



July 2022

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

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



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Molina Healthcare of Nevada
Medicaid**

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

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

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Civil Rights Coordinator
200 OceanGate
Long Beach, CA 90802

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

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

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

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



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(07/01/2022)

FORMULARY GUIDE (ENGLISH)

INTRODUCTION

We are pleased to provide the *2022 Molina Healthcare of Nevada Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically appropriate and cost-effective products for their patients.

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

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

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

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

PREFACE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

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

GENERIC SUBSTITUTION

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

Prescription generic drugs are:

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

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

PLAN DESIGN

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

PRIOR AUTHORIZATION REQUEST PROCEDURE

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

PRIOR AUTHORIZATION HELPFUL HINTS

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

The following are examples:

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

REQUESTING FORMULARY CHANGES

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

Fax: (844) 259-1689

CATEGORIES OF CONSIDERATION

OPIOID ANALGESICS

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

EXCLUDED SERVICES

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

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

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2021. All rights reserved.

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

FORMULARY UPDATES

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

LEGEND

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

GUÍA DE FORMULARIO (ESPAÑOL)

INTRODUCCIÓN

Nos complace proporcionar la *Lista de Medicamentos Preferidos de Molina Healthcare of Nevada 2022 (Formulario)* como una herramienta de referencia e información útil. Este documento puede ayudar a los proveedores médicos a seleccionar productos clínicamente apropiados y rentables para sus pacientes.

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

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

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

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

PREFACIO

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

COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T)

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

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

DESCRIPCIONES DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS

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

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

SUSTITUCIÓN GENÉRICA

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

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

- Normalmente, tienen un precio menor que sus equivalentes de marca.
- Están aprobados por la Administración de Alimentos y Medicamentos de los EE. UU. en términos de seguridad y eficacia. Además, se fabrican bajo las mismas normas estrictas que se aplican a medicamentos de marca.
- Se probaron en humanos para garantizar que el genérico sea absorbido en el torrente sanguíneo en una tasa y extensión similares en comparación con el

medicamento de marca (bioequivalencia). Los genéricos pueden ser diferentes de los de la marca en cuanto a tamaño, color e ingredientes inactivos, pero esto no altera su eficacia o capacidad para ser absorbidos, tal como el medicamento de marca.

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

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

DISEÑO DE PLANES

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

PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA

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

CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA

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

Observe los siguientes ejemplos:

Clase de medicamento o diagnóstico	Información clínica solicitada
Reducción de colesterol	Perfil lipídico, factores de riesgo cardiovasculares
Diabetes	Resultados de prueba de A1c
Medicamento no preferido/fuera del formulario	Los Registros de Medicamentos o Notas de Progreso en los cuales se documente que el medicamento del formulario se utilizó con anterioridad

SOLICITUD DE CAMBIOS EN EL FORMULARIO

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

Fax: (844) 259-1689

CATEGORÍAS DE CONSIDERACIÓN

ANALGÉSICOS OPIOIDES

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

SERVICIOS EXCLUIDOS

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

- Medicamentos no aptos para fondos Federales de Medicaid
- Medicamentos contra la anorexia, pérdida de peso o aumento de peso
- Medicamentos para promover la fertilidad
- Medicamentos para fines cosméticos o el crecimiento del cabello
- Medicamentos sin receta (de venta libre u OTC), excepto aquellos medicamentos que aparecen en la lista de medicamentos preferidos
- Medicamentos para los que el fabricante requiere, como condición de venta, que las pruebas y los servicios de monitoreo asociados se compren exclusivamente al fabricante o a su representante
- Medicamentos para el tratamiento de la disfunción sexual o eréctil
- Medicamentos experimentales o en fase de investigación

- Productos farmacéuticos que la Administración de Alimentos y Medicamentos de los EE. UU. (FDA) determina que son menos eficaces y medicamentos idénticos, relacionados o similares (denominados, con frecuencia, medicamentos “DESI 5 y 6”)
- Producto farmacéutico no perteneciente al Programa de Devolución de Medicamentos de Medicaid

AVISO

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

ACTUALIZACIONES DEL FORMULARIO

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

LEYENDA

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

FORMULARY UPDATES

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

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

Date Effective	Product Name	Change	Notes
7/1/2022	CELECOXIB CAP 50MG	Remove PA	
7/1/2022	CELECOXIB CAP 100MG	Remove PA	
7/1/2022	CELECOXIB CAP 200MG	Remove PA	
7/1/2022	CELECOXIB CAP 400MG	Remove PA	
7/1/2022	ETODOLAC TAB 500MG	Change QL	QL updated to 2 per day
7/1/2022	SHINGRIX INJ 50/0.5ML	Update min age from 18 to 19	
7/1/2022	BUDES/FORMOT INH 80-4.5	Remove max age 11	
7/1/2022	BUDES/FORMOT INH 160-4.5	Remove max age 11	
7/1/2022	Albuterol Sulfate HFA AERS 108 (90 Base)MCG/ACT	Add generic Proventil with QL	max #13.4/25 days for members under 18 & max #6.7/25 days for age 18 and over
7/1/2022	FREESTY LIBR KIT 2 SENSOR	Update QL	max #2/23 days
7/1/2022	FREESTYLE 14 SEN LIBRE	Update QL	max #2/23 days
7/1/2022	LEVALBUTEROL INH HFA 200	Add to formulary with QL, min age 4, max age 18, ST	15g per 25 days; Prior Use of Albuterol Inhaler required
7/1/2022	LEVALBUTEROL NEB 0.31MG/3mL	Add to formulary with QL, min age 6, ST	270 per 25 days; Prior Use of Albuterol Nebs required

Date Effective	Product Name	Change	Notes
7/1/2022	LEVALBUTEROL NEB 0.63MG/3mL	Add to formulary with QL, min age 6, ST	270 per 25 days; Prior Use of Albuterol Nebs required
7/1/2022	LEVALBUTEROL NEB 1.25MG/3mL	Add to formulary with QL, min age 6, ST	270 per 25 days; Prior Use of Albuterol Nebs required
7/1/2022	LEVALBUTEROL NEB 1.25/0.5	Add to formulary with QL, min age 6, ST	90 per 25 days; Prior Use of Albuterol Nebs required
7/1/2022	Asmanex HFA AERO 50MCG/ACT	Add to formulary with QL, min age 5	13 per 25 days
7/1/2022	Asmanex HFA AERO 100MCG/ACT	Add to formulary with QL, min age 12	13 per 25 days
7/1/2022	Asmanex HFA AERO 200MCG/ACT	Add to formulary with QL, min age 12	13 per 25 days
7/1/2022	Asmanex (30 Metered Doses) AEPB 110MCG/INH	Add to formulary as preferred with QL, min age 4	1 per 25 days
7/1/2022	Asmanex (120 Metered Doses) AEPB 220MCG/INH	Add to formulary with QL, min age 12	1 per 25 days
7/1/2022	Asmanex (60 Metered Doses) AEPB 220MCG/INH	Add to formulary with QL, min age 12	1 per 25 days
7/1/2022	Asmanex (14 Metered Doses) AEPB 220MCG/INH	Add to formulary with QL, min age 12	2 per 24 days
7/1/2022	Asmanex (30 Metered Doses) AEPB 220MCG/INH	Add to formulary with QL, min age 12	1 per 25 days
7/1/2022	SEREVENT DIS INH 50MCG	Add to formulary with QL, min age 4	60 per 25 days
7/1/2022	SPIRIVA RESP INH 1.25ACT	Add to formulary QL, min age 6	4 per 25 days
7/1/2022	SPIRIVA SPR 2.5MCG	Add to formulary QL, min age 6	4 per 25 days
7/1/2022	DULERA INH 50-5MCG	Add to formulary with QL, min age 5	13 per 25 days
7/1/2022	DULERA AER 100-5MCG	Add to formulary with QL, min age 5	13 per 25 days
7/1/2022	DULERA INH 200-5MCG	Add to formulary with QL, min age 5	13 per 25 days
7/1/2022	ZAFIRLUKAST TAB 10MG	Add to formulary with QL, min age 5	2 per day
7/1/2022	ZAFIRLUKAST TAB 20MG	Add to formulary with QL, min	2 per day

Date Effective	Product Name	Change	Notes
		age 5	
7/1/2022	ZILEUTON ER TAB 600MG	Add to formulary with QL, min age 12	4 per day

Molina Healthcare Nevada Effective 07/01/2022

DRUG NAME REQUIREMENTS/LIMITS ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

AMPHETAMINES

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL)	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL)	QL (150 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL)	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL)	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL)	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL)	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL)	QL (60 ea / 30 days); AGE (Min age 3 years and Max age 18 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dextroamphetamine sulfate cap er 24hr 10 mg (generic of DEXEDRINE)</i>	QL (120 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dextroamphetamine sulfate cap er 24hr 15 mg (generic of DEXEDRINE)</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dextroamphetamine sulfate tab 5 mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>dextroamphetamine sulfate tab 10 mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>zenzedi tab 5mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>zenzedi tab 10mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)

ANALEPTICS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	QL (120 mL in lifetime); AGE (Max age 1 year)
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ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl cap 10 mg (base equiv) (generic of STRATTERA)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 18 mg (base equiv) (generic of STRATTERA)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 25 mg (base equiv) (generic of STRATTERA)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 40 mg (base equiv) (generic of STRATTERA)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 60 mg (base equiv) (generic of STRATTERA)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 80 mg (base equiv) (generic of STRATTERA)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>atomoxetine hcl cap 100 mg (base equiv) (generic of STRATTERA)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv) (generic of INTUNIV)</i>	QL (30 ea / 30 days)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv) (generic of INTUNIV)</i>	QL (30 ea / 30 days)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv) (generic of INTUNIV)</i>	QL (30 ea / 30 days)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv) (generic of INTUNIV)</i>	QL (30 ea / 30 days)
STIMULANTS - MISC.	
<i>armodafinil tab 50 mg (generic of NUVIGIL)</i>	PA, QL (30 ea / 30 days)
<i>armodafinil tab 150 mg (generic of NUVIGIL)</i>	PA, QL (30 ea / 30 days)
<i>armodafinil tab 200 mg (generic of NUVIGIL)</i>	PA, QL (30 ea / 30 days)
<i>armodafinil tab 250 mg (generic of NUVIGIL)</i>	PA, QL (30 ea / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg (generic of FOCALIN)</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl tab 5 mg (generic of FOCALIN)</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl tab 10 mg (generic of FOCALIN)</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 20 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 30 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 40 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD

DRUG NAME	REQUIREMENTS/LIMITS
<i>methylphenidate hcl cap er 50 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 60 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl soln 5 mg/5ml (generic of METHYLIN)</i>	QL (450 mL / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl soln 10 mg/5ml (generic of METHYLIN)</i>	QL (900 mL / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl tab 5 mg (generic of RITALIN)</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 10 mg (generic of RITALIN)</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 20 mg (generic of RITALIN)</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 10 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl tab er 20 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl tab er 24hr 18 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl tab er 24hr 27 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD

DRUG NAME	REQUIREMENTS/LIMITS
<i>methylphenidate hcl tab er 24hr 36 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl tab er 24hr 54 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>modafinil tab 100 mg (generic of PROVIGIL)</i>	PA, QL (30 ea / 30 days)
<i>modafinil tab 200 mg (generic of PROVIGIL)</i>	PA, QL (60 ea / 30 days)

ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

<i>melatonin tab 3 mg</i>	QL (30 ea / 30 days), OTC
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AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

<i>neomycin sulfate tab 500 mg</i>	
<i>paromomycin sulfate cap 250 mg (generic of HUMATIN)</i>	

ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML	SP, PA, QL (2 ea / 28 days)
HUMIRA INJ 20/0.2ML	SP, PA, QL (2 ea / 28 days)
HUMIRA INJ 40/0.4ML	SP, PA, QL (2 ea / 28 days)
HUMIRA KIT 40MG/0.8	SP, PA, QL (2 ea / 24 days)
HUMIRA PEDIA INJ CROHNS	SP, PA, QL (2 ea / 28 days)
HUMIRA PEN INJ 40/0.4ML	SP, PA, QL (2 ea / 28 days)
HUMIRA PEN INJ 40MG/0.8	SP, PA, QL (2 ea / 24 days)
HUMIRA PEN INJ 80/0.8ML	SP, PA, QL (3 ea / 180 days)

DRUG NAME	REQUIREMENTS/LIMITS
HUMIRA PEN INJ CD/UC/HS	SP, PA, QL (2 ea / 24 days)
HUMIRA PEN INJ PS/UV	SP, PA, QL (2 ea / 24 days)
HUMIRA PEN KIT CD/UC/HS	SP, PA, QL (3 ea / 180 days)
HUMIRA PEN KIT PED UC	SP, PA, QL (3 ea / 180 days)
HUMIRA PEN KIT PS/UV	SP, PA, QL (3 ea / 180 days)

ANTIRHEUMATIC - ENZYME INHIBITORS

XELJANZ SOL 1MG/ML	SP, PA
XELJANZ TAB 5MG	SP, PA
XELJANZ TAB 10MG	SP, PA
XELJANZ XR TAB 11MG	SP, PA
XELJANZ XR TAB 22MG	SP, PA

INTERLEUKIN-6 RECEPTOR INHIBITORS

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

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib cap 50 mg (generic of CELEBREX)</i>	
<i>celecoxib cap 100 mg (generic of CELEBREX)</i>	QL (120 ea / 30 days)
<i>celecoxib cap 200 mg (generic of CELEBREX)</i>	QL (60 ea / 30 days)
<i>celecoxib cap 400 mg (generic of CELEBREX)</i>	QL (120 ea / 30 days)
<i>diclofenac potassium tab 50 mg</i>	QL (120 ea / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	QL (90 ea / 30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	QL (90 ea / 30 days)
<i>diclofenac sodium tab delayed release 75 mg</i>	QL (60 ea / 30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	QL (60 ea / 30 days)
<i>ec-naproxen tab 375mg (generic of EC-NAPROSYN)</i>	QL (90 ea / 30 days)
<i>ec-naproxen tab 500mg (generic of EC-NAPROSYN)</i>	QL (90 ea / 30 days)
<i>etodolac tab 400 mg (generic of LODINE)</i>	QL (90 ea / 30 days)
<i>etodolac tab 500 mg</i>	QL (60 ea / 30 days)
<i>flurbiprofen tab 50 mg</i>	QL (120 ea / 30 days)
<i>flurbiprofen tab 100 mg</i>	QL (120 ea / 30 days)
<i>gnp naproxen cap 220mg</i>	OTC
<i>ibuprofen cap 200 mg</i>	QL (120 ea / 30 days), OTC
<i>ibuprofen chew tab 100 mg</i>	QL (180 ea / 30 days), OTC
<i>ibuprofen susp 40 mg/ml</i>	QL (4800 mL / 30 days), OTC
<i>ibuprofen susp 100 mg/5ml</i>	QL (4800 mL / 30 days)
<i>ibuprofen susp 100 mg/5ml</i>	QL (4800 mL / 30 days), OTC
<i>ibuprofen tab 100 mg</i>	QL (120 ea / 30 days), OTC
<i>ibuprofen tab 200 mg</i>	QL (120 ea / 30 days), OTC
<i>ibuprofen tab 400 mg</i>	QL (120 ea / 30 days)
<i>ibuprofen tab 600 mg</i>	QL (120 ea / 30 days)
<i>ibuprofen tab 800 mg</i>	QL (120 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>indomethacin cap 25 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>indomethacin cap 50 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>ketorolac tromethamine tab 10 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>meloxicam tab 7.5 mg (generic of MOBIC)</i>	QL (30 ea / 30 days)
<i>meloxicam tab 15 mg (generic of MOBIC)</i>	QL (30 ea / 30 days)
<i>nabumetone tab 500 mg</i>	QL (120 ea / 30 days)
<i>nabumetone tab 750 mg</i>	QL (120 ea / 30 days)
<i>naproxen sodium cap 220 mg</i>	OTC
<i>naproxen sodium tab 220 mg</i>	QL (90 ea / 30 days), OTC
<i>naproxen susp 125 mg/5ml (generic of NAPROSYN)</i>	QL (3000 mL / 30 days)
<i>naproxen tab 250 mg</i>	QL (90 ea / 30 days)
<i>naproxen tab 375 mg</i>	QL (90 ea / 30 days)
<i>naproxen tab 500 mg (generic of NAPROSYN)</i>	QL (90 ea / 30 days)
<i>naproxen tab ec 375 mg (generic of EC-NAPROSYN)</i>	QL (90 ea / 30 days)
<i>naproxen tab ec 500 mg (generic of EC-NAPROSYN)</i>	QL (90 ea / 30 days)
<i>oxaprozin tab 600 mg (generic of DAYPRO)</i>	PA, QL (90 ea / 30 days)
<i>piroxicam cap 10 mg (generic of FELDENE)</i>	PA, QL (120 ea / 30 days)
<i>piroxicam cap 20 mg (generic of FELDENE)</i>	PA, QL (60 ea / 30 days)
<i>sulindac tab 150 mg</i>	QL (90 ea / 30 days)
<i>sulindac tab 200 mg</i>	QL (90 ea / 30 days)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	
OTEZLA TAB 10/20/30	SP, PA
OTEZLA TAB 30MG	SP, PA
PYRIMIDINE SYNTHESIS INHIBITORS	
<i>leflunomide tab 10 mg (generic of ARAVA)</i>	QL (30 ea / 30 days)
<i>leflunomide tab 20 mg (generic of ARAVA)</i>	QL (30 ea / 30 days)
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	
ENBREL INJ 25/0.5ML	SP, PA, QL (4 mL / 24 days)
ENBREL INJ 25MG	SP, PA, QL (4 ea / 24 days)
ENBREL INJ 25MG	SP, PA, QL (4 mL / 24 days)
ENBREL INJ 50MG/ML	SP, PA, QL (4 mL / 24 days)
ENBREL MINI INJ 50MG/ML	SP, PA, QL (4 mL / 24 days)
ENBREL SRCLK INJ 50MG/ML	SP, PA, QL (4 mL / 24 days)
ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS	
<i>bac tab (generic of ESGIC)</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>butalbital-acetaminophen tab 50-325 mg</i>	QL (300 ea / 30 days); AGE (Max age 64 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (generic of ESGIC)	QL (180 ea / 30 days); AGE (Max age 64 years)

ANALGESICS OTHER

<i>acetaminophen chew tab 80 mg</i>	QL (180 ea / 30 days), OTC
<i>acetaminophen chew tab 160 mg</i>	QL (180 ea / 30 days), OTC
<i>acetaminophen disintegrating tab 160 mg</i>	QL (750 ea / 30 days), OTC
<i>acetaminophen liquid 160 mg/5ml</i>	OTC
<i>acetaminophen liquid 167 mg/5ml</i>	OTC
<i>acetaminophen soln 160 mg/5ml</i>	OTC
<i>acetaminophen suppos 120 mg</i>	QL (1020 ea / 30 days), OTC
<i>acetaminophen suppos 650 mg</i>	QL (180 ea / 30 days), OTC
<i>acetaminophen susp 160 mg/5ml</i>	OTC
<i>acetaminophen tab 325 mg</i>	QL (360 ea / 30 days), OTC
<i>acetaminophen tab 500 mg</i>	QL (240 ea / 30 days), OTC
<i>acetaminophen tab er 650 mg</i>	QL (180 ea / 30 days), OTC
FEVERALL INF SUP 80MG	QL (1500 ea / 30 days), OTC

SALICYLATES

<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	OTC
<i>aspirin chew tab 81 mg</i>	QL (30 ea / 30 days), OTC
ASPIRIN SUP 300MG	OTC
<i>aspirin tab 325 mg</i>	QL (360 ea / 30 days), OTC
<i>aspirin tab delayed release 81 mg</i>	QL (30 ea / 30 days), OTC
<i>aspirin tab delayed release 325 mg</i>	QL (360 ea / 30 days), OTC
<i>salsalate tab 500 mg</i>	QL (120 ea / 30 days)
<i>salsalate tab 750 mg</i>	QL (120 ea / 30 days)

ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

CODEINE SULF TAB 60MG	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required; AGE (Min age 12 years)
<i>codeine sulfate tab 30 mg</i>	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required; AGE (Min age 12 years)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	PA, QL (10 ea / 30 days); MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	PA, QL (10 ea / 30 days); MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	PA, QL (10 ea / 30 days); MED

DRUG NAME	REQUIREMENTS/LIMITS
<i>fentanyl td patch 72hr 75 mcg/hr</i>	PA, QL (10 ea / 30 days); MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	PA, QL (10 ea / 30 days); MED
<i>hydromorphone hcl tab 2 mg (generic of DILAUDID)</i>	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>hydromorphone hcl tab 4 mg (generic of DILAUDID)</i>	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>methadone hcl tab 5 mg</i>	MED; Max 7 day supply for initial fill or PA required
<i>methadone hcl tab 10 mg</i>	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral soln 10 mg/5ml</i>	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral soln 20 mg/5ml</i>	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab 15 mg</i>	QL (90 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab 30 mg</i>	QL (90 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab er 15 mg (generic of MS CONTIN)</i>	QL (90 ea / 30 days); Requires prior use of IR opioids; MED
<i>morphine sulfate tab er 30 mg (generic of MS CONTIN)</i>	QL (90 ea / 30 days); Requires prior use of IR opioids; MED
<i>morphine sulfate tab er 60 mg (generic of MS CONTIN)</i>	QL (90 ea / 30 days); Requires prior use of IR opioids; MED
<i>morphine sulfate tab er 100 mg (generic of MS CONTIN)</i>	QL (90 ea / 30 days); Requires prior use of IR opioids; MED
OXAYDO TAB 5MG	PA; QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required

DRUG NAME	REQUIREMENTS/LIMITS
<i>oxycodone hcl soln 5 mg/5ml</i>	QL (Max quantity 240 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 5 mg (generic of ROXICODONE)</i>	PA; QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 10 mg</i>	PA; QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 15 mg (generic of ROXICODONE)</i>	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 20 mg</i>	PA; QL (max quantity 120 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 30 mg (generic of ROXICODONE)</i>	PA; QL (max quantity 120 per fill); MED; Max 7 day supply for initial fill or PA required
<i>tramadol hcl tab 50 mg (generic of ULTRAM)</i>	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required; AGE (Min age 12 years)

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL (3750 mL / 25 days); MED; Max 7 day supply for initial fill or PA required; AGE (Min age 12 years)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required; AGE (Min age 12 years)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required; AGE (Min age 12 years)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required; AGE (Min age 12 years)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required

DRUG NAME	REQUIREMENTS/LIMITS
<i>endocet tab 5-325mg (generic of PERCOCET)</i>	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 7.5-325 (generic of PERCOCET)</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 10-325mg (generic of PERCOCET)</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL (3750 mL / 25 days); HYCET, MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL (180 ea / 30 days); NORCO, MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL (180 ea / 30 days); NORCO, MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL (180 ea / 30 days); NORCO, MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)</i>	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	QL (360 ea / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	QL (90 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)</i>	PA, QL (360 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)</i>	PA, QL (180 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)</i>	PA, QL (90 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)</i>	PA, QL (60 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL (360 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL (90 ea / 30 days)

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES
ANDROGENS

<i>testosterone cypionate im inj in oil 100 mg/ml (generic of DEPO-TESTOSTERONE)</i>	
<i>testosterone cypionate im inj in oil 200 mg/ml (generic of DEPO-TESTOSTERONE)</i>	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	

ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS
INTRARECTAL STEROIDS

<i>hydrocortisone enema 100 mg/60ml (generic of CORTENEMA)</i>	QL (1680 mL / 25 days)
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RECTAL COMBINATIONS

<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i>	OTC
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RECTAL LOCAL ANESTHETICS

<i>dibucaine perianal ointment 1%</i>	OTC
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RECTAL STEROIDS

<i>hydrocortisone acetate suppos 25 mg</i>	QL (210 ea / 30 days)
<i>hydrocortisone rectal cream 2.5% (generic of HYDROCORTISONE RECTAL CREAM 2.5%)</i>	

ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID
ANTACID COMBINATIONS

<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-200 mg/5ml</i>	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-400 mg/5ml</i>	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	OTC
<i>aluminum hydroxide-magnesium carbonate susp 358 mg/15ml</i>	OTC

ANTACIDS - BICARBONATE

<i>sodium bicarbonate tab 325 mg</i>	OTC
<i>sodium bicarbonate tab 650 mg</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
ANTACIDS - CALCIUM SALTS	
CALCIUM CARB TAB 648MG	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i>	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i>	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	OTC
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	
<i>albendazole tab 200 mg</i>	PA
<i>ivermectin tab 3 mg (generic of STROMEKTOL)</i>	QL (16 ea / 2 days, max 1 fill per month)
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	
<i>metronidazole tab 250 mg</i>	QL (240 ea / 30 days)
<i>metronidazole tab 500 mg</i>	QL (120 ea / 30 days)
TRIMETHOPRIM TAB 100MG	QL (180 ea / 30 days)
ANTI-INFECTIVE MISC. - COMBINATIONS	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	QL (1200 mL / 30 days)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	QL (120 ea / 30 days)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	QL (120 ea / 30 days)
<i>sulfatrim pd sus 200-40/5</i>	QL (1200 mL / 30 days)
ANTIPROTOZOAL AGENTS	
<i>atovaquone susp 750 mg/5ml (generic of MEPRON)</i>	PA
GLYCOPEPTIDES	
FIRVANQ SOL 25MG/ML	QL (1200 mL / 30 days)
FIRVANQ SOL 50MG/ML	QL (1200 mL / 30 days)
LEPROSTATICS	
<i>dapsone tab 25 mg</i>	QL (120 ea / 30 days)
<i>dapsone tab 100 mg</i>	QL (90 ea / 30 days)
LINCOSAMIDES	
<i>clindamycin hcl cap 150 mg (generic of CLEOCIN)</i>	QL (240 ea / 30 days)
<i>clindamycin hcl cap 300 mg (generic of CLEOCIN)</i>	QL (180 ea / 30 days)
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (generic of CLEOCIN PEDIATRIC GRANULE)</i>	AGE (Max age 18 years)
OXAZOLIDINONES	
<i>linezolid for susp 100 mg/5ml (generic of ZYVOX)</i>	PA
<i>linezolid tab 600 mg (generic of ZYVOX)</i>	PA

DRUG NAME	REQUIREMENTS/LIMITS
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URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS

<i>nitrofurantoin macrocrystalline cap 50 mg</i> (generic of MACRODANTIN)	QL (60 ea / 30 days); AGE (Max age 64 years)
<i>nitrofurantoin macrocrystalline cap 100 mg</i> (generic of MACRODANTIN)	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (generic of MACROBID)	QL (60 ea / 30 days); AGE (Max age 64 years)
<i>nitrofurantoin susp 25 mg/5ml</i>	QL (1200 mL / 30 days); AGE (Max age 12 years)

ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS
ANTIANGINALS-OTHER

<i>ranolazine tab er 12hr 500 mg</i> (generic of RANEXA)	ST, QL (60 ea / 30 days); Requires trial of beta blocker, calcium channel blockers, and long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg</i> (generic of RANEXA)	ST, QL (60 ea / 30 days); Requires trial of beta blocker, calcium channel blockers, and long-acting nitrate

NITRATES

<i>isosorbide dinitrate tab 5 mg</i> (generic of ISORDIL TITRADOSE)	QL (120 ea / 30 days)
<i>isosorbide dinitrate tab 10 mg</i>	QL (120 ea / 30 days)
<i>isosorbide dinitrate tab 20 mg</i>	QL (180 ea / 30 days)
<i>isosorbide dinitrate tab 30 mg</i>	QL (120 ea / 30 days)
<i>isosorbide mononitrate tab 10 mg</i>	QL (90 ea / 30 days)
<i>isosorbide mononitrate tab 20 mg</i>	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	QL (60 ea / 30 days)
<i>nitroglycerin sl tab 0.3 mg</i> (generic of NITROSTAT)	QL (300 ea / 30 days)
<i>nitroglycerin sl tab 0.4 mg</i> (generic of NITROSTAT)	QL (300 ea / 30 days)
<i>nitroglycerin sl tab 0.6 mg</i> (generic of NITROSTAT)	QL (300 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	QL (30 ea / 30 days)

ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY
ANTIANSXIETY AGENTS - MISC.

