fluoxetine hcl oral capsule 40 mg	QL (2 EA per 1 day)
fluoxetine hcl oral solution 20 mg/5ml	
fluvoxamine maleate oral tablet 100 mg	QL (3 EA per 1 day)
fluvoxamine maleate oral tablet 25 mg, 50 mg	QL (2 EA per 1 day)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	QL (2 EA per 1 day)
sertraline hcl oral concentrate 20 mg/ml	
sertraline hcl oral tablet 100 mg, 50 mg	QL (2 EA per 1 day)
sertraline hcl oral tablet 25 mg	QL (1.5 EA per 1 day)
*SEROTONIN MODULATORS***	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	QL (2 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg	QL (1 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	QL (3 EA per 1 day)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	QL (3 EA per 1 day)
*TRICYCLIC AGENTS***	
amitriptyline hcl oral tablet 10 mg, 25 mg	QL (6 EA per 1 day); AGE (Max 64 Years)
amitriptyline hcl oral tablet 100 mg, 150 mg	QL (3 EA per 1 day); AGE (Max 64 Years)

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Drug Name	Requirements/Limits
amitriptyline hcl oral tablet 50 mg, 75 mg	QL (4 EA per 1 day); AGE (Max 64 Years)
clomipramine hcl oral capsule 25 mg	QL (6 EA per 1 day)
clomipramine hcl oral capsule 50 mg, 75 mg	QL (4 EA per 1 day)
desipramine hcl oral tablet 10 mg, 50 mg	QL (6 EA per 1 day)
desipramine hcl oral tablet 100 mg	QL (3 EA per 1 day)
desipramine hcl oral tablet 150 mg	QL (2 EA per 1 day)
desipramine hcl oral tablet 25 mg, 75 mg	QL (4 EA per 1 day)
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	QL (3 EA per 1 day); AGE (Max 64 Years)
doxepin hcl oral capsule 150 mg	QL (2 EA per 1 day); AGE (Max 64 Years)
doxepin hcl oral concentrate 10 mg/ml	QL (30 ML per 1 day); AGE (Max 64 Years)
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	QL (6 EA per 1 day)
nortriptyline hcl oral capsule 10 mg, 25 mg	QL (6 EA per 1 day)
nortriptyline hcl oral capsule 50 mg	QL (4 EA per 1 day)
nortriptyline hcl oral capsule 75 mg	QL (2 EA per 1 day)
protriptyline hcl oral tablet 10 mg, 5 mg	QL (8 EA per 1 day)
*ALPHA-GLUCOSIDASE INHIBITORS***	
acarbose oral tablet 100 mg	QL (4 EA per 1 day)
acarbose oral tablet 25 mg, 50 mg	QL (3 EA per 1 day)
*BIGUANIDES***	
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	QL (4 EA per 1 day)
metformin hcl oral tablet 1000 mg	QL (2 EA per 1 day)
metformin hcl oral tablet 500 mg	QL (5 EA per 1 day)
metformin hcl oral tablet 850 mg	QL (3 EA per 1 day)
*DIABETIC OTHER - COMBINATIONS***	
glucose instant energy oral tablet chewable 4-6 gm-mg	
*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)
glucagon emergency injection kit 1 mg	QL (2 EA per 25 days)
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***	
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	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 12.5-15 mg, 12.5-30 mg, 12.5-45 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 SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	QL (30 ML per 25 days)
ADMELOG SOLUTION 100 UNIT/ML INJECTION	QL (30 ML per 25 days)
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	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 suspension pen-injector (70-30) 100 unit/ml subcutaneous</i>	QL (30 ML per 25 days)
<i>insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous</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 SOLUTION 100 UNIT/ML SUBCUTANEOUS	QL (30 ML per 25 days)
SEMGLEE SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	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/1.5ML	ST; QL (1.5 ML per 25 days); PRIOR USE OF METFORMIN
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	ST; QL (3 ML per 25 days); PRIOR USE OF METFORMIN
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	ST; QL (1.5 ML per 25 days); PRIOR USE OF METFORMIN

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Drug Name	Requirements/Limits
OZEMPIK (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	ST; QL (3 ML per 25 days); PRIOR USE OF METFORMIN
OZEMPIK (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	ST; QL (3 ML per 25 days); PRIOR USE OF METFORMIN
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	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***	
nateglinide oral tablet 120 mg, 60 mg	QL (3 EA per 1 day)
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	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***	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg	QL (2 EA per 1 day)
glyburide-metformin oral tablet 5-500 mg	QL (4 EA per 1 day)
*SULFONYLUREAS***	
glimepiride oral tablet 1 mg, 4 mg	QL (3 EA per 1 day)
glimepiride oral tablet 2 mg	QL (4 EA per 1 day)
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	QL (2 EA per 1 day)
glipizide oral tablet 10 mg	QL (4 EA per 1 day)
glipizide oral tablet 5 mg	QL (8 EA per 1 day)
GLUCOTROL ORAL TABLET 10 MG	QL (4 EA per 1 day)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	QL (4 EA per 1 day)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	QL (4 EA per 1 day)
tolbutamide oral tablet 500 mg	
*THIAZOLIDINEDIONES***	
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	QL (1 EA per 1 day)
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***	
bismuth subsalicylate oral tablet chewable 262 mg	
stomach relief max st oral suspension 525 mg/15ml	
stomach relief oral suspension 262 mg/15ml	
stomach relief oral tablet 262 mg	

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Drug Name	Requirements/Limits
*ANTIPERISTALTIC AGENTS***	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	QL (40 ML per 1 day)
diphenoxylate-atropine oral tablet 2.5-0.025 mg	QL (8 EA per 1 day)
loperamide hcl oral capsule 2 mg	QL (8 EA per 1 day)
loperamide hcl oral liquid 1 mg/5ml	
loperamide hcl oral suspension 1 mg/7.5ml	
loperamide hcl oral tablet 2 mg	QL (8 EA per 1 day)
*OPIOID ANTAGONISTS***	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	
naloxone hcl nasal liquid 4 mg/0.1ml	
naltrexone hcl oral tablet 50 mg	QL (2 EA per 1 day)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	
*5-HT3 RECEPTOR ANTAGONISTS***	
gransetron hcl oral tablet 1 mg	ST; QL (2 EA per 1 day); PRIOR USE OF ONDANSETRON
ondansetron hcl oral solution 4 mg/5ml	PA
ondansetron hcl oral tablet 4 mg, 8 mg	
ondansetron oral tablet dispersible 4 mg, 8 mg	
*ANTIEMETIC COMBINATIONS***	
anti-nausea oral solution 1.87-1.87-21.5	
*ANTIEMETICS - ANTICHOLINERGIC***	
dimenhydrinate oral tablet 50 mg	QL (6 EA per 1 day)
meclizine hcl oral tablet 12.5 mg, 25 mg	QL (4 EA per 1 day)
motion sickness relief oral tablet chewable 25 mg	QL (4 EA per 1 day)
scopolamine transdermal patch 72 hour 1 mg/3days	QL (0.34 EA per 1 day)
*ANTIFUNGALS***	
griseofulvin microsize oral suspension 125 mg/5ml	QL (40 ML per 1 day)
nystatin oral tablet 500000 unit	QL (8 EA per 1 day)
terbinafine hcl oral tablet 250 mg	QL (1 EA per 1 day)
*IMIDAZOLES***	
ketoconazole oral tablet 200 mg	QL (2 EA per 1 day)
*TRIAZOLES***	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	AGE (Max 12 Years)
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	AGE (Max 12 Years)
fluconazole oral tablet 100 mg, 150 mg, 200 mg	
fluconazole oral tablet 50 mg	QL (2 EA per 1 day)

