

2023

Formulary

(List of Covered Drugs)

DC Healthy Families and
DC Healthcare Alliance

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Notice: This formulary is updated periodically and subject to change. All previous versions of the formulary are no longer in effect.

An electronic version of the formulary can be found at medstarfamilychoicedc.com

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INTRODUCTION

MedStar Family Choice District of Columbia (MFC-DC) is pleased to provide the *2023 DC Healthy Families and DC Healthcare Alliance Prescribing Guide* for the District of Columbia. This Prescribing Guide is to be used when prescribing for patients covered by the pharmacy plan offered by MFC-DC.

This is a closed formulary and only those drugs listed in this formulary will be covered by MFC-DC for the DC Healthy Families Medicaid and DC Healthcare Alliance enrollees unless a Medical Exception is requested and approved by MFC-DC.

The drugs listed in this *2023 DC Healthy Families and DC Healthcare Alliance Prescribing Guide* have been reviewed and approved by the MFC-DC Pharmacy and Therapeutics Committee. The drugs have been selected to provide the most clinically appropriate and cost-effective medications for patients who have drug benefits administered through MFC-DC. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through the Medical Exception process.

*The information contained in this formulary and its appendices is provided solely for the convenience of medical providers. This formulary 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. MFC-DC does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. MFC-DC does not assume 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.***



DISTRICT OF COLUMBIA

Nondiscrimination Statement

MedStar Family Choice-District of Columbia ("We") do not discriminate on the basis of race, color, national origin, sex, gender identity, age, disability (physical or mental), religion or political beliefs ("discrimination"). We comply with applicable federal civil rights laws. We do not exclude people or treat them differently on the basis of discrimination.

We provide free communication aids and services to people with disabilities, such as:

- Qualified sign language interpreters
- Written information in other formats (e.g. large print, audio, accessible electronic, other)

We provide free language services to those whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these aids or services, contact Enrollee Services at **888-404-3549 (TTY: 7-1-1)**.

We have a grievance procedure to resolve complaints alleging discrimination. If you believe we have failed to provide these services or discriminated in another way, you can file a grievance in the following ways:

- By phone: **888-404-3549 (TTY: 7-1-1)**
- By e-mail: MFCDC1557Coordinator@medstar.net
- By mail: Section 1557 Coordinator, 3007 Tilden Street, NW, POD 3N, Washington, DC 20008

Enrollee Services or the Section 1557 Coordinator can help you file a grievance.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Electronically through the web portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>;
- By mail at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201; or
- By phone at **800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.



This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.



Interpreter Services Are Available for Free

*Help is available in your language:
888-404-3549 (TTY: 7-1-1).*

Spanish/Español

Atención: Si no habla y/o lee inglés, llame al 888-404-3549 entre las 8:00 a.m. y las 5:30 p.m. Un representante lo asistirá.

Amharic/አማርኛ

ማሳሰቢያ፡ ኢንግሊዝኛ የማይናገሩ እና/ወይም የማያነቡ ከሆነ፣ እባክዎ ከጧት 8:00 እስከ አመሻሽ 5:30 ባሉ ሰዓታት ውስጥ ወደ 888-404-3549 ይደውሉ። ተወካይ ያግዝዎታል።

Arabic/العربية

تنبيه: إذا كنت لا تتحدث أو تقرأ اللغة الإنجليزية، يرجى الاتصال بـ 888-404-3549 بين الساعة 8:00 صباحًا و5:30 مساءً. أحد مندوبينا سيقوم بمساعدتك.

Bassa/Bàsɔ̀

DÉ DÈ NIÀ KÈ DYÉDÉ GBO: Ǻ Jǔ ké m̄ se Xwí-Wùdù wùdù pɔɛ dyuò mɔɔ wuquún zàà dyuò ní, qá nɔ̀bà nià kɛ 888-404-3549 sòin 8:00 AM ké 5:30 PM gbo muɛ. À ké-baɗa-nyò qó mu m̄ gbo kpáun.

Burmese/မြန်မာဘာသာစကား

သတိပြုရန်- အကယ်၍ သင်သည် အင်္ဂလိပ်စကား မပြောတတ်၊ မဖတ်တတ်လျှင် ကျေးဇူးပြု၍ နံနက် ၈:၀၀ နာရီနှင့် ညနေ ၅:၃၀ နာရီ အကြားတွင် ၈၈၈-၄၀၄-၃၅၄၉ သို့ ဖုန်းခေါ်ဆိုပါ။ ကိုယ်စားလှယ်တစ်ဦးက သင့်ကို ကူညီလိမ့်မည်။

Chinese (Traditional)/粵語

注意：如果你不會說或讀 英語，請在早上8點到下午5點半之間撥打888-404-3549。有個代表會幫助你的。

Chinese (Simplified)/普通话

注意：如果你不会说或读 英语，请在早上8点到下午5点半之间拨打888-404-3549。有个代表会帮助你的。

Farsi/فارسی

توجه: اگر قادر به صحبت کردن و/یا خواندن به انگلیسی نیستید، لطفاً بین ساعات 8.00 صبح تا 5.30 عصر با شماره 888-404-3549 تماس بگیرید. نماینده‌ای به شما کمک خواهد کرد.

French/Français

Attention : Si vous ne parlez pas et / ou ne lisez pas l'anglais, veuillez appeler le 888-404-3549 entre 8h00 et 17h30, un représentant vous répondra.

Gujarati/ગુજરાતી

ધ્યાન આપો: જો તમે અંગ્રેજી બોલી અને/અથવા વાંચી શકતા ન હોય તો, કૃપા કરીને 888-404-3549 નંબર પર 8:00 a.m. થી 5:30 p.m. વચ્ચે કોલ કરો. પ્રતિનિધિ તમારી મદદ કરશે.

Haitian Creole/Kreyòl Avisyen

Atansyon: Si ou pa pale ak/oswa li anglè, tanpri rele 888-404-3549 ant 8:00 a.m. ak 5:30 p.m. Yon reprezantan pral ede ou.

Hindi/हिन्दी

ध्यान दें: यदि आप अंग्रेज़ी बोलते और / अथवा पढ़ते नहीं हैं, तो कृपया 888-404-3549 पर सुबह 8:00 बजे से शाम 5:30 बजे के बीच फोन करें। एक प्रतिनिधि आपकी सहायता करेगा।

Hmong/Hmong

Nco ntsoov: Yog tias koj tsis hais thiab / los sis tsis nyeem As Kiv, thov hu rau 888-404-3549 thaum 8:00 sawv ntxov thiab 5:30 tsaus ntuj. Ib tus sawv cev yuav pab koj.

Igbo/Igbò

Gee ntị: O buru na i naghị asụ ma/màgbụ agụ Bekee, biko kpọọ 888-404-3549 ihe dikà ebe 8:00 nke ututu ruo 5:30 nke mgbede. Onye nnọchị anya ga-enyere gi aka.

Italian/Italiano

Attenzione: Se non parli e/o leggi inglese, chiama il numero 888-404-3549 tra le 8:00 e le 17:30. Un rappresentante ti assisterà.

Japanese/日本語

注意: 英語が話せないまたは読めない場合は、888-404-3549までご連絡をお入れください。受付の営業時間は朝8時から昼5時半まででございます。係員がお手伝い致します。

Korean/한국어

알립니다: 영어를 읽거나 말할 수 없다면, 오전 8시에서 오후 5시 30분 사이에 888-404-3549로 문의하십시오. 대표가 도움을 드릴 것입니다.

Polish/Polski

Uwaga: Jeśli nie mówisz i/lub nie czytasz po Angielski, zadzwoń pod numer 888-404-3549 między 8:00 a 17:30. Nasz przedstawiciel będzie mógł Ci pomóc.



Portuguese/Português

Atenção: Se você não fala ou lê Inglês, ligue para 888-404-3549; horário de atendimento das 08:00 às 17:00. Nosso representante irá ajudá-lo.

Punjabi/ਪੰਜਾਬੀ

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਬੋਲ ਅਤੇ/ਜਾਂ ਪੜ੍ਹ ਨਹੀਂ ਸਕਦੇ ਹੋ, ਕਿਰਪਾ ਕਰਕੇ ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5:30 ਵਜੇ ਦੇ ਵਿਚਕਾਰ 888-404-3549 'ਤੇ ਕਾਲ ਕਰੋ। ਇੱਕ ਨੁਮਾਇੰਦਾ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।

Russian / русский

Внимание: Если вы не говорите и/или не можете читать на английском языке, позвоните по телефону 888-404-3549 с 8:00 до 17:30. Представитель поможет вам.

Somali/Soomaaliga

Ogeysiis: Haddii aadan ku hadlin iyo/ama aadan Akhriyi karin Ingiriisi, fadlan wac lambarkaan 888-404-3549 inta u dhexeysa 8:00 subaxnimo iyo 5:30 galabnimo waxaa ku caawin doona qof wakiil ka ah.

Tagalog/Tagalog

Paunawa: Kung hindi ka nagsasalita at/o nagbabasa ng Ingles, pakitawagan ang 888-404-3549 sa pagitan ng 8:00 a.m. at 5:30 p.m. May kinatawan na tutulong sa iyo.

Urdu/اردو

توجہ فرمائیں: اگر آپ انگریزی بولتے اور/یا پڑھتے نہیں ہیں تو براہ کرم 888-404-3549 پر صبح 8:00 بجے سے شام 5:30 بجے کے درمیان کال کریں۔ ایک نمائندہ آپ کی مدد کرے گا۔

Vietnamese/Tiếng Việt

Chú ý: Nếu bạn không nói và/hoặc đọc Tiếng Anh, vui lòng gọi 888-404-3549 giữa 8 giờ sáng đến 5 giờ 30 chiều. Một người đại diện sẽ hỗ trợ bạn

Yoruba/Yorùbá

Àkíyèsí: Bí o ko bá sọ àtí/tàbí ka èdè Gẹ̀ẹ̀sì, jòwọ̀ pe 888-404-3549 láàárín 8:00 òwúrò àtí 5:30 ìròlẹ̀. Asojú kan yóò ràn ọ lọwọ̀.



PREFACE

The *DC Healthy Families and DC Healthcare Alliance Prescribing Guide* is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. All drugs listed were selected to be on this formulary. Drugs are listed by generic name. Brand-name drugs are included as a reference to assist in drug recognition where possible. This formulary document lists all dosages, strengths and formulations of each drug that is covered.

Drugs, dosages, strengths, and formulations not listed are considered non-formulary.

HIV MEDICATIONS AND PRE-EXPOSURE PROPHYLAXIS (PrEP)

HIV/AIDS medications, PEP, and PrEP for DC Healthy Families beneficiaries are covered through the District of Columbia Fee-for-Service and are not the responsibility of MFC-DC.

For DC Healthcare Alliance beneficiaries, medications for the treatment of HIV/AIDS are supplied through the AIDS Drug Assistance Program (ADAP). All enrollees must apply to the ADAP program and renew every 6 months. Prescriptions for HIV and AIDS medications must be filled at ADAP-participating pharmacies. Prescriptions for PEP and PrEP may be filled at any MFC-DC in-network pharmacy.

PLEASE NOTE ON THE PRESCRIPTION that the intended use of the medication is for PEP or PrEP as this will assist the pharmacy in processing the prescription expeditiously. For example, include the phrase, "for PrEP" anywhere on the prescription.

Additional information can be found at the MFC-DC website, medstarfamilychoicedc.com [HIV Medications and Pre-Exposure Prophylaxis \(PrEP\)](#)

LEGEND

This formulary covers selected over the counter (OTC) products. Covered over-the-counter status is indicated in the document by "**OTC**". You are encouraged to prescribe them when clinically appropriate. A prescription (written or telephoned) is required, and refills are permitted. Prescriptions may be written for the State limited 12-month maximum. Emergency contraceptives and latex condoms are an exception and do not need a prescription. OTC products covered are restricted to generics when available. If both prescription and OTC products are available, you are encouraged to prescribe OTC products.

Drugs that required a prior authorization are indicated in the document by "**PA**". See section **Medical Exception, Prior Authorization and Non-Formulary** below.

Drugs that require Step Therapy authorization for coverage indicated with a "**ST**". Step Therapy requires that drugs be used in a specific prescribing

order. For information for drugs on Step Therapy please see the PA table on the website, medstarfamilychoice.com

Drugs that have Age Related Restriction for coverage are indicated with a **specific notation** next to the medication.

Drugs that have dispensing quantity limitation are indicated in the document by "**QL**" along with the limits noted in the parentheses. Drugs are designated with a QL because they are typically not taken on a regular schedule and/or because of potential safety and utilization concerns.

The Quantity Limit Program provides for a maximum quantity of drug product that a member may receive per prescription and/or over a specific period of time. Many drug products on the *MFC-DC Prescribing Guide* have quantity limits based upon the dosage described in product labeling.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The MedStar Family Choice District of Columbia Pharmacy and Therapeutics Committee (MFC-DC P&T) includes physicians, pharmacists, and nurses. The Committee meets quarterly to evaluate drugs for formulary inclusion and to develop policies concerning formulary and drug utilization management. Please visit the MFC-DC website at **medstarfamilychoicedc.com** to view the decisions of the MFC-DC P&T Committee and any applicable changes. The main features of the MFC-DC P&T Policies are also on the website in the FAQs.

PRODUCT SELECTION CRITERIA

The MFC-DC P&T Committee considers clinical information on new-to-market drugs that are typically included in an outpatient pharmacy benefit. The evaluation includes all or part of the following:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, the entire *DC Healthy Families and DC Healthcare Alliance Prescribing Guide* is reviewed on an annual basis.

All the information in the DC Healthy Families and DC Healthcare Alliance Prescribing Guide is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. An important consideration for generic substitution is the knowledge that all approvals of generic drugs by the FDA since 1984, and many generic approvals prior to 1984, have a showing of bioequivalence between the generic versions and the reference brand product. To gain FDA approval:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand-name product.
2. The FDA has given the generic an "A" rating compared to the branded product indicating bioequivalence and has determined the generic is therapeutically equivalent to the reference brand. The ratings of generic drugs are available by referring to the FDA reference, *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the health care provider to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Additional clinical tests or examinations by the physician are not needed when a therapeutically equivalent generic drug product is substituted for the brand-name product.

MAIL SERVICE PRESCRIPTIONS

Mail order is available for chronic medications. A 90-day supply will be provided to enrollees using mail order services. To start the process, prescribers may call CVS Caremark Mail Service Pharmacy™ at **800-996-5772** or they may submit a prescription to the CVS Caremark Mail Service Pharmacy. Additional information can be found at the MFC-DC website, **medstarfamilychoicedc.com** or at **caremark.com**.

Simply write the prescription(s) for a 90-day supply and have the enrollee submit it with their mail-service request forms to the address listed on the Mail Service Order Form. Prescribers may also call **1-800-996-5772** to start the process. Receiving a 90-day supply of medication by mail may prove to be more convenient for enrollees, especially when filling prescriptions for routine or maintenance type medications. Mail service may also help enrollees stay compliant with their medications.

Please note that medications ordered and processed through mail service are typically mailed to the enrollee via U.S. regular mail. As such, please advise members to allow up to 14 days for delivery from the time mail service receives the request. Any prescriptions submitted to mail service for less than a 90-day supply may be returned to the enrollee.

90 DAY FILL

MFC-DC offers a 90-day fill option for certain drugs used to treat chronic conditions. These drugs can be found on the MFC-DC website medstarfamilychoicedc.com [90-Day Retail and Mail Order Drug List](#)

MEDICAL EXCEPTION, PRIOR AUTHORIZATION and NON-FORMULARY REQUESTS

If a drug requiring prior authorization is desired for medical management of a patient, MFC-DC has a prior authorization table that can be found on the MFC-DC website medstarfamilychoicedc.com [PA List](#)

If a non-covered drug or a drug requiring prior authorization is desired for medical management of a patient, a medication exception may be requested by calling MFC-DC at: **855-798-4244** or send in the completed PA/Non-formulary request form that can be found on the website medstarfamilychoice.com [PA/Medical Exception Form](#)

MFC-DC must make a decision and notification on all pharmacy requests within twenty-four (24) hours of receipt of the requests. To comply with this stringent turnaround time, we need your assistance with pharmacy requests and ask that your office provides complete clinical information at the time of original submission. Please consult this document and the Pharmacy Prior Authorization table that can be found on our website prior to submitting your request. If additional clinical information is required, please be advised that your office must return it quickly or the request will be denied due to incomplete information.

OPIOID DRUG MANAGEMENT

MFC-DC limits "new" opioid analgesic prescriptions to a 7-day supply. A "new" prescription means that a patient has not had an opioid medication filled under MedStar Family Choice in the preceding 90 days or had one short-acting opioid at ≤ 50 morphine milligram equivalents (MME) per day in the previous 90 days, filled within 7 days of a subsequent request. New prescriptions for more than 7-day supply will require Prior Authorization.

For complete information regarding the requirements of the District of Columbia Medicaid Opioid Drug Utilization Review for opioid prescribing, please visit medstarfamilychoicedc.com [Opioid Prescribing](#)

EDITOR

Your comments and suggestions regarding the *DC Healthy Families and DC Healthcare Alliance Prescribing Guide* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

Health Plan Pharmacist
MedStar Family Choice District of Columbia
3007 Tilden Street, NW
POD 3N
Washington, DC 20008
Phone: 855-798-4244

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without the written permission of MedStar Family Choice District of Columbia. ©2023. All rights reserved.

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MedStar Family Choice District of Columbia does not operate the websites/organizations listed here, nor is it responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by MedStar Family Choice District of Columbia.

Effective 03/01/2023

Drug Name Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

AMPHETAMINES

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i>	
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i>	
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i>	
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i>	
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i>	
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i>	
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i>	
<i>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i>	
<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i>	
<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i>	
<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i>	
<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i>	
<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i>	
<i>dextroamphetamine sulfate cap er 24hr 5 mg (generic of DEXEDRINE)</i>	
<i>dextroamphetamine sulfate cap er 24hr 10 mg (generic of DEXEDRINE)</i>	
<i>dextroamphetamine sulfate cap er 24hr 15 mg (generic of DEXEDRINE)</i>	
<i>dextroamphetamine sulfate tab 5 mg</i>	
<i>dextroamphetamine sulfate tab 10 mg</i>	
VYVANSE CAP 10MG	ST
VYVANSE CAP 20MG	ST
VYVANSE CAP 30MG	ST
VYVANSE CAP 40MG	ST
VYVANSE CAP 50MG	ST
VYVANSE CAP 60MG	ST
VYVANSE CAP 70MG	ST
VYVANSE CHW 10MG	ST
VYVANSE CHW 20MG	ST
VYVANSE CHW 30MG	ST

Drug Name	Requirements/Limits
VYVANSE CHW 40MG	ST
VYVANSE CHW 50MG	ST
VYVANSE CHW 60MG	ST

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl cap 10 mg (base equiv)</i> (generic of STRATTERA)	
<i>atomoxetine hcl cap 18 mg (base equiv)</i> (generic of STRATTERA)	
<i>atomoxetine hcl cap 25 mg (base equiv)</i> (generic of STRATTERA)	
<i>atomoxetine hcl cap 40 mg (base equiv)</i> (generic of STRATTERA)	
<i>atomoxetine hcl cap 60 mg (base equiv)</i> (generic of STRATTERA)	
<i>atomoxetine hcl cap 80 mg (base equiv)</i> (generic of STRATTERA)	
<i>atomoxetine hcl cap 100 mg (base equiv)</i> (generic of STRATTERA)	
<i>clonidine hcl tab er 12hr 0.1 mg</i> (generic of KAPVAY)	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> (generic of INTUNIV)	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> (generic of INTUNIV)	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (generic of INTUNIV)	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> (generic of INTUNIV)	
QELBREE CAP 100MG ER	PA
QELBREE CAP 150MG ER	PA
QELBREE CAP 200MG ER	PA

STIMULANTS - MISC.

<i>armodafinil tab 50 mg</i> (generic of NUVIGIL)	PA
<i>armodafinil tab 150 mg</i> (generic of NUVIGIL)	PA
<i>armodafinil tab 200 mg</i> (generic of NUVIGIL)	PA
<i>armodafinil tab 250 mg</i> (generic of NUVIGIL)	PA
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> (generic of FOCALIN XR)	
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> (generic of FOCALIN XR)	
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> (generic of FOCALIN XR)	
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> (generic of FOCALIN XR)	
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> (generic of FOCALIN XR)	

Drug Name	Requirements/Limits
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> (generic of FOCALIN XR)	
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> (generic of FOCALIN XR)	
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> (generic of FOCALIN XR)	
<i>dexmethylphenidate hcl tab 2.5 mg</i> (generic of FOCALIN)	
<i>dexmethylphenidate hcl tab 5 mg</i> (generic of FOCALIN)	
<i>dexmethylphenidate hcl tab 10 mg</i> (generic of FOCALIN)	
METHYLPHENID TAB 45MG ER	
METHYLPHENID TAB 63MG ER	
METHYLPHENID TAB 72MG ER	
<i>methylphenidate hcl cap er 10 mg (cd)</i>	
<i>methylphenidate hcl cap er 20 mg (cd)</i>	
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i> (generic of RITALIN LA)	
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i> (generic of APTENSIO XR)	
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i> (generic of APTENSIO XR)	
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> (generic of RITALIN LA)	
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i> (generic of APTENSIO XR)	
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> (generic of RITALIN LA)	
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i> (generic of APTENSIO XR)	
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> (generic of RITALIN LA)	
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i> (generic of APTENSIO XR)	
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i> (generic of APTENSIO XR)	
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i> (generic of APTENSIO XR)	
<i>methylphenidate hcl cap er 30 mg (cd)</i>	
<i>methylphenidate hcl cap er 40 mg (cd)</i>	
<i>methylphenidate hcl cap er 50 mg (cd)</i>	
<i>methylphenidate hcl cap er 60 mg (cd)</i>	
<i>methylphenidate hcl soln 5 mg/5ml</i> (generic of METHYLIN)	

Drug Name	Requirements/Limits
<i>methylphenidate hcl soln 10 mg/5ml (generic of METHYLIN)</i>	
<i>methylphenidate hcl tab 5 mg (generic of RITALIN)</i>	
<i>methylphenidate hcl tab 10 mg (generic of RITALIN)</i>	
<i>methylphenidate hcl tab 20 mg (generic of RITALIN)</i>	
<i>methylphenidate hcl tab er 10 mg</i>	
<i>methylphenidate hcl tab er 20 mg</i>	
<i>methylphenidate hcl tab er 24hr 18 mg</i>	
<i>methylphenidate hcl tab er 24hr 27 mg</i>	
<i>methylphenidate hcl tab er 24hr 36 mg</i>	
<i>methylphenidate hcl tab er 24hr 54 mg</i>	
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i>	
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i>	
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i>	
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i>	
<i>modafinil tab 100 mg (generic of PROVIGIL)</i>	PA
<i>modafinil tab 200 mg (generic of PROVIGIL)</i>	PA

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU
ORALAIR SUB 300 IR
RAGWITEK SUB

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - K'S

<i>krill oil cap 300 mg</i>	OTC
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ALTERNATIVE MEDICINE - L'S

<i>lutein cap 6 mg</i>	OTC
<i>lutein cap 20 mg</i>	OTC
<i>lutein cap 40 mg</i>	OTC
<i>lutein tab 10 mg</i>	OTC

ALTERNATIVE MEDICINE - M'S

<i>melatonin cap 5 mg</i>	OTC
<i>melatonin cap 10 mg</i>	OTC
MELATONIN CR TAB 5MG	OTC
<i>melatonin liquid 1 mg/ml</i>	OTC
<i>melatonin tab 1 mg</i>	OTC
<i>melatonin tab 3 mg</i>	OTC
<i>melatonin tab 5 mg</i>	OTC
<i>melatonin tab 10 mg</i>	OTC

Drug Name	Requirements/Limits
MELATONIN TAB 300MCG	OTC
<i>melatonin tablet disintegrating 3 mg</i>	OTC

ALTERNATIVE MEDICINE COMBINATIONS

MELATONIN TAB 10MG	OTC
MELATONIN TAB THEANINE	OTC
OMEGA-3 CHW GUMMIES	OTC

AMINOGLYCOSIDES

AMINOGLYCOSIDES

<i>neomycin sulfate tab 500 mg</i>	
<i>paromomycin sulfate cap 250 mg</i> (generic of HUMATIN)	
<i>tobramycin neb 300/5ml</i> (generic of KITABIS PAK)	PA
<i>tobramycin nebu soln 300 mg/4ml</i> (generic of BETHKIS)	PA
<i>tobramycin nebu soln 300 mg/5ml</i> (generic of KITABIS PAK)	PA

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML	
HUMIRA INJ 20/0.2ML	
HUMIRA INJ 40/0.4ML	
HUMIRA KIT 40MG/0.8	
HUMIRA PEDIA INJ CROHNS	
HUMIRA PEN INJ 40/0.4ML	
HUMIRA PEN INJ 40MG/0.8	
HUMIRA PEN INJ 80/0.8ML	
HUMIRA PEN INJ CD/UC/HS	
HUMIRA PEN INJ PS/UV	
HUMIRA PEN KIT CD/UC/HS	
HUMIRA PEN KIT PED UC	
HUMIRA PEN KIT PS/UV	

ANTIRHEUMATIC - ENZYME INHIBITORS

XELJANZ TAB 5MG	
XELJANZ TAB 10MG	
XELJANZ XR TAB 11MG	
XELJANZ XR TAB 22MG	

ANTIRHEUMATIC ANTIMETABOLITES

RASUVO INJ 7.5MG	PA
RASUVO INJ 10MG	PA
RASUVO INJ 12.5MG	PA
RASUVO INJ 15MG	PA
RASUVO INJ 17.5MG	PA
RASUVO INJ 20MG	PA
RASUVO INJ 22.5MG	PA

Drug Name	Requirements/Limits
RASUVO INJ 25MG	PA
RASUVO INJ 30MG	PA
INTERLEUKIN-6 RECEPTOR INHIBITORS	
KEVZARA INJ 150/1.14	
KEVZARA INJ 200/1.14	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	
<i>celecoxib cap 50 mg (generic of CELEBREX)</i>	
<i>celecoxib cap 100 mg (generic of CELEBREX)</i>	
<i>celecoxib cap 200 mg (generic of CELEBREX)</i>	
<i>celecoxib cap 400 mg (generic of CELEBREX)</i>	
<i>diclofenac potassium tab 50 mg</i>	
<i>diclofenac sodium tab delayed release 25 mg</i>	
<i>diclofenac sodium tab delayed release 50 mg</i>	
<i>diclofenac sodium tab delayed release 75 mg</i>	
<i>diclofenac sodium tab er 24hr 100 mg</i>	
<i>ec-naproxen tab 500mg (generic of EC-NAPROSYN)</i>	
<i>etodolac cap 200 mg</i>	
<i>etodolac cap 300 mg</i>	
<i>etodolac tab 400 mg (generic of LODINE)</i>	
<i>etodolac tab 500 mg</i>	
<i>flurbiprofen tab 100 mg</i>	
<i>ibu tab 400mg</i>	
<i>ibu tab 600mg</i>	
<i>ibu tab 800mg</i>	
<i>ibuprofen cap 200 mg</i>	OTC
<i>ibuprofen chew tab 100 mg</i>	OTC
<i>ibuprofen susp 40 mg/ml</i>	OTC
<i>ibuprofen susp 100 mg/5ml</i>	
<i>ibuprofen susp 100 mg/5ml</i>	OTC
<i>ibuprofen tab 100 mg</i>	OTC
<i>ibuprofen tab 200 mg</i>	OTC
<i>ibuprofen tab 400 mg</i>	
<i>ibuprofen tab 600 mg</i>	
<i>ibuprofen tab 800 mg</i>	
<i>indomethacin cap 25 mg</i>	
<i>indomethacin cap 50 mg</i>	
<i>ketorolac tromethamine tab 10 mg</i>	QL (20 tabs every 23 days)
MELOXICAM SUS 7.5/5ML	
<i>meloxicam susp 7.5 mg/5ml</i>	
<i>meloxicam tab 7.5 mg</i>	
<i>meloxicam tab 15 mg</i>	
<i>nabumetone tab 500 mg</i>	
<i>nabumetone tab 750 mg</i>	
<i>naproxen sodium tab 220 mg</i>	OTC

Drug Name	Requirements/Limits
<i>naproxen tab 250 mg</i>	
<i>naproxen tab 375 mg</i>	
<i>naproxen tab 500 mg (generic of NAPROSYN)</i>	
<i>naproxen tab ec 500 mg (generic of EC-NAPROSYN)</i>	
<i>oxaprozin tab 600 mg (generic of DAYPRO)</i>	
<i>sulindac tab 150 mg</i>	
<i>sulindac tab 200 mg</i>	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	
<i>OTEZLA TAB 10/20/30</i>	
<i>OTEZLA TAB 30MG</i>	
PYRIMIDINE SYNTHESIS INHIBITORS	
<i>leflunomide tab 10 mg (generic of ARAVA)</i>	
<i>leflunomide tab 20 mg (generic of ARAVA)</i>	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	
<i>ENBREL INJ 25/0.5ML</i>	
<i>ENBREL INJ 25MG</i>	
<i>ENBREL INJ 50MG/ML</i>	
<i>ENBREL MINI INJ 50MG/ML</i>	
<i>ENBREL SRCLK INJ 50MG/ML</i>	
ANALGESICS - NONNARCOTIC	
ANALGESIC COMBINATIONS	
<i>aspirin-acetaminophen-caffeine tab 250-250-65 mg</i>	OTC
<i>butalbital-acetaminophen tab 25-325 mg</i>	QL (60 tabs every 23 days)
<i>butalbital-acetaminophen tab 50-300 mg</i>	QL (60 tabs every 23 days)
<i>butalbital-acetaminophen tab 50-325 mg</i>	QL (60 tabs every 23 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg (generic of FIORICET)</i>	QL (60 caps every 23 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg (generic of ESGIC)</i>	QL (60 tabs every 23 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	QL (60 caps every 23 days)
<i>tencon tab 50-325mg</i>	QL (60 tabs every 23 days)
ANALGESICS OTHER	
<i>acetaminophen cap 500 mg</i>	OTC
<i>acetaminophen chew tab 80 mg</i>	OTC
<i>acetaminophen chew tab 160 mg</i>	OTC
<i>acetaminophen elixir 160 mg/5ml</i>	OTC
<i>acetaminophen liquid 160 mg/5ml</i>	OTC
<i>acetaminophen soln 160 mg/5ml</i>	OTC
<i>acetaminophen suppos 120 mg</i>	OTC
<i>acetaminophen suppos 650 mg</i>	OTC
<i>acetaminophen susp 160 mg/5ml</i>	OTC
<i>acetaminophen tab 325 mg</i>	OTC

Drug Name	Requirements/Limits
<i>acetaminophen tab 500 mg</i>	OTC
<i>acetaminophen tab er 650 mg</i>	OTC
FEVERALL INF SUP 80MG	OTC
FEVERALL SUP 325MG	OTC
TRIAMINIC SYP CHILD	OTC
TRIAMINIC SYP INFANT	OTC

SALICYLATES

ASCRIPITIN TAB	OTC
<i>aspirin chew tab 81 mg</i>	OTC
<i>aspirin tab 325 mg</i>	OTC
<i>aspirin tab 500 mg</i>	OTC
<i>aspirin tab delayed release 81 mg</i>	OTC
<i>aspirin tab delayed release 325 mg</i>	OTC
VAZALORE CAP 81MG	PA, OTC
VAZALORE CAP 325MG	PA, OTC

