



MedStar Family  
Choice

DISTRICT OF COLUMBIA

# DC Healthy Families and DC Healthcare Alliance

## Formulary (List of Covered Drugs)

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GOVERNMENT OF THE  
DISTRICT OF COLUMBIA  
MURIEL BOWSER, MAYOR

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## INTRODUCTION

MedStar Family Choice District of Columbia (MFC-DC) is pleased to provide the *2024 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 *2024 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.***

## 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. If a generic drug is covered, it is listed by generic name and may include the brand-name of the drug in parentheses as a reference to assist in drug name recognition. Brand name drugs are listed by their brand name. 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 and require Prior Authorization.

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.

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

## **LEGEND**

**“PA”** – Drugs that require a prior authorization. See section **Medical Exception, Prior Authorization and Non-Formulary** below.

**“ST”** – Drugs that require Step Therapy authorization for coverage. Step Therapy requires that drugs be used in a specific prescribing order. More information for ST drugs can be found on the PA table on the MFC-DC website, [medstarfamilychoicedc.com](http://medstarfamilychoicedc.com), in the Pharmacy Benefits section.

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

**“QL”** – Drugs that have dispensing quantity limitation. 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 specific limits are noted in the parentheses for applicable drugs.

The Quantity Limit Program provides for a maximum quantity of drug product that an Enrollee 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.

## **OVER-THE-COUNTER MEDICINES**

MedStar Family Choice covers many common over-the-counter (OTC) products. You are encouraged to prescribe OTC products when clinically appropriate. A prescription is required, and refills are permitted. Prescriptions may be written for the State limited 12-month maximum. Generic OTC products are preferred when available.

Condoms and emergency contraception do not require a prescription.

## **DURABLE MEDICAL EQUIPMENT**

Blood pressure monitors and at-home diabetic testing machines and supplies are covered as part of the prescription benefit. MedStar Family Choice prefers Accu-Chek branded products when appropriate for patients. These include Accu-Chek Aviva, Accu-Chek Guide, and Accu-Chek Smart line of glucometers and coordinating supplies.

## **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](http://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**

Brand name drugs that have a generic will be automatically substituted by the pharmacy. Pharmacies will only substitute medications if they are evaluated by the U.S. Food and Drug Administration (FDA) and found to be clinically equivalent. Generic biosimilar therapies will also be substituted when permitted under FDA guidelines.

## **MAIL SERVICE PRESCRIPTIONS AND 90-DAY SUPPLIES**

MFC-DC offers a 90-day fill option for many drugs used to treat chronic conditions. These drugs can be found on the MFC-DC website, **medstarfamilychoicedc.com** in the Pharmacy Benefit section.

Enrollees are also able to order their prescriptions from CVS Caremark Mail Service Pharmacy™. Receiving a 90-day supply of medication by mail may be more convenient for Enrollees, especially when filling prescriptions for routine or maintenance type medications. Mail service may also improve patient adherence to their therapies.

To start the process, prescribers may call CVS Caremark Mail Service Pharmacy at **1-800-996-5772** or 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**.

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.

## **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 accessed to see the prior authorization requirements. This table can be found on the MFC-DC website **medstarfamilychoicedc.com**.

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 [medstarfamilychoicedc.com](https://www.medstarfamilychoicedc.com).

**MFC-DC must make a decision and provide notification on all pharmacy requests within twenty-four (24) hours of receipt. To comply with this stringent turnaround time, we ask that your office provide 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  $\leq 50$  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](https://www.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 via email to: [MFC-FormularyFeedback@MedStar.net](mailto:MFC-FormularyFeedback@MedStar.net)

## **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. ©2024. All rights reserved.

This *MedStar Family Choice District of Columbia, DC Healthy Families and DC Healthcare Alliance Prescribing Guide* contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with MFC-DC.

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.



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](mailto: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**

ማሰቢያ፣ 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 صباحاً و5:30 مساءً. أحد مندوبينا سيقوم بمساعدتك.

**Bassa/Bàsɔ̀**

DÉ DÈ NIÀ KÈ DYÉDÉ GBO: Ǿ Jũ ké m̄ se Xwí-Wùdù wùdù pœ dyuò mɔɔ wuɖuún zàà dyuò ní, dǎ nòbà nià kè 888-404-3549 sòin 8:00 AM ké 5:30 PM gbo muɛ. À ké-baɖa-nyò dǒ 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/پارسی**

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/Igbo

Gee ntị: O buru na ị naghị asụ ma/màọbụ agụ Bekee, biko kpọọ 888-404-3549 ihe dikà ebe 8:00 nke ututu ruo 5:30 nke mgbede. Onye nnọchị anya ga-enyere gị 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 ਅੰਗਰੇਜ਼ੀ 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 àtì/tàbí ka èdè Gẹ̀ẹ̀sì, jòwọ̀ pe 888-404-3549 láàárín 8:00 òwúrọ̀ àtì 5:30 ìrọ̀lẹ̀. Asojú kan yòò ràn ọ̀ lọ̀wọ̀.



## Effective 04/01/2024

Drug Name	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>	

### **AMPHETAMINES**

---

*amphetamine-dextroamphetamine cap er 24hr 5 mg*

*(generic of ADDERALL XR)*

---

*amphetamine-dextroamphetamine cap er 24hr 10 mg*

*(generic of ADDERALL XR)*

---

*amphetamine-dextroamphetamine cap er 24hr 15 mg*

*(generic of ADDERALL XR)*

---

*amphetamine-dextroamphetamine cap er 24hr 20 mg*

*(generic of ADDERALL XR)*

---

*amphetamine-dextroamphetamine cap er 24hr 25 mg*

*(generic of ADDERALL XR)*

---

*amphetamine-dextroamphetamine cap er 24hr 30 mg*

*(generic of ADDERALL XR)*

---

*amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)*

---

*amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)*

---

*amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)*

---

*amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)*

---

*amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)*

---

*amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)*

---

*amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)*

---

*dextroamphetamine sulfate cp24 5mg, 15mg; tabs 5mg, 10mg, 15mg, 20mg, 30mg*

---

*dextroamphetamine sulfate (generic of DEXEDRINE) cp24 10mg*

---

*lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, ST 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg*

### **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**

---

*atomoxetine hcl (generic of STRATTERA) caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg*

---

*clonidine hcl (adhd) tb12 .1mg*

---

*guanfacine hcl (adhd) (generic of INTUNIV) tb24 1mg, 2mg, 3mg, 4mg*

---

*QELBREE CP24 100MG, 150MG, 200MG*

PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>STIMULANTS - MISC.</b>	
<i>armodafinil (generic of NUVIGIL) tabs 50mg, 150mg, 200mg, 250mg</i>	PA
<i>dexmethylphenidate hcl (generic of FOCALIN XR) cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	
<i>dexmethylphenidate hcl (generic of FOCALIN) tabs 2.5mg, 5mg, 10mg</i>	
<i>methylphenidate hcl (generic of APTENSIO XR) cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	
<i>methylphenidate hcl (generic of RITALIN LA) cp24 10mg, 20mg, 30mg, 40mg</i>	
<i>methylphenidate hcl cp24 60mg; tb24 18mg, 27mg, 36mg, 54mg; tbc 10mg, 20mg</i>	
<i>methylphenidate hcl (generic of METADATE CD) cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	
<i>methylphenidate hcl (generic of METHYLIN) soln 5mg/5ml, 10mg/5ml</i>	
<i>methylphenidate hcl (generic of RITALIN) tabs 5mg, 10mg, 20mg</i>	
<i>methylphenidate hcl (generic of CONCERTA) tbc 18mg, 27mg, 36mg, 54mg</i>	
<i>modafinil (generic of PROVIGIL) tabs 100mg, 200mg</i>	PA

**ALLERGENIC EXTRACTS/BIOLOGICALS MISC**

**ALLERGENIC EXTRACTS**

- |                                       |
|---------------------------------------|
| GRASTEK SUBL 2800BAU                  |
| ORALAIR SUB 300 IR                    |
| PALFORZIA CAP ESCALAT                 |
| PALFORZIA CAP LEVEL 3                 |
| PALFORZIA CAP LEVEL 7                 |
| PALFORZIA CAP LEVEL 8                 |
| PALFORZIA CAP LEVEL 10                |
| PALFORZIA LEVEL 1 CSPK 1MG            |
| PALFORZIA LEVEL 2 CSPK 1MG            |
| PALFORZIA LEVEL 4 CSPK 20MG           |
| PALFORZIA LEVEL 5 CSPK 20MG           |
| PALFORZIA LEVEL 6 CSPK 20MG           |
| PALFORZIA LEVEL 9 CSPK 100MG          |
| PALFORZIA LEVEL 11 (MAINT PACK 300MG) |
| PALFORZIA LEVEL 11 (TITRA PACK 300MG) |
| RAGWITEK SUBL 12AMBA1-U               |

**AMINOGLYCOSIDES**

**AMINOGLYCOSIDES**

- |   |    |
|---|----|
| <i>neomycin sulfate tabs 500mg</i>                    |    |
| <i>tobramycin (generic of BETHKIS) nebu 300mg/4ml</i> | PA |



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>tobramycin</i> (generic of KITABIS PAK) <i>nebu</i> 300mg/5ml PA	
<b>ANALGESICS - ANTI-INFLAMMATORY</b>	
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	
HADLIMA PUSH TOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	
HUMIRA PSKT 40MG/0.4ML, 40MG/0.8ML	
HUMIRA PEDIA INJ CROHNS	
HUMIRA PEDIATRIC CROHNS D PSKT 80MG/0.8ML	
HUMIRA PEN PNKT 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	
HUMIRA PEN KIT PS/UV	
HUMIRA PEN-CD/UC/HS START PNKT 40MG/0.8ML, 80MG/0.8ML	
HUMIRA PEN-PEDIATRIC UC S PNKT 80MG/0.8ML	
YUFLYMA 1-PEN KIT AJKT 40MG/0.4ML, 80MG/0.8ML	
YUFLYMA 2-SYRINGE KIT PSKT 40MG/0.4ML	
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>	
XELJANZ TABS 5MG, 10MG	
XELJANZ XR TB24 11MG, 22MG	
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>	
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML	
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>	
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML	
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>	
<i>celecoxib</i> (generic of CELEBREX) <i>caps</i> 50mg, 100mg, 200mg, 400mg	
<i>diclofenac potassium tabs</i> 50mg	
<i>diclofenac sodium tb24</i> 100mg; <i>tbec</i> 25mg, 50mg, 75mg	
<i>ec-naproxen</i> (generic of EC-NAPROSYN) <i>tbec</i> 500mg	
<i>etodolac caps</i> 200mg, 300mg; <i>tabs</i> 500mg	
<i>etodolac</i> (generic of LODINE) <i>tabs</i> 400mg	
<i>flurbiprofen tabs</i> 100mg	
<i>ibu tabs</i> 400mg, 600mg, 800mg	
<i>ibuprofen susp</i> 100mg/5ml; <i>tabs</i> 400mg, 600mg, 800mg	
<i>indomethacin caps</i> 25mg, 50mg	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>ketorolac tromethamine tabs 10mg</i>	QL (20 tabs every 25 days)
<i>meloxicam tabs 7.5mg, 15mg</i>	
<i>nabumetone tabs 500mg, 750mg</i>	
<i>naproxen tabs 250mg, 375mg</i>	
<i>naproxen (generic of NAPROSYN) tabs 500mg</i>	
<i>naproxen (generic of EC-NAPROSYN) tbec 500mg</i>	
<i>oxaprozin (generic of DAYPRO) tabs 600mg</i>	
<i>sulindac tabs 150mg, 200mg</i>	