<i>buspirone hcl tab 5 mg</i>	QL (240 ea / 30 days); AGE (Min age 6 years)
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DRUG NAME	REQUIREMENTS/LIMITS
<i>buspirone hcl tab 10 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>buspirone hcl tab 15 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>hydroxyzine hcl tab 10 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine hcl tab 25 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine hcl tab 50 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 25 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 50 mg (generic of VISTARIL)</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 100 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)

BENZODIAZEPINES

<i>alprazolam tab 0.5 mg (generic of XANAX)</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>alprazolam tab 0.25 mg (generic of XANAX)</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>alprazolam tab 1 mg (generic of XANAX)</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>alprazolam tab 2 mg (generic of XANAX)</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>chlordiazepoxide hcl cap 5 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>chlordiazepoxide hcl cap 10 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>chlordiazepoxide hcl cap 25 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>clorazepate dipotassium tab 3.75 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>clorazepate dipotassium tab 7.5 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years and Max age 64 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>clorazepate dipotassium tab 15 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>diazepam conc 5 mg/ml</i>	PA, QL (90 mL / 30 days); AGE (Max age 64 years)
<i>diazepam oral soln 1 mg/ml</i>	QL (120 mL / 30 days); AGE (Max age 64 years)
<i>diazepam tab 2 mg (generic of VALIUM)</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>diazepam tab 5 mg (generic of VALIUM)</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>diazepam tab 10 mg (generic of VALIUM)</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>lorazepam conc 2 mg/ml</i>	QL (90 mL / 30 days); AGE (Min age 12 years)
<i>lorazepam tab 0.5 mg (generic of ATIVAN)</i>	QL (90 ea / 30 days); AGE (Min age 12 years)
<i>lorazepam tab 1 mg (generic of ATIVAN)</i>	QL (90 ea / 30 days); AGE (Min age 12 years)
<i>lorazepam tab 2 mg (generic of ATIVAN)</i>	QL (90 ea / 30 days); AGE (Min age 12 years)
<i>oxazepam cap 10 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years)
<i>oxazepam cap 15 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years)
<i>oxazepam cap 30 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg (generic of NORPACE)</i>	QL (240 ea / 30 days)
<i>disopyramide phosphate cap 150 mg (generic of NORPACE)</i>	QL (150 ea / 30 days); AGE (Max age 64 years)
<i>quinidine sulfate tab 300 mg</i>	QL (240 ea / 30 days)

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	QL (180 ea / 30 days)
<i>mexiletine hcl cap 200 mg</i>	QL (180 ea / 30 days)
<i>mexiletine hcl cap 250 mg</i>	QL (180 ea / 30 days)

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	QL (210 ea / 30 days)
<i>flecainide acetate tab 100 mg</i>	QL (180 ea / 30 days)
<i>flecainide acetate tab 150 mg</i>	QL (90 ea / 30 days)
<i>propafenone hcl tab 150 mg</i>	QL (180 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>propafenone hcl tab 225 mg</i>	QL (90 ea / 30 days)
<i>propafenone hcl tab 300 mg</i>	QL (90 ea / 30 days)
ANTIARRHYTHMICS TYPE III	
<i>amiodarone hcl tab 200 mg</i>	QL (120 ea / 30 days)
<i>pacerone tab 200mg</i>	QL (120 ea / 30 days)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
ANTI-INFLAMMATORY AGENTS	
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	QL (780 mL / 30 days)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	
FASENRA INJ 30MG/ML	SP, PA
FASENRA PEN INJ 30MG/ML	SP, PA
XOLAIR INJ 75/0.5	SP, PA, QL (2.5 mL / 24 days)
XOLAIR INJ 150MG/ML	SP, PA, QL (5 mL / 24 days)
XOLAIR SOL 150MG	SP, PA, QL (5 ea / 24 days)
BRONCHODILATORS - ANTICHOLINERGICS	
ATROVENT HFA AER 17MCG	QL (12.9 gm / 25 days)
INCRUSE ELPT INH 62.5MCG	QL (30 ea / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	QL (300 mL / 30 days)
SPIRIVA AER 1.25MCG	QL (4 gm / 25 days); AGE (Min age 6 years)
SPIRIVA SPR 2.5MCG	QL (4 gm / 25 days); AGE (Min age 6 years)
LEUKOTRIENE MODULATORS	
<i>montelukast sodium chew tab 4 mg (base equiv) (generic of SINGULAIR)</i>	QL (30 ea / 30 days)
<i>montelukast sodium chew tab 5 mg (base equiv) (generic of SINGULAIR)</i>	QL (30 ea / 30 days)
<i>montelukast sodium tab 10 mg (base equiv) (generic of SINGULAIR)</i>	QL (30 ea / 30 days)
<i>zafirlukast tab 10 mg (generic of ACCOLATE)</i>	QL (2 ea / 1 days); AGE (Min age 5 years)
<i>zafirlukast tab 20 mg (generic of ACCOLATE)</i>	QL (2 ea / 1 days); AGE (Min age 5 years)
<i>zileuton tab er 12hr 600 mg</i>	QL (4 ea / 1 days); AGE (Min age 12 years)
STEROID INHALANTS	
ALVESCO AER 80MCG	QL (6.1 gm / 25 days)
ALVESCO AER 160MCG	QL (6.1 gm / 25 days)
ASMANEX 14 AER 220MCG	QL (2 ea / 24 days); AGE (Min age 12 years)

DRUG NAME	REQUIREMENTS/LIMITS
ASMANEX 30 AER 110MCG	QL (1 ea / 25 days); AGE (Min age 4 years)
ASMANEX 30 AER 220MCG	QL (1 ea / 25 days); AGE (Min age 12 years)
ASMANEX 60 AER 220MCG	QL (1 ea / 25 days); AGE (Min age 12 years)
ASMANEX 120 AER 220MCG	QL (1 ea / 25 days); AGE (Min age 12 years)
ASMANEX HFA AER 50MCG	QL (13 gm / 25 days); AGE (Min age 5 years)
ASMANEX HFA AER 100 MCG	QL (13 gm / 25 days); AGE (Min age 12 years)
ASMANEX HFA AER 200 MCG	QL (13 gm / 25 days); AGE (Min age 12 years)
<i>budesonide inhalation susp 0.5 mg/2ml (generic of PULMICORT)</i>	QL (120 mL / 30 days); AGE (Max age 9 years)
<i>budesonide inhalation susp 0.25 mg/2ml (generic of PULMICORT)</i>	QL (120 mL / 30 days); AGE (Max age 9 years)
FLOVENT HFA AER 44MCG	QL (10.6 gm / 30 days); AGE (Max age 11 years)
FLOVENT HFA AER 110MCG	QL (12 gm / 30 days); AGE (Max age 11 years)
QVAR REDIHA AER 80MCG	QL (10.6 gm / 30 days)
QVAR REDIHAL AER 40MCG	QL (10.6 gm / 30 days)

SYMPATHOMIMETICS

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (Age 0-17: 36 gm/25 days; Age 18+: 18 gm/25 days); Generic Ventolin
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROAIR HFA)</i>	QL (Age 0-17: 17 gm/25 days; Age 18+: 8.5 gm/25 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROVENTIL HFA)</i>	QL (Age 0-17: 13.4 gm/25 days; Age 18+: 6.7 gm/25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	QL (150 ea / 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	QL (300 mL / 25 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	QL (225 mL / 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	QL (150 mL / 25 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	QL (4500 mL / 30 days)
<i>albuterol sulfate tab 4 mg</i>	QL (240 ea / 30 days)
ANORO ELLIPT AER 62.5-25	QL (60 ea / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT)</i>	QL (10.2 gm / 25 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT)</i>	QL (10.2 gm / 25 days)
DULERA AER 50-5MCG	QL (13 gm / 25 days); AGE (Min age 5 years)
DULERA AER 100-5MCG	QL (13 gm / 25 days); AGE (Min age 5 years)
DULERA AER 200-5MCG	QL (13 gm / 25 days); AGE (Min age 5 years)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	QL (1 ea / 25 days); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	QL (1 ea / 25 days); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	QL (1 ea / 25 days); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	QL (360 mL / 25 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (generic of XOPENEX)</i>	ST, QL (270 mL / 25 days); AGE (Min age 6 years); Requires prior use of Albuterol Nebulizer
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (generic of XOPENEX)</i>	ST, QL (270 mL / 25 days); AGE (Min age 6 years); Requires prior use of Albuterol Nebulizer
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (generic of XOPENEX)</i>	ST, QL (270 mL / 25 days); AGE (Min age 6 years); Requires prior use of Albuterol Nebulizer
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (generic of XOPENEX CONCENTRATE)</i>	ST, QL (90 ea / 25 days); AGE (Min age 6 years); Requires prior use of Albuterol Nebulizer
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	ST, QL (15 gm / 25 days); AGE (Min age 4 years and Max age 18 years); Requires prior use of Albuterol Inhaler
SEREVENT DIS AER 50MCG	QL (60 ea / 25 days); AGE (Min age 4 years)

DRUG NAME	REQUIREMENTS/LIMITS
STRIVERDI AER 2.5MCG	QL (60 gm / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	QL (240 ea / 30 days)
<i>terbutaline sulfate tab 5 mg</i>	QL (180 ea / 30 days)
TRELEGY AER ELLIPTA	QL (60 ea / 30 days)
<i>wixela inhub aer 100/50 (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>wixela inhub aer 250/50 (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>wixela inhub aer 500/50 (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)

XANTHINES

<i>theophylline soln 80 mg/15ml</i>	
<i>theophylline tab er 12hr 300 mg</i>	QL (120 ea / 30 days)
<i>theophylline tab er 12hr 450 mg</i>	QL (60 ea / 30 days)
<i>theophylline tab er 24hr 400 mg</i>	QL (90 ea / 30 days)
<i>theophylline tab er 24hr 600 mg</i>	QL (90 ea / 30 days)

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

<i>warfarin sodium tab 1 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 2 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 2.5 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 3 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 4 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 5 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 6 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 7.5 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 10 mg</i>	QL (300 ea / 30 days)

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG	PA
ELIQUIS TAB 2.5MG	PA
ELIQUIS TAB 5MG	PA

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium inj 300 mg/3ml (generic of LOVENOX)</i>	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml (generic of LOVENOX)</i>	QL (18 mL / 30 days)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml (generic of LOVENOX)</i>	QL (24 mL / 30 days)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml (generic of LOVENOX)</i>	QL (36 mL / 30 days)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml (generic of LOVENOX)</i>	QL (48 mL / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i> (generic of LOVENOX)	QL (60 mL / 30 days)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i> (generic of LOVENOX)	QL (48 mL / 30 days)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i> (generic of LOVENOX)	QL (60 mL / 30 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> (generic of ARIXTRA)	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> (generic of ARIXTRA)	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> (generic of ARIXTRA)	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> (generic of ARIXTRA)	PA
FRAGMIN INJ 2500/0.2	PA
FRAGMIN INJ 5000/0.2	PA
FRAGMIN INJ 7500/0.3	PA
FRAGMIN INJ 10000/ML	PA
FRAGMIN INJ 12500UNT	PA
FRAGMIN INJ 15000UNT	PA
FRAGMIN INJ 18000UNT	PA

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam tab 10 mg</i> (generic of ONFI)	QL (60 ea / 30 days)
<i>clobazam tab 20 mg</i> (generic of ONFI)	QL (60 ea / 30 days)
<i>clonazepam tab 0.5 mg</i> (generic of KLONOPIN)	QL (300 ea / 30 days)
<i>clonazepam tab 1 mg</i> (generic of KLONOPIN)	QL (300 ea / 30 days)
<i>clonazepam tab 2 mg</i> (generic of KLONOPIN)	QL (300 ea / 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	QL (2 ea / 25 days)
<i>diazepam rectal gel delivery system 10 mg</i>	QL (2 ea / 25 days)
<i>diazepam rectal gel delivery system 20 mg</i>	QL (2 ea / 25 days)
VALTOCO SPR 5MG	QL (10 ea / 25 days); AGE (Min age 6 years)
VALTOCO SPR 10MG	QL (10 ea / 25 days); AGE (Min age 6 years)
VALTOCO SPR 15MG	QL (10 ea / 25 days); AGE (Min age 6 years)
VALTOCO SPR 20MG	QL (10 ea / 25 days); AGE (Min age 6 years)

ANTICONVULSANTS - MISC.

<i>carbamazepine cap er 12hr 100 mg</i> (generic of CARBATROL)	QL (240 ea / 30 days)
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DRUG NAME	REQUIREMENTS/LIMITS
<i>carbamazepine cap er 12hr 200 mg</i> (generic of CARBATROL)	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 300 mg</i> (generic of CARBATROL)	QL (240 ea / 30 days)
<i>carbamazepine chew tab 100 mg</i>	QL (240 ea / 30 days)
<i>carbamazepine susp 100 mg/5ml</i> (generic of TEGRETOL)	QL (1800 mL / 30 days)
<i>carbamazepine tab 200 mg</i> (generic of TEGRETOL)	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 100 mg</i> (generic of TEGRETOL-XR)	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 200 mg</i> (generic of TEGRETOL-XR)	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 400 mg</i> (generic of TEGRETOL-XR)	QL (240 ea / 30 days)
CARBATROL CAP 100MG	QL (240 ea / 30 days)
CARBATROL CAP 200MG	QL (240 ea / 30 days)
CARBATROL CAP 300MG	QL (240 ea / 30 days)
<i>epitol tab 200mg</i> (generic of TEGRETOL)	QL (240 ea / 30 days)
<i>gabapentin cap 100 mg</i> (generic of NEURONTIN)	QL (300 ea / 30 days)
<i>gabapentin cap 300 mg</i> (generic of NEURONTIN)	QL (300 ea / 30 days)
<i>gabapentin cap 400 mg</i> (generic of NEURONTIN)	QL (270 ea / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i> (generic of NEURONTIN)	
<i>gabapentin tab 600 mg</i> (generic of NEURONTIN)	QL (180 ea / 30 days)
<i>gabapentin tab 800 mg</i> (generic of NEURONTIN)	QL (120 ea / 30 days)
<i>lacosamide oral solution 10 mg/ml</i> (generic of VIMPAT)	QL (600 mL / 30 days)
<i>lacosamide tab 50 mg</i> (generic of VIMPAT)	QL (60 ea / 30 days)
<i>lacosamide tab 100 mg</i> (generic of VIMPAT)	QL (60 ea / 30 days)
<i>lacosamide tab 150 mg</i> (generic of VIMPAT)	QL (60 ea / 30 days)
<i>lacosamide tab 200 mg</i> (generic of VIMPAT)	QL (60 ea / 30 days)
<i>lamotrigine tab 25 mg</i> (generic of LAMICTAL)	QL (300 ea / 30 days)
<i>lamotrigine tab 100 mg</i> (generic of LAMICTAL)	QL (240 ea / 30 days)
<i>lamotrigine tab 150 mg</i> (generic of LAMICTAL)	QL (120 ea / 30 days)
<i>lamotrigine tab 200 mg</i> (generic of LAMICTAL)	QL (120 ea / 30 days)
<i>lamotrigine tab chewable dispersible 5 mg</i> (generic of LAMICTAL CHEWABLE DISPERS)	QL (240 ea / 30 days)
<i>lamotrigine tab chewable dispersible 25 mg</i> (generic of LAMICTAL CHEWABLE DISPERS)	QL (240 ea / 30 days)
<i>levetiracetam oral soln 100 mg/ml</i> (generic of KEPPRA)	QL (900 mL / 30 days)
<i>levetiracetam tab 250 mg</i> (generic of KEPPRA)	QL (180 ea / 30 days)
<i>levetiracetam tab 500 mg</i> (generic of KEPPRA)	QL (180 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>levetiracetam tab 750 mg (generic of KEPPRA)</i>	QL (120 ea / 30 days)
<i>levetiracetam tab 1000 mg (generic of KEPPRA)</i>	QL (90 ea / 30 days)
<i>levetiracetam tab er 24hr 500 mg (generic of KEPPRA XR)</i>	QL (180 ea / 30 days)
<i>levetiracetam tab er 24hr 750 mg (generic of KEPPRA XR)</i>	QL (120 ea / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml) (generic of TRILEPTAL)</i>	QL (500 mL / 30 days)
<i>oxcarbazepine tab 150 mg (generic of TRILEPTAL)</i>	QL (480 ea / 30 days)
<i>oxcarbazepine tab 300 mg (generic of TRILEPTAL)</i>	QL (240 ea / 30 days)
<i>oxcarbazepine tab 600 mg (generic of TRILEPTAL)</i>	QL (120 ea / 30 days)
<i>pregabalin cap 25 mg (generic of LYRICA)</i>	PA, QL (90 ea / 30 days)
<i>pregabalin cap 50 mg (generic of LYRICA)</i>	PA, QL (180 ea / 30 days)
<i>pregabalin cap 75 mg (generic of LYRICA)</i>	PA, QL (240 ea / 30 days)
<i>pregabalin cap 100 mg (generic of LYRICA)</i>	PA, QL (90 ea / 30 days)
<i>pregabalin cap 150 mg (generic of LYRICA)</i>	PA, QL (90 ea / 30 days)
<i>pregabalin cap 200 mg (generic of LYRICA)</i>	PA, QL (90 ea / 30 days)
<i>pregabalin cap 225 mg (generic of LYRICA)</i>	PA, QL (60 ea / 30 days)
<i>pregabalin cap 300 mg (generic of LYRICA)</i>	PA, QL (60 ea / 30 days)
<i>primidone tab 50 mg (generic of MYSOLINE)</i>	QL (120 ea / 30 days)
<i>primidone tab 250 mg (generic of MYSOLINE)</i>	QL (120 ea / 30 days)
<i>roweepra tab 500mg (generic of KEPPRA)</i>	QL (180 ea / 30 days)
<i>rufinamide susp 40 mg/ml (generic of BANZEL)</i>	QL (2400 mL / 30 days)
<i>rufinamide tab 200 mg (generic of BANZEL)</i>	QL (480 ea / 30 days)
<i>rufinamide tab 400 mg (generic of BANZEL)</i>	QL (240 ea / 30 days)
<i>subvenite tab 25mg (generic of LAMICTAL)</i>	QL (300 ea / 30 days)
<i>subvenite tab 100mg (generic of LAMICTAL)</i>	QL (240 ea / 30 days)
<i>subvenite tab 150mg (generic of LAMICTAL)</i>	QL (120 ea / 30 days)
<i>subvenite tab 200mg (generic of LAMICTAL)</i>	QL (120 ea / 30 days)
TEGRETOL SUS 100/5ML	QL (1800 mL / 30 days)
TEGRETOL TAB 200MG	QL (240 ea / 30 days)
TEGRETOL-XR TAB 100MG	QL (240 ea / 30 days)
TEGRETOL-XR TAB 200MG	QL (240 ea / 30 days)
TEGRETOL-XR TAB 400MG	QL (240 ea / 30 days)
<i>topiramate sprinkle cap 15 mg (generic of TOPAMAX SPRINKLE)</i>	QL (240 ea / 30 days)
<i>topiramate sprinkle cap 25 mg (generic of TOPAMAX SPRINKLE)</i>	QL (240 ea / 30 days)
<i>topiramate tab 25 mg (generic of TOPAMAX)</i>	QL (120 ea / 30 days)
<i>topiramate tab 50 mg (generic of TOPAMAX)</i>	QL (60 ea / 30 days)
<i>topiramate tab 100 mg (generic of TOPAMAX)</i>	QL (60 ea / 30 days)
<i>topiramate tab 200 mg (generic of TOPAMAX)</i>	QL (60 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>zonisamide cap 25 mg (generic of ZONEGRAN)</i>	QL (60 ea / 30 days)
<i>zonisamide cap 50 mg</i>	QL (60 ea / 30 days)
<i>zonisamide cap 100 mg (generic of ZONEGRAN)</i>	QL (180 ea / 30 days)
GABA MODULATORS	
<i>tiagabine hcl tab 2 mg (generic of GABITRIL)</i>	QL (840 ea / 30 days)
<i>tiagabine hcl tab 4 mg (generic of GABITRIL)</i>	QL (420 ea / 30 days)
<i>tiagabine hcl tab 12 mg (generic of GABITRIL)</i>	QL (140 ea / 30 days)
<i>tiagabine hcl tab 16 mg (generic of GABITRIL)</i>	QL (105 ea / 30 days)
<i>vigabatrin powd pack 500 mg (generic of SABRIL)</i>	QL (180 ea / 30 days)
<i>vigabatrin tab 500 mg (generic of SABRIL)</i>	QL (180 ea / 30 days)
<i>vigadrone pow 500mg (generic of SABRIL)</i>	QL (180 ea / 30 days)
HYDANTOINS	
DILANTIN CAP 30MG	QL (180 ea / 30 days)
DILANTIN CAP 100MG	QL (180 ea / 30 days)
DILANTIN CHW 50MG	QL (150 ea / 30 days)
DILANTIN-125 SUS 125/5ML	QL (600 mL / 30 days)
<i>phenytoin chw 50mg (generic of DILANTIN INFATABS)</i>	QL (150 ea / 30 days)
<i>phenytoin sodium extended cap 100 mg (generic of DILANTIN)</i>	QL (180 ea / 30 days)
<i>phenytoin sodium extended cap 200 mg (generic of PHENYTEK)</i>	QL (180 ea / 30 days)
<i>phenytoin sodium extended cap 300 mg (generic of PHENYTEK)</i>	QL (180 ea / 30 days)
<i>phenytoin susp 125 mg/5ml (generic of DILANTIN-125)</i>	QL (600 mL / 30 days)
SUCCINIMIDES	
<i>ethosuximide cap 250 mg</i>	QL (180 ea / 30 days)
<i>ethosuximide soln 250 mg/5ml (generic of ZARONTIN)</i>	QL (900 mL / 30 days)
VALPROIC ACID	
<i>divalproex sodium cap delayed release sprinkle 125 mg (generic of DEPAKOTE SPRINKLES)</i>	QL (300 ea / 30 days)
<i>divalproex sodium tab delayed release 125 mg (generic of DEPAKOTE)</i>	QL (450 ea / 30 days)
<i>divalproex sodium tab delayed release 250 mg (generic of DEPAKOTE)</i>	QL (300 ea / 30 days)
<i>divalproex sodium tab delayed release 500 mg (generic of DEPAKOTE)</i>	QL (300 ea / 30 days)
<i>divalproex sodium tab er 24 hr 250 mg (generic of DEPAKOTE ER)</i>	QL (300 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
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<i>divalproex sodium tab er 24 hr 500 mg (generic of DEPAKOTE ER)</i>	QL (300 ea / 30 days)
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<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	QL (3000 mL / 30 days)
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<i>valproic acid cap 250 mg</i>	QL (600 ea / 30 days)
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ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tab 15 mg (generic of REMERON)</i>	QL (30 ea / 30 days)
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<i>mirtazapine tab 30 mg (generic of REMERON)</i>	QL (120 ea / 30 days)
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<i>mirtazapine tab 45 mg</i>	QL (30 ea / 30 days)
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ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tab 75 mg</i>	QL (120 ea / 30 days)
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<i>bupropion hcl tab 100 mg</i>	QL (120 ea / 30 days)
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<i>bupropion hcl tab er 12hr 100 mg (generic of WELLBUTRIN SR)</i>	QL (60 ea / 30 days)
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<i>bupropion hcl tab er 12hr 150 mg (generic of WELLBUTRIN SR)</i>	QL (90 ea / 30 days)
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<i>bupropion hcl tab er 12hr 200 mg (generic of WELLBUTRIN SR)</i>	QL (60 ea / 30 days)
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<i>bupropion hcl tab er 24hr 150 mg (generic of WELLBUTRIN XL)</i>	QL (30 ea / 30 days)
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<i>bupropion hcl tab er 24hr 300 mg (generic of WELLBUTRIN XL)</i>	QL (30 ea / 30 days)
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MONOAMINE OXIDASE INHIBITORS (MAOIS)

<i>phenelzine sulfate tab 15 mg (generic of NARDIL)</i>	QL (180 ea / 30 days)
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<i>tranylcypromine sulfate tab 10 mg (generic of PARNATE)</i>	QL (240 ea / 30 days)
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SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	QL (600 mL / 30 days)
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<i>citalopram hydrobromide tab 10 mg (base equiv) (generic of CELEXA)</i>	QL (45 ea / 30 days)
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<i>citalopram hydrobromide tab 20 mg (base equiv) (generic of CELEXA)</i>	QL (60 ea / 30 days)
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<i>citalopram hydrobromide tab 40 mg (base equiv) (generic of CELEXA)</i>	QL (60 ea / 30 days)
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<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	
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<i>escitalopram oxalate tab 5 mg (base equiv) (generic of LEXAPRO)</i>	QL (45 ea / 30 days)
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<i>escitalopram oxalate tab 10 mg (base equiv) (generic of LEXAPRO)</i>	QL (45 ea / 30 days)
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<i>escitalopram oxalate tab 20 mg (base equiv) (generic of LEXAPRO)</i>	QL (30 ea / 30 days)
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<i>fluoxetine hcl cap 10 mg (generic of PROZAC)</i>	QL (90 ea / 30 days)
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DRUG NAME	REQUIREMENTS/LIMITS
<i>fluoxetine hcl cap 20 mg (generic of PROZAC)</i>	QL (120 ea / 30 days)
<i>fluoxetine hcl cap 40 mg (generic of PROZAC)</i>	QL (60 ea / 30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	
<i>fluvoxamine maleate tab 25 mg</i>	QL (60 ea / 30 days)
<i>fluvoxamine maleate tab 50 mg</i>	QL (60 ea / 30 days)
<i>fluvoxamine maleate tab 100 mg</i>	QL (90 ea / 30 days)
<i>paroxetine hcl tab 10 mg (generic of PAXIL)</i>	QL (60 ea / 30 days)
<i>paroxetine hcl tab 20 mg (generic of PAXIL)</i>	QL (60 ea / 30 days)
<i>paroxetine hcl tab 30 mg (generic of PAXIL)</i>	QL (60 ea / 30 days)
<i>paroxetine hcl tab 40 mg (generic of PAXIL)</i>	QL (60 ea / 30 days)
<i>sertraline hcl oral concentrate for solution 20 mg/ml (generic of ZOLOFT)</i>	
<i>sertraline hcl tab 25 mg (generic of ZOLOFT)</i>	QL (45 ea / 30 days)
<i>sertraline hcl tab 50 mg (generic of ZOLOFT)</i>	QL (60 ea / 30 days)
<i>sertraline hcl tab 100 mg (generic of ZOLOFT)</i>	QL (60 ea / 30 days)

SEROTONIN MODULATORS

<i>trazodone hcl tab 50 mg</i>	
<i>trazodone hcl tab 100 mg</i>	
<i>trazodone hcl tab 150 mg</i>	

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq) (generic of CYMBALTA)</i>	QL (60 ea / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (generic of CYMBALTA)</i>	QL (60 ea / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq) (generic of CYMBALTA)</i>	QL (60 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (generic of EFFEXOR XR)</i>	QL (30 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (generic of EFFEXOR XR)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent) (generic of EFFEXOR XR)</i>	QL (30 ea / 30 days)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	QL (90 ea / 30 days)

TRICYCLIC AGENTS

<i>amitriptyline hcl tab 10 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 25 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>amitriptyline hcl tab 50 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 75 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 100 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 150 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>clomipramine hcl cap 25 mg (generic of ANAFRANIL)</i>	QL (180 ea / 30 days)
<i>clomipramine hcl cap 50 mg (generic of ANAFRANIL)</i>	QL (120 ea / 30 days)
<i>clomipramine hcl cap 75 mg (generic of ANAFRANIL)</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 10 mg (generic of NORPRAMIN)</i>	QL (180 ea / 30 days)
<i>desipramine hcl tab 25 mg (generic of NORPRAMIN)</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 50 mg</i>	QL (180 ea / 30 days)
<i>desipramine hcl tab 75 mg</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 100 mg</i>	QL (90 ea / 30 days)
<i>desipramine hcl tab 150 mg</i>	QL (60 ea / 30 days)
<i>doxepin hcl cap 10 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 25 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 50 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 75 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 100 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 150 mg</i>	QL (60 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl conc 10 mg/ml</i>	QL (900 mL / 30 days); AGE (Max age 64 years)
<i>imipramine hcl tab 10 mg</i>	QL (180 ea / 30 days)
<i>imipramine hcl tab 25 mg</i>	QL (180 ea / 30 days)
<i>imipramine hcl tab 50 mg</i>	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 10 mg (generic of PAMELOR)</i>	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 25 mg (generic of PAMELOR)</i>	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 50 mg (generic of PAMELOR)</i>	QL (120 ea / 30 days)
<i>nortriptyline hcl cap 75 mg (generic of PAMELOR)</i>	QL (60 ea / 30 days)
<i>protriptyline hcl tab 5 mg</i>	QL (240 ea / 30 days)
<i>protriptyline hcl tab 10 mg</i>	QL (240 ea / 30 days)

ANTIDIABETICS - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg (generic of PRECOSE)</i>	QL (90 ea / 30 days)
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DRUG NAME**REQUIREMENTS/LIMITS***acarbose tab 50 mg (generic of PRECOSE)*

QL (90 ea / 30 days)

acarbose tab 100 mg (generic of PRECOSE)

QL (120 ea / 30 days)