ANALGESICS - OPIOID

OPIOID AGONISTS

<i>codeine sulfate tab 30 mg</i>	QL (60 tabs every 23 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	PA, QL (10 patches every 23 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	PA, QL (10 patches every 23 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	PA, QL (10 patches every 23 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	PA, QL (10 patches every 23 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	PA, QL (10 patches every 23 days)
<i>hydromorphone hcl liqd 1 mg/ml (generic of DILAUDID)</i>	QL (675 mL every 23 days)
<i>hydromorphone hcl tab 2 mg (generic of DILAUDID)</i>	QL (180 tabs every 23 days)
<i>hydromorphone hcl tab 4 mg (generic of DILAUDID)</i>	QL (168 tabs every 23 days)
<i>hydromorphone hcl tab 8 mg (generic of DILAUDID)</i>	QL (84 tabs every 23 days)
<i>methadone hcl conc 10 mg/ml (generic of METHADOSE)</i>	PA, QL (450 mL every 23 days)
<i>methadone hcl soln 5 mg/5ml</i>	PA, QL (900 mL every 23 days)
<i>methadone hcl soln 10 mg/5ml</i>	PA, QL (450 mL every 23 days)
<i>methadone hcl tab 5 mg</i>	PA, QL (180 tabs every 23 days)
<i>methadone hcl tab 10 mg</i>	PA, QL (90 tabs every 23 days)

Drug Name	Requirements/Limits
<i>methadone hcl tab for oral susp 40 mg</i>	PA, QL (23 tabs every 23 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	PA, QL (90 caps every 23 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	PA, QL (60 caps every 23 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	PA, QL (45 caps every 23 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	PA, QL (36 caps every 23 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	PA, QL (30 caps every 23 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	PA, QL (23 caps every 23 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	PA, QL (135 caps every 23 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	PA, QL (90 caps every 23 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	PA
<i>morphine sulfate cap er 24hr 60 mg</i>	PA, QL (45 caps every 23 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	PA
<i>morphine sulfate cap er 24hr 100 mg</i>	PA, QL (27 caps every 23 days)
<i>morphine sulfate oral soln 10 mg/5ml</i>	QL (1350 mL every 23 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	QL (675 mL every 23 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	PA, QL (135 mL every 23 days)
<i>morphine sulfate suppos 5 mg</i>	QL (180 supp every 23 days)
<i>morphine sulfate suppos 10 mg</i>	QL (180 supp every 23 days)
<i>morphine sulfate suppos 20 mg</i>	QL (135 supp every 23 days)
<i>morphine sulfate suppos 30 mg</i>	QL (90 supp every 23 days)
<i>morphine sulfate tab 15 mg</i>	QL (180 tabs every 23 days)
<i>morphine sulfate tab 30 mg</i>	QL (90 tabs every 23 days)
<i>morphine sulfate tab er 15 mg (generic of MS CONTIN)</i>	PA, QL (180 tabs every 23 days)
<i>morphine sulfate tab er 30 mg (generic of MS CONTIN)</i>	PA, QL (90 tabs every 23 days)
<i>morphine sulfate tab er 60 mg (generic of MS CONTIN)</i>	PA, QL (45 tabs every 23 days)
<i>morphine sulfate tab er 100 mg (generic of MS CONTIN)</i>	PA, QL (27 tabs every 23 days)

Drug Name	Requirements/Limits
<i>morphine sulfate tab er 200 mg (generic of MS CONTIN)</i>	PA, QL (13.5 tabs every 23 days)
<i>oxycodone hcl cap 5 mg</i>	QL (180 caps every 23 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	QL (90 mL every 23 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	QL (1800 mL every 23 days)
<i>oxycodone hcl tab 5 mg</i>	QL (180 tabs every 23 days)
<i>oxycodone hcl tab 10 mg</i>	QL (180 tabs every 23 days)
<i>oxycodone hcl tab 15 mg (generic of ROXICODONE)</i>	QL (120 tabs every 23 days)
<i>oxycodone hcl tab 20 mg</i>	QL (90 tabs every 23 days)
<i>oxycodone hcl tab 30 mg (generic of ROXICODONE)</i>	QL (60 tabs every 23 days)
<i>oxymorphone hcl tab er 12hr 5 mg</i>	PA, QL (180 tabs every 23 days)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	PA, QL (120 tabs every 23 days)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	PA, QL (90 tabs every 23 days)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	PA, QL (60 tabs every 23 days)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	PA, QL (45 tabs every 23 days)
<i>oxymorphone hcl tab er 12hr 30 mg</i>	PA, QL (30 tabs every 23 days)
<i>oxymorphone hcl tab er 12hr 40 mg</i>	PA, QL (23 tabs every 23 days)
<i>tramadol hcl tab 50 mg</i>	QL (180 tabs every 23 days)

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL (1000 mL every 23 days); Limit of 2 fills / 90 days
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (60 tabs every 23 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL (60 tabs every 23 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL (60 tabs every 23 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (generic of FIORICET/CODEINE)</i>	QL (60 caps every 23 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	QL (60 caps every 23 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	QL (60 caps every 23 days)
<i>endocet tab 5-325mg (generic of PERCOCET)</i>	QL (180 tabs every 23 days)
<i>endocet tab 7.5-325 (generic of PERCOCET)</i>	QL (180 tabs every 23 days)
<i>endocet tab 10-325mg (generic of PERCOCET)</i>	QL (180 tabs every 23 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL (2750 mL every 23 days)

Drug Name	Requirements/Limits
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL (180 tabs every 23 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL (180 tabs every 23 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL (180 tabs every 23 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET)	QL (180 tabs every 23 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET)	QL (180 tabs every 23 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET)	QL (180 tabs every 23 days)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	QL (180 tabs every 23 days)

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i> (base equiv) (generic of SUBOXONE)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i> (base equiv) (generic of SUBOXONE)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i> (base equiv) (generic of SUBOXONE)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i> (base equiv) (generic of SUBOXONE)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i> (base equiv)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i> (base equiv)
SUBLOCADE INJ 100/0.5
SUBLOCADE INJ 300/1.5
ZUBSOLV SUB 0.7-0.18
ZUBSOLV SUB 1.4-0.36
ZUBSOLV SUB 2.9-0.71
ZUBSOLV SUB 5.7-1.4
ZUBSOLV SUB 8.6-2.1
ZUBSOLV SUB 11.4-2.9

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

<i>oxandrolone tab 2.5 mg</i>
<i>oxandrolone tab 10 mg</i>

ANDROGENS

<i>testosterone cypionate im inj in oil 100 mg/ml</i> (generic of DEPO-TESTOSTERONE)
<i>testosterone cypionate im inj in oil 200 mg/ml</i> (generic of DEPO-TESTOSTERONE)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>
<i>testosterone td gel 10mg/act (2%)</i> (generic of FORTESTA)

Drug Name	Requirements/Limits
<i>testosterone td gel 50 mg/5gm (1%) (generic of TESTIM)</i>	
<i>testosterone td soln 30 mg/act</i>	
ANORECTAL AND RELATED PRODUCTS	
INTRARECTAL STEROIDS	
<i>CORTIFOAM AER 90MG</i>	
<i>hydrocortisone enema 100 mg/60ml (generic of CORTENEMA)</i>	
RECTAL COMBINATIONS	
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	
RECTAL LOCAL ANESTHETICS	
<i>lidocaine anorectal cream 5%</i>	OTC
RECTAL STEROIDS	
<i>hydrocortisone perianal cream 1% (generic of PROCTOCORT)</i>	
<i>hydrocortisone perianal cream 2.5% (generic of ANUSOL-HC)</i>	
<i>procto-med cre hc 2.5% (generic of ANUSOL-HC)</i>	
<i>procto-pak cre 1% (generic of PROCTOCORT)</i>	
<i>proctosol hc cre 2.5% (generic of ANUSOL-HC)</i>	
<i>proctozone cre -hc 2.5% (generic of ANUSOL-HC)</i>	
ANTACIDS	
ANTACID COMBINATIONS	
<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	OTC
ANTACIDS - ALUMINUM SALTS	
<i>ALUM HYDROX SUS 320/5ML</i>	OTC
ANTACIDS - BICARBONATE	
<i>sodium bicarbonate tab 650 mg</i>	OTC
ANTACIDS - CALCIUM SALTS	
<i>calcium carbonate (antacid) chew tab 420 mg</i>	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) susp 1250 mg/5ml</i>	OTC
ANTACIDS - MAGNESIUM SALTS	
<i>magnesium oxide tab 400 mg</i>	OTC

Drug Name	Requirements/Limits
ANTHELMINTICS	
ANTHELMINTICS	
<i>albendazole tab 200 mg</i>	
<i>ivermectin tab 3 mg (generic of STROMEKTOL)</i>	PA
<i>praziquantel tab 600 mg (generic of BILTRICIDE)</i>	
<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml baseOTC equiv)</i>	
ANTI-INFECTIVE AGENTS - MISC.	
ANTI-INFECTIVE AGENTS - MISC.	
<i>metronidazole tab 250 mg</i>	
<i>metronidazole tab 500 mg</i>	
<i>pentamidine isethionate for nebulization soln 300 mg (generic of NEBUPENT)</i>	
<i>trimethoprim tab 100 mg</i>	
XIFAXAN TAB 550MG	
ANTI-INFECTIVE MISC. - COMBINATIONS	
<i>hyophen tab</i>	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	
<i>sulfatrim pd sus 200-40/5</i>	
<i>uribel cap 118mg</i>	
<i>uro-mp cap 118mg</i>	
<i>uro-sp cap 118mg</i>	
<i>vilamit mb cap 118mg</i>	
ANTIPROTOZOAL AGENTS	
<i>atovaquone susp 750 mg/5ml (generic of MEPRON)</i>	
LAMPIT TAB 30MG	
LAMPIT TAB 120MG	
GLYCOPEPTIDES	
FIRVANQ SOL 25MG/ML	
FIRVANQ SOL 50MG/ML	
<i>vancomycin hcl cap 125 mg (base equivalent) (generic of VANCOCIN)</i>	
<i>vancomycin hcl cap 250 mg (base equivalent) (generic of VANCOCIN)</i>	
VANCOMYCIN SOL 250/5ML	
LEPROSTATICS	
<i>dapsone tab 25 mg</i>	
<i>dapsone tab 100 mg</i>	

Drug Name	Requirements/Limits
LINCOSAMIDES	
<i>clindamycin hcl cap 75 mg (generic of CLEOCIN)</i>	
<i>clindamycin hcl cap 150 mg (generic of CLEOCIN)</i>	
<i>clindamycin hcl cap 300 mg (generic of CLEOCIN)</i>	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (generic of CLEOCIN PEDIATRIC GRANULE)</i>	
OXAZOLIDINONES	
<i>linezolid for susp 100 mg/5ml (generic of ZYVOX)</i>	
<i>linezolid tab 600 mg (generic of ZYVOX)</i>	
URINARY ANTI-INFECTIVES	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent) (generic of MONUROL)</i>	
<i>methenamine hippurate tab 1 gm (generic of HIPREX)</i>	
<i>methenamine mandelate tab 0.5 gm</i>	
<i>methenamine mandelate tab 1 gm</i>	
<i>nitrofurantoin macrocrystalline cap 25 mg (generic of MACRODANTIN)</i>	
<i>nitrofurantoin macrocrystalline cap 50 mg (generic of MACRODANTIN)</i>	
<i>nitrofurantoin macrocrystalline cap 100 mg (generic of MACRODANTIN)</i>	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg (generic of MACROBID)</i>	
<i>nitrofurantoin susp 25 mg/5ml</i>	Covered for younger than age 8
ANTIANGINAL AGENTS	
ANTIANGINALS-OTHER	
<i>ranolazine tab er 12hr 500 mg</i>	
<i>ranolazine tab er 12hr 1000 mg</i>	
NITRATES	
<i>isosorbide dinitrate tab 5 mg (generic of ISORDIL TITRADOSE)</i>	
<i>isosorbide dinitrate tab 10 mg</i>	
<i>isosorbide dinitrate tab 20 mg</i>	
<i>isosorbide dinitrate tab 30 mg</i>	
<i>isosorbide mononitrate tab 10 mg</i>	
<i>isosorbide mononitrate tab 20 mg</i>	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	
<i>minitran dis 0.1mg/hr (generic of NITRO-DUR)</i>	
<i>minitran dis 0.2mg/hr (generic of NITRO-DUR)</i>	
<i>minitran dis 0.4mg/hr (generic of NITRO-DUR)</i>	

Drug Name	Requirements/Limits
<i>minitrans dis 0.6mg/hr</i> (generic of NITRO-DUR)	
NITRO-BID OIN 2%	
NITRO-DUR DIS 0.3MG/HR	
NITRO-DUR DIS 0.8MG/HR	
<i>nitroglycerin sl tab 0.3 mg</i> (generic of NITROSTAT)	
<i>nitroglycerin sl tab 0.4 mg</i> (generic of NITROSTAT)	
<i>nitroglycerin sl tab 0.6 mg</i> (generic of NITROSTAT)	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	
<i>nitroglycerin tl soln 0.4 mg/spray</i> (400 mcg/spray) (generic of NITROLINGUAL PUMPSPRAY)	

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

<i>buspirone hcl tab 5 mg</i>	
<i>buspirone hcl tab 7.5 mg</i>	
<i>buspirone hcl tab 10 mg</i>	
<i>buspirone hcl tab 15 mg</i>	
<i>buspirone hcl tab 30 mg</i>	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	
<i>hydroxyzine hcl tab 10 mg</i>	
<i>hydroxyzine hcl tab 25 mg</i>	
<i>hydroxyzine hcl tab 50 mg</i>	
<i>hydroxyzine pamoate cap 25 mg</i>	
<i>hydroxyzine pamoate cap 50 mg</i> (generic of VISTARIL)	
<i>hydroxyzine pamoate cap 100 mg</i>	

BENZODIAZEPINES

<i>alprazolam tab 0.5 mg</i> (generic of XANAX)	
<i>alprazolam tab 0.25 mg</i> (generic of XANAX)	
<i>alprazolam tab 1 mg</i> (generic of XANAX)	
<i>alprazolam tab 2 mg</i> (generic of XANAX)	
<i>chlordiazepoxide hcl cap 5 mg</i>	PA
<i>chlordiazepoxide hcl cap 10 mg</i>	PA
<i>chlordiazepoxide hcl cap 25 mg</i>	PA
<i>diazepam tab 2 mg</i> (generic of VALIUM)	
<i>diazepam tab 5 mg</i> (generic of VALIUM)	
<i>diazepam tab 10 mg</i> (generic of VALIUM)	
<i>lorazepam conc 2 mg/ml</i>	
<i>lorazepam tab 0.5 mg</i> (generic of ATIVAN)	
<i>lorazepam tab 1 mg</i> (generic of ATIVAN)	
<i>lorazepam tab 2 mg</i> (generic of ATIVAN)	
<i>oxazepam cap 10 mg</i>	
<i>oxazepam cap 15 mg</i>	

Drug Name	Requirements/Limits
<i>oxazepam cap 30 mg</i>	
ANTIARRHYTHMICS	
ANTIARRHYTHMICS TYPE I-A	
<i>disopyramide phosphate cap 100 mg (generic of NORPACE)</i>	
ANTIARRHYTHMICS TYPE I-C	
<i>flecainide acetate tab 50 mg</i>	
<i>flecainide acetate tab 100 mg</i>	
<i>flecainide acetate tab 150 mg</i>	
<i>propafenone hcl tab 150 mg</i>	
<i>propafenone hcl tab 225 mg</i>	
<i>propafenone hcl tab 300 mg</i>	
ANTIARRHYTHMICS TYPE III	
<i>amiodarone hcl tab 100 mg</i>	
<i>amiodarone hcl tab 200 mg</i>	
<i>amiodarone hcl tab 400 mg</i>	
<i>dofetilide cap 125 mcg (0.125 mg) (generic of TIKOSYN)</i>	
<i>dofetilide cap 250 mcg (0.25 mg) (generic of TIKOSYN)</i>	
<i>dofetilide cap 500 mcg (0.5 mg) (generic of TIKOSYN)</i>	
ASTHMATIC AND BRONCHODILATOR AGENTS	
ANTI-INFLAMMATORY AGENTS	
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	
ASTHMATIC - MONOCLONAL ANTIBODIES	
FASENRA INJ 30MG/ML	PA
FASENRA PEN INJ 30MG/ML	PA
NUCALA INJ 100MG	PA
XOLAIR SOL 150MG	PA
BRONCHODILATORS - ANTICHOLINERGICS	
ATROVENT HFA AER 17MCG	QL (2 inhalers every 45 days)
INCRUSE ELPT INH 62.5MCG	
<i>ipratropium bromide inhal soln 0.02%</i>	
SPIRIVA AER 1.25MCG	
SPIRIVA CAP HANDIHLR	
SPIRIVA SPR 2.5MCG	
LEUKOTRIENE MODULATORS	
<i>montelukast sodium chew tab 4 mg (base equiv) (generic of SINGULAIR)</i>	
<i>montelukast sodium chew tab 5 mg (base equiv) (generic of SINGULAIR)</i>	

Drug Name	Requirements/Limits
<i>montelukast sodium oral granules packet 4 mg (base equiv) (generic of SINGULAIR)</i>	
<i>montelukast sodium tab 10 mg (base equiv) (generic of SINGULAIR)</i>	
<i>zafirlukast tab 10 mg (generic of ACCOLATE)</i>	
<i>zafirlukast tab 20 mg (generic of ACCOLATE)</i>	

STEROID INHALANTS

ASMANEX 7 AER 110MCG	
ASMANEX 14 AER 220MCG	
ASMANEX 30 AER 110MCG	
ASMANEX 30 AER 220MCG	
ASMANEX 60 AER 220MCG	
ASMANEX 120 AER 220MCG	
ASMANEX HFA AER 50MCG	
ASMANEX HFA AER 100 MCG	
ASMANEX HFA AER 200 MCG	
<i>budesonide inhalation susp 0.5 mg/2ml (generic of PULMICORT)</i>	Covered for age 1 to 3
<i>budesonide inhalation susp 0.25 mg/2ml (generic of PULMICORT)</i>	Covered for age 1 to 3
<i>budesonide inhalation susp 1 mg/2ml (generic of PULMICORT)</i>	Covered for age 1 to 3
FLOVENT DISK AER 50MCG	
FLOVENT DISK AER 100MCG	
FLOVENT DISK AER 250MCG	
FLUTICAS HFA AER 44MCG	
FLUTICAS HFA AER 110MCG	
FLUTICAS HFA AER 220MCG	
QVAR REDIIHA AER 80MCG	QL (3 inhalers every 69 days)
QVAR REDIIHAL AER 40MCG	QL (3 inhalers every 69 days)

SYMPATHOMIMETICS

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (2 inhalers every 45 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROVENTIL HFA)</i>	QL (2 inhalers every 45 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	
<i>albuterol sulfate syrup 2 mg/5ml</i>	
<i>albuterol sulfate tab 2 mg</i>	
<i>albuterol sulfate tab 4 mg</i>	

Drug Name	Requirements/Limits
ANORO ELLIPT AER 62.5-25	
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT)</i>	
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT)</i>	
COMBIVENT AER 20-100	QL (2 inhalers every 45 days)
DULERA AER 50-5MCG	
DULERA AER 100-5MCG	
DULERA AER 200-5MCG	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	QL (3 inhalers every 69 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	QL (3 inhalers every 69 days)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	QL (3 inhalers every 69 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (generic of XOPENEX)</i>	
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (generic of XOPENEX)</i>	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (generic of XOPENEX)</i>	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (generic of XOPENEX CONCENTRATE)</i>	
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	QL (2 inhalers every 45 days)
PROAIR RESPI AER	QL (2 inhalers every 45 days)
SEREVENT DIS AER 50MCG	
STIOLTO AER 2.5-2.5	
<i>terbutaline sulfate tab 2.5 mg</i>	
<i>terbutaline sulfate tab 5 mg</i>	
TRELEGY AER 100MCG	
TRELEGY AER 200MCG	

XANTHINES

<i>theophylline soln 80 mg/15ml</i>
<i>theophylline tab er 12hr 300 mg</i>
<i>theophylline tab er 12hr 450 mg</i>
<i>theophylline tab er 24hr 400 mg</i>
<i>theophylline tab er 24hr 600 mg</i>

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

<i>jantoven tab 1mg</i>
<i>jantoven tab 2.5mg</i>
<i>jantoven tab 2mg</i>

Drug Name	Requirements/Limits
<i>jantoven tab 3mg</i>	
<i>jantoven tab 4mg</i>	
<i>jantoven tab 5mg</i>	
<i>jantoven tab 6mg</i>	
<i>jantoven tab 7.5mg</i>	
<i>jantoven tab 10mg</i>	
<i>warfarin sodium tab 1 mg</i>	
<i>warfarin sodium tab 2 mg</i>	
<i>warfarin sodium tab 2.5 mg</i>	
<i>warfarin sodium tab 3 mg</i>	
<i>warfarin sodium tab 4 mg</i>	
<i>warfarin sodium tab 5 mg</i>	
<i>warfarin sodium tab 6 mg</i>	
<i>warfarin sodium tab 7.5 mg</i>	
<i>warfarin sodium tab 10 mg</i>	
<i>DIRECT FACTOR XA INHIBITORS</i>	
<i>ELIQUIS ST P TAB 5MG</i>	
<i>ELIQUIS TAB 2.5MG</i>	
<i>ELIQUIS TAB 5MG</i>	
<i>XARELTO STAR TAB 15/20MG</i>	
<i>XARELTO TAB 10MG</i>	
<i>XARELTO TAB 15MG</i>	
<i>XARELTO TAB 20MG</i>	
<i>HEPARINS AND HEPARINOID-LIKE AGENTS</i>	
<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>	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml (generic of LOVENOX)</i>	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml (generic of LOVENOX)</i>	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml (generic of LOVENOX)</i>	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml (generic of LOVENOX)</i>	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml (generic of LOVENOX)</i>	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml (generic of LOVENOX)</i>	
<i>THROMBIN INHIBITORS</i>	
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq) (generic of PRADAXA)</i>	
<i>PRADAXA CAP 75MG</i>	

Drug Name	Requirements/Limits
PRADAXA CAP 110MG	
ANTICONVULSANTS	
ANTICONVULSANTS - BENZODIAZEPINES	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	
<i>clonazepam tab 0.5 mg (generic of KLONOPIN)</i>	
<i>clonazepam tab 1 mg (generic of KLONOPIN)</i>	
<i>clonazepam tab 2 mg (generic of KLONOPIN)</i>	
<i>diazepam rectal gel delivery system 2.5 mg</i>	
<i>diazepam rectal gel delivery system 10 mg</i>	
<i>diazepam rectal gel delivery system 20 mg</i>	
ANTICONVULSANTS - MISC.	
<i>carbamazepine cap er 12hr 100 mg (generic of CARBATROL)</i>	
<i>carbamazepine cap er 12hr 200 mg (generic of CARBATROL)</i>	
<i>carbamazepine cap er 12hr 300 mg (generic of CARBATROL)</i>	
<i>carbamazepine chew tab 100 mg</i>	
<i>carbamazepine susp 100 mg/5ml (generic of TEGRETOL)</i>	
<i>carbamazepine tab 200 mg (generic of TEGRETOL)</i>	
<i>carbamazepine tab er 12hr 100 mg (generic of TEGRETOL-XR)</i>	
<i>carbamazepine tab er 12hr 200 mg (generic of TEGRETOL-XR)</i>	
<i>carbamazepine tab er 12hr 400 mg (generic of TEGRETOL-XR)</i>	
<i>epitol tab 200mg (generic of TEGRETOL)</i>	
<i>gabapentin cap 100 mg (generic of NEURONTIN)</i>	
<i>gabapentin cap 300 mg (generic of NEURONTIN)</i>	
<i>gabapentin cap 400 mg (generic of NEURONTIN)</i>	
<i>gabapentin oral soln 250 mg/5ml (generic of NEURONTIN)</i>	
<i>gabapentin tab 600 mg (generic of NEURONTIN)</i>	
<i>gabapentin tab 800 mg (generic of NEURONTIN)</i>	
<i>lacosamide oral solution 10 mg/ml (generic of LACOSAMIDE)</i>	
<i>lacosamide tab 50 mg (generic of VIMPAT)</i>	
<i>lacosamide tab 100 mg (generic of VIMPAT)</i>	
<i>lacosamide tab 150 mg (generic of VIMPAT)</i>	
<i>lacosamide tab 200 mg (generic of VIMPAT)</i>	
<i>lamotrigine tab 25 mg (generic of LAMICTAL)</i>	
<i>lamotrigine tab 100 mg (generic of LAMICTAL)</i>	
<i>lamotrigine tab 150 mg (generic of LAMICTAL)</i>	
<i>lamotrigine tab 200 mg (generic of LAMICTAL)</i>	

Drug Name	Requirements/Limits
<i>lamotrigine tab chewable dispersible 5 mg (generic of LAMICTAL CHEWABLE DISPERS)</i>	
<i>lamotrigine tab chewable dispersible 25 mg (generic of LAMICTAL CHEWABLE DISPERS)</i>	
<i>levetiracetam oral soln 100 mg/ml (generic of KEPPRA)</i>	
<i>levetiracetam tab 250 mg (generic of KEPPRA)</i>	
<i>levetiracetam tab 500 mg (generic of KEPPRA)</i>	
<i>levetiracetam tab 750 mg (generic of KEPPRA)</i>	
<i>levetiracetam tab 1000 mg (generic of KEPPRA)</i>	
<i>levetiracetam tab er 24hr 500 mg (generic of KEPPRA XR)</i>	
<i>levetiracetam tab er 24hr 750 mg (generic of KEPPRA XR)</i>	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml) (generic of TRILEPTAL)</i>	
<i>oxcarbazepine tab 150 mg (generic of TRILEPTAL)</i>	
<i>oxcarbazepine tab 300 mg (generic of TRILEPTAL)</i>	
<i>oxcarbazepine tab 600 mg (generic of TRILEPTAL)</i>	
OXTELLAR XR TAB 150MG	PA
OXTELLAR XR TAB 300MG	PA
OXTELLAR XR TAB 600MG	PA
<i>pregabalin cap 25 mg (generic of LYRICA)</i>	
<i>pregabalin cap 50 mg (generic of LYRICA)</i>	
<i>pregabalin cap 75 mg (generic of LYRICA)</i>	
<i>pregabalin cap 100 mg (generic of LYRICA)</i>	
<i>pregabalin cap 150 mg (generic of LYRICA)</i>	
<i>pregabalin cap 200 mg (generic of LYRICA)</i>	
<i>pregabalin cap 225 mg (generic of LYRICA)</i>	
<i>pregabalin cap 300 mg (generic of LYRICA)</i>	
<i>pregabalin soln 20 mg/ml (generic of LYRICA)</i>	
<i>primidone tab 50 mg (generic of MYSOLINE)</i>	
<i>primidone tab 250 mg (generic of MYSOLINE)</i>	
<i>topiramate sprinkle cap 15 mg (generic of TOPAMAX SPRINKLE)</i>	
<i>topiramate sprinkle cap 25 mg (generic of TOPAMAX SPRINKLE)</i>	
<i>topiramate tab 25 mg (generic of TOPAMAX)</i>	
<i>topiramate tab 50 mg (generic of TOPAMAX)</i>	
<i>topiramate tab 100 mg (generic of TOPAMAX)</i>	
<i>topiramate tab 200 mg (generic of TOPAMAX)</i>	
<i>zonisamide cap 25 mg (generic of ZONEGRAN)</i>	
<i>zonisamide cap 50 mg</i>	
<i>zonisamide cap 100 mg (generic of ZONEGRAN)</i>	

GABA MODULATORS

<i>tiagabine hcl tab 2 mg (generic of GABITRIL)</i>

Drug Name	Requirements/Limits
<i>tiagabine hcl tab 4 mg</i> (generic of GABITRIL)	
<i>tiagabine hcl tab 12 mg</i> (generic of GABITRIL)	
<i>tiagabine hcl tab 16 mg</i> (generic of GABITRIL)	
<i>vigabatrin powd pack 500 mg</i> (generic of SABRIL)	PA
<i>vigadrone pow 500mg</i> (generic of SABRIL)	PA

HYDANTOINS

<i>DILANTIN CAP 30MG</i>
<i>phenytoin chew tab 50 mg</i> (generic of DILANTIN INFATABS)
<i>phenytoin sodium extended cap 100 mg</i> (generic of DILANTIN)
<i>phenytoin sodium extended cap 200 mg</i> (generic of PHENYTEK)
<i>phenytoin sodium extended cap 300 mg</i> (generic of PHENYTEK)
<i>phenytoin susp 125 mg/5ml</i> (generic of DILANTIN-125)

SUCCINIMIDES

<i>ethosuximide cap 250 mg</i> (generic of ZARONTIN)
<i>ethosuximide soln 250 mg/5ml</i> (generic of ZARONTIN)

VALPROIC ACID

<i>divalproex sodium tab delayed release 125 mg</i> (generic of DEPAKOTE)
<i>divalproex sodium tab delayed release 250 mg</i> (generic of DEPAKOTE)
<i>divalproex sodium tab delayed release 500 mg</i> (generic of DEPAKOTE)
<i>divalproex sodium tab er 24 hr 250 mg</i> (generic of DEPAKOTE ER)
<i>divalproex sodium tab er 24 hr 500 mg</i> (generic of DEPAKOTE ER)
<i>valproate sodium oral soln 250 mg/5ml</i> (base equiv)
<i>valproic acid cap 250 mg</i>

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tab 7.5 mg</i>
<i>mirtazapine tab 15 mg</i> (generic of REMERON)
<i>mirtazapine tab 30 mg</i> (generic of REMERON)
<i>mirtazapine tab 45 mg</i>

ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tab 75 mg</i>
<i>bupropion hcl tab 100 mg</i>

Drug Name	Requirements/Limits
<i>bupropion hcl tab er 12hr 100 mg (generic of WELLBUTRIN SR)</i>	
<i>bupropion hcl tab er 12hr 150 mg (generic of WELLBUTRIN SR)</i>	
<i>bupropion hcl tab er 12hr 200 mg (generic of WELLBUTRIN SR)</i>	
<i>bupropion hcl tab er 24hr 150 mg (generic of WELLBUTRIN XL)</i>	
<i>bupropion hcl tab er 24hr 300 mg (generic of WELLBUTRIN XL)</i>	
<i>bupropion hcl tab er 24hr 450 mg</i>	
MONOAMINE OXIDASE INHIBITORS (MAOIS)	
<i>MARPLAN TAB 10MG</i>	
<i>phenelzine sulfate tab 15 mg (generic of NARDIL)</i>	
<i>tranylcypromine sulfate tab 10 mg (generic of PARNATE)</i>	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS	
<i>SPRAVATO SOL 56MG DOS</i>	PA
<i>SPRAVATO SOL 84MG DOS</i>	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	
<i>citalopram hydrobromide tab 10 mg (base equiv) (generic of CELEXA)</i>	
<i>citalopram hydrobromide tab 20 mg (base equiv) (generic of CELEXA)</i>	
<i>citalopram hydrobromide tab 40 mg (base equiv) (generic of CELEXA)</i>	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	
<i>escitalopram oxalate tab 5 mg (base equiv) (generic of LEXAPRO)</i>	
<i>escitalopram oxalate tab 10 mg (base equiv) (generic of LEXAPRO)</i>	
<i>escitalopram oxalate tab 20 mg (base equiv) (generic of LEXAPRO)</i>	
<i>fluoxetine hcl cap 10 mg (generic of PROZAC)</i>	
<i>fluoxetine hcl cap 20 mg (generic of PROZAC)</i>	
<i>fluoxetine hcl cap 40 mg (generic of PROZAC)</i>	
<i>fluoxetine hcl cap delayed release 90 mg</i>	
<i>fluoxetine hcl solution 20 mg/5ml</i>	
<i>fluoxetine hcl tab 10 mg</i>	
<i>fluoxetine hcl tab 20 mg</i>	
<i>fluoxetine hcl tab 60 mg (generic of FLUOXETINE HYDROCHLORIDE)</i>	
<i>fluvoxamine maleate tab 25 mg</i>	
<i>fluvoxamine maleate tab 50 mg</i>	
<i>fluvoxamine maleate tab 100 mg</i>	
<i>paroxetine hcl tab 10 mg (generic of PAXIL)</i>	