#### **PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

OTEZLA TABS 30MG
OTEZLA TAB 10/20/30

#### **PYRIMIDINE SYNTHESIS INHIBITORS**

<i>leflunomide (generic of ARAVA) tabs 10mg, 20mg</i>
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#### **SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**

ENBREL SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML
ENBREL MINI SOCT 50MG/ML
ENBREL SURECLICK SOAJ 50MG/ML

#### **ANALGESICS - NONNARCOTIC**

##### **ANALGESIC COMBINATIONS**

<i>bac (generic of ESGIC)</i>	QL (60 tabs every 25 days)
<i>butalbital-acetaminophen tab 50-325 mg</i>	QL (60 tabs every 25 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg (generic of FIORICET)</i>	QL (60 caps every 25 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg (generic of ESGIC)</i>	QL (60 tabs every 25 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	QL (60 caps every 25 days)
<i>tencon</i>	QL (60 tabs every 25 days)

#### **ANALGESICS - OPIOID**

##### **OPIOID AGONISTS**

<i>codeine sulfate tabs 30mg</i>	PA
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	PA
<i>hydromorphone hcl (generic of DILAUDID) liqd 1mg/ml; PA tabs 2mg, 4mg, 8mg</i>	
<i>methadone hcl (generic of METHADOSE) conc 10mg/ml</i>	
<i>methadone hcl soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg</i>	PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>morphine sulfate cp24 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; soln 10mg/0.5ml, 10mg/5ml, 20mg/ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg</i>	PA
<i>morphine sulfate (generic of MS CONTIN) tbcr 15mg, 30mg, 60mg, 100mg, 200mg</i>	PA
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	PA
<i>oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	PA
<i>oxycodone hcl t12a 10mg, 20mg, 40mg</i>	PA, QL (2 tabs every 1 day)
<i>oxycodone hcl (generic of ROXICODONE) tabs 15mg, 30mg</i>	PA
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	PA
<i>tramadol hcl tabs 50mg</i>	PA

### **OPIOID COMBINATIONS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	PA
<i>acetaminophen w/ codeine tab 300-15 mg</i>	PA
<i>acetaminophen w/ codeine tab 300-30 mg</i>	PA
<i>acetaminophen w/ codeine tab 300-60 mg</i>	PA
<i>ascomp/codeine</i>	PA
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (generic of FIORICET/CODEINE)</i>	PA
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	PA
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	PA
<i>endocet (generic of PERCOCET)</i>	PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	PA
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	PA
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	PA
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	PA
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)</i>	PA
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)</i>	PA
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)</i>	PA

### **OPIOID PARTIAL AGONISTS**

<i>BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG</i>	PA
<i>BRIXADI SOSY 8MG/0.16ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 96MG/0.27ML, 128MG/0.36ML</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>buprenorphine (generic of BUTRANS) ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	PA
<i>buprenorphine hcl soln .3mg/ml; subl 2mg, 8mg</i>	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)</i>	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)</i>	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)</i>	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)</i>	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	
SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML	

## **ANDROGENS-ANABOLIC**

### **ANDROGENS**

<i>depo-testosterone soln 100mg/ml, 200mg/ml</i>	
KYZATREX CAPS 100MG, 150MG, 200MG	QL (4 caps every 1 day)
<i>testosterone gel 10mg/act, 50mg/5gm; soln 30mg/act</i>	
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	
<i>testosterone enanthate soln 200mg/ml</i>	

## **ANORECTAL AND RELATED PRODUCTS**

### **INTRARECTAL STEROIDS**

CORTIFOAM FOAM 10%	
<i>hydrocortisone (intrarectal) (generic of CORTENEMA) enem 100mg/60ml</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 STEROIDS**

<i>anucort-hc supp 25mg</i>	
<i>anusol-hc supp 25mg</i>	
<i>hemmorex-hc supp 25mg</i>	
<i>hydrocortisone (rectal) (generic of PROCTOCORT) crea 1%</i>	
<i>hydrocortisone (rectal) (generic of ANUSOL-HC) crea 2.5%</i>	
<i>hydrocortisone acetate (rectal) supp 25mg</i>	
<i>procto-med hc (generic of ANUSOL-HC) crea 2.5%</i>	
<i>proctosol hc (generic of ANUSOL-HC) crea 2.5%</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>proctozone-hc</i> (generic of ANUSOL-HC) <i>crea</i> 2.5%	
<b>ANTHELMINTICS</b>	
<b>ANTHELMINTICS</b>	
<i>albendazole</i> <i>tabs</i> 200mg	
<i>ivermectin</i> (generic of STROMEKTOL) <i>tabs</i> 3mg	PA
<i>praziquantel</i> (generic of BILTRICIDE) <i>tabs</i> 600mg	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>	
<i>metronidazole</i> <i>tabs</i> 250mg, 500mg	
<i>pentamidine isethionate</i> (generic of NEBUPENT) <i>solr</i> 300mg	
<i>tinidazole</i> <i>tabs</i> 250mg, 500mg	
<i>trimethoprim</i> <i>tabs</i> 100mg	
XIFAXAN TABS 550MG	
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg (generic of BACTRIM)	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg (generic of BACTRIM DS)	
<i>sulfatrim pediatric</i>	
<i>uribel</i>	
<i>uro-mp</i>	
<i>vilamit mb</i>	
<b>ANTIPROTOZOAL AGENTS</b>	
ALINIA SUSR 100MG/5ML	
<i>atovaquone</i> (generic of MEPRON) <i>susp</i> 750mg/5ml	
LAMPIT TABS 30MG, 120MG	
<i>nitazoxanide</i> (generic of ALINIA) <i>tabs</i> 500mg	
<b>GLYCOPEPTIDES</b>	
<i>vancomycin hcl</i> (generic of VANCOCIN) <i>caps</i> 125mg, 250mg	
<i>vancomycin hcl</i> (generic of FIRVANQ) <i>solr</i> 25mg/ml, 50mg/ml, 250mg/5ml	
<b>LEPROSTATICS</b>	
<i>dapsone</i> <i>tabs</i> 25mg, 100mg	
<b>LINCOSAMIDES</b>	
<i>clindamycin hcl</i> (generic of CLEOCIN) <i>caps</i> 75mg	
<i>clindamycin hcl</i> <i>caps</i> 150mg, 300mg	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) <i>solr</i> 75mg/5ml	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>OXAZOLIDINONES</b>	
<i>linezolid</i> (generic of ZYVOX) <i>susr</i> 100mg/5ml; <i>tabs</i> 600mg	
<b>URINARY ANTI-INFECTIVES</b>	
<i>fosfomycin tromethamine</i> <i>pack</i> 3gm	QL (3 packets every 9 days)
<i>methenamine hippurate</i> (generic of HIPREX) <i>tabs</i> 1gm	
<i>methenamine mandelate</i> <i>tabs</i> .5gm, 1gm	
<i>nitrofurantoin</i> <i>susp</i> 25mg/5ml	Covered for younger than age 8
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) <i>caps</i> 25mg, 50mg, 100mg	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) <i>caps</i> 100mg	
<b>ANTIANGINAL AGENTS</b>	
<b>ANTIANGINALS-OTHER</b>	
<i>ranolazine</i> <i>tb12</i> 500mg, 1000mg	
<b>NITRATES</b>	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) <i>tabs</i> 5mg	
<i>isosorbide dinitrate</i> <i>tabs</i> 10mg, 20mg, 30mg	
<i>isosorbide mononitrate</i> <i>tabs</i> 10mg, 20mg; <i>tb24</i> 30mg, 60mg, 120mg	
NITRO-BID OINT 2%	
NITRO-DUR PT24 .3MG/HR, .8MG/HR	
<i>nitroglycerin</i> <i>pt24</i> .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	
<i>nitroglycerin</i> (generic of NITROLINGUAL) <i>soln</i> .4mg/spray	
<i>nitroglycerin</i> (generic of NITROSTAT) <i>subl</i> .3mg, .4mg, .6mg	
<b>ANTIANGIETY AGENTS</b>	
<b>ANTIANGIETY AGENTS - MISC.</b>	
<i>buspirone hcl</i> <i>tabs</i> 5mg, 7.5mg, 10mg, 15mg, 30mg	
<i>hydroxyzine hcl</i> <i>syrrp</i> 10mg/5ml; <i>tabs</i> 10mg, 25mg, 50mg	
<i>hydroxyzine pamoate</i> (generic of VISTARIL) <i>caps</i> 25mg	
<i>hydroxyzine pamoate</i> <i>caps</i> 50mg, 100mg	
<b>BENZODIAZEPINES</b>	
<i>alprazolam</i> (generic of XANAX) <i>tabs</i> .25mg, .5mg, 1mg, 2mg	
<i>chlordiazepoxide hcl</i> <i>caps</i> 5mg, 10mg, 25mg	PA
<i>diazepam</i> (generic of VALIUM) <i>tabs</i> 2mg, 5mg, 10mg	
<i>lorazepam</i> <i>conc</i> 2mg/ml	
<i>lorazepam</i> (generic of ATIVAN) <i>tabs</i> .5mg, 1mg, 2mg	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>oxazepam caps 10mg, 15mg, 30mg</i>	
<b>ANTIARRHYTHMICS</b>	
<b>ANTIARRHYTHMICS TYPE I-A</b>	
<i>NORPACE CR CP12 100MG, 150MG</i>	
<b>ANTIARRHYTHMICS TYPE I-B</b>	
<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	
<b>ANTIARRHYTHMICS TYPE I-C</b>	
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	
<b>ANTIARRHYTHMICS TYPE III</b>	
<i>amiodarone hcl tabs 100mg, 200mg, 400mg</i>	
<i>dofetilide (generic of TIKOSYN) caps 125mcg, 250mcg, 500mcg</i>	
<i>pacerone tabs 100mg, 200mg, 400mg</i>	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>	
<b>ANTI-INFLAMMATORY AGENTS</b>	
<i>cromolyn sodium nebu 20mg/2ml</i>	
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>	
<i>FASENRA SOSY 30MG/ML</i>	PA
<i>FASENRA PEN SOAJ 30MG/ML</i>	PA
<i>NUCALA SOLR 100MG</i>	PA
<i>XOLAIR SOLR 150MG</i>	
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>	
<i>ATROVENT HFA AERS 17MCG/ACT</i>	QL (2 inhalers every 50 days)
<i>INCRUSE ELLIPTA AEPB 62.5MCG/INH</i>	
<i>ipratropium bromide soln .02%</i>	
<i>SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT</i>	
<i>tiotropium bromide monohydrate (generic of SPIRIVA HANDIHALER) caps 18mcg</i>	
<b>LEUKOTRIENE MODULATORS</b>	
<i>montelukast sodium (generic of SINGULAIR) chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	
<i>zafirlukast (generic of ACCOLATE) tabs 10mg, 20mg</i>	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>	
<i>roflumilast (generic of DALIRESP) tabs 250mcg, 500mcg</i>	
<b>STEROID INHALANTS</b>	
<i>ALVESCO AERS 80MCG/ACT, 160MCG/ACT</i>	
<i>ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT</i>	
<i>ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH, 220MCG/INH</i>	
<i>ASMANEX TWISTHALER 60 MET AEPB 220MCG/INH</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
ASMANEX TWISTHALER 120 ME AEPB 220MCG/INH <i>budesonide (inhalation) (generic of PULMICORT) susp</i> .25mg/2ml, .5mg/2ml, 1mg/2ml	
<i>fluticasone propionate hfa aero</i> 44mcg/act, 110mcg/act, 220mcg/act	
QVAR REDHALER AERB 40MCG/ACT, 80MCG/ACT	QL (3 inhalers every 75 days)