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Drug Name	Requirements/Limits
*ANTIHISTAMINES - ALKYLAMINES***	
chlorpheniramine maleate er oral tablet extended release 12 mg	QL (2 EA per 1 day)
chlorpheniramine maleate oral tablet 4 mg	QL (6 EA per 1 day)
CHLOR-TRIMETON ORAL SYRUP 2 MG/5ML	
*ANTIHISTAMINES - ETHANOLAMINES***	
allergy relief childrens oral tablet dispersible 12.5 mg	QL (6 EA per 1 day); AGE (Max 64 Years)
allergy relief oral capsule 25 mg	QL (6 EA per 1 day); AGE (Max 64 Years)
carbinoxamine maleate oral solution 4 mg/5ml	
carbinoxamine maleate oral tablet 4 mg	
clemastine fumarate oral tablet 1.34 mg	QL (2 EA per 1 day)
clemastine fumarate oral tablet 2.68 mg	QL (3 EA per 1 day)
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	QL (80 ML per 1 day); AGE (Max 12 Years)
diphenhydramine hcl injection solution 50 mg/ml	AGE (Max 64 Years)
diphenhydramine hcl oral capsule 50 mg	QL (6 EA per 1 day); AGE (Max 64 Years)
diphenhydramine hcl oral elixir 12.5 mg/5ml	QL (80 ML per 1 day); AGE (Max 12 Years)
diphenhydramine hcl oral tablet 50 mg	QL (6 EA per 1 day); AGE (Max 64 Years)
diphenhydramine hcl oral tablet chewable 12.5 mg	QL (6 EA per 1 day); AGE (Max 12 Years)
*ANTIHISTAMINES - NON-SEDATING***	
allergy (cetirizine) oral tablet 10 mg	QL (1 EA per 1 day); AGE (Max 1 Years)
cetirizine hcl childrens oral solution 5 mg/5ml	QL (10 ML per 1 day); AGE (Max 12 Years)
cetirizine hcl oral tablet 5 mg	QL (1 EA per 1 day)
loratadine childrens oral solution 5 mg/5ml	QL (10 ML per 1 day); AGE (Max 12 Years)
loratadine oral tablet 10 mg	QL (1 EA per 1 day)
loratadine oral tablet dispersible 10 mg	QL (1 EA per 1 day); AGE (Max 12 Years)
*ANTIHISTAMINES - PHENOTHIAZINES***	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG	AGE (Min 2 Years and Max 64 Years)
promethazine hcl injection solution 25 mg/ml	QL (100 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
promethazine hcl injection solution 50 mg/ml	QL (50 ML per 1 day); AGE (Min 2 Years and Max 64 Years)

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Drug Name	Requirements/Limits
<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>ciproheptadine hcl oral syrup 2 mg/5ml</i>	QL (20 ML per 1 day); AGE (Max 64 Years)
<i>ciproheptadine hcl oral tablet 4 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***	
NEXLIZET ORAL TABLET 180-10 MG	PA
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS***	
NEXLETOL ORAL TABLET 180 MG	PA
*BILE ACID SEQUESTRANTS***	
<i>cholestyramine light oral powder 4 gm/dose</i>	QL (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)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	QL (1 EA per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	QL (1 EA per 1 day)
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***	
<i>ezetimibe oral tablet 10 mg</i>	QL (1 EA per 1 day)
*PCSK9 INHIBITORS***	
<i>REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML</i>	PA
<i>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML</i>	PA
<i>REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML</i>	PA

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Drug Name	Requirements/Limits
*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>flosinopril 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 10-12.5 mg</i>	
<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)
<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>flosinopril 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)
<i>QBRELIS ORAL SOLUTION 1 MG/ML</i>	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)

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Drug Name	Requirements/Limits
<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)
<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

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Drug Name	Requirements/Limits
*GLYCOPEPTIDES***	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	QL (40 ML per 1 day)
*LEPROSTATICSS***	
<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)
<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, 500 mg</i>	
<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)
<i>PRIFTIN ORAL TABLET 150 MG</i>	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)

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Drug Name	Requirements/Limits
*ANDROGEN BIOSYNTHESIS INHIBITORS***	
<i>abiraterone acetate oral tablet 250 mg</i>	PA; QL (4 EA per 1 day)
*ANTIADRENALS***	
<i>LYSODREN ORAL TABLET 500 MG</i>	
*ANTIANDROGENS***	
<i>bicalutamide oral tablet 50 mg</i>	QL (3 EA per 1 day)
<i>flutamide oral capsule 125 mg</i>	QL (6 EA per 1 day)
*ANTIESTROGENS***	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	QL (2 EA per 1 day)
*ANTIMETABOLITES***	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	PA
<i>mercaptopurine oral tablet 50 mg</i>	QL (4 EA per 1 day)
<i>methotrexate oral tablet 2.5 mg</i>	QL (24 EA per 1 day)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	
*ANTINEOPLASTIC - ALK INHIBITORS***	
<i>ALECENSA ORAL CAPSULE 150 MG</i>	PA; QL (8 EA per 1 day)
*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)
<i>SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG</i>	PA; QL (1 EA per 1 day)
<i>SPRYCEL ORAL TABLET 20 MG</i>	PA; QL (3 EA per 1 day)
*ANTINEOPLASTIC - BTK INHIBITORS***	
<i>BRUKINSA ORAL CAPSULE 80 MG</i>	PA; QL (4 EA per 1 day)
<i>IMBRUVICA ORAL CAPSULE 140 MG</i>	PA; QL (3 EA per 1 day)
<i>IMBRUVICA ORAL TABLET 420 MG, 560 MG</i>	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)
<i>TAGRISSO ORAL TABLET 40 MG, 80 MG</i>	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)
<i>TYKERB ORAL TABLET 250 MG</i>	PA; QL (6 EA per 1 day)

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Drug Name	Requirements/Limits
*ANTINEOPLASTICS MISC.***	
<i>hydroxyurea oral capsule 500 mg</i>	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	
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
*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>	
*NITROSOUreas***	
<i>lomustine oral capsule 10 mg, 100 mg, 40 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)

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Drug Name	Requirements/Limits
<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)
<i>selegiline hcl oral tablet 5 mg</i>	QL (2 EA per 1 day)
*LEVODOPA COMBINATIONS***	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg</i>	QL (4 EA per 1 day)
<i>carbidopa-levodopa er oral tablet extended release 50-200 mg</i>	QL (8 EA per 1 day)
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-250 mg</i>	QL (8 EA per 1 day)
<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
*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)

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Drug Name	Requirements/Limits
<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.***	
<i>VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG</i>	PA; AGE (Min 6 Years)
<i>VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG</i>	PA; AGE (Min 6 Years)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	QL (2 EA per 1 day)
*BENZISOXAZOLES***	
<i>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML</i>	AGE (Min 18 Years)
<i>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 819 MG/2.63ML</i>	QL (1 ML per 1 day); AGE (Min 18 Years and Max 1 Years)
<i>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML</i>	QL (1 ML per 1 day); AGE (Min 18 Years)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	PA; AGE (Min 6 Years)
<i>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>	AGE (Min 18 Years)
<i>risperidone oral solution 1 mg/ml</i>	QL (16 ML per 1 day); AGE (Min 5 Years)
<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)
<i>risperidone oral tablet 4 mg</i>	QL (4 EA per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	QL (2 EA per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet dispersible 4 mg</i>	QL (4 EA per 1 day); AGE (Min 5 Years)
*BUTYROPHENONES***	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	AGE (Min 6 Years)
<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)
<i>haloperidol oral tablet 0.5 mg</i>	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	QL (5 EA per 1 day); AGE (Min 6 Years)
*DIBENZODIAZEPINES***	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg</i>	AGE (Min 6 Years)
<i>clozapine oral tablet 50 mg</i>	QL (2 EA per 1 day); AGE (Min 6 Years)

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Drug Name	Requirements/Limits
*DIBENZO-OXEPINO PYRROLES***	
asenapine maleate sublingual tablet sublingual 10 mg, 5 mg	
*DIBENZOTIAZEPINES***	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	QL (2 EA per 1 day); AGE (Min 6 Years)
*DIBENZOXAZEPINES***	
loxapine succinate oral capsule 10 mg, 5 mg, 50 mg	QL (15 EA per 1 day); AGE (Min 6 Years)
loxapine succinate oral capsule 25 mg	QL (6 EA per 1 day); AGE (Min 6 Years)
*PHENOTHIAZINES***	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	QL (12 EA per 1 day); AGE (Min 6 Years)
COMPRO RECTAL SUPPOSITORY 25 MG	QL (12 EA per 1 day)
fluphenazine decanoate injection solution 25 mg/ml	
fluphenazine hcl injection solution 2.5 mg/ml	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	QL (4 EA per 1 day); AGE (Min 6 Years)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	QL (3 EA per 1 day); AGE (Min 6 Years)
prochlorperazine maleate oral tablet 10 mg	QL (8 EA per 1 day); AGE (Min 6 Years)
prochlorperazine maleate oral tablet 5 mg	QL (10 EA per 1 day); AGE (Min 6 Years)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	QL (3 EA per 1 day); AGE (Max 64 Years)
trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg	QL (6 EA per 1 day); AGE (Min 6 Years)
trifluoperazine hcl oral tablet 10 mg	QL (4 EA per 1 day); AGE (Min 6 Years)
*QUINOLINONE DERIVATIVES***	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	AGE (Min 18 Years)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	AGE (Min 18 Years)
ariPIPRAZOLE oral solution 1 mg/ml	PA; AGE (Min 6 Years)
ariPIPRAZOLE oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	QL (1 EA per 1 day); AGE (Min 6 Years)
ariPIPRAZOLE oral tablet dispersible 10 mg, 15 mg	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	AGE (Min 18 Years)