ANTIDIABETIC COMBINATIONS*alogliptin-metformin hcl tab 12.5-500 mg*ST, QL (60 ea / 30 days);
Requires trial of metformin or
metformin-containing product
AND a Sulfonylurea or
Sulfonylurea Combination;
Generic Kazano*alogliptin-metformin hcl tab 12.5-1000 mg*ST, QL (60 ea / 30 days);
Requires trial of metformin or
metformin-containing product
AND a Sulfonylurea or
Sulfonylurea Combination;
Generic Kazano*alogliptin-pioglitazone tab 12.5-15 mg*ST, QL (30 ea / 30 days);
Requires trial of metformin or
metformin-containing product
AND a Sulfonylurea or
Sulfonylurea Combination;
Generic Oseni*alogliptin-pioglitazone tab 12.5-30 mg*ST, QL (30 ea / 30 days);
Requires trial of metformin or
metformin-containing product
AND a Sulfonylurea or
Sulfonylurea Combination;
Generic Oseni*alogliptin-pioglitazone tab 12.5-45 mg*ST, QL (30 ea / 30 days);
Requires trial of metformin or
metformin-containing product
AND a Sulfonylurea or
Sulfonylurea Combination;
Generic Oseni*alogliptin-pioglitazone tab 25-15 mg*ST, QL (30 ea / 30 days);
Requires trial of metformin or
metformin-containing product
AND a Sulfonylurea or
Sulfonylurea Combination;
Generic Oseni

DRUG NAME	REQUIREMENTS/LIMITS
<i>alogliptin-pioglitazone tab 25-30 mg</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-45 mg</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>glyburide-metformin tab 1.25-250 mg</i>	QL (60 ea / 30 days); Generic Glucovance
<i>glyburide-metformin tab 2.5-500 mg</i>	QL (60 ea / 30 days); Generic Glucovance
<i>glyburide-metformin tab 5-500 mg</i>	QL (120 ea / 30 days); Generic Glucovance
SEGLUROMET TAB 2.5-500	ST, PA; Requires trial of metformin
SEGLUROMET TAB 2.5-1000	ST, PA; Requires trial of metformin
SEGLUROMET TAB 7.5-500	ST, PA; Requires trial of metformin
SEGLUROMET TAB 7.5-1000	ST, PA; Requires trial of metformin
BIGUANIDES	
<i>metformin hcl tab 500 mg</i>	QL (150 ea / 30 days)
<i>metformin hcl tab 850 mg</i>	QL (90 ea / 30 days)
<i>metformin hcl tab 1000 mg</i>	QL (60 ea / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	QL (120 ea / 30 days)
<i>metformin hcl tab er 24hr 750 mg</i>	QL (120 ea / 30 days)
DIABETIC OTHER	
BAQSIMI ONE POW 3MG/DOSE	QL (6 ea / 82 days)
BAQSIMI TWO POW 3MG/DOSE	QL (6 ea / 82 days)
GLUCAGEN INJ HYPOKIT	QL (6 ea / 82 days)
<i>glucagon (rdna) for inj kit 1 mg (generic of GLUCAGON EMERGENCY KIT)</i>	QL (6 ea / 82 days)
GLUCOSE CHEW TABS	OTC

DRUG NAME	REQUIREMENTS/LIMITS
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product; Generic Nesina
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product; Generic Nesina
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product; Generic Nesina

INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)

OZEMPIC INJ 2/1.5ML	ST, QL (4.5 mL / 82 days); Requires trial of metformin, 0.25 OR 0.5 MG/DOSE
OZEMPIC INJ 4MG/3ML	ST, QL (9 mL / 82 days); Requires trial of metformin
OZEMPIC INJ 8MG/3ML	ST, QL (9 mL / 82 days); Requires trial of metformin
RYBELSUS TAB 3MG	ST, QL (30 ea / 30 days); Requires trial of metformin
RYBELSUS TAB 7MG	ST, QL (30 ea / 30 days); Requires trial of metformin
RYBELSUS TAB 14MG	ST, QL (30 ea / 30 days); Requires trial of metformin
TRULICITY INJ 0.75/0.5	ST, QL (6 mL / 82 days); Requires trial of metformin
TRULICITY INJ 1.5/0.5	ST, QL (6 mL / 82 days); Requires trial of metformin
TRULICITY INJ 3/0.5	ST, QL (6 mL / 82 days); Requires trial of metformin
TRULICITY INJ 4.5/0.5	ST, QL (6 mL / 82 days); Requires trial of metformin

INSULIN

ADMELOG INJ 100U/ML	QL (30 mL / 25 days)
ADMELOG SOLO INJ 100U/ML	QL (30 mL / 25 days)
BASAGLAR INJ 100UNIT	QL (30 mL / 25 days)
BASAGLAR INJ 100UNIT	QL (90 mL / 82 days)
HUMALOG INJ 100/ML	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50	QL (90 mL / 82 days)
HUMALOG MIX INJ 50/50KWP	QL (30 mL / 25 days)

DRUG NAME	REQUIREMENTS/LIMITS
HUMALOG MIX INJ 50/50KWP	QL (90 mL / 82 days)
HUMULIN INJ 70/30	QL (30 mL / 25 days), OTC
HUMULIN N INJ U-100	QL (30 mL / 25 days), OTC
HUMULIN N INJ U-100KWP	QL (30 mL / 25 days), OTC
HUMULIN R INJ U-100	QL (30 mL / 25 days), OTC
HUMULIN R INJ U-500	QL (60 mL / 82 days)
HUMULIN R U-500 KWIKPEN	QL (54 mL / 82 days)
INS ASP PROT INJ FLEXPEN	QL (30 mL / 25 days)
INS ASP PROT INJ FLEXPEN	QL (90 mL / 82 days)
INSULIN ASPA INJ 70/30	QL (30 mL / 25 days)
INSULIN GLAR INJ 100U/ML	QL (30 mL / 25 days)
INSULIN GLAR SOL 100U/ML	QL (30 mL / 25 days)
INSULIN LISP INJ PROTAMIN	QL (90 mL / 82 days)
NOVOLIN INJ 70/30	QL (90 mL / 82 days), OTC
NOVOLIN INJ 70/30 FP	QL (90 mL / 82 days), OTC
NOVOLIN N INJ 100 UNIT	QL (90 mL / 82 days), OTC
NOVOLIN N INJ U-100	QL (90 mL / 82 days), OTC
NOVOLIN R INJ U-100	QL (90 mL / 82 days), OTC
NOVOLOG MIX INJ 70/30	QL (90 mL / 82 days)
NOVOLOG MIX INJ FLEX REL	QL (90 mL / 82 days)
NOVOLOG MIX INJ FLEXPEN	QL (30 mL / 25 days)
NOVOLOG RELI INJ 70/30	QL (90 mL / 82 days)
SEMGLEE INJ 100U/ML	QL (30 mL / 25 days)
SEMGLEE SOL 100U/ML	QL (30 mL / 25 days)

INSULIN SENSITIZING AGENTS

<i>pioglitazone hcl tab 15 mg (base equiv) (generic of ACTOS)</i>	QL (30 ea / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv) (generic of ACTOS)</i>	QL (30 ea / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv) (generic of ACTOS)</i>	QL (30 ea / 30 days)

MEGLITINIDE ANALOGUES

<i>nateglinide tab 60 mg</i>	QL (90 ea / 30 days)
<i>nateglinide tab 120 mg</i>	QL (90 ea / 30 days)
<i>repaglinide tab 0.5 mg</i>	QL (180 ea / 30 days)
<i>repaglinide tab 1 mg</i>	QL (180 ea / 30 days)
<i>repaglinide tab 2 mg</i>	QL (180 ea / 30 days)

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

STEGLATRO TAB 5MG	ST, PA; Requires trial of metformin
STEGLATRO TAB 15MG	ST, PA; Requires trial of metformin

DRUG NAME	REQUIREMENTS/LIMITS
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SULFONYLUREAS

<i>glimepiride tab 1 mg</i> (generic of AMARYL)	QL (90 ea / 30 days)
<i>glimepiride tab 2 mg</i> (generic of AMARYL)	QL (120 ea / 30 days)
<i>glimepiride tab 4 mg</i> (generic of AMARYL)	QL (90 ea / 30 days)
<i>glipizide tab 5 mg</i>	QL (240 ea / 30 days)
<i>glipizide tab 10 mg</i>	QL (120 ea / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i> (generic of GLUCOTROL XL)	QL (60 ea / 30 days)
<i>glipizide tab er 24hr 5 mg</i> (generic of GLUCOTROL XL)	QL (60 ea / 30 days)
<i>glipizide tab er 24hr 10 mg</i> (generic of GLUCOTROL XL)	QL (60 ea / 30 days)
<i>glipizide xl tab 2.5mg</i> (generic of GLUCOTROL XL)	QL (60 ea / 30 days)
<i>glipizide xl tab 5mg</i> (generic of GLUCOTROL XL)	QL (60 ea / 30 days)
<i>glipizide xl tab 10mg</i> (generic of GLUCOTROL XL)	QL (60 ea / 30 days)
<i>glyburide micronized tab 1.5 mg</i> (generic of GLYNASE)	QL (120 ea / 30 days)
<i>glyburide micronized tab 3 mg</i> (generic of GLYNASE)	QL (120 ea / 30 days)
<i>glyburide micronized tab 6 mg</i> (generic of GLYNASE)	QL (120 ea / 30 days)
<i>glyburide tab 1.25 mg</i>	QL (120 ea / 30 days)
<i>glyburide tab 2.5 mg</i>	QL (120 ea / 30 days)
<i>glyburide tab 5 mg</i>	QL (120 ea / 30 days)

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate chew tab 262 mg</i>	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i>	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i>	OTC
<i>bismuth subsalicylate tab 262 mg</i>	OTC

ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	QL (1200 mL / 30 days)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	QL (240 ea / 30 days)
<i>loperamide hcl cap 2 mg</i>	QL (240 ea / 30 days)
<i>loperamide hcl cap 2 mg</i>	QL (240 ea / 30 days), OTC
<i>loperamide hcl tab 2 mg</i>	QL (240 ea / 30 days), OTC
<i>loperamide sus 1mg/7.5</i>	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

OPIOID ANTAGONISTS

<i>naloxone hcl nasal spray 4 mg/0.1ml</i> (generic of NARCAN)	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	

DRUG NAME	REQUIREMENTS/LIMITS
<i>naltrexone hcl tab 50 mg</i>	QL (60 ea / 30 days)
VIVITROL INJ 380MG	QL (1 ea / 28 days)

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT₃ RECEPTOR ANTAGONISTS

<i>granisetron hcl tab 1 mg</i>	ST, QL (60 ea / 30 days); Requires trial of ondansetron
<i>ondansetron hcl oral soln 4 mg/5ml</i>	PA
<i>ondansetron hcl tab 4 mg</i>	QL (90 ea / 25 days)
<i>ondansetron hcl tab 8 mg</i>	QL (90 ea / 25 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	QL (90 ea / 25 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	QL (90 ea / 25 days)

ANTIEMETICS - ANTICHOLINERGIC

<i>dimenhydrinate tab 50 mg</i>	QL (180 ea / 30 days), OTC
<i>meclizine hcl chew tab 25 mg</i>	QL (120 ea / 30 days), OTC
<i>meclizine hcl tab 12.5 mg</i>	QL (120 ea / 30 days)
<i>meclizine hcl tab 12.5 mg</i>	QL (120 ea / 30 days), OTC
<i>meclizine hcl tab 25 mg</i>	QL (120 ea / 30 days)
<i>meclizine hcl tab 25 mg</i>	QL (120 ea / 30 days), OTC
<i>scopolamine td patch 72hr 1 mg/3days (generic of TRANSDERM-SCOP)</i>	PA

ANTIEMETICS - MISCELLANEOUS

<i>fructose-dextrose-phosphoric acid oral soln</i>	OTC
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ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

<i>griseofulvin microsize susp 125 mg/5ml</i>	QL (1200 mL / 30 days)
<i>nystatin tab 500000 unit</i>	QL (240 ea / 30 days)
<i>terbinafine hcl tab 250 mg</i>	QL (30 ea / 30 days)

IMIDAZOLE-RELATED ANTIFUNGALS

<i>fluconazole for susp 10 mg/ml (generic of DIFLUCAN)</i>	QL (35 mL / 25 days); AGE (Max age 12 years)
<i>fluconazole for susp 40 mg/ml (generic of DIFLUCAN)</i>	QL (35 mL / 25 days); AGE (Max age 12 years)
<i>fluconazole tab 50 mg (generic of DIFLUCAN)</i>	QL (60 ea / 30 days)
<i>fluconazole tab 100 mg (generic of DIFLUCAN)</i>	QL (21 ea / 25 days)
<i>fluconazole tab 150 mg (generic of DIFLUCAN)</i>	QL (2 ea / 25 days)
<i>fluconazole tab 200 mg (generic of DIFLUCAN)</i>	QL (21 ea / 25 days)
<i>ketoconazole tab 200 mg</i>	QL (60 ea / 30 days)

ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHISTAMINES - ALKYLAMINES

<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	OTC
<i>chlorpheniramine tab 4 mg</i>	QL (180 ea / 30 days), OTC
<i>chlorpheniramine tab er 12 mg</i>	QL (60 ea / 30 days), OTC

DRUG NAME	REQUIREMENTS/LIMITS
ANTI-HISTAMINES - ETHANOLAMINES	
<i>carbinoxamine maleate soln 4 mg/5ml</i>	
<i>carbinoxamine maleate tab 4 mg</i>	
<i>clemastine fumarate tab 1.34 mg</i>	QL (60 ea / 30 days), OTC
<i>clemastine fumarate tab 2.68 mg</i>	QL (90 ea / 30 days)
<i>diphenhydramine hcl cap 25 mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>diphenhydramine hcl cap 50 mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>diphenhydramine hcl chew tab 12.5 mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 12 years)
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	QL (2400 mL / 30 days); AGE (Max age 12 years)
<i>diphenhydramine hcl inj 50 mg/ml</i>	AGE (Max age 64 years)
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
<i>diphenhydramine hcl tab 25 mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
ANTI-HISTAMINES - NON-SEDATING	
<i>allergy relf tab 5mg</i>	QL (30 ea / 30 days), OTC
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	QL (300 mL / 30 days); AGE (Max age 12 years)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>cetirizine hcl tab 5 mg</i>	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i>	QL (30 ea / 30 days), OTC
<i>loratadine rapidly-disintegrating tab 10 mg</i>	QL (30 ea / 30 days), OTC; AGE (Max age 12 years)
<i>loratadine syrup 5 mg/5ml</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>loratadine tab 10 mg</i>	QL (30 ea / 30 days), OTC
ANTI-HISTAMINES - PHENOTHIAZINES	
<i>promethazine hcl inj 25 mg/ml (generic of PHENERGAN)</i>	QL (3000 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl inj 50 mg/ml (generic of PHENERGAN)</i>	QL (1500 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl suppos 12.5 mg</i>	QL (24 ea / 30 days); AGE (Min age 2 years and Max age 64 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>promethazine hcl suppos 25 mg</i>	QL (24 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	QL (3000 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 12.5 mg</i>	QL (60 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 25 mg</i>	QL (180 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 50 mg</i>	QL (60 ea / 30 days); AGE (Min age 2 years and Max age 64 years)

ANTIHISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	QL (600 mL / 30 days); AGE (Max age 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)

ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

NEXLETOL TAB 180MG	PA
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ANTIHYPERLIPIDEMICS - COMBINATIONS

NEXLIZET TAB 180/10MG	PA
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BILE ACID SEQUESTRANTS

<i>cholestyramine light powder 4 gm/dose (generic of QUESTRAN LIGHT)</i>	QL (240 gm / 30 days)
<i>cholestyramine powder 4 gm/dose (generic of QUESTRAN)</i>	QL (1440 gm / 30 days)
<i>colestipol hcl tab 1 gm (generic of COLESTID)</i>	QL (480 ea / 30 days)
<i>prevalite pow 4gm (generic of QUESTRAN LIGHT)</i>	QL (240 gm / 30 days)

FIBRIC ACID DERIVATIVES

<i>fenofibrate tab 48 mg (generic of TRICOR)</i>	QL (30 ea / 30 days)
<i>fenofibrate tab 54 mg</i>	QL (30 ea / 30 days)
<i>fenofibrate tab 145 mg (generic of TRICOR)</i>	QL (30 ea / 30 days)
<i>fenofibrate tab 160 mg</i>	QL (30 ea / 30 days)
<i>gemfibrozil tab 600 mg (generic of LOPID)</i>	QL (120 ea / 30 days)

HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium tab 10 mg (base equivalent) (generic of LIPITOR)</i>	QL (30 ea / 30 days)
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DRUG NAME	REQUIREMENTS/LIMITS
<i>atorvastatin calcium tab 20 mg (base equivalent) (generic of LIPITOR)</i>	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent) (generic of LIPITOR)</i>	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent) (generic of LIPITOR)</i>	QL (30 ea / 30 days)
<i>lovastatin tab 10 mg</i>	QL (30 ea / 30 days)
<i>lovastatin tab 20 mg</i>	QL (30 ea / 30 days)
<i>lovastatin tab 40 mg</i>	QL (30 ea / 30 days)
<i>pravastatin sodium tab 10 mg</i>	QL (30 ea / 30 days)
<i>pravastatin sodium tab 20 mg</i>	QL (30 ea / 30 days)
<i>pravastatin sodium tab 40 mg</i>	QL (30 ea / 30 days)
<i>pravastatin sodium tab 80 mg</i>	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 5 mg (generic of CRESTOR)</i>	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 10 mg (generic of CRESTOR)</i>	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 20 mg (generic of CRESTOR)</i>	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 40 mg (generic of CRESTOR)</i>	QL (30 ea / 30 days)
<i>simvastatin tab 5 mg</i>	QL (30 ea / 30 days)
<i>simvastatin tab 10 mg (generic of ZOCOR)</i>	QL (30 ea / 30 days)
<i>simvastatin tab 20 mg (generic of ZOCOR)</i>	QL (30 ea / 30 days)
<i>simvastatin tab 40 mg (generic of ZOCOR)</i>	QL (30 ea / 30 days)

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg (generic of ZETIA)</i>	QL (30 ea / 30 days)
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PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

REPATHA INJ 140MG/ML	PA, QL (2 mL / 24 days)
REPATHA PUSH INJ 420/3.5	PA, QL (3.5 mL / 24 days)
REPATHA SURE INJ 140MG/ML	PA, QL (2 mL / 24 days)

ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	QL (45 ea / 30 days)
<i>benazepril hcl tab 10 mg (generic of LOTENSIN)</i>	QL (45 ea / 30 days)
<i>benazepril hcl tab 20 mg (generic of LOTENSIN)</i>	QL (45 ea / 30 days)
<i>benazepril hcl tab 40 mg (generic of LOTENSIN)</i>	QL (60 ea / 30 days)
<i>captopril tab 12.5 mg</i>	QL (90 ea / 30 days)
<i>captopril tab 25 mg</i>	QL (90 ea / 30 days)
<i>captopril tab 50 mg</i>	QL (90 ea / 30 days)
<i>captopril tab 100 mg</i>	QL (90 ea / 30 days)
<i>enalapril maleate tab 2.5 mg (generic of VASOTEC)</i>	QL (30 ea / 30 days)
<i>enalapril maleate tab 5 mg (generic of VASOTEC)</i>	QL (30 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>enalapril maleate tab 10 mg (generic of VASOTEC)</i>	QL (30 ea / 30 days)
<i>enalapril maleate tab 20 mg (generic of VASOTEC)</i>	QL (60 ea / 30 days)
<i>fosinopril sodium tab 10 mg</i>	QL (30 ea / 30 days)
<i>fosinopril sodium tab 20 mg</i>	QL (30 ea / 30 days)
<i>fosinopril sodium tab 40 mg</i>	QL (30 ea / 30 days)
<i>lisinopril tab 2.5 mg (generic of ZESTRIL)</i>	QL (30 ea / 30 days)
<i>lisinopril tab 5 mg (generic of ZESTRIL)</i>	QL (30 ea / 30 days)
<i>lisinopril tab 10 mg (generic of ZESTRIL)</i>	QL (30 ea / 30 days)
<i>lisinopril tab 20 mg (generic of ZESTRIL)</i>	QL (30 ea / 30 days)
<i>lisinopril tab 30 mg (generic of ZESTRIL)</i>	QL (60 ea / 30 days)
<i>lisinopril tab 40 mg (generic of ZESTRIL)</i>	QL (60 ea / 30 days)
<i>quinapril hcl tab 5 mg (generic of ACCUPRIL)</i>	QL (30 ea / 30 days)
<i>quinapril hcl tab 10 mg (generic of ACCUPRIL)</i>	QL (30 ea / 30 days)
<i>quinapril hcl tab 20 mg (generic of ACCUPRIL)</i>	QL (30 ea / 30 days)
<i>quinapril hcl tab 40 mg (generic of ACCUPRIL)</i>	QL (60 ea / 30 days)
<i>ramipril cap 1.25 mg (generic of ALTACE)</i>	QL (30 ea / 30 days)
<i>ramipril cap 2.5 mg (generic of ALTACE)</i>	QL (30 ea / 30 days)
<i>ramipril cap 5 mg (generic of ALTACE)</i>	QL (30 ea / 30 days)
<i>ramipril cap 10 mg (generic of ALTACE)</i>	QL (30 ea / 30 days)
<i>trandolapril tab 1 mg</i>	QL (30 ea / 30 days)
<i>trandolapril tab 2 mg</i>	QL (30 ea / 30 days)
<i>trandolapril tab 4 mg (generic of MAVIK)</i>	QL (30 ea / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>irbesartan tab 75 mg (generic of AVAPRO)</i>	QL (30 ea / 30 days)
<i>irbesartan tab 150 mg (generic of AVAPRO)</i>	QL (30 ea / 30 days)
<i>irbesartan tab 300 mg (generic of AVAPRO)</i>	QL (30 ea / 30 days)
<i>losartan potassium tab 25 mg (generic of COZAAR)</i>	QL (30 ea / 30 days)
<i>losartan potassium tab 50 mg (generic of COZAAR)</i>	QL (30 ea / 30 days)
<i>losartan potassium tab 100 mg (generic of COZAAR)</i>	QL (30 ea / 30 days)
<i>valsartan tab 40 mg (generic of DIOVAN)</i>	QL (60 ea / 30 days)
<i>valsartan tab 80 mg (generic of DIOVAN)</i>	QL (60 ea / 30 days)
<i>valsartan tab 160 mg (generic of DIOVAN)</i>	QL (60 ea / 30 days)
<i>valsartan tab 320 mg (generic of DIOVAN)</i>	QL (60 ea / 30 days)

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine hcl tab 0.1 mg</i>	QL (180 ea / 30 days)
<i>clonidine hcl tab 0.2 mg</i>	QL (180 ea / 30 days)
<i>clonidine hcl tab 0.3 mg</i>	QL (120 ea / 30 days)
<i>doxazosin mesylate tab 1 mg (generic of CARDURA)</i>	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 2 mg (generic of CARDURA)</i>	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 4 mg</i>	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 8 mg (generic of CARDURA)</i>	QL (60 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>guanfacine hcl tab 1 mg</i>	QL (120 ea / 30 days); Generic Tenex
<i>guanfacine hcl tab 2 mg</i>	QL (60 ea / 30 days); Generic Tenex
<i>methyldopa tab 250 mg</i>	QL (120 ea / 30 days), AGE
<i>methyldopa tab 500 mg</i>	QL (180 ea / 30 days), AGE
<i>prazosin hcl cap 1 mg (generic of MINIPRESS)</i>	QL (180 ea / 30 days)
<i>prazosin hcl cap 2 mg (generic of MINIPRESS)</i>	QL (180 ea / 30 days)
<i>prazosin hcl cap 5 mg (generic of MINIPRESS)</i>	QL (180 ea / 30 days)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>terazosin hcl cap 2 mg (base equivalent)</i>	QL (60 ea / 30 days)
<i>terazosin hcl cap 5 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>terazosin hcl cap 10 mg (base equivalent)</i>	QL (60 ea / 30 days)

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	QL (30 ea / 30 days)
<i>atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	QL (60 ea / 30 days)
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	QL (30 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)</i>	QL (90 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)</i>	QL (90 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)</i>	QL (120 ea / 30 days)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	QL (60 ea / 30 days)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	QL (60 ea / 30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	QL (30 ea / 30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	QL (30 ea / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	QL (30 ea / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	QL (30 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	QL (60 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	QL (60 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	QL (60 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	QL (30 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	QL (30 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 20-25 mg (generic of ACCURETIC)</i>	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	QL (30 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)	QL (30 ea / 30 days)

VASODILATORS

<i>hydralazine hcl tab 10 mg</i>	QL (300 ea / 30 days)
<i>hydralazine hcl tab 25 mg</i>	QL (120 ea / 30 days)
<i>hydralazine hcl tab 50 mg</i>	QL (240 ea / 30 days)
<i>hydralazine hcl tab 100 mg</i>	QL (90 ea / 30 days)
<i>minoxidil tab 2.5 mg</i>	QL (150 ea / 30 days)
<i>minoxidil tab 10 mg</i>	QL (150 ea / 30 days)

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>chloroquine phosphate tab 250 mg</i>	QL (10 ea / 3 days)
<i>chloroquine phosphate tab 500 mg</i>	QL (5 ea / 3 days)
<i>hydroxychloroquine sulfate tab 200 mg</i> (generic of PLAQUENIL)	QL (120 ea / 30 days)
<i>mefloquine hcl tab 250 mg</i>	QL (120 ea / 30 days)

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

<i>pyridostigmine bromide tab 60 mg</i> (generic of MESTINON)	QL (180 ea / 30 days)
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ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

<i>ethambutol hcl tab 100 mg</i>	QL (150 ea / 30 days)
<i>ethambutol hcl tab 400 mg</i> (generic of MYAMBUTOL)	QL (150 ea / 30 days)
<i>isoniazid syrup 50 mg/5ml</i>	QL (900 mL / 30 days)
<i>isoniazid tab 100 mg</i>	QL (180 ea / 30 days)
<i>isoniazid tab 300 mg</i>	QL (90 ea / 30 days)
PRIFTIN TAB 150MG	QL (24 ea / 21 days)
<i>pyrazinamide tab 500 mg</i>	QL (180 ea / 30 days)
<i>rifampin cap 150 mg</i>	QL (240 ea / 30 days)
<i>rifampin cap 300 mg</i>	QL (120 ea / 30 days)

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	SP, QL (480 ea / 30 days)
<i>cyclophosphamide cap 50 mg</i>	SP, QL (480 ea / 30 days)
LEUKERAN TAB 2MG	QL (240 ea / 30 days)
<i>melphalan tab 2 mg</i>	

DRUG NAME	REQUIREMENTS/LIMITS
<i>temozolomide cap 5 mg</i>	SP, PA
<i>temozolomide cap 20 mg</i>	SP, PA
<i>temozolomide cap 100 mg (generic of TEMODAR)</i>	SP, PA
<i>temozolomide cap 140 mg (generic of TEMODAR)</i>	SP, PA
<i>temozolomide cap 180 mg (generic of TEMODAR)</i>	SP, PA
<i>temozolomide cap 250 mg (generic of TEMODAR)</i>	SP, PA

ANTIMETABOLITES

<i>capecitabine tab 150 mg (generic of XELODA)</i>	SP, PA
<i>capecitabine tab 500 mg (generic of XELODA)</i>	SP, PA
<i>mercaptopurine tab 50 mg</i>	QL (120 ea / 30 days)
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	QL (720 ea / 30 days)

ANTINEOPLASTIC - EGFR INHIBITORS

<i>erlotinib hcl tab 25 mg (base equivalent) (generic of TARCEVA)</i>	SP, PA
<i>erlotinib hcl tab 100 mg (base equivalent) (generic of TARCEVA)</i>	SP, PA
<i>erlotinib hcl tab 150 mg (base equivalent) (generic of TARCEVA)</i>	SP, PA
TAGRISSO TAB 40MG	SP, PA
TAGRISSO TAB 80MG	SP, PA

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate tab 250 mg (generic of ZYTIGA)</i>	SP, PA, QL (120 ea / 30 days)
<i>anastrozole tab 1 mg (generic of ARIMIDEX)</i>	QL (30 ea / 30 days)
<i>bicalutamide tab 50 mg (generic of CASODEX)</i>	QL (90 ea / 30 days)
ELIGARD INJ 7.5MG	PA
ELIGARD INJ 22.5MG	PA
ELIGARD INJ 30MG	PA
ELIGARD INJ 45MG	PA
<i>flutamide cap 125 mg</i>	QL (180 ea / 30 days)
<i>letrozole tab 2.5 mg (generic of FEMARA)</i>	QL (30 ea / 30 days)
<i>leuprolide acetate inj kit 5 mg/ml</i>	PA
LYSODREN TAB 500MG	SP
<i>megestrol acetate susp 40 mg/ml</i>	QL (1200 mL / 30 days)
<i>megestrol acetate tab 20 mg</i>	QL (1200 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>megestrol acetate tab 40 mg</i>	QL (600 ea / 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	QL (60 ea / 30 days)
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	QL (60 ea / 30 days)

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA CAP 150MG	SP, PA, QL (240 ea / 30 days)
BRUKINSA CAP 80MG	SP, PA, QL (120 ea / 30 days)
IBRANCE CAP 75MG	SP, PA, QL (21 ea / 28 days)
IBRANCE CAP 100MG	SP, PA, QL (21 ea / 28 days)
IBRANCE CAP 125MG	SP, PA, QL (21 ea / 28 days)
IBRANCE TAB 75MG	SP, PA, QL (21 ea / 28 days)
IBRANCE TAB 100MG	SP, PA, QL (21 ea / 28 days)
IBRANCE TAB 125MG	SP, PA, QL (21 ea / 28 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i> (generic of GLEEVEC)	SP, PA, QL (90 ea / 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i> (generic of GLEEVEC)	SP, PA, QL (60 ea / 30 days)
IMBRUVICA CAP 140MG	SP, PA, QL (90 ea / 30 days)
IMBRUVICA TAB 420MG	SP, PA, QL (30 ea / 30 days)
IMBRUVICA TAB 560MG	SP, PA, QL (30 ea / 30 days)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i> (generic of TYKERB)	SP, PA, QL (180 ea / 30 days)
NEXAVAR TAB 200MG	SP, PA, QL (120 ea / 30 days)
SPRYCEL TAB 20MG	SP, PA, QL (90 ea / 30 days)
SPRYCEL TAB 50MG	SP, PA, QL (30 ea / 30 days)
SPRYCEL TAB 70MG	SP, PA, QL (30 ea / 30 days)
SPRYCEL TAB 80MG	SP, PA
SPRYCEL TAB 100MG	SP, PA, QL (30 ea / 30 days)
SPRYCEL TAB 140MG	SP, PA, QL (30 ea / 30 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i> (generic of SUTENT)	SP, PA, QL (30 ea / 30 days)
<i>sunitinib malate cap 25 mg (base equivalent)</i> (generic of SUTENT)	SP, PA, QL (30 ea / 30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i> (generic of SUTENT)	SP, PA, QL (30 ea / 30 days)
<i>sunitinib malate cap 50 mg (base equivalent)</i> (generic of SUTENT)	SP, PA, QL (30 ea / 30 days)

ANTINEOPLASTICS MISC.