### **SYMPATHOMIMETICS**

AIRSUPRA AER 90-80MCG	QL (6 inhalers every year)
<i>albuterol sulfate aers</i> 108mcg/act	QL (6 inhalers every year)
<i>albuterol sulfate (generic of PROVENTIL HFA) aers</i> 108mcg/act	QL (6 inhalers every year)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml,</i> 2.5mg/0.5ml; <i>syrp</i> 2mg/5ml	
ANORO ELLIPTA AER 62.5-25	
BREO ELLIPTA INH 50-25MCG	
BREO ELLIPTA INH 100-25	
BREO ELLIPTA INH 200-25	
<i>brey-na (generic of SYMBICORT)</i>	
BREZTRI AERO AER SPHERE	
<i>budesonide-formoterol fumarate dihyd aerosol</i> 80-4.5 mcg/act (generic of SYMBICORT)	
<i>budesonide-formoterol fumarate dihyd aerosol</i> 160-4.5 mcg/act (generic of SYMBICORT)	
COMBIVENT AER 20-100	QL (2 inhalers every 50 days)
DULERA AER 50-5MCG	
DULERA AER 100-5MCG	
DULERA AER 200-5MCG	
<i>fluticasone-salmeterol aer powder ba</i> 55-14 mcg/act	QL (3 inhalers every 75 days)
<i>fluticasone-salmeterol aer powder ba</i> 113-14 mcg/act	QL (3 inhalers every 75 days)
<i>fluticasone-salmeterol aer powder ba</i> 232-14 mcg/act	QL (3 inhalers every 75 days)
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	
<i>levalbuterol hcl nebu</i> .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	
<i>levalbuterol tartrate aero</i> 45mcg/act	QL (6 inhalers every year)
SEREVENT DISKUS AEPB 50MCG/DOSE	
STIOLTO AER 2.5-2.5	
<i>terbutaline sulfate tabs</i> 2.5mg, 5mg	
TRELEGY AER 100MCG	
TRELEGY AER 200MCG	

### **XANTHINES**

<i>theophylline soln</i> 80mg/15ml; <i>tb12</i> 300mg, 450mg; <i>tb24</i> 400mg, 600mg	
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Drug Name	Requirements/Limits
<b>ANTICOAGULANTS</b>	
<b>COUMARIN ANTICOAGULANTS</b>	
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	
<b>DIRECT FACTOR XA INHIBITORS</b>	
ELIQUIS TABS 2.5MG, 5MG	
ELIQUIS STARTER PACK TBPK 5MG	QL (1 pack every 180 days)
XARELTO TABS 2.5MG	QL (2 each every 1 day)
XARELTO TABS 10MG, 20MG	QL (1 tab every 1 day)
XARELTO TABS 15MG	QL (42 tabs every 180 days)
XARELTO STAR TAB 15/20MG	QL (1 pack every 180 days)
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>	
<i>enoxaparin sodium (generic of LOVENOX) soln 300mg/3ml; soty 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	
<b>THROMBIN INHIBITORS</b>	
<i>dabigatran etexilate mesylate caps 75mg</i>	
<i>dabigatran etexilate mesylate (generic of PRADAXA) caps 110mg, 150mg</i>	
PRADAXA CAPS 75MG	
<b>ANTICONSULSANTS</b>	
<b>ANTICONSULSANTS - BENZODIAZEPINES</b>	
<i>clonazepam (generic of KLONOPIN) tabs .5mg, 1mg, 2mg</i>	
<i>clonazepam tbdp .125mg</i>	
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	
NAYZILAM SOLN 5MG/0.1ML	QL (10 bottles every 25 days)
NAYZILAM SOLN 5MG/0.1ML	QL (5 bottles every 25 days)
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	PA, QL (5 sprays every 25 days)
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	PA, QL (5 sprays every 25 days)
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	PA, QL (5 ea every 25 days)
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	PA, QL (5 ea every 25 days)
<b>ANTICONSULSANTS - MISC.</b>	
<i>carbamazepine chew 100mg</i>	
<i>carbamazepine (generic of CARBATROL) cp12 100mg, 200mg, 300mg</i>	
<i>carbamazepine (generic of TEGRETOL) susp 100mg/5ml; tabs 200mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>carbamazepine</i> (generic of TEGRETOL-XR) <i>tb12</i> 100mg, 200mg, 400mg	
<i>epitol</i> (generic of TEGRETOL) <i>tabs</i> 200mg	
<i>gabapentin</i> (generic of NEURONTIN) <i>caps</i> 100mg, 300mg, 400mg; <i>soln</i> 250mg/5ml, 300mg/6ml; <i>tabs</i> 600mg, 800mg	
<i>lacosamide</i> (generic of VIMPAT) <i>soln</i> 10mg/ml; <i>tabs</i> 50mg, 100mg, 150mg, 200mg	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) <i>chew</i> 5mg, 25mg	
<i>lamotrigine</i> (generic of LAMICTAL) <i>tabs</i> 25mg, 100mg, 150mg, 200mg	
<i>levetiracetam</i> (generic of KEPPRA) <i>soln</i> 100mg/ml; <i>tabs</i> 250mg, 500mg, 750mg, 1000mg	
<i>levetiracetam</i> (generic of KEPPRA XR) <i>tb24</i> 500mg, 750mg	
<i>oxcarbazepine</i> (generic of TRILEPTAL) <i>susp</i> 300mg/5ml; <i>tabs</i> 150mg, 300mg, 600mg	
OXTELLAR XR TB24 150MG, 300MG, 600MG	PA
<i>pregabalin</i> (generic of LYRICA) <i>caps</i> 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; <i>soln</i> 20mg/ml	
<i>primidone</i> (generic of MYSOLINE) <i>tabs</i> 50mg, 250mg	
<i>roweepra</i> (generic of KEPPRA) <i>tabs</i> 500mg	
<i>subvenite</i> (generic of LAMICTAL) <i>tabs</i> 25mg, 100mg, 150mg, 200mg	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) <i>cpsp</i> 15mg, 25mg	
<i>topiramate</i> (generic of TOPAMAX) <i>tabs</i> 25mg, 50mg, 100mg, 200mg	
<i>zonisamide</i> (generic of ZONEGRAN) <i>caps</i> 25mg, 100mg	
<i>zonisamide caps</i> 50mg	

### **GABA MODULATORS**

<i>tiagabine hcl tabs</i> 2mg, 4mg, 12mg, 16mg	
<i>vigabatrin</i> (generic of SABRIL) <i>pack</i> 500mg	PA
<i>vigadrone</i> (generic of SABRIL) <i>pack</i> 500mg	PA
<i>vigpoder</i> (generic of SABRIL) <i>pack</i> 500mg	PA

### **HYDANTOINS**

DILANTIN CAPS 30MG	
<i>phenytek caps</i> 200mg, 300mg	
<i>phenytoin</i> (generic of DILANTIN INFATABS) <i>chew</i> 50mg	
<i>phenytoin</i> (generic of DILANTIN-125) <i>susp</i> 100mg/4ml, 125mg/5ml	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>phenytoin sodium extended (generic of DILANTIN) caps 100mg</i>	
<i>phenytoin sodium extended caps 200mg, 300mg</i>	
<b>SUCCINIMIDES</b>	
<i>ethosuximide (generic of ZARONTIN) caps 250mg; soln 250mg/5ml</i>	
<b>VALPROIC ACID</b>	
<i>divalproex sodium (generic of DEPAKOTE ER) tb24 250mg, 500mg</i>	
<i>divalproex sodium (generic of DEPAKOTE) tbec 125mg, 250mg, 500mg</i>	
<i>valproate sodium soln 250mg/5ml</i>	
<i>valproic acid caps 250mg</i>	
<b>ANTIDEPRESSANTS</b>	
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>	
<i>mirtazapine tabs 7.5mg, 45mg</i>	
<i>mirtazapine (generic of REMERON) tabs 15mg, 30mg</i>	
<b>ANTIDEPRESSANTS - MISC.</b>	
<i>bupropion hcl tabs 75mg, 100mg; tb24 450mg</i>	
<i>bupropion hcl (generic of WELLBUTRIN SR) tb12 100mg, 150mg, 200mg</i>	
<i>bupropion hcl (generic of WELLBUTRIN XL) tb24 150mg, 300mg</i>	
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>	
<i>ZURZUVAE CAPS 20MG, 25MG</i>	<i>PA, QL (2 caps every 1 day)</i>
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>	
<i>MARPLAN TABS 10MG</i>	
<i>phenelzine sulfate (generic of NARDIL) tabs 15mg</i>	
<i>tranylcypromine sulfate (generic of PARNATE) tabs 10mg</i>	
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>	
<i>SPRAVATO SOL 56MG DOS</i>	<i>PA</i>
<i>SPRAVATO SOL 84MG DOS</i>	<i>PA</i>
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>	
<i>citalopram hydrobromide (generic of CELEXA) tabs 10mg, 20mg, 40mg</i>	
<i>escitalopram oxalate soln 5mg/5ml</i>	
<i>escitalopram oxalate (generic of LEXAPRO) tabs 5mg, 10mg, 20mg</i>	
<i>fluoxetine hcl (generic of PROZAC) caps 10mg, 20mg, 40mg</i>	
<i>fluoxetine hcl cpdr 90mg; soln 20mg/5ml</i>	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>fluoxetine hcl (generic of FLUOXETINE HYDROCHLORIDE) tabs 60mg</i>	
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	
<i>paroxetine hcl (generic of PAXIL) tabs 10mg, 20mg, 30mg, 40mg</i>	
<i>paroxetine hcl (generic of PAXIL CR) tb24 12.5mg, 25mg, 37.5mg</i>	
<i>sertraline hcl (generic of ZOLOFT) conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	