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Drug Name	Requirements/Limits
*THIENBENZODIAZEPINES***	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	ST; QL (1 EA per 1 day); PRIOR USE RISPERIDONE or QUETIAPINE or CLOZAPINE
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	AGE (Min 18 Years)
*THIOXANTHENES***	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	QL (6 EA per 1 day); AGE (Min 6 Years)
*CHLORINE ANTISEPTICS***	
HIBICLENS EXTERNAL LIQUID 4 %	
*ANTIRETROVIRAL COMBINATIONS***	
abacavir sulfate-lamivudine oral tablet 600-300 mg	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)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg	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)
lamivudine-zidovudine oral tablet 150-300 mg	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)

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

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Drug Name	Requirements/Limits
*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 100 mg</i>	QL (3 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	QL (1 EA per 1 day)
<i>nevirapine oral tablet 200 mg</i>	QL (2 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	QL (1 EA per 1 day)
SUSTIVA ORAL CAPSULE 200 MG	QL (3 EA per 1 day)
SUSTIVA ORAL CAPSULE 50 MG	QL (12 EA per 1 day)
SUSTIVA ORAL TABLET 600 MG	QL (1 EA per 1 day)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	QL (40 ML per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES***	
<i>abacavir sulfate oral solution 20 mg/ml</i>	QL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>	QL (2 EA per 1 day)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 200 MG, 250 MG, 400 MG	
*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>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	QL (2 EA 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)

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Drug Name	Requirements/Limits
*ANTIVIRAL COMBINATIONS***	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	QL (30 EA per 25 days); AGE (Min 18 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	QL (30 EA per 25 days); AGE (Min 18 Years)
*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)
*HEPATITIS C AGENTS***	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	PA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	
<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 100 MG/20ML	
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
ST - Step Therapy

Drug Name	Requirements/Limits
*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)
<i>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT</i>	QL (1 EA per 1 day)
*ALPHA-BETA BLOCKERS***	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	QL (2 EA per 1 day)
<i>labetalol hcl oral tablet 100 mg, 200 mg</i>	QL (4 EA per 1 day)
<i>labetalol hcl oral tablet 300 mg</i>	QL (6 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)
*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)

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Drug Name	Requirements/Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg	QL (2 EA per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	QL (2 EA per 1 day)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	QL (4 EA per 1 day)
felodipine er oral tablet extended release 24 hour 10 mg	QL (2 EA per 1 day)
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	QL (1 EA per 1 day)
KATERZIA ORAL SUSPENSION 1 MG/ML	AGE (Min 6 Years and Max 12 Years)
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	QL (1 EA per 1 day)
nifedipine er oral tablet extended release 24 hour 90 mg	QL (2 EA per 1 day)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	QL (2 EA per 1 day)
nifedipine oral capsule 10 mg, 20 mg	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)
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	QL (3 EA per 1 day)
verapamil hcl oral tablet 120 mg	QL (3 EA per 1 day)
verapamil hcl oral tablet 40 mg, 80 mg	QL (4 EA per 1 day)

*CARDIAC GLYCOSIDES***

digoxin oral solution 0.05 mg/ml	AGE (Max 12 Years)
digoxin oral tablet 125 mcg, 250 mcg	QL (1 EA per 1 day)

*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPTANTAG COMB***

ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG PA

*PERIPHERAL VASODILATORS***

niacin flush free oral capsule 500 mg

*PROSTAGLANDIN VASODILATORS***

treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml PA

*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***

ambrisentan oral tablet 10 mg, 5 mg PA; QL (1 EA per 1 day)

bosentan oral tablet 125 mg, 62.5 mg 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

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Drug Name	Requirements/Limits
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***	
sildenafil citrate oral tablet 20 mg	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***	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	AGE (Max 12 Years)
cephalexin oral capsule 250 mg, 500 mg	QL (6 EA per 1 day)
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	AGE (Max 12 Years)
*CEPHALOSPORINS - 2ND GENERATION***	
ceprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	AGE (Max 12 Years)
cefuroxime axetil oral tablet 250 mg, 500 mg	QL (2 EA per 1 day); 10
*CEPHALOSPORINS - 3RD GENERATION***	
cefdinir oral capsule 300 mg	QL (2 EA per 1 day)
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	AGE (Max 12 Years)
*BULK CHEMICALS - AC'S***	
acesulfame potassium powder	
*BULK CHEMICALS - BU'S***	
budesonide powder	
*BULK CHEMICALS - ET'S***	
ethyl oleate liquid	
*BULK CHEMICALS - HY'S***	
hydroxyurea powder	
*BULK CHEMICALS - PR'S***	
progesterone micronized powder	
*BULK CHEMICALS - ST'S***	
stevia extract powder	
*FIXED OILS***	
sesame oil oil	
*LIQUIDS***	
benzyl benzoate liquid	AGE (Min 16 Years and Max 60 Years)
*BIPHASIC CONTRACEPTIVES - ORAL***	
desogestrel-ethynodiol oral tablet 0.15-0.02/0.01 mg (21/5)	QL (1.34 EA per 1 day)

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Drug Name	Requirements/Limits
*COMBINATION CONTRACEPTIVES - ORAL***	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	QL (1.34 EA per 1 day)
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	QL (1.34 EA per 1 day)
<i>drospirenone-ethynodiol diacetate oral tablet 3-0.03 mg</i>	QL (1.34 EA per 1 day)
<i>ethynodiol diacetate 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-ethynodiol diacetate oral tablet 0.15-30 mg-mcg</i>	QL (1.34 EA per 1 day)
<i>norethindrone acetate-ethynodiol diacetate oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	QL (1.34 EA per 1 day)
<i>norethindrone acetate-ethynodiol diacetate oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	QL (1.34 EA per 1 day)
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	QL (1.34 EA per 1 day)
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	QL (1.34 EA per 1 day)
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	QL (1.34 EA per 1 day)
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	QL (1.34 EA per 1 day)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	QL (1.34 EA per 1 day)
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)
*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>levonorgestrel-ethynodiol diacetate 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 (1 ML per 84 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)

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Drug Name	Requirements/Limits
*TRIPHASIC CONTRACEPTIVES - ORAL***	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	QL (1.34 EA per 1 day)
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	QL (1.34 EA per 1 day)
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (1.34 EA per 1 day)
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (1.34 EA per 1 day)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	QL (1.34 EA per 1 day)
*GLUCOCORTICOSTEROIDS***	
<i>budesonide oral capsule delayed release particles 3 mg</i>	
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)
<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 oral syrup 15 mg/5ml</i>	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	
<i>prednisone oral solution 5 mg/5ml</i>	QL (60 ML per 1 day)
<i>prednisone oral tablet 1 mg</i>	QL (10 EA per 1 day)
<i>prednisone oral tablet 10 mg</i>	QL (9 EA per 1 day)
<i>prednisone oral tablet 2.5 mg</i>	QL (8 EA per 1 day)
<i>prednisone oral tablet 20 mg</i>	QL (6 EA per 1 day)
<i>prednisone oral tablet 5 mg</i>	QL (16 EA per 1 day)
<i>prednisone oral tablet 50 mg</i>	QL (3 EA per 1 day)
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	
*MINERALOCORTICOIDS***	
<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)