<i>hydroxyurea cap 500 mg (generic of HYDREA)</i>	
INTRON A INJ 10MU	SP, PA

DRUG NAME	REQUIREMENTS/LIMITS
MATULANE CAP 50MG	SP, PA
<i>tretinoin cap 10 mg</i>	PA
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	
<i>leucovorin calcium tab 5 mg</i>	
<i>leucovorin calcium tab 10 mg</i>	
<i>leucovorin calcium tab 15 mg</i>	
<i>leucovorin calcium tab 25 mg</i>	
MITOTIC INHIBITORS	
<i>etoposide cap 50 mg</i>	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE	
ANTIPARKINSON ANTICHOLINERGICS	
<i>benztropine mesylate tab 0.5 mg</i>	QL (150 ea / 30 days); AGE (Max age 64 years)
<i>benztropine mesylate tab 1 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>benztropine mesylate tab 2 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	PA
<i>trihexyphenidyl hcl tab 2 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>trihexyphenidyl hcl tab 5 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
ANTIPARKINSON COMT INHIBITORS	
<i>entacapone tab 200 mg (generic of COMTAN)</i>	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
ANTIPARKINSON DOPAMINERGICS	
<i>amantadine hcl cap 100 mg</i>	QL (120 ea / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	QL (1200 mL / 30 days)
<i>bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)</i>	QL (180 ea / 30 days)
<i>bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)</i>	QL (180 ea / 30 days)
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>	QL (240 ea / 30 days)
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>	QL (360 ea / 30 days)
<i>carbidopa & levodopa tab 25-250 mg</i>	QL (240 ea / 30 days)
<i>carbidopa & levodopa tab er 25-100 mg</i>	QL (120 ea / 30 days)
<i>carbidopa & levodopa tab er 50-200 mg</i>	QL (240 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (generic of STALEVO 50)</i>	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (generic of STALEVO 75)</i>	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)</i>	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (generic of STALEVO 125)</i>	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)</i>	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg (generic of STALEVO 200)</i>	ST, QL (180 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>pramipexole dihydrochloride tab 0.5 mg</i>	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.25 mg</i>	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.75 mg</i>	QL (180 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 1 mg</i>	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 1.5 mg</i>	QL (90 ea / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg</i>	QL (180 ea / 30 days)
<i>ropinirole hydrochloride tab 0.25 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 1 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 2 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 3 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 4 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 5 mg</i>	QL (360 ea / 30 days)

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>selegiline hcl cap 5 mg</i>	QL (60 ea / 30 days)
<i>selegiline hcl tab 5 mg</i>	QL (60 ea / 30 days)

ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>lithium carbonate cap 300 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>lithium carbonate cap 600 mg</i>	QL (90 ea / 30 days)
<i>lithium carbonate tab 300 mg</i>	QL (180 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>lithium carbonate tab er 300 mg</i> (generic of LITHOBID)	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>lithium carbonate tab er 450 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)

ANTIPSYCHOTICS - MISC.

LATUDA TAB 20MG	PA
LATUDA TAB 40MG	PA
LATUDA TAB 60MG	PA
LATUDA TAB 80MG	PA
LATUDA TAB 120MG	PA
VRAYLAR CAP 1.5-3MG	PA
VRAYLAR CAP 1.5MG	PA
VRAYLAR CAP 3MG	PA
VRAYLAR CAP 4.5MG	PA
VRAYLAR CAP 6MG	PA
<i>ziprasidone hcl cap 20 mg</i> (generic of GEODON)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>ziprasidone hcl cap 40 mg</i> (generic of GEODON)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>ziprasidone hcl cap 60 mg</i> (generic of GEODON)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>ziprasidone hcl cap 80 mg</i> (generic of GEODON)	QL (60 ea / 30 days); AGE (Min age 6 years)

BENZISOXAZOLES

FANAPT PAK	PA
FANAPT TAB 1MG	PA
FANAPT TAB 2MG	PA
FANAPT TAB 4MG	PA
FANAPT TAB 6MG	PA
FANAPT TAB 8MG	PA
FANAPT TAB 10MG	PA
FANAPT TAB 12MG	PA
INVEGA SUST INJ 39/0.25	QL (0.25 mL / 25 days)
INVEGA SUST INJ 78/0.5ML	QL (0.5 mL / 25 days)
INVEGA SUST INJ 117/0.75	QL (0.75 mL / 25 days)
INVEGA SUST INJ 156MG/ML	QL (1 mL / 25 days)
INVEGA SUST INJ 234/1.5	QL (1.5 mL / 25 days)
INVEGA TRINZ INJ 273MG	QL (0.88 mL / 71 days); AGE (Min age 6 years)
INVEGA TRINZ INJ 410MG	QL (1.32 mL / 71 days); AGE (Min age 6 years)

DRUG NAME	REQUIREMENTS/LIMITS
INVEGA TRINZ INJ 546MG	QL (1.75 mL / 71 days); AGE (Min age 6 years)
INVEGA TRINZ INJ 819MG	QL (2.65 mL / 71 days); AGE (Min age 6 years)
<i>paliperidone tab er 24hr 1.5 mg (generic of INVEGA)</i>	PA
<i>paliperidone tab er 24hr 3 mg (generic of INVEGA)</i>	PA
<i>paliperidone tab er 24hr 6 mg (generic of INVEGA)</i>	PA
<i>paliperidone tab er 24hr 9 mg (generic of INVEGA)</i>	PA
RISPERDAL INJ 12.5MG	QL (2 ea / 25 days); AGE (Min age 6 years)
RISPERDAL INJ 25MG	QL (2 ea / 25 days); AGE (Min age 6 years)
RISPERDAL INJ 37.5MG	QL (2 ea / 25 days); AGE (Min age 6 years)
RISPERDAL INJ 50MG	QL (2 ea / 25 days); AGE (Min age 6 years)
<i>risperidone orally disintegrating tab 0.5 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 0.25 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 1 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 2 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 3 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 4 mg</i>	QL (120 ea / 30 days); AGE (Min age 5 years)
<i>risperidone soln 1 mg/ml (generic of RISPERDAL)</i>	QL (480 mL / 30 days); AGE (Min age 5 years)
<i>risperidone tab 0.5 mg (generic of RISPERDAL)</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 0.25 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 1 mg (generic of RISPERDAL)</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 2 mg (generic of RISPERDAL)</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 3 mg (generic of RISPERDAL)</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 4 mg (generic of RISPERDAL)</i>	QL (120 ea / 30 days); AGE (Min age 5 years)

DRUG NAME	REQUIREMENTS/LIMITS
BUTYROPHENONES	
<i>haloperidol decanoate im soln 50 mg/ml</i> (generic of HALDOL DECANOATE 50)	AGE (Min age 6 years)
<i>haloperidol decanoate im soln 100 mg/ml</i> (generic of HALDOL DECANOATE 100)	AGE (Min age 6 years)
<i>haloperidol lactate inj 5 mg/ml</i>	AGE (Min age 6 years)
<i>haloperidol lactate oral conc 2 mg/ml</i>	AGE (Min age 6 years)
<i>haloperidol tab 0.5 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 1 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 2 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 5 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 10 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 20 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)

DIBENZAPINES

<i>asenapine maleate sl tab 5 mg (base equiv)</i> (generic of SAPHRIS)	PA
<i>asenapine maleate sl tab 10 mg (base equiv)</i> (generic of SAPHRIS)	PA
<i>clozapine tab 25 mg</i> (generic of CLOZARIL)	AGE (Min age 6 years)
<i>clozapine tab 50 mg</i> (generic of CLOZARIL)	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>clozapine tab 100 mg</i> (generic of CLOZARIL)	AGE (Min age 6 years)
<i>clozapine tab 200 mg</i> (generic of CLOZARIL)	AGE (Min age 6 years)
<i>loxapine succinate cap 5 mg</i>	QL (450 ea / 30 days); AGE (Min age 6 years)
<i>loxapine succinate cap 10 mg</i>	QL (450 ea / 30 days); AGE (Min age 6 years)
<i>loxapine succinate cap 25 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>loxapine succinate cap 50 mg</i>	QL (450 ea / 30 days); AGE (Min age 6 years)
<i>olanzapine tab 2.5 mg</i> (generic of ZYPREXA)	ST, QL (30 ea / 30 days); AGE (Min age 6 years)
<i>olanzapine tab 5 mg</i> (generic of ZYPREXA)	ST, QL (30 ea / 30 days); AGE (Min age 6 years)
<i>olanzapine tab 7.5 mg</i> (generic of ZYPREXA)	ST, QL (30 ea / 30 days); AGE (Min age 6 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>olanzapine tab 10 mg (generic of ZYPREXA)</i>	ST, QL (30 ea / 30 days); AGE (Min age 6 years)
<i>olanzapine tab 15 mg (generic of ZYPREXA)</i>	ST, QL (30 ea / 30 days); AGE (Min age 6 years)
<i>olanzapine tab 20 mg (generic of ZYPREXA)</i>	ST, QL (30 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 25 mg (generic of SEROQUEL)</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 50 mg (generic of SEROQUEL)</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 100 mg (generic of SEROQUEL)</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 200 mg (generic of SEROQUEL)</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 300 mg (generic of SEROQUEL)</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 400 mg (generic of SEROQUEL)</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab er 24hr 50 mg (generic of SEROQUEL XR)</i>	PA, QL (30 ea / 30 days)
<i>quetiapine fumarate tab er 24hr 150 mg (generic of SEROQUEL XR)</i>	PA, QL (30 ea / 30 days)
<i>quetiapine fumarate tab er 24hr 200 mg (generic of SEROQUEL XR)</i>	PA, QL (30 ea / 30 days)
<i>quetiapine fumarate tab er 24hr 300 mg (generic of SEROQUEL XR)</i>	PA, QL (30 ea / 30 days)
<i>quetiapine fumarate tab er 24hr 400 mg (generic of SEROQUEL XR)</i>	PA, QL (30 ea / 30 days)
ZYPREXA RELP INJ 210MG	QL (2 ea / 25 days); AGE (Min age 6 years)
ZYPREXA RELP INJ 300MG	QL (2 ea / 25 days); AGE (Min age 6 years)
ZYPREXA RELP INJ 405MG	QL (1 ea / 25 days); AGE (Min age 6 years)
PHENOTHIAZINES	
<i>chlorpromazine hcl tab 10 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 25 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 50 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 100 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>chlorpromazine hcl tab 200 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>compro sup 25mg</i>	QL (360 ea / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	
<i>fluphenazine hcl tab 1 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>fluphenazine hcl tab 2.5 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>fluphenazine hcl tab 5 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>fluphenazine hcl tab 10 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>perphenazine tab 2 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>perphenazine tab 4 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>perphenazine tab 8 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>perphenazine tab 16 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	QL (300 ea / 30 days); AGE (Min age 6 years)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	QL (240 ea / 30 days); AGE (Min age 6 years)
<i>prochlorperazine suppos 25 mg</i>	QL (360 ea / 30 days)
<i>thioridazine hcl tab 10 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>thioridazine hcl tab 25 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>thioridazine hcl tab 50 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>thioridazine hcl tab 100 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	QL (180 ea / 30 days); AGE (Min age 6 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	QL (120 ea / 30 days); AGE (Min age 6 years)

QUINOLINONE DERIVATIVES

ABILIFY MAIN INJ 300MG	QL (1 ea / 25 days); AGE (Min age 6 years)
ABILIFY MAIN INJ 400MG	QL (1 ea / 25 days); AGE (Min age 6 years)
<i>aripiprazole oral solution 1 mg/ml</i>	PA; AGE (Min age 6 years)
<i>aripiprazole orally disintegrating tab 10 mg</i>	PA, QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole orally disintegrating tab 15 mg</i>	PA, QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 2 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 5 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 10 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 15 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 20 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 30 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
ARISTADA INJ 441MG/1.	QL (1.6 mL / 25 days); AGE (Min age 6 years)
ARISTADA INJ 662MG/2	QL (2.4 mL / 25 days); AGE (Min age 6 years)
ARISTADA INJ 882MG/3	QL (3.2 mL / 25 days); AGE (Min age 6 years)
ARISTADA INJ 1064MG	QL (3.9 mL / 50 days); AGE (Min age 6 years)

THIOXANTHENES

<i>thiothixene cap 1 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>thiothixene cap 2 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>thiothixene cap 5 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>thiothixene cap 10 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)

DRUG NAME **REQUIREMENTS/LIMITS**
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT

CHLORINE ANTISEPTICS

<i>betasept liq 4%</i>	OTC
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ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i> (generic of ZIAGEN)	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i> (generic of ZIAGEN)	QL (60 ea / 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	QL (30 ea / 30 days)
APTIVUS CAP 250MG	QL (120 ea / 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	QL (60 ea / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i> (generic of REYATAZ)	QL (60 ea / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i> (generic of REYATAZ)	QL (30 ea / 30 days)
BIKTARVY TAB	QL (30 ea / 30 days)
CIMDUO TAB 300-300	QL (30 ea / 30 days)
COMPLERA TAB	QL (30 ea / 30 days)
DELSTRIGO TAB	QL (30 ea / 30 days)
DESCOVY TAB 120-15MG	ST, QL (30 ea / 30 days); Requires prior use of Truvada
DESCOVY TAB 200/25MG	ST, QL (30 ea / 30 days); Requires prior use of Truvada
DOVATO TAB 50-300MG	QL (30 ea / 30 days)
EDURANT TAB 25MG	QL (30 ea / 30 days)
<i>efavirenz cap 50 mg</i> (generic of SUSTIVA)	QL (360 ea / 30 days)
<i>efavirenz cap 200 mg</i> (generic of SUSTIVA)	QL (90 ea / 30 days)
<i>efavirenz tab 600 mg</i> (generic of SUSTIVA)	QL (30 ea / 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	QL (30 ea / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	QL (30 ea / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	QL (30 ea / 30 days)
<i>emtricitabine caps 200 mg</i> (generic of EMTRIVA)	QL (30 ea / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA)	QL (30 ea / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	QL (30 ea / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	QL (30 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)</i>	QL (30 ea / 30 days)
EMTRIVA SOL 10MG/ML	QL (600 mL / 30 days)
<i>etravirine tab 100 mg (generic of INTELENCE)</i>	QL (120 ea / 30 days)
<i>etravirine tab 200 mg (generic of INTELENCE)</i>	QL (60 ea / 30 days)
EVOTAZ TAB 300-150	QL (30 ea / 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv) (generic of LEXIVA)</i>	QL (120 ea / 30 days)
FUZEON INJ 90MG	PA
GENVOYA TAB	QL (30 ea / 30 days)
INTELENCE TAB 25MG	QL (120 ea / 30 days)
ISENTRESS CHW 25MG	QL (60 ea / 30 days)
ISENTRESS CHW 100MG	QL (360 ea / 30 days)
ISENTRESS HD TAB 600MG	QL (60 ea / 30 days)
ISENTRESS POW 100MG	QL (360 ea / 30 days)
ISENTRESS TAB 400MG	QL (60 ea / 30 days)
JULUCA TAB 50-25MG	QL (30 ea / 30 days)
<i>lamivudine oral soln 10 mg/ml (generic of EPIVIR)</i>	QL (900 mL / 30 days)
<i>lamivudine tab 150 mg (generic of EPIVIR)</i>	QL (60 ea / 30 days)
<i>lamivudine tab 300 mg (generic of EPIVIR)</i>	QL (30 ea / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg (generic of COMBIVIR)</i>	QL (60 ea / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)</i>	QL (480 mL / 30 days)
<i>lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)</i>	QL (240 ea / 30 days)
<i>lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)</i>	QL (120 ea / 30 days)
<i>maraviroc tab 150 mg (generic of SELZENTRY)</i>	QL (60 ea / 30 days)
<i>maraviroc tab 300 mg (generic of SELZENTRY)</i>	QL (60 ea / 30 days)
<i>nevirapine susp 50 mg/5ml</i>	QL (1200 mL / 30 days)
<i>nevirapine tab 200 mg</i>	QL (60 ea / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	QL (90 ea / 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	QL (30 ea / 30 days)
NORVIR SOL 80MG/ML	QL (450 mL / 30 days)
ODEFSEY TAB	QL (30 ea / 30 days)
PIFELTRO TAB 100MG	QL (30 ea / 30 days)
PREZCOBIX TAB 800-150	QL (30 ea / 30 days)
PREZISTA SUS 100MG/ML	QL (240 mL / 30 days)
PREZISTA TAB 75MG	QL (480 ea / 30 days)
PREZISTA TAB 150MG	QL (240 ea / 30 days)
PREZISTA TAB 600MG	QL (60 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
PREZISTA TAB 800MG	QL (30 ea / 30 days)
<i>ritonavir tab 100 mg (generic of NORVIR)</i>	QL (360 ea / 30 days)
RUKOBIA TAB 600MG ER	QL (60 ea / 30 days)
SELZENTRY SOL 20MG/ML	QL (900 mL / 30 days)
SELZENTRY TAB 25MG	QL (120 ea / 30 days)
SELZENTRY TAB 75MG	QL (60 ea / 30 days)
<i>stavudine cap 15 mg</i>	QL (60 ea / 30 days)
<i>stavudine cap 20 mg</i>	QL (60 ea / 30 days)
<i>stavudine cap 30 mg</i>	QL (60 ea / 30 days)
<i>stavudine cap 40 mg</i>	QL (60 ea / 30 days)
STRIBILD TAB	QL (30 ea / 30 days)
SYMTUZA TAB	QL (30 ea / 30 days)
TEMIXYS TAB 300-300	QL (30 ea / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg (generic of VIREAD)</i>	QL (30 ea / 30 days)
TIVICAY PD TAB 5MG	QL (180 ea / 30 days)
TIVICAY TAB 10MG	QL (30 ea / 30 days)
TIVICAY TAB 25MG	QL (30 ea / 30 days)
TIVICAY TAB 50MG	QL (60 ea / 30 days)
TRIUMEQ PD TAB	QL (180 ea / 30 days)
TRIUMEQ TAB	QL (30 ea / 30 days)
TRIZIVIR TAB	QL (60 ea / 30 days)
TYBOST TAB 150MG	QL (30 ea / 30 days)
VIRACEPT TAB 250MG	QL (300 ea / 30 days)
VIRACEPT TAB 625MG	QL (120 ea / 30 days)
VIREAD POW 40MG/GM	QL (225 gm / 30 days)
VIREAD TAB 150MG	QL (30 ea / 30 days)
VIREAD TAB 200MG	QL (30 ea / 30 days)
VIREAD TAB 250MG	QL (30 ea / 30 days)
<i>zidovudine cap 100 mg (generic of RETROVIR)</i>	QL (180 ea / 30 days)
<i>zidovudine syrup 10 mg/ml (generic of RETROVIR)</i>	QL (1800 mL / 30 days)
<i>zidovudine tab 300 mg</i>	QL (60 ea / 30 days)
CMV AGENTS	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> (generic of VALCYTE)	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i> (generic of VALCYTE)	PA
HEPATITIS AGENTS	
<i>adefovir dipivoxil tab 10 mg (generic of HEPSERA)</i>	QL (30 ea / 30 days)
BARACLUDE SOL	
<i>entecavir tab 0.5 mg (generic of BARACLUDE)</i>	
<i>entecavir tab 1 mg (generic of BARACLUDE)</i>	

DRUG NAME	REQUIREMENTS/LIMITS
<i>lamivudine tab 100 mg (hbv)</i> (generic of EPIVIR HBV)	QL (90 ea / 30 days)
LEDIP-SOFOSB TAB 90-400MG	SP, PA, QL (30 ea / 30 days); Preferred Agent
PEGASYS INJ	SP, PA
PEGASYS INJ 180MCG/M	SP, PA
<i>ribavirin cap 200 mg</i>	SP, PA
<i>ribavirin tab 200 mg</i>	SP, PA
SOFOS/VELPAT TAB 400-100	SP, PA, QL (30 ea / 30 days); Preferred Agent
SOVALDI TAB 400MG	SP, PA
VEMLIDY TAB 25MG	PA
VOSEVI TAB	SP, PA, QL (30 ea / 30 days)
ZEPATIER TAB 50-100MG	SP, PA

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	QL (150 ea / 30 days)
<i>acyclovir susp 200 mg/5ml</i> (generic of ZOVIRAX)	QL (750 mL / 30 days)
<i>acyclovir tab 400 mg</i>	QL (150 ea / 30 days)
<i>acyclovir tab 800 mg</i>	QL (150 ea / 30 days)
<i>famciclovir tab 125 mg</i>	QL (90 ea / 30 days)
<i>famciclovir tab 250 mg</i>	QL (90 ea / 30 days)
<i>famciclovir tab 500 mg</i>	QL (90 ea / 30 days)
<i>valacyclovir hcl tab 1 gm</i> (generic of VALTREX)	QL (240 ea / 30 days)
<i>valacyclovir hcl tab 500 mg</i> (generic of VALTREX)	QL (240 ea / 30 days)

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i> (generic of TAMIFLU)	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i> (generic of TAMIFLU)	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i> (generic of TAMIFLU)	QL (max quantity 10 per fill)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> (generic of TAMIFLU)	AGE (Max age 12 years); QL (max quantity 180 per fill)
RELENZA MIS DISKHALE	QL (max quantity 20 per fill)
<i>rimantadine hydrochloride tab 100 mg</i>	QL (60 ea / 30 days)

BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

ALPHA-BETA BLOCKERS

<i>carvedilol tab 3.125 mg</i> (generic of COREG)	QL (60 ea / 30 days)
<i>carvedilol tab 6.25 mg</i> (generic of COREG)	QL (60 ea / 30 days)
<i>carvedilol tab 12.5 mg</i> (generic of COREG)	QL (60 ea / 30 days)
<i>carvedilol tab 25 mg</i> (generic of COREG)	QL (60 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
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<i>labetalol hcl tab 100 mg</i>	QL (120 ea / 30 days)
<i>labetalol hcl tab 200 mg</i>	QL (120 ea / 30 days)
<i>labetalol hcl tab 300 mg</i>	QL (180 ea / 30 days)

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	QL (480 ea / 30 days)
<i>acebutolol hcl cap 400 mg</i>	QL (480 ea / 30 days)
<i>atenolol tab 25 mg (generic of TENORMIN)</i>	QL (60 ea / 30 days)
<i>atenolol tab 50 mg (generic of TENORMIN)</i>	QL (60 ea / 30 days)
<i>atenolol tab 100 mg (generic of TENORMIN)</i>	QL (60 ea / 30 days)
<i>bisoprolol fumarate tab 5 mg</i>	QL (60 ea / 30 days)
<i>bisoprolol fumarate tab 10 mg</i>	QL (60 ea / 30 days)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (90 ea / 30 days)
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (120 ea / 30 days)
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (90 ea / 30 days)
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (60 ea / 30 days)
<i>metoprolol tartrate tab 25 mg</i>	QL (90 ea / 30 days)
<i>metoprolol tartrate tab 50 mg (generic of LOPRESSOR)</i>	QL (90 ea / 30 days)
<i>metoprolol tartrate tab 100 mg (generic of LOPRESSOR)</i>	QL (90 ea / 30 days)

BETA BLOCKERS NON-SELECTIVE

<i>nadolol tab 20 mg (generic of CORGARD)</i>	QL (90 ea / 30 days)
<i>nadolol tab 40 mg (generic of CORGARD)</i>	QL (90 ea / 30 days)
<i>nadolol tab 80 mg (generic of CORGARD)</i>	QL (60 ea / 30 days)
<i>propranolol hcl cap er 24hr 60 mg (generic of INDERAL LA)</i>	QL (90 ea / 30 days)
<i>propranolol hcl cap er 24hr 80 mg (generic of INDERAL LA)</i>	QL (120 ea / 30 days)
<i>propranolol hcl cap er 24hr 120 mg (generic of INDERAL LA)</i>	QL (90 ea / 30 days)
<i>propranolol hcl cap er 24hr 160 mg (generic of INDERAL LA)</i>	QL (60 ea / 30 days)
<i>propranolol hcl oral soln 20 mg/5ml</i>	QL (600 mL / 30 days)
<i>propranolol hcl oral soln 40 mg/5ml</i>	
<i>propranolol hcl tab 10 mg</i>	QL (180 ea / 30 days)
<i>propranolol hcl tab 20 mg</i>	QL (180 ea / 30 days)
<i>propranolol hcl tab 40 mg</i>	QL (180 ea / 30 days)
<i>propranolol hcl tab 60 mg</i>	QL (180 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>propranolol hcl tab 80 mg</i>	QL (180 ea / 30 days)
<i>sorine tab 80mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sorine tab 120mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sorine tab 160mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sorine tab 240mg</i>	QL (60 ea / 30 days)
<i>sotalol hcl (afib/afl) tab 80 mg (generic of BETAPACE AF)</i>	QL (60 ea / 30 days)
<i>sotalol hcl (afib/afl) tab 120 mg (generic of BETAPACE AF)</i>	QL (60 ea / 30 days)
<i>sotalol hcl (afib/afl) tab 160 mg (generic of BETAPACE AF)</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 80 mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 120 mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 160 mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 240 mg</i>	QL (60 ea / 30 days)

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate tab 2.5 mg (base equivalent) (generic of NORVASC)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate tab 5 mg (base equivalent) (generic of NORVASC)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate tab 10 mg (base equivalent) (generic of NORVASC)</i>	QL (30 ea / 30 days)
<i>cartia xt cap 120/24hr (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>cartia xt cap 180/24hr (generic of CARDIZEM CD)</i>	QL (60 ea / 30 days)
<i>cartia xt cap 240/24hr (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>cartia xt cap 300/24hr (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>dilt-xr cap 120mg</i>	QL (60 ea / 30 days)
<i>dilt-xr cap 180mg</i>	QL (60 ea / 30 days)
<i>dilt-xr cap 240mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 120 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 180 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 240 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 120 mg (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 180 mg (generic of CARDIZEM CD)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 240 mg (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>diltiazem hcl coated beads cap er 24hr 300 mg (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 180 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 300 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 360 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 420 mg (generic of TIAZAC)</i>	QL (30 ea / 30 days)
<i>diltiazem hcl tab 30 mg (generic of CARDIZEM)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl tab 60 mg (generic of CARDIZEM)</i>	QL (120 ea / 30 days)
<i>diltiazem hcl tab 90 mg</i>	QL (120 ea / 30 days)
<i>diltiazem hcl tab 120 mg (generic of CARDIZEM)</i>	QL (120 ea / 30 days)
<i>felodipine tab er 24hr 2.5 mg</i>	QL (30 ea / 30 days)
<i>felodipine tab er 24hr 5 mg</i>	QL (30 ea / 30 days)
<i>felodipine tab er 24hr 10 mg</i>	QL (60 ea / 30 days)
<i>nifedipine cap 10 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>nifedipine cap 20 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>nifedipine tab er 24hr 30 mg</i>	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 60 mg</i>	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 90 mg</i>	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 30 mg (generic of PROCARDIA XL)</i>	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 60 mg (generic of PROCARDIA XL)</i>	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 90 mg (generic of PROCARDIA XL)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 120mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 180mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 240mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 300mg er (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 360mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>tiadylt cap 120mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>tiadylt cap 180mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>tiadylt cap 240mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>tiadylt cap 300mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>tiadylt cap 360mg/24</i> (generic of TIAZAC)	QL (60 ea / 30 days)
<i>tiadylt cap 420mg/24</i> (generic of TIAZAC)	QL (30 ea / 30 days)
<i>verapamil hcl tab 40 mg</i>	QL (120 ea / 30 days)
<i>verapamil hcl tab 80 mg</i>	QL (120 ea / 30 days)
<i>verapamil hcl tab 120 mg</i>	QL (90 ea / 30 days)
<i>verapamil hcl tab er 120 mg</i> (generic of CALAN SR)	QL (90 ea / 30 days)
<i>verapamil hcl tab er 180 mg</i>	QL (60 ea / 30 days)
<i>verapamil hcl tab er 240 mg</i> (generic of CALAN SR)	QL (90 ea / 30 days)