**SEROTONIN MODULATORS**

<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	
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**SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**

<i>duloxetine hcl (generic of CYMBALTA) cpep 20mg, 30mg, 60mg</i>	
<i>duloxetine hcl cpep 40mg</i>	
<i>venlafaxine hcl (generic of EFFEXOR XR) cp24 37.5mg, 75mg, 150mg</i>	
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg, 225mg</i>	

**TRICYCLIC AGENTS**

<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
<i>clomipramine hcl (generic of ANAFRANIL) caps 25mg, 50mg, 75mg</i>	
<i>desipramine hcl (generic of NORPRAMIN) tabs 10mg, 25mg</i>	
<i>desipramine hcl tabs 50mg, 75mg, 100mg, 150mg</i>	
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	
<i>nortriptyline hcl (generic of PAMELOR) caps 10mg, 25mg, 50mg, 75mg</i>	
<i>nortriptyline hcl soln 10mg/5ml</i>	

**ANTIDIABETICS**

**ALPHA-GLUCOSIDASE INHIBITORS**

<i>acarbose tabs 25mg, 50mg, 100mg</i>	
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**ANTIDIABETIC COMBINATIONS**

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	
<i>alogliptin-pioglitazone tab 12.5-30 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>dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>dapagliflozin prop-metformin hcl tab er 24hr 10-1000 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	
<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>	
SOLIQUA INJ 100/33	
STEGLUJAN TAB 5-100MG	
STEGLUJAN TAB 15-100MG	
SYNJARDY TAB	
SYNJARDY TAB 5-500MG	
SYNJARDY TAB 5-1000MG	
SYNJARDY TAB 12.5-500	
SYNJARDY XR TAB	
SYNJARDY XR TAB 5-1000MG	
SYNJARDY XR TAB 10-1000	
SYNJARDY XR TAB 25-1000	
TRIJARDY XR TAB	
XIGDUO XR TAB 2.5-1000	
XIGDUO XR TAB 5-500MG	
XIGDUO XR TAB 10-500MG	
<b>BIGUANIDES</b>	
<i>metformin hcl tabs 500mg</i>	QL (4 tabs every 1 day)
<i>metformin hcl tabs 850mg; tb24 500mg</i>	QL (3 tabs every 1 day)
<i>metformin hcl tabs 1000mg; tb24 750mg</i>	QL (2 tabs every 1 day)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>DIABETIC OTHER</b>	
BAQSIMI ONE PACK POWD 3MG/DOSE	
BAQSIMI TWO PACK POWD 3MG/DOSE	
<i>diazoxide (generic of PROGLYCEM) susp 50mg/ml</i>	
<i>glucagon (rdna) kit 1mg</i>	
<i>mifepristone (hyperglycemia) (generic of KORLYM) tabs 300mg</i>	PA
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>	
<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	
<i>saxagliptin hcl tabs 2.5mg</i>	
<i>saxagliptin hcl (generic of ONGLYZA) tabs 5mg</i>	
<b>INCRETIN MIMETIC AGENTS</b>	
MOUNJARO SOPN 2.5MG/0.5ML	PA, QL (8 pens every year)
MOUNJARO SOPN 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	PA, QL (4 pens every 25 days)
OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML	PA, QL (1 pen every 25 days)
RYBELSUS TABS 3MG	PA, QL (60 tabs every year)
RYBELSUS TABS 7MG, 14MG	PA, QL (1 tab every 1 day)
TRULICITY SOPN 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	PA, QL (4 pens every 25 days)
TRULICITY SOPN .75MG/0.5ML	PA, QL (8 pens every year)
<b>INSULIN</b>	
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	
INSULIN DEGLUDEC FLEXTUOC SOPN 100UNIT/ML, 200UNIT/ML	
INSULIN DEGLUDEC INJ SOLN 100UNIT/ML	
LANTUS SOLN 100UNIT/ML	
LANTUS SOLOSTAR SOPN 100UNIT/ML	
NOVOLOG SOLN 100UNIT/ML	
NOVOLOG FLEXPEN SOPN 100UNIT/ML	
NOVOLOG FLEXPEN RELION SOPN 100UNIT/ML	
NOVOLOG MIX INJ 70/30	
NOVOLOG MIX INJ FLEX REL	
NOVOLOG MIX INJ FLEXPEN	
NOVOLOG PENFILL SOCT 100UNIT/ML	
NOVOLOG RELI INJ 70/30	
NOVOLOG RELION SOLN 100UNIT/ML	
REZVOGLAR KWIKPEN SOPN 100UNIT/ML	
<b>INSULIN SENSITIZING AGENTS</b>	
<i>pioglitazone hcl (generic of ACTOS) tabs 15mg, 30mg, 45mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>MEGLITINIDE ANALOGUES</b>	
<i>nateglinide tabs 60mg, 120mg</i>	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>	
<i>dapagliflozin propanediol tabs 5mg, 10mg</i>	
INVOKANA TABS 100MG, 300MG	
JARDIANCE TABS 10MG, 25MG	
<b>SULFONYLUREAS</b>	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	
<i>glipizide tabs 5mg, 10mg</i>	
<i>glipizide (generic of GLUCOTROL XL) tb24 2.5mg, 5mg, 10mg</i>	
<i>glipizide xl (generic of GLUCOTROL XL) tb24 2.5mg, 5mg, 10mg</i>	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.</b>	
BILAC CAP	
DERMACINRX CAP PROBISOL	
DERMACINRX CAP PROBITRA	
LACTEROL CAP	
PROBINATE CAP	
PROMELLA CAP PREBIOTI	
VISBIOME PAK	
WELLPRO 31 CAP	
XYBIOTIC CAP	
ZELAC CAP	
<b>ANTIPERISTALTIC AGENTS</b>	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	QL (40 mL every 1 day)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	QL (8 tabs every 1 day)
<i>loperamide hcl caps 2mg</i>	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>	
<b>ANTIDOTES - CHELATING AGENTS</b>	
<i>deferasirox (generic of JADENU SPRINKLE) pack 90mg, 180mg, 360mg</i>	
<i>deferasirox (generic of JADENU) tabs 90mg, 180mg, 360mg</i>	
<b>OPIOID ANTAGONISTS</b>	
KLOXXADO LIQD 8MG/0.1ML	
<i>naloxone hcl liqd 4mg/0.1ml</i>	
<i>naltrexone hcl tabs 50mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
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VIVITROL SUSR 380MG	
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## **ANTIEMETICS**

### **5-HT3 RECEPTOR ANTAGONISTS**

<i>granisetron hcl soln 1mg/ml</i>	
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<i>granisetron hcl tabs 1mg</i>	QL (2 tabs every 1 day)
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<i>ondansetron tbdp 4mg, 8mg</i>	
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<i>ondansetron hcl soln 4mg/2ml, 4mg/5ml, 40mg/20ml;</i>	
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<i>sosy 4mg/2ml; tabs 4mg, 8mg, 24mg</i>	
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### **ANTIEMETICS - ANTICHOLINERGIC**

<i>meclizine hcl tabs 12.5mg, 25mg</i>	
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<i>scopolamine (generic of TRANSDERM-SCOP) pt72</i>	
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<i>1mg/3days</i>	
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### **ANTIEMETICS - MISCELLANEOUS**

<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	QL (4 tabs every 1 day)
<i>(generic of DICLEGIS)</i>	

<i>dronabinol (generic of MARINOL) caps 2.5mg</i>	
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<i>dronabinol caps 5mg, 10mg</i>	
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### **SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**

<i>aprepitant (generic of EMEND) caps 80mg</i>	QL (4 caps every 21 days)
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<i>aprepitant caps 125mg</i>	QL (2 caps every 21 days)
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<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	QL (6 tabs every 21 days)
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## **ANTIFUNGALS**

### **ANTIFUNGALS**

<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	
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<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	
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<i>nystatin tabs 500000unit</i>	
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<i>terbinafine hcl tabs 250mg</i>	
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### **IMIDAZOLE-RELATED ANTIFUNGALS**

<i>fluconazole (generic of DIFLUCAN) susr 10mg/ml, 40mg/ml; tabs 100mg, 200mg</i>	
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<i>fluconazole tabs 50mg</i>	
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<i>fluconazole (generic of DIFLUCAN) tabs 150mg</i>	QL (4 tabs every 25 days)
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<i>itraconazole (generic of SPORANOX) caps 100mg</i>	
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<i>posaconazole (generic of NOXAFIL) susp 40mg/ml; tbec 100mg</i>	PA
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<i>voriconazole (generic of VFEND) susr 40mg/ml; tabs 50mg, 200mg</i>	
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## **ANTIHISTAMINES**

### **ANTIHISTAMINES - ETHANOLAMINES**

<i>diphenhydramine hcl elix 12.5mg/5ml</i>	
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### **ANTIHISTAMINES - NON-SEDATING**