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Drug Name	Requirements/Limits
cough relief oral liquid 15 mg/5ml	
TESSALON PERLES ORAL CAPSULE 100 MG	QL (6 EA per 1 day)
*ANTITUSSIVE - OPIOID***	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	QL (1 ML per 1 day)
*ANTITUSSIVE-EXPECTORANT***	
guaifenesin-codeine oral solution 100-10 mg/5ml	QL (60 ML per 1 day); AGE (Min 2 Years)
mucus relief dm oral tablet extended release 12 hour 30-600 mg	QL (2 EA per 1 day)
ROBITUSSIN PEAK COLD DM ORAL SYRUP 100-10 MG/5ML	
tussin dm max adult oral liquid 10-200 mg/5ml	
*DECONGESTANT & ANTIHISTAMINE***	
allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	QL (2 EA per 1 day)
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	QL (2 EA per 1 day)
child's cold/allergy oral elixir 1-15 mg/5ml	
DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID 6.25-2.5 MG/5ML	
diphenhydramine-phenylephrine oral tablet 25-10 mg	
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	QL (1 EA per 1 day)
promethazine vc oral syrup 6.25-5 mg/5ml	QL (60 ML per 1 day); AGE (Max 64 Years)
*DECONGESTANT W/ EXPECTORANT***	
mucus d oral tablet extended release 12 hour 60-600 mg	QL (4 EA per 1 day); AGE (Min 4 Years)
*EXPECTORANTS***	
chest congestion relief oral syrup 100 mg/5ml	
chest congestion relief oral tablet 400 mg	AGE (Min 4 Years)
guaifenesin er oral tablet extended release 12 hour 600 mg	QL (2 EA per 1 day)
guaifenesin oral tablet 200 mg	AGE (Min 4 Years)
ROBITUSSIN MUCUS+CHEST CONGEST ORAL LIQUID 100 MG/5ML	AGE (Min 4 Years)
*MISC. RESPIRATORY INHALANTS***	
sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	
*MUCOLYTICS***	
acetylcysteine inhalation solution 20 %	QL (120 ML per 1 day)
*NON-NARC ANTITUSSIVE-ANTIHISTAMINE***	
promethazine-dm oral syrup 6.25-15 mg/5ml	AGE (Min 4 Years)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	QL (60 ML per 1 day)

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Drug Name	Requirements/Limits
*OPIOID ANTITUSSIVE-ANTIHISTAMINE***	
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	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>CLEOCIN-T EXTERNAL SOLUTION 1 %</i>	ST; Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<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>erythromycin external solution 2 %</i>	QL (15 ML per 1 day)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	PA
*ACNE PRODUCTS***	
<i>acne medication 10 external lotion 10 %</i>	
<i>acne medication 2.5 external gel 2.5 %</i>	
<i>acne medication 5 external lotion 5 %</i>	
<i>adapalene external gel 0.1 %</i>	
<i>benzoyl peroxide external gel 10 %, 5 %</i>	
<i>benzoyl peroxide wash external liquid 10 %, 5 %</i>	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	PA
<i>tretinooin 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
<i>tretinooin 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***	
<i>POLYSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM</i>	
<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>	

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Drug Name	Requirements/Limits
gentamicin sulfate external cream 0.1 %	
gentamicin sulfate external ointment 0.1 %	
mupirocin external ointment 2 %	
*ANTIFUNGALS - TOPICAL***	
antifungal (tolnaftate) external cream 1 %	
BLIS-TO-SOL EXTERNAL LIQUID 1 %	
ciclopirox olamine external cream 0.77 %	QL (20 GM per 1 day)
ciclopirox olamine external suspension 0.77 %	
cvs athletes foot (tolnaftate) external aerosol powder 1 %	
nystatin external cream 100000 unit/gm	
nystatin external ointment 100000 unit/gm	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	
PENLAC EXTERNAL SOLUTION 8 %	
terbinafine hcl external cream 1 %	
tolnaftate external powder 1 %	
*ANTI-INFLAMMATORY AGENTS - TOPICAL***	
diclofenac sodium external gel 1 %	
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***	
EFUDEX EXTERNAL CREAM 5 %	
*ANTIPSORIATICS - SYSTEMIC***	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	PA
*ANTIPSORIATICS***	
calcipotriene external cream 0.005 %	PA
calcipotriene external ointment 0.005 %	PA
calcipotriene external solution 0.005 %	PA
*ANTISEBORRHEIC PRODUCTS***	
anti-dandruff external shampoo 1 %	
selenium sulfide external lotion 2.5 %	
*ANTIVIRALS - TOPICAL***	
ABREVA EXTERNAL CREAM 10 %	
acyclovir external ointment 5 %	PA
*BURN PRODUCTS***	
silver sulfadiazine external cream 1 %	

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Drug Name	Requirements/Limits
*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>DIPROLENE EXTERNAL OINTMENT 0.05 %</i>	
<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)
<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>	

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Drug Name	Requirements/Limits
hydrocortisone external cream 0.5 %, 2.5 %	QL (60 GM per 25 days)
hydrocortisone external lotion 1 %	
hydrocortisone external lotion 2.5 %	QL (60 ML per 25 days)
hydrocortisone external ointment 0.5 %, 2.5 %	QL (60 GM per 25 days)
hydrocortisone external ointment 1 %	
mometasone furoate external cream 0.1 %	QL (45 GM per 25 days)
mometasone furoate external ointment 0.1 %	QL (45 GM per 25 days)
mometasone furoate external solution 0.1 %	QL (60 ML per 25 days)
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	
triamcinolone acetonide powder	
*EMOLLIENTS***	
AMLACTION EXTERNAL LOTION 12 %	
ammonium lactate external cream 12 %	
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 %	
antifungal (clotrimazole) external cream 1 %	
antifungal external powder 2 %	
athletes foot powder spray external aerosol powder 2 %	
clotrimazole external solution 1 %	
ketoconazole external cream 2 %	
ketoconazole external shampoo 2 %	
miconazole antifungal external cream 2 %	
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL***	
imiquimod external cream 5 %	PA
*KERATOLYTIC/ANTIMITOTIC AGENTS***	
podofilox external solution 0.5 %	
*LOCAL ANESTHETICS - TOPICAL***	
arthritis pain relieving external cream 0.075 %	
capsaicin external cream 0.025 %, 0.1 %	
CAPZASIN-P EXTERNAL CREAM 0.035 %	
CIRCATA EXTERNAL CREAM 0.05 %	
dibucaine external ointment 1 %	
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	

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Drug Name	Requirements/Limits
<i>lidocaine external cream 4 %</i>	
<i>lidocaine external patch 5 %</i>	PA; QL (3 EA per 1 day)
<i>lidocaine hcl external solution 4 %</i>	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	
<i>lidocaine pain relief max st external patch 4 %</i>	QL (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
*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
<i>lice treatment creme rinse external liquid 1 %</i>	
OVIDE EXTERNAL LOTION 0.5 %	
<i>permethrin external cream 5 %</i>	
<i>ra lice treatment external lotion 1 %</i>	
<i>spinosad external suspension 0.9 %</i>	
<i>stop lice aerosol 0.5 %</i>	
*SKIN PROTECTANTS***	
MINERIN CREME EXTERNAL CREAM	
*TOPICAL ANESTHETIC COMBINATIONS***	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	
*TOPICAL STEROID COMBINATIONS***	
<i>hydrocortisone-aloe external cream 0.5 %, 1 %</i>	
*DIAGNOSTIC DRUGS***	
THYROID INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG	PA

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Drug Name	Requirements/Limits
*DIAGNOSTIC TESTS***	
KETOSTIX IN VITRO STRIP	
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO	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 STRIP IN VITRO	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***	
ALDACTAZIDE ORAL TABLET 25-25 MG	QL (4 EA per 1 day)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	QL (2 EA per 1 day)
DYAZIDE ORAL CAPSULE 37.5-25 MG	QL (2 EA per 1 day)
MAXZIDE ORAL TABLET 75-50 MG	QL (4 EA per 1 day)
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)

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Drug Name	Requirements/Limits
<i>bumetanide oral tablet 2 mg</i>	QL (5 EA per 1 day)
DEMADEX ORAL TABLET 10 MG	QL (4 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>torsemide oral tablet 100 mg, 5 mg</i>	QL (2 EA per 1 day)
<i>torsemide 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)
BONIVA ORAL TABLET 150 MG	QL (0.0358 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 (PED), 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
STIMATE NASAL SOLUTION 1.5 MG/ML	PA
*ESTROGEN & PROGESTIN***	
FEMHRT ORAL TABLET 0.5-2.5 MG-MCG	QL (1 EA per 1 day)
JINTELI ORAL TABLET 1-5 MG-MCG	QL (1 EA per 1 day)
*ESTROGENS***	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	AGE (Max 64 Years)
*FLUOROQUINOLOONES***	
AVELOX ORAL TABLET 400 MG	