Drug Name	Requirements/Limits
<i>paroxetine hcl tab 20 mg (generic of PAXIL)</i>	
<i>paroxetine hcl tab 30 mg (generic of PAXIL)</i>	
<i>paroxetine hcl tab 40 mg (generic of PAXIL)</i>	
<i>paroxetine hcl tab er 24hr 12.5 mg (generic of PAXIL CR)</i>	
<i>paroxetine hcl tab er 24hr 25 mg (generic of PAXIL CR)</i>	
<i>paroxetine hcl tab er 24hr 37.5 mg (generic of PAXIL CR)</i>	
<i>sertraline hcl oral concentrate for solution 20 mg/ml (generic of ZOLOFT)</i>	
<i>sertraline hcl tab 25 mg (generic of ZOLOFT)</i>	
<i>sertraline hcl tab 50 mg (generic of ZOLOFT)</i>	
<i>sertraline hcl tab 100 mg (generic of ZOLOFT)</i>	

SEROTONIN MODULATORS

<i>trazodone hcl tab 50 mg</i>
<i>trazodone hcl tab 100 mg</i>
<i>trazodone hcl tab 150 mg</i>
<i>trazodone hcl tab 300 mg</i>

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq) (generic of CYMBALTA)</i>
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (generic of CYMBALTA)</i>
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq) (generic of CYMBALTA)</i>
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (generic of EFFEXOR XR)</i>
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (generic of EFFEXOR XR)</i>
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent) (generic of EFFEXOR XR)</i>
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>

Drug Name	Requirements/Limits
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venlafaxine hcl tab er 24hr 225 mg (base equivalent)	
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TRICYCLIC AGENTS

amitriptyline hcl tab 10 mg	
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amitriptyline hcl tab 25 mg	
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amitriptyline hcl tab 50 mg	
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amitriptyline hcl tab 75 mg	
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amitriptyline hcl tab 100 mg	
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amitriptyline hcl tab 150 mg	
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clomipramine hcl cap 25 mg (generic of ANAFRANIL)	
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clomipramine hcl cap 50 mg (generic of ANAFRANIL)	
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clomipramine hcl cap 75 mg (generic of ANAFRANIL)	
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desipramine hcl tab 10 mg (generic of NORPRAMIN)	
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desipramine hcl tab 25 mg (generic of NORPRAMIN)	
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desipramine hcl tab 50 mg	
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desipramine hcl tab 75 mg	
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desipramine hcl tab 100 mg	
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desipramine hcl tab 150 mg	
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doxepin hcl cap 10 mg	
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doxepin hcl cap 25 mg	
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doxepin hcl cap 50 mg	
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doxepin hcl cap 75 mg	
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doxepin hcl cap 100 mg	
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doxepin hcl cap 150 mg	
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imipramine hcl tab 10 mg	
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imipramine hcl tab 25 mg	
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imipramine hcl tab 50 mg	
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nortriptyline hcl cap 10 mg (generic of PAMELOR)	
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nortriptyline hcl cap 25 mg (generic of PAMELOR)	
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nortriptyline hcl cap 50 mg (generic of PAMELOR)	
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nortriptyline hcl cap 75 mg (generic of PAMELOR)	
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nortriptyline hcl soln 10 mg/5ml	
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ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

acarbose tab 25 mg	
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acarbose tab 50 mg	
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acarbose tab 100 mg	
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ANTIDIABETIC COMBINATIONS

alogliptin-metformin hcl tab 12.5-500 mg	
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alogliptin-metformin hcl tab 12.5-1000 mg	
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Drug Name	Requirements/Limits
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	
<i>alogliptin-pioglitazone tab 25-15 mg</i>	
<i>alogliptin-pioglitazone tab 25-30 mg</i>	
<i>alogliptin-pioglitazone tab 25-45 mg</i>	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
<i>glipizide-metformin hcl tab 5-500 mg</i>	
<i>glyburide-metformin tab 1.25-250 mg</i>	
<i>glyburide-metformin tab 2.5-500 mg</i>	
<i>glyburide-metformin tab 5-500 mg</i>	
GLYXAMBI TAB 10-5 MG	
GLYXAMBI TAB 25-5 MG	
INVOKAMET TAB 50-500MG	
INVOKAMET TAB 50-1000	
INVOKAMET TAB 150-500	
INVOKAMET TAB 150-1000	
INVOKAMET XR TAB 50-500MG	
INVOKAMET XR TAB 50-1000	
INVOKAMET XR TAB 150-500	
INVOKAMET XR TAB 150-1000	
JANUMET TAB 50-500MG	
JANUMET TAB 50-1000	
JANUMET XR TAB 50-500MG	
JANUMET XR TAB 50-1000	
JANUMET XR TAB 100-1000	
<i>pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)</i>	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)</i>	
SEGLUROMET TAB 2.5-500	
SEGLUROMET TAB 2.5-1000	
SEGLUROMET TAB 7.5-500	
SEGLUROMET TAB 7.5-1000	
SOLIQUA INJ 100/33	
STEGLUJAN TAB 5-100MG	
STEGLUJAN TAB 15-100MG	
TRIJARDY XR TAB	
XIGDUO XR TAB 2.5-1000	
XIGDUO XR TAB 5-500MG	
XIGDUO XR TAB 5-1000MG	

Drug Name	Requirements/Limits
XIGDUO XR TAB 10-500MG	
XIGDUO XR TAB 10-1000	

BIGUANIDES

<i>metformin hcl tab 500 mg</i>	QL (120 tabs every 23 days)
<i>metformin hcl tab 850 mg</i>	
<i>metformin hcl tab 1000 mg</i>	QL (90 tabs every 23 days)
<i>metformin hcl tab er 24hr 500 mg</i>	metformin ext-rel 1000 mg not covered
<i>metformin hcl tab er 24hr 750 mg</i>	metformin ext-rel 1000 mg not covered
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	

DIABETIC OTHER

BAQSIMI ONE POW 3MG/DOSE	
BAQSIMI TWO POW 3MG/DOSE	
<i>diazoxide susp 50 mg/ml (generic of PROGLYCEM)</i>	
<i>glucagon (rdna) for inj kit 1 mg (generic of GLUCAGON EMERGENCY KIT)</i>	

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	
JANUVIA TAB 25MG	
JANUVIA TAB 50MG	
JANUVIA TAB 100MG	
ONGLYZA TAB 2.5MG	
ONGLYZA TAB 5MG	
TRADJENTA TAB 5MG	

INCRETIN MIMETIC AGENTS

MOUNJARO INJ 2.5/0.5	PA
MOUNJARO INJ 5MG/0.5	PA
MOUNJARO INJ 7.5/0.5	PA
MOUNJARO INJ 10MG/0.5	PA
MOUNJARO INJ 12.5/0.5	PA
MOUNJARO INJ 15MG/0.5	PA
OZEMPIC INJ 2/1.5ML	
OZEMPIC INJ 2MG/3ML	
OZEMPIC INJ 4MG/3ML	
OZEMPIC INJ 8MG/3ML	
RYBELSUS TAB 3MG	
RYBELSUS TAB 7MG	
RYBELSUS TAB 14MG	
TRULICITY INJ 0.75/0.5	
TRULICITY INJ 1.5/0.5	
TRULICITY INJ 3/0.5	

Drug Name	Requirements/Limits
TRULICITY INJ 4.5/0.5	
VICTOZA INJ 18MG/3ML	
INSULIN	
ADMELOG INJ 100U/ML	
ADMELOG SOLO INJ 100U/ML	
BASAGLAR INJ 100U/ML KWP	
HUMULIN R INJ U-100	OTC
HUMULIN R INJ U-500	
HUMULIN R INJ U-500 KWP	
INSULIN ASPART INJ 100U/ML FP	
INSULIN ASPART INJ 100U/ML PEN	
INSULIN ASPART MIX 70/30 INJ 100U/ML	
INSULIN ASPART MIX 70/30 INJ 100U/ML FP	
INSULIN DEGLUDEC INJ 100U/ML	
INSULIN DEGLUDEC INJ 100U/ML FLX	
INSULIN DEGLUDEC INJ 200U/ML FLX	
INSULIN GLARGINE INJ 100U/ML PEN	
INSULIN LISPRO INJ 100U/ML	
INSULIN LISPRO INJ 100U/ML JR KWP	
INSULIN LISPRO INJ 100U/ML KWP	
INSULIN LISPRO MIX 75/25 INJ 100U/ML PEN	
NOVOLIN 70/30 INJ 100U/ML	OTC
NOVOLIN 70/30 INJ 100U/ML FP	OTC
NOVOLIN 70/30 INJ 100U/ML RELION	OTC
NOVOLIN N INJ 100U/ML PEN	OTC
NOVOLIN N INJ 100U/ML RELION	OTC
NOVOLIN N INJ U-100	OTC
NOVOLIN R INJ 100U/ML PEN	OTC
NOVOLIN R INJ 100U/ML RELION	OTC
NOVOLIN R INJ U-100	OTC
INSULIN SENSITIZING AGENTS	
<i>pioglitazone hcl tab 15 mg (base equiv) (generic of ACTOS)</i>	
<i>pioglitazone hcl tab 30 mg (base equiv) (generic of ACTOS)</i>	
<i>pioglitazone hcl tab 45 mg (base equiv) (generic of ACTOS)</i>	
MEGLITINIDE ANALOGUES	
<i>nateglinide tab 60 mg</i>	
<i>nateglinide tab 120 mg</i>	
<i>repaglinide tab 0.5 mg</i>	
<i>repaglinide tab 1 mg</i>	
<i>repaglinide tab 2 mg</i>	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	
FARXIGA TAB 5MG	

Drug Name	Requirements/Limits
FARXIGA TAB 10MG	
INVOKANA TAB 100MG	
INVOKANA TAB 300MG	
JARDIANCE TAB 10MG	
JARDIANCE TAB 25MG	
STEGLATRO TAB 5MG	
STEGLATRO TAB 15MG	

SULFONYLUREAS

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

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

ACIDOPHILUS TAB COMPLEX	OTC
ACIDOPHILUS WAFER	OTC
ACIDOPHILUS/ WAF BIFIDUS	OTC
BILAC CAP	
BIOGAIA CHW 100M CEL	OTC
BIOGAIA CHW GASTRUS	OTC
BIOGAIA DRO PROBIOTI	OTC
BIOGAIA DRO PRODENTI	OTC
BIOGAIA LOZ PRODENTI	OTC
BIOGAIA MIS PROBIOTI	OTC
BIOGAIA PROD LOZ KIDS	OTC
BIOGAIA PROT DRO BABY	OTC

Drug Name	Requirements/Limits
BIOMEPRO CAP	OTC
BIOMEPRO LIQ	OTC
<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
CULTURELLE CAP	OTC
CULTURELLE KIDS CHEW	OTC
CULTURELLE KIDS PAK	OTC
DERMACINRX CAP PROBISOL	
DERMACINRX CAP PROBITRA	
DEVROM CAP 200MG	OTC
ELACTIA CAP	OTC
EVIVO PAK	OTC
FLORASAVE CAP	OTC
FLORASTOR CAP	OTC
FLORASTOR PAK KIDS	OTC
FLORATUMMY TAB PROBIOTI	OTC
GERBER GENTL DRO PROBIOTI	OTC
GERBR SOOTHE DRO COLIC	OTC
GOOD START CHW GROW KID	OTC
GOOD START POW GROW KID	OTC
JARRO BABY POW PRO-PRE	OTC
LACTEROL CAP	
<i>lactobacillus - packet</i>	OTC
<i>lactobacillus cap</i>	OTC
<i>lactobacillus chew tab</i>	OTC
<i>lactobacillus rhamnosus (gg) cap</i>	OTC
<i>lactobacillus tab</i>	OTC
<i>lactojen cap</i>	
OMNI-BIOTIC KIT AB 10	OTC
PEDIA-LAX CHW YUMS	OTC
PROBINATE CAP	
PROBIOTIC DROPS	OTC
<i>probiotic product - chew tab</i>	OTC
PROBIOTIC TAB	OTC
PRODIGEN CAP	
PROMELLA CAP PREBIOTI	
S. BOULARDII CAP PROBIOTI	OTC
SACCHAROMYCE CAP BOULARDI	OTC
<i>saccharomyces boulardii cap 250 mg</i>	OTC
TRUBIOTICS LIQ BABY	OTC
VISBIOME PAK	
VSL#3 DS PAK 900BIL	
VSL#3 PAK 450 BIL	OTC

Drug Name	Requirements/Limits
XYBIOTIC CAP	
ZELAC CAP	
ANTIPERISTALTIC AGENTS	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	
<i>loperamide hcl cap 2 mg</i>	OTC
<i>loperamide hcl liq 1 mg/7.5ml</i>	OTC
<i>loperamide hcl soln 2 mg/15ml</i>	OTC
<i>loperamide hcl tab 2 mg</i>	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS	
ANTIDOTES - CHELATING AGENTS	
CHEMET CAP 100MG	
<i>deferasirox granules packet 90 mg (generic of JADENU SPRINKLE)</i>	
<i>deferasirox granules packet 180 mg (generic of JADENU SPRINKLE)</i>	
<i>deferasirox granules packet 360 mg (generic of JADENU SPRINKLE)</i>	
<i>deferasirox tab 90 mg (generic of JADENU)</i>	
<i>deferasirox tab 180 mg (generic of JADENU)</i>	
<i>deferasirox tab 360 mg (generic of JADENU)</i>	
ANTIDOTES AND SPECIFIC ANTAGONISTS	
IOSAT TAB 130MG	OTC
OPIOID ANTAGONISTS	
KLOXXADO SPR 8MG	
<i>naloxone hcl nasal spray 4 mg/0.1ml (generic of NARCAN)</i>	
<i>naltrexone hcl tab 50 mg</i>	
VIVITROL INJ 380MG	
ANTIEMETICS	
5-HT₃ RECEPTOR ANTAGONISTS	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	
<i>granisetron hcl tab 1 mg</i>	QL (10 tabs every 23 days)
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	
<i>ondansetron hcl tab 4 mg</i>	
<i>ondansetron hcl tab 8 mg</i>	
<i>ondansetron hcl tab 24 mg</i>	
<i>ondansetron orally disintegrating tab 4 mg</i>	
<i>ondansetron orally disintegrating tab 8 mg</i>	

Drug Name	Requirements/Limits
ANTIEMETICS - ANTICHOLINERGIC	
<i>dimenhydrinate tab 50 mg</i>	OTC
<i>meclizine hcl chew tab 25 mg</i>	OTC
<i>meclizine hcl chew tab 25 mg (generic of ANTIVERT)</i>	
<i>meclizine hcl tab 12.5 mg</i>	
<i>meclizine hcl tab 12.5 mg</i>	OTC
<i>meclizine hcl tab 25 mg</i>	
<i>meclizine hcl tab 25 mg</i>	OTC
<i>scopolamine td patch 72hr 1 mg/3days (generic of TRANSDERM-SCOP)</i>	
ANTIEMETICS - MISCELLANEOUS	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)</i>	QL (120 tabs every 23 days)
<i>fructose-dextrose-phosphoric acid oral soln</i>	OTC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	
<i>aprepitant capsule 40 mg</i>	
<i>aprepitant capsule 80 mg (generic of EMEND)</i>	
<i>aprepitant capsule 125 mg</i>	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	
ANTIFUNGALS	
ANTIFUNGALS	
<i>griseofulvin microsize susp 125 mg/5ml</i>	
<i>griseofulvin microsize tab 500 mg</i>	
<i>griseofulvin ultramicrosize tab 125 mg</i>	
<i>griseofulvin ultramicrosize tab 250 mg</i>	
<i>nystatin tab 500000 unit</i>	
<i>terbinafine hcl tab 250 mg</i>	
IMIDAZOLE-RELATED ANTIFUNGALS	
<i>fluconazole for susp 10 mg/ml (generic of DIFLUCAN)</i>	
<i>fluconazole for susp 40 mg/ml (generic of DIFLUCAN)</i>	
<i>fluconazole tab 50 mg</i>	
<i>fluconazole tab 100 mg (generic of DIFLUCAN)</i>	
<i>fluconazole tab 150 mg (generic of DIFLUCAN)</i>	QL (4 tabs every 23 days)
<i>fluconazole tab 200 mg (generic of DIFLUCAN)</i>	
<i>itraconazole cap 100 mg (generic of SPORANOX)</i>	
<i>NOXAFIL SUS 40MG/ML</i>	PA
<i>voriconazole for susp 40 mg/ml (generic of VFEND)</i>	
<i>voriconazole tab 50 mg (generic of VFEND)</i>	
<i>voriconazole tab 200 mg (generic of VFEND)</i>	

Drug Name	Requirements/Limits
ANTIHIISTAMINES	
ANTIHIISTAMINES - ALKYLAMINES	
<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	OTC
<i>chlorpheniramine maleate tab 4 mg</i>	OTC
ANTIHIISTAMINES - ETHANOLAMINES	
<i>clemastine fumarate tab 1.34 mg (1 mg base equiv)</i>	OTC
<i>diphenhydramine hcl cap 25 mg</i>	OTC
<i>diphenhydramine hcl cap 50 mg</i>	OTC
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	OTC
<i>diphenhydramine hcl tab 25 mg</i>	OTC
ANTIHIISTAMINES - NON-SEDATING	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	OTC
<i>cetirizine hcl tab 5 mg</i>	OTC
<i>cetirizine hcl tab 10 mg</i>	OTC
<i>fexofenadine hcl susp 30 mg/5ml (6 mg/ml)</i>	OTC
<i>fexofenadine hcl tab 60 mg</i>	OTC
<i>fexofenadine hcl tab 180 mg</i>	OTC
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	
<i>levocetirizine dihydrochloride tab 5 mg</i>	
<i>levocetirizine dihydrochloride tab 5 mg</i>	OTC
<i>loratadine rapidly-disintegrating tab 10 mg</i>	OTC
<i>loratadine syrup 5 mg/5ml</i>	OTC
<i>loratadine tab 10 mg</i>	OTC
ANTIHIISTAMINES - PHENOTHIAZINES	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	QL (1000 mL every 23 days)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	QL (1000 mL every 23 days); Limit of 2 fills / 90 days
<i>promethazine hcl tab 12.5 mg</i>	
<i>promethazine hcl tab 25 mg</i>	
<i>promethazine hcl tab 50 mg</i>	
ANTIHIISTAMINES - PIPERIDINES	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	
<i>cyproheptadine hcl tab 4 mg</i>	
ANTIHYPERLIPIDEMICS	
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS	
<i>EVKEEZA INJ 345/2.3</i>	PA
<i>EVKEEZA INJ 1200/8</i>	PA

Drug Name	Requirements/Limits
ANTIHYPERLIPIDEMICS - COMBINATIONS	
ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN)	
ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN)	
ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN)	
ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN)	
ANTIHYPERLIPIDEMICS - MISC.	
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)	PA
BILE ACID SEQUESTRANTS	
cholestyramine light powder 4 gm/dose (generic of QUESTRAN LIGHT)	
cholestyramine light powder packets 4 gm	
cholestyramine powder 4 gm/dose (generic of QUESTRAN)	
cholestyramine powder packets 4 gm (generic of QUESTRAN)	
FIBRIC ACID DERIVATIVES	
fenofibrate cap 50 mg	
fenofibrate cap 150 mg	
fenofibrate micronized cap 43 mg	
fenofibrate micronized cap 67 mg	
fenofibrate micronized cap 130 mg	
fenofibrate micronized cap 134 mg	
fenofibrate micronized cap 200 mg	
fenofibrate tab 40 mg (generic of FENOGLIDE)	
fenofibrate tab 48 mg (generic of TRICOR)	
fenofibrate tab 54 mg	
fenofibrate tab 145 mg (generic of TRICOR)	
fenofibrate tab 160 mg	
gemfibrozil tab 600 mg (generic of LOPID)	
HMG COA REDUCTASE INHIBITORS	
atorvastatin calcium tab 10 mg (base equivalent) (generic of LIPITOR)	
atorvastatin calcium tab 20 mg (base equivalent) (generic of LIPITOR)	
atorvastatin calcium tab 40 mg (base equivalent) (generic of LIPITOR)	
atorvastatin calcium tab 80 mg (base equivalent) (generic of LIPITOR)	
lovastatin tab 10 mg	
lovastatin tab 20 mg	

Drug Name	Requirements/Limits
<i>lovastatin tab 40 mg</i>	
<i>pravastatin sodium tab 10 mg</i>	
<i>pravastatin sodium tab 20 mg</i>	
<i>pravastatin sodium tab 40 mg</i>	
<i>pravastatin sodium tab 80 mg</i>	
<i>rosuvastatin calcium tab 5 mg (generic of CRESTOR)</i>	
<i>rosuvastatin calcium tab 10 mg (generic of CRESTOR)</i>	
<i>rosuvastatin calcium tab 20 mg (generic of CRESTOR)</i>	
<i>rosuvastatin calcium tab 40 mg (generic of CRESTOR)</i>	
<i>simvastatin tab 5 mg</i>	
<i>simvastatin tab 10 mg (generic of ZOCOR)</i>	
<i>simvastatin tab 20 mg (generic of ZOCOR)</i>	
<i>simvastatin tab 40 mg (generic of ZOCOR)</i>	
<i>simvastatin tab 80 mg</i>	

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg (generic of ZETIA)</i>	
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MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS

JUXTAPID CAP 5MG	PA
JUXTAPID CAP 10MG	PA
JUXTAPID CAP 20MG	PA
JUXTAPID CAP 30MG	PA

NICOTINIC ACID DERIVATIVES

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

REPATHA INJ 140MG/ML	PA
REPATHA PUSH INJ 420/3.5	PA
REPATHA SURE INJ 140MG/ML	PA

ANTIHYPERTENSIVES

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	
<i>benazepril hcl tab 10 mg (generic of LOTENSIN)</i>	
<i>benazepril hcl tab 20 mg (generic of LOTENSIN)</i>	
<i>benazepril hcl tab 40 mg (generic of LOTENSIN)</i>	
<i>captopril tab 12.5 mg</i>	
<i>captopril tab 25 mg</i>	
<i>captopril tab 50 mg</i>	
<i>captopril tab 100 mg</i>	

Drug Name	Requirements/Limits
<i>enalapril maleate tab 2.5 mg (generic of VASOTEC)</i>	
<i>enalapril maleate tab 5 mg (generic of VASOTEC)</i>	
<i>enalapril maleate tab 10 mg (generic of VASOTEC)</i>	
<i>enalapril maleate tab 20 mg (generic of VASOTEC)</i>	
<i>fosinopril sodium tab 10 mg</i>	
<i>fosinopril sodium tab 20 mg</i>	
<i>fosinopril sodium tab 40 mg</i>	
<i>lisinopril tab 2.5 mg (generic of ZESTRIL)</i>	
<i>lisinopril tab 5 mg (generic of ZESTRIL)</i>	
<i>lisinopril tab 10 mg (generic of ZESTRIL)</i>	
<i>lisinopril tab 20 mg (generic of ZESTRIL)</i>	
<i>lisinopril tab 30 mg (generic of ZESTRIL)</i>	
<i>lisinopril tab 40 mg (generic of ZESTRIL)</i>	
<i>moexipril hcl tab 7.5 mg</i>	
<i>moexipril hcl tab 15 mg</i>	
<i>perindopril erbumine tab 2 mg</i>	
<i>perindopril erbumine tab 4 mg</i>	
<i>perindopril erbumine tab 8 mg</i>	
<i>quinapril hcl tab 5 mg (generic of ACCUPRIL)</i>	
<i>quinapril hcl tab 10 mg (generic of ACCUPRIL)</i>	
<i>quinapril hcl tab 20 mg (generic of ACCUPRIL)</i>	
<i>quinapril hcl tab 40 mg (generic of ACCUPRIL)</i>	
<i>ramipril cap 1.25 mg (generic of ALTACE)</i>	
<i>ramipril cap 2.5 mg (generic of ALTACE)</i>	
<i>ramipril cap 5 mg (generic of ALTACE)</i>	
<i>ramipril cap 10 mg (generic of ALTACE)</i>	
<i>trandolapril tab 1 mg</i>	
<i>trandolapril tab 2 mg</i>	
<i>trandolapril tab 4 mg</i>	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tab 4 mg (generic of ATACAND)</i>	
<i>candesartan cilexetil tab 8 mg (generic of ATACAND)</i>	
<i>candesartan cilexetil tab 16 mg (generic of ATACAND)</i>	
<i>candesartan cilexetil tab 32 mg (generic of ATACAND)</i>	
<i>irbesartan tab 75 mg (generic of AVAPRO)</i>	
<i>irbesartan tab 150 mg (generic of AVAPRO)</i>	
<i>irbesartan tab 300 mg (generic of AVAPRO)</i>	
<i>losartan potassium tab 25 mg (generic of COZAAR)</i>	

Drug Name	Requirements/Limits
<i>losartan potassium tab 50 mg (generic of COZAAR)</i>	
<i>losartan potassium tab 100 mg (generic of COZAAR)</i>	
<i>olmesartan medoxomil tab 5 mg (generic of BENICAR)</i>	
<i>olmesartan medoxomil tab 20 mg (generic of BENICAR)</i>	
<i>olmesartan medoxomil tab 40 mg (generic of BENICAR)</i>	
<i>telmisartan tab 20 mg (generic of MICARDIS)</i>	
<i>telmisartan tab 40 mg (generic of MICARDIS)</i>	
<i>telmisartan tab 80 mg (generic of MICARDIS)</i>	
<i>valsartan tab 40 mg (generic of DIOVAN)</i>	
<i>valsartan tab 80 mg (generic of DIOVAN)</i>	
<i>valsartan tab 160 mg (generic of DIOVAN)</i>	
<i>valsartan tab 320 mg (generic of DIOVAN)</i>	

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine hcl tab 0.1 mg</i>	
<i>clonidine hcl tab 0.2 mg</i>	
<i>clonidine hcl tab 0.3 mg</i>	
<i>clonidine td patch weekly 0.1 mg/24hr (generic of CATAPRES-TTS-1)</i>	
<i>clonidine td patch weekly 0.2 mg/24hr (generic of CATAPRES-TTS-2)</i>	
<i>clonidine td patch weekly 0.3 mg/24hr (generic of CATAPRES-TTS-3)</i>	
<i>doxazosin mesylate tab 1 mg</i>	
<i>doxazosin mesylate tab 2 mg</i>	
<i>doxazosin mesylate tab 4 mg</i>	
<i>doxazosin mesylate tab 8 mg</i>	
<i>guanfacine hcl tab 1 mg</i>	
<i>guanfacine hcl tab 2 mg</i>	
<i>methyldopa tab 250 mg</i>	
<i>methyldopa tab 500 mg</i>	
<i>prazosin hcl cap 1 mg</i>	
<i>prazosin hcl cap 2 mg</i>	
<i>prazosin hcl cap 5 mg (generic of MINIPRESS)</i>	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	

Drug Name	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (generic of LOTREL)	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (generic of LOTREL)	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (generic of LOTREL)	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AZOR)	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AZOR)	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AZOR)	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AZOR)	
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (generic of EXFORGE HCT)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (generic of EXFORGE HCT)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (generic of EXFORGE HCT)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (generic of EXFORGE HCT)	
<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	
<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of LOTENSIN HCT)	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of LOTENSIN HCT)	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> (generic of ZIAC)	

Drug Name	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> (generic of ZIAC)	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (generic of ZIAC)	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (generic of ATACAND HCT)	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (generic of ATACAND HCT)	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (generic of ATACAND HCT)	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE)	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE)	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT)	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> (generic of ACCURETIC)	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (generic of MICARDIS HCT)	

Drug Name	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of MICARDIS HCT)	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT)	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT)	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT)	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT)	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)	
<i>eplerenone tab 25 mg</i> (generic of INSPRA)	
<i>eplerenone tab 50 mg</i> (generic of INSPRA)	
VASODILATORS	
<i>hydralazine hcl tab 10 mg</i>	
<i>hydralazine hcl tab 25 mg</i>	
<i>hydralazine hcl tab 50 mg</i>	
<i>hydralazine hcl tab 100 mg</i>	
<i>minoxidil tab 2.5 mg</i>	
<i>minoxidil tab 10 mg</i>	
ANTIMALARIALS	
ANTIMALARIAL COMBINATIONS	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> (generic of MALARONE)	
<i>atovaquone-proguanil hcl tab 250-100 mg</i> (generic of MALARONE)	
ANTIMALARIALS	
<i>chloroquine phosphate tab 250 mg</i>	
<i>chloroquine phosphate tab 500 mg</i>	
<i>hydroxychloroquine sulfate tab 200 mg</i> (generic of PLAQUENIL)	
<i>mefloquine hcl tab 250 mg</i>	
<i>primaquine phosphate tab 26.3 mg</i> (15 mg base) (generic of PRIMAQUINE PHOSPHATE)	

Drug Name	Requirements/Limits
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i> (generic of MESTINON)	
<i>pyridostigmine bromide tab 60 mg</i> (generic of MESTINON)	
ANTIMYCOBACTERIAL AGENTS	
ANTIMYCOBACTERIAL AGENTS	
<i>ethambutol hcl tab 100 mg</i>	
<i>ethambutol hcl tab 400 mg</i> (generic of MYAMBUTOL)	
<i>isoniazid syrup 50 mg/5ml</i>	
<i>isoniazid tab 100 mg</i>	
<i>isoniazid tab 300 mg</i>	
PRETOMANID TAB 200MG	PA
PRIFTIN TAB 150MG	
<i>pyrazinamide tab 500 mg</i>	
<i>rifabutin cap 150 mg</i> (generic of MYCOBUTIN)	
<i>rifampin cap 150 mg</i>	
<i>rifampin cap 300 mg</i>	
SIRTURO TAB 20MG	PA
SIRTURO TAB 100MG	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	
ALKYLATING AGENTS	
<i>cyclophosphamide cap 25 mg</i>	
<i>cyclophosphamide cap 50 mg</i>	
LEUKERAN TAB 2MG	
<i>melphalan tab 2 mg</i>	
MYLERAN TAB 2MG	
<i>temozolomide cap 5 mg</i>	
<i>temozolomide cap 20 mg</i>	
<i>temozolomide cap 100 mg</i>	
<i>temozolomide cap 140 mg</i>	
<i>temozolomide cap 180 mg</i>	
<i>temozolomide cap 250 mg</i>	
ZEPZELCA SOL 4MG	PA
ANTIMETABOLITES	
<i>capecitabine tab 150 mg</i> (generic of XELODA)	
<i>capecitabine tab 500 mg</i> (generic of XELODA)	
<i>mercaptopurine tab 50 mg</i>	
<i>methotrexate sodium tab 2.5 mg</i> (base equiv)	
ONUREG TAB 200MG	PA
ONUREG TAB 300MG	PA