<i>cetirizine hcl soln 1mg/ml</i>	
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<i>desloratadine (generic of CLARINEX) tabs 5mg</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>	
<i>promethazine hcl soln 6.25mg/5ml</i>	QL (1000 mL every 25 days); Limit of 2 fills per 90 days
<i>promethazine hcl supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg</i>	
<i>promethegan supp 12.5mg, 25mg, 50mg</i>	
<b>ANTIHISTAMINES - PIPERIDINES</b>	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
<b>ANTIHYPERLIPIDEMICS</b>	
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>	
<i>NEXLETOL TABS 180MG</i>	
<b>ANGIOPOIETIN-LIKE PROTEIN INHIBITORS</b>	
<i>EVKEEZA SOLN 345MG/2.3ML, 1200MG/8ML</i>	PA
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>	
<i>ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN)</i>	
<i>ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN)</i>	
<i>ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN)</i>	
<i>ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN)</i>	
<i>NEXLIZET TAB 180/10MG</i>	
<b>ANTIHYPERLIPIDEMICS - MISC.</b>	
<i>icosapent ethyl (generic of VASCEPA) caps .5gm, 1gm</i>	PA
<i>omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)</i>	PA
<b>BILE ACID SEQUESTRANTS</b>	
<i>cholestyramine (generic of QUESTRAN) pack 4gm; powd 4gm/dose</i>	
<i>cholestyramine light pack 4gm</i>	
<i>cholestyramine light (generic of QUESTRAN LIGHT) powd 4gm/dose</i>	
<i>prevalite pack 4gm</i>	
<i>prevalite (generic of QUESTRAN LIGHT) powd 4gm/dose</i>	
<b>FIBRIC ACID DERIVATIVES</b>	
<i>fenofibrate caps 50mg, 150mg; tabs 54mg, 160mg</i>	
<i>fenofibrate (generic of FENOGLIDE) tabs 40mg</i>	
<i>fenofibrate (generic of TRICOR) tabs 48mg, 145mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg</i>	
<b>HMG COA REDUCTASE INHIBITORS</b>	
<i>atorvastatin calcium (generic of LIPITOR) tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>rosuvastatin calcium (generic of CRESTOR) tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>simvastatin tabs 5mg</i>	
<i>simvastatin (generic of ZOCOR) tabs 10mg, 20mg, 40mg</i>	
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>	
<i>ezetimibe (generic of ZETIA) tabs 10mg</i>	
<b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>	
<i>JUXTAPID CAPS 5MG, 10MG, 20MG, 30MG</i>	PA
<b>NICOTINIC ACID DERIVATIVES</b>	
<i>niacin (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg</i>	
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>	
<i>PRALUENT SOAJ 75MG/ML, 150MG/ML</i>	
<b>ANTIHYPERTENSIVES</b>	
<b>ACE INHIBITORS</b>	
<i>benazepril hcl tabs 5mg</i>	
<i>benazepril hcl (generic of LOTENSIN) tabs 10mg, 20mg, 40mg</i>	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	
<i>enalapril maleate (generic of VASOTEC) tabs 2.5mg, 5mg, 10mg, 20mg</i>	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	
<i>lisinopril (generic of ZESTRIL) tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	
<i>moexipril hcl tabs 7.5mg, 15mg</i>	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>ramipril (generic of ALTACE) caps 1.25mg, 2.5mg, 5mg, 10mg</i>	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>	
<i>candesartan cilexetil (generic of ATACAND) tabs 4mg, 8mg, 16mg, 32mg</i>	
<i>irbesartan (generic of AVAPRO) tabs 75mg, 150mg, 300mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>losartan potassium (generic of COZAAR) tabs 25mg, 50mg, 100mg</i>	
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<i>olmesartan medoxomil (generic of BENICAR) tabs 5mg, 20mg, 40mg</i>	
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<i>telmisartan (generic of MICARDIS) tabs 20mg, 40mg, 80mg</i>	
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<i>valsartan (generic of DIOVAN) tabs 40mg, 80mg, 160mg, 320mg</i>	
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**ANTIADRENERGIC ANTIHYPERTENSIVES**

<i>clonidine (generic of CATAPRES-TTS-1) ptwk .1mg/24hr</i>	
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<i>clonidine (generic of CATAPRES-TTS-2) ptwk .2mg/24hr</i>	
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<i>clonidine (generic of CATAPRES-TTS-3) ptwk .3mg/24hr</i>	
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<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	
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<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	
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<i>guanfacine hcl tabs 1mg, 2mg</i>	
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<i>methyldopa tabs 250mg, 500mg</i>	
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<i>prazosin hcl (generic of MINIPRESS) caps 1mg, 2mg, 5mg</i>	
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<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	
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**ANTIHYPERTENSIVE COMBINATIONS**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
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<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	
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<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	
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<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
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<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	
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<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	
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<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AZOR)</i>	
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<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AZOR)</i>	
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<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg (generic of AZOR)</i>	
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<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg (generic of AZOR)</i>	
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<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	
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<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)</i>	
<i>atenolol &amp; chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	
<i>atenolol &amp; chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)</i>	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)</i>	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i>	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i>	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i>	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i>	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i>	
<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 (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>	
<i>eplerenone (generic of INSPRA) tabs 25mg, 50mg</i>	
<b>VASODILATORS</b>	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>minoxidil tabs 2.5mg, 10mg</i>	
<b>ANTIMALARIALS</b>	
<b>ANTIMALARIAL COMBINATIONS</b>	
<i>atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)</i>	
<i>atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)</i>	
<b>ANTIMALARIALS</b>	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	
<i>hydroxychloroquine sulfate (generic of PLAQUENIL) tabs 200mg</i>	
<i>mefloquine hcl tabs 250mg</i>	
<i>primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) tabs 26.3mg</i>	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>	
<i>pyridostigmine bromide (generic of MESTINON) soln 60mg/5ml; tabs 60mg</i>	
<b>ANTIMYCOBACTERIAL AGENTS</b>	
<b>ANTIMYCOBACTERIAL AGENTS</b>	
<i>ethambutol hcl tabs 100mg</i>	
<i>ethambutol hcl (generic of MYAMBUTOL) tabs 400mg</i>	
<i>isoniazid syrp 50mg/5ml; tabs 100mg, 300mg</i>	
PRETOMANID TABS 200MG	PA
PRIFTIN TABS 150MG	
<i>pyrazinamide tabs 500mg</i>	
<i>rifabutin (generic of MYCOBUTIN) caps 150mg</i>	
<i>rifampin caps 150mg, 300mg</i>	
SIRTURO TABS 20MG, 100MG	PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>	
<b>ALKYLATING AGENTS</b>	
<i>cyclophosphamide caps 25mg, 50mg</i>	
LEUKERAN TABS 2MG	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>melphalan tabs 2mg</i>	
MYLERAN TABS 2MG	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	
<b>ANTIMETABOLITES</b>	
<i>capecitabine (generic of XELODA) tabs 150mg, 500mg</i>	
<i>mercaptopurine tabs 50mg</i>	
<i>methotrexate sodium tabs 2.5mg</i>	
ONUREG TABS 200MG, 300MG	PA
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>	
TUKYSA TABS 50MG, 150MG	PA
<b>ANTINEOPLASTIC - ANTIBODIES</b>	
LUNSUMIO SOLN 1MG/ML, 30MG/30ML	PA
RITUXAN SOLN 100MG/10ML, 500MG/50ML	PA
ZYNLONTA SOLR 10MG	PA
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>	
VENCLEXTA TABS 10MG, 50MG, 100MG	
VENCLEXTA TAB START PK	QL (42 tabs every year)
<b>ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY</b>	
ABECMA INJ	PA
BREYANZI SUSP 70000000CELLS	PA
YESCARTA INJ	PA
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>	
<i>erlotinib hcl (generic of TARCEVA) tabs 25mg, 100mg, 150mg</i>	
EXKIVITY CAPS 40MG	PA
TAGRISO TABS 40MG, 80MG	
VIZIMPRO TABS 15MG, 30MG, 45MG	
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>	
<i>abiraterone acetate (generic of ZYTIGA) tabs 250mg, 500mg</i>	
<i>anastrozole (generic of ARIMIDEX) tabs 1mg</i>	
<i>bicalutamide (generic of CASODEX) tabs 50mg</i>	
ELIGARD KIT 45MG	PA
<i>exemestane (generic of AROMASIN) tabs 25mg</i>	
FIRMAGON SOLR 80MG, 120MG/VIAL	
<i>letrozole (generic of FEMARA) tabs 2.5mg</i>	
<i>leuprolide acetate kit 1mg/0.2ml</i>	PA
LUPRON DEPOT (1-MONTH) KIT 3.75MG, 7.5MG	PA
LUPRON DEPOT (3-MONTH) KIT 11.25MG, 22.5MG	PA
LUPRON DEPOT (4-MONTH) KIT 30MG	PA
LYSODREN TABS 500MG	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	
NUBEQA TABS 300MG	PA
ORSERDU TABS 86MG, 345MG	PA
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
<i>toremifene citrate (generic of FARESTON) tabs 60mg</i>	
TRELSTAR MIXJECT SUSR 3.75MG, 11.25MG, 22.5MG	PA
ZOLADEX IMPL 3.6MG, 10.8MG	PA
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>	
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>	
AYVAKIT TABS 100MG, 200MG, 300MG	PA
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>	
XPOVIO TBPK 40MG, 50MG, 60MG	PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	PA
<b>ANTINEOPLASTIC COMBINATIONS</b>	
DARZALEX SOL FASPRO	
LONSURF TAB 15-6.14	
LONSURF TAB 20-8.19	
RITUXAN INJ HYCELA	
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>	
ALECENSA CAPS 150MG	PA
ALUNBRIG TABS 30MG, 90MG, 180MG	PA
BALVERSA TABS 3MG, 4MG, 5MG	PA
BOSULIF TABS 100MG, 500MG	PA
BRAFTOVI CAPS 75MG	PA
CABOMETYX TABS 20MG, 40MG, 60MG	PA
COMETRIQ KIT 20MG	PA
COMETRIQ KIT 100MG	PA
COMETRIQ KIT 140MG	PA
COTELLIC TABS 20MG	PA
FOTIVDA CAPS .89MG, 1.34MG	PA
GAVRETO CAPS 100MG	PA
IBRANCE CAPS 75MG, 100MG, 125MG	PA
ICLUSIG TABS 15MG, 45MG	PA
<i>imatinib mesylate (generic of GLEEVEC) tabs 100mg, 400mg</i>	
IMBRUVICA CAPS 140MG	PA
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	PA
JAYPIRCA TABS 50MG, 100MG	PA
KISQALI TBPK 200MG	
KRAZATI TABS 200MG	PA