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Drug Name	Requirements/Limits
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	QL (2 EA per 1 day)
levofloxacin oral solution 25 mg/ml	PA
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	QL (1 EA per 1 day); 10
*ANTIFLATULENTS***	
infants simethicone oral suspension 20 mg/0.3ml	
PHAZYME ORAL TABLET CHEWABLE 125 MG	
simethicone drops infants oral liquid 20 mg/0.3ml	
simethicone extra strength oral capsule 125 mg	
simethicone oral tablet chewable 80 mg	
simethicone ultra strength oral capsule 180 mg	
*GALLSTONE SOLUBILIZING AGENTS***	
ursodiol oral capsule 300 mg	
ursodiol oral tablet 250 mg	QL (4 EA per 1 day)
ursodiol oral tablet 500 mg	QL (2 EA per 1 day)
*GASTROINTESTINAL STIMULANTS***	
metoclopramide hcl oral solution 10 mg/10ml	
metoclopramide hcl oral tablet 10 mg, 5 mg	QL (6 EA per 1 day)
*INFLAMMATORY BOWEL AGENTS***	
balsalazide disodium oral capsule 750 mg	
mesalamine er oral capsule extended release 24 hour 0.375 gm	QL (4 EA per 1 day)
sulfasalazine oral tablet 500 mg	QL (10 EA per 1 day)
sulfasalazine oral tablet delayed release 500 mg	QL (8 EA per 1 day)
*INTESTINAL ACIDIFIERS***	
lactulose encephalopathy oral solution 10 gm/15ml	QL (180 ML per 1 day)
*PHOSPHATE BINDER AGENTS***	
calcium acetate (phos binder) oral capsule 667 mg	
sevelamer carbonate oral tablet 800 mg	ST; PRIOR USE OF calcium acetate
*5-ALPHA REDUCTASE INHIBITORS***	
finasteride oral tablet 5 mg	QL (1 EA per 1 day)
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS***	
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	QL (1 EA per 1 day)
tamsulosin hcl oral capsule 0.4 mg	QL (2 EA per 1 day)
*CITRATES***	
potassium citrate-citric acid oral solution 1100-334 mg/5ml	
sod citrate-citric acid oral solution 500-334 mg/5ml	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG)	QL (3 EA per 1 day)

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Drug Name	Requirements/Limits
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG)	QL (4 EA per 1 day)
UROCIT-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>	
*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>	
*URICOSURICS***	
<i>probenecid oral tablet 500 mg</i>	QL (3 EA per 1 day)
*ANTIHEMOPHILIC PRODUCTS***	
<i>ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 4000 UNIT</i>	PA
<i>BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</i>	PA
<i>HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 500-1200 UNIT</i>	PA
<i>KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT</i>	PA
<i>KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</i>	PA
<i>NUWIQ INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT</i>	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)

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Drug Name	Requirements/Limits
dipyridamole oral tablet 75 mg	QL (4 EA per 1 day)
*THIENOPYRIDINE DERIVATIVES***	
clopidogrel bisulfate oral tablet 75 mg	QL (1 EA per 1 day)
*COBALAMINS***	
vitamin b-12 er oral tablet extended release 1000 mcg	
vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg	
vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg	
*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***	
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	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
*IRON COMBINATIONS***	
foltrin oral capsule	QL (2 EA per 1 day)
HEMATOGEN ORAL CAPSULE	QL (2 EA per 1 day)
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	QL (2 EA per 1 day)
*IRON***	
FERATE ORAL TABLET 240 (27 FE) MG	
FER-IN-SOL ORAL SOLUTION 75 (15 FE) MG/ML	
FEROSUL ORAL ELIXIR 220 (44 FE) MG/5ML	
FERROCITE ORAL TABLET 324 MG	
ferrous gluconate oral tablet 324 (37.5 fe) mg, 324 (38 fe) mg	
ferrous sulfate oral liquid 220 (44 fe) mg/5ml	
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg	
iron (ferrous sulfate) oral tablet 325 (65 fe) mg	QL (3 EA per 1 day)
NU-IRON ORAL CAPSULE 150 MG	QL (2 EA per 1 day)
px iron oral tablet 200 (65 fe) mg	

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Drug Name	Requirements/Limits
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***	
diphenhydramine hcl (sleep) oral tablet 25 mg, 50 mg	QL (1 EA per 1 day)
sleep aid oral tablet 25 mg	QL (1 EA per 1 day)
*BARBITURATE HYPNOTICS***	
phenobarbital oral elixir 20 mg/5ml	QL (50 ML per 1 day); AGE (Max 12 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 97.2 mg	QL (2 EA per 1 day)
phenobarbital oral tablet 64.8 mg	QL (3 EA per 1 day)
*BENZODIAZEPINE HYPNOTICS***	
estazolam oral tablet 1 mg, 2 mg	QL (1 EA per 1 day); AGE (Min 18 Years)
flurazepam hcl oral capsule 15 mg, 30 mg	QL (1 EA per 1 day); AGE (Min 15 Years)
temazepam oral capsule 15 mg, 30 mg	QL (1 EA per 1 day); AGE (Min 18 Years)
triazolam oral tablet 0.125 mg	QL (1 EA per 1 day); AGE (Min 18 Years)
triazolam oral tablet 0.25 mg	QL (2 EA per 1 day); AGE (Min 18 Years)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***	
zolpidem tartrate oral tablet 10 mg, 5 mg	QL (1 EA per 1 day); AGE (Min 18 Years)
*BOWEL EVACUANT COMBINATIONS***	
GAVILYTE-H ORAL KIT 5-210 MG-GM	QL (1 EA per 1 day)
peg 3350/electrolytes oral solution reconstituted 240 gm	QL (4000 ML per 1 day)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	QL (4000 ML per 1 day)
peg-3350/electrolytes oral solution reconstituted 236 gm	QL (4000 ML per 1 day)
*BULK LAXATIVES***	
BENEFIBER DRINK MIX ORAL PACKET	
BENEFIBER FOR CHILDREN ORAL POWDER	
CITRUCEL ORAL TABLET 500 MG	
cvs daily fiber oral packet 58.6 %	
fiber (corn dextrin) oral powder	
fiber oral capsule 0.52 gm	
FIBERCON ORAL TABLET 625 MG	

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Drug Name	Requirements/Limits
HYDROCIL ORAL POWDER 95 %	
<i>konsyl daily fiber oral packet 100 %, 28.3 %</i>	
<i>konsyl daily fiber oral powder 100 %, 28.3 %</i>	
KONSYL-D ORAL POWDER 52.3 %	
METAMUCIL MULTIHEALTH FIBER ORAL PACKET 58.12 %	
METAMUCIL ORAL PACKET 28 %	
METAMUCIL ORAL WAFER	
<i>natural fiber oral powder 58.6 %</i>	
<i>natural vegetable fiber oral powder 48.57 %</i>	
<i>sb fib lax orange oral powder 33 %</i>	
UNIFIBER ORAL POWDER	
*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 maximum strength oral tablet 25 mg</i>	
<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)

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Drug Name	Requirements/Limits
<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>docusate sodium oral tablet 100 mg</i>	QL (6 EA per 1 day)
<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, 500 mg</i>	
<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>	
<i>essentra wipes 9x9" sheet 70 %</i>	
*CONDOMS - MALE***	
<i>condoms</i>	QL (12 EA per 1 day)
<i>premium condoms lubricated</i>	QL (12 EA per 1 day)
<i>TRUSTEX RIA NON-LUBRICATED</i>	QL (12 EA per 1 day)
*GLUCOSE MONITORING TEST SUPPLIES***	
<i>DEXCOM G5 MOB/G4 PLAT SENSOR</i>	PA; QL (3 EA per 23 days); (except ages 2-18 with history of insulin)
<i>DEXCOM G5 MOBILE RECEIVER DEVICE</i>	PA; QL (1 EA per 310 days); (except ages 2-18 with history of insulin)
<i>DEXCOM G5 MOBILE TRANSMITTER</i>	PA; QL (1 EA per 76 days); (except ages 2-18 with history of insulin)