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	AGE (Max age 12 years)
<i>digoxin tab 125 mcg (0.125 mg)</i> (generic of DIGOXIN TAB 125 MCG (0.125 MG))	QL (30 ea / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i> (generic of DIGOXIN TAB 250 MCG (0.25 MG))	QL (30 ea / 30 days)

CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

PROSTAGLANDIN VASODILATORS

REMODULIN INJ 1MG/ML	SP, PA
REMODULIN INJ 2.5MG/ML	SP, PA
REMODULIN INJ 5MG/ML	SP, PA
REMODULIN INJ 10MG/ML	SP, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	SP, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	SP, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	SP, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	SP, PA

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg</i> (generic of LETAIRIS)	SP, PA, QL (30 ea / 30 days)
<i>ambrisentan tab 10 mg</i> (generic of LETAIRIS)	SP, PA, QL (30 ea / 30 days)
<i>bosentan tab 62.5 mg</i> (generic of TRACLEER)	SP, PA, QL (60 ea / 30 days)
<i>bosentan tab 125 mg</i> (generic of TRACLEER)	SP, PA, QL (60 ea / 30 days)
OPSUMIT TAB 10MG	SP, PA, QL (30 ea / 30 days)
TRACLEER TAB 32MG	SP, PA

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate tab 20 mg</i> (generic of REVATIO)	SP, PA, QL (90 ea / 30 days)
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PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI TAB 200MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 400MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 600MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 800MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 1000MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 1200MCG	SP, PA, QL (60 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
UPTRAVI TAB 1400MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 1600MCG	SP, PA, QL (60 ea / 30 days)
SINUS NODE INHIBITORS	
CORLANOR TAB 5MG	PA
CORLANOR TAB 7.5MG	PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS	
CEPHALOSPORINS - 1ST GENERATION	
<i>cefadroxil for susp 250 mg/5ml</i>	AGE (Max age 12 years)
<i>cefadroxil for susp 500 mg/5ml</i>	AGE (Max age 12 years)
<i>cephalexin cap 250 mg</i>	QL (180 ea / 30 days)
<i>cephalexin cap 500 mg</i>	QL (180 ea / 30 days)
<i>cephalexin for susp 125 mg/5ml</i>	AGE (Max age 12 years)
<i>cephalexin for susp 250 mg/5ml</i>	AGE (Max age 12 years)
CEPHALOSPORINS - 2ND GENERATION	
<i>cefprozil for susp 125 mg/5ml</i>	AGE (Max age 12 years)
<i>cefprozil for susp 250 mg/5ml</i>	AGE (Max age 12 years)
<i>cefuroxime axetil tab 250 mg</i>	QL (60 ea / 30 days)
<i>cefuroxime axetil tab 500 mg</i>	QL (60 ea / 30 days)
CEPHALOSPORINS - 3RD GENERATION	
<i>cefdinir cap 300 mg</i>	QL (60 ea / 30 days)
<i>cefdinir for susp 125 mg/5ml</i>	AGE (Max age 12 years)
<i>cefdinir for susp 250 mg/5ml</i>	AGE (Max age 12 years)
CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING	
BULK CHEMICALS - B'S	
BUDESONIDE POW	
BUDESONIDE POW MICRONIZ	
BULK CHEMICALS - E'S	
ETHYL OLEATE LIQ	OTC
BULK CHEMICALS - H'S	
HYDROXYPROG POW CAPROATE	AGE (Min age 16 years and Max age 60 years)
BULK CHEMICALS - P'S	
PROGESTERONE POW MICRONIZ	
LIQUIDS	
BENZYL BENZO LIQ	AGE (Min age 16 years and Max age 60 years)
BENZYL BENZO LIQ	OTC; AGE (Min age 16 years and Max age 60 years)
SESAME OIL	
SESAME OIL	OTC

DRUG NAME **REQUIREMENTS/LIMITS**
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL
COMBINATION CONTRACEPTIVES - ORAL

<i>afirmelle tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>altavera tab</i>	QL (28 ea / 21 days)
<i>alyacen tab 1/35</i>	QL (28 ea / 21 days)
<i>alyacen tab 7/7/7</i>	QL (28 ea / 21 days)
<i>amethia tab</i> (generic of SEASONIQUE)	QL (91 ea / 84 days)
<i>apri tab</i>	QL (28 ea / 21 days)
<i>ashlyna tab</i> (generic of SEASONIQUE)	QL (91 ea / 84 days)
<i>aubra eq tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>aubra tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>aurovela fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>aurovela fe tab 1/20</i>	QL (28 ea / 21 days)
<i>aurovela tab 1.5/30</i>	QL (28 ea / 21 days)
<i>aurovela tab 1/20</i>	QL (28 ea / 21 days)
<i>aviane tab</i>	QL (28 ea / 21 days)
<i>ayuna tab</i>	QL (28 ea / 21 days)
<i>azurette tab</i> (generic of MIRCETTE)	QL (28 ea / 21 days)
<i>balziva tab</i>	QL (28 ea / 21 days)
<i>blisovi fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>blisovi fe tab 1/20</i>	QL (28 ea / 21 days)
<i>briellyn tab</i>	QL (28 ea / 21 days)
<i>camrese lo tab</i> (generic of LOSEASONIQUE)	QL (91 ea / 84 days)
<i>camrese tab</i> (generic of SEASONIQUE)	QL (91 ea / 84 days)
<i>caziant pak</i>	QL (28 ea / 21 days)
<i>chateal eq tab 0.15/30</i>	QL (28 ea / 21 days)
<i>chateal tab 0.15/30</i>	QL (28 ea / 21 days)
<i>cryselle-28 tab 28 tabs</i>	QL (28 ea / 21 days)
<i>cyred eq tab</i>	QL (28 ea / 21 days)
<i>cyred tab</i>	QL (28 ea / 21 days)
<i>dasetta tab 1/35</i>	QL (28 ea / 21 days)
<i>dasetta tab 7/7/7</i>	QL (28 ea / 21 days)
<i>daysee tab</i> (generic of SEASONIQUE)	QL (91 ea / 84 days)
<i>delyla tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	QL (28 ea / 21 days)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	QL (28 ea / 21 days)
<i>elinest tab</i>	QL (28 ea / 21 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>emoquette tab</i>	QL (28 ea / 21 days)
<i>enpresse-28 tab</i>	QL (28 ea / 21 days)
<i>enskyce tab</i>	QL (28 ea / 21 days)
<i>estarylla tab 0.25-35</i>	QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	QL (28 ea / 21 days)
<i>falmina tab</i>	QL (28 ea / 21 days)
<i>femynor tab 0.25-35</i>	QL (28 ea / 21 days)
<i>hailey fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>hailey fe tab 1/20</i>	QL (28 ea / 21 days)
<i>hailey tab 1.5/30</i>	QL (28 ea / 21 days)
<i>iclevia tab</i>	QL (91 ea / 84 days)
<i>introvale tab</i>	QL (91 ea / 84 days)
<i>isibloom tab</i>	QL (28 ea / 21 days)
<i>jaimiess tab (generic of SEASONIQUE)</i>	QL (91 ea / 84 days)
<i>jasmiel tab 3-0.02mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>jolessa tab</i>	QL (91 ea / 84 days)
<i>juleber tab</i>	QL (28 ea / 21 days)
<i>junel 1.5/30 tab</i>	QL (28 ea / 21 days)
<i>junel 1/20 tab</i>	QL (28 ea / 21 days)
<i>junel fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>junel fe tab 1/20</i>	QL (28 ea / 21 days)
<i>kalliga tab</i>	QL (28 ea / 21 days)
<i>kariva tab 28 day (generic of MIRCETTE)</i>	QL (28 ea / 21 days)
<i>kelnor 1/50 tab</i>	QL (28 ea / 21 days)
<i>kelnor tab 1/35</i>	QL (28 ea / 21 days)
<i>kurvelo tab 0.15/30</i>	QL (28 ea / 21 days)
<i>larin fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>larin fe tab 1/20</i>	QL (28 ea / 21 days)
<i>larin tab 1.5/30</i>	QL (28 ea / 21 days)
<i>larin tab 1/20</i>	QL (28 ea / 21 days)
<i>larissia tab</i>	QL (28 ea / 21 days)
<i>lessina tab</i>	QL (28 ea / 21 days)
<i>levonest tab</i>	QL (28 ea / 21 days)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (generic of LOSEASONIQUE)</i>	QL (91 ea / 84 days)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (generic of SEASONIQUE)</i>	QL (91 ea / 84 days)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	QL (91 ea / 84 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	QL (28 ea / 21 days)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	QL (28 ea / 21 days)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	QL (28 ea / 21 days)
<i>levora-28 tab 0.15/30</i>	QL (28 ea / 21 days)
<i>lillow tab 0.15/30</i>	QL (28 ea / 21 days)
<i>lo-zumandimi tab 3-0.02mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>loestrin 21 tab 1.5/30</i>	QL (28 ea / 21 days)
<i>loestrin fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>loestrin fe tab 1/20</i>	QL (28 ea / 21 days)
<i>loestrin tab 1/20-21</i>	QL (28 ea / 21 days)
<i>lojaimiess tab (generic of LOSEASONIQUE)</i>	QL (91 ea / 84 days)
<i>loryna tab 3-0.02mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>low-ogestrel tab</i>	QL (28 ea / 21 days)
<i>lutera tab</i>	QL (28 ea / 21 days)
<i>marlissa tab 0.15/30</i>	QL (28 ea / 21 days)
<i>microgestin tab 1.5/30</i>	QL (28 ea / 21 days)
<i>microgestin tab 1/20</i>	QL (28 ea / 21 days)
<i>microgestin tab fe1.5/30</i>	QL (28 ea / 21 days)
<i>microgestin tab fe 1/20</i>	QL (28 ea / 21 days)
<i>mili tab 0.25/35</i>	QL (28 ea / 21 days)
<i>mono-linyah tab 0.25-35</i>	QL (28 ea / 21 days)
<i>necon tab 0.5/35</i>	QL (28 ea / 21 days)
<i>nikki tab 3-0.02mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	QL (28 ea / 21 days)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	QL (28 ea / 21 days)
<i>nortrel tab 0.5/35</i>	QL (28 ea / 21 days)
<i>nortrel tab 1/35</i>	QL (28 ea / 21 days)
<i>nortrel tab 7/7/7</i>	QL (28 ea / 21 days)
<i>nylia tab 1/35</i>	QL (28 ea / 21 days)
<i>nylia tab 7/7/7</i>	QL (28 ea / 21 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>nymyo tab 0.25-35</i>	QL (28 ea / 21 days)
<i>ocella tab 3-0.03mg (generic of YASMIN 28)</i>	QL (28 ea / 21 days)
<i>orsythia tab</i>	QL (28 ea / 21 days)
<i>philith tab 0.4-35</i>	QL (28 ea / 21 days)
<i>pimtrea tab (generic of MIRCETTE)</i>	QL (28 ea / 21 days)
<i>pirmella tab 1/35</i>	QL (28 ea / 21 days)
<i>pirmella tab 7/7/7</i>	QL (28 ea / 21 days)
<i>portia-28 tab</i>	QL (28 ea / 21 days)
<i>previfem tab</i>	QL (28 ea / 21 days)
<i>reclipsen tab</i>	QL (28 ea / 21 days)
<i>setlakin tab</i>	QL (91 ea / 84 days)
<i>simliya tab 28 day (generic of MIRCETTE)</i>	QL (28 ea / 21 days)
<i>simpesse tab (generic of SEASONIQUE)</i>	QL (91 ea / 84 days)
<i>sprintec 28 tab 28 day</i>	QL (28 ea / 21 days)
<i>sronyx tab</i>	QL (28 ea / 21 days)
<i>syeda tab 3-0.03mg (generic of YASMIN 28)</i>	QL (28 ea / 21 days)
<i>tarina fe tab 1/20</i>	QL (28 ea / 21 days)
<i>tarina fe tab 1/20 eq</i>	QL (28 ea / 21 days)
<i>tri femynor tab</i>	QL (28 ea / 21 days)
<i>tri-estaryll tab</i>	QL (28 ea / 21 days)
<i>tri-linyah tab</i>	QL (28 ea / 21 days)
<i>tri-lo tab estaryll (generic of ORTHO TRI-CYCLEN LO)</i>	QL (28 ea / 21 days)
<i>tri-lo- tab marzia (generic of ORTHO TRI-CYCLEN LO)</i>	QL (28 ea / 21 days)
<i>tri-lo- tab sprintec (generic of ORTHO TRI-CYCLEN LO)</i>	QL (28 ea / 21 days)
<i>tri-lo-mili tab (generic of ORTHO TRI-CYCLEN LO)</i>	QL (28 ea / 21 days)
<i>tri-mili tab</i>	QL (28 ea / 21 days)
<i>tri-nymyo tab</i>	QL (28 ea / 21 days)
<i>tri-sprintec tab</i>	QL (28 ea / 21 days)
<i>tri-vylibra tab</i>	QL (28 ea / 21 days)
<i>tri-vylibra tab lo (generic of ORTHO TRI-CYCLEN LO)</i>	QL (28 ea / 21 days)
<i>trivora-28 tab</i>	QL (28 ea / 21 days)
<i>velivet pak</i>	QL (28 ea / 21 days)
<i>vestura tab 3-0.02mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>vienva tab 0.1-20</i>	QL (28 ea / 21 days)
<i>violele tab (generic of MIRCETTE)</i>	QL (28 ea / 21 days)
<i>volnea tab (generic of MIRCETTE)</i>	QL (28 ea / 21 days)
<i>vyfemla tab 0.4-35</i>	QL (28 ea / 21 days)
<i>vylibra tab 0.25-35</i>	QL (28 ea / 21 days)
<i>wera tab 0.5/35</i>	QL (28 ea / 21 days)
<i>zovia 1/35 tab</i>	QL (28 ea / 21 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>zumandimine tab 3-0.03mg</i> (generic of YASMIN 28)	QL (28 ea / 21 days)
COMBINATION CONTRACEPTIVES - TRANSDERMAL	
<i>xulane dis 150-35</i>	QL (3 ea / 21 days)
<i>zafemy dis 150/35</i>	QL (3 ea / 21 days)
COMBINATION CONTRACEPTIVES - VAGINAL	
<i>eluryng mis</i> (generic of NUVARING)	QL (1 ea / 21 days)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	QL (1 ea / 21 days)
EMERGENCY CONTRACEPTIVES	
ELLA TAB 30MG	QL (12 ea / 292 days)
<i>levonorgestrel tab 1.5 mg</i>	QL (12 ea / 292 days), OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	QL (4 mL / 269 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	QL (4 mL / 269 days)
PROGESTIN CONTRACEPTIVES - IUD	
KYLEENA IUD 19.5MG	QL (1 ea in lifetime)
LILETTA IUD 52MG	QL (1 ea in lifetime)
MIRENA IUD SYSTEM	QL (1 ea in lifetime)
SKYLA IUD 13.5MG	QL (1 ea in lifetime)
PROGESTIN CONTRACEPTIVES - ORAL	
<i>camila tab 0.35mg</i>	QL (28 ea / 21 days)
<i>deblitane tab 0.35mg</i>	QL (28 ea / 21 days)
<i>errin tab 0.35mg</i>	QL (28 ea / 21 days)
<i>heather tab 0.35mg</i>	QL (28 ea / 21 days)
<i>incassia tab 0.35mg</i>	QL (28 ea / 21 days)
<i>jencycla tab 0.35mg</i>	QL (28 ea / 21 days)
<i>lyleq tab 0.35mg</i>	QL (28 ea / 21 days)
<i>lyza tab 0.35mg</i>	QL (28 ea / 21 days)
<i>nora-be tab 0.35mg</i>	QL (28 ea / 21 days)
<i>norethindrone tab 0.35 mg</i>	QL (28 ea / 21 days)
<i>norlyda tab 0.35mg</i>	QL (28 ea / 21 days)
<i>norlyroc tab 0.35mg</i>	QL (28 ea / 21 days)
<i>sharobel tab 0.35mg</i>	QL (28 ea / 21 days)
<i>tulana tab 0.35mg</i>	QL (28 ea / 21 days)
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	
GLUCOCORTICOSTEROIDS	
<i>budesonide delayed release particles cap 3 mg</i>	
<i>dexamethasone elixir 0.5 mg/5ml</i>	QL (1800 mL / 30 days)
<i>dexamethasone soln 0.5 mg/5ml</i>	

DRUG NAME	REQUIREMENTS/LIMITS
<i>dexamethasone tab 0.5 mg</i>	QL (360 ea / 30 days)
<i>dexamethasone tab 0.75 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 1 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 1.5 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 2 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 4 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 6 mg</i>	QL (300 ea / 30 days)
<i>hydrocortisone tab 5 mg (generic of CORTEF)</i>	QL (720 ea / 30 days)
<i>hydrocortisone tab 10 mg (generic of CORTEF)</i>	QL (360 ea / 30 days)
<i>hydrocortisone tab 20 mg (generic of CORTEF)</i>	QL (180 ea / 30 days)
<i>methylprednisolone tab 4 mg (generic of MEDROL)</i>	QL (360 ea / 30 days)
<i>methylprednisolone tab 8 mg (generic of MEDROL)</i>	QL (180 ea / 30 days)
<i>methylprednisolone tab 16 mg (generic of MEDROL)</i>	QL (120 ea / 30 days)
<i>methylprednisolone tab 32 mg (generic of MEDROL)</i>	QL (60 ea / 30 days)
<i>methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)</i>	QL (360 ea / 30 days)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (generic of PEDIAPRED)</i>	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	
<i>prednisone oral soln 5 mg/5ml</i>	QL (1800 mL / 30 days)
<i>prednisone tab 1 mg</i>	QL (300 ea / 30 days)
<i>prednisone tab 2.5 mg</i>	QL (240 ea / 30 days)
<i>prednisone tab 5 mg</i>	QL (480 ea / 30 days)
<i>prednisone tab 10 mg</i>	QL (270 ea / 30 days)
<i>prednisone tab 20 mg</i>	QL (180 ea / 30 days)
<i>prednisone tab 50 mg</i>	QL (90 ea / 30 days)
<i>prednisone tab therapy pack 5 mg (21)</i>	
<i>prednisone tab therapy pack 5 mg (48)</i>	
<i>prednisone tab therapy pack 10 mg (21)</i>	
<i>prednisone tab therapy pack 10 mg (48)</i>	

MINERALOCORTICIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	QL (150 ea / 30 days)
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COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS

ANTITUSSIVES

<i>benzonatate cap 100 mg (generic of TESSALON PERLES)</i>	QL (180 ea / 30 days)
<i>benzonatate cap 200 mg</i>	QL (150 ea / 30 days)
<i>cough relief liq 15mg/5ml</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (generic of HYCODAN)</i>	QL (1800 mL / 30 days); AGE (Min age 18 years)
<i>hydromet syp 5-1.5/5 (generic of HYCODAN)</i>	QL (1800 mL / 30 days); AGE (Min age 18 years)

COUGH/COLD/ALLERGY COMBINATIONS

<i>allergy-d tab 12 hour</i>	OTC
<i>antihistamin tab 60-120mg</i>	OTC
<i>aprodine tab 2.5-60mg</i>	OTC
<i>brompheniramine & phenylephrine elixir 1-2.5 mg/5ml</i>	OTC
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	QL (480 mL / 25 days), OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)
<i>chest conges tab 20-400mg</i>	OTC
<i>chest conges tab relf dm</i>	OTC
<i>chlorpheniramine & phenylephrine tab 4-10 mg</i>	OTC
<i>cold/flu liq daytime</i>	OTC
<i>day cold/flu liq 10-5-325</i>	OTC
<i>delsym cough liq congs dm</i>	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	QL (240 mL / 25 days), OTC
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i>	QL (240 mL / 25 days), OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	QL (180 mL / 25 days), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	QL (60 ea / 30 days), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>	OTC
<i>dextromethorphan-phenylephrine-apap cap 10-5-325 mg</i>	OTC
<i>dextromethorphan-phenylephrine-apap powd pack 20-10-650 mg</i>	OTC
<i>dextromethorphan-phenylephrine-apap tab 10-5-325 mg</i>	OTC
DRIXORAL CLD TAB /ALLERGY	OTC
<i>fexofen/pse tab 60-120mg</i>	OTC
<i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i>	OTC
<i>gnp mucus liq rlf dm</i>	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	QL (1800 mL / 30 days), OTC; AGE (Min age 18 years)
<i>hm daytime liq cold/flu</i>	OTC
<i>hm mucus dm tab 60-1200</i>	OTC
<i>hm mucus rel liq cgh chld</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>12hr allergy tab 60-120mg</i>	OTC
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	QL (60 ea / 30 days), OTC
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	QL (30 ea / 30 days), OTC
<i>muc/cgh relf liq 5-100mg</i>	OTC
<i>MUCINEX CGH GRA 5-100MG</i>	OTC
<i>mucinex cgh liq 5-100mg</i>	OTC
<i>mucinex dm liq 20-400</i>	OTC
<i>mucinex dm liq max str</i>	OTC
<i>mucinex liq freeform</i>	OTC
<i>mucus dm tab 60-1200</i>	OTC
<i>mucus rel dm liq</i>	OTC
<i>mucus rel dm liq 5-100/5</i>	OTC
<i>mucus rel dm liq 20-400mg</i>	OTC
<i>mucus relief liq 5-100mg</i>	OTC
<i>mucus relief tab 60-1200</i>	OTC
<i>mucus relief tab dm</i>	OTC
<i>mucus rlf dm liq 20-400mg</i>	OTC
<i>mucus-dm max tab 60-1200</i>	OTC
<i>mucus/cough liq 5-100mg</i>	OTC
<i>nohist-lq liq 4-10/5ml</i>	OTC
<i>prometh vc syp 6.25-5/5</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>prometh vc/ syp codeine</i>	QL (1800 mL / 30 days); AGE (Min age 18 years and Max age 64 years)
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL (240 mL / 25 days); AGE (Min age 18 years and Max age 64 years)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	QL (180 mL / 25 days); AGE (Min age 4 years and Max age 64 years)
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Min age 18 years and Max age 64 years)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	QL (1800 mL / 30 days)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	QL (120 ea / 30 days), OTC; AGE (Min age 4 years)
<i>pseudoephedrine-ibuprofen tab 30-200 mg</i>	OTC
<i>qc daytime liq cold/flu</i>	OTC
<i>qc medifin tab dm</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>sm day time liq cold/flu</i>	OTC
<i>sm tussin dm liq 5-100/5</i>	OTC
<i>tab tussin tab dm</i>	OTC
<i>tussin dm liq 5-100mg</i>	OTC
<i>tussin dm liq 20-400mg</i>	OTC
<i>tussin dm mx liq</i>	OTC

EXPECTORANTS

<i>guaifenesin liquid 100 mg/5ml</i>	OTC; AGE (Min age 4 years)
<i>guaifenesin syrup 100 mg/5ml</i>	OTC; AGE (Min age 4 years)
<i>guaifenesin tab 200 mg</i>	OTC; AGE (Min age 4 years)
<i>guaifenesin tab 400 mg</i>	OTC; AGE (Min age 4 years)
<i>guaifenesin tab er 12hr 600 mg</i>	QL (60 ea / 30 days), OTC

MISC. RESPIRATORY INHALANTS

<i>sodium chloride soln nebu 0.9%</i>	
<i>sodium chloride soln nebu 3%</i>	
<i>sodium chloride soln nebu 7%</i>	

MUCOLYTICS

<i>acetylcysteine inhal soln 20%</i>	QL (3600 mL / 30 days)
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DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS

ACNE PRODUCTS

<i>acne medicat gel 2.5%</i>	QL (60 gm / 25 days), OTC
<i>adapalene gel 0.1%</i>	QL (45 gm / 25 days), OTC
<i>avita cre 0.025% (generic of RETIN-A)</i>	ST, PA, QL (45 gm / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>avita gel 0.025%</i>	ST, PA, QL (45 gm / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>benzoyl peroxide gel 2.5%</i>	QL (60 gm / 25 days), OTC
<i>benzoyl peroxide gel 5%</i>	OTC
<i>benzoyl peroxide gel 10%</i>	OTC
<i>benzoyl peroxide liq 5%</i>	QL (240 gm / 25 days), OTC
<i>benzoyl peroxide liq 10%</i>	QL (240 gm / 25 days), OTC
BENZOYL PEROXIDE LOTION 5%	OTC

DRUG NAME	REQUIREMENTS/LIMITS
BENZOYL PEROXIDE LOTION 10%	OTC
<i>clindamycin phosphate gel 1%</i> (generic of CLINDAGEL)	ST, QL (60 mL / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate lotion 1%</i> (generic of CLEOCIN-T)	ST, QL (300 mL / 30 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate soln 1%</i>	QL (60 mL / 25 days)
DIFFERIN GEL 0.1%	QL (45 gm / 25 days), OTC
<i>erythromycin soln 2%</i>	QL (450 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	PA
<i>isotretinoin cap 10 mg</i> (generic of ISOTRETINOIN CAP 10 MG)	PA
<i>isotretinoin cap 20 mg</i>	PA
<i>isotretinoin cap 20 mg</i> (generic of ISOTRETINOIN CAP 20 MG)	PA
<i>isotretinoin cap 30 mg</i>	PA
<i>isotretinoin cap 30 mg</i> (generic of ISOTRETINOIN CAP 30 MG)	PA
<i>isotretinoin cap 40 mg</i>	PA
<i>isotretinoin cap 40 mg</i> (generic of ISOTRETINOIN CAP 40 MG)	PA
<i>sulfacetamide sodium lotion 10%</i> (<i>acne</i>) (generic of KLARON)	PA, QL (118 mL / 25 days)
<i>tretinoin cream 0.1%</i> (generic of RETIN-A)	ST, QL (45 gm / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin cream 0.05%</i> (generic of RETIN-A)	ST, QL (45 gm / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>tretinoin cream 0.025%</i> (generic of RETIN-A)	ST, PA, QL (45 gm / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin gel 0.01%</i> (generic of RETIN-A)	ST, PA, QL (45 gm / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin gel 0.025%</i> (generic of RETIN-A)	ST, PA, QL (45 gm / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>arthr pain gel 1%</i>	QL (200 gm / 25 days), OTC
<i>diclofenac sodium gel 1%</i>	QL (200 gm / 25 days), OTC
<i>goodsense gel art pain</i>	QL (200 gm / 25 days), OTC
<i>qc diclofena gel 1%</i>	QL (200 gm / 25 days), OTC
VOLTAREN GEL 1%	QL (200 gm / 25 days), OTC

ANTIBIOTICS - TOPICAL

<i>bacitracin oint 500 unit/gm</i>	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	OTC
<i>bacitracin-polymyxin b oint</i>	OTC
<i>gentamicin sulfate cream 0.1%</i>	QL (30 gm / 25 days)
<i>gentamicin sulfate oint 0.1%</i>	QL (30 gm / 25 days)
<i>mupirocin oint 2%</i>	QL (44 gm / 25 days)
<i>neomycin-bacitracin-polymyxin oint</i>	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	OTC