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>lapatinib ditosylate (generic of TYKERB) tabs 250mg</i>	
LORBRENA TABS 25MG, 100MG	PA
LUMAKRAS TABS 120MG, 320MG	PA
MEKINIST TABS .5MG, 2MG	
MEKTOVI TABS 15MG	PA
PEMAZYRE TABS 4.5MG, 9MG, 13.5MG	PA
PIQRAY 200MG DAILY DOSE TBPK 200MG	PA
PIQRAY 250MG TAB DOSE	PA
PIQRAY 300MG DAILY DOSE TBPK 150MG	PA
RETEVMO CAPS 40MG, 80MG	PA
ROZLYTREK CAPS 100MG, 200MG	PA
RUBRACA TABS 200MG, 250MG, 300MG	PA
SCEMBLIX TABS 20MG, 40MG	PA
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG, 100MG, 140MG	
STIVARGA TABS 40MG	PA
<i>sunitinib malate (generic of SUTENT) caps 12.5mg, 25mg, 37.5mg, 50mg</i>	
TABRECTA TABS 150MG, 200MG	PA
TAFINLAR CAPS 50MG, 75MG	PA
TALZENNA CAPS .1MG, .25MG, .35MG, .5MG, .75MG, 1MG	PA
TASIGNA CAPS 150MG, 200MG	
TAZVERIK TABS 200MG	PA
TIBSOVO TABS 250MG	PA
TURALIO CAPS 125MG	
VITRAKVI CAPS 25MG, 100MG	PA
VONJO CAPS 100MG	PA
XALKORI CAPS 200MG, 250MG	PA
XOSPATA TABS 40MG	PA
ZEJULA TABS 100MG, 200MG, 300MG	PA
ZELBORAF TABS 240MG	PA
ZYDELIG TABS 100MG, 150MG	PA
ZYKADIA TABS 150MG	PA
<b>ANTINEOPLASTICS MISC.</b>	
<i>bexarotene (generic of TARGRETIN) caps 75mg</i>	
<i>hydroxyurea (generic of HYDREA) caps 500mg</i>	
MATULANE CAPS 50MG	
SYNRIBO SOLR 3.5MG	PA
<i>tretinoin (chemotherapy) caps 10mg</i>	
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>	
<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>MITOTIC INHIBITORS</b>	
<i>etoposide caps 50mg</i>	
<b>TOPOISOMERASE I INHIBITORS</b>	
<i>HYCAMTIN CAPS .25MG, 1MG</i>	PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>	
<b>ANTIPARKINSON ANTICHOLINERGICS</b>	
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	
<i>trihexyphenidyl hcl tabs 2mg, 5mg</i>	
<b>ANTIPARKINSON DOPAMINERGICS</b>	
<i>amantadine hcl caps 100mg; soln 50mg/5ml</i>	
<i>bromocriptine mesylate (generic of PARLODEL) caps 5mg; tabs 2.5mg</i>	
<i>carbidopa &amp; levodopa tab 10-100 mg (generic of SINEMET)</i>	
<i>carbidopa &amp; levodopa tab 25-100 mg (generic of SINEMET)</i>	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</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</i>	
<i>NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR</i>	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	
<i>XADAGO TABS 50MG, 100MG</i>	PA
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>	
<b>ANTIMANIC AGENTS</b>	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 450mg</i>	
<i>lithium carbonate (generic of LITHOBID) tbc 300mg</i>	
<b>ANTIPSYCHOTICS - MISC.</b>	
<i>CAPLYTA CAPS 10.5MG, 21MG, 42MG</i>	PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>lurasidone hcl</i> (generic of LATUDA) <i>tabs</i> 20mg, 40mg, 60mg, 80mg, 120mg	PA
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	PA
VRAYLAR CAP 1.5-3MG	PA
<i>ziprasidone hcl</i> (generic of GEODON) <i>caps</i> 20mg, 40mg, 60mg, 80mg	

### **BENZISOXAZOLES**

INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	
<i>paliperidone tb24</i> 1.5mg	
<i>paliperidone</i> (generic of INVEGA) <i>tb24</i> 3mg, 6mg, 9mg	
<i>risperidone</i> (generic of RISPERDAL) <i>soln</i> 1mg/ml; <i>tabs</i> .5mg, 1mg, 2mg, 3mg, 4mg	
<i>risperidone tabs</i> .25mg	
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) <i>srer</i> 12.5mg, 25mg, 37.5mg, 50mg	

### **BUTYROPHENONES**

<i>haloperidol tabs</i> .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) <i>soln</i> 50mg/ml	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) <i>soln</i> 100mg/ml	
<i>haloperidol lactate conc</i> 2mg/ml	

### **DIBENZAPINES**

<i>clozapine</i> (generic of CLOZARIL) <i>tabs</i> 25mg, 50mg, 100mg, 200mg	
<i>loxapine succinate caps</i> 5mg, 10mg, 25mg, 50mg	
<i>olanzapine</i> (generic of ZYPREXA) <i>tabs</i> 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	
<i>quetiapine fumarate</i> (generic of SEROQUEL) <i>tabs</i> 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	
<i>quetiapine fumarate tabs</i> 150mg	
ZYPREXA RELPREVV SUSR 210MG, 300MG, 405MG	

### **PHENOTHIAZINES**

<i>chlorpromazine hcl tabs</i> 10mg, 25mg, 50mg, 100mg, 200mg	
<i>compro supp</i> 25mg	
<i>fluphenazine decanoate soln</i> 25mg/ml	
<i>fluphenazine hcl conc</i> 5mg/ml; <i>tabs</i> 1mg, 2.5mg, 5mg, 10mg	
<i>perphenazine tabs</i> 2mg, 4mg, 8mg, 16mg	
<i>prochlorperazine supp</i> 25mg	
<i>prochlorperazine maleate tabs</i> 5mg, 10mg	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	
<b>QUINOLINONE DERIVATIVES</b>	
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	
<i>aripiprazole soln 1mg/ml; tbdp 10mg, 15mg</i>	
<i>aripiprazole (generic of ABILIFY) tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	
ARISTADA INITIO PRSY 675MG/2.4ML	QL (5 injections every year)
<b>THIOXANTHENES</b>	
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	
<b>ANTIVIRALS</b>	
<b>ANTIVIRAL COMBINATIONS</b>	
PAXLOVID TAB 150-100	
PAXLOVID TAB 300-100	
<b>CMV AGENTS</b>	
<i>foscarnet sodium (generic of FOSCAVIR) soln 6000mg/250ml</i>	
LIVTENCITY TABS 200MG	PA
<i>valganciclovir hcl (generic of VALCYTE) solr 50mg/ml; tabs 450mg</i>	
<b>HEPATITIS AGENTS</b>	
BARACLUDE SOLN .05MG/ML	
<i>entecavir (generic of BARACLUDE) tabs .5mg, 1mg</i>	
MAVYRET TAB 100-40MG	
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	
SOFOS/VELPAT TAB 400-100	
VEMLIDY TABS 25MG	PA
<b>HERPES AGENTS</b>	
<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>valacyclovir hcl (generic of VALTREX) tabs 1gm, 500mg</i>	
<b>INFLUENZA AGENTS</b>	
<i>oseltamivir phosphate (generic of TAMIFLU) caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	QL (2 fills every year)
<b>BETA BLOCKERS</b>	
<b>ALPHA-BETA BLOCKERS</b>	
<i>carvedilol (generic of COREG) tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	
<i>carvedilol phosphate (generic of COREG CR) cp24 10mg, 20mg, 40mg, 80mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>	
<i>atenolol (generic of TENORMIN) tabs 25mg, 50mg, 100mg</i>	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	
<i>metoprolol succinate (generic of TOPROL XL) tb24 25mg, 50mg, 100mg, 200mg</i>	
<i>metoprolol tartrate tabs 25mg</i>	
<i>metoprolol tartrate (generic of LOPRESSOR) tabs 50mg, 100mg</i>	
<i>nebivolol hcl (generic of BYSTOLIC) tabs 2.5mg, 5mg, 10mg, 20mg</i>	
<b>BETA BLOCKERS NON-SELECTIVE</b>	
<i>nadolol (generic of CORGARD) tabs 20mg, 40mg</i>	
<i>nadolol tabs 80mg</i>	
<i>pindolol tabs 5mg, 10mg</i>	
<i>propranolol hcl (generic of INDERAL LA) cp24 60mg, 80mg, 120mg, 160mg</i>	
<i>propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	
<i>sotalol hcl (generic of BETAPACE) tabs 80mg, 120mg, 160mg</i>	
<i>sotalol hcl tabs 240mg</i>	
<i>sotalol hcl (afib/af) (generic of BETAPACE AF) tabs 80mg, 120mg, 160mg</i>	
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	
<b>CALCIUM CHANNEL BLOCKERS</b>	
<b>CALCIUM CHANNEL BLOCKERS</b>	
<i>amlodipine besylate (generic of NORVASC) tabs 2.5mg, 5mg, 10mg</i>	
<i>cartia xt (generic of CARDIZEM CD) cp24 120mg, 180mg, 240mg, 300mg</i>	
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 90mg</i>	
<i>diltiazem hcl (generic of CARDIZEM) tabs 30mg, 60mg, 120mg</i>	
<i>diltiazem hcl (generic of CARDIZEM LA) tb24 360mg</i>	
<i>diltiazem hcl coated beads (generic of CARDIZEM CD) cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>diltiazem hcl extended release beads (generic of TIAZAC) cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>matzim la</i> (generic of CARDIZEM LA) <i>tb24</i> 360mg	
<i>nicardipine hcl caps</i> 20mg, 30mg	
<i>nifedipine caps</i> 10mg; <i>tb24</i> 30mg, 60mg, 90mg	
<i>nifedipine</i> (generic of PROCARDIA XL) <i>tb24</i> 30mg, 60mg, 90mg	
<i>nimodipine caps</i> 30mg	
<i>taztia xt</i> (generic of TIAZAC) <i>cp24</i> 120mg, 180mg, 240mg, 300mg, 360mg	
<i>tiadylt er</i> (generic of TIAZAC) <i>cp24</i> 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	
<i>verapamil hcl cp24</i> 100mg, 200mg, 300mg, 360mg; <i>tabs</i> 40mg, 80mg, 120mg; <i>tbc</i> 120mg, 180mg, 240mg	
<i>verapamil hcl</i> (generic of VERELAN) <i>cp24</i> 120mg, 180mg, 240mg	

## **CARDIOTONICS**

### **CARDIAC GLYCOSIDES**

*digoxin soln* .05mg/ml

*digoxin* (generic of LANOXIN) *tabs* 125mcg, 250mcg

## **CARDIOVASCULAR AGENTS - MISC.**

### **CARDIAC MYOSIN INHIBITORS**

CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG

### **CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

*amlodipine besylate-atorvastatin calcium tab* 2.5-10 mg

*amlodipine besylate-atorvastatin calcium tab* 2.5-20 mg

*amlodipine besylate-atorvastatin calcium tab* 2.5-40 mg

*amlodipine besylate-atorvastatin calcium tab* 5-10 mg  
(generic of CADUET)

*amlodipine besylate-atorvastatin calcium tab* 5-20 mg  
(generic of CADUET)

*amlodipine besylate-atorvastatin calcium tab* 5-40 mg  
(generic of CADUET)

*amlodipine besylate-atorvastatin calcium tab* 5-80 mg  
(generic of CADUET)

*amlodipine besylate-atorvastatin calcium tab* 10-10 mg  
(generic of CADUET)

*amlodipine besylate-atorvastatin calcium tab* 10-20 mg  
(generic of CADUET)

*amlodipine besylate-atorvastatin calcium tab* 10-40 mg  
(generic of CADUET)

*amlodipine besylate-atorvastatin calcium tab* 10-80 mg  
(generic of CADUET)

ENTRESTO TAB 24-26MG

ENTRESTO TAB 49-51MG

ENTRESTO TAB 97-103MG

<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	
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**PROSTAGLANDIN VASODILATORS**

ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	
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REMODULIN SOLN 20MG/20ML, 50MG/20ML, 100MG/20ML, 200MG/20ML	
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<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	
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TYVASO SOLN .6MG/ML	
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TYVASO DPI MAINTENANCE KI POWD 16MCG, 32MCG, 48MCG, 64MCG	
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TYVASO DPI POW 16-32-48	
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TYVASO DPI POW 16-32MCG	
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TYVASO REFILL SOLN .6MG/ML	
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TYVASO STARTER SOLN .6MG/ML	
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**PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**