Drug Name	Requirements/Limits
ANTINEOPLASTIC - ANTI-HER2 AGENTS	
TUKYSA TAB 50MG	PA
TUKYSA TAB 150MG	PA
ANTINEOPLASTIC - ANTIBODIES	
BLNREP INJ 100MG	PA
ENHERTU INJ 100MG	PA
LIBTAYO INJ 350/7ML	PA
LUMOXITI SOL 1MG	PA
POLIVY INJ 140MG	PA
RITUXAN INJ 100MG	PA
RITUXAN INJ 500MG	PA
RYBREVANT SOL 350/7ML	PA
TRUXIMA INJ 100/10ML	
TRUXIMA INJ 500/50ML	
ZYNLONTA SOL 10MG	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS	
VENCLEXTA TAB 10MG	PA
VENCLEXTA TAB 50MG	PA
VENCLEXTA TAB 100MG	PA
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY	
ABECMA INJ	PA
BREYANZI INJ	PA
KYMRIAH SUS	PA
YESCARTA INJ	PA
ANTINEOPLASTIC - EGFR INHIBITORS	
<i>erlotinib hcl tab 25 mg (base equivalent) (generic of TARCEVA)</i>	
<i>erlotinib hcl tab 100 mg (base equivalent) (generic of TARCEVA)</i>	
<i>erlotinib hcl tab 150 mg (base equivalent) (generic of TARCEVA)</i>	
EXKIVITY CAP 40MG	PA
TAGRISSO TAB 40MG	PA
TAGRISSO TAB 80MG	PA
VIZIMPRO TAB 15MG	PA
VIZIMPRO TAB 30MG	PA
VIZIMPRO TAB 45MG	PA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	
<i>abiraterone acetate tab 250 mg (generic of ZYTIGA)</i>	
<i>abiraterone acetate tab 500 mg (generic of ZYTIGA)</i>	
<i>anastrozole tab 1 mg (generic of ARIMIDEX)</i>	
<i>bicalutamide tab 50 mg (generic of CASODEX)</i>	
ELIGARD INJ 45MG	PA

Drug Name	Requirements/Limits
<i>exemestane tab 25 mg</i> (generic of AROMASIN)	
FIRMAGON INJ 80MG	
FIRMAGON INJ 120MG	
<i>flutamide cap 125 mg</i>	
<i>letrozole tab 2.5 mg</i> (generic of FEMARA)	
<i>leuprolide acetate inj kit 5 mg/ml</i>	PA
LUPRON DEPOT INJ 3.75MG	PA
LUPRON DEPOT INJ 7.5MG	PA
LUPRON DEPOT INJ 11.25MG	PA
LUPRON DEPOT INJ 22.5MG	PA
LUPRON DEPOT INJ 30MG	PA
LYSODREN TAB 500MG	
<i>megestrol acetate susp 40 mg/ml</i>	
<i>megestrol acetate tab 20 mg</i>	
<i>megestrol acetate tab 40 mg</i>	
NUBEQA TAB 300MG	PA
<i>tamoxifen citrate tab 10 mg</i> (base equivalent)	
<i>tamoxifen citrate tab 20 mg</i> (base equivalent)	
<i>toremifene citrate tab 60 mg</i> (base equivalent) (generic of FARESTON)	
ZOLADEX IMP 3.6MG	PA
ZOLADEX IMP 10.8MG	PA
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS	
AYVAKIT TAB 100MG	PA
AYVAKIT TAB 200MG	PA
AYVAKIT TAB 300MG	PA
ANTINEOPLASTIC - XPO1 INHIBITORS	
XPOVIO PAK 40MG	PA
XPOVIO PAK 50MG	PA
XPOVIO PAK 60MG	PA
XPOVIO PAK 80MG	PA
XPOVIO PAK 100MG	PA
ANTINEOPLASTIC ANTIBIOTICS	
<i>doxorubicin hcl liposomal inj</i> (for iv infusion) 2 <i>mg/ml</i> (generic of DOXIL)	
ANTINEOPLASTIC COMBINATIONS	
DARZALEX SOL FASPRO	PA
LONSURF TAB 15-6.14	
LONSURF TAB 20-8.19	
RITUXAN INJ HYCELA	PA
ANTINEOPLASTIC ENZYME INHIBITORS	
ALECENSA CAP 150MG	PA
ALUNBRIG TAB 30MG	PA
ALUNBRIG TAB 90MG	PA

Drug Name	Requirements/Limits
ALUNBRIG TAB 180MG	PA
BALVERSA TAB 3MG	PA
BALVERSA TAB 4MG	PA
BALVERSA TAB 5MG	PA
BOSULIF TAB 100MG	PA
BOSULIF TAB 500MG	PA
BRAFTOVI CAP 75MG	PA
CABOMETYX TAB 20MG	PA
CABOMETYX TAB 40MG	PA
CABOMETYX TAB 60MG	PA
COMETRIQ KIT 60MG	PA
COMETRIQ KIT 100MG	PA
COMETRIQ KIT 140MG	PA
COTELLIC TAB 20MG	PA
FOTIVDA CAP 0.89MG	PA
FOTIVDA CAP 1.34MG	PA
GAVRETO CAP 100MG	PA
IBRANCE CAP 75MG	PA
IBRANCE CAP 100MG	PA
IBRANCE CAP 125MG	PA
ICLUSIG TAB 15MG	PA
ICLUSIG TAB 45MG	PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i> (generic of GLEEVEC)	
<i>imatinib mesylate tab 400 mg (base equivalent)</i> (generic of GLEEVEC)	
IMBRUVICA CAP 140MG	PA
JAKAFI TAB 5MG	PA
JAKAFI TAB 10MG	PA
JAKAFI TAB 15MG	PA
JAKAFI TAB 20MG	PA
JAKAFI TAB 25MG	PA
KISQALI TAB 200DOSE	PA
KISQALI TAB 400DOSE	PA
KISQALI TAB 600DOSE	PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i> (generic of TYKERB)	PA
LORBRENA TAB 25MG	PA
LORBRENA TAB 100MG	PA
LUMAKRAS TAB 120MG	PA
LYNPARZA TAB 100MG	PA
LYNPARZA TAB 150MG	PA
MEKINIST TAB 0.5MG	PA
MEKINIST TAB 2MG	PA
MEKTOVI TAB 15MG	PA

Drug Name	Requirements/Limits
PEMAZYRE TAB 4.5MG	PA
PEMAZYRE TAB 9MG	PA
PEMAZYRE TAB 13.5MG	PA
PIQRAY 200MG TAB DOSE	PA
PIQRAY 250MG TAB DOSE	PA
PIQRAY 300MG TAB DOSE	PA
RETEVMO CAP 40MG	PA
RETEVMO CAP 80MG	PA
ROZLYTREK CAP 100MG	PA
ROZLYTREK CAP 200MG	PA
RUBRACA TAB 200MG	PA
RUBRACA TAB 250MG	PA
RUBRACA TAB 300MG	PA
SCEMBLIX TAB 20MG	PA
SCEMBLIX TAB 40MG	PA
SPRYCEL TAB 20MG	PA
SPRYCEL TAB 50MG	PA
SPRYCEL TAB 70MG	PA
SPRYCEL TAB 80MG	PA
SPRYCEL TAB 100MG	PA
SPRYCEL TAB 140MG	PA
STIVARGA TAB 40MG	PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i> (generic of SUTENT)	
<i>sunitinib malate cap 25 mg (base equivalent)</i> (generic of SUTENT)	
<i>sunitinib malate cap 37.5 mg (base equivalent)</i> (generic of SUTENT)	
<i>sunitinib malate cap 50 mg (base equivalent)</i> (generic of SUTENT)	
TABRECTA TAB 150MG	PA
TABRECTA TAB 200MG	PA
TAFINLAR CAP 50MG	PA
TAFINLAR CAP 75MG	PA
TALZENNA CAP 0.5MG	PA
TALZENNA CAP 0.25MG	PA
TALZENNA CAP 0.75MG	PA
TALZENNA CAP 1MG	PA
TASIGNA CAP 200MG	PA
TAZVERIK TAB 200MG	PA
TIBSOVO TAB 250MG	PA
TRUSELTIQ CAP 50MG	PA
TRUSELTIQ CAP 75MG	PA
TRUSELTIQ CAP 100MG	PA
TRUSELTIQ CAP 125MG	PA

Drug Name	Requirements/Limits
TURALIO CAP 125MG	PA
TURALIO CAP 200MG	PA
VITRAKVI CAP 25MG	PA
VITRAKVI CAP 100MG	PA
VONJO CAP 100MG	PA
XALKORI CAP 200MG	PA
XALKORI CAP 250MG	PA
XOSPATA TAB 40MG	PA
ZEJULA CAP 100MG	PA
ZELBORAF TAB 240MG	PA
ZYDELIG TAB 100MG	PA
ZYDELIG TAB 150MG	PA
ZYKADIA TAB 150MG	PA

ANTINEOPLASTICS MISC.

bexarotene cap 75 mg (generic of TARGRETIN)

ELZONRIS SOL 1000MCG PA

hydroxyurea cap 500 mg (generic of HYDREA)

MATULANE CAP 50MG

SYNRIBO INJ 3.5MG PA

tretinoin cap 10 mg

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

COSELA INJ 300MG PA

leucovorin calcium tab 5 mg

leucovorin calcium tab 10 mg

leucovorin calcium tab 15 mg

leucovorin calcium tab 25 mg

MITOTIC INHIBITORS

etoposide cap 50 mg

TOPOISOMERASE I INHIBITORS

HYCAMTIN CAP 0.25MG PA

HYCAMTIN CAP 1MG PA

TRODELVY SOL 180MG PA

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ADJUNCTIVE THERAPY

carbidopa tab 25 mg (generic of LODOSYN)

NOURIANZ TAB 20MG PA

NOURIANZ TAB 40MG PA

ANTIPARKINSON ANTICHOLINERGICS

benztropine mesylate tab 0.5 mg

benztropine mesylate tab 1 mg

benztropine mesylate tab 2 mg

trihexyphenidyl hcl tab 2 mg

trihexyphenidyl hcl tab 5 mg

Drug Name	Requirements/Limits
ANTIPARKINSON DOPAMINERGICS	
<i>amantadine hcl cap 100 mg</i>	
<i>amantadine hcl soln 50 mg/5ml</i>	
<i>bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)</i>	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)</i>	
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>	
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (generic of STALEVO 50)</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (generic of STALEVO 75)</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (generic of STALEVO 125)</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)</i>	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg (generic of STALEVO 200)</i>	
NEUPRO DIS 1MG/24HR	
NEUPRO DIS 2MG/24HR	
NEUPRO DIS 3MG/24HR	
NEUPRO DIS 4MG/24HR	
NEUPRO DIS 6MG/24HR	
NEUPRO DIS 8MG/24HR	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	
<i>pramipexole dihydrochloride tab 1 mg</i>	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	
<i>ropinirole hydrochloride tab 0.5 mg</i>	
<i>ropinirole hydrochloride tab 0.25 mg</i>	
<i>ropinirole hydrochloride tab 1 mg</i>	
<i>ropinirole hydrochloride tab 2 mg</i>	
<i>ropinirole hydrochloride tab 3 mg</i>	
<i>ropinirole hydrochloride tab 4 mg</i>	
<i>ropinirole hydrochloride tab 5 mg</i>	

Drug Name	Requirements/Limits
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>selegiline hcl cap 5 mg</i>	
<i>selegiline hcl tab 5 mg</i>	
XADAGO TAB 50MG	PA
XADAGO TAB 100MG	PA

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	
<i>lithium carbonate cap 300 mg</i>	
<i>lithium carbonate cap 600 mg</i>	
<i>lithium carbonate tab 300 mg</i>	
<i>lithium carbonate tab er 300 mg (generic of LITHOBID)</i>	
<i>lithium carbonate tab er 450 mg</i>	

ANTIPSYCHOTICS - MISC.

CAPLYTA CAP 10.5MG	PA
CAPLYTA CAP 21MG	PA
CAPLYTA CAP 42MG	PA
<i>lurasidone hcl tab 20 mg (generic of LATUDA)</i>	PA
<i>lurasidone hcl tab 40 mg (generic of LATUDA)</i>	PA
<i>lurasidone hcl tab 60 mg (generic of LATUDA)</i>	PA
<i>lurasidone hcl tab 80 mg (generic of LATUDA)</i>	PA
<i>lurasidone hcl tab 120 mg (generic of LATUDA)</i>	PA
<i>ziprasidone hcl cap 20 mg (generic of GEODON)</i>	
<i>ziprasidone hcl cap 40 mg (generic of GEODON)</i>	
<i>ziprasidone hcl cap 60 mg (generic of GEODON)</i>	
<i>ziprasidone hcl cap 80 mg (generic of GEODON)</i>	

BENZISOXAZOLES

INVEGA HAFYE INJ 1092MG	QL (1 injection every 180 days)
INVEGA HAFYE INJ 1560MG	QL (1 injection every 180 days)
INVEGA SUST INJ 39/0.25	
INVEGA SUST INJ 78/0.5ML	
INVEGA SUST INJ 117/0.75	

Drug Name	Requirements/Limits
INVEGA SUST INJ 156MG/ML	
INVEGA SUST INJ 234/1.5	
INVEGA TRINZ INJ 273MG	
INVEGA TRINZ INJ 410MG	
INVEGA TRINZ INJ 546MG	
INVEGA TRINZ INJ 819MG	
<i>paliperidone tab er 24hr 1.5 mg (generic of INVEGA)</i>	
<i>paliperidone tab er 24hr 3 mg (generic of INVEGA)</i>	
<i>paliperidone tab er 24hr 6 mg (generic of INVEGA)</i>	
<i>paliperidone tab er 24hr 9 mg (generic of INVEGA)</i>	
RISPERDAL INJ 12.5MG	
RISPERDAL INJ 25MG	
RISPERDAL INJ 37.5MG	
RISPERDAL INJ 50MG	
<i>risperidone soln 1 mg/ml (generic of RISPERDAL)</i>	
<i>risperidone tab 0.5 mg (generic of RISPERDAL)</i>	
<i>risperidone tab 0.25 mg</i>	
<i>risperidone tab 1 mg (generic of RISPERDAL)</i>	
<i>risperidone tab 2 mg (generic of RISPERDAL)</i>	
<i>risperidone tab 3 mg (generic of RISPERDAL)</i>	
<i>risperidone tab 4 mg (generic of RISPERDAL)</i>	
BUTYROPHENONES	
<i>haloperidol decanoate im soln 50 mg/ml (generic of HALDOL DECANOATE 50)</i>	
<i>haloperidol decanoate im soln 100 mg/ml (generic of HALDOL DECANOATE 100)</i>	
<i>haloperidol lactate oral conc 2 mg/ml</i>	
<i>haloperidol tab 0.5 mg</i>	
<i>haloperidol tab 1 mg</i>	
<i>haloperidol tab 2 mg</i>	
<i>haloperidol tab 5 mg</i>	
<i>haloperidol tab 10 mg</i>	
<i>haloperidol tab 20 mg</i>	
DIBENZAPINES	
<i>clozapine tab 25 mg (generic of CLOZARIL)</i>	
<i>clozapine tab 50 mg (generic of CLOZARIL)</i>	
<i>clozapine tab 100 mg (generic of CLOZARIL)</i>	
<i>clozapine tab 200 mg (generic of CLOZARIL)</i>	
<i>loxapine succinate cap 5 mg</i>	
<i>loxapine succinate cap 10 mg</i>	
<i>loxapine succinate cap 25 mg</i>	
<i>loxapine succinate cap 50 mg</i>	
<i>olanzapine tab 2.5 mg (generic of ZYPREXA)</i>	
<i>olanzapine tab 5 mg (generic of ZYPREXA)</i>	

Drug Name	Requirements/Limits
<i>olanzapine tab 7.5 mg (generic of ZYPREXA)</i>	
<i>olanzapine tab 10 mg (generic of ZYPREXA)</i>	
<i>olanzapine tab 15 mg (generic of ZYPREXA)</i>	
<i>olanzapine tab 20 mg (generic of ZYPREXA)</i>	
<i>quetiapine fumarate tab 25 mg (generic of SEROQUEL)</i>	
<i>quetiapine fumarate tab 50 mg (generic of SEROQUEL)</i>	
<i>quetiapine fumarate tab 100 mg (generic of SEROQUEL)</i>	
<i>quetiapine fumarate tab 150 mg</i>	
<i>quetiapine fumarate tab 200 mg (generic of SEROQUEL)</i>	
<i>quetiapine fumarate tab 300 mg (generic of SEROQUEL)</i>	
<i>quetiapine fumarate tab 400 mg (generic of SEROQUEL)</i>	
ZYPREXA RELP INJ 210MG	
ZYPREXA RELP INJ 300MG	
ZYPREXA RELP INJ 405MG	

PHENOTHIAZINES

<i>chlorpromazine hcl tab 10 mg</i>	
<i>chlorpromazine hcl tab 25 mg</i>	
<i>chlorpromazine hcl tab 50 mg</i>	
<i>chlorpromazine hcl tab 100 mg</i>	
<i>chlorpromazine hcl tab 200 mg</i>	
<i>compro sup 25mg</i>	
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	
<i>fluphenazine hcl tab 1 mg</i>	
<i>fluphenazine hcl tab 2.5 mg</i>	
<i>fluphenazine hcl tab 5 mg</i>	
<i>fluphenazine hcl tab 10 mg</i>	
<i>perphenazine tab 2 mg</i>	
<i>perphenazine tab 4 mg</i>	
<i>perphenazine tab 8 mg</i>	
<i>perphenazine tab 16 mg</i>	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	

Drug Name	Requirements/Limits
QUINOLINONE DERIVATIVES	
ABILIFY MAIN INJ 300MG	
ABILIFY MAIN INJ 400MG	
<i>aripiprazole oral solution 1 mg/ml</i>	
<i>aripiprazole orally disintegrating tab 10 mg</i>	
<i>aripiprazole orally disintegrating tab 15 mg</i>	
<i>aripiprazole tab 2 mg (generic of ABILIFY)</i>	
<i>aripiprazole tab 5 mg (generic of ABILIFY)</i>	
<i>aripiprazole tab 10 mg (generic of ABILIFY)</i>	
<i>aripiprazole tab 15 mg (generic of ABILIFY)</i>	
<i>aripiprazole tab 20 mg (generic of ABILIFY)</i>	
<i>aripiprazole tab 30 mg (generic of ABILIFY)</i>	
ARISTADA INJ 441MG/1.	
ARISTADA INJ 662MG/2	
ARISTADA INJ 882MG/3	
ARISTADA INJ 1064MG	
ARISTADA INJ INITIO	
THIOXANTHENES	
<i>thiothixene cap 1 mg</i>	
<i>thiothixene cap 2 mg</i>	
<i>thiothixene cap 5 mg</i>	
<i>thiothixene cap 10 mg</i>	
ANTISEPTICS & DISINFECTANTS	
ANTISEPTIC COMBINATIONS	
ANTISEPTIC PAD WIPES	OTC
CHLORINE ANTISEPTICS	
ANTIBAC DEOD BAR 0.3%	OTC
<i>chlorhexidine gluconate liquid 4%</i>	OTC
<i>chlorhexidine gluconate soln 4%</i>	OTC
ANTIVIRALS	
CMV AGENTS	
<i>foscarnet sodium inj 6000 mg/250ml (24 mg/ml)</i> (generic of FOSCAVIR)	
LIVTENCITY TAB 200MG	PA
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> (generic of VALCYTE)	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i> (generic of VALCYTE)	
HEPATITIS AGENTS	
BARACLUDE SOL	
<i>entecavir tab 0.5 mg (generic of BARACLUDE)</i>	
<i>entecavir tab 1 mg (generic of BARACLUDE)</i>	
MAVYRET TAB 100-40MG	
<i>ribavirin cap 200 mg</i>	

Drug Name	Requirements/Limits
<i>ribavirin tab 200 mg</i>	
<i>sofos/velpat tab 400-100</i>	
VEMLIDY TAB 25MG	PA

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	
<i>acyclovir susp 200 mg/5ml</i>	
<i>acyclovir tab 400 mg</i>	
<i>acyclovir tab 800 mg</i>	
<i>famciclovir tab 125 mg</i>	
<i>famciclovir tab 250 mg</i>	
<i>famciclovir tab 500 mg</i>	
<i>valacyclovir hcl tab 1 gm (generic of VALTREX)</i>	
<i>valacyclovir hcl tab 500 mg (generic of VALTREX)</i>	

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i> (generic of TAMIFLU)	QL (2 fills / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i> (generic of TAMIFLU)	QL (2 fills / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i> (generic of TAMIFLU)	QL (2 fills / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> (generic of TAMIFLU)	QL (2 fills / year)
XOFLUZA TAB 40MG	QL (2 fills / year)
XOFLUZA TAB 80MG	QL (2 fills / year)

BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol phosphate cap er 24hr 10 mg (generic of COREG CR)</i>	
<i>carvedilol phosphate cap er 24hr 20 mg (generic of COREG CR)</i>	
<i>carvedilol phosphate cap er 24hr 40 mg (generic of COREG CR)</i>	
<i>carvedilol phosphate cap er 24hr 80 mg (generic of COREG CR)</i>	
<i>carvedilol tab 3.125 mg (generic of COREG)</i>	
<i>carvedilol tab 6.25 mg (generic of COREG)</i>	
<i>carvedilol tab 12.5 mg (generic of COREG)</i>	
<i>carvedilol tab 25 mg (generic of COREG)</i>	
<i>labetalol hcl tab 100 mg</i>	
<i>labetalol hcl tab 200 mg</i>	
<i>labetalol hcl tab 300 mg</i>	

BETA BLOCKERS CARDIO-SELECTIVE

<i>atenolol tab 25 mg (generic of TENORMIN)</i>	
<i>atenolol tab 50 mg (generic of TENORMIN)</i>	
<i>atenolol tab 100 mg (generic of TENORMIN)</i>	

Drug Name	Requirements/Limits
<i>bisoprolol fumarate tab 5 mg</i>	
<i>bisoprolol fumarate tab 10 mg</i>	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (generic of TOPROL XL)</i>	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (generic of TOPROL XL)</i>	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (generic of TOPROL XL)</i>	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (generic of TOPROL XL)</i>	
<i>metoprolol tartrate tab 25 mg</i>	
<i>metoprolol tartrate tab 50 mg (generic of LOPRESSOR)</i>	
<i>metoprolol tartrate tab 100 mg (generic of LOPRESSOR)</i>	

BETA BLOCKERS NON-SELECTIVE

<i>nadolol tab 20 mg (generic of CORGARD)</i>	
<i>nadolol tab 40 mg (generic of CORGARD)</i>	
<i>nadolol tab 80 mg</i>	
<i>pindolol tab 5 mg</i>	
<i>pindolol tab 10 mg</i>	
<i>propranolol hcl cap er 24hr 60 mg (generic of INDERAL LA)</i>	
<i>propranolol hcl cap er 24hr 80 mg (generic of INDERAL LA)</i>	
<i>propranolol hcl cap er 24hr 120 mg (generic of INDERAL LA)</i>	
<i>propranolol hcl cap er 24hr 160 mg (generic of INDERAL LA)</i>	
<i>propranolol hcl oral soln 20 mg/5ml</i>	
<i>propranolol hcl oral soln 40 mg/5ml</i>	
<i>propranolol hcl tab 10 mg</i>	
<i>propranolol hcl tab 20 mg</i>	
<i>propranolol hcl tab 40 mg</i>	
<i>propranolol hcl tab 60 mg</i>	
<i>propranolol hcl tab 80 mg</i>	
<i>sotalol hcl (afib/afl) tab 80 mg (generic of BETAPACE AF)</i>	
<i>sotalol hcl (afib/afl) tab 120 mg (generic of BETAPACE AF)</i>	
<i>sotalol hcl (afib/afl) tab 160 mg (generic of BETAPACE AF)</i>	
<i>sotalol hcl tab 80 mg (generic of BETAPACE)</i>	
<i>sotalol hcl tab 120 mg (generic of BETAPACE)</i>	
<i>sotalol hcl tab 160 mg (generic of BETAPACE)</i>	
<i>sotalol hcl tab 240 mg</i>	

Drug Name	Requirements/Limits
<i>timolol maleate tab 5 mg</i>	
<i>timolol maleate tab 10 mg</i>	
<i>timolol maleate tab 20 mg</i>	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i> (generic of NORVASC)
<i>amlodipine besylate tab 5 mg (base equivalent)</i> (generic of NORVASC)
<i>amlodipine besylate tab 10 mg (base equivalent)</i> (generic of NORVASC)
<i>diltiazem hcl cap er 12hr 60 mg</i>
<i>diltiazem hcl cap er 12hr 90 mg</i>
<i>diltiazem hcl cap er 12hr 120 mg</i>
<i>diltiazem hcl cap er 24hr 120 mg</i>
<i>diltiazem hcl cap er 24hr 180 mg</i>
<i>diltiazem hcl cap er 24hr 240 mg</i>
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (generic of CARDIZEM CD)
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (generic of CARDIZEM CD)
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (generic of CARDIZEM CD)
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (generic of CARDIZEM CD)
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i> (generic of CARDIZEM CD)
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i> (generic of CARDIZEM LA)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (generic of TIAZAC)
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (generic of TIAZAC)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (generic of TIAZAC)
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (generic of TIAZAC)
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (generic of TIAZAC)
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (generic of TIAZAC)
<i>diltiazem hcl tab 30 mg</i> (generic of CARDIZEM)
<i>diltiazem hcl tab 60 mg</i> (generic of CARDIZEM)
<i>diltiazem hcl tab 90 mg</i>
<i>diltiazem hcl tab 120 mg</i> (generic of CARDIZEM)
<i>felodipine tab er 24hr 2.5 mg</i>

Drug Name	Requirements/Limits
<i>felodipine tab er 24hr 5 mg</i>	
<i>felodipine tab er 24hr 10 mg</i>	
<i>nicardipine hcl cap 20 mg</i>	
<i>nicardipine hcl cap 30 mg</i>	
<i>nifedipine cap 10 mg</i>	
<i>nifedipine tab er 24hr 30 mg</i>	
<i>nifedipine tab er 24hr 60 mg</i>	
<i>nifedipine tab er 24hr 90 mg</i>	
<i>nifedipine tab er 24hr osmotic release 30 mg</i> (generic of PROCARDIA XL)	
<i>nifedipine tab er 24hr osmotic release 60 mg</i> (generic of PROCARDIA XL)	
<i>nifedipine tab er 24hr osmotic release 90 mg</i> (generic of PROCARDIA XL)	
<i>nimodipine cap 30 mg</i>	
<i>tiadylt cap 120mg/24 (generic of TIAZAC)</i>	
<i>tiadylt cap 180mg/24 (generic of TIAZAC)</i>	
<i>tiadylt cap 240mg/24 (generic of TIAZAC)</i>	
<i>tiadylt cap 300mg/24 (generic of TIAZAC)</i>	
<i>tiadylt cap 360mg/24 (generic of TIAZAC)</i>	
<i>tiadylt cap 420mg/24 (generic of TIAZAC)</i>	
<i>verapamil hcl cap er 24hr 100 mg</i>	
<i>verapamil hcl cap er 24hr 120 mg (generic of VERELAN)</i>	
<i>verapamil hcl cap er 24hr 180 mg (generic of VERELAN)</i>	
<i>verapamil hcl cap er 24hr 200 mg</i>	
<i>verapamil hcl cap er 24hr 240 mg (generic of VERELAN)</i>	
<i>verapamil hcl cap er 24hr 300 mg</i>	
<i>verapamil hcl cap er 24hr 360 mg</i>	
<i>verapamil hcl tab 40 mg</i>	
<i>verapamil hcl tab 80 mg</i>	
<i>verapamil hcl tab 120 mg</i>	
<i>verapamil hcl tab er 120 mg (generic of CALAN SR)</i>	
<i>verapamil hcl tab er 180 mg</i>	
<i>verapamil hcl tab er 240 mg (generic of CALAN SR)</i>	

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digitek tab 0.25mg (generic of LANOXIN)</i>
<i>digitek tab 0.125mg (generic of LANOXIN)</i>
<i>digox tab 0.25mg (generic of LANOXIN)</i>
<i>digox tab 0.125mg (generic of LANOXIN)</i>

Drug Name	Requirements/Limits
<i>digoxin oral soln 0.05 mg/ml</i>	
<i>digoxin tab 125 mcg (0.125 mg) (generic of LANOXIN)</i>	
<i>digoxin tab 250 mcg (0.25 mg) (generic of LANOXIN)</i>	

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAP 2.5MG	PA
CAMZYOS CAP 5MG	PA
CAMZYOS CAP 10MG	PA
CAMZYOS CAP 15MG	PA

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg (generic of CADUET)</i>
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg (generic of CADUET)</i>
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg (generic of CADUET)</i>
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)</i>
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)</i>
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>
ENTRESTO TAB 24-26MG
ENTRESTO TAB 49-51MG
ENTRESTO TAB 97-103MG
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic of BIDIL)</i>

PERIPHERAL VASODILATORS

<i>niacin cap 500mg</i>	OTC
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PROSTAGLANDIN VASODILATORS

<i>epoprostenol sodium for inj 0.5 mg (generic of FLOLAN)</i>
<i>epoprostenol sodium for inj 1.5 mg (generic of FLOLAN)</i>

Drug Name	Requirements/Limits
ORENITRAM TAB 0.25MG	
ORENITRAM TAB 0.125MG	
ORENITRAM TAB 1MG	
ORENITRAM TAB 2.5MG	
ORENITRAM TAB 5MG	
REMODULIN INJ 1MG/ML	
REMODULIN INJ 2.5MG/ML	
REMODULIN INJ 5MG/ML	
REMODULIN INJ 10MG/ML	
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	
TYVASO DPI POW 16-32-48	
TYVASO DPI POW 16-32MCG	
TYVASO DPI POW 16MCG	
TYVASO DPI POW 32-48MCG	
TYVASO DPI POW 32MCG	
TYVASO DPI POW 48MCG	
TYVASO DPI POW 64MCG	
TYVASO REFIL SOL 0.6MG/ML	
TYVASO SOL 0.6MG/ML	
TYVASO START SOL 0.6MG/ML	

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg</i> (generic of LETAIRIS)
<i>ambrisentan tab 10 mg</i> (generic of LETAIRIS)
OPSUMIT TAB 10MG

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate tab 20 mg</i> (generic of REVATIO) PA
<i>tadalafil tab 20 mg (pah)</i> (generic of ADCIRCA) PA

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI PACK TAB 200/800
UPTRAVI TAB 200MCG
UPTRAVI TAB 400MCG
UPTRAVI TAB 600MCG
UPTRAVI TAB 800MCG
UPTRAVI TAB 1000MCG
UPTRAVI TAB 1200MCG
UPTRAVI TAB 1400MCG
UPTRAVI TAB 1600MCG

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil cap 500 mg</i>

Drug Name	Requirements/Limits
<i>cefadroxil for susp 250 mg/5ml</i>	
<i>cefadroxil for susp 500 mg/5ml</i>	
<i>cefadroxil tab 1 gm</i>	
<i>cephalexin cap 250 mg</i>	
<i>cephalexin cap 500 mg</i>	
<i>cephalexin for susp 125 mg/5ml</i>	
<i>cephalexin for susp 250 mg/5ml</i>	
CEPHALOSPORINS - 2ND GENERATION	
<i>cefuroxime axetil tab 250 mg</i>	
<i>cefuroxime axetil tab 500 mg</i>	
CEPHALOSPORINS - 3RD GENERATION	
<i>cefdinir cap 300 mg</i>	
<i>cefdinir for susp 125 mg/5ml</i>	
<i>cefdinir for susp 250 mg/5ml</i>	
<i>cefpodoxime proxetil tab 100 mg</i>	
<i>cefpodoxime proxetil tab 200 mg</i>	
<i>ceftriaxone sodium for inj 1 gm</i>	
<i>ceftriaxone sodium for inj 250 mg</i>	
<i>ceftriaxone sodium for inj 500 mg</i>	
<i>ceftriaxone sodium for iv soln 1 gm</i>	
CONTRACEPTIVES	
COMBINATION CONTRACEPTIVES - ORAL	
<i>afirmelle tab 0.1-0.02</i>	
<i>altavera tab</i>	
<i>alyacen tab 1/35</i>	
<i>alyacen tab 7/7/7</i>	
<i>amethia lo tab (generic of LOSEASONIQUE)</i>	
<i>amethia tab (generic of SEASONIQUE)</i>	
<i>amethyst tab 90-20mcg</i>	
<i>apri tab</i>	
<i>aranelle tab</i>	
<i>ashlyna tab (generic of SEASONIQUE)</i>	
<i>aubra eq tab 0.1-0.02</i>	
<i>aubra tab 0.1-0.02</i>	
<i>aurovela 24 tab fe 1/20</i>	
<i>aurovela fe tab 1.5/30</i>	
<i>aurovela fe tab 1/20</i>	
<i>aurovela tab 1.5/30</i>	
<i>aurovela tab 1/20</i>	
<i>aviane tab</i>	
<i>ayuna tab</i>	
<i>azurette tab (generic of MIRCETTE)</i>	
<i>azurette tab 28 day (generic of MIRCETTE)</i>	
<i>balziva tab</i>	