ANTIFUNGALS - TOPICAL

<i>ciclodan sol 8%</i>	QL (6.6 mL / 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i> (generic of LOPROX)	QL (180 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i> (generic of LOPROX)	QL (60 mL / 25 days)
<i>ciclopirox solution 8%</i>	QL (6.6 mL / 25 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>clotrimazole cream 1%</i>	QL (60 gm / 30 days)
<i>clotrimazole cream 1%</i>	QL (60 gm / 30 days), OTC
<i>clotrimazole soln 1%</i>	QL (60 mL / 30 days)
<i>clotrimazole soln 1%</i>	QL (60 mL / 30 days), OTC
<i>ketoconazole cream 2%</i>	QL (60 gm / 25 days)
<i>ketoconazole shampoo 2%</i>	QL (120 mL / 25 days)
<i>miconazole nitrate aerosol pow 2%</i>	QL (133 gm / 30 days), OTC
<i>miconazole nitrate cream 2%</i>	QL (150 gm / 25 days), OTC
<i>miconazole nitrate powder 2%</i>	QL (90 gm / 30 days), OTC
<i>nystatin cream 100000 unit/gm</i>	QL (90 gm / 25 days)
<i>nystatin oint 100000 unit/gm</i>	QL (90 gm / 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	QL (30 gm / 25 days)
<i>terbinafine hcl cream 1%</i>	QL (30 gm / 25 days), OTC
<i>tolnaftate aerosol pow 1%</i>	QL (133 gm / 30 days), OTC
<i>tolnaftate cream 1%</i>	QL (60 gm / 30 days), OTC
<i>tolnaftate powder 1%</i>	QL (67.5 gm / 30 days), OTC
<i>tolnaftate soln 1%</i>	QL (151 mL / 30 days), OTC

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

fluorouracil cream 5% (generic of EFUDEX)

ANTIPSORIATICS

<i>calcipotriene cream 0.005% (generic of DOVONEX)</i>	PA
<i>calcipotriene oint 0.005%</i>	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	PA
<i>calcitrene oin 0.005%</i>	PA
COSENTYX INJ 75MG/0.5	SP, PA
COSENTYX INJ 150MG/ML	SP, PA
COSENTYX INJ 300DOSE	SP, PA
COSENTYX PEN INJ 150MG/ML	SP, PA
COSENTYX PEN INJ 300DOSE	SP, PA

ANTISEBORRHEIC PRODUCTS

<i>selenium sulfide lotion 1%</i>	OTC
<i>selenium sulfide lotion 2.5%</i>	

ANTIVIRALS - TOPICAL

<i>acyclovir oint 5% (generic of ZOVIRAX)</i>	PA
<i>docosanol cream 10%</i>	QL (2 gm / 15 days), OTC
<i>hm docosan cre 10%</i>	QL (2 gm / 15 days), OTC

BURN PRODUCTS

<i>silver sulfadiazine cream 1% (generic of SILVADENE)</i>	
<i>ssd cre 1% (generic of SILVADENE)</i>	

CORTICOSTEROIDS - TOPICAL

<i>alclometasone dipropionate cream 0.05%</i>	QL (60 gm / 25 days)
<i>alclometasone dipropionate oint 0.05%</i>	QL (60 gm / 25 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>betamethasone dipropionate augmented cream 0.05%</i>	QL (50 gm / 25 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	QL (50 gm / 25 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	QL (60 mL / 25 days)
<i>betamethasone dipropionate augmented oint 0.05%</i> (generic of DIPROLENE)	QL (50 gm / 25 days)
<i>betamethasone dipropionate cream 0.05%</i>	QL (60 gm / 25 days)
<i>betamethasone dipropionate lotion 0.05%</i>	QL (60 mL / 25 days)
<i>betamethasone dipropionate oint 0.05%</i>	QL (45 gm / 25 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	QL (45 gm / 25 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	QL (60 mL / 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	QL (45 gm / 25 days)
<i>clobetasol propionate soln 0.05%</i>	QL (50 mL / 25 days)
<i>desonide cream 0.05%</i> (generic of DESOWEN)	ST, QL (60 gm / 25 days); Requires trial of 3 preferred low potency steroids
<i>desonide oint 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinolone acetonide cream 0.025%</i> (generic of SYNALAR)	QL (60 gm / 25 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i> (generic of DERMA-SMOOTH/FS BODY)	QL (120 mL / 25 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> (generic of DERMA-SMOOTH/FS SCALP)	QL (120 mL / 25 days)
<i>fluocinolone acetonide oint 0.025%</i> (generic of SYNALAR)	QL (60 gm / 25 days)
<i>fluocinonide cream 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinonide emulsified base cream 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinonide gel 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinonide oint 0.05%</i>	ST, QL (60 gm / 25 days); Requires prior use of Mometasone and Fluocinolone Cream
<i>fluocinonide soln 0.05%</i>	QL (60 mL / 25 days)
<i>fluticasone propionate cream 0.05%</i>	QL (60 gm / 25 days)
<i>fluticasone propionate oint 0.005%</i>	QL (60 gm / 25 days)
<i>halobetasol propionate cream 0.05%</i>	QL (50 gm / 25 days)
<i>halobetasol propionate oint 0.05%</i>	QL (50 gm / 25 days)
HC/ALOE CRE 0.5%	OTC
<i>hydrocortisone acetate cream 1%</i>	OTC
<i>hydrocortisone acetate oint 1%</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>hydrocortisone cream 0.5%</i>	QL (60 gm / 25 days), OTC
<i>hydrocortisone cream 1%</i>	QL (60 gm / 25 days), OTC
<i>hydrocortisone cream 1%- rx</i>	QL (60 gm / 25 days)
<i>hydrocortisone cream 2.5%</i>	QL (60 gm / 25 days)
<i>hydrocortisone lotion 1%</i>	OTC
<i>hydrocortisone lotion 2.5%</i>	QL (60 mL / 25 days)
<i>hydrocortisone oint 0.5%</i>	QL (60 gm / 25 days), OTC
<i>hydrocortisone oint 1%</i>	QL (60 gm / 25 days), OTC
<i>hydrocortisone oint 1%- rx</i>	QL (60 gm / 25 days)
<i>hydrocortisone oint 2.5%</i>	QL (60 gm / 25 days)
<i>hydrocortisone-aloe vera cream 1%</i>	OTC
<i>mometasone furoate cream 0.1%</i>	QL (45 gm / 25 days)
<i>mometasone furoate oint 0.1%</i>	QL (45 gm / 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	QL (60 mL / 25 days)
TRIAMCINOLON POW ACETONID	
<i>triamcinolone acetonide cream 0.1%</i>	
<i>triamcinolone acetonide cream 0.5%</i>	
<i>triamcinolone acetonide cream 0.025%</i>	
<i>triamcinolone acetonide lotion 0.1%</i>	
<i>triamcinolone acetonide lotion 0.025%</i>	
<i>triamcinolone acetonide oint 0.1%</i>	
<i>triamcinolone acetonide oint 0.5%</i>	
<i>triamcinolone acetonide oint 0.025%</i>	
EMOLLIENTS	
<i>lactic acid (ammonium lactate) cream 12%</i>	QL (280 gm / 25 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	QL (280 gm / 25 days), OTC
<i>lactic acid (ammonium lactate) lotion 12%</i>	QL (225 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	QL (225 gm / 25 days), OTC
IMMUNOMODULATING AGENTS - TOPICAL	
<i>imiquimod cream 5%</i>	PA, QL (24 ea / 25 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
<i>pimecrolimus cream 1% (generic of ELIDEL)</i>	PA, QL (60 gm / 30 days)
<i>tacrolimus oint 0.1% (generic of PROTOPIC)</i>	PA, QL (30 gm / 25 days)
<i>tacrolimus oint 0.03% (generic of PROTOPIC)</i>	PA, QL (30 gm / 25 days)
KERATOLYTIC/ANTIMITOTIC AGENTS	
<i>podofilox soln 0.5%</i>	QL (7 mL / 180 days)
LOCAL ANESTHETICS - TOPICAL	
<i>arth pain cre 0.075%</i>	OTC
<i>capsaicin cream 0.1%</i>	OTC
<i>capsaicin cream 0.025%</i>	OTC
CIRCATA CRE 0.05%	OTC
CIRCATRIX CRE 0.05%	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>dermacinrx cre penetral</i>	OTC
<i>dibucaine oint 1%</i>	OTC
<i>glydo gel 2%</i>	
<i>lidocaine cream 4%</i>	OTC
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	
<i>lidocaine patch 4%</i>	QL (120 ea / 30 days), OTC
<i>lidocaine patch 5% (generic of LIDODERM)</i>	PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	QL (60 gm / 25 days)
MISC. TOPICAL	
<i>DRYSOL SOL 20%</i>	
<i>minerin cre</i>	OTC
ROSACEA AGENTS	
<i>metronidazole cream 0.75% (generic of METROCREAM)</i>	
<i>metronidazole gel 0.75%</i>	Generic Metrogel
<i>metronidazole lotion 0.75% (generic of METROLOTION)</i>	
<i>rosadan cre 0.75% (generic of METROCREAM)</i>	
<i>rosadan gel 0.75%</i>	Generic Metrogel
SCABICIDES & PEDICULICIDES	
<i>crotan lot 10%</i>	PA
<i>goodsense liq lice rin</i>	OTC; Generic NIX
<i>lice treatmt liq 1%</i>	OTC; Generic NIX
<i>lice trtmnt liq 1%</i>	OTC; Generic NIX
<i>malathion lotion 0.5%</i>	QL (59 mL / 25 days)
<i>permethrin aerosol 0.5%</i>	OTC; Generic RID
<i>permethrin cream 5%</i>	
<i>permethrin lotion 1%</i>	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	OTC; Generic RID
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	OTC; Generic RID
<i>spinosad susp 0.9%</i>	QL (120 mL / 25 days)
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS	
DIAGNOSTIC DRUGS	
<i>THYROGEN INJ 0.9MG</i>	PA, QL (2 ea / 180 days)
DIAGNOSTIC TESTS	
<i>ACETONE (URINE) TEST STRIP</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
RELION TRUE TES METRIX	OTC; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins
TRUE METRIX TES GLUCOSE	OTC; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	QL (180 ea / 30 days)
CREON CAP 6000UNIT	QL (180 ea / 30 days)
CREON CAP 12000UNT	QL (180 ea / 30 days)
CREON CAP 24000UNT	QL (180 ea / 30 days)
CREON CAP 36000UNT	QL (180 ea / 30 days)
VIOKACE TAB 10440	
VIOKACE TAB 20880	
ZENPEP CAP 3000UNIT	QL (180 ea / 30 days)
ZENPEP CAP 5000UNIT	QL (180 ea / 30 days)
ZENPEP CAP 15000UNT	QL (180 ea / 30 days)
ZENPEP CAP 20000UNT	QL (180 ea / 30 days)
ZENPEP CAP 25000	QL (180 ea / 30 days)
ZENPEP CAP 40000	QL (180 ea / 30 days)

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	QL (120 ea / 30 days)
<i>acetazolamide tab 125 mg</i>	QL (120 ea / 30 days)
<i>acetazolamide tab 250 mg</i>	QL (120 ea / 30 days)

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	QL (60 ea / 30 days)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE)</i>	QL (120 ea / 30 days)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	QL (60 ea / 30 days)
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)</i>	QL (120 ea / 30 days)
<i>triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)</i>	QL (120 ea / 30 days)

LOOP DIURETICS

<i>bumetanide tab 0.5 mg (generic of BUMEX)</i>	QL (60 ea / 30 days)
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DRUG NAME	REQUIREMENTS/LIMITS
<i>bumetanide tab 1 mg</i>	QL (60 ea / 30 days)
<i>bumetanide tab 2 mg</i>	QL (150 ea / 30 days)
<i>furosemide oral soln 8 mg/ml</i>	AGE (Max age 12 years)
<i>furosemide oral soln 10 mg/ml</i>	AGE (Max age 12 years)
<i>furosemide tab 20 mg (generic of LASIX)</i>	QL (180 ea / 30 days)
<i>furosemide tab 40 mg (generic of LASIX)</i>	QL (180 ea / 30 days)
<i>furosemide tab 80 mg (generic of LASIX)</i>	QL (180 ea / 30 days)
<i>toremide tab 5 mg</i>	QL (60 ea / 30 days)
<i>toremide tab 10 mg</i>	QL (120 ea / 30 days)
<i>toremide tab 20 mg</i>	QL (120 ea / 30 days)
<i>toremide tab 100 mg</i>	QL (60 ea / 30 days)

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tab 5 mg</i>	QL (120 ea / 30 days)
<i>spironolactone tab 25 mg (generic of ALDACTONE)</i>	QL (240 ea / 30 days)
<i>spironolactone tab 50 mg (generic of ALDACTONE)</i>	QL (120 ea / 30 days)
<i>spironolactone tab 100 mg (generic of ALDACTONE)</i>	QL (60 ea / 30 days)

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tab 25 mg</i>	QL (120 ea / 30 days)
<i>chlorthalidone tab 50 mg</i>	QL (120 ea / 30 days)
<i>hydrochlorothiazide cap 12.5 mg</i>	QL (60 ea / 30 days)
<i>hydrochlorothiazide tab 25 mg</i>	QL (240 ea / 30 days)
<i>hydrochlorothiazide tab 50 mg</i>	QL (120 ea / 30 days)
<i>indapamide tab 1.25 mg</i>	QL (60 ea / 30 days)
<i>indapamide tab 2.5 mg</i>	QL (60 ea / 30 days)
<i>metolazone tab 2.5 mg</i>	QL (120 ea / 30 days)
<i>metolazone tab 5 mg</i>	QL (120 ea / 30 days)
<i>metolazone tab 10 mg</i>	QL (60 ea / 30 days)

ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES

BONE DENSITY REGULATORS

<i>alendronate sodium tab 5 mg</i>	QL (30 ea / 30 days)
<i>alendronate sodium tab 10 mg</i>	QL (30 ea / 30 days)
<i>alendronate sodium tab 35 mg</i>	QL (4 ea / 28 days)
<i>alendronate sodium tab 70 mg (generic of FOSAMAX)</i>	QL (4 ea / 28 days)
<i>calcitonin (salmon) nasal soln 200 unit/act (generic of MIACALCIN)</i>	QL (30 mL / 30 days); AGE (Min age 50 years)
<i>ibandronate sodium tab 150 mg (base equivalent) (generic of BONIVA)</i>	QL (1 ea / 28 days)
PROLIA SOL 60MG/ML	SP, PA
TYMLOS INJ	SP, PA

DRUG NAME	REQUIREMENTS/LIMITS
GROWTH HORMONES	
OMNITROPE INJ 5.8MG	SP, PA
HORMONE RECEPTOR MODULATORS	
<i>raloxifene hcl tab 60 mg</i> (generic of EVISTA)	QL (30 ea / 30 days); AGE (Min age 50 years)
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)	
INCRELEX INJ 40MG/4ML	SP, PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
LUPR DEP-PED INJ 3M 30MG	PA
LUPR DEP-PED INJ 7.5MG	PA
LUPR DEP-PED INJ 11.25MG	PA
LUPR DEP-PED INJ 15MG	PA
SYNAREL SOL 2MG/ML	SP, PA
METABOLIC MODIFIERS	
<i>calcitriol cap 0.5 mcg</i> (generic of ROCALTROL)	QL (120 ea / 30 days)
<i>calcitriol cap 0.25 mcg</i> (generic of ROCALTROL)	QL (120 ea / 30 days)
ELAPRASE INJ 6MG/3ML	SP, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> (generic of CARNITOR)	QL (1800 mL / 30 days)
<i>levocarnitine tab 330 mg</i> (generic of CARNITOR)	QL (540 ea / 30 days)
POSTERIOR PITUITARY HORMONES	
<i>desmopressin acetate nasal spray soln 0.01%</i>	PA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	PA
<i>desmopressin acetate tab 0.1 mg</i> (generic of DDAVP)	QL (120 ea / 30 days)
<i>desmopressin acetate tab 0.2 mg</i> (generic of DDAVP)	QL (150 ea / 30 days)
STIMATE SOL 1.5MG/ML	SP, PA
PROLACTIN INHIBITORS	
<i>cabergoline tab 0.5 mg</i>	
SOMATOSTATIC AGENTS	
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> (generic of SANDOSTATIN)	SP, PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	SP, PA
SANDOSTATIN KIT LAR 10MG	SP, PA
SANDOSTATIN KIT LAR 20MG	SP, PA
SANDOSTATIN KIT LAR 30MG	SP, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	
ESTROGEN COMBINATIONS	
<i>fyavolv tab 0.5-2.5</i>	QL (28 ea / 28 days)
<i>fyavolv tab 1-5</i>	QL (28 ea / 28 days)
<i>jinteli tab 1mg-5mcg</i>	QL (28 ea / 28 days)

DRUG NAME	REQUIREMENTS/LIMITS
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<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	QL (28 ea / 28 days)
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<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	QL (28 ea / 28 days)
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ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

<i>estradiol tab 0.5 mg (generic of ESTRACE)</i>	AGE (Max age 64 years)
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<i>estradiol tab 1 mg (generic of ESTRACE)</i>	AGE (Max age 64 years)
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<i>estradiol tab 2 mg (generic of ESTRACE)</i>	AGE (Max age 64 years)
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FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

<i>ciprofloxacin hcl tab 250 mg (base equiv) (generic of CIPRO)</i>	QL (60 ea / 30 days)
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<i>ciprofloxacin hcl tab 500 mg (base equiv) (generic of CIPRO)</i>	QL (60 ea / 30 days)
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<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	QL (60 ea / 30 days)
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<i>levofloxacin oral soln 25 mg/ml</i>	PA
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<i>levofloxacin tab 250 mg (generic of LEVAQUIN)</i>	QL (30 ea / 30 days)
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<i>levofloxacin tab 500 mg</i>	QL (30 ea / 30 days)
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<i>levofloxacin tab 750 mg (generic of LEVAQUIN)</i>	QL (30 ea / 30 days)
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<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	
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GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTIFLATULENTS

<i>simethicone cap 125 mg</i>	OTC
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<i>simethicone cap 180 mg</i>	OTC
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<i>simethicone chew tab 80 mg</i>	OTC
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<i>simethicone chew tab 125 mg</i>	OTC
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<i>simethicone susp 40 mg/0.6ml</i>	OTC
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GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol cap 300 mg</i>	QL (60 ea / 30 days)
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<i>ursodiol tab 250 mg (generic of URSO 250)</i>	QL (120 ea / 30 days)
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<i>ursodiol tab 500 mg (generic of URSO FORTE)</i>	QL (60 ea / 30 days)
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GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	
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<i>metoclopramide hcl tab 5 mg (base equivalent) (generic of REGLAN)</i>	QL (180 ea / 30 days)
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<i>metoclopramide hcl tab 10 mg (base equivalent) (generic of REGLAN)</i>	QL (180 ea / 30 days)
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INFLAMMATORY BOWEL AGENTS

<i>balsalazide disodium cap 750 mg (generic of COLAZAL)</i>	
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DRUG NAME	REQUIREMENTS/LIMITS
<i>mesalamine cap er 24hr 0.375 gm (generic of APRISO)</i>	QL (120 ea / 30 days)
<i>sulfasalazine tab 500 mg (generic of AZULFIDINE)</i>	QL (300 ea / 30 days)
<i>sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)</i>	QL (240 ea / 30 days)

INTESTINAL ACIDIFIERS

<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	QL (5400 mL / 30 days)
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PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (generic of PHOSLO)</i>	
<i>sevelamer carbonate tab 800 mg (generic of RENVELA)</i>	ST; Requires trial of calcium acetate

GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

ALKALINIZERS

<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	
<i>potassium citrate tab er 5 meq (540 mg) (generic of UROCIT-K 5)</i>	QL (90 ea / 30 days)
<i>potassium citrate tab er 10 meq (1080 mg) (generic of UROCIT-K 10)</i>	QL (90 ea / 30 days)
<i>potassium citrate tab er 15 meq (1620 mg) (generic of UROCIT-K 15)</i>	QL (120 ea / 30 days)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	

GENITOURINARY IRRIGANTS

<i>acetic acid irrigation soln 0.25%</i>	
<i>sodium chloride irrigation soln 0.9%</i>	QL (10000 mL / 25 days)

PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl tab er 24hr 10 mg (generic of UROXATRAL)</i>	QL (30 ea / 30 days)
<i>finasteride tab 5 mg (generic of PROSCAR)</i>	QL (30 ea / 30 days)
<i>tamsulosin hcl cap 0.4 mg (generic of FLOMAX)</i>	QL (60 ea / 30 days)

URINARY ANALGESICS

<i>phenazopyridine hcl tab 100 mg</i>	QL (90 ea / 30 days)
<i>phenazopyridine hcl tab 200 mg</i>	QL (90 ea / 30 days)

GOUT AGENTS - DRUGS TO TREAT GOUT

GOUT AGENT COMBINATIONS

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	QL (90 ea / 30 days)
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GOUT AGENTS - DRUGS TO TREAT GOUT

<i>allopurinol tab 100 mg (generic of ZYLOPRIM)</i>	QL (180 ea / 30 days)
<i>allopurinol tab 300 mg (generic of ZYLOPRIM)</i>	QL (120 ea / 30 days)
<i>colchicine tab 0.6 mg (generic of COLCRYS)</i>	QL (30 ea / 90 days, max 1 fill per 90 days)

DRUG NAME
URICOSURICS

REQUIREMENTS/LIMITS

probenecid tab 500 mg

QL (90 ea / 30 days)

HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS
ANTIHEMOPHILIC PRODUCTS

ADVATE INJ 250UNIT

SP, PA

ADVATE INJ 500UNIT

SP, PA

ADVATE INJ 1000UNIT

SP, PA

ADVATE INJ 1500UNIT

SP, PA

ADVATE INJ 2000UNIT

SP, PA

ADVATE INJ 3000UNIT

SP, PA

ADVATE INJ 4000UNIT

SP, PA

BENEFIX INJ 250UNIT

SP, PA

BENEFIX INJ 500UNIT

SP, PA

BENEFIX INJ 1000UNIT

SP, PA

BENEFIX INJ 2000UNIT

SP, PA

BENEFIX INJ 3000UNIT

SP, PA

HUMATE-P SOL 500-1200

SP, PA

HUMATE-P SOL 2400UNIT

SP, PA

IXINITY INJ 250UNIT

SP, PA

IXINITY INJ 500UNIT

SP, PA

IXINITY INJ 1000UNIT

SP, PA

IXINITY INJ 2000UNIT

SP, PA

IXINITY INJ 3000UNIT

SP, PA

KOGENATE FS INJ 250UNIT

SP, PA

KOGENATE FS INJ 500UNIT

SP, PA

KOGENATE FS INJ 1000UNIT

SP, PA

KOVALTRY INJ 250UNIT

SP, PA

KOVALTRY INJ 500UNIT

SP, PA

KOVALTRY INJ 1000UNIT

SP, PA

KOVALTRY INJ 2000UNIT

SP, PA

KOVALTRY INJ 3000UNIT

SP, PA

NUWIQ KIT 250UNIT

SP, PA

NUWIQ KIT 500UNIT

SP, PA

NUWIQ KIT 1000UNIT

SP, PA

RIXUBIS INJ 250 UNIT

SP, PA

RIXUBIS INJ 500UNIT

SP, PA

RIXUBIS INJ 1000UNIT

SP, PA

RIXUBIS INJ 2000UNIT

SP, PA

RIXUBIS INJ 3000UNIT

SP, PA

HEMATORHEOLOGIC AGENTS

pentoxifylline tab er 400 mg

QL (120 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
PLATELET AGGREGATION INHIBITORS	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	PA
<i>cilostazol tab 50 mg</i>	QL (60 ea / 30 days)
<i>cilostazol tab 100 mg</i>	QL (60 ea / 30 days)
<i>clopidogrel bisulfate tab 75 mg (base equiv) (generic of PLAVIX)</i>	QL (30 ea / 30 days)
<i>dipyridamole tab 25 mg</i>	QL (300 ea / 30 days)
<i>dipyridamole tab 50 mg</i>	QL (240 ea / 30 days)
<i>dipyridamole tab 75 mg</i>	QL (120 ea / 30 days)
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS	
COBALAMINS	
<i>cyanocobalamin tab 100 mcg</i>	OTC
<i>cyanocobalamin tab 500 mcg</i>	OTC
<i>cyanocobalamin tab 1000 mcg</i>	OTC
FOLIC ACID/FOLATES	
<i>folic acid tab 1 mg</i>	QL (150 ea / 30 days)
<i>folic acid tab 400 mcg</i>	QL (150 ea / 30 days), OTC
<i>folic acid tab 800 mcg</i>	QL (150 ea / 30 days), OTC
HEMATOPOIETIC GROWTH FACTORS	
ARANESP INJ 25MCG	PA
ARANESP INJ 40MCG	PA
ARANESP INJ 60MCG	PA
ARANESP INJ 100MCG	PA
ARANESP INJ 200MCG	PA
ARANESP INJ 300MCG	PA
ARANESP INJ 500MCG	PA
RETACRIT INJ 2000UNIT	PA
RETACRIT INJ 3000UNIT	PA
RETACRIT INJ 4000UNIT	PA
RETACRIT INJ 10000UNT	PA
RETACRIT INJ 20000UNI	PA
RETACRIT INJ 40000UNT	PA
ZARXIO INJ 300/0.5	PA
ZARXIO INJ 480/0.8	PA
ZIEXTENZO INJ 6/0.6ML	PA, QL (0.6 mL / 11 days)
HEMATOPOIETIC MIXTURES	
<i>chromagen cap</i>	QL (60 ea / 30 days)
<i>ferocon cap</i>	QL (60 ea / 30 days)
<i>foltrin cap</i>	QL (60 ea / 30 days)
<i>iferex 150 cap forte</i>	QL (60 ea / 30 days)
<i>poly-iron cap 150 fort</i>	QL (60 ea / 30 days)
<i>tricon cap</i>	QL (60 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
IRON	
<i>ferrex 150 cap 150mg</i>	QL (60 ea / 30 days), OTC
<i>ferrocite tab 324mg</i>	OTC
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	OTC
FERROUS GLUC TAB 324MG	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	OTC
FERROUS SULF LIQ 44MG/5ML	OTC
FERROUS SULF TAB 324MG EC	OTC
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	OTC
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i>	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	QL (90 ea / 30 days), OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	OTC
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	OTC
<i>iferex 150 cap</i>	QL (60 ea / 30 days), OTC
<i>nu-iron 150 cap 150mg</i>	QL (60 ea / 30 days), OTC
<i>poly-iron cap 150mg</i>	QL (60 ea / 30 days), OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	QL (60 ea / 30 days), OTC

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS

ANTIHISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) tab 25 mg</i>	QL (30 ea / 30 days), OTC
<i>diphenhydramine-acetaminophen tab 25-500 mg (sleep)</i>	OTC
<i>diphenhydramine-acetaminophen tab 38-500 mg (sleep)</i>	OTC
<i>doxylamine succinate (sleep) tab 25 mg</i>	QL (30 ea / 30 days), OTC

BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	QL (1500 mL / 30 days); AGE (Max age 12 years)
<i>phenobarbital tab 15 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 16.2 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 30 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 32.4 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 60 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 64.8 mg</i>	QL (90 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
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<i>phenobarbital tab 97.2 mg</i>	QL (60 ea / 30 days)
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<i>phenobarbital tab 100 mg</i>	QL (60 ea / 30 days)
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NON-BARBITURATE HYPNOTICS

<i>estazolam tab 1 mg</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
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<i>estazolam tab 2 mg</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
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<i>flurazepam hcl cap 15 mg</i>	QL (30 ea / 30 days); AGE (Min age 15 years and Max age 64 years)
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<i>flurazepam hcl cap 30 mg</i>	QL (30 ea / 30 days); AGE (Min age 15 years and Max age 64 years)
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<i>temazepam cap 15 mg (generic of RESTORIL)</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
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<i>temazepam cap 30 mg (generic of RESTORIL)</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
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<i>triazolam tab 0.25 mg (generic of HALCION)</i>	QL (60 ea / 30 days); AGE (Min age 18 years)
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<i>triazolam tab 0.125 mg</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
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<i>zolpidem tartrate tab 5 mg (generic of AMBIEN)</i>	QL (60 ea / 30 days); AGE (Min age 18 years)
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<i>zolpidem tartrate tab 10 mg (generic of AMBIEN)</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
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LAXATIVES - DRUGS TO TREAT CONSTIPATION

BULK LAXATIVES

<i>calcium polycarbophil tab 625 mg</i>	OTC
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KONSYL DAILY POW 28.3%	OTC
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KONSYL DAILY POW 100%	OTC
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KONSYL-D POW 52.3%	OTC
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<i>methylcellulose tab 500 mg</i>	OTC
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<i>psyllium cap 0.52 gm</i>	OTC
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<i>psyllium powder 28.3%</i>	OTC
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<i>psyllium powder 48.57%</i>	OTC
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<i>psyllium powder 58.6%</i>	OTC
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<i>qc natural pow vegetabl</i>	OTC
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UNIFIBER POW	OTC
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<i>wheat dextrin oral powder</i>	OTC
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LAXATIVE COMBINATIONS