<i>ambrisentan</i> (generic of LETAIRIS) <i>tabs 5mg, 10mg</i>	
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OPSUMIT TABS 10MG	
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**PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**

<i>alyq</i> (generic of ADCIRCA) <i>tabs 20mg</i>	PA
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<i>sildenafil citrate</i> ( <i>pulmonary hypertension</i> ) (generic of REVATIO) <i>susr 10mg/ml</i>	Covered for age 6 and younger
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<i>sildenafil citrate</i> ( <i>pulmonary hypertension</i> ) (generic of REVATIO) <i>tabs 20mg</i>	PA
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<i>tadalafil</i> ( <i>pulmonary hypertension</i> ) (generic of ADCIRCA) <i>tabs 20mg</i>	PA
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**PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**

UPTRAVI TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	
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UPTRAVI PACK TAB 200/800	
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**SINUS NODE INHIBITORS**

CORLANOR TABS 5MG, 7.5MG	
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**CEPHALOSPORINS**

**CEPHALOSPORINS - 1ST GENERATION**

<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	
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<i>cephalexin caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml</i>	
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**CEPHALOSPORINS - 2ND GENERATION**

<i>cefuroxime axetil tabs 250mg, 500mg</i>	
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**CEPHALOSPORINS - 3RD GENERATION**

<i>cefдинир caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	
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<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>cefepodoxime proxetil tabs 100mg, 200mg</i>	
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<i>ceftriaxone sodium solr 1gm</i>	
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**CONTRACEPTIVES**

**COMBINATION CONTRACEPTIVES - ORAL**

<i>afirmelle</i>	
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<i>altavera</i>	
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<i>alyacen 1/35</i>	
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<i>alyacen 7/7/7</i>	
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<i>amethia</i>	
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<i>amethyst</i>	
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<i>apri</i>	
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<i>aranelle</i>	
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<i>ashlyna</i>	
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<i>aubra eq</i>	
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<i>aurovela 1.5/30</i>	
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<i>aurovela 1/20</i>	
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<i>aurovela 24 fe</i>	
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<i>aurovela fe 1.5/30</i>	
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<i>aurovela fe 1/20</i>	
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<i>aviane</i>	
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<i>ayuna</i>	
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<i>azurette</i>	
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<i>balziva</i>	
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<i>blisovi 24 fe</i>	
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<i>blisovi fe 1.5/30</i>	
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<i>blisovi fe 1/20</i>	
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<i>briellyn</i>	
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<i>camrese</i>	
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<i>camrese lo</i>	
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<i>charlotte 24 fe</i>	PA
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<i>chateal eq</i>	
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<i>cryselle-28</i>	
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<i>cyred eq</i>	
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<i>dasetta 1/35</i>	
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<i>dasetta 7/7/7</i>	
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<i>daysee</i>	
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<i>delyla</i>	
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<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
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<i>dolishale</i>	
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<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>	
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<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	
<i>elinest</i>	
<i>enpresse-28</i>	
<i>enskyce</i>	
<i>estarylla</i>	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>falmina</i>	
<i>finzala</i>	PA
<i>hailey 1.5/30</i>	
<i>hailey 24 fe</i>	
<i>hailey fe 1.5/30</i>	
<i>hailey fe 1/20</i>	
<i>iclevia</i>	
<i>introvale</i>	
<i>isibloom</i>	
<i>jaimiess</i>	
<i>jasmiel (generic of YAZ)</i>	
<i>jolessa</i>	
<i>juleber</i>	
<i>junel 1.5/30</i>	
<i>junel 1/20</i>	
<i>junel fe 1.5/30</i>	
<i>junel fe 1/20</i>	
<i>junel fe 24</i>	
<i>kaitlib fe</i>	
<i>kalliga</i>	
<i>kariva</i>	
<i>kelnor 1/35</i>	
<i>kelnor 1/50</i>	
<i>kurvelo</i>	
<i>larin 1.5/30</i>	
<i>larin 1/20</i>	
<i>larin 24 fe</i>	
<i>larin fe 1.5/30</i>	
<i>larin fe 1/20</i>	
<i>layolis fe</i>	
<i>leena</i>	
<i>lessina</i>	
<i>levonest</i>	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel &amp; 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>	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	
<i>levora 0.15/30-28</i>	
<b>LO LOESTRIN TAB 1-10-10</b>	
<i>lo-zumandimine (generic of YAZ)</i>	
<i>loestrin 1.5/30-21</i>	
<i>loestrin 1/20-21</i>	
<i>loestrin fe 1.5/30</i>	
<i>loestrin fe 1/20</i>	
<i>lojaimiess</i>	
<i>loryna (generic of YAZ)</i>	
<i>low-ogestrel</i>	
<i>lutra</i>	
<i>marlissa</i>	
<i>mibelas 24 fe</i>	PA
<i>microgestin 1.5/30</i>	
<i>microgestin 1/20</i>	
<i>microgestin 24 fe</i>	
<i>microgestin fe 1.5/30</i>	
<i>microgestin fe 1/20</i>	
<i>mili</i>	
<i>mono-linyah</i>	
<b>NATAZIA TAB</b>	
<i>necon 0.5/35-28</i>	
<i>nikki (generic of YAZ)</i>	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	PA
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	
<i>nortrel 0.5/35 (28)</i>	
<i>nortrel 1/35</i>	
<i>nortrel 7/7/7</i>	
<i>nylia 1/35</i>	
<i>nylia 7/7/7</i>	
<i>nymyo</i>	
<i>ocella (generic of YASMIN 28)</i>	
<i>philith</i>	
<i>pimtrea</i>	
<i>portia-28</i>	
<i>reclipsen</i>	
<i>rivelsa</i>	
<i>setlakin</i>	
<i>simliya</i>	
<i>simpesse</i>	
<i>sprintec 28</i>	
<i>sronyx</i>	
<i>syeda (generic of YASMIN 28)</i>	
<i>tarina 24 fe</i>	
<i>tarina fe 1/20 eq</i>	
<i>tilia fe</i>	
<i>tri-estarylla</i>	
<i>tri-legest fe</i>	
<i>tri-linyah</i>	
<i>tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>tri-lo-marzia (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>tri-lo-mili (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>tri-mili</i>	
<i>tri-nymyo</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO)</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>trivora-28</i>	
<i>turqoz</i>	
<i>velivet</i>	
<i>vestura</i> (generic of YAZ)	
<i>vienva</i>	
<i>viorele</i>	
<i>volnea</i>	
<i>vyfemla</i>	
<i>vylibra</i>	
<i>wera</i>	
<i>wymzya fe</i>	
<i>zovia 1/35</i>	
<i>zumandimine</i> (generic of YASMIN 28)	
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	
<i>xulane</i>	
<i>zafemy</i>	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>	
<i>eluryng</i> (generic of NUVARING)	
<i>enilloring</i> (generic of NUVARING)	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	
<i>haloette</i> (generic of NUVARING)	
<b>COPPER CONTRACEPTIVES - IUD</b>	
PARAGARD IUD T380A	
<b>EMERGENCY CONTRACEPTIVES</b>	
ELLA TABS 30MG	
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>	
NEXPLANON IMPL 68MG	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>	
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) <i>susp 150mg/ml; susy 150mg/ml</i>	
<b>PROGESTIN CONTRACEPTIVES - IUD</b>	
KYLEENA IUD 19.5MG	
LILETTA IUD 20.1MCG/DAY	
MIRENA IUD 20MCG/DAY	
SKYLA IUD 13.5MG	
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>	
<i>camila tabs .35mg</i>	
<i>deblitane tabs .35mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>errin tabs .35mg</i>	
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<i>heather tabs .35mg</i>	
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<i>incassia tabs .35mg</i>	
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<i>jencycla tabs .35mg</i>	
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<i>lyleq tabs .35mg</i>	
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<i>lyza tabs .35mg</i>	
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<i>nora-be tabs .35mg</i>	
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<i>norethindrone (contraceptive) tabs .35mg</i>	
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<i>norlyroc tabs .35mg</i>	
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<i>sharobel tabs .35mg</i>	
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## **CORTICOSTEROIDS**

### **GLUCOCORTICOSTEROIDS**

<i>budesonide cpep 3mg</i>	
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<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	
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<b>DEXAMETHASONE INTENSOL CONC 1MG/ML</b>	
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<i>hydrocortisone (generic of CORTEF) tabs 5mg, 10mg, 20mg</i>	
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<i>methylprednisolone (generic of MEDROL) tabs 4mg, 8mg, 16mg</i>	
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<i>methylprednisolone tabs 32mg</i>	
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<i>methylprednisolone (generic of MEDROL DOSEPAK) tbpk 4mg</i>	
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<i>prednisolone soln 15mg/5ml</i>	
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<i>prednisolone sodium phosphate (generic of PEDIAPRED) soln 5mg/5ml</i>	
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<i>prednisolone sodium phosphate soln 15mg/5ml</i>	
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<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	
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<b>TARPEYO CPDR 4MG</b>	
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<b>PA</b>	
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### **MINERALOCORTICIDS**

<i>fludrocortisone acetate tabs .1mg</i>	
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## **COUGH/COLD/ALLERGY**

### **ANTITUSSIVES**

<i>benzonatate caps 100mg, 200mg</i>	
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<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (generic of HYCODAN)</i>	
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<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (generic of HYCODAN)</i>	
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<i>hydromet (generic of HYCODAN)</i>	
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### **COUGH/COLD/ALLERGY COMBINATIONS**

<i>bromfed dm</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL (1000 mL every 25 days); Limit of 2 fills per 90 days
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	QL (1000 mL every 25 days); Limit of 2 fills per 90 days
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	