Drug Name	Requirements/Limits
<i>blisovi 24 tab fe 1/20</i>	
<i>blisovi fe tab 1.5/30</i>	
<i>blisovi fe tab 1/20</i>	
<i>briellyn tab</i>	
<i>camrese lo tab</i> (generic of LOSEASONIQUE)	
<i>camrese tab</i> (generic of SEASONIQUE)	
<i>caziant pak</i>	
<i>charlotte 24 chw fe 1/20</i> (generic of MINASTRIN 24 FE)	PA
<i>chateal eq tab 0.15/30</i>	
<i>chateal tab 0.15/30</i>	
<i>cryselle-28 tab 28 tabs</i>	
<i>cyclafem tab 1/35</i>	
<i>cyclafem tab 7/7/7</i>	
<i>cyred eq tab</i>	
<i>cyred tab</i>	
<i>dasetta tab 1/35</i>	
<i>dasetta tab 7/7/7</i>	
<i>daysee tab</i> (generic of SEASONIQUE)	
<i>delyla tab 0.1-0.02</i>	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>dolishale tab 90-20mcg</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (generic of BEYAZ)	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	
<i>elinest tab</i>	
<i>emoquette tab</i>	
<i>enpresse-28 tab</i>	
<i>enskyce tab</i>	
<i>estarylla tab 0.25-35</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>falmina tab</i>	
<i>fayosim tab</i> (generic of QUARTETTE)	
<i>femynor tab 0.25-35</i>	
<i>finzala chw fe 1/20</i> (generic of MINASTRIN 24 FE)	
<i>gemmily cap 1/20</i> (generic of TAYTULLA)	PA
<i>gianvi tab 3-0.02mg</i> (generic of YAZ)	

Drug Name	Requirements/Limits
<i>hailey 24 tab fe</i>	
<i>hailey fe tab 1.5/30</i>	
<i>hailey fe tab 1/20</i>	
<i>hailey tab 1.5/30</i>	
<i>iclevia tab</i>	
<i>introvale tab</i>	
<i>isibloom tab</i>	
<i>jaimiess tab (generic of SEASONIQUE)</i>	
<i>jasmiel tab 3-0.02mg (generic of YAZ)</i>	
<i>jolessa tab</i>	
<i>juleber tab</i>	
<i>junel 1.5/30 tab</i>	
<i>junel 1/20 tab</i>	
<i>junel fe 24 tab 1/20</i>	
<i>junel fe tab 1.5/30</i>	
<i>junel fe tab 1/20</i>	
<i>kaitlib fe chw (generic of GENERESS FE)</i>	
<i>kalliga tab</i>	
<i>kariva tab 28 day (generic of MIRCETTE)</i>	
<i>kelnor 1/50 tab</i>	
<i>kelnor tab 1/35</i>	
<i>kurvelo tab 0.15/30</i>	
<i>larin 24 tab fe 1/20</i>	
<i>larin fe tab 1.5/30</i>	
<i>larin fe tab 1/20</i>	
<i>larin tab 1.5/30</i>	
<i>larin tab 1/20</i>	
<i>larissia tab</i>	
<i>layolis fe chw (generic of GENERESS FE)</i>	
<i>leena tab</i>	
<i>lessina tab</i>	
<i>levonest tab</i>	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (generic of QUARTETTE)</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (generic of LOSEASONIQUE)</i>	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (generic of SEASONIQUE)</i>	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075- 40/0.125-30mg-mcg</i>	

Drug Name	Requirements/Limits
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	
<i>levora-28 tab 0.15/30</i>	
<i>lillow tab 0.15/30</i>	
<i>LO LOESTRIN TAB 1-10-10</i>	
<i>lo-zumandimi tab 3-0.02mg (generic of YAZ)</i>	
<i>loestrin 21 tab 1.5/30</i>	
<i>loestrin fe tab 1.5/30</i>	PA
<i>loestrin fe tab 1/20</i>	
<i>loestrin tab 1/20-21</i>	
<i>lojaimiess tab (generic of LOSEASONIQUE)</i>	
<i>loryna tab 3-0.02mg (generic of YAZ)</i>	
<i>low-ogestrel tab</i>	
<i>lutra tab</i>	
<i>marlissa tab 0.15/30</i>	
<i>melodetta chw 24 fe (generic of MINASTRIN 24 FE)</i>	PA
<i>merzee cap 1/20 (generic of TAYTULLA)</i>	PA
<i>mibelas 24 chw fe (generic of MINASTRIN 24 FE)</i>	PA
<i>micrgstin 24 tab fe 1/20</i>	
<i>microgestin tab 1.5/30</i>	
<i>microgestin tab 1/20</i>	
<i>microgestin tab fe1.5/30</i>	
<i>microgestin tab fe 1/20</i>	
<i>mili tab 0.25/35</i>	
<i>mono-lynyah tab 0.25-35</i>	
<i>NATAZIA TAB</i>	PA
<i>necon tab 0.5/35</i>	
<i>nikki tab 3-0.02mg (generic of YAZ)</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (generic of GENERESS FE)</i>	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (generic of MINASTRIN 24 FE)</i>	PA

Drug Name	Requirements/Limits
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20PA</i>	
<i>mcg (24) (generic of TAYTULLA)</i>	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35</i>	
<i>mcg</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215-</i>	
<i>25/0.25-25 mg-mcg (generic of ORTHO TRI-</i>	
<i>CYCLEN LO)</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-</i>	
<i>35/0.25-35 mg-mcg</i>	
<i>nortrel tab 0.5/35</i>	
<i>nortrel tab 1/35</i>	
<i>nortrel tab 7/7/7</i>	
<i>nylia tab 1/35</i>	
<i>nylia tab 7/7/7</i>	
<i>nymyo tab 0.25-35</i>	
<i>ocella tab 3-0.03mg (generic of YASMIN 28)</i>	
<i>orsythia tab</i>	
<i>philith tab 0.4-35</i>	
<i>pimtrea tab (generic of MIRCETTE)</i>	
<i>pirmella tab 1/35</i>	
<i>pirmella tab 7/7/7</i>	
<i>portia-28 tab</i>	
<i>previfem tab</i>	
<i>reclipsen tab</i>	
<i>rivelsa tab (generic of QUARTETTE)</i>	
<i>setlakin tab</i>	
<i>simliya tab 28 day (generic of MIRCETTE)</i>	
<i>simpesse tab (generic of SEASONIQUE)</i>	
<i>sprintec 28 tab 28 day</i>	
<i>sronyx tab</i>	
<i>syeda tab 3-0.03mg (generic of YASMIN 28)</i>	
<i>tarina 24 fe tab</i>	
<i>tarina fe tab 1/20</i>	
<i>tarina fe tab 1/20 eq</i>	
<i>taysofy cap 1/20 (generic of TAYTULLA)</i>	PA
<i>tilia fe tab</i>	
<i>tri femynor tab</i>	
<i>tri-estaryl tab</i>	
<i>tri-legest tab fe</i>	
<i>tri-linyah tab</i>	
<i>tri-lo tab estaryl (generic of ORTHO TRI-CYCLEN</i>	
<i>LO)</i>	
<i>tri-lo- tab marzia (generic of ORTHO TRI-CYCLEN</i>	
<i>LO)</i>	
<i>tri-lo- tab sprintec (generic of ORTHO TRI-CYCLEN</i>	
<i>LO)</i>	

Drug Name	Requirements/Limits
<i>tri-lo-mili tab</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>tri-mili tab</i>	
<i>tri-nymyo tab</i>	
<i>tri-previfem tab</i>	
<i>tri-sprintec tab</i>	
<i>tri-vylibra tab</i>	
<i>tri-vylibra tab lo</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>trivora-28 tab</i>	
<i>velivet pak</i>	
<i>vestura tab 3-0.02mg</i> (generic of YAZ)	
<i>vienva tab 0.1-20</i>	
<i>viorele tab</i> (generic of MIRCETTE)	
<i>volnea tab</i> (generic of MIRCETTE)	
<i>vyfemla tab 0.4-35</i>	
<i>vylibra tab 0.25-35</i>	
<i>wera tab 0.5/35</i>	
<i>wymzya fe chw 0.4mg-35</i>	
<i>zovia 1/35 tab</i>	
<i>zovia 1/35e tab</i>	
<i>zumandimine tab 3-0.03mg</i> (generic of YASMIN 28)	

COMBINATION CONTRACEPTIVES - TRANSDERMAL

xulane dis 150-35
zafemy dis 150/35

COMBINATION CONTRACEPTIVES - VAGINAL

eluryng mis (generic of NUVARING)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (generic of NUVARING)
haloette mis (generic of NUVARING)

COPPER CONTRACEPTIVES - IUD

PARAGARD IUD T380A

EMERGENCY CONTRACEPTIVES

<i>ELLA TAB 30MG</i>	QL (12 tabs every year)
<i>levonorgestrel tab 1.5 mg</i>	QL (12 tabs every year), OTC

PROGESTIN CONTRACEPTIVES - IMPLANTS

NEXPLANON IMP 68MG

PROGESTIN CONTRACEPTIVES - INJECTABLE

DEPO-SQ PROV INJ 104
medroxyprogesterone acetate im susp 150 mg/ml
(generic of DEPO-PROVERA CONTRACEPTIV)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (generic of DEPO-PROVERA CONTRACEPTIV)

Drug Name	Requirements/Limits
PROGESTIN CONTRACEPTIVES - IUD	
KYLEENA IUD 19.5MG	
LILETTA IUD 52MG	
MIRENA IUD SYSTEM	
SKYLA IUD 13.5MG	
PROGESTIN CONTRACEPTIVES - ORAL	
<i>camila tab 0.35mg</i>	
<i>deblitane tab 0.35mg</i>	
<i>errin tab 0.35mg</i>	
<i>heather tab 0.35mg</i>	
<i>incassia tab 0.35mg</i>	
<i>jencycla tab 0.35mg</i>	
<i>lyleq tab 0.35mg</i>	
<i>lyza tab 0.35mg</i>	
<i>nora-be tab 0.35mg</i>	
<i>norethindrone tab 0.35 mg</i>	
<i>norlyda tab 0.35mg</i>	
<i>norlyroc tab 0.35mg</i>	
<i>sharobel tab 0.35mg</i>	
<i>tulana tab 0.35mg</i>	
CORTICOSTEROIDS	
GLUCOCORTICOSTEROIDS	
<i>budesonide delayed release particles cap 3 mg</i>	
DEXAMETHASON CON 1MG/ML	
<i>dexamethasone elixir 0.5 mg/5ml</i>	
<i>dexamethasone soln 0.5 mg/5ml</i>	
<i>dexamethasone tab 0.5 mg</i>	
<i>dexamethasone tab 0.75 mg</i>	
<i>dexamethasone tab 1 mg</i>	
<i>dexamethasone tab 1.5 mg</i>	
<i>dexamethasone tab 2 mg</i>	
<i>dexamethasone tab 4 mg</i>	
<i>dexamethasone tab 6 mg</i>	
<i>hydrocortisone tab 5 mg (generic of CORTEF)</i>	
<i>hydrocortisone tab 10 mg (generic of CORTEF)</i>	
<i>hydrocortisone tab 20 mg (generic of CORTEF)</i>	
MEDROL TAB 2MG	
<i>methylprednisolone tab 4 mg (generic of MEDROL)</i>	
<i>methylprednisolone tab 8 mg (generic of MEDROL)</i>	
<i>methylprednisolone tab 16 mg (generic of MEDROL)</i>	
<i>methylprednisolone tab 32 mg</i>	
<i>methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)</i>	

Drug Name	Requirements/Limits
<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 soln 15 mg/5ml</i>	
<i>prednisone oral soln 5 mg/5ml</i>	
<i>prednisone tab 1 mg</i>	
<i>prednisone tab 2.5 mg</i>	
<i>prednisone tab 5 mg</i>	
<i>prednisone tab 10 mg</i>	
<i>prednisone tab 20 mg</i>	
<i>prednisone tab 50 mg</i>	
<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>	
TARPEYO CAP 4MG	PA

MINERALOCORTICIDS

fludrocortisone acetate tab 0.1 mg

COUGH/COLD/ALLERGY

ANTITUSSIVES

<i>benzonatate cap 100 mg</i>	
<i>benzonatate cap 200 mg</i>	
<i>dextromethorphan hbr cap 15 mg</i>	OTC
<i>dextromethorphan hbr liquid 7.5 mg/5ml</i>	OTC
<i>dextromethorphan hbr liquid 15 mg/5ml</i>	OTC
<i>dextromethorphan hbr syrup 10 mg/5ml</i>	OTC
<i>dextromethorphan hbr syrup 15 mg/5ml</i>	OTC
<i>dextromethorphan polistirex extended release susp 30 mg/5ml</i>	OTC
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (generic of HYCODAN)</i>	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (generic of HYCODAN)</i>	
<i>hydromet syp 5-1.5/5 (generic of HYCODAN)</i>	
SCOT-TUSSIN LIQ DIABETES	OTC

COUGH/COLD/ALLERGY COMBINATIONS

<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	OTC
<i>chlorpheniramine & phenylephrine liquid 4-10 mg/5ml</i>	OTC
<i>chlorpheniramine & pseudoephedrine tab 4-60 mg</i>	OTC
<i>dextromethorphan-guaifenesin liquid 5-100 mg/5ml</i>	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	OTC

Drug Name	Requirements/Limits
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i>	OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	OTC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	OTC
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>	OTC
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	OTC
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	OTC
<i>phenylephrine-guaifenesin liqd 2.5-100 mg/5ml</i>	OTC
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL (1000 mL every 23 days); Limit of 2 fills / 90 days
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	QL (1000 mL every 23 days); Limit of 2 fills / 90 days
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	OTC
<i>pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg</i>	OTC

EXPECTORANTS

<i>guaifenesin liquid 100 mg/5ml</i>	OTC
<i>guaifenesin tab 200 mg</i>	OTC
<i>guaifenesin tab er 12hr 600 mg</i>	OTC
<i>guaifenesin tab er 12hr 1200 mg</i>	OTC
MUCINEX/KIDS GRA 100MG	OTC
<i>potassium iodide oral soln 1 gm/ml</i>	

MISC. RESPIRATORY INHALANTS

<i>sodium chloride aero soln 0.9%</i>	OTC
<i>sodium chloride soln nebu 0.9%</i>	

DERMATOLOGICALS

ACNE PRODUCTS

<i>accutane cap 10mg</i>	
<i>accutane cap 20mg</i>	
<i>accutane cap 30mg</i>	
<i>accutane cap 40mg</i>	
<i>acne medicat gel 2.5%</i>	OTC
ACNE MEDICAT LOT 5%	OTC
ACNE MEDICAT LOT 10%	OTC
<i>adapalene cream 0.1% (generic of DIFFERIN)</i>	
<i>adapalene gel 0.3% (generic of DIFFERIN)</i>	

Drug Name	Requirements/Limits
<i>avar cleanse liq 10-5%</i>	
<i>avita cre 0.025% (generic of RETIN-A)</i>	
<i>avita gel 0.025%</i>	
<i>BENZOYL PER LIQ 6%</i>	OTC
<i>benzoyl peroxide gel 2.5%</i>	OTC
<i>benzoyl peroxide gel 5%</i>	OTC
<i>benzoyl peroxide gel 10%</i>	OTC
<i>benzoyl peroxide liq 2.5%</i>	OTC
<i>benzoyl peroxide liq 4%</i>	OTC
<i>benzoyl peroxide liq 5%</i>	OTC
<i>benzoyl peroxide liq 10%</i>	OTC
<i>benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)</i>	
<i>clindacin-p pad 1%</i>	
<i>clindamycin phosphate gel 1%</i>	
<i>clindamycin phosphate lotion 1% (generic of CLEOCIN-T)</i>	
<i>clindamycin phosphate soln 1%</i>	
<i>clindamycin phosphate swab 1%</i>	
<i>ery pad 2%</i>	
<i>erythromycin gel 2% (generic of ERYGEL)</i>	
<i>erythromycin soln 2%</i>	
<i>isotretinoin cap 10 mg (generic of ABSORICA)</i>	
<i>isotretinoin cap 20 mg (generic of ABSORICA)</i>	
<i>isotretinoin cap 30 mg (generic of ABSORICA)</i>	
<i>isotretinoin cap 40 mg (generic of ABSORICA)</i>	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	
<i>tretinoin cream 0.1% (generic of RETIN-A)</i>	
<i>tretinoin cream 0.05% (generic of RETIN-A)</i>	
<i>tretinoin cream 0.025% (generic of RETIN-A)</i>	
<i>tretinoin gel 0.01% (generic of RETIN-A)</i>	
<i>tretinoin gel 0.025% (generic of RETIN-A)</i>	
<i>zenatane cap 10mg</i>	
<i>zenatane cap 20mg</i>	
<i>zenatane cap 30mg</i>	
<i>zenatane cap 40mg</i>	
ANTI-INFLAMMATORY AGENTS - TOPICAL	
<i>diclofenac sodium gel 1%</i>	OTC
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	
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>	

Drug Name	Requirements/Limits
<i>gentamicin sulfate oint 0.1%</i>	
<i>mupirocin oint 2%</i>	
<i>neomycin-bacitracin-polymyxin oint</i>	OTC
ANTIFUNGALS - TOPICAL	
<i>ciclopirox olamine cream 0.77% (base equiv)</i> (generic of LOPROX)	
<i>ciclopirox olamine susp 0.77% (base equiv)</i> (generic of LOPROX)	
<i>ciclopirox shampoo 1% (generic of LOPROX SHAMPOO)</i>	
<i>ciclopirox solution 8%</i>	
<i>clotrimazole cream 1%</i>	
<i>clotrimazole cream 1%</i>	OTC
<i>clotrimazole soln 1%</i>	
<i>clotrimazole soln 1%</i>	OTC
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	
<i>ketoconazole cream 2%</i>	
<i>ketoconazole shampoo 2%</i>	
<i>miconazole nitrate aerosol 2%</i>	OTC
<i>miconazole nitrate aerosol pow 2%</i>	OTC
<i>miconazole nitrate cream 2%</i>	OTC
<i>miconazole nitrate powder 2%</i>	OTC
<i>nystatin cream 100000 unit/gm</i>	
<i>nystatin oint 100000 unit/gm</i>	
<i>nystatin topical powder 100000 unit/gm</i>	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	
<i>nystop pow 100000</i>	
<i>terbinafine hcl cream 1%</i>	OTC
<i>tolnaftate cream 1%</i>	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	
<i>FLUOROPLEX CRE 1%</i>	
<i>fluorouracil cream 5% (generic of EFUDEX)</i>	
ANTIPRURITICS - TOPICAL	
<i>camphor & menthol lotion 0.5-0.5%</i>	OTC
ANTIPSORIATICS	
<i>calcipotriene oint 0.005%</i>	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	
COSENTYX INJ 75MG/0.5	
COSENTYX INJ 300DOSE	
COSENTYX PEN INJ 300DOSE	
SILIQ INJ 210/1.5	
ANTISEBORRHEIC PRODUCTS	
<i>selenium sulfide lotion 2.5%</i>	

Drug Name	Requirements/Limits
ANTIVIRALS - TOPICAL	
<i>acyclovir oint 5% (generic of ZOVIRAX)</i>	
<i>docosanol cream 10%</i>	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>	
<i>alclometasone dipropionate oint 0.05%</i>	
<i>betamethasone dipropionate cream 0.05%</i>	
<i>betamethasone dipropionate lotion 0.05%</i>	
<i>betamethasone dipropionate oint 0.05%</i>	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	
<i>clobetasol propionate oint 0.05%</i>	
<i>clobetasol propionate soln 0.05%</i>	
<i>desonide cream 0.05% (generic of DESOWEN)</i>	
<i>desonide oint 0.05%</i>	
<i>fluocinolone acetonide cream 0.025% (generic of SYNALAR)</i>	
<i>fluocinolone acetonide oil 0.01% (body oil) (generic of DERMA-SMOOTH/FS BODY)</i>	
<i>fluocinolone acetonide oil 0.01% (scalp oil) (generic of DERMA-SMOOTH/FS SCALP)</i>	
<i>fluocinolone acetonide oint 0.025% (generic of SYNALAR)</i>	
<i>fluocinolone acetonide soln 0.01% (generic of SYNALAR)</i>	
<i>fluocinonide cream 0.05%</i>	
<i>fluocinonide emulsified base cream 0.05%</i>	
<i>fluocinonide gel 0.05%</i>	
<i>fluocinonide oint 0.05%</i>	
<i>fluocinonide soln 0.05%</i>	
<i>halobetasol propionate cream 0.05%</i>	
<i>halobetasol propionate oint 0.05%</i>	
<i>hydrocortisone acetate cream 1%</i>	OTC
<i>hydrocortisone cream 0.5%</i>	OTC
<i>hydrocortisone cream 1%</i>	
<i>hydrocortisone cream 1%</i>	OTC
<i>hydrocortisone cream 2.5%</i>	

Drug Name	Requirements/Limits
<i>hydrocortisone lotion 1%</i>	OTC
<i>hydrocortisone lotion 2.5%</i>	
<i>hydrocortisone oint 0.5%</i>	OTC
<i>hydrocortisone oint 1%</i>	
<i>hydrocortisone oint 1%</i>	OTC
<i>hydrocortisone oint 2.5%</i>	
<i>hydrocortisone soln 1%</i>	OTC
<i>hydrocortisone valerate cream 0.2%</i>	
<i>hydrocortisone valerate oint 0.2%</i>	
<i>mometasone furoate cream 0.1%</i>	
<i>mometasone furoate oint 0.1%</i>	
<i>mometasone furoate solution 0.1% (lotion)</i>	
<i>pramoxine-hc cream 1-2.5%</i>	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm (generic of KENALOG)</i>	
<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 0.025%</i>	
DIAPER RASH PRODUCTS	
<i>diaper rash products - ointment</i>	OTC
ECZEMA AGENTS	
DUPIXENT INJ 100/0.67	PA
DUPIXENT INJ 200/1.14	PA
DUPIXENT INJ 300/2ML	PA
EMOLLIENT/KERATOLYTIC AGENTS	
<i>cerovel lot 40%</i>	
<i>urea cream 20%</i>	OTC
<i>urea cream 40%</i>	
<i>urea cream 40%</i>	OTC
<i>urea lotion 10%</i>	OTC
<i>urea lotion 40%</i>	
<i>uremez-40 cre 40%</i>	
EMOLLIENTS	
<i>adv healing oin baby</i>	OTC
<i>advanced oin healing</i>	OTC
AMLACTION CRE ULTRA	OTC
AQUA GLYCOL CRE FACE	OTC
<i>aqua-cerin cre</i>	OTC
<i>aqua-nu oin 42%</i>	OTC
AQUAPHILIC OIN	OTC

Drug Name	Requirements/Limits
AQUAPHOR ADV OIN HEALING	OTC
AQUAPHOR ADV OIN THER BAB	OTC
AQUAPHOR OIN	OTC
AQUAPHOR OIN ADVANCED	OTC
AVEENO DAILY CRE FACE	OTC
AVEENO INTEN CRE RELIEF	OTC
AVEENO NIGHT CRE MOISTURE	OTC
AVEENO POSIT CRE RADIANT	OTC
AVEENO SKIN CRE RELIEF	OTC
BAG BALM OIN	OTC
BASLE CRE	OTC
BETA CARE CRE	OTC
BETA XMA CRE	OTC
BOUDREAUXS OIN BABY BUT	OTC
CERAVE CRE MOISTURI	OTC
CERAVE DIABE CRE DRY SKIN	OTC
CERAVE OIN HEALING	OTC
CERAVE SA CRE RGH/BMP	OTC
CICAPLAST CRE BAUME B5	OTC
<i>cocoa butter cre skin</i>	OTC
COCONUT OIL CRE BEAUTY	OTC
COLLAGEN CRE SKIN	OTC
<i>colloidal oatmeal packet</i>	OTC
CUTEMOL CRE	OTC
<i>cvs advanced oin healing</i>	OTC
CVS DRY SKIN CRE THERAPY	OTC
CVS MOISTURE CRE	OTC
D-CERIN CRE MOISTURI	OTC
DERMABASE CRE	OTC
DERMAIDE CRE ALOE	OTC
<i>dermaphor oin</i>	OTC
DERMEND ALPH CRE BETA HYD	OTC
DERMEND CRE BRUISE	OTC
DERMEND CRE FRAGILE	OTC
DIABETIDERM CRE	OTC
DIABETIDERM CRE FOOT	OTC
DML FORTE CRE	OTC
<i>dry skin adv oin therapy</i>	OTC
<i>dry skin oin</i>	OTC
<i>e-ointment oin</i>	OTC
ELON SKIN CRE REPAIR	OTC
EMOLLIA-CREM CRE	OTC
<i>emollient - cream</i>	OTC
EQ THERAPEUT CRE MOISTURI	OTC
EUCERIN ADV CRE REPAIR	OTC

Drug Name	Requirements/Limits
EUCERIN DLY LOT /SPF30	OTC
EUCERIN HAND CRE ADV REPA	OTC
EUCERIN INT LOT REPAIR	OTC
EUCERIN LOT	OTC
EUCERIN LOT SMOOTHIN	OTC
EUCERIN ORIG LOT HEALING	OTC
EUCERIN PLUS CRE	OTC
EUCERIN PLUS LOT	OTC
EUCERIN RED CRE NIGHT	OTC
GB DIABETICS CRE DRY SKIN	OTC
GB HEALING CRE HAND	OTC
GOLD BOND CRE HEALING	OTC
GOLD BOND CRE ROUGH	OTC
GOLD BOND CRE SOOTHING	OTC
GOLD BOND OIN HEALING	OTC
HEALTHY SKIN CRE	OTC
HYDRASYN25 CRE	OTC
<i>hydrolatum oin</i>	OTC
<i>hydrophor oin</i>	OTC
J&J BURN CRE	OTC
KERADAN CRE	OTC
KERI LONG CRE LASTING	OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	
<i>lactic acid (ammonium lactate) cream 12%</i>	OTC
<i>lactic acid (ammonium lactate) lotion 12%</i>	
<i>lactic acid (ammonium lactate) lotion 12%</i>	OTC
LACTINOL HX CRE VANILLA	OTC
LANAPHILIC OIN	OTC
LEADER FINGE CRE	OTC
LUBRIDERM CRE ADV THER	OTC
MEDERMA AG CRE FACE	OTC
MEDERMA STR CRE MARKS	OTC
<i>moisturizing cre</i>	OTC
MOISTURIZING CRE	OTC
NEUTROGENA CRE HAND	OTC
NISEKO HYDRA CRE FACIAL	OTC
NIVEA CRE	OTC
NIVEA CRE LIGHT	OTC
NIVEA SOFT CRE	OTC
NIVEA VISAGE CRE	OTC
NIVEA VISAGE CRE NIGHTTIM	OTC
NUTRADERM CRE	OTC
OINTMENT OIN BASE	OTC
OKEEFFES CRE WORKING	OTC
PALMERS CRE COCOA	OTC

Drug Name	Requirements/Limits
PALMERS CRE NIGHT	OTC
PALMERS HAND CRE COCONUT	OTC
PALMERS HAND CRE INTENSIV	OTC
PALMERS STRE CRE MARKS	OTC
PEN-KERA CRE	OTC
PENTRAVAN CRE	OTC
PENTRAVAN CRE PLUS	OTC
PRETTY FEET CRE & HANDS	OTC
RA HYDRATING OIN HEALING	OTC
RESTA CRE	OTC
RESTORATIVE CRE SKIN	OTC
RISABAL-PH CRE	OTC
ROUGHNESS CRE RELIEF	OTC
<i>saratoga oin</i>	OTC
SOOTHE&COOL CRE SKIN	OTC
SORBOLENE CRE	OTC
SPECIAL CARE CRE	OTC
STUDIO 35 CRE MOIST	OTC
THERAPEUTIC CRE DRY SKIN	OTC
THERAPEUTIC CRE MOISTUR	OTC
UDDERLY CRE SMOOTH	OTC
VANICREAM CRE	OTC
VANICREAM OIN	OTC
VELVACHOL CRE	OTC
<i>vitamin a & d oint</i>	OTC
VITAMIN E W/ CRE PANTHENO	OTC
ENZYMES - TOPICAL	
SANTYL OIN 250/GM	PA
IMMUNOMODULATING AGENTS - TOPICAL	
<i>imiquimod cream 5%</i>	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
<i>pimecrolimus cream 1% (generic of ELIDEL)</i>	
<i>tacrolimus oint 0.1% (generic of PROTOPIC)</i>	
<i>tacrolimus oint 0.03% (generic of PROTOPIC)</i>	
KERATOLYTIC/ANTIMITOTIC AGENTS	
CONDYLOX GEL 0.5%	
DERMAREST GEL 3%	OTC
KERALYT GEL 3%	OTC
<i>podofilox soln 0.5%</i>	
<i>salicylic acid gel 17%</i>	OTC
<i>salicylic acid liquid 17%</i>	OTC
<i>salicylic acid pad 40%</i>	OTC

Drug Name	Requirements/Limits
LOCAL ANESTHETICS - TOPICAL	
<i>capsaicin cream 0.1%</i>	QL (120 gm every 23 days), OTC
<i>capsaicin cream 0.025%</i>	QL (120 gm every 23 days), OTC
<i>capsaicin cream 0.075%</i>	QL (120 gm every 23 days), OTC
<i>lidocaine cream 4%</i>	OTC
<i>lidocaine hcl cream 3%</i>	
<i>lidocaine hcl cream 3%</i>	OTC
<i>lidocaine hcl cream 4%</i>	OTC
<i>lidocaine hcl gel 2%</i>	OTC
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine patch 4%</i>	QL (30 patches every 23 days), OTC
<i>lidocaine patch 5% (generic of LIDODERM)</i>	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
<i>lidopin cre 3%</i>	
<i>proxivol gel 2%</i>	
<i>7t lido gel 2%</i>	
MISC. TOPICAL	
AQ GLY TONER MIS TOWELET	OTC
BATH CLOTH MIS WASHCLTH	OTC
BATHING MIS WIPES	OTC
CALAMINE LOTION	OTC
COMFORT BATH MIS CLOTHS	OTC
COMFORT BATH MIS DEODORAN	OTC
COMFORT DEOD MIS CLEAN-UP	OTC
DEET AEROSOL INSECT REPELLENT	OTC
DEET LOTION INSECT REPELLENT	OTC
DETACHOL MIS REMOVER	OTC
DRYSOL SOL 20%	
EQL CLEANSIN MIS TOWELET	OTC
ESNTIAL BATH MIS CLOTHS	OTC
IMPREVA BATH MIS WASHCLTH	OTC
ISOPROPYL ALCOHOL SWABS 70%	OTC
PREP H SPR SOOTH RF	OTC
QBREXZA PAD 2.4%	PA
<i>skin protectants misc - cream</i>	OTC
<i>skin protectants misc - ointment</i>	OTC
SOAP & CLEANSERS - LIQUID	OTC
<i>soap & cleansers - misc</i>	OTC
SUMMERS EVE MIS CLOTHS	OTC
TENA ULTRA MIS WASH	OTC
<i>witch hazel cleansing pads</i>	OTC