<i>gavilyte-c sol</i>	QL (120000 mL / 30 days)
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<i>gavilyte-g sol (generic of GOLYTELY)</i>	QL (120000 mL / 30 days)
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DRUG NAME	REQUIREMENTS/LIMITS
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	QL (120000 mL / 30 days)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	QL (120000 mL / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	QL (180 ea / 30 days), OTC
LAXATIVES - MISCELLANEOUS	
<i>constulose sol 10gm/15</i>	QL (5400 mL / 30 days)
<i>glycerin suppos 1.2 gm</i>	OTC
<i>glycerin suppos 2 gm</i>	OTC
<i>glycerin suppos 2.1 gm</i>	OTC
<i>glycerin suppos 80.7%</i>	OTC
<i>lactulose solution 10 gm/15ml</i>	QL (5400 mL / 30 days)
<i>polyethylene glycol 3350 oral powder</i>	QL (1020 gm / 30 days), OTC
LUBRICANT LAXATIVES	
<i>mineral oil</i>	OTC
<i>mineral oil enema</i>	OTC
SALINE LAXATIVES	
<i>magnesium citrate soln</i>	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i>	OTC
<i>milk of magn sus 2400/10</i>	OTC
<i>milk of magn sus 2400mg</i>	OTC
<i>sodium phosphates - enema</i>	OTC
STIMULANT LAXATIVES	
<i>bisacodyl suppos 10 mg</i>	QL (30 ea / 30 days), OTC
<i>bisacodyl tab delayed release 5 mg</i>	QL (90 ea / 30 days), OTC
<i>sennosides chew tab 15 mg</i>	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	OTC
<i>sennosides tab 8.6 mg</i>	QL (60 ea / 30 days), OTC
<i>sennosides tab 25 mg</i>	OTC
<i>senokot extr tab 17.2mg</i>	OTC
SURFACTANT LAXATIVES	
<i>docusate calcium cap 240 mg</i>	QL (60 ea / 30 days), OTC
<i>docusate min ene 283mg</i>	OTC
<i>docusate sodium cap 100 mg</i>	QL (180 ea / 30 days), OTC
<i>docusate sodium cap 250 mg</i>	QL (180 ea / 30 days), OTC
<i>docusate sodium liquid 150 mg/15ml</i>	QL (900 mL / 30 days), OTC
<i>docusate sodium syrup 60 mg/15ml</i>	QL (900 mL / 30 days), OTC
<i>docusate sodium tab 100 mg</i>	QL (180 ea / 30 days), OTC
<i>docusol mini ene</i>	OTC
<i>enemeez mini ene</i>	OTC
<i>PEDIA-LAX LIQ 50MG</i>	QL (900 mL / 30 days), OTC

DRUG NAME	REQUIREMENTS/LIMITS
MACROLIDES - DRUGS TO TREAT INFECTIONS	
AZITHROMYCIN	
<i>azithromycin for susp 100 mg/5ml (generic of ZITHROMAX)</i>	QL (600 mL / 30 days); AGE (Max age 12 years)
<i>azithromycin for susp 200 mg/5ml (generic of ZITHROMAX)</i>	QL (900 mL / 30 days); AGE (Max age 12 years)
<i>azithromycin powd pack for susp 1 gm</i>	QL (30 ea / 30 days)
<i>azithromycin tab 250 mg (generic of ZITHROMAX)</i>	QL (12 ea / 25 days)
<i>azithromycin tab 500 mg (generic of ZITHROMAX)</i>	QL (6 ea / 25 days)
<i>azithromycin tab 600 mg</i>	QL (30 ea / 30 days)
CLARITHROMYCIN	
<i>clarithromycin for susp 125 mg/5ml</i>	AGE (Max age 12 years)
<i>clarithromycin for susp 250 mg/5ml</i>	AGE (Max age 12 years)
<i>clarithromycin tab 250 mg</i>	
<i>clarithromycin tab 500 mg</i>	
ERYTHROMYCINS	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml (generic of E.E.S. GRANULES)</i>	AGE (Max age 12 years)
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	
CONDOMS - MALE	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX LUBRICATED	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX NON-LUBRICATED	OTC; QL (max quantity 12 per fill)
DIABETIC SUPPLIES	
DEXCOM G6 MIS RECEIVER	QL (1 ea / 310 days); PA (except ages 2-18 with history of insulin)
DEXCOM G6 MIS SENSOR	QL (3 ea / 25 days); PA (except ages 2-18 with history of insulin)
DEXCOM G6 MIS TRANSMIT	QL (1 ea / 76 days); PA (except ages 2-18 with history of insulin)
FREESTY LIBR KIT 2 SENSOR	QL (2 ea / 23 days); PA (except ages 2-18 with history of insulin)

DRUG NAME	REQUIREMENTS/LIMITS
FREESTY LIBR MIS 2 READER	QL (1 ea / 310 days); PA (except ages 2-18 with history of insulin)
FREESTYLE KIT SENSOR	QL (2 ea / 23 days); PA (except ages 2-18 with history of insulin); 14 Day
FREESTYLE MIS READER	QL (1 ea / 310 days); PA (except ages 2-18 with history of insulin)
LANCETS	OTC
RELION TRUE KIT MET AIR	OTC; Covered through Manufacturer
TRUE METRIX KIT AIR	OTC; Covered through Manufacturer
TRUE METRIX KIT METER	OTC; Covered through Manufacturer
TRUE METRIX MIS AIR	OTC; Covered through Manufacturer

MISC. DEVICES

ALCOHOL SWABS	QL (200 ea / 25 days), OTC
ESSENTRA MIS 9X9"	QL (200 ea / 25 days)
LMA MAD MIS NASAL	
MUCOSAL ATOM MIS DEVICE	OTC

PARENTERAL THERAPY SUPPLIES

BD U-500 MIS 31GX6MM	QL (150 ea / 30 days)
INSULIN SYRG MIS 0.3/29G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/29G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/30G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/29G	QL (150 ea / 30 days), OTC; TRUEPLUS

DRUG NAME	REQUIREMENTS/LIMITS
INSULIN SYRG MIS 0.5/30G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/30G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/31G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/31G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/29G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/29G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/30G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/30G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/31G	QL (150 ea / 30 days), OTC; TRUEPLUS
NEEDLE (DISP) 18 X 1-1/2"	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX	
PEN NEEDLES MIS 29GX10MM	QL (200 ea / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM	QL (200 ea / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM	QL (200 ea / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM	QL (200 ea / 25 days), OTC; TECHLITE
SYRINGE (DISPOSABLE) 3 ML	OTC

DRUG NAME	REQUIREMENTS/LIMITS
SYRINGE (DISPOSABLE) 3 ML - RX	
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1"	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1"	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" - RX	

RESPIRATORY THERAPY SUPPLIES

ACE AERO CLD MIS ENHANCER	QL (1 ea / year)
ACTIVITY PCH MIS	QL (1 ea / year)
ADULT MASK MIS LARGE	QL (1 ea / year)
AERCHMBR PLS MIS FLOW-VU	QL (1 ea / year)
AERCHMBR PLS MIS LRG MASK	QL (1 ea / year)
AERCHMBR PLS MIS MED MASK	QL (1 ea / year)
AERCHMBR PLS MIS SM MASK	QL (1 ea / year)
AERCHMBR Z- MIS STAT PLS	QL (1 ea / year)
AEROCHAMBER MIS CHAMBER	QL (1 ea / year)
AEROCHAMBER MIS FLOSIGNA	QL (1 ea / year)
AEROCHAMBER MIS MV	QL (1 ea / year)
AEROCHAMBER MIS PLUS	QL (1 ea / year)
AEROSOL MASK MIS ADULT	QL (1 ea / year)
AEROTRC PLUS MIS	QL (1 ea / year)
AEROVENT MIS PLUS	QL (1 ea / year)
AIR TUBE MIS /PLUGS	QL (1 ea / year)
AIRS PEDIATR MIS MASK	QL (1 ea / year)
ALTERA NEB MIS HANDSET	QL (1 ea / year)
BREATHE EASE MIS LG MASK	QL (1 ea / year)
BREATHE EASE MIS MED MASK	QL (1 ea / year)
BREATHE EASE MIS SM MASK	QL (1 ea / year)
CARETOUCH MIS CPAP	QL (1 ea / year)
CO MONITOR MIS T PIECES	QL (1 ea / year)
COMPACT SPAC MIS CHAMBER	QL (1 ea / year)
COMPACT SPAC MIS LG MASK	QL (1 ea / year)
COMPACT SPAC MIS MD MASK	QL (1 ea / year)
COMPACT SPAC MIS SM MASK	QL (1 ea / year)
CONVERSION MIS BABY SZ1	QL (1 ea / year)
CONVERSION MIS BABY SZ2	QL (1 ea / year)
CONVERSION MIS BABY SZ3	QL (1 ea / year)
CPAP & BIPAP MIS HOSE	QL (1 ea / year)
2 CPAP HOSE MIS HANGER	QL (1 ea / year)
CPAP MASK MIS WIPES	QL (1 ea / year)
CPAP NEURAL MIS PRE-WASH	QL (1 ea / year)
EASIVENT MIS	QL (1 ea / year)
EASIVENT MIS MASK LG	QL (1 ea / year)
EASIVENT MIS MASK MED	QL (1 ea / year)

DRUG NAME	REQUIREMENTS/LIMITS
EASIVENT MIS MASK SM	QL (1 ea / year)
ERAPID NEB MIS HANDSET	QL (1 ea / year)
FILTER AIR MIS PP	QL (1 ea / year)
FLEXICHAMBER MIS	QL (1 ea / year)
FULL KIT NEB MIS SET	QL (1 ea / year)
HOLD CHAMBER MIS ADLT LG	QL (1 ea / year)
HOLD CHAMBER MIS ADLT LG	QL (1 ea / year), OTC
HOLD CHAMBER MIS MEDIUM	QL (1 ea / year)
HOLD CHAMBER MIS MEDIUM	QL (1 ea / year), OTC
HOLD CHAMBER MIS SMALL	QL (1 ea / year)
HOLD CHAMBER MIS SMALL	QL (1 ea / year), OTC
HOLDING CHAM MIS ADULT	QL (1 ea / 365 days), OTC
HOLDING CHAM MIS CHILD	QL (1 ea / 365 days), OTC
INSPIRACHAMB MIS LARGE	QL (1 ea / year)
INSPIRACHAMB MIS MEDIUM	QL (1 ea / year)
INSPIRACHAMB MIS MOUTHPC	QL (1 ea / year)
INSPIRACHAMB MIS SMALL	QL (1 ea / year)
INSPIREASE MIS DD SYST	QL (1 ea / year)
LITETOUCH MIS MASK LG	QL (1 ea / year)
LITETOUCH MIS MASK MD	QL (1 ea / year)
LITETOUCH MIS MASK SM	QL (1 ea / year)
MICROCHAMBER MIS	QL (1 ea / year)
MICROSPACER MIS	QL (1 ea / 365 days)
NEBULIZER	OTC
NEBULIZER MIS MASK AD	QL (1 ea / 365 days)
NEBULIZER MIS MASK CH	QL (1 ea / 365 days)
NEBULIZER MIS MASK CHD	QL (1 ea / year)
NEBULIZER MIS MASK INF	QL (1 ea / year)
NEBULIZER- RX	
OPTICHAMBER MIS DIA LG	QL (1 ea / year)
OPTICHAMBER MIS DIA MD	QL (1 ea / year)
OPTICHAMBER MIS DIA SM	QL (1 ea / year)
OPTICHAMBER MIS DIAMOND	QL (1 ea / year)
PARI EXPIRAT MIS FILTER	QL (1 ea / year)
PARI MASK MIS SIZE 3	QL (1 ea / year)
PARI PLASTIC MIS MASK	QL (1 ea / year)
PARI PLASTIC MIS MASK PED	QL (1 ea / year)
PEAK FLOW METER	QL (1 ea / year), OTC
PEAK FLOW METER- RX	QL (1 ea / year)
PFLEX MIS	QL (1 ea / year)
PFT FILTER MIS 1000	QL (1 ea / year)
PILLOW MASK MIS ADULT	QL (1 ea / year)

DRUG NAME	REQUIREMENTS/LIMITS
PILLOW MASK MIS CHILD	QL (1 ea / year)
PILLOW MASK MIS PEDIATRI	QL (1 ea / year)
POCKET CHAMB MIS	QL (1 ea / year)
POCKET SPACE MIS	QL (1 ea / year)
PROCARE MIS ADULT	QL (1 ea / year), OTC
PROCARE MIS CHILD	QL (1 ea / year), OTC
REPLACEMENT MIS FILTER	QL (1 ea / year)
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	QL (1 ea / year), OTC
RITEFLO MIS	QL (1 ea / year)
SIDESTREAM MIS MASK	QL (1 ea / year)
SIDESTREAM MIS PED MASK	QL (1 ea / year)
SILICONE MSK MIS ADULT	QL (1 ea / year)
SILICONE MSK MIS INFANT	QL (1 ea / year)
SILICONE MSK MIS PED	QL (1 ea / year)
SPACE CHAMBR MIS ANTI-STA	QL (1 ea / year)
SPACE CHAMBR MIS LARGE	QL (1 ea / year)
SPACE CHAMBR MIS MEDIUM	QL (1 ea / year)
SPACE CHAMBR MIS SMALL	QL (1 ea / year)
SPACER CHAMB MIS ADULT	QL (1 ea / year), OTC
SPACER CHAMB MIS CHILD	QL (1 ea / year), OTC
SPACER CHAMB MIS INFANT	QL (1 ea / year), OTC
THRESHOLD MIS IMT	QL (1 ea / year)
TUBE CLEANIN MIS BRUSH	QL (1 ea / year)
VORTEX VALVE MIS CHAMBER	QL (1 ea / year)
WINDMILL MIS TRAINER	QL (1 ea / year)

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

SEROTONIN AGONISTS

<i>naratriptan hcl tab 1 mg (base equiv)</i> (generic of AMERGE)	QL (9 ea / 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i> (generic of AMERGE)	QL (9 ea / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	QL (12 ea / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> (generic of MAXALT-MLT)	QL (12 ea / 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	QL (12 ea / 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i> (generic of MAXALT)	QL (12 ea / 25 days)
<i>sumatriptan succinate tab 25 mg</i> (generic of IMITREX)	QL (9 ea / 25 days)
<i>sumatriptan succinate tab 50 mg</i> (generic of IMITREX)	QL (9 ea / 25 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>sumatriptan succinate tab 100 mg (generic of IMITREX)</i>	QL (9 ea / 25 days)

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

CALCIUM

<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-800 unit</i>	OTC
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	OTC
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	OTC
<i>calcium-magnesium-zinc tab 333-133-5 mg oys shell+d tab 250-125</i>	OTC
<i>oyster shell calcium tab 500 mg</i>	OTC
RISACAL-D TAB	OTC

ELECTROLYTE MIXTURES

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

<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	QL (30 ea / 30 days)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	QL (50 mL / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
MAGNESIUM	
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	OTC
<i>magnesium oxide tab 500 mg (mg supplement)</i>	OTC
<i>magnesium tab 250 mg</i>	OTC
<i>magnesium-ox tab 400mg</i>	OTC
PHOSPHATE	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	QL (120 ea / 30 days)
POTASSIUM	
<i>klor-con 8 tab 8meq er</i>	QL (120 ea / 30 days)
<i>klor-con 10 tab 10meq er</i>	QL (120 ea / 30 days)
<i>potassium bicarbonate effer tab 25 meq</i>	QL (60 ea / 30 days)
<i>potassium chloride cap er 8 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride cap er 10 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	QL (150 ea / 30 days)
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	
<i>potassium chloride tab er 8 meq (600 mg)</i>	QL (120 ea / 30 days)
<i>potassium chloride tab er 10 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)</i>	QL (150 ea / 30 days)
SODIUM	
<i>sodium chloride tab 1 gm</i>	OTC
ZINC	
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	OTC
MISCELLANEOUS THERAPEUTIC CLASSES	
CHELATING AGENTS	
<i>penicillamine tab 250 mg (generic of DEPEN TITRATABS)</i>	PA
IMMUNOMODULATORS	
<i>lenalidomide cap 5 mg</i>	SP, PA, QL (30 ea / 30 days)
<i>lenalidomide cap 10 mg</i>	SP, PA, QL (30 ea / 30 days)
<i>lenalidomide cap 15 mg</i>	SP, PA, QL (30 ea / 30 days)
<i>lenalidomide cap 25 mg</i>	SP, PA, QL (30 ea / 30 days)
REVLIMID CAP 5MG	SP, PA, QL (30 ea / 30 days)
REVLIMID CAP 10MG	SP, PA, QL (30 ea / 30 days)
REVLIMID CAP 15MG	SP, PA, QL (30 ea / 30 days)
REVLIMID CAP 25MG	SP, PA, QL (30 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
THALOMID CAP 100MG	SP, PA, QL (30 ea / 30 days)

IMMUNOSUPPRESSIVE AGENTS

<i>azathioprine tab 50 mg</i> (generic of IMURAN)	QL (240 ea / 30 days)
<i>cyclosporine cap 25 mg</i> (generic of SANDIMMUNE)	
<i>cyclosporine cap 100 mg</i> (generic of SANDIMMUNE)	
<i>cyclosporine modified cap 25 mg</i> (generic of NEORAL)	QL (450 ea / 30 days)
<i>cyclosporine modified cap 50 mg</i>	QL (450 ea / 30 days)
<i>cyclosporine modified cap 100 mg</i> (generic of NEORAL)	QL (300 ea / 30 days)
<i>cyclosporine modified oral soln 100 mg/ml</i> (generic of NEORAL)	QL (300 mL / 30 days)
ENVARUSUS XR TAB 0.75MG	
ENVARUSUS XR TAB 1MG	
ENVARUSUS XR TAB 4MG	
<i>engraf cap 25mg</i> (generic of NEORAL)	QL (450 ea / 30 days)
<i>engraf cap 100mg</i> (generic of NEORAL)	QL (300 ea / 30 days)
<i>engraf sol 100mg/ml</i> (generic of NEORAL)	QL (300 mL / 30 days)
<i>mycophenolate mofetil cap 250 mg</i> (generic of CELLCEPT)	QL (360 ea / 30 days)
<i>mycophenolate mofetil tab 500 mg</i> (generic of CELLCEPT)	QL (240 ea / 30 days)
NEORAL CAP 25MG	QL (450 ea / 30 days)
NEORAL CAP 100MG	QL (300 ea / 30 days)
NEORAL SOL 100MG/ML	QL (300 mL / 30 days)
<i>tacrolimus cap 0.5 mg</i> (generic of PROGRAF)	QL (60 ea / 30 days)
<i>tacrolimus cap 1 mg</i> (generic of PROGRAF)	QL (420 ea / 30 days)
<i>tacrolimus cap 5 mg</i> (generic of PROGRAF)	

IRRIGATION SOLUTIONS

water for irrigation, sterile irrigation soln

POTASSIUM REMOVING AGENTS

LOKELMA PAK 5GM	QL (90 ea / 30 days)
LOKELMA PAK 10GM	QL (90 ea / 30 days)
<i>sodium polystyrene sulfonate powder</i> <i>sps sus 15gm/60</i>	
VELTASSA POW 8.4GM	QL (30 ea / 30 days)
VELTASSA POW 16.8GM	QL (30 ea / 30 days)
VELTASSA POW 25.2GM	QL (30 ea / 30 days)

MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT

ANESTHETICS TOPICAL ORAL

lidocaine hcl viscous soln 2%

DRUG NAME	REQUIREMENTS/LIMITS
ANTI-INFECTIVES - THROAT	
<i>clotrimazole troche 10 mg</i>	QL (150 ea / 30 days)
<i>nystatin susp 100000 unit/ml</i>	QL (3600 mL / 30 days)
ANTISEPTICS - MOUTH/THROAT	
<i>chlorhexidine gluconate soln 0.12% (generic of CHLORHEXIDINE GLUCONATE SOLN 0.12%)</i>	
DENTAL PRODUCTS	
<i>denta 5000 cre plus</i>	
<i>denta 5000 cre plus 2pk</i>	
<i>dentagel gel 1.1%</i>	
<i>sf 5000 plus cre 1.1%</i>	
<i>sf gel 1.1%</i>	
<i>sod fluoride gel 1.1%</i>	
<i>sodium fluor cre 5000 pls</i>	
<i>sodium fluor cre 5000 ppm</i>	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	
STEROIDS - MOUTH/THROAT/DENTAL	
<i>oralone dent pst 0.1%</i>	
<i>triamcinolone acetonide dental paste 0.1%</i>	
THROAT PRODUCTS - MISC.	
<i>pilocarpine hcl tab 5 mg (generic of SALAGEN)</i>	
<i>pilocarpine hcl tab 7.5 mg (generic of SALAGEN)</i>	
MULTIVITAMINS - DRUGS FOR NUTRITION	
B-COMPLEX W/ FOLIC ACID	
<i>b-complex w/ c & folic acid cap 1 mg- rx</i>	QL (60 ea / 30 days)
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	OTC
<i>b-complex w/ c & folic acid tab 1 mg</i>	OTC
<i>b-complex w/ c & folic acid tab 1 mg- rx</i>	
<i>b-complex w/ c & folic acid tab 5 mg- rx</i>	
MULTIPLE VITAMINS W/ IRON	
<i>multiple vitamins w/ iron tab</i>	QL (30 ea / 30 days), OTC
MULTIPLE VITAMINS W/ MINERALS	
<i>multiple vitamins w/ minerals cap</i>	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ minerals cap- rx</i>	QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i>	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ minerals tab- rx</i>	QL (30 ea / 30 days)
MULTIVITAMINS - DRUGS FOR NUTRITION	
<i>multiple vitamin tab</i>	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)

DRUG NAME	REQUIREMENTS/LIMITS
PED MULTI VITAMINS W/FL & FE	
<i>multi-vit/fe dro /fl 0.25</i>	QL (50 mL / 30 days), OTC; AGE (Max age 5 years)
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	QL (50 mL / 30 days); AGE (Max age 5 years)
PED MV W/ FLUORIDE	
<i>multi vit/fl dro 0.5mg/ml</i>	QL (50 mL / 30 days), OTC; AGE (Max age 5 years)
<i>multivit/fl dro 0.25mg</i>	QL (50 mL / 30 days), OTC; AGE (Max age 5 years)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	QL (30 ea / 30 days); AGE (Max age 5 years)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	QL (30 ea / 30 days); AGE (Max age 5 years)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	QL (60 ea / 30 days); AGE (Max age 5 years)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	QL (50 mL / 30 days); AGE (Max age 5 years)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	QL (50 mL / 30 days); AGE (Max age 5 years)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	QL (50 mL / 30 days); AGE (Max age 5 years)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	QL (60 mL / 30 days); AGE (Max age 5 years)
PED MV W/ IRON	
<i>cerovite jr chw</i>	OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	QL (30 ea / 30 days), OTC
<i>qc childrens chw complete</i>	OTC
<i>sm animal sh chw complete</i>	OTC
PEDIATRIC MULTIPLE VITAMINS	
<i>pediatric multiple vitamin w/ c & fa chew tab</i>	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ extra c & fa chew tab</i>	QL (30 ea / 30 days), OTC
PRENATAL VITAMINS	
COMPLETENATE CHW	QL (30 ea / 30 days)
NATALVIT TAB 75-1MG	QL (30 ea / 30 days)
PRENATAL 19 TAB	QL (30 ea / 30 days), OTC
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg- rx</i>	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	QL (30 ea / 30 days), OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG-RX	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	QL (30 ea / 30 days), OTC
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	QL (30 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
PRENATVITE TAB RX	QL (30 ea / 30 days)
SE-NATAL 19 CHW	QL (30 ea / 30 days)
SE-NATAL 19 TAB	QL (30 ea / 30 days)
TRINATAL RX TAB 1	QL (30 ea / 30 days)
VINATE II TAB	QL (30 ea / 30 days)
VINATE ONE TAB	QL (30 ea / 30 days)
VITAFOL-OB TAB 65-1MG	QL (30 ea / 30 days)

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tab 10 mg</i>	QL (90 ea / 30 days)
<i>baclofen tab 20 mg</i>	QL (120 ea / 30 days)
<i>chlorzoxazone tab 500 mg</i>	QL (180 ea / 30 days)
<i>cyclobenzaprine hcl tab 5 mg</i>	QL (90 ea / 30 days)
<i>cyclobenzaprine hcl tab 10 mg</i>	QL (90 ea / 30 days)
<i>methocarbamol tab 500 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>methocarbamol tab 750 mg</i>	QL (300 ea / 30 days); AGE (Max age 64 years)
<i>orphenadrine citrate tab er 12hr 100 mg</i>	QL (60 ea / 30 days)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>tizanidine hcl tab 4 mg (base equivalent) (generic of ZANAFLEX)</i>	QL (270 ea / 30 days); AGE (Max age 64 years)

VISCOSUPPLEMENTS

EUFLEXXA INJ 10MG/ML	PA, QL (6 mL / 180 days)
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NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

NASAL AGENTS - MISC.

<i>saline nasal spray 0.65%</i>	OTC
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NASAL ANTIALLERGY

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	QL (30 mL / 25 days)
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	QL (52 mL / 25 days), OTC

NASAL ANTICHOLINERGICS

<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	

NASAL STEROIDS

<i>budesonide sus 32mcg</i>	QL (8.43 mL / 25 days), OTC; AGE (Min age 6 years)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (16 gm / 25 days); AGE (Min age 4 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (16 mL / 25 days), OTC; AGE (Min age 4 years)
NASACORT ALR SPR 55MCG/AC	QL (17 mL / 25 days), OTC; AGE (Min age 2 years)
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	QL (17 mL / 25 days), OTC; AGE (Min age 2 years)

SYMPATHOMIMETIC DECONGESTANTS

<i>oxymetazoline hcl nasal soln 0.05%</i>	OTC
<i>phenylephrine hcl tab 10 mg</i>	OTC
<i>pseudoephedrine hcl tab 30 mg</i>	QL (180 ea / 30 days), OTC
<i>pseudoephedrine hcl tab 60 mg</i>	QL (180 ea / 30 days), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	QL (60 ea / 30 days), OTC

NUTRIENTS - DRUGS FOR NUTRITION

MISC. NUTRITIONAL SUBSTANCES

<i>omega-3 fatty acids cap 500 mg</i>	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	OTC
<i>omega-3 fatty acids cap delayed release 1000 mg</i>	OTC

OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS

ARTIFICIAL TEARS AND LUBRICANTS

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

BETA-BLOCKERS - OPHTHALMIC

<i>carteolol hcl ophth soln 1%</i>	QL (15 mL / 25 days)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)</i>	QL (10 mL / 25 days)
<i>levobunolol hcl ophth soln 0.5%</i>	QL (15 mL / 25 days)
<i>timolol maleate ophth soln 0.5% (generic of TIMOPTIC)</i>	

DRUG NAME	REQUIREMENTS/LIMITS
<i>timolol maleate ophth soln 0.25% (generic of TIMOPTIC)</i>	
CYCLOPLEGIC MYDRIATICS	
<i>atropine sulfate ophth soln 1% (generic of ATROPINEQL (15 mL / 25 days) SULFATE)</i>	
<i>cyclopentolate hcl ophth soln 1% (generic of CYCLOGYL)</i>	QL (15 mL / 25 days)
<i>ISOPTO ATROP SOL 1% OP</i>	QL (15 mL / 25 days)
MIOTICS	
<i>pilocarpine hcl ophth soln 1% (generic of ISOPTO CARPINE)</i>	
<i>pilocarpine hcl ophth soln 2%</i>	
<i>pilocarpine hcl ophth soln 4%</i>	
OPHTHALMIC ADRENERGIC AGENTS	
<i>brimonidine tartrate ophth soln 0.2%</i>	
OPHTHALMIC ANTI-INFECTIVES	
<i>bacitracin ophth oint 500 unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	
<i>erythromycin ophth oint 5 mg/gm</i>	
<i>gentak oin 0.3% op</i>	
<i>gentamicin sulfate ophth soln 0.3%</i>	QL (10 mL / 30 days)
<i>levofloxacin ophth soln 0.5%</i>	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)</i>	QL (3 mL / 25 days)
<i>neo-polycin oin op</i>	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin ophth soln 0.3% (generic of OCUFLOX)</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	
<i>sulfacetamide sodium ophth soln 10% (generic of BLEPH-10)</i>	
<i>tobramycin ophth soln 0.3%</i>	
<i>trifluridine ophth soln 1%</i>	QL (7.5 mL / 25 days)
OPHTHALMIC INTEGRIN ANTAGONISTS	
<i>XIIDRA DRO 5%</i>	ST; Requires trial of OTC lubricant and ointment