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Drug Name	Requirements/Limits
DEXCOM G5 RECEIVER KIT DEVICE	PA; QL (1 EA per 310 days); (except ages 2-18 with history of insulin)
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)
<i>freestyle libre 3 sensor</i>	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)
FREESTYLE LIBRE SENSOR SYSTEM	PA; QL (3 EA per 23 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	

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Drug Name	Requirements/Limits
MONOJECT SYRINGE REGULAR TIP 3 ML	
techlite insulin syringe 29g x 1/2" 0.3 ml	QL (5 EA per 1 day)
techlite insulin syringe 29g x 1/2" 0.5 ml	QL (5 EA per 1 day)
techlite insulin syringe 29g x 1/2" 1 ml	QL (5 EA per 1 day)
techlite insulin syringe 30g x 1/2" 0.5 ml	QL (5 EA per 1 day)
techlite insulin syringe 30g x 1/2" 1 ml	QL (5 EA per 1 day)
techlite insulin syringe 30g x 5/16" 0.3 ml	QL (5 EA per 1 day)
techlite insulin syringe 30g x 5/16" 0.5 ml	QL (5 EA per 1 day)
techlite insulin syringe 30g x 5/16" 1 ml	QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 0.3 ml	QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 0.5 ml	QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 1 ml	QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 0.3 ml	QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 0.5 ml	QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 1 ml	QL (5 EA per 1 day)
TECHLITE PEN NEEDLES 29G X 10MM	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 29G X 12MM	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 5 MM	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 6 MM	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 8 MM	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 32G X 4 MM	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 32G X 6 MM	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 32G X 8 MM	QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM	QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM	QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM	QL (200 EA per 25 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML	QL (5 EA per 1 day)

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Drug Name	Requirements/Limits
*PEAK FLOW METERS***	
TRUZONE PEAK FLOW METER DEVICE	
*SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES***	
INSPIREASE	QL (1 EA per 1 day)
PEDIATRIC PANDA MASK	QL (1 EA per 1 day)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	QL (9 EA per 25 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	QL (12 EA per 25 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	QL (12 EA per 25 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	QL (9 EA per 25 days)
*CALCIUM COMBINATIONS***	
<i>calcium + vitamin d3 oral tablet chewable 500-10 mg-mcg</i>	
<i>calcium 500 + d oral tablet 500-3.125 mg-mcg</i>	
<i>calcium 600/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 carbonate-vitamin d oral tablet 500-3.125 mg-mcg</i>	
<i>calcium citrate + d oral tablet 250-5 mg-mcg</i>	
<i>calcium citrate + 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>	
<i>oscal 500 d-3 oral tablet 500-5 mg-mcg</i>	
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	
OS-CAL ORAL TABLET CHEWABLE 500-15 MCG	
<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>	

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Drug Name	Requirements/Limits
CALTRATE 600 ORAL TABLET 1500 (600 CA) MG	
OYSCO 500 ORAL TABLET 500 MG	
*ELECTROLYTES ORAL***	
REHYDRALYTE ORAL SOLUTION	
*FLUORIDE***	
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	QL (1.67 ML per 1 day)
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	QL (1 EA per 1 day)
sodium fluoride oral tablet chewable 2.2 (1 f) mg	
*MAGNESIUM***	
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG	
magnesium gluconate oral tablet 27.5 mg, 500 (27 mg) mg	
magnesium oral tablet 250 mg, 400 mg	
magnesium oxide -mg supplement oral capsule 500 mg	
magnesium oxide -mg supplement oral tablet 250 mg, 400 (240 mg) mg, 500 mg	
*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 10 MEQ, 8 MEQ	QL (4 EA per 1 day)
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	QL (5 EA per 1 day)
potassium chloride er oral capsule extended release 10 meq, 8 meq	QL (4 EA per 1 day)
potassium chloride oral solution 10 %, 40 meq/15ml (20%)	
*SODIUM***	
sodium chloride oral tablet 1 gm	
*ZINC***	
zinc sulfate oral capsule 220 (50 zn) mg	
*ANTILEPROTICS***	
THALOMID ORAL CAPSULE 100 MG	PA; QL (1 EA per 1 day)
*CHELATATING AGENTS***	
DEPEN TITRATABS ORAL TABLET 250 MG	PA
*CYCLOSPORINE ANALOGS***	
cyclosporine modified oral capsule 50 mg	QL (15 EA per 1 day)
cyclosporine oral capsule 100 mg	QL (5 EA per 1 day)

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Drug Name	Requirements/Limits
cyclosporine oral capsule 25 mg	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***	
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	PA; QL (1 EA per 1 day)
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***	
mycophenolate mofetil oral capsule 250 mg	QL (12 EA per 1 day)
mycophenolate mofetil oral tablet 500 mg	QL (8 EA per 1 day)
*IRRIGATION SOLUTIONS***	
sterile water for irrigation irrigation solution	
*MACROLIDE IMMUNOSUPPRESSANTS***	
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	
tacrolimus oral capsule 0.5 mg	QL (2 EA per 1 day)
tacrolimus oral capsule 1 mg	QL (14 EA per 1 day)
tacrolimus oral capsule 5 mg	
*POTASSIUM REMOVING AGENTS***	
KIONEX ORAL SUSPENSION 15 GM/60ML	
LOKELMA ORAL PACKET 10 GM, 5 GM	QL (3 EA per 1 day)
sodium polystyrene sulfonate oral powder	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	QL (1 EA per 1 day)
*PURINE ANALOGS***	
azathioprine oral tablet 50 mg	QL (8 EA per 1 day)
*ANESTHETICS TOPICAL ORAL***	
lidocaine viscous hcl mouth/throat solution 2 %	
*ANTI-INFECTIVES - THROAT***	
clotrimazole mouth/throat troche 10 mg	QL (5 EA per 1 day)
nystatin mouth/throat suspension 100000 unit/ml	QL (120 ML per 1 day)
*ANTISEPTICS - MOUTH/THROAT***	
chlorhexidine gluconate mouth/throat solution 0.12 %	
*FLUORIDE DENTAL PRODUCTS***	
sf dental gel 1.1 %	
sodium fluoride 5000 plus dental cream 1.1 %	
*SALIVA STIMULANTS***	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	

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Drug Name	Requirements/Limits
*STEROIDS - MOUTH/THROAT/DENTAL***	
triamicinolone acetonide mouth/throat paste 0.1 %	
*B-COMPLEX W/ C & FOLIC ACID***	
b-complex/vitamin c oral tablet	
folbee plus oral tablet	
NEPHRO-VITE ORAL TABLET 0.8 MG	
NEPHRO-VITE RX ORAL TABLET 1 MG	
triphrocaps oral capsule 1 mg	QL (2 EA per 1 day)
*MULTIPLE VITAMINS W/ IRON***	
daily-vite/iron/beta-carotene oral tablet	QL (1 EA per 1 day)
*MULTIPLE VITAMINS W/ MINERALS***	
cvs one daily mens 50+ adv oral tablet	QL (1 EA per 1 day)
cvs spectravite advanced oral liquid	QL (1 ML per 1 day)
ICAPS ORAL CAPSULE	
*MULTIVITAMINS***	
daily-vite oral tablet	QL (1 EA per 1 day)
ZELDANA ORAL CAPSULE	QL (1 EA per 1 day)
*PED MULTI VITAMINS W/FL & FE***	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	QL (1.67 ML per 1 day)
*PED MULTIPLE VITAMINS W/ MINERALS***	
CENTRUM KIDS ORAL TABLET CHEWABLE	QL (1 EA per 1 day)
VITAMAX PEDIATRIC ORAL SOLUTION	
*PED MV W/ FLUORIDE***	
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	QL (1.67 ML per 1 day)
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg	QL (1 EA per 1 day)
multivitamin/fluoride oral tablet chewable 1 mg	QL (2 EA per 1 day)
multi-vit-flor oral tablet chewable 0.5 mg	QL (1 EA per 1 day)
*PED MV W/ IRON***	
chewable vite/iron childrens oral tablet chewable 15 mg	QL (1 EA per 1 day)
cvs chewable childrens vitamin oral tablet chewable 18 mg	
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML	
poly-vitamin/iron oral solution 10 mg/ml	
*PED VITAMINS ACD W/ FLUORIDE***	
tri-vitamin/fluoride oral solution 0.25 mg/ml	QL (1.67 ML per 1 day)
tri-vite/fluoride oral solution 0.5 mg/ml	QL (1.67 ML per 1 day)
*PEDIATRIC MULTIPLE VITAMINS W/ C & FA***	
multiple vitamins oral tablet chewable	