Drug Name	Requirements/Limits
<i>witch hazel liq</i>	OTC
<i>witch hazel sol 86%</i>	OTC
<i>zinc oxide oint 20%</i>	OTC
<i>zinc oxide oint 40%</i>	OTC
ZYRTEC FACE MIS WIPES	OTC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	
EUCRISA OIN 2%	ST; Topical corticosteroid and topical tacrolimus required first
ROSACEA AGENTS	
<i>metronidazole cream 0.75% (generic of METROCREAM)</i>	
<i>metronidazole gel 0.75%</i>	
<i>metronidazole gel 1% (generic of METROGEL)</i>	
<i>metronidazole lotion 0.75% (generic of METROLOTION)</i>	
NORITATE CRE 1%	
<i>rosadan cre 0.75% (generic of METROCREAM)</i>	
<i>rosadan gel 0.75%</i>	
SCABICIDES & PEDICULICIDES	
<i>ivermectin lotion 0.5%</i>	ST; OTC permethrin 1% required first for younger than age 6; malathion required first for age 6 and older
<i>ivermectin lotion 0.5%</i>	ST, OTC; OTC permethrin 1% required first for younger than age 6; malathion required first for age 6 and older
<i>malathion lotion 0.5%</i>	
<i>permethrin aerosol 0.5%</i>	OTC
<i>permethrin cream 5%</i>	
<i>permethrin creme rinse 1%</i>	OTC
<i>permethrin lotion 1%</i>	OTC
<i>pyrethrins-piperonyl butoxide liq 0.3-3%</i>	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	OTC
TAR PRODUCTS	
<i>coal tar shampoo 1%</i>	OTC
WOUND CARE PRODUCTS	
ARGLAES POW	OTC
COLLANEX POW	
REGRANEX GEL 0.01%	
STIMULEN POW	OTC

Drug Name	Requirements/Limits
TRIPLE HELIX POW COLLAGEN	OTC
DIAGNOSTIC PRODUCTS	
DIAGNOSTIC DRUGS	
MACRILEN PAK 60MG	PA
DIAGNOSTIC TESTS	
ACCU-CHEK TES AVIVA PL	OTC
ACCU-CHEK TES GUIDE	OTC
ACCU-CHEK TES SMART	OTC
URINE KETONE TEST STRIPS	OTC
DIGESTIVE AIDS	
DIGESTIVE ENZYMES	
CREON CAP 3000UNIT	
CREON CAP 6000UNIT	
CREON CAP 12000UNT	
CREON CAP 24000UNT	
CREON CAP 36000UNT	
VIOKACE TAB 10440	
VIOKACE TAB 20880	
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
DIURETICS	
CARBONIC ANHYDRASE INHIBITORS	
<i>acetazolamide cap er 12hr 500 mg</i>	
<i>acetazolamide tab 125 mg</i>	
<i>acetazolamide tab 250 mg</i>	
<i>methazolamide tab 25 mg</i>	
<i>methazolamide tab 50 mg</i>	
DIURETIC COMBINATIONS	
ALDACTAZIDE TAB 50/50	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (generic of ALDACTAZIDE)	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	
LOOP DIURETICS	
<i>bumetanide tab 0.5 mg (generic of BUMEX)</i>	

Drug Name	Requirements/Limits
<i>bumetanide tab 1 mg</i>	
<i>bumetanide tab 2 mg</i>	
<i>furosemide oral soln 8 mg/ml</i>	
<i>furosemide oral soln 10 mg/ml</i>	
<i>furosemide tab 20 mg (generic of LASIX)</i>	
<i>furosemide tab 40 mg (generic of LASIX)</i>	
<i>furosemide tab 80 mg (generic of LASIX)</i>	
<i>torsemide tab 5 mg</i>	
<i>torsemide tab 10 mg</i>	
<i>torsemide tab 20 mg</i>	
<i>torsemide tab 100 mg</i>	

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tab 5 mg</i>
<i>spironolactone tab 25 mg (generic of ALDACTONE)</i>
<i>spironolactone tab 50 mg (generic of ALDACTONE)</i>
<i>spironolactone tab 100 mg (generic of ALDACTONE)</i>
<i>triamterene cap 50 mg (generic of DYRENIUM)</i>
<i>triamterene cap 100 mg (generic of DYRENIUM)</i>

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tab 25 mg</i>
<i>chlorthalidone tab 50 mg</i>
DIURIL SUS 250/5ML
<i>hydrochlorothiazide cap 12.5 mg</i>
<i>hydrochlorothiazide tab 12.5 mg</i>
<i>hydrochlorothiazide tab 25 mg</i>
<i>hydrochlorothiazide tab 50 mg</i>
<i>indapamide tab 1.25 mg</i>
<i>indapamide tab 2.5 mg</i>
<i>metolazone tab 2.5 mg</i>
<i>metolazone tab 5 mg</i>
<i>metolazone tab 10 mg</i>
THALITONE TAB 15MG

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

<i>alendronate sodium oral soln 70 mg/75ml</i>
<i>alendronate sodium tab 5 mg</i>
<i>alendronate sodium tab 10 mg</i>
<i>alendronate sodium tab 35 mg</i>
<i>alendronate sodium tab 70 mg (generic of FOSAMAX)</i>
<i>calcitonin (salmon) nasal soln 200 unit/act</i>
FOSAMAX + D TAB 70-2800
FOSAMAX + D TAB 70-5600
PROLIA INJ 60MG/ML
PA

Drug Name	Requirements/Limits
XGEVA INJ	PA
GNRH/LHRH ANTAGONISTS	
ORILISSA TAB 150MG	PA
GROWTH HORMONE RELEASING HORMONES (GHRH)	
EGRIFTA SV INJ 2MG	PA
GROWTH HORMONES	
NORDITROPIN INJ 5/1.5ML	PA
NORDITROPIN INJ 10/1.5ML	PA
NORDITROPIN INJ 15/1.5ML	PA
NORDITROPIN INJ 30/3ML	PA
SEROSTIM INJ 4MG	PA
SEROSTIM INJ 5MG	PA
SEROSTIM INJ 6MG	PA
HORMONE RECEPTOR MODULATORS	
<i>raloxifene hcl tab 60 mg (generic of EVISTA)</i>	
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
FENSOLVI INJ 45MG	PA
LUPR DEP-PED INJ 3M 30MG	PA
LUPR DEP-PED INJ 7.5MG	
LUPR DEP-PED INJ 11.25MG	
LUPR DEP-PED INJ 11.25MG	PA
LUPR DEP-PED INJ 15MG	
METABOLIC MODIFIERS	
<i>calcitriol cap 0.5 mcg (generic of ROCALTROL)</i>	
<i>calcitriol cap 0.25 mcg (generic of ROCALTROL)</i>	
<i>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</i>	
<i>cinacalcet hcl tab 30 mg (base equiv) (generic of SENSIPAR)</i>	
<i>cinacalcet hcl tab 60 mg (base equiv) (generic of SENSIPAR)</i>	
<i>cinacalcet hcl tab 90 mg (base equiv) (generic of SENSIPAR)</i>	
<i>doxercalciferol cap 0.5 mcg</i>	
<i>doxercalciferol cap 1 mcg</i>	
<i>doxercalciferol cap 2.5 mcg</i>	
<i>nitisinone cap 2 mg (generic of ORFADIN)</i>	PA
<i>nitisinone cap 5 mg (generic of ORFADIN)</i>	PA
<i>nitisinone cap 10 mg (generic of ORFADIN)</i>	PA
NULIBRY INJ 9.5MG	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
KERENDIA TAB 10MG	PA
KERENDIA TAB 20MG	PA

Drug Name	Requirements/Limits
NATRIURETIC PEPTIDES	
VOXZOGO INJ 0.4MG	PA
VOXZOGO INJ 0.56MG	PA
VOXZOGO INJ 1.2MG	PA
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 (generic of DDAVP)</i>	
<i>desmopressin acetate tab 0.2 mg (generic of DDAVP)</i>	
DESMOPRESSIN SOL 1.5MG/ML	PA
PROLACTIN INHIBITORS	
<i>cabergoline tab 0.5 mg</i>	
SOMATOSTATIC AGENTS	
SIGNIFOR LAR INJ 10MG	PA
SIGNIFOR LAR INJ 20MG	PA
SIGNIFOR LAR INJ 30MG	PA
SIGNIFOR LAR INJ 40MG	PA
SIGNIFOR LAR INJ 60MG	PA
VASOPRESSIN RECEPTOR ANTAGONISTS	
JYNARQUE PAK 15MG	PA
JYNARQUE PAK 30-15MG	PA
JYNARQUE PAK 45-15MG	PA
JYNARQUE PAK 60-30MG	PA
JYNARQUE PAK 90-30MG	PA
JYNARQUE TAB 15MG	PA
JYNARQUE TAB 30MG	PA
<i>tolvaptan tab 15 mg (generic of SAMSCA)</i>	PA
<i>tolvaptan tab 30 mg (generic of SAMSCA)</i>	PA
ESTROGENS	
ESTROGEN COMBINATIONS	
CLIMARA PRO DIS WEEKLY	
COMBIPATCH DIS	
<i>covaryx hs tab</i>	
<i>eemt hs tab</i>	
<i>est estrogen tab mtest hs</i>	
<i>fyavolv tab 0.5-2.5</i>	
<i>fyavolv tab 1-5</i>	
<i>jinteli tab 1mg-5mcg</i>	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	

Drug Name	Requirements/Limits
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norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	
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ORIAHNN CAP	PA
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PREMPHASE TAB	
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PREMPRO TAB	
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PREMPRO TAB 0.3-1.5	
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PREMPRO TAB 0.45-1.5	
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PREMPRO TAB 0.625-5	
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ESTROGENS

ALORA DIS 0.1MG	
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ALORA DIS 0.05MG	
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ALORA DIS 0.025MG	
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ALORA DIS 0.075MG	
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DELESTROGEN INJ 10MG/ML	
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DEPO-ESTRADI INJ 5MG/ML	
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dotti dis 0.1mg (generic of VIVELLE-DOT)	
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dotti dis 0.05mg (generic of VIVELLE-DOT)	
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dotti dis 0.025mg (generic of VIVELLE-DOT)	
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dotti dis 0.075mg (generic of VIVELLE-DOT)	
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dotti dis 0.0375mg (generic of VIVELLE-DOT)	
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estradiol tab 0.5 mg (generic of ESTRACE)	
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estradiol tab 1 mg (generic of ESTRACE)	
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estradiol tab 2 mg (generic of ESTRACE)	
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estradiol td patch twice weekly 0.1 mg/24hr (generic of MINIVELLE)	
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estradiol td patch twice weekly 0.05 mg/24hr (generic of MINIVELLE)	
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estradiol td patch twice weekly 0.025 mg/24hr (generic of MINIVELLE)	
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estradiol td patch twice weekly 0.075 mg/24hr (generic of MINIVELLE)	
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estradiol td patch twice weekly 0.0375 mg/24hr (generic of MINIVELLE)	
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estradiol td patch weekly 0.1 mg/24hr (generic of CLIMARA)	
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estradiol td patch weekly 0.05 mg/24hr (generic of CLIMARA)	
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estradiol td patch weekly 0.06 mg/24hr (generic of CLIMARA)	
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estradiol td patch weekly 0.025 mg/24hr (generic of CLIMARA)	
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estradiol td patch weekly 0.075 mg/24hr (generic of CLIMARA)	
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estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (generic of CLIMARA)	
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estradiol valerate im in oil 10 mg/ml	
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Drug Name	Requirements/Limits
<i>estradiol valerate im in oil 20 mg/ml</i> (generic of DELESTROGEN)	
<i>estradiol valerate im in oil 40 mg/ml</i> (generic of DELESTROGEN)	
<i>lyllana dis 0.1mg</i> (generic of MINIVELLE)	
<i>lyllana dis 0.05mg</i> (generic of MINIVELLE)	
<i>lyllana dis 0.025mg</i> (generic of MINIVELLE)	
<i>lyllana dis 0.075mg</i> (generic of MINIVELLE)	
<i>lyllana dis 0.0375mg</i> (generic of MINIVELLE)	

FLUOROQUINOLONES

FLUOROQUINOLONES

<i>CIPRO (5%) SUS 250MG/5</i>	
<i>CIPRO (10%) SUS 500MG/5</i>	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> (generic of CIPRO)	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> (generic of CIPRO)	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	
<i>levofloxacin oral soln 25 mg/ml</i>	
<i>levofloxacin tab 250 mg</i> (generic of LEVAQUIN)	
<i>levofloxacin tab 500 mg</i>	
<i>levofloxacin tab 750 mg</i> (generic of LEVAQUIN)	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	

GASTROINTESTINAL AGENTS - MISC.

ANTIFLATULENTS

<i>simethicone chew tab 80 mg</i>	OTC
<i>simethicone chew tab 125 mg</i>	OTC
<i>simethicone liquid 40 mg/0.6ml</i>	OTC
<i>simethicone susp 40 mg/0.6ml</i>	OTC

GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol cap 300 mg</i>	
<i>ursodiol tab 250 mg</i> (generic of URSO 250)	
<i>ursodiol tab 500 mg</i> (generic of URSO FORTE)	

GASTROINTESTINAL ANTIALLERGY AGENTS

<i>cromolyn sodium oral conc 100 mg/5ml</i> (generic of GASTROCROM)	
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GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

<i>lubiprostone cap 8 mcg</i> (generic of AMITIZA)	PA
<i>lubiprostone cap 24 mcg</i> (generic of AMITIZA)	PA

GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i> (base equiv)	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i> (generic of REGLAN)	

Drug Name	Requirements/Limits
<i>metoclopramide hcl tab 10 mg (base equivalent)</i> (generic of REGLAN)	
INFLAMMATORY BOWEL AGENTS	
<i>mesalamine cap dr 400 mg (generic of DELZICOL)</i>	
<i>mesalamine cap er 24hr 0.375 gm (generic of APRISO)</i>	
<i>mesalamine cap er 500 mg (generic of PENTASA)</i>	
<i>mesalamine enema 4 gm</i>	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i> (generic of ROWASA)	
<i>mesalamine suppos 1000 mg (generic of CANASA)</i>	
<i>mesalamine tab delayed release 1.2 gm (generic of LIALDA)</i>	
<i>mesalamine tab delayed release 800 mg</i> PENTASA CAP 250MG CR SFROWASA ENE 4GM	
<i>sulfasalazine tab 500 mg (generic of AZULFIDINE)</i>	
<i>sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)</i>	
INTESTINAL ACIDIFIERS	
<i>enulose sol 10gm/15</i>	
<i>generlac sol 10gm/15</i>	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS	
MOVANTIK TAB 12.5MG	PA
MOVANTIK TAB 25MG	PA
PHOSPHATE BINDER AGENTS	
<i>calcium acetate (phosphate binder) cap 667 mg</i> (169 mg ca)	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	OTC
<i>lanthanum carbonate chew tab 500 mg</i> (elemental) (generic of FOSRENOL)	
<i>lanthanum carbonate chew tab 750 mg</i> (elemental) (generic of FOSRENOL)	
<i>lanthanum carbonate chew tab 1000 mg</i> (elemental) (generic of FOSRENOL)	
<i>sevelamer carbonate packet 0.8 gm (generic of RENVELA)</i>	
<i>sevelamer carbonate packet 2.4 gm (generic of RENVELA)</i>	
<i>sevelamer carbonate tab 800 mg (generic of RENVELA)</i>	

Drug Name	Requirements/Limits
GENITOURINARY AGENTS - MISCELLANEOUS	
ALKALINIZERS	
ORACIT SOL	
potassium citrate tab er 5 meq (540 mg) (generic of UROCIT-K 5)	
potassium citrate tab er 10 meq (1080 mg) (generic of UROCIT-K 10)	
potassium citrate tab er 15 meq (1620 mg) (generic of UROCIT-K 15)	
sodium citrate & citric acid soln 500-334 mg/5ml	
sodium citrate & citric acid soln 500-334 mg/5ml	OTC
HYPEROXALURIA AGENTS	
OXLUMO INJ 94.5/0.5	PA
INTERSTITIAL CYSTITIS AGENTS	
ELMIRON CAP 100MG	
PROSTATIC HYPERTROPHY AGENTS	
alfuzosin hcl tab er 24hr 10 mg (generic of UROXATRAL)	
dutasteride cap 0.5 mg (generic of AVODART)	
finasteride tab 5 mg (generic of PROSCAR)	
silodosin cap 4 mg (generic of RAPAFLO)	
silodosin cap 8 mg (generic of RAPAFLO)	
tamsulosin hcl cap 0.4 mg (generic of FLOMAX)	
URINARY ANALGESICS	
phenazo tab 200mg	
phenazopyridine hcl tab 100 mg	
phenazopyridine hcl tab 200 mg	
GOUT AGENTS	
GOUT AGENT COMBINATIONS	
colchicine w/ probenecid tab 0.5-500 mg	
GOUT AGENTS	
allopurinol tab 100 mg (generic of ZYLOPRIM)	
allopurinol tab 300 mg (generic of ZYLOPRIM)	
colchicine cap 0.6 mg	
colchicine tab 0.6 mg (generic of COLCRYS)	
URICOSURICS	
probenecid tab 500 mg	
HEMATOLOGICAL AGENTS - MISC.	
ANTIHEMOPHILIC PRODUCTS	
JIVI INJ 500 UNIT	PA
JIVI INJ 1000UNIT	PA
JIVI INJ 2000UNIT	PA
JIVI INJ 3000UNIT	PA

Drug Name	Requirements/Limits
BRADYKININ B2 RECEPTOR ANTAGONISTS	
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i> (generic of FIRAZYR)	PA
COMPLEMENT INHIBITORS	
EMPAVELI INJ 1080MG	PA
HAEGARDA INJ 2000UNIT	PA
HAEGARDA INJ 3000UNIT	PA
TAVNEOS CAP 10MG	PA
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS	
TAVALISSE TAB 100MG	PA
TAVALISSE TAB 150MG	PA
HEMATORHEOLOGIC AGENTS	
<i>pentoxifylline tab er 400 mg</i>	
PLASMA KALLIKREIN INHIBITORS	
KALBITOR INJ 10MG/ML	PA
ORLADEYO CAP 110MG	PA
ORLADEYO CAP 150MG	PA
PLATELET AGGREGATION INHIBITORS	
<i>anagrelide hcl cap 0.5 mg</i> (generic of AGRYLIN)	
<i>anagrelide hcl cap 1 mg</i>	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	
BRILINTA TAB 60MG	
BRILINTA TAB 90MG	
<i>cilostazol tab 50 mg</i>	
<i>cilostazol tab 100 mg</i>	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> (generic of PLAVIX)	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	
<i>dipyridamole tab 25 mg</i>	
<i>dipyridamole tab 50 mg</i>	
<i>dipyridamole tab 75 mg</i>	
<i>prasugrel hcl tab 5 mg (base equiv)</i> (generic of EFFIENT)	
<i>prasugrel hcl tab 10 mg (base equiv)</i> (generic of EFFIENT)	
ZONTIVITY TAB 2.08MG	PA
PYRUVATE KINASE ACTIVATORS	
PYRUKYND TAB 5MG	PA
PYRUKYND TAB 20MG	PA
PYRUKYND TAB 50MG	PA
HEMATOPOIETIC AGENTS	
AGENTS FOR SICKLE CELL DISEASE	
ADAKVEO INJ 100/10ML	
DROXIA CAP 200MG	

Drug Name	Requirements/Limits
DROXIA CAP 300MG	
DROXIA CAP 400MG	
ENDARI POW 5GM	QL (180 packets every 23 days)
OXBRYTA TAB 300MG	
OXBRYTA TAB 500MG	

COBALAMINS

B-12 TAB 2000MCG	OTC
B-12 TAB 2500MCG	OTC
<i>cyanocobalamin inj 1000 mcg/ml</i>	
<i>dodex inj</i>	
<i>vitamin b-12 tab 50 mcg</i>	OTC
<i>vitamin b-12 tab 100 mcg</i>	OTC
<i>vitamin b-12 tab 250 mcg</i>	OTC
<i>vitamin b-12 tab 500 mcg</i>	OTC
<i>vitamin b-12 tab 1000 mcg</i>	OTC
<i>vitamin b-12 tab er 1000 mcg</i>	OTC

FOLIC ACID/FOLATES

<i>folic acid tab 1 mg</i>	
<i>folic acid tab 1 mg</i>	OTC
<i>folic acid tab 400 mcg</i>	OTC
<i>folic acid tab 800 mcg</i>	OTC

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 25MCG	
ARANESP INJ 40MCG	
ARANESP INJ 60MCG	
ARANESP INJ 100MCG	
ARANESP INJ 150MCG	
ARANESP INJ 200MCG	
ARANESP INJ 300MCG	
ARANESP INJ 500MCG	
DOPTelet TAB 20MG	PA
EPOGEN INJ 2000/ML	
EPOGEN INJ 3000/ML	
EPOGEN INJ 4000/ML	
EPOGEN INJ 10000/ML	
EPOGEN INJ 20000/ML	
LEUKINE INJ 250MCG	
MULPLETA TAB 3MG	PA
PROCRIT INJ 2000/ML	
PROCRIT INJ 3000/ML	
PROCRIT INJ 4000/ML	
PROCRIT INJ 10000/ML	
PROCRIT INJ 20000/ML	
PROCRIT INJ 40000/ML	

Drug Name	Requirements/Limits
ZARXIO INJ 300/0.5	
ZARXIO INJ 480/0.8	
ZIEXTENZO INJ 6/0.6ML	

HEMATOPOIETIC MIXTURES

<i>iferex 150 cap forte</i>	
<i>k-tan plus cap</i>	
<i>poly-iron cap 150 fort</i>	
<i>polysacchari cap iron</i>	
<i>purevit dual cap fe plus</i>	
<i>se-tan plus cap</i>	
VITRON-C TAB 65-125	OTC

IRON

<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	OTC
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	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 syrup 300 mg/5ml (60 mg/5ml elemental fe)</i>	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	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
IRON UP LIQ	OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	OTC
PROFE CAP 180MG	OTC

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid inj 250 mg/ml</i>	
<i>aminocaproic acid oral soln 0.25 gm/ml (generic of AMICAR)</i>	
<i>aminocaproic acid tab 500 mg (generic of AMICAR)</i>	
<i>aminocaproic acid tab 1000 mg (generic of AMICAR)</i>	
<i>tranexamic acid tab 650 mg</i>	

Drug Name	Requirements/Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	

ANTI-HISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) cap 25 mg</i>	OTC
<i>diphenhydramine hcl (sleep) cap 50 mg</i>	OTC
<i>diphenhydramine hcl (sleep) tab 25 mg</i>	OTC
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	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>	OTC

BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	
<i>phenobarbital tab 15 mg</i>	
<i>phenobarbital tab 16.2 mg</i>	
<i>phenobarbital tab 30 mg</i>	
<i>phenobarbital tab 32.4 mg</i>	
<i>phenobarbital tab 60 mg</i>	
<i>phenobarbital tab 64.8 mg</i>	
<i>phenobarbital tab 97.2 mg</i>	
<i>phenobarbital tab 100 mg</i>	

NON-BARBITURATE HYPNOTICS

<i>eszopiclone tab 1 mg (generic of LUNESTA)</i>	
<i>eszopiclone tab 2 mg (generic of LUNESTA)</i>	
<i>eszopiclone tab 3 mg (generic of LUNESTA)</i>	
<i>temazepam cap 7.5 mg (generic of RESTORIL)</i>	
<i>temazepam cap 15 mg (generic of RESTORIL)</i>	
<i>temazepam cap 22.5 mg (generic of RESTORIL)</i>	
<i>temazepam cap 30 mg (generic of RESTORIL)</i>	
<i>zolpidem tartrate tab 5 mg (generic of AMBIEN)</i>	
<i>zolpidem tartrate tab 10 mg (generic of AMBIEN)</i>	

LAXATIVES

BULK LAXATIVES

<i>calcium polycarbophil tab 625 mg</i>	OTC
<i>geri-mucil pow</i>	OTC
<i>METAMUCIL POW 63%</i>	OTC
<i>methylcellulose tab 500 mg</i>	OTC
<i>psyllium cap 0.52 gm</i>	OTC
<i>psyllium powder 28.3%</i>	OTC
<i>psyllium powder 30%</i>	OTC
<i>psyllium powder 33%</i>	OTC
<i>psyllium powder 48.57%</i>	OTC
<i>psyllium powder 58.6%</i>	OTC
<i>psyllium powder 95%</i>	OTC

Drug Name	Requirements/Limits
<i>psyllium powder 100%</i>	OTC
LAXATIVE COMBINATIONS	
<i>gavilyte-c sol</i>	
<i>gavilyte-g sol (generic of GOLYTELY)</i>	
<i>gavilyte-n sol flav pk</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	
<i>peg/nasul/c/ sol nacl/pot (generic of MOVIPREP)</i>	
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	OTC
LAXATIVES - MISCELLANEOUS	
<i>constulose sol 10gm/15</i>	
<i>glycerin suppos 1 gm</i>	OTC
<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>	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	OTC
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	OTC
SALINE LAXATIVES	
<i>magnesium citrate soln</i>	OTC
<i>sodium phosphates - enema</i>	OTC
<i>sodium phosphates - enema (pediatric)</i>	OTC
STIMULANT LAXATIVES	
<i>bisacodyl suppos 10 mg</i>	OTC
<i>bisacodyl tab delayed release 5 mg</i>	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	OTC
<i>sennosides tab 8.6 mg</i>	OTC
<i>sennosides tab 15 mg</i>	OTC
SURFACTANT LAXATIVES	
<i>docusate sodium cap 50 mg</i>	OTC
<i>docusate sodium cap 100 mg</i>	OTC
<i>docusate sodium liquid 150 mg/15ml</i>	OTC
<i>docusate sodium tab 100 mg</i>	OTC
MACROLIDES	
AZITHROMYCIN	
<i>azithromycin for susp 100 mg/5ml (generic of ZITHROMAX)</i>	
<i>azithromycin for susp 200 mg/5ml (generic of ZITHROMAX)</i>	
<i>azithromycin iv for soln 500 mg (generic of ZITHROMAX)</i>	
<i>azithromycin powd pack for susp 1 gm</i>	

Drug Name	Requirements/Limits
<i>azithromycin tab 250 mg (generic of ZITHROMAX)</i>	QL (30 tabs every 23 days)
<i>azithromycin tab 500 mg (generic of ZITHROMAX)</i>	QL (30 tabs every 23 days)
<i>azithromycin tab 600 mg</i>	QL (30 tabs every 23 days)

CLARITHROMYCIN

<i>clarithromycin for susp 125 mg/5ml</i>
<i>clarithromycin for susp 250 mg/5ml</i>
<i>clarithromycin tab 250 mg</i>
<i>clarithromycin tab 500 mg</i>
<i>clarithromycin tab er 24hr 500 mg (generic of BIAXIN XL)</i>

ERYTHROMYCINS

<i>e.e.s. 400 tab 400mg</i>
<i>ery-tab tab 250mg ec</i>
<i>ery-tab tab 333mg ec</i>
<i>ery-tab tab 500mg ec</i>
<i>erythrocin tab 250mg</i>
<i>erythromycin ethylsuccinate for susp 200 mg/5ml (generic of E.E.S. GRANULES)</i>
<i>erythromycin ethylsuccinate for susp 400 mg/5ml (generic of ERYPED 400)</i>
<i>erythromycin ethylsuccinate tab 400 mg</i>
<i>erythromycin tab 250 mg</i>
<i>erythromycin tab 500 mg</i>
<i>erythromycin tab delayed release 250 mg</i>
<i>erythromycin tab delayed release 333 mg</i>
<i>erythromycin tab delayed release 500 mg</i>
<i>erythromycin w/ delayed release particles cap 250 mg</i>

FIDAXOMICIN

DIFICID TAB 200MG	PA
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MEDICAL DEVICES AND SUPPLIES

BLOOD PRESSURE DEVICES

BLOOD PRESSURE MONITORING DEVICE	OTC
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CONTRACEPTIVES

CAYA DPR	
CONDOMS - MALE	QL (108 each every 23 days), OTC
CONDOMS LATEX LUBRICATED - MALE	QL (108 each every 23 days), OTC
CONDOMS LATEX NON-LUBRICATED - MALE	QL (108 each every 23 days), OTC
FEMCAP MIS 22MM	
FEMCAP MIS 26MM	
FEMCAP MIS 30MM	
OMNIFLEX DPR	

Drug Name	Requirements/Limits
WIDE-SEAL DPR KIT 60	
WIDE-SEAL DPR KIT 65	
WIDE-SEAL DPR KIT 70	
WIDE-SEAL DPR KIT 75	
WIDE-SEAL DPR KIT 80	
WIDE-SEAL DPR KIT 85	
WIDE-SEAL DPR KIT 90	
WIDE-SEAL DPR KIT 95	

DIABETIC SUPPLIES

ACCU-CHECK KIT GUIDE ME	OTC
ACCU-CHEK KIT AVIVA PL	OTC
ACCU-CHEK KIT COMPACT	OTC
ACCU-CHEK KIT GUIDE	OTC
ACCU-CHEK SOL	OTC
DEXCOM G5 MIS RECEIVER	PA, QL (1 receiver every year)
DEXCOM G5 MIS TRANSMIT	PA, QL (1 transmitter every 90 days)
DEXCOM G6 MIS RECEIVER	PA, QL (1 receiver every year)
DEXCOM G6 MIS SENSOR	PA, QL (9 boxes every 90 days)
DEXCOM G6 MIS TRANSMIT	PA, QL (1 transmitter every 90 days)
DEXCOM G7 MIS RECEIVER	PA, QL (1 receiver every year)
DEXCOM G7 MIS SENSOR	PA, QL (3 boxes every 30 days)
FREESTY LIBR KIT 2 SENSOR	QL (6 boxes every 90 days)
FREESTY LIBR KIT 3 SENSOR	QL (3 boxes every 90 days)
FREESTY LIBR MIS 2 READER	QL (1 reader every year)
FREESTYLE KIT SENSOR	QL (6 boxes every 84 days)
FREESTYLE MIS READER	QL (1 reader every year)
G4 PLAT PED MIS RVC/SHAR	PA, QL (1 receiver every year)
G4 PLATINUM MIS PEDIATRC	PA, QL (1 receiver every year)
G4 PLATINUM MIS RCV/SHAR	PA, QL (1 receiver every year)
G4 PLATINUM MIS RECEIVER	PA, QL (1 receiver every year)
G4 PLATINUM MIS TRANSMIT	PA, QL (1 transmitter every 90 days)
G5/G4 MIS SENSOR	PA, QL (12 boxes every 90 days)
LANCET DEVICES	OTC

Drug Name	Requirements/Limits
LANCETS	OTC
LANCETS KIT	OTC
LANCETS MISC	OTC
OMNIPOD DASH MIS PODS	PA
OMNIPOD MIS CLASSIC	PA
OMNIPOD PDM KIT CLASSIC	PA
V-GO 20 KIT	PA
V-GO 30 KIT	PA
V-GO 40 KIT	PA

MISC. DEVICES

ALCOH-GLOVE PAD CONTOURE	
ESSENTRA MIS 9X9"	
ISOPROPYL ALCOHOL SWABS	OTC

PARENTERAL THERAPY SUPPLIES

DISPOSABLE SYRINGES	
DISPOSABLE SYRINGES	OTC
INJECTION DEVICE	
INJECTION DEVICE	OTC
INJECTION DEVICE FOR INSULIN	
INJECTION DEVICE FOR INSULIN	OTC
INSULIN PEN NEEDLES	
INSULIN PEN NEEDLES	OTC
INSULIN SYRINGES/NEEDLES U-100	
INSULIN SYRINGES/NEEDLES U-100	OTC
NEEDLES & SYRINGES	
NEEDLES, ASSORTED 14G - 30G	
NEEDLES, ASSORTED 16G - 32G	OTC
SYRINGES/NEEDLES	
SYRINGES/NEEDLES	OTC
TUBERCULIN/ALLERGY SYRINGES	
TUBERCULIN/ALLERGY SYRINGES	OTC