DRUG NAME	REQUIREMENTS/LIMITS
OPHTHALMIC LOCAL ANESTHETICS	
<i>proparacaine hcl ophth soln 0.5%</i> (generic of ALCAINE)	
OPHTHALMIC STEROIDS	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	
<i>fluorometholone ophth susp 0.1%</i>	QL (15 mL / 25 days)
<i>neo-polycin oin hc 1%op</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> (generic of MAXITROL)	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> (generic of MAXITROL)	
<i>prednisolone acetate ophth susp 1%</i> (generic of PRED FORTE)	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> (generic of TOBRADEX)	
OPHTHALMICS - MISC.	
<i>azelastine hcl ophth soln 0.05%</i>	PA, QL (6 mL / 25 days)
<i>cromolyn sodium ophth soln 4%</i>	
<i>diclofenac sodium ophth soln 0.1%</i>	
<i>dorzolamide hcl ophth soln 2%</i> (generic of TRUSOPT)	
<i>eye allergy sol itch rel</i>	QL (2.5 mL / 30 days), OTC
<i>eye allergy sol itch/red</i>	QL (5 mL / 30 days), OTC
<i>flurbiprofen sodium ophth soln 0.03%</i>	
<i>gnp olopatad sol 0.2%</i>	QL (2.5 mL / 30 days), OTC
<i>ketorolac tromethamine ophth soln 0.5%</i> (generic of ACULAR)	QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025%</i> (base equiv)	QL (10 mL / 25 days), OTC
<i>olopatadine dro 0.1% op</i>	QL (5 mL / 30 days), OTC
<i>olopatadine hcl ophth soln 0.1%</i> (base equivalent)	QL (5 mL / 30 days), OTC
<i>olopatadine hcl ophth soln 0.2%</i> (base equivalent)	QL (2.5 mL / 30 days), OTC
PATADAY SOL 0.1%	QL (5 mL / 30 days), OTC
PATADAY SOL 0.2%	QL (2.5 mL / 30 days), OTC
<i>sm olopatadi sol 0.2%</i>	QL (2.5 mL / 30 days), OTC
<i>sodium chloride hypertonic ophth oint 5%</i>	OTC
<i>sodium chloride hypertonic ophth soln 5%</i>	OTC
PROSTAGLANDINS - OPHTHALMIC	
<i>bimatoprost ophth soln 0.03%</i>	ST; Requires trial of latanoprost
<i>latanoprost ophth soln 0.005%</i> (generic of XALATAN)	QL (5 mL / 25 days)

DRUG NAME	REQUIREMENTS/LIMITS
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OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid otic soln 2%</i>	QL (20 mL / 25 days)
<i>carbamide peroxide 6.5% otic soln</i>	OTC

OTIC ANTI-INFECTIVES

<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	QL (14 ea / 25 days)
<i>ofloxacin otic soln 0.3%</i>	QL (5 mL / 25 days)

OTIC COMBINATIONS

<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	

OTIC STEROIDS

<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	
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OXYTOCICS - DRUGS FOR PREGNANCY

OXYTOCICS - DRUGS FOR PREGNANCY

<i>methergine tab 0.2mg</i>	QL (210 ea / 30 days)
<i>methylergonovine maleate tab 0.2 mg</i>	QL (210 ea / 30 days)

PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS

IMMUNE SERUMS

HYPERRHO S/D INJ 50MCG	SP
HYPERRHO S/D INJ 300MCG	SP
MICRHOGAM PL INJ 50MCG	SP
RHOGAM PLUS INJ 300MCG	SP
RHOPHYLAC INJ 1500/2ML	SP

MONOCLONAL ANTIBODIES

SYNAGIS INJ 50/0.5ML	SP, PA
SYNAGIS INJ 50MG	SP, PA
SYNAGIS INJ 100MG/ML	SP, PA

PENICILLINS - DRUGS TO TREAT INFECTIONS

AMINOPENICILLINS

<i>amoxicillin (trihydrate) cap 250 mg</i>	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) cap 500 mg</i>	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	QL (180 ea / 30 days)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	
<i>amoxicillin (trihydrate) tab 500 mg</i>	QL (150 ea / 30 days)
<i>amoxicillin (trihydrate) tab 875 mg</i>	QL (120 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>ampicillin cap 500 mg</i>	QL (240 ea / 30 days)
NATURAL PENICILLINS	
<i>penicillin v potassium for soln 125 mg/5ml</i>	QL (1200 mL / 30 days)
<i>penicillin v potassium for soln 250 mg/5ml</i>	QL (1200 mL / 30 days)
<i>penicillin v potassium tab 250 mg</i>	QL (240 ea / 30 days)
<i>penicillin v potassium tab 500 mg</i>	QL (240 ea / 30 days)
PENICILLIN COMBINATIONS	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	QL (90 ea / 30 days); AGE (Max age 12 years)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	QL (120 ea / 30 days); AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	QL (60 ea / 30 days)
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	QL (60 ea / 30 days)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	QL (60 ea / 30 days)
PENICILLINASE-RESISTANT PENICILLINS	
<i>dicloxacillin sodium cap 250 mg</i>	QL (240 ea / 30 days)
<i>dicloxacillin sodium cap 500 mg</i>	QL (180 ea / 30 days)
PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING	
ANTIMICROBIAL AGENTS	
BENZYL ALC LIQ	AGE (Min age 16 years and Max age 60 years)
BENZYL ALC LIQ	OTC; AGE (Min age 16 years and Max age 60 years)
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	
<i>hydroxyprogesterone caproate im in oil 250 mg/ml (generic of MAKENA)</i>	SP, PA
<i>medroxyprogesterone acetate tab 2.5 mg (generic of PROVERA)</i>	QL (60 ea / 30 days)
<i>medroxyprogesterone acetate tab 5 mg (generic of PROVERA)</i>	QL (60 ea / 30 days)
<i>medroxyprogesterone acetate tab 10 mg (generic of PROVERA)</i>	QL (60 ea / 30 days)
<i>norethindrone acetate tab 5 mg (generic of AYGESTIN)</i>	QL (30 ea / 30 days)
<i>progesterone cap 100 mg (generic of PROMETRIUM)</i>	QL (30 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>progesterone cap 200 mg (generic of PROMETRIUM)</i>	QL (60 ea / 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	
AGENTS FOR CHEMICAL DEPENDENCY	
<i>acamprosate calcium tab delayed release 333 mg</i>	
<i>disulfiram tab 250 mg</i>	QL (30 ea / 30 days)
<i>disulfiram tab 500 mg</i>	QL (30 ea / 30 days)
ANTI-CATAPLECTIC AGENTS	
XYREM SOL 500MG/ML	SP, PA
ANTIDEMENTIA AGENTS	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	QL (60 ea / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	QL (30 ea / 30 days)
<i>donepezil hydrochloride tab 5 mg (generic of ARICEPT)</i>	QL (30 ea / 30 days)
<i>donepezil hydrochloride tab 10 mg (generic of ARICEPT)</i>	QL (30 ea / 30 days)
<i>galantamine hydrobromide cap er 24hr 8 mg (generic of RAZADYNE ER)</i>	
<i>galantamine hydrobromide cap er 24hr 16 mg (generic of RAZADYNE ER)</i>	
<i>galantamine hydrobromide cap er 24hr 24 mg (generic of RAZADYNE ER)</i>	
<i>galantamine hydrobromide tab 4 mg</i>	
<i>galantamine hydrobromide tab 8 mg</i>	
<i>galantamine hydrobromide tab 12 mg</i>	
<i>memantine hcl oral solution 2 mg/ml</i>	
<i>memantine hcl tab 5 mg (generic of NAMENDA)</i>	
<i>memantine hcl tab 10 mg (generic of NAMENDA)</i>	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)</i>	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	
<i>rivastigmine td patch 24hr 4.6 mg/24hr (generic of EXELON)</i>	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr (generic of EXELON)</i>	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr (generic of EXELON)</i>	PA

DRUG NAME	REQUIREMENTS/LIMITS
MOVEMENT DISORDER DRUG THERAPY	
<i>tetrabenazine tab 12.5 mg (generic of XENAZINE)</i>	SP, PA
<i>tetrabenazine tab 25 mg (generic of XENAZINE)</i>	SP, PA
MULTIPLE SCLEROSIS AGENTS	
AUBAGIO TAB 7MG	SP, PA
AUBAGIO TAB 14MG	SP, PA
AVONEX PEN KIT 30MCG	SP, PA
AVONEX PREFL KIT 30MCG	SP, PA
BETASERON INJ 0.3MG	SP, PA
<i>dalfampridine tab er 12hr 10 mg (generic of AMPYRA)</i>	SP, PA
<i>dimethyl fumarate capsule delayed release 120 mg (generic of TECFIDERA)</i>	SP, PA, QL (60 ea / 30 days)
<i>dimethyl fumarate capsule delayed release 240 mg (generic of TECFIDERA)</i>	SP, PA, QL (60 ea / 30 days)
EXTAVIA INJ 0.3MG	SP, PA
GILENYA CAP 0.5MG	SP, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml (generic of COPAXONE)</i>	SP, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml (generic of COPAXONE)</i>	SP, PA
<i>glatopa inj 20mg/ml (generic of COPAXONE)</i>	SP, PA
<i>glatopa inj 40mg/ml (generic of COPAXONE)</i>	SP, PA
REBIF INJ 22/0.5	SP, PA
REBIF INJ 44/0.5	SP, PA
REBIF REBIDO INJ 22/0.5	SP, PA
REBIF REBIDO INJ 44/0.5	SP, PA
REBIF REBIDO INJ TITRATN	SP, PA
REBIF TITRTN INJ PACK	SP, PA
SMOKING DETERRENTS	
APO-VARENICL TAB 0.5MG	PA
APO-VARENICL TAB 1MG	PA
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	QL (60 ea / 30 days)
<i>nicotine polacrilex gum 2 mg</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex gum 4 mg</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 2 mg</i>	QL (240 ea / 30 days), OTC
<i>nicotine polacrilex lozenge 4 mg</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>nicotine td patch 24hr 7 mg/24hr</i>	QL (30 ea / 30 days, max 90 days per year), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i>	QL (30 ea / 30 days, max 90 days per year), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i>	QL (30 ea / 30 days, max 90 days per year), OTC
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	PA
<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	PA
<i>varenicline tartrate tab 1 mg (base equiv)</i>	PA

RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

ALPHA-PROTEINASE INHIBITOR (HUMAN)

ARALAST NP INJ 1000MG	SP, PA
PROLASTIN-C INJ 1000MG	SP, PA
ZEMAIRA INJ 1000MG	SP, PA

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG	SP, PA
KALYDECO PAK 50MG	SP, PA
KALYDECO PAK 75MG	SP, PA
KALYDECO TAB 150MG	SP, PA
ORKAMBI GRA 150-188	SP, PA
ORKAMBI TAB 100-125	SP, PA; AGE (Min age 6 years and Max age 11 years)
ORKAMBI TAB 200-125	SP, PA; AGE (Min age 11 years)
PULMOZYME SOL 1MG/ML	SP, PA, QL (75 mL / 30 days)
SYMDEKO TAB 50-75MG	SP, PA
SYMDEKO TAB 100-150	SP, PA
TRIKAFTA TAB	SP, PA

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxycycline monohydrate cap 50 mg</i>	QL (90 ea / 30 days)
<i>doxycycline monohydrate cap 100 mg</i>	QL (90 ea / 30 days)
<i>doxycycline monohydrate tab 100 mg</i>	QL (90 ea / 30 days)
<i>minocycline hcl cap 50 mg</i>	QL (60 ea / 30 days)
<i>minocycline hcl cap 100 mg (generic of MINOCIN)</i>	QL (60 ea / 30 days)

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	QL (180 ea / 30 days)
<i>methimazole tab 10 mg</i>	QL (180 ea / 30 days)
<i>propylthiouracil tab 50 mg</i>	QL (600 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
THYROID HORMONES	
ARMOUR THYRO TAB 15MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 30MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 60MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 90MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 120MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 180MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 240MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 300MG	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>levothyroxine sodium tab 25 mcg (generic of LEVOTHYROXINE SODIUM TAB 25 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 50 mcg (generic of LEVOTHYROXINE SODIUM TAB 50 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 75 mcg (generic of LEVOTHYROXINE SODIUM TAB 75 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 88 mcg (generic of LEVOTHYROXINE SODIUM TAB 88 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 100 mcg (generic of LEVOTHYROXINE SODIUM TAB 100 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 112 mcg (generic of LEVOTHYROXINE SODIUM TAB 112 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 125 mcg (generic of LEVOTHYROXINE SODIUM TAB 125 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 137 mcg (generic of LEVOTHYROXINE SODIUM TAB 137 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 150 mcg (generic of LEVOTHYROXINE SODIUM TAB 150 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 175 mcg (generic of LEVOTHYROXINE SODIUM TAB 175 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 200 mcg (generic of LEVOTHYROXINE SODIUM TAB 200 MCG)</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 300 mcg (generic of LEVOTHYROXINE SODIUM TAB 300 MCG)</i>	QL (60 ea / 30 days)
<i>np thyroid tab 15mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>np thyroid tab 30mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 60mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 90mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 120mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
SYNTHROID TAB 25MCG	QL (60 ea / 30 days)
SYNTHROID TAB 50MCG	QL (60 ea / 30 days)
SYNTHROID TAB 75MCG	QL (60 ea / 30 days)
SYNTHROID TAB 88MCG	QL (60 ea / 30 days)
SYNTHROID TAB 100MCG	QL (60 ea / 30 days)
SYNTHROID TAB 112MCG	QL (60 ea / 30 days)
SYNTHROID TAB 125MCG	QL (60 ea / 30 days)
SYNTHROID TAB 137MCG	QL (60 ea / 30 days)
SYNTHROID TAB 150MCG	QL (60 ea / 30 days)
SYNTHROID TAB 175MCG	QL (60 ea / 30 days)
SYNTHROID TAB 200MCG	QL (60 ea / 30 days)
SYNTHROID TAB 300MCG	QL (60 ea / 30 days)

TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

ADACEL INJ	AGE (Min age 19 years)
BOOSTRIX INJ	AGE (Min age 19 years)
TDVAX INJ 2-2 LF	AGE (Min age 19 years)
TENIVAC INJ 5-2LF	AGE (Min age 19 years)
TET/DIP TOX INJ 2-2 LF	AGE (Min age 19 years)

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID

ANTISPASMODICS

<i>dicyclomine hcl cap 10 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	QL (2400 mL / 30 days); AGE (Max age 64 years)
<i>dicyclomine hcl tab 20 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>glycopyrrolate oral soln 1 mg/5ml (generic of CUVPOSA)</i>	PA
<i>glycopyrrolate tab 1 mg (generic of ROBINUL)</i>	
<i>glycopyrrolate tab 2 mg (generic of ROBINUL FORTE)</i>	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab 0.125 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>oscimin tab 0.125mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	QL (1800 mL / 30 days)
<i>cimetidine tab 200 mg</i>	QL (120 ea / 30 days)
<i>cimetidine tab 200 mg</i>	QL (120 ea / 30 days), OTC
<i>cimetidine tab 300 mg</i>	QL (60 ea / 30 days)
<i>cimetidine tab 400 mg</i>	QL (60 ea / 30 days)
<i>cimetidine tab 800 mg</i>	QL (60 ea / 30 days)
<i>famotidine for susp 40 mg/5ml</i>	QL (150 mL / 30 days); AGE (Max age 6 years)
<i>famotidine tab 10 mg</i>	QL (60 ea / 30 days), OTC
<i>famotidine tab 20 mg</i>	QL (60 ea / 30 days), OTC
<i>famotidine tab 20 mg (generic of PEPCID)</i>	QL (60 ea / 30 days)
<i>famotidine tab 40 mg (generic of PEPCID)</i>	QL (60 ea / 30 days)
<i>nizatidine cap 150 mg</i>	ST, QL (120 ea / 30 days); Requires trial of famotidine
<i>nizatidine oral soln 15 mg/ml</i>	ST; Requires trial of famotidine

MISC. ANTI-ULCER

<i>sucralfate susp 1 gm/10ml (generic of CARAFATE)</i>	QL (1200 mL / 30 days); AGE (Max age 18 years)
<i>sucralfate tab 1 gm (generic of CARAFATE)</i>	QL (120 ea / 30 days)

PROTON PUMP INHIBITORS

<i>acid reducer cap 20.6mgdr</i>	QL (30 ea / 30 days), OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	QL (60 ea / 30 days), OTC
FIRST-OMEPRASUS 2MG/ML	QL (150 mL / 30 days); AGE (Max age 12 years)
<i>gnp omeprazole cap 20mg</i>	QL (30 ea / 30 days), OTC
<i>lansoprazole cap delayed release 15 mg</i>	QL (60 ea / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	QL (60 ea / 30 days), OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>omeprazole cap delayed release 10 mg</i>	QL (90 ea / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	QL (90 ea / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	QL (30 ea / 30 days)
<i>omeprazole delayed release tab 20 mg</i>	QL (90 ea / 30 days), OTC
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	QL (30 ea / 30 days), OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	QL (90 ea / 30 days), OTC
<i>omeprazole tab 20mg</i>	QL (90 ea / 30 days), OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv) (generic of PROTONIX)</i>	QL (30 ea / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv) (generic of PROTONIX)</i>	QL (90 ea / 30 days)

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol tab 100 mcg (generic of CYTOTEC)</i>	QL (120 ea / 30 days)
<i>misoprostol tab 200 mcg (generic of CYTOTEC)</i>	QL (120 ea / 30 days)

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>oxybutynin chloride syrup 5 mg/5ml</i>	QL (600 mL / 30 days)
<i>oxybutynin chloride tab 5 mg</i>	QL (90 ea / 30 days)
<i>oxybutynin chloride tab er 24hr 5 mg (generic of DITROPAN XL)</i>	ST, QL (30 ea / 30 days); Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 10 mg (generic of DITROPAN XL)</i>	ST, QL (30 ea / 30 days); Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 15 mg</i>	ST, QL (30 ea / 30 days); Requires trial of oxybutynin IR
<i>tolterodine tartrate tab 1 mg (generic of DETROL)</i>	ST, QL (60 ea / 30 days); Requires trial of oxybutynin
<i>tolterodine tartrate tab 2 mg (generic of DETROL)</i>	ST, QL (60 ea / 30 days); Requires trial of oxybutynin
<i>tropium chloride tab 20 mg</i>	ST, QL (60 ea / 30 days); Requires trial of oxybutynin

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tab 5 mg</i>	QL (120 ea / 30 days)
<i>bethanechol chloride tab 10 mg</i>	QL (120 ea / 30 days)
<i>bethanechol chloride tab 25 mg</i>	QL (120 ea / 30 days)
<i>bethanechol chloride tab 50 mg</i>	QL (120 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
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URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

flavoxate hcl tab 100 mg

QL (120 ea / 30 days)

VACCINES - DRUGS TO PREVENT INFECTIONS

BACTERIAL VACCINES

PNEUMOVAX 23 INJ 25/0.5

AGE (Min age 19 years); QL (max 2 fill per lifetime)

PREVNAR 13 INJ

AGE (Min age 19 years); QL (max 1 fill per lifetime)

PREVNAR 20 INJ

AGE (Min age 19 years); QL (max 1 fill per lifetime)

VAXNEUVANCE INJ

AGE (Min age 19 years); QL (max 1 fill per lifetime)

VIRAL VACCINES

AFLURIA QUAD INJ 2021-22

AGE (Min age 19 years)

ENGERIX-B INJ 10/0.5ML

AGE (Min age 19 years)

ENGERIX-B INJ 20MCG/ML

AGE (Min age 19 years)

FLUARIX QUAD INJ 2021-22

AGE (Min age 19 years)

FLUBLOK QUAD INJ 2021-22

AGE (Min age 19 years)

FLUCLVX QUAD INJ 2021-22

AGE (Min age 19 years)

FLULAVAL QUA INJ 2021-22

AGE (Min age 19 years)

FLUMIST QUAD SUS 2021-22

AGE (Min age 19 years and Max age 49 years)

FLUZONE QUAD INJ 2021-22

AGE (Min age 19 years)

HAVRIX INJ 720UNIT

AGE (Min age 19 years)

HAVRIX INJ 1440UNIT

AGE (Min age 19 years)

HEPLISAV-B INJ 20/0.5ML

AGE (Min age 19 years)

JANSSEN VACC INJ COVID-19

MODERNA VAC INJ COVID-19

PFIZER VACC INJ COVID-19

RECOMBIVA HB INJ 5MCG/0.5

AGE (Min age 19 years)

RECOMBIVA HB INJ 10MCG/ML

AGE (Min age 19 years)

SHINGRIX INJ 50/0.5ML

AGE (Min age 19 years); QL (max 2 fill per lifetime)

TWINRIX INJ

AGE (Min age 19 years)

VAQTA INJ 25/0.5ML

AGE (Min age 19 years)

VAQTA INJ 50UNT/ML

AGE (Min age 19 years)

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

SPERMICIDES

TODAY SPONGE MIS

OTC

VCF VAGINAL AER CONTRACP

OTC

VCF VAGINAL MIS CONTRACP

OTC

DRUG NAME	REQUIREMENTS/LIMITS
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VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2% (generic of CLEOCIN)</i>	
<i>clotrimazole vaginal cream 1%</i>	OTC
<i>clotrimazole vaginal cream 2%</i>	OTC
<i>metronidazole vaginal gel 0.75%</i>	QL (70 gm / 5 days)
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	OTC
<i>miconazole nitrate vaginal cream 2%</i>	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i>	OTC
<i>terconazole vaginal cream 0.4%</i>	
<i>terconazole vaginal cream 0.8%</i>	
<i>terconazole vaginal suppos 80 mg</i>	QL (30 ea / 30 days)
<i>tioconazole vaginal oint 6.5%</i>	OTC

VAGINAL ESTROGENS

<i>estradiol vaginal cream 0.1 mg/gm (generic of ESTRACE)</i>	QL (42.5 gm / 30 days)
<i>estradiol vaginal tab 10 mcg (generic of ESTRADIOL VAGINAL TAB 10 MCG)</i>	

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic of EPIPEN 2-PAK)</i>	QL (2 ea / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (generic of EPIPEN-JR 2-PAK)</i>	QL (2 ea / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	QL (2 ea / 25 days)
<i>SYMJEPI INJ 0.3MG</i>	QL (2 ea / 25 days)
<i>SYMJEPI INJ 0.15MG</i>	QL (2 ea / 25 days)

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

<i>midodrine hcl tab 2.5 mg</i>	QL (90 ea / 30 days)
<i>midodrine hcl tab 5 mg</i>	QL (90 ea / 30 days)
<i>midodrine hcl tab 10 mg</i>	QL (90 ea / 30 days)

VITAMINS - DRUGS FOR NUTRITION

OIL SOLUBLE VITAMINS

<i>cholecalciferol cap 5000 unit</i>	QL (30 ea / 30 days), OTC
<i>cholecalciferol cap 10000 unit</i>	QL (30 ea / 30 days), OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>cholecalciferol cap 50000 unit</i>	QL (30 ea / 30 days), OTC
<i>cholecalciferol oral liquid 400 unit/ml</i>	QL (180 mL / 30 days), OTC
<i>cholecalciferol tab 400 unit</i>	QL (180 ea / 30 days), OTC
<i>cholecalciferol tab 1000 unit</i>	QL (180 ea / 30 days), OTC
<i>cholecalciferol tab 2000 unit</i>	QL (180 ea / 30 days), OTC
<i>ergocalciferol cap 1.25 mg (50000 unit) (generic of DRISDOL)</i>	QL (180 ea / 30 days)
<i>phytonadione tab 5 mg (generic of MEPHYTON)</i>	QL (150 ea / 30 days)

WATER SOLUBLE VITAMINS

<i>ascorbic acid tab 500 mg</i>	OTC
<i>niacin cap er 250 mg</i>	OTC
<i>niacin tab 500 mg</i>	OTC
<i>niacin tab er 750 mg</i>	OTC
<i>pyridoxine hcl tab 25 mg</i>	QL (60 ea / 30 days), OTC
<i>pyridoxine hcl tab 50 mg</i>	QL (120 ea / 30 days), OTC
<i>pyridoxine hcl tab 100 mg</i>	QL (120 ea / 30 days), OTC
<i>riboflavin tab 100 mg</i>	OTC
<i>thiamine hcl tab 100 mg</i>	QL (30 ea / 30 days), OTC
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<i>mg/ml)</i>	47	<i>500 mg</i>	57
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<i>mg/3ml (base equiv)</i>	47	<i>mg</i>	57
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<i>chlorzoxazone tab 500 mg</i>	125	<i>citalopram hydrobromide tab 10 mg</i> (base equiv)	54
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<i>dexamethasone tab 0.75 mg</i>	94	<i>diazepam rectal gel delivery system 10 mg</i>	50
<i>dexamethasone tab 1 mg</i>	94	<i>diazepam rectal gel delivery system 2.5 mg</i>	50
<i>dexamethasone tab 1.5 mg</i>	94	<i>diazepam rectal gel delivery system 20 mg</i>	50
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<i>diclofenac sodium tab delayed</i>	
<i>release 50 mg</i>	35
<i>diclofenac sodium tab delayed</i>	
<i>release 75 mg</i>	35
<i>diclofenac sodium tab er 24hr 100</i>	
<i>mg</i>	35
<i>dicloxacillin sodium cap 250 mg</i>	130
<i>dicloxacillin sodium cap 500 mg</i>	130
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<i>vigabatrin tab 500 mg</i>	53	<i>warfarin sodium tab 1 mg</i>	49
<i>vigadrone pow 500mg</i>	53	<i>warfarin sodium tab 10 mg</i>	49
VIGAMOX		<i>warfarin sodium tab 2 mg</i>	49
see <i>moxifloxacin hcl ophth soln</i>		<i>warfarin sodium tab 2.5 mg</i>	49
<i>0.5% (base equiv)</i>	127	<i>warfarin sodium tab 3 mg</i>	49
VIMPAT		<i>warfarin sodium tab 4 mg</i>	49
see <i>lacosamide oral solution 10</i>		<i>warfarin sodium tab 5 mg</i>	49
<i>mg/ml</i>	51	<i>warfarin sodium tab 6 mg</i>	49
see <i>lacosamide tab 100 mg</i>	51	<i>warfarin sodium tab 7.5 mg</i>	49
see <i>lacosamide tab 150 mg</i>	51	<i>water for irrigation, sterile irrigation</i>	
see <i>lacosamide tab 200 mg</i>	51	<i>soln</i>	122
see <i>lacosamide tab 50 mg</i>	51	WELLBUTRIN SR	
VINATE II TAB	125	see <i>bupropion hcl tab er 12hr 100</i>	
VINATE ONE TAB	125	<i>mg</i>	54
VIOKACE TAB 10440	104	see <i>bupropion hcl tab er 12hr 150</i>	
VIOKACE TAB 20880	104	<i>mg</i>	54
<i>viorele tab</i>	92	see <i>bupropion hcl tab er 12hr 200</i>	
VIRACEPT TAB 250MG	82	<i>mg</i>	54
VIRACEPT TAB 625MG	82	WELLBUTRIN XL	
VIREAD		see <i>bupropion hcl tab er 24hr 150</i>	
see <i>tenofovir disoproxil fumarate</i>		<i>mg</i>	54
<i>tab 300 mg</i>	82	see <i>bupropion hcl tab er 24hr 300</i>	
VIREAD POW 40MG/GM	82	<i>mg</i>	54
VIREAD TAB 150MG	82	<i>wera tab 0.5/35</i>	92
VIREAD TAB 200MG	82	<i>wheat dextrin oral powder</i>	112
VIREAD TAB 250MG	82	<i>white petrolatum-mineral oil ophth</i>	
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VIVITROL INJ 380MG.....	62	<i>wixela inhub aer 500/50</i>	49
<i>volnea tab</i>	92	X	
VOLTAREN GEL 1%	99	XALATAN	
VORTEX VALVE MIS CHAMBER...119		see <i>latanoprost ophth soln</i>	
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VRAYLAR CAP 3MG	74	see <i>alprazolam tab 0.5 mg</i>	44
VRAYLAR CAP 4.5MG	74	see <i>alprazolam tab 1 mg</i>	44
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<i>vyfemla tab 0.4-35</i>	92	XELJANZ SOL 1MG/ML	35

XELJANZ TAB 10MG.....	35	<i>zafirlukast tab 10 mg</i>	46
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XELODA		<i>equivalent)</i>	125
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<i>see capecitabine tab 500 mg....</i>	70	<i>see ethosuximide soln 250</i>	
XENAZINE		<i>mg/5ml</i>	53
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XOLAIR SOL 150MG	46	ZENPEP CAP 25000	104
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<i>see ocella tab 3-0.03mg</i>	92	<i>see lisinopril tab 20 mg</i>	66
<i>see syeda tab 3-0.03mg</i>	92	<i>see lisinopril tab 30 mg</i>	66
<i>see zumandimine tab 3-0.03mg</i>	93	<i>see lisinopril tab 40 mg</i>	66
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<i>see loryna tab 3-0.02mg</i>	91	<i>see bisoprolol &</i>	
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<i>see nikki tab 3-0.02mg</i>	91	<i>mg</i>	68
<i>see vestura tab 3-0.02mg</i>	92	<i>see bisoprolol &</i>	
Z		<i>hydrochlorothiazide tab 2.5-6.25</i>	
<i>zafemy dis 150/35</i>	93	<i>mg</i>	68

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<i>zidovudine syrup 10 mg/ml</i>	82	see <i>zonisamide cap 25 mg</i>	53
<i>zidovudine tab 300 mg</i>	82	<i>zonisamide cap 100 mg</i>	53
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<i>zileuton tab er 12hr 600 mg</i>	46	<i>zonisamide cap 50 mg</i>	53
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