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Drug Name	Requirements/Limits
*PEDIATRIC MULTIPLE VITAMINS W/ EXTRA C & FA***	
childrens multivitamins oral tablet chewable w/extrac & fa	
*PEDIATRIC MULTIPLE VITAMINS***	
chewable vite childrens oral tablet chewable	QL (1 EA per 1 day)
POLY-VI-SOL ORAL SOLUTION	
*PEDIATRIC VITAMINS A & D W/ C***	
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	
*PRENATAL MV & MIN W/FE-FA***	
CLINICAL NUTRIENTS PRENATAL ORAL TABLET 7.5-0.2 MG	
completenate oral tablet chewable 29-1 mg	QL (1 EA per 1 day)
CO-NATAL FA TABLET ORAL	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)
kpn prenatal oral tablet 0.1 mg	QL (1 EA per 1 day)
MYNATAL ORAL TABLET 90-1 MG	QL (1 EA per 1 day)
mynate 90 plus oral tablet extended release	
NATALVIT ORAL TABLET	QL (1 EA per 1 day)
O-CAL FA ORAL TABLET 27-1 MG	QL (1 EA per 1 day)
O-CAL PRENATAL ORAL TABLET	
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG	QL (1 EA per 1 day)
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG	
prenatal (w/iron & fa) oral tablet 27-0.8 mg	QL (1 EA per 1 day)
prenatal complete oral tablet 14-0.4 mg	QL (1 EA per 1 day)
prenatal formula a-free oral tablet 9-0.267 mg	QL (1 EA per 1 day)
prenatal formula oral capsule 28-0.8-235 mg	QL (1 EA per 1 day)
prenatal multi +dha oral capsule 27-0.8-228 mg	QL (1 EA per 1 day)
prenatal oral tablet 27-0.8 mg, 6.75-0.2 mg	QL (1 EA per 1 day)
prenatal vitamin and mineral oral tablet 28-0.8 mg	QL (1 EA per 1 day)
prenatal/omega-3/fa/iron oral capsule 28-0.8-530 mg	
se-natal 19 oral tablet 29-1 mg	QL (1 EA per 1 day)
sm one daily prenatal oral 28-0.8 & 440 mg	QL (1 EA per 1 day)
trinatal rx 1 oral tablet 60-1 mg	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)
vol-tab rx oral tablet 29-1 mg	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)

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Drug Name	Requirements/Limits
<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)
*PRENATAL VITAMINS***	
<i>calna oral tablet</i>	
*CENTRAL MUSCLE RELAXANTS***	
<i>baclofen oral tablet 10 mg</i>	QL (3 EA per 1 day)
<i>baclofen oral tablet 20 mg, 5 mg</i>	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	QL (6 EA per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	QL (3 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>methocarbamol oral tablet 750 mg</i>	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	QL (2 EA per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>tizanidine hcl oral tablet 4 mg</i>	QL (9 EA per 1 day); AGE (Max 64 Years)
*VISCOSUPPLEMENTS***	
EUFLEXXA SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	PA
*NASAL AGENTS - MISC.***	
<i>nasal saline nasal solution 0.65 %</i>	
*NASAL ANTICHOLINERGICS***	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	
*NASAL ANTIHISTAMINES***	
<i>azelastine hcl nasal solution 0.1 %</i>	
*NASAL MAST CELL STABILIZERS***	
NASALCROM NASAL AEROSOL SOLUTION 5.2 MG/ACT	
*NASAL STEROIDS***	
<i>budesonide nasal suspension 32 mcg/act</i>	AGE (Min 6 Years)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	AGE (Min 4 Years)
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	AGE (Min 2 Years)

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Drug Name	Requirements/Limits
*SYSTEMIC DECONGESTANTS***	
<i>childrens nasal decongestant oral liquid† 15 mg/5ml</i>	
<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)
<i>SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML</i>	
*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>	
<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>	
<i>MOISTURE EYES OPHTHALMIC SOLUTION 1-0.3 %</i>	
*ARTIFICIAL TEAR SOLUTIONS***	
<i>SYSTANE CONTACTS OPHTHALMIC SOLUTION</i>	
*ARTIFICIAL TEARS AND LUBRICANTS***	
<i>artificial tears ophthalmic solution 1.4 %</i>	
<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 22.3-6.8 mg/ml</i>	
*BETA-BLOCKERS - OPHTHALMIC***	
<i>carteolol hcl ophthalmic solution 1 %</i>	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	

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Drug Name	Requirements/Limits
*CYCLOPLEGIC MYDRIATICS***	
<i>atropine sulfate ophthalmic solution 1 %</i>	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	
*MIOTICS - DIRECT ACTING***	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	
*OPHTHALMIC ANTIALLERGIC***	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PA
<i>cromolyn sodium ophthalmic solution 4 %</i>	
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	
*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 ointment 0.3 %</i>	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	
<i>levofloxacin ophthalmic solution 0.5 %</i>	
<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>	
<i>NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000</i>	
<i>POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM</i>	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	
*OPHTHALMIC ANTIVIRALS***	
<i>trifluridine ophthalmic solution 1 %</i>	
*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>	

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Drug Name	Requirements/Limits
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	
*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>	
<i>NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %</i>	
<i>sulacetamide-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>	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	
*OPHTHALMIC SULFONAMIDES***	
<i>sulacetamide 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>	
*OTIC AGENTS - MISCELLANEOUS***	
<i>acetic acid otic solution 2 %</i>	
<i>ear drops otic solution 6.5 %</i>	
<i>ra ear drying agent otic liquid 95-5 %</i>	
*OTIC ANTI-INFECTIVES***	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	
<i>ofloxacin otic solution 0.3 %</i>	
*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***	
<i>SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML</i>	PA

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Drug Name	Requirements/Limits
*IMMUNE SERUMS***	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	
*AMINOPENICILLINS***	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	QL (8 EA per 1 day)
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	
<i>amoxicillin oral tablet 500 mg</i>	QL (5 EA per 1 day)
<i>amoxicillin oral tablet 875 mg</i>	QL (4 EA per 1 day)
<i>amoxicillin oral tablet chewable 125 mg</i>	QL (6 EA per 1 day)
<i>amoxicillin oral tablet chewable 250 mg</i>	QL (8 EA per 1 day)
<i>ampicillin oral capsule 500 mg</i>	QL (8 EA per 1 day)
*NATURAL PENICILLINS***	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	QL (40 ML per 1 day)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	QL (8 EA per 1 day)
*PENICILLIN COMBINATIONS***	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	QL (2 EA per 1 day); 10
<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>	

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Drug Name	Requirements/Limits
*ORAL VEHICLES***	
cherry oral syrup	
flavor sweet oral syrup	
simple syrup oral syrup	
*PARENTERAL VEHICLES***	
sterile water for injection injection solution	
*PROGESTINS***	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	QL (2 EA per 1 day)
norethindrone acetate oral tablet 5 mg	QL (1 EA per 1 day)
progesterone oral capsule 100 mg	QL (1 EA per 1 day)
progesterone oral capsule 200 mg	QL (2 EA per 1 day)
*ALCOHOL DETERRENTS***	
acamprosate calcium oral tablet delayed release 333 mg	
disulfiram oral tablet 250 mg, 500 mg	QL (1 EA per 1 day)
*ANTI-CATAPLECTIC AGENTS***	
sodium oxybate oral solution 500 mg/ml	PA
*CHOLINOMIMETICS - ACHE INHIBITORS***	
donepezil hcl oral tablet 10 mg, 5 mg	QL (1 EA per 1 day)
donepezil hcl oral tablet dispersible 10 mg	QL (1 EA per 1 day)
donepezil hcl oral tablet dispersible 5 mg	QL (2 EA per 1 day)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	PA
*MOVEMENT DISORDER DRUG THERAPY***	
tetrabenazine oral tablet 12.5 mg, 25 mg	PA
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***	
teriflunomide oral tablet 14 mg, 7 mg	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 KIT 0.3 MG SUBCUTANEOUS	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	PA