RESPIRATORY THERAPY SUPPLIES

PEAK FLOW METERS	OTC
SPACER/AEROSOL-HOLDING CHAMBER MASKS PEDIATRIC, ADULT	
SPACER/AEROSOL-HOLDING CHAMBER MASKS PEDIATRIC, ADULT	OTC
SPACER/AEROSOL-HOLDING CHAMBERS	
SPACER/AEROSOL-HOLDING CHAMBERS	OTC

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	PA
AIMOVIG INJ 140MG/ML	PA
EMGALITY INJ 100MG/ML	PA

Drug Name	Requirements/Limits
EMGALITY INJ 120MG/ML	PA
NURTEC TAB 75MG ODT	PA
QULIPTA TAB 10MG	PA
QULIPTA TAB 30MG	PA
QULIPTA TAB 60MG	PA
UBRELVY TAB 50MG	PA
UBRELVY TAB 100MG	PA
VYEPTI INJ 100MG/ML	PA

MIGRAINE COMBINATIONS

ergotamine w/ caffeine tab 1-100 mg

SEROTONIN AGONISTS

<i>naratriptan hcl tab 1 mg (base equiv)</i>	QL (12 tabs every 23 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	QL (12 tabs every 23 days)
REYVOW TAB 50MG	PA
REYVOW TAB 100MG	PA
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	QL (18 tabs every 23 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (generic of MAXALT-MLT)</i>	QL (18 tabs every 23 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	QL (18 tabs every 23 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent) (generic of MAXALT)</i>	QL (18 tabs every 23 days)
<i>sumatriptan nasal spray 5 mg/act (generic of IMITREX)</i>	QL (24 units every 23 days)
<i>sumatriptan nasal spray 20 mg/act (generic of IMITREX)</i>	QL (12 inhalers every 23 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	QL (12 injections every 23 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml (generic of IMITREX STATDOSE SYSTEM)</i>	QL (12 injections every 23 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml (generic of IMITREX STATDOSE SYSTEM)</i>	
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml (generic of IMITREX STATDOSE REFILL)</i>	QL (12 injections every 23 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml (generic of IMITREX STATDOSE REFILL)</i>	
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	
<i>sumatriptan succinate tab 25 mg (generic of IMITREX)</i>	QL (9 each every 23 days)
<i>sumatriptan succinate tab 50 mg (generic of IMITREX)</i>	QL (9 each every 23 days)
<i>sumatriptan succinate tab 100 mg (generic of IMITREX)</i>	QL (9 tabs every 23 days)

Drug Name	Requirements/Limits
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i> (generic of ZOMIG)	
<i>zolmitriptan nasal spray 5 mg/spray unit</i> (generic of ZOMIG)	
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	QL (12 tabs every 23 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	QL (12 tabs every 23 days)
<i>zolmitriptan tab 2.5 mg</i> (generic of ZOMIG)	QL (12 tabs every 23 days)
<i>zolmitriptan tab 5 mg</i> (generic of ZOMIG)	QL (12 tabs every 23 days)

MINERALS & ELECTROLYTES

CALCIUM

CA CITRATE TAB 250MG	OTC
CALCIUM 600 TAB +D	OTC
CALCIUM 1000 TAB + D	OTC
<i>calcium carbonate tab 600 mg</i>	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	OTC
<i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i>	OTC
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	OTC
<i>calcium carbonate-vitamin d tab 500 mg-5 mcg(200 unit)</i>	OTC
<i>calcium carbonate-vitamin d tab 500 mg-10 mcg (400 unit)</i>	OTC
<i>calcium carbonate-vitamin d tab 500 mg-15 mcg (600 unit)</i>	OTC
<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	OTC
<i>calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)</i>	OTC
<i>calcium carbonate-vitamin d tab 600 mg-5 mcg(200 unit)</i>	OTC
<i>calcium carbonate-vitamin d tab 600 mg-10 mcg (400 unit)</i>	OTC
<i>calcium carbonate-vitamin d tab 600 mg-20 mcg (800 unit)</i>	OTC
<i>calcium tab 600 mg</i>	OTC
CALCIUM/C/D CHW 500MG	OTC
CALCIUM/VITD CAP 600-400	OTC
NEOFLEX TAB CAL+ D	OTC
OYST SHELL/D TAB 250MG	OTC
OYST SHELL/D TAB 500MG	OTC
<i>oyster shell calcium tab 500 mg</i>	OTC

ELECTROLYTE MIXTURES

ENFAMIL SOL ENFALYTE	OTC
<i>oral electrolyte solution</i>	OTC

Drug Name	Requirements/Limits
FLUORIDE	
fluoritab dro 0.125mg	
nafrinse chw 1mg f	
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml OTC naf)	
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	
sodium fluoride tab 1 mg f (from 2.2 mg naf)	
MAGNESIUM	
magnesium oxide tab 400 mg (240 mg elemental mg)	OTC
PHOSPHATE	
phospha 250 tab neutral	
phospho-trin tab 250 neut	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	
wes-phos 250 tab neutral	OTC
POTASSIUM	
effer-k tab 25meq ef	
k-prime tab 25meq ef	
klor-con 8 tab 8meq er	
klor-con 10 tab 10meq er	
klor-con m10 tab 10meq er	
klor-con m20 tab 20meq er	
klor-con/ef tab 25meq fr	
potassium chloride cap er 8 meq	
potassium chloride cap er 10 meq	
potassium chloride microencapsulated crys er tab 10 meq	
potassium chloride microencapsulated crys er tab 20 meq	
potassium chloride oral soln 10% (20 meq/15ml)	
potassium chloride oral soln 20% (40 meq/15ml)	
potassium chloride tab er 8 meq (600 mg)	
potassium chloride tab er 10 meq	
potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)	
SODIUM	
sodium chloride tab 1 gm	OTC

Drug Name	Requirements/Limits
ZINC	
GALZIN CAP 25MG	
GALZIN CAP 50MG	
WILZIN CAP 25MG	
ZINC SULFATE CAP 50MG	OTC
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	OTC
<i>zinc sulfate tab 220 mg (50 mg zinc equivalent)</i>	OTC
MISCELLANEOUS THERAPEUTIC CLASSES	
CHELATING AGENTS	
<i>clovique cap 250mg (generic of SYPRINE)</i>	PA
IMMUNOMODULATORS	
<i>lenalidomide cap 5 mg</i>	PA
<i>lenalidomide cap 10 mg</i>	PA
<i>lenalidomide cap 15 mg</i>	PA
<i>lenalidomide cap 20 mg</i>	PA
<i>lenalidomide cap 25 mg</i>	PA
<i>lenalidomide caps 2.5 mg</i>	PA
REVLIMID CAP 2.5MG	PA
REVLIMID CAP 5MG	PA
REVLIMID CAP 10MG	PA
REVLIMID CAP 15MG	PA
REVLIMID CAP 20MG	PA
REVLIMID CAP 25MG	PA
REZUROCK TAB 200MG	PA
VYVGART INJ 400/20ML	PA
IMMUNOSUPPRESSIVE AGENTS	
<i>azathioprine tab 50 mg (generic of IMURAN)</i>	
<i>azathioprine tab 75 mg</i>	
<i>azathioprine tab 100 mg</i>	
<i>cyclosporine cap 25 mg (generic of SANDIMMUNE)</i>	
<i>cyclosporine cap 100 mg (generic of SANDIMMUNE)</i>	
<i>cyclosporine modified cap 25 mg (generic of NEORAL)</i>	
<i>cyclosporine modified cap 100 mg (generic of NEORAL)</i>	
<i>cyclosporine modified oral soln 100 mg/ml (generic of NEORAL)</i>	
ENSPRYNG INJ	PA
<i>gengraf cap 25mg (generic of NEORAL)</i>	
<i>gengraf cap 100mg (generic of NEORAL)</i>	
<i>gengraf sol 100mg/ml (generic of NEORAL)</i>	
LUPKYNIS CAP 7.9MG	PA
<i>mycophenolate mofetil cap 250 mg (generic of CELLCEPT)</i>	

Drug Name	Requirements/Limits
<i>mycophenolate mofetil for oral susp 200 mg/ml</i> (generic of CELLCEPT)	
<i>mycophenolate mofetil tab 500 mg</i> (generic of CELLCEPT)	
SANDIMMUNE SOL 100MG/ML	
<i>sirolimus oral soln 1 mg/ml</i> (generic of RAPAMUNE)	
<i>sirolimus tab 0.5 mg</i> (generic of RAPAMUNE)	
<i>sirolimus tab 1 mg</i> (generic of RAPAMUNE)	
<i>sirolimus tab 2 mg</i> (generic of RAPAMUNE)	
<i>tacrolimus cap 0.5 mg</i> (generic of PROGRAF)	
<i>tacrolimus cap 1 mg</i> (generic of PROGRAF)	
<i>tacrolimus cap 5 mg</i> (generic of PROGRAF)	
UPLIZNA SOL 100MG	PA
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS	
VIJOICE TAB 50MG	PA
VIJOICE TAB 125MG	PA
VIJOICE TAB 250MG	PA
POTASSIUM REMOVING AGENTS	
<i>sodium polystyrene sulfonate powder</i> <i>sps sus 15gm/60</i>	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS	
BENLYSTA INJ 200MG/ML	PA
SAPHNELO SOL 300/2ML	PA
MOUTH/THROAT/DENTAL AGENTS	
ANESTHETICS TOPICAL ORAL	
ANBESOL LIQ 10%	OTC
<i>benzocaine dental gel 10%</i>	OTC
<i>benzocaine dental gel 20%</i>	OTC
<i>benzocaine dental liquid 20%</i>	OTC
<i>lidocaine hcl viscous soln 2%</i>	
ANTI-INFECTIVES - THROAT	
<i>clotrimazole troche 10 mg</i>	
<i>nystatin susp 100000 unit/ml</i>	
ANTISEPTICS - MOUTH/THROAT	
<i>chlorhexidine gluconate soln 0.12%</i> (generic of PERIDEX)	
<i>periogard sol 0.12%</i> (generic of PERIDEX)	
DENTAL PRODUCTS	
<i>cavarest gel 1.1%</i>	
<i>clinpro 5000 pst 1.1%</i>	
<i>denta 5000 cre plus</i>	
<i>denta 5000 cre plus 2pk</i>	
<i>dentagel gel 1.1%</i>	

Drug Name	Requirements/Limits
FLUORID SENS PST 1.1-5%	
<i>fluoridex pst 1.1%</i>	
<i>fluorimax pst 5000</i>	
FLUORMX 5000 PST SENSITIV	
<i>just right gel 5000</i>	
<i>just right pst 5000</i>	
<i>sf 5000 plus cre 1.1%</i>	
<i>sf gel 1.1%</i>	
<i>sod fluoride gel 1.1%</i>	
<i>sod fluoride gel 1.1-5%</i>	
<i>sod fluoride pst 1.1%</i>	
<i>sodium fluor cre 5000 pls</i>	
<i>sodium fluor cre 5000 ppm</i>	
<i>sodium fluoride cream 1.1%</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>	
MULTIVITAMINS	
B-COMPLEX VITAMINS	
<i>b-complex vitamin cap</i>	OTC
<i>b-complex vitamin tab</i>	OTC
B-COMPLEX W/ C	
<i>b-complex w/ c & calcium tab</i>	OTC
<i>b-complex w/ c & e + zn tab</i>	OTC
<i>b-complex w/ c cap</i>	OTC
<i>b-complex w/ c tab</i>	OTC
B-COMPLEX W/ FOLIC ACID	
<i>activite tab</i>	
<i>b-complex w/ c & folic acid tab</i>	OTC
<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-plex tab</i>	
<i>dialyvite tab</i>	
DIALYVITE/ TAB ZINC	
<i>genicin tab vita-s</i>	
<i>hylavite tab</i>	
<i>mynephron cap</i>	
<i>nephronex tab</i>	
<i>renal cap</i>	
<i>reno cap</i>	
<i>reno cap</i>	OTC

Drug Name	Requirements/Limits
<i>triphrocaps cap</i>	
<i>tronvite tab</i>	
<i>virt-caps cap</i>	
<i>vitasure tab</i>	
<i>vp-vite rx tab</i>	
<i>wescaps cap</i>	
<i>xvite tab</i>	
IRON W/ VITAMINS	
<i>iron w/ vitamin tab</i>	OTC
<i>vitafol tab</i>	
MULTIPLE VITAMINS W/ IRON	
<i>multiple vitamins w/ iron tab</i>	OTC
MULTIPLE VITAMINS W/ MINERALS	
<i>actical cap</i>	OTC
ACTIVNUTRIEN CAP	OTC
ACTIVNUTRIEN CAP W/O IRON	OTC
ADULT 50+ CAP EYE HLTH	OTC
ADULT 50+ CAP OCUVITE	OTC
<i>50+ adult cap eye hlth</i>	OTC
<i>advanced eye cap health</i>	OTC
ALIVE IMMUNE CAP HEALTH	OTC
<i>amoryn mood cap booster</i>	OTC
<i>antiox form/ cap minerals</i>	OTC
<i>antioxidant cap</i>	OTC
<i>b-plex plus tab</i>	
BARIATRIC CAP MULTIVIT	OTC
<i>bdy/hair/skn cap nails</i>	OTC
BIO-35 GLUTE CAP FREE	OTC
BIO-35 IRON CAP FREE	OTC
BIOCAL CAP	OTC
<i>biocel tab</i>	
CELEBRATE CAP 18	OTC
CELEBRATE CAP 36	OTC
CELEBRATE CAP 45	OTC
CELEBRATE CAP 60	OTC
CENTRUM CHEWABLE	OTC
CHOICEFUL CAP MULTIVIT	OTC
<i>coral calciu cap plus</i>	OTC
<i>corvita tab</i>	
CVS VISION CAP HEALTH	OTC
<i>daily vitamn cap plus</i>	OTC
DECUBI-VITE CAP	OTC
DEKAS PLUS CAP	OTC
DEKAS PLUS CAP OCEAN	OTC

Drug Name	Requirements/Limits
<i>dry eye cap formula</i>	OTC
EYE HEALTH CAP	OTC
EYE HEALTH CAP ADLT 50+	OTC
EYE MULTIVIT CAP	OTC
EYE MULTIVIT CAP LUTEIN	OTC
<i>eye vitamins cap</i>	OTC
FOLAGENT CAP DHA	
FOLAMED DHA CAP	
FORTAVIT LIQ	OTC
GENADEK CAP STEP 1	OTC
GENADEK CAP STEP 2	OTC
<i>glucoten cap</i>	OTC
<i>hair/skin cap nails</i>	OTC
HAIR/SKIN/ CAP NAILS	OTC
<i>healthy eyes cap</i>	OTC
<i>healthy eyes cap lut-zeax</i>	OTC
<i>healthy eyes cap superv 2</i>	OTC
<i>healthy eyes cap supervis</i>	OTC
HEALTHY EYES CAP SUPERVIS	OTC
<i>icaps cap</i>	OTC
<i>icaps lutein cap /omega-3</i>	OTC
<i>lysiplex tab plus</i>	
<i>macular hlth cap formula</i>	OTC
MENS 50+ CAP ADVANCED	OTC
<i>mens daily cap lycopene</i>	OTC
MOOD FOOD ES CAP	OTC
<i>multi 50+ cap for her</i>	OTC
<i>multi cap complete</i>	OTC
<i>multi cap for her</i>	OTC
<i>multi cap for him</i>	OTC
<i>multiple vitamins w/ minerals chew tab</i>	OTC
<i>multiple vitamins w/ minerals liquid</i>	OTC
<i>multiple vitamins w/ minerals tab</i>	OTC
<i>multipro cap</i>	
<i>multivitamin cap daily</i>	OTC
MVW COMPLETE CAP D3000	OTC
MVW COMPLETE CAP D5000	OTC
MVW COMPLETE CAP FORMULAT	OTC
MVW COMPLETE CAP MINIS	OTC
<i>nutrifac zx tab</i>	
OCUHEALTH CAP VISION 2	OTC
OCUVEL CAP 0.5MG	
OCUVITE CAP ADULT	OTC
<i>ocuvite eye cap health</i>	OTC
OCUVITE LUTE CAP	OTC

Drug Name	Requirements/Limits
ONE-DAILY CAP MULTI	OTC
PORENAL+D CAP OMEGA 3	OTC
PRESERVISION CAP AREDS	OTC
PRESERVISION CAP AREDS 2	OTC
PRESERVISION CAP LUTEIN	OTC
<i>prevent cap</i>	OTC
PRORENAL+D CAP OMEGA-3	OTC
PROTECT CAP CARDIO	OTC
PROTECT CAP PLUS SO	OTC
PROTEGRA CAP	OTC
REMEDIENT CAP	
SUPER ANTIOX CAP	OTC
<i>super antiox cap protect</i>	OTC
<i>systane icap cap areds2</i>	OTC
THERAMILL CAP FORTE	OTC
THERANATAL CAP LACTATIO	OTC
<i>ultra multi cap /iron</i>	OTC
<i>v-c forte cap</i>	
<i>vic-forte cap</i>	
<i>vision form cap 2</i>	OTC
<i>vision formu cap 50+</i>	OTC
VISION HEALT CAP	OTC
<i>vision plus cap</i>	OTC
VISTA ADVAN CAP AREDS2	OTC
VISTA ADVAN CAP DRY EYE	OTC
<i>vita s forte tab</i>	
<i>vita-min cap</i>	OTC
VITABEX CAP	OTC
VITABEX PLUS CAP	OTC
<i>vitacel tab</i>	
VITEYES CAP CLASSIC	OTC
<i>viteyes cap complete</i>	OTC
VITEYES CLAS CAP ADV	OTC
VITEYES CLAS CAP ADVANCED	OTC
VITEYES CLAS CAP MAC SUPP	OTC
VITEYES CLAS CAP OMEGA-3	OTC
<i>womens 50+ cap advanced</i>	OTC
<i>womens cap multi</i>	OTC
ZYVANA CAP	
MULTIVITAMINS	
AMLADEX TAB	
<i>anti-oxidant tab</i>	OTC
<i>daily multi tab vitamins</i>	OTC
DAILY MULTI TAB VITAMINS	OTC
<i>daily tab vitamin</i>	OTC

Drug Name	Requirements/Limits
<i>daily value tab multivit</i>	OTC
<i>daily vit tab</i>	OTC
<i>daily vite tab</i>	OTC
<i>daily-vitam tab</i>	OTC
<i>daily-vite tab</i>	OTC
<i>essentl one tab daily</i>	OTC
ESTROFACTORS TAB	OTC
GENICIN TAB VITA-Q	
<i>healthy hair tab skn/nail</i>	OTC
HIGH POTENCY TAB MULTIVIT	OTC
<i>mult vitamin tab daily</i>	OTC
<i>mult vitamin tab essent</i>	OTC
MULTI VITAMI TAB	OTC
MULTI VITAMI TAB D-3	OTC
<i>multi-vitam tab</i>	OTC
<i>multiple vitamin tab</i>	OTC
MULTIVITAMIN TAB	OTC
<i>multivitamin tab adult</i>	OTC
MULTIVITAMIN TAB ADULT	OTC
<i>multivitamin tab daily</i>	OTC
<i>multivitamin tab iron-fre</i>	OTC
NEOMULTIVITE TAB	OTC
OMNICAP TAB	OTC
<i>once daily tab</i>	OTC
<i>one daily tab</i>	OTC
<i>one daily tab essentl</i>	OTC
ONE DAILY TAB ESSENTL	OTC
<i>one daily tab multivit</i>	OTC
<i>one-daily tab mult vit</i>	OTC
<i>one-daily tab mult-vit</i>	OTC
<i>qc essential tab</i>	OTC
QUINTABS TAB	OTC
<i>sm multiple tab vitamins</i>	OTC
<i>stress form tab</i>	OTC
<i>stress formu tab</i>	OTC
<i>stresstabs tab</i>	OTC
<i>stresstabs tab energy</i>	OTC
<i>tab-a-vite tab</i>	OTC
<i>tab-a-vite tab beta car</i>	OTC
THERA TAB	OTC
<i>thera-mill tab</i>	OTC
<i>thera-tabs tab</i>	OTC
THEREMS TAB MULTIVIT	OTC
<i>vitalee tab</i>	OTC

Drug Name	Requirements/Limits
PED MULTI VITAMINS W/FL & FE	
<i>multi-vit/fl dro /fe 0.25</i>	
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	OTC
PED MULTIPLE VITAMINS W/ MINERALS	
<i>pediatric multiple vitamin w/ minerals & c chew tab</i>	OTC
PED MV W/ FLUORIDE	
<i>multi vit/fl chw 0.25mg</i>	
<i>multi-vit/fl dro 0.5mg/ml</i>	
<i>multivit/fl chw 0.5mg</i>	
<i>multivit/fl chw 0.25mg</i>	
<i>multivit/fl chw 1mg</i>	
<i>multivit/fl dro 0.25mg</i>	
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	OTC
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	OTC
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	OTC
<i>tri-vit/fluo dro 0.25mg</i>	
<i>vit a/c/d/fl dro 0.25mg</i>	
PED MV W/ IRON	
DINO-LIFE CHW IRON-ZIN	OTC
HONEY BEARS CHW IRON-ZIN	OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	OTC
<i>pediatric multiple vitamins w/ iron chew tab 18 mg</i>	OTC
POLY-VI-SOL SOL IRON	OTC
SCOOBY-DOO CHW	OTC
PEDIATRIC MULTIPLE VITAMINS	
MULTIVITAMIN CHW CHILDREN	OTC
PEDIATRIC VITAMINS	
HONEY BEARS CHW	OTC
MULTIVITAMIN CHW CHILD	OTC
<i>pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml</i>	OTC
PRENATAL VITAMINS	
CITRANATAL PAK DHA	
CO-NATAL FA TAB 29-1MG	
COMPLETE NAT PAK DHA	
COMPLETENATE CHW	
CONCEPT DHA CAP	
CONCEPT OB CAP	
CVS PRENATAL CHW GUMMY	OTC
FOLIVANE-OB CAP	

Drug Name	Requirements/Limits
<i>inatal gt tab</i>	
KPN PRENATAL TAB	OTC
M-NATAL PLUS TAB	
NEONATAL PLS TAB 27-1MG	
NEONATAL TAB COMPLETE	
NEONATAL TAB PLUS	
NESTABS DHA PAK	
NIVA-PLUS TAB	
OBSTETRIX PAK DHA	
ONE A DAY CHW PRENATAL	OTC
ONE VITE TAB 1MG PLUS	
ONE-A-DAY WOMENS PRENATAL	OTC
PRENAT DHA CHW 0.4-25MG	OTC
PRENATABS FA TAB 29-1MG	OTC
<i>prenatabs rx tab</i>	OTC
PRENATAL 19 CHW 29-1MG	
<i>prenatal 19 chw tab</i>	
PRENATAL 19 TAB	OTC
PRENATAL 19 TAB 29-1MG	
PRENATAL GUM CHW 0.4-32.5	OTC
PRENATAL MUL CAP +DHA	OTC
PRENATAL MULTI CAP + DHA	OTC
PRENATAL MULTIVITAMIN + DHA	OTC
PRENATAL TAB 27-0.8MG	OTC
PRENATAL TAB 27-1MG	
PRENATAL TAB 28-0.8MG	OTC
PRENATAL TAB PLUS	
PRENATAL VIT TAB LOW IRON	
PRENATAL-U CAP 106.5-1	
PRENATRIX TAB	
PRENATRYL TAB	
PREPLUS TAB 27-1MG	
PRETAB TAB 29-1MG	
SE-NATAL 19 CHW	
SE-NATAL 19 TAB	
TARON-C DHA CAP	
THERANATAL TAB 27-1	OTC
TRICARE TAB PRENATAL	
TRINATAL RX TAB 1	
<i>trinate tab</i>	
TRIVEEN-DUO PAK DHA	
VINATE CARE CHW 40-1MG	OTC
VINATE ONE TAB	
VIRT-C DHA CAP	
VITATHELY TAB	

Drug Name	Requirements/Limits
WESCAP-C DHA CAP	
WESTAB PLUS TAB 27-1MG	
SPECIALTY VITAMINS PRODUCTS	
<i>specialty vitamin product tab</i>	OTC
VITAMIN MIXTURES	
<i>niacin w/ inositol cap 400-100 mg</i>	OTC
VITAMINS W/ LIPOTROPICS	
<i>vitamins w/ lipotropics tab</i>	OTC
MUSCULOSKELETAL THERAPY AGENTS	
CENTRAL MUSCLE RELAXANTS	
<i>baclofen tab 5 mg</i>	
<i>baclofen tab 10 mg</i>	
<i>baclofen tab 20 mg</i>	
<i>carisoprodol tab 350 mg (generic of SOMA)</i>	
<i>chlorzoxazone tab 500 mg</i>	
<i>cyclobenzaprine hcl tab 5 mg</i>	
<i>cyclobenzaprine hcl tab 10 mg</i>	
<i>metaxalone tab 400 mg</i>	
<i>metaxalone tab 800 mg</i>	
<i>methocarbamol tab 500 mg</i>	
<i>methocarbamol tab 750 mg</i>	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	
<i>tizanidine hcl tab 4 mg (base equivalent) (generic of ZANAFLEX)</i>	
<i>vanadom tab 350mg (generic of SOMA)</i>	
DIRECT MUSCLE RELAXANTS	
<i>dantrolene sodium cap 25 mg (generic of DANTRIUM)</i>	
<i>dantrolene sodium cap 50 mg</i>	
<i>dantrolene sodium cap 100 mg</i>	
VISCOSUPPLEMENTS	
HYALGAN INJ 20MG/2ML	
SUPARTZ FX INJ 25/2.5ML	
NASAL AGENTS - SYSTEMIC AND TOPICAL	
NASAL AGENTS - MISC.	
NASAL MIST AER 3%	OTC
<i>saline nasal spray 0.65%</i>	OTC
SIMPLY SALIN AER 0.9%	OTC
NASAL ANTIALLERGY	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	QL (2 bottles every 23 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	

Drug Name	Requirements/Limits
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	OTC
<i>olopatadine hcl nasal soln 0.6% (generic of PATANASE)</i>	
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 nasal susp 32 mcg/act</i>	OTC
FLONASE SENS SUS 27.5MCG	OTC
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	OTC
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	OTC
SYMPATHOMIMETIC DECONGESTANTS	
<i>oxymetazoline hcl nasal soln 0.05%</i>	OTC
<i>phenylephrine hcl nasal soln 1%</i>	OTC
<i>pseudoephedrine hcl tab 30 mg</i>	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	OTC
NEUROMUSCULAR AGENTS	
ALS AGENTS	
RELYVRIO PAK 3-1GM	PA
<i>riluzole tab 50 mg (generic of RILUTEK)</i>	
MUSCULAR DYSTROPHY AGENTS	
AMONDYS 45 INJ 50MG/ML	PA
VILTEPSO SOL	PA
NUTRIENTS	
MISC. NUTRITIONAL SUBSTANCES	
<i>docosahexaenoic acid cap 200 mg</i>	OTC
<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
OPHTHALMIC AGENTS	
ARTIFICIAL TEARS AND LUBRICANTS	
<i>artificial tear ophth solution</i>	OTC
<i>carboxymethylcellulose sodium (pf) ophth gel 1%</i>	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	OTC
<i>carboxymethylcellulose sodium ophth gel 1%</i>	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	OTC

Drug Name	Requirements/Limits
<i>carboxymethylcellulose sodium ophth soln 0.25%</i>	OTC
<i>carboxymethylcellulose-glycerin ophth soln 0.5-0.9%</i>	OTC
<i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</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>propylene glycol ophth soln 0.6%</i>	OTC
<i>propylene glycol-glycerin ophth soln 1-0.3%</i>	OTC
<i>white petrolatum-mineral oil ophth ointment</i>	OTC

BETA-BLOCKERS - OPHTHALMIC

<i>betaxolol hcl ophth soln 0.5%</i>
BETIMOL SOL 0.5%
BETIMOL SOL 0.25%
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN)</i>
<i>carteolol hcl ophth soln 1%</i>
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)</i>
<i>levobunolol hcl ophth soln 0.5%</i>
<i>timolol maleate ophth gel forming soln 0.5% (generic of TIMOPTIC-XE)</i>
<i>timolol maleate ophth gel forming soln 0.25% (generic of TIMOPTIC-XE)</i>
<i>timolol maleate ophth soln 0.5% (generic of TIMOPTIC)</i>
<i>timolol maleate ophth soln 0.5% (once-daily) (generic of ISTALOL)</i>
<i>timolol maleate ophth soln 0.25% (generic of TIMOPTIC)</i>

CYCLOPLEGIC MYDRIATICS

<i>altafrin sol 2.5% op</i>
ATROPINE SUL SOL 1% OP
<i>atropine sulfate ophth soln 1% (generic of ATROPINE SULFATE)</i>
<i>cyclopentolate hcl ophth soln 0.5% (generic of CYCLOGYL)</i>
<i>cyclopentolate hcl ophth soln 1% (generic of CYCLOGYL)</i>

Drug Name	Requirements/Limits
<i>cyclopentolate hcl ophth soln 2% (generic of CYCLOGYL)</i>	
<i>homatropaire sol 5% op</i>	
<i>ISOPTO ATROP SOL 1% OP</i>	
<i>phenylephrine hcl ophth soln 2.5%</i>	
<i>tropicamide ophth soln 0.5%</i>	
<i>tropicamide ophth soln 1% (generic of MYDRIACYL)</i>	
MIOTICS	
<i>pilocarpine hcl ophth soln 1%</i>	
OPHTHALMIC - ANGIOGENESIS INHIBITORS	
<i>VABYSMO INJ 6/0.05ML</i>	PA
OPHTHALMIC ADRENERGIC AGENTS	
<i>ALPHAGAN P SOL 0.1%</i>	
<i>brimonidine tartrate ophth soln 0.2%</i>	
<i>brimonidine tartrate ophth soln 0.15% (generic of ALPHAGAN P)</i>	
<i>SIMBRINZA SUS 1-0.2%</i>	
OPHTHALMIC ANTI-INFECTIVES	
<i>ak-poly-bac oin op</i>	
<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>	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)</i>	
<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>polycin oin op</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	
<i>sulfacetamide sodium ophth oint 10%</i>	
<i>sulfacetamide sodium ophth soln 10%</i>	
<i>tobramycin ophth soln 0.3%</i>	
<i>TOBREX OIN 0.3% OP</i>	
<i>trifluridine ophth soln 1%</i>	

Drug Name	Requirements/Limits
OPHTHALMIC IMMUNOMODULATORS	
<i>cyclosporine (ophth) emulsion 0.05% (generic of RESTASIS)</i>	
VERKAZIA EMU 0.1% OP	
OPHTHALMIC INTEGRIN ANTAGONISTS	
XIIDRA DRO 5%	PA
OPHTHALMIC KINASE INHIBITORS	
RHOPRESSA SOL 0.02%	
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>	
FML FORTE SUS 0.25% OP	
FML OIN 0.1% OP	
<i>neo-polycin oin hc 1%op</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	
<i>neomycin-polymyxin-hc ophth susp</i>	
PRED MILD SUS 0.12% OP	
PRED SOD PHO SOL 1% OP	
PRED-G S.O.P OIN OP	
PRED-G SUS OP	
<i>prednisolone acetate ophth susp 1% (generic of PRED FORTE)</i>	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	
OPHTHALMICS - MISC.	
<i>altafluor-be sol 0.25-0.4</i>	
<i>azelastine hcl ophth soln 0.05%</i>	
<i>cromolyn sodium ophth soln 4%</i>	
<i>dorzolamide hcl ophth soln 2% (generic of TRUSOPT)</i>	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	
<i>flurbiprofen sodium ophth soln 0.03%</i>	
<i>ketorolac tromethamine ophth soln 0.4% (generic of ACULAR LS)</i>	
<i>ketorolac tromethamine ophth soln 0.5% (generic of ACULAR)</i>	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	OTC

Drug Name	Requirements/Limits
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	OTC
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	OTC
<i>PATADAY SOL 0.7%</i>	OTC
PROSTAGLANDINS - OPHTHALMIC	
<i>latanoprost ophth soln 0.005% (generic of XALATAN)</i>	
<i>LUMIGAN SOL 0.01%</i>	
OTIC AGENTS	
OTIC AGENTS - MISCELLANEOUS	
<i>acetic acid otic soln 2%</i>	
<i>carbamide peroxide 6.5% otic soln</i>	OTC
OTIC ANTI-INFECTIVES	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	
<i>ofloxacin otic soln 0.3%</i>	
OTIC COMBINATIONS	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1% (generic of CIPRODEX)</i>	
<i>cortic-nd dro</i>	
<i>exotic-hc dro otic</i>	
<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>fluocinolone acetonide (otic) oil 0.01% (generic of DERMOTIC)</i>	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	
OXYTOCICS	
OXYTOCICS	
<i>methergine tab 0.2mg</i>	
<i>methylergonovine maleate tab 0.2 mg</i>	
PASSIVE IMMUNIZING AND TREATMENT AGENTS	
IMMUNE SERUMS	
<i>CUTAQUIG SOL 1.65GM</i>	PA
<i>CUTAQUIG SOL 1GM</i>	PA
<i>CUTAQUIG SOL 2GM</i>	PA
<i>CUTAQUIG SOL 3.3GM</i>	PA
<i>CUTAQUIG SOL 4GM</i>	PA
<i>CUTAQUIG SOL 8GM</i>	PA
MONOCLONAL ANTIBODIES	
<i>SYNAGIS INJ 50/0.5ML</i>	PA
<i>SYNAGIS INJ 50MG</i>	PA
<i>SYNAGIS INJ 100MG/ML</i>	PA

Drug Name	Requirements/Limits
PENICILLINS	
AMINOPENICILLINS	
<i>amoxicillin (trihydrate) cap 250 mg</i>	
<i>amoxicillin (trihydrate) cap 500 mg</i>	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	
<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>	
<i>amoxicillin (trihydrate) tab 875 mg</i>	
<i>ampicillin cap 500 mg</i>	
NATURAL PENICILLINS	
<i>BICILLIN L-A INJ 600000</i>	
<i>BICILLIN L-A INJ 1200000</i>	
<i>BICILLIN L-A INJ 2400000</i>	
<i>penicillin v potassium for soln 125 mg/5ml</i>	
<i>penicillin v potassium for soln 250 mg/5ml</i>	
<i>penicillin v potassium tab 250 mg</i>	
<i>penicillin v potassium tab 500 mg</i>	
PENICILLIN COMBINATIONS	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>BICILLIN C-R INJ 900/300</i>	
<i>BICILLIN C-R INJ 1200000</i>	
PENICILLINASE-RESISTANT PENICILLINS	
<i>dicloxacillin sodium cap 250 mg</i>	
<i>dicloxacillin sodium cap 500 mg</i>	
PROGESTINS	
PROGESTINS	
<i>hydroxyprogesterone caproate im in oil 250 mg/ml (generic of MAKENA)</i>	

Drug Name	Requirements/Limits
<i>medroxyprogesterone acetate tab 2.5 mg (generic of PROVERA)</i>	
<i>medroxyprogesterone acetate tab 5 mg (generic of PROVERA)</i>	
<i>medroxyprogesterone acetate tab 10 mg (generic of PROVERA)</i>	
<i>norethindrone acetate tab 5 mg (generic of AYGESTIN)</i>	
<i>progesterone cap 100 mg (generic of PROMETRIUM)</i>	
<i>progesterone cap 200 mg (generic of PROMETRIUM)</i>	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tab delayed release 333 mg</i>	
<i>disulfiram tab 250 mg</i>	
<i>disulfiram tab 500 mg</i>	

ANTI-CATALECTIC AGENTS

SOD OXYBATE SOL 500MG/ML	PA
XYREM SOL 500MG/ML	PA

ANTIDEMENTIA AGENTS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	
<i>donepezil hydrochloride tab 5 mg (generic of ARICEPT)</i>	
<i>donepezil hydrochloride tab 10 mg (generic of ARICEPT)</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>	
<i>rivastigmine td patch 24hr 9.5 mg/24hr (generic of EXELON)</i>	

Drug Name	Requirements/Limits
<i>rivastigmine td patch 24hr 13.3 mg/24hr (generic of EXELON)</i>	
COMBINATION PSYCHOTHERAPEUTICS	
LYBALVI TAB 5-10MG	PA
LYBALVI TAB 10-10MG	PA
LYBALVI TAB 15-10MG	PA
LYBALVI TAB 20-10MG	PA
FIBROMYALGIA AGENTS	
SAVELLA MIS TITR PAK	
SAVELLA TAB 12.5MG	
SAVELLA TAB 25MG	
SAVELLA TAB 50MG	
SAVELLA TAB 100MG	
MOVEMENT DISORDER DRUG THERAPY	
AUSTEDO TAB 6MG	PA
AUSTEDO TAB 9MG	PA
AUSTEDO TAB 12MG	PA
INGREZZA CAP 40MG	
INGREZZA CAP 60MG	
INGREZZA CAP 80MG	
<i>tetrabenazine tab 12.5 mg (generic of XENAZINE)</i>	PA
<i>tetrabenazine tab 25 mg (generic of XENAZINE)</i>	PA
MULTIPLE SCLEROSIS AGENTS	
AUBAGIO TAB 7MG	
AUBAGIO TAB 14MG	
AVONEX PEN KIT 30MCG	
AVONEX PREFL KIT 30MCG	
<i>dalfampridine tab er 12hr 10 mg (generic of AMPYRA)</i>	PA
<i>dimethyl fumarate capsule delayed release 120 mg (generic of TECFIDERA)</i>	
<i>dimethyl fumarate capsule delayed release 240 mg (generic of TECFIDERA)</i>	
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (generic of TECFIDERA STARTER PACK)</i>	
EXTAVIA INJ 0.3MG	
<i>fingolimod hcl cap 0.5 mg (base equiv) (generic of GILENYA)</i>	
<i>glatiramer acetate soln prefilled syringe 20 mg/ml (generic of COPAXONE)</i>	
<i>glatiramer acetate soln prefilled syringe 40 mg/ml (generic of COPAXONE)</i>	
<i>glatopa inj 20mg/ml (generic of COPAXONE)</i>	
<i>glatopa inj 40mg/ml (generic of COPAXONE)</i>	
MAYZENT TAB 0.25MG	

Drug Name	Requirements/Limits
MAYZENT TAB 1MG	
MAYZENT TAB 2MG	
OCREVUS INJ 300/10ML	PA
REBIF INJ 22/0.5	
REBIF INJ 44/0.5	
REBIF REBIDO INJ 22/0.5	
REBIF REBIDO INJ 44/0.5	
REBIF REBIDO INJ TITRATN	
REBIF TITRTN INJ PACK	
VUMERITY CAP 231MG	
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS	
GRALISE TAB 300MG	PA
GRALISE TAB 600MG	PA
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS	
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	
PSEUDOBULBAR AFFECT (PBA) AGENTS	
NUEDEXTA CAP 20-10MG	PA
SMOKING DETERRENTS	
APO-VARENICL TAB 1MG	QL (360 tabs every year)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	QL (360 tabs every year)
<i>nicotine polacrilex gum 2 mg</i>	QL (1800 pieces every year), OTC
<i>nicotine polacrilex gum 4 mg</i>	QL (1800 pieces every year), OTC
<i>nicotine polacrilex lozenge 2 mg</i>	QL (1800 lozgs every year), OTC
<i>nicotine polacrilex lozenge 4 mg</i>	QL (1800 lozgs every year), OTC
<i>nicotine td patch 24hr 7 mg/24hr</i>	QL (180 patches every year), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i>	QL (180 patches every year), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i>	QL (180 patches every year), OTC
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	QL (360 tabs every year)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	QL (360 tabs every year)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	
TRANSTHYRETIN AMYLOIDOSIS AGENTS	
ONPATTRO SOL 10MG/5ML	PA
RESPIRATORY AGENTS - MISC.	
CYSTIC FIBROSIS AGENTS	
KALYDECO TAB 150MG	PA

Drug Name	Requirements/Limits
ORKAMBI TAB 100-125	PA
ORKAMBI TAB 200-125	PA
PULMOZYME SOL 1MG/ML	PA
TRIKAFTA TAB	PA

PULMONARY FIBROSIS AGENTS

OFEV CAP 100MG	PA
OFEV CAP 150MG	PA
<i>pirfenidone cap 267 mg (generic of ESBRIET)</i>	PA

TETRACYCLINES

TETRACYCLINES

<i>avidoxy tab 100mg</i>	
<i>doxycycline hyclate cap 50 mg</i>	
<i>doxycycline hyclate cap 100 mg (generic of VIBRAMYCIN)</i>	
<i>doxycycline hyclate tab 20 mg</i>	
<i>doxycycline hyclate tab 100 mg</i>	
<i>doxycycline monohydrate cap 50 mg</i>	
<i>doxycycline monohydrate cap 75 mg</i>	
<i>doxycycline monohydrate cap 100 mg</i>	
<i>doxycycline monohydrate cap 150 mg</i>	
<i>doxycycline monohydrate for susp 25 mg/5ml (generic of VIBRAMYCIN)</i>	
<i>doxycycline monohydrate tab 50 mg</i>	
<i>doxycycline monohydrate tab 75 mg</i>	
<i>doxycycline monohydrate tab 100 mg</i>	
<i>doxycycline monohydrate tab 150 mg</i>	
<i>lymepak tab 100mg</i>	
<i>minocycline hcl cap 50 mg</i>	
<i>minocycline hcl cap 75 mg</i>	
<i>minocycline hcl cap 100 mg (generic of MINOCIN)</i>	
<i>minocycline hcl tab 75 mg</i>	
<i>mondoxylene nl cap 75mg</i>	
<i>mondoxylene nl cap 100mg</i>	
<i>morgidox cap 1x100mg (generic of VIBRAMYCIN)</i>	
<i>morgidox cap 2x100mg (generic of VIBRAMYCIN)</i>	
SEYSARA TAB 60MG	PA
SEYSARA TAB 100MG	PA
SEYSARA TAB 150MG	PA
<i>tetracycline hcl cap 250 mg</i>	
<i>tetracycline hcl cap 500 mg</i>	

THYROID AGENTS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	
<i>methimazole tab 10 mg</i>	

Drug Name	Requirements/Limits
<i>propylthiouracil tab 50 mg</i>	
THYROID HORMONES	
ARMOUR THYRO TAB 15MG	
ARMOUR THYRO TAB 120MG	
ARMOUR THYRO TAB 180MG	
ARMOUR THYRO TAB 240MG	
ARMOUR THYRO TAB 300MG	
<i>euthyrox tab 25mcg (generic of SYNTHROID)</i>	
<i>euthyrox tab 50mcg (generic of SYNTHROID)</i>	
<i>euthyrox tab 75mcg (generic of SYNTHROID)</i>	
<i>euthyrox tab 88mcg (generic of SYNTHROID)</i>	
<i>euthyrox tab 100mcg (generic of SYNTHROID)</i>	
<i>euthyrox tab 112mcg (generic of SYNTHROID)</i>	
<i>euthyrox tab 125mcg (generic of SYNTHROID)</i>	
<i>euthyrox tab 137mcg (generic of SYNTHROID)</i>	
<i>euthyrox tab 150mcg (generic of SYNTHROID)</i>	
<i>euthyrox tab 175mcg (generic of SYNTHROID)</i>	
<i>euthyrox tab 200mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 25mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 50mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 75mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 88mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 100mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 112mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 125mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 137mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 150mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 175mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 200 mcg (generic of SYNTHROID)</i>	
<i>levo-t tab 300 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 25 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 50 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 75 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 88 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 100 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 112 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 125 mcg (generic of SYNTHROID)</i>	
<i>levothyroxine sodium tab 137 mcg (generic of SYNTHROID)</i>	

Drug Name	Requirements/Limits
<i>levothyroxine sodium tab 150 mcg</i> (generic of SYNTHROID)	
<i>levothyroxine sodium tab 175 mcg</i> (generic of SYNTHROID)	
<i>levothyroxine sodium tab 200 mcg</i> (generic of SYNTHROID)	
<i>levothyroxine sodium tab 300 mcg</i> (generic of SYNTHROID)	
<i>levoxyl tab 25mcg</i> (generic of SYNTHROID)	
<i>levoxyl tab 50mcg</i> (generic of SYNTHROID)	
<i>levoxyl tab 75mcg</i> (generic of SYNTHROID)	
<i>levoxyl tab 88mcg</i> (generic of SYNTHROID)	
<i>levoxyl tab 100mcg</i> (generic of SYNTHROID)	
<i>levoxyl tab 112mcg</i> (generic of SYNTHROID)	
<i>levoxyl tab 125mcg</i> (generic of SYNTHROID)	
<i>levoxyl tab 137mcg</i> (generic of SYNTHROID)	
<i>levoxyl tab 150mcg</i> (generic of SYNTHROID)	
<i>levoxyl tab 175mcg</i> (generic of SYNTHROID)	
<i>levoxyl tab 200mcg</i> (generic of SYNTHROID)	
<i>liothyronine sodium tab 5 mcg</i> (generic of CYTOMEL)	
<i>liothyronine sodium tab 25 mcg</i> (generic of CYTOMEL)	
<i>liothyronine sodium tab 50 mcg</i> (generic of CYTOMEL)	
<i>np thyroid tab 15mg</i>	
<i>np thyroid tab 30mg</i>	
<i>np thyroid tab 60mg</i>	
<i>np thyroid tab 90mg</i>	
<i>np thyroid tab 120mg</i>	
<i>unithroid tab 25mcg</i> (generic of SYNTHROID)	
<i>unithroid tab 50mcg</i> (generic of SYNTHROID)	
<i>unithroid tab 75mcg</i> (generic of SYNTHROID)	
<i>unithroid tab 88mcg</i> (generic of SYNTHROID)	
<i>unithroid tab 100mcg</i> (generic of SYNTHROID)	
<i>unithroid tab 112mcg</i> (generic of SYNTHROID)	
<i>unithroid tab 125mcg</i> (generic of SYNTHROID)	
<i>unithroid tab 137mcg</i> (generic of SYNTHROID)	
<i>unithroid tab 150mcg</i> (generic of SYNTHROID)	
<i>unithroid tab 175mcg</i> (generic of SYNTHROID)	
<i>unithroid tab 200mcg</i> (generic of SYNTHROID)	
<i>unithroid tab 300mcg</i> (generic of SYNTHROID)	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

<i>dicyclomine hcl cap 10 mg</i>

Drug Name	Requirements/Limits
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	
<i>dicyclomine hcl tab 20 mg</i>	
<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>	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	
<i>hyoscyamine sulfate tab 0.125 mg</i>	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	
<i>hyosyne elx 0.125/5</i>	
<i>methscopolamine bromide tab 2.5 mg</i>	
<i>methscopolamine bromide tab 5 mg</i>	
<i>oscimin sr tab 0.375mg</i>	
<i>oscimin sub 0.125mg</i>	
<i>oscimin tab 0.125mg</i>	

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	
<i>cimetidine tab 200 mg</i>	
<i>cimetidine tab 200 mg</i>	OTC
<i>cimetidine tab 300 mg</i>	
<i>cimetidine tab 400 mg</i>	
<i>cimetidine tab 800 mg</i>	
<i>famotidine for susp 40 mg/5ml</i>	
<i>famotidine tab 10 mg</i>	OTC
<i>famotidine tab 20 mg</i>	OTC
<i>famotidine tab 20 mg (generic of PEPCID)</i>	
<i>famotidine tab 40 mg (generic of PEPCID)</i>	

MISC. ANTI-ULCER

<i>sucralfate susp 1 gm/10ml (generic of CARAFATE)</i>	
<i>sucralfate tab 1 gm (generic of CARAFATE)</i>	

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	QL (60 caps every 23 days), OTC
<i>hm lansopraz cap 15mg dr</i>	OTC
<i>lansoprazole cap delayed release 15 mg</i>	QL (60 caps every 23 days)
<i>lansoprazole cap delayed release 15 mg</i>	QL (60 caps every 23 days), OTC
<i>lansoprazole cap delayed release 30 mg (generic of PREVACID)</i>	QL (60 caps every 23 days)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	QL (30 tabs every 23 days), OTC; Covered for younger than age 8
<i>lansoprazole tab delayed release orally disintegrating 15 mg (generic of PREVACID SOLUTAB)</i>	QL (30 tabs every 23 days); Covered for younger than age 8

Drug Name	Requirements/Limits
<i>lansoprazole tab delayed release orally disintegrating 30 mg (generic of PREVACID SOLUTAB)</i>	QL (60 tabs every 23 days)
<i>omeprazole cap delayed release 10 mg</i>	QL (30 caps every 23 days)
<i>omeprazole cap delayed release 20 mg</i>	QL (30 caps every 23 days)
<i>omeprazole cap delayed release 20 mg</i>	QL (30 caps every 23 days), OTC
<i>omeprazole cap delayed release 40 mg</i>	QL (60 caps every 23 days)
<i>omeprazole delayed release tab 20 mg</i>	QL (30 tabs every 23 days), OTC
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	QL (30 caps every 23 days), OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	QL (30 tabs every 23 days), OTC
<i>omeprazole tab 20mg</i>	QL (30 tabs every 23 days), OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv) (generic of PROTONIX)</i>	QL (60 tabs every 23 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv) (generic of PROTONIX)</i>	QL (60 tabs every 23 days)
<i>qc omeprazole tab 20mg</i>	OTC
<i>sm omeprazole tab 20mg</i>	OTC

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol tab 100 mcg</i>
<i>misoprostol tab 200 mcg (generic of CYTOTEC)</i>

ULCER THERAPY COMBINATIONS

<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i> OTC
<i>omeprazole-sodium bicarbonate cap 20-1100 mg (generic of ZEGERID)</i>

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>oxybutynin chloride syrup 5 mg/5ml</i>	
<i>oxybutynin chloride tab 5 mg</i>	
<i>oxybutynin chloride tab er 24hr 5 mg (generic of DITROPAN XL)</i>	
<i>oxybutynin chloride tab er 24hr 10 mg (generic of DITROPAN XL)</i>	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	
<i>OXYTROL/WOMN DIS 3.9MG/24</i>	OTC; Covered for females
<i>solifenacin succinate tab 5 mg (generic of VESICARE)</i>	
<i>solifenacin succinate tab 10 mg (generic of VESICARE)</i>	

Drug Name	Requirements/Limits
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<i>tolterodine tartrate cap er 24hr 2 mg (generic of DETROL LA)</i>	
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<i>tolterodine tartrate cap er 24hr 4 mg (generic of DETROL LA)</i>	
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<i>tolterodine tartrate tab 1 mg (generic of DETROL)</i>	
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<i>tolterodine tartrate tab 2 mg (generic of DETROL)</i>	
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<i>tropium chloride cap er 24hr 60 mg</i>	
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<i>tropium chloride tab 20 mg</i>	
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URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

MYRBETRIQ TAB 25MG	PA
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MYRBETRIQ TAB 50MG	PA
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URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tab 5 mg</i>	
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<i>bethanechol chloride tab 10 mg</i>	
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<i>bethanechol chloride tab 25 mg</i>	
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<i>bethanechol chloride tab 50 mg</i>	
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VAGINAL AND RELATED PRODUCTS

SPERMICIDES

ENCARE SUP 100MG	OTC
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SHUR-SEAL GEL 2%	OTC
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VCF VAGINAL AER CONTRACP	OTC
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VCF VAGINAL MIS CONTRACP	OTC
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VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2% (generic of CLEOCIN)</i>	
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<i>clotrimazole vaginal cream 1%</i>	OTC
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<i>clotrimazole vaginal cream 2%</i>	OTC
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<i>metronidazole vaginal gel 0.75%</i>	
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<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	OTC
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<i>miconazole nitrate vaginal cream 2%</i>	OTC
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<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	OTC
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<i>miconazole nitrate vaginal suppos 100 mg</i>	OTC
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MONISTAT 7 KIT COMBO PK	OTC
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<i>terconazole vaginal cream 0.4%</i>	
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<i>terconazole vaginal cream 0.8%</i>	
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<i>terconazole vaginal suppos 80 mg</i>	
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VAGINAL ESTROGENS

<i>estradiol vaginal cream 0.1 mg/gm (generic of ESTRACE)</i>	
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<i>estradiol vaginal tab 10 mcg (generic of VAGIFEM)</i>	
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FEMRING MIS 0.1MG/24	
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FEMRING MIS 0.05/24H	
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<i>yuvaferm tab 10mcg (generic of VAGIFEM)</i>	
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Drug Name	Requirements/Limits
VAGINAL PROGESTINS	
CRINONE GEL 4% VAG	
CRINONE GEL 8% VAG	
VASOPRESSORS	
ANAPHYLAXIS THERAPY AGENTS	
AUVI-Q INJ 0.1MG	
AUVI-Q INJ 0.15MG	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic of EPIPEN 2-PAK)	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (generic of EPIPEN-JR 2-PAK)	
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	
EPINPHEPHRIN KIT SNAP-V	
EPISNAP KIT	
SYMJEPI INJ 0.3MG	
SYMJEPI INJ 0.15MG	
VASOPRESSORS	
midodrine hcl tab 2.5 mg	
midodrine hcl tab 5 mg	
midodrine hcl tab 10 mg	
VITAMINS	
OIL SOLUBLE VITAMINS	
BABY DDROPS LIQ 400UNIT	OTC
BIO-D-MULSIO LIQ 400/0.4	OTC
BIO-D-MULSIO LIQ FORTE	OTC
cholecalciferol cap 1.25 mg (50000 unit)	OTC
cholecalciferol cap 10 mcg (400 unit)	OTC
cholecalciferol cap 25 mcg (1000 unit)	OTC
cholecalciferol cap 50 mcg (2000 unit)	OTC
cholecalciferol cap 125 mcg (5000 unit)	OTC
cholecalciferol cap 250 mcg (10000 unit)	OTC
cholecalciferol chew tab 10 mcg (400 unit)	OTC
cholecalciferol chew tab 25 mcg (1000 unit)	OTC
cholecalciferol chew tab 50 mcg (2000 unit)	OTC
cholecalciferol chew tab 125 mcg (5000 unit)	OTC
cholecalciferol drops 10 mcg/0.028ml (400 unit/0.028ml)	OTC
cholecalciferol drops 25 mcg/0.03ml (1000 unit/0.03ml)	OTC
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)	OTC
cholecalciferol tab 1.25 mg (50000 unit)	OTC
cholecalciferol tab 10 mcg (400 unit)	OTC

Drug Name	Requirements/Limits
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	OTC
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	OTC
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	OTC
D3 BABY DROP LIQ 10MCG	OTC
D3 LIQUID LIQ	OTC
DAILY D3 DRO 1000UNIT	OTC
DDROPS BOOST LIQ 600/.028	OTC
DDROPS LIQ	OTC
DDROPS LIQ 1000UNIT	OTC
DDROPS LIQ 2000UNIT	OTC
DECARA CAP 25000UNT	OTC
EQ D3 DROPS LIQ 10MCG	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit) (generic of DRISDOL)</i>	
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	OTC
MAXIMUM D3 CAP 325MCG	OTC
OPTIMAL D3 M CAP	OTC
OSTEO-VIT3 DRO 417MCG	OTC
<i>phytonadione tab 5 mg (generic of MEPHYTON)</i>	
REPLESTA NX WAF 14000UNT	OTC
REPLESTA WAF 50000UNT	OTC
SUPER DAILY DRO D3	OTC
THERA-D TAB 4000UNIT	OTC
UPSPRING BAB LIQ VIT D	OTC
VIT D ORGANI DRO 400/.036	OTC
VITAMELTS D TAB 1000 IU	OTC
<i>vitamin a cap 3 mg (10000 unit)</i>	OTC
VITAMIN D3 CAP 4000UNIT	OTC
VITAMIN D3 CHW 5000UNIT	OTC
VITAMIN D3 DRO 5000 IU	OTC
VITAMIN D3 DRO 5000UNIT	OTC
VITAMIN D3 LIQ 1000UNIT	OTC
VITAMIN D3 LIQ 1200UNIT	OTC
VITAMIN D3 SPR 1000UNIT	OTC
VITAMIN D3 TAB 20MCG	OTC
VITAMIN D3 TAB 3000UNIT	OTC
VITAMIN D3 TAB 5000UNIT	OTC
VITAMIN D3 TAB 10000UNT	OTC
VITAMIN D CAP 2000UNIT	OTC
<i>vitamin e cap 180 mg (400 unit)</i>	OTC
<i>vitamin e cap 268 mg (400 unit)</i>	OTC
<i>vitamin e cap 400 unit</i>	OTC
WATER SOLUBLE VITAMINS	
B1 NATURAL TAB 250MG	OTC
B-1 TAB 500MG	OTC

Drug Name	Requirements/Limits
<i>niacin cap er 250 mg</i>	OTC
<i>niacin cap er 500 mg</i>	OTC
<i>niacin tab 50 mg</i>	OTC
<i>niacin tab 100 mg</i>	OTC
<i>niacin tab 250 mg</i>	OTC
<i>niacin tab 500 mg</i>	OTC
<i>niacin tab er 250 mg</i>	OTC
<i>niacin tab er 500 mg</i>	OTC
<i>niacin tab er 750 mg</i>	OTC
NIACIN TR TAB 1000MG	OTC
<i>vitamin b-1 tab 50 mg</i>	OTC
<i>vitamin b-1 tab 100 mg</i>	OTC
<i>vitamin b-1 tab 250 mg</i>	OTC
<i>vitamin b-6 tab 25 mg</i>	OTC
<i>vitamin b-6 tab 50 mg</i>	OTC
<i>vitamin b-6 tab 100 mg</i>	OTC
<i>vitamin c chew tab 250 mg</i>	OTC
<i>vitamin c chew tab 500 mg</i>	OTC
VITAMIN C TAB 100MG	OTC
<i>vitamin c tab 250 mg</i>	OTC
<i>vitamin c tab 500 mg</i>	OTC
<i>vitamin c tab 1000 mg</i>	OTC

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<i>mg</i>	125	<i>oxybutynin chloride tab er 24hr 15 mg</i>	
<i>orsythia tab</i>	83		139
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<i>0.18-25/0.215-25/0.25-25 mg-mcg</i>		<i>oxycodone-aspirin tab 4.8355-325 mg</i>	
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<i>see tri-lo-mili tab</i>	84	<i>oxycodone hcl cap 5 mg</i>	31
<i>see tri-lo tab estaryl</i>	83	<i>oxycodone hcl conc 100 mg/5ml (20</i>	
<i>see tri-lo- tab marzia</i>	83	<i>mg/ml)</i>	31
<i>see tri-lo- tab sprintec</i>	83	<i>oxycodone hcl soln 5 mg/5ml</i>	31
<i>see tri-vylibra tab lo</i>	84	<i>oxycodone hcl tab 10 mg</i>	31
<i>oscimin sr tab 0.375mg</i>	138	<i>oxycodone hcl tab 15 mg</i>	31
<i>oscimin sub 0.125mg</i>	138	<i>oxycodone hcl tab 20 mg</i>	31
<i>oscimin tab 0.125mg</i>	138	<i>oxycodone hcl tab 30 mg</i>	31
<i>oseltamivir phosphate cap 30 mg (base</i>		<i>oxycodone hcl tab 5 mg</i>	31
<i>equiv)</i>	73	<i>oxycodone w/ acetaminophen tab 10-</i>	
<i>oseltamivir phosphate cap 45 mg (base</i>		<i>325 mg</i>	32
<i>equiv)</i>	73	<i>oxycodone w/ acetaminophen tab 5-</i>	
<i>oseltamivir phosphate cap 75 mg (base</i>		<i>325 mg</i>	32
<i>equiv)</i>	73	<i>oxycodone w/ acetaminophen tab 7.5-</i>	
<i>oseltamivir phosphate for susp 6</i>		<i>325 mg</i>	32
<i>mg/ml (base equiv)</i>	73	<i>oxymetazoline hcl nasal soln 0.05%</i>	126
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 (base equiv)139
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PEDIAPRED

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 soln 6.7 mg/5ml (5 mg/5ml base)
86

pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml123

pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml123

pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml123

pediatric multiple vitamins w/ iron chew tab 15 mg123

pediatric multiple vitamins w/ iron chew tab 18 mg123

pediatric multiple vitamin w/ minerals & c chew tab123

pediatric vitamins acd w/ fluoride soln 0.25 mg/ml123

pediatric vitamins adc drops 750 unit- 400 unit-35 mg/ml123

peg/nasul/c/ sol nacl/pot109

peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm109

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perindopril erbumine tab 4 mg	57	pimecrolimus cream 1%	94
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.....	49	<i>crys er tab 10 meq</i>	115
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.....	49	<i>crys er tab 20 meq</i>	115
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.....	49	<i>meq/15ml)</i>	115
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PIQRAY 300MG TAB DOSE.....	66	<i>potassium chloride tab er 10 meq...</i>	115
<i>pirfenidone cap 267 mg</i>	135	<i>potassium chloride tab er 20 meq</i>	
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<i>op soln 0.4-0.3%</i>	127	<i>mg</i>	68
<i>poly-iron cap 150 fort</i>	107	<i>pramipexole dihydrochloride tab 0.25</i>	
<i>polymyxin b-trimethoprim ophth soln</i>		<i>mg</i>	68
<i>10000 unit/ml-0.1%</i>	128	<i>pramipexole dihydrochloride tab 0.5</i>	
<i>polysacchari cap iron</i>	107	<i>mg</i>	68
<i>polysaccharide iron complex cap 150</i>		<i>pramipexole dihydrochloride tab 0.75</i>	
<i>mg (iron equivalent)</i>	107	<i>mg</i>	68
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<i>prednisolone soln 15 mg/5ml</i>	86
<i>prednisone oral soln 5 mg/5ml</i>	86
<i>prednisone tab 10 mg</i>	86
<i>prednisone tab 1 mg</i>	86
<i>prednisone tab 2.5 mg</i>	86
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<i>prednisone tab therapy pack 10 mg</i>	
(48)	86
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.....	86
<i>prednisone tab therapy pack 5 mg (48)</i>	
.....	86
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<i>pregabalin cap 150 mg</i>	42
<i>pregabalin cap 200 mg</i>	42
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<i>prochlorperazine maleate tab 10 mg</i>		<i>propranolol hcl cap er 24hr 80 mg</i>	74
<i>(base equivalent)</i>	71	<i>propranolol hcl oral soln 20 mg/5ml..</i>	74
<i>prochlorperazine maleate tab 5 mg</i>		<i>propranolol hcl oral soln 40 mg/5ml..</i>	74
<i>(base equivalent)</i>	71	<i>propranolol hcl tab 10 mg</i>	74
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<i>progesterone cap 100 mg</i>	132	<i>mg (base equiv)</i>	139
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<i>promethazine hcl syrup 6.25 mg/5ml</i>	54	see <i>medroxyprogesterone acetate</i>	
<i>promethazine hcl tab 12.5 mg</i>	54	<i>tab 2.5 mg</i>	132
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<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i>	34
<i>pyrazinamide tab 500 mg</i>	62
<i>pyrethrins-piperonyl butoxide liq 0.3-3%</i>	96
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	96
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	96
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<i>pyridostigmine bromide tab 60 mg</i> ...	62
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<i>quetiapine fumarate tab 400 mg</i>	71
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