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Drug Name	Requirements/Limits
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 solution 10 mg/5ml</i>	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	
*SMOKING DETERRENTS***	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	QL (2 EA per 1 day)
<i>chantix continuing month pak oral tablet 1 mg</i>	
<i>CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42</i>	
<i>nicotine polacrilex mouth/throat gum 2 mg</i>	QL (8 EA per 1 day)
<i>nicotine polacrilex mouth/throat gum 4 mg</i>	QL (8 EA per 1 day); AGE (Min 18 Years)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	QL (8 EA per 1 day)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	QL (1 EA per 1 day)
<i>NICOTROL INHALATION INHALER 10 MG</i>	QL (16 EA per 1 day)
<i>NICOTROL NS NASAL SOLUTION 10 MG/ML</i>	QL (4 ML per 1 day); AGE (Min 18 Years)
<i>varenicline tartrate oral 0.5 mg x 11 & 1 mg x 42</i>	
<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)***	
<i>PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML</i>	PA

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Drug Name	Requirements/Limits
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)
<i>ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG</i>	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	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)

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ST - Step Therapy

Drug Name	Requirements/Limits
dicyclomine hcl oral tablet 20 mg	QL (8 EA per 1 day); AGE (Max 64 Years)
*BELLADONNA ALKALOIDS***	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	QL (4 EA per 1 day); AGE (Max 64 Years)
hyoscyamine sulfate oral elixir 0.125 mg/5ml	QL (60 ML per 1 day); AGE (Max 64 Years)
hyoscyamine sulfate oral solution 0.125 mg/ml	QL (60 ML per 1 day); AGE (Max 64 Years)
hyoscyamine sulfate oral tablet 0.125 mg	QL (12 EA per 1 day); AGE (Max 64 Years)
hyoscyamine sulfate oral tablet dispersible 0.125 mg	QL (12 EA per 1 day); AGE (Max 64 Years)
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	QL (12 EA per 1 day); AGE (Max 64 Years)
*H-2 ANTAGONISTS***	
acid reducer maximum strength oral tablet 20 mg	QL (2 EA per 1 day)
acid reducer oral tablet 10 mg	QL (2 EA per 1 day)
cimetidine 200 oral tablet 200 mg	QL (4 EA per 1 day)
cimetidine hcl oral solution 300 mg/5ml	QL (60 ML per 1 day)
cimetidine oral tablet 300 mg, 400 mg, 800 mg	QL (2 EA per 1 day)
famotidine oral suspension reconstituted 40 mg/5ml	QL (5 ML per 1 day); AGE (Max 6 Years)
famotidine oral tablet 40 mg	QL (2 EA per 1 day)
nizatidine oral capsule 150 mg	ST; QL (4 EA per 1 day); T/F of Famotidine
nizatidine oral solution 15 mg/ml	ST; T/F of Famotidine
*MISC. ANTI-ULCER***	
sucralfate oral suspension 1 gm/10ml	QL (40 ML per 1 day); AGE (Max 18 Years)
sucralfate oral tablet 1 gm	QL (4 EA per 1 day)
*PROTON PUMP INHIBITORS***	
esomeprazole magnesium oral capsule delayed release 20 mg	QL (2 EA per 1 day)
lansoprazole oral capsule delayed release 15 mg	QL (2 EA per 1 day)
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	QL (1 EA per 1 day)
omeprazole magnesium oral tablet delayed release 20 mg	QL (3 EA per 1 day)
omeprazole oral capsule delayed release 10 mg, 20 mg	QL (3 EA per 1 day)
omeprazole oral capsule delayed release 40 mg	QL (1 EA per 1 day)
omeprazole oral tablet delayed release 20 mg	QL (3 EA per 1 day)
pantoprazole sodium oral tablet delayed release 20 mg	QL (1 EA per 1 day)
pantoprazole sodium oral tablet delayed release 40 mg	QL (3 EA per 1 day)

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Drug Name	Requirements/Limits
*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 syrup 5 mg/5ml</i>	QL (20 ML per 1 day)
<i>oxybutynin chloride oral tablet 5 mg</i>	QL (3 EA per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	ST; QL (2 EA per 1 day); Prior use of oxybutynin required
<i>trospium 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 3 vaginal cream 4 %</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>	
*VAGINAL ANTI-INFECTIVES***	
<i>clindamycin phosphate vaginal cream 2 %</i>	
<i>metronidazole vaginal gel 0.75 %</i>	
*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>	

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Drug Name	Requirements/Limits
*ANAPHYLAXIS THERAPY AGENTS***	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	
*VASOPRESSORS***	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	QL (3 EA per 1 day)
*VITAMIN B-1***	
thiamine hcl oral tablet 100 mg	QL (1 EA per 1 day)
vitamin b-1 oral tablet 100 mg	QL (1 EA per 1 day)
vitamin b1 oral tablet 50 mg	QL (2 EA per 1 day)
*VITAMIN B-2***	
vitamin b-2 oral tablet 100 mg	
*VITAMIN B-3***	
niacin er oral capsule extended release 250 mg, 500 mg	
niacin er oral tablet extended release 250 mg, 500 mg, 750 mg	
niacin oral tablet 100 mg, 250 mg, 500 mg	
niacin-50 oral tablet 50 mg	
niacinamide oral tablet 500 mg	
*VITAMIN B-6***	
pyridoxine hcl oral tablet 50 mg	QL (4 EA per 1 day)
vitamin b-6 er oral tablet extended release 200 mg	
vitamin b-6 oral tablet 100 mg	QL (4 EA per 1 day)
vitamin b-6 oral tablet 25 mg	QL (2 EA per 1 day)
*VITAMIN C***	
ascorbic acid oral tablet 500 mg	
*VITAMIN D***	
d 10000 oral capsule 250 mcg (10000 ut)	QL (1 EA per 1 day)
d3 maximum strength oral liquid 125 mcg/ml	
d3-1000 oral capsule 25 mcg (1000 ut)	QL (1 EA per 1 day)
D3-50 ORAL CAPSULE 1.25 MG (50000 UT)	QL (1 EA per 1 day)
D-VI-SOL ORAL LIQUID 10 MCG/ML	QL (6 ML per 1 day)
natural vitamin d-3 oral tablet 125 mcg (5000 ut)	QL (6 EA per 1 day)
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	QL (6 EA per 1 day)
vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)	QL (6 EA per 1 day)
vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)	QL (1 EA per 1 day); AGE (Max 1 Years)
vitamin d3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
<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)
*VITAMIN K***	
MEPHYTON ORAL TABLET 5 MG	QL (5 EA per 1 day)

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REPATHA	30	SLOW FE	60	tenofovir disoproxil fumarate	41
REPATHA PUSHTRONEX SYSTEM	30	slow release iron	60	terazosin hcl	32
REPATHA SURECLICK	30	sm one daily prenatal	69	terbinafine hcl	28, 50
RETACRIT	59	sod citrate-citric acid	57	terbutaline sulfate	20
RETROVIR	41	sodium bicarbonate	17	terconazole	79
REYATAZ	40	sodium chloride	48, 58, 66	teriflunomide	75
RHOGAM ULTRA-FILTERED PLUS	74	sodium chloride (hypertonic)	72	TESSALON PERLES	48
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ribavirin	42	sodium fluoride 5000 plus	67	tetraabenazine	75
rifampin	33	sodium oxybate	75	THALOMID	66
rimantadine hcl	42	sodium polystyrene sulfonate	67	theophylline	21
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ROBITUSSIN PEAK COLD DM	48	sterile water for injection	75	tioconazole-1	79
ropinirole hcl	36	sterile water for irrigation	67	TIVICAY	40
rosuvastatin calcium	30	stevia extract	45	TIVICAY PD	40
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RYBELSUS	27	stomach relief max st	27	tobramycin-dexamethasone	73
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SANDOSTATIN	56	stop lice	53	tolnaftate	50
SANDOSTATIN LAR DEPOT	56	stop lice complete treatment	53	tolterodine tartrate	79
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<i>tri-vitamin/fluoride</i>	68	<i>vitamin b-2</i>	80
<i>tri-vite pediatric</i>	69	<i>vitamin b-6</i>	80
<i>tri-vite/fluoride</i>	68	<i>vitamin b-6 er</i>	80
TRIZIVIR	40	<i>vitamin d</i>	80
<i>trospium chloride</i>	79	<i>vitamin d (ergocalciferol)</i>	80
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