### **EXPECTORANTS**

*potassium iodide (expectorant) soln 1gm/ml*

### **MISC. RESPIRATORY INHALANTS**

*nebusal nebu 3%*

*pulmosal nebu 7%*

*sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%*

### **MUCOLYTICS**

*acetylcysteine soln 10%, 20%*

## **DERMATOLOGICALS**

### **ACNE PRODUCTS**

*accutane caps 10mg, 20mg, 30mg, 40mg*

*adapalene (generic of DIFFERIN) crea .1%; gel .3%*

*amneesteem caps 10mg, 20mg, 40mg*

*avar cleanser*

*benzoyl peroxide-erythromycin gel 5-3% (generic of  
BENZAMYCIN)*

*claravis caps 10mg, 20mg, 30mg, 40mg*

*clindacin etz pledgets swab 1%*

*clindacin-p swab 1%*

*clindamycin phosphate (topical) (generic of  
CLINDAGEL) gel 1%*

*clindamycin phosphate (topical) (generic of CLEOCIN-T)  
lotn 1%*

*clindamycin phosphate (topical) soln 1%; swab 1%*

*ery pads 2%*

*erythromycin (acne aid) (generic of ERYGEL) gel 2%*

*erythromycin (acne aid) soln 2%*

*isotretinoin caps 10mg, 20mg, 30mg, 40mg*

*sulfacetamide sodium w/ sulfur cleanser 10-5%*

*tretinoin (generic of RETIN-A) crea .025%, .05%, .1%;  
gel .01%, .025%*

*zenatane caps 10mg, 20mg, 30mg, 40mg*

### **ANTI-INFLAMMATORY AGENTS - TOPICAL**

*diclofenac sodium (topical) gel 1%*

### **ANTIBIOTICS - TOPICAL**

*gentamicin sulfate (topical) crea .1%; oint .1%*

*mupirocin oint 2%*

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>ANTIFUNGALS - TOPICAL</b>	
<i>ciclopirox sham 1%; soln 8%</i>	
<i>ciclopirox olamine crea .77%; susp .77%</i>	
<i>clotrimazole (topical) crea 1%; soln 1%</i>	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	
<i>ketoconazole (topical) crea 2%; sham 2%</i>	
<i>klayesta powd 100000unit/gm</i>	
<i>nyamyc powd 100000unit/gm</i>	
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	
<i>nystop powd 100000unit/gm</i>	
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>	
<i>fluorouracil (topical) (generic of EFUDEX) crea 5%</i>	
<b>ANTIPSORIATICS</b>	
<i>calcipotriene soln .005%</i>	
<i>COSENTYX SOSY 75MG/0.5ML, 150MG/ML</i>	
<i>COSENTYX SENSOREADY PEN SOAJ 150MG/ML</i>	
<i>COSENTYX UNOREADY SOAJ 300MG/2ML</i>	
<i>STELARA SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML</i>	PA
<b>ANTISEBORRHEIC PRODUCTS</b>	
<i>selenium sulfide lotn 2.5%</i>	
<b>ANTIVIRALS - TOPICAL</b>	
<i>acyclovir topical (generic of ZOVIRAX) oint 5%</i>	
<b>BURN PRODUCTS</b>	
<i>silver sulfadiazine (generic of SILVADENE) crea 1%</i>	
<i>ssd (generic of SILVADENE) crea 1%</i>	
<b>CORTICOSTEROIDS - TOPICAL</b>	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	
<i>clobetasol propionate crea .05%; gel .05%; oint .05%; soln .05%</i>	
<i>clobetasol propionate emollient base crea .05%</i>	
<i>desonide (generic of DESOWEN) crea .05%</i>	
<i>desonide oint .05%</i>	
<i>fluocinolone acetonide crea .01%; soln .01%</i>	
<i>fluocinolone acetonide (generic of SYNALAR) crea .025%; oint .025%</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) <i>oil</i> .01%	
<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) <i>oil</i> .01%	
<i>fluocinonide</i> <i>crea</i> .05%; <i>gel</i> .05%; <i>oint</i> .05%; <i>soln</i> .05%	
<i>fluocinonide emulsified base</i> <i>crea</i> .05%	
<i>halobetasol propionate</i> <i>crea</i> .05%; <i>oint</i> .05%	
<i>hydrocortisone</i> (topical) <i>crea</i> 1%, 2.5%; <i>lotn</i> 2.5%; <i>oint</i> 1%, 2.5%	
<i>hydrocortisone valerate</i> <i>crea</i> .2%; <i>oint</i> .2%	
<i>mometasone furoate</i> <i>crea</i> .1%; <i>oint</i> .1%; <i>soln</i> .1%	
<i>pramoxine-hc</i> <i>cream</i> 1-2.5%	
<i>triamcinolone acetonide</i> (topical) (generic of KENALOG) <i>aers</i> .147mg/gm	
<i>triamcinolone acetonide</i> (topical) <i>crea</i> .025%, .1%, .5%; <i>lotn</i> .025%, .1%; <i>oint</i> .025%, .1%, .5%	
<i>triderm</i> <i>crea</i> .5%	
<b>ECZEMA AGENTS</b>	
DUPIXENT SOSY 200MG/1.14ML, 300MG/2ML	PA
OPZELURA CREA 1.5%	PA, QL (180 gm every 28 days)
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>	
<i>cerovel</i> <i>lotn</i> 40%	
<i>urea</i> <i>crea</i> 40%; <i>lotn</i> 40%	
<i>uremez-40</i> <i>crea</i> 40%	
<b>EMOLLIENTS</b>	
<i>lactic acid</i> (ammonium lactate) <i>crea</i> 12%; <i>lotn</i> 12%	
<b>ENZYMES - TOPICAL</b>	
SANTYL OINT 250UNIT/GM	QL (150 gm every 25 days)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>	
<i>imiquimod</i> <i>crea</i> 5%	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>	
<i>pimecrolimus</i> (generic of ELIDEL) <i>crea</i> 1%	PA; Covered for younger than age 2
<i>tacrolimus</i> (topical) <i>oint</i> .1%	PA; Covered for age 16 and older
<i>tacrolimus</i> (topical) <i>oint</i> .03%	PA; Covered for age 2 and older
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>	
<i>podofilox</i> <i>soln</i> .5%	
<b>LOCAL ANESTHETICS - TOPICAL</b>	
<i>lidocaine</i> (generic of LIDODERM) <i>ptch</i> 5%	
<i>lidocaine hcl</i> <i>crea</i> 3%; <i>soln</i> 4%	
<i>lidocaine-prilocaine</i> <i>cream</i> 2.5-2.5%	



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>lidocan iii</i> (generic of LIDODERM) <i>ptch</i> 5%	
<i>lidopin crea</i> 3%	
<i>proxivol gel</i> 2%	
<i>7t lido gel gel</i> 2%	
<b>MISC. TOPICAL</b>	
DRYSOL SOLN 20%	
QBREXZA PADS 2.4%	PA
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>	
EUCRISA OINT 2%	PA required for age 2 and older
<b>ROSACEA AGENTS</b>	
<i>metronidazole (topical)</i> (generic of METROCREAM) <i>crea</i> .75%	
<i>metronidazole (topical)</i> (generic of METROGEL) <i>gel</i> 1%	
<i>metronidazole (topical) gel</i> .75%	
<i>metronidazole (topical)</i> (generic of METROLOTION) <i>lotn</i> .75%	
NORITATE CREA 1%	
<b>SCABICIDES &amp; PEDICULICIDES</b>	
<i>malathion lotn</i> .5%	
<i>permethrin crea</i> 5%	
<b>WOUND CARE PRODUCTS</b>	
COLLANEX POW	
REGANEX GEL .01%	
VYJUVEK GEL	PA
<b>DIGESTIVE AIDS</b>	
<b>DIGESTIVE ENZYMES</b>	
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
<b>DIURETICS</b>	
<b>CARBONIC ANHYDRASE INHIBITORS</b>	
<i>acetazolamide cp12</i> 500mg; <i>tabs</i> 125mg, 250mg	
<i>methazolamide tabs</i> 25mg, 50mg	
<b>DIURETIC COMBINATIONS</b>	
<i>amiloride &amp; hydrochlorothiazide tab</i> 5-50 mg	
<i>spironolactone &amp; hydrochlorothiazide tab</i> 25-25 mg	
<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg	
<i>triamterene &amp; hydrochlorothiazide tab</i> 37.5-25 mg	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	
<b>LOOP DIURETICS</b>	
<i>bumetanide tabs 1mg, 2mg</i>	
<i>bumetanide (generic of BUMEX) tabs .5mg</i>	
FUROSCIX CTKT 80MG/10ML	PA, QL (8 ea every 30 days)
<i>furosemide soln 10mg/ml, 40mg/5ml</i>	
<i>furosemide (generic of LASIX) tabs 20mg, 40mg, 80mg</i>	
<i>torseamide tabs 5mg, 10mg, 20mg, 100mg</i>	
<b>POTASSIUM SPARING DIURETICS</b>	
<i>amiloride hcl tabs 5mg</i>	
<i>spironolactone (generic of ALDACTONE) tabs 25mg, 50mg, 100mg</i>	
<i>triamterene (generic of DYRENIUM) caps 50mg, 100mg</i>	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>	
<i>chlorthalidone tabs 25mg, 50mg</i>	
DIURIL SUSP 250MG/5ML	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	
<i>indapamide tabs 1.25mg, 2.5mg</i>	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	
THALITONE TABS 15MG	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>	
<b>BONE DENSITY REGULATORS</b>	
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg</i>	
<i>alendronate sodium (generic of FOSAMAX) tabs 70mg</i>	
<i>calcitonin (salmon) soln 200unit/act</i>	
FOSAMAX + D TAB 70-2800	
FOSAMAX + D TAB 70-5600	
PROLIA SOSY 60MG/ML	PA
TERIPARATIDE SOPN 620MCG/2.48ML	PA
TYMLOS SOPN 3120MCG/1.56ML	PA
XGEVA SOLN 120MG/1.7ML	PA
<b>GNRH/LHRH ANTAGONISTS</b>	
ORLISSA TABS 150MG, 200MG	PA
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>	
EGRIFTA SV SOLR 2MG	PA
<b>GROWTH HORMONES</b>	
NGENLA SOPN 24MG/1.2ML, 60MG/1.2ML	PA
NORDITROPIN FLEXPLO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	PA
NUTROPIN AQ NUSPIN 5 SOPN 5MG/2ML	PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
NUTROPIN AQ NUSPIN 10 SOPN 10MG/2ML	PA
NUTROPIN AQ NUSPIN 20 SOPN 20MG/2ML	PA
SEROSTIM SOLR 4MG, 5MG, 6MG	PA
<b>HORMONE RECEPTOR MODULATORS</b>	
<i>raloxifene hcl (generic of EVISTA) tabs 60mg</i>	
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>	
FENSOLVI KIT 45MG	PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG)	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG)	PA
LUPRON DEPOT-PED (6-MONTH KIT 45MG)	PA
<b>MENOPAUSAL SYMPTOMS SUPPRESSANTS</b>	
VEOZAH TABS 45MG	PA
<b>METABOLIC MODIFIERS</b>	
<i>calcitriol (generic of ROCALTROL) caps .25mcg, .5mcg; soln 1mcg/ml</i>	
<i>cinacalcet hcl (generic of SENSIPAR) tabs 30mg, 60mg, 90mg</i>	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	
<i>nitisinone (generic of ORFADIN) caps 2mg, 5mg, 10mg, 20mg</i>	PA
NULIBRY SOLR 9.5MG	PA
XENPOZYME SOLR 4MG, 20MG	PA
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>	
KERENDIA TABS 10MG, 20MG	PA
<b>NATRIURETIC PEPTIDES</b>	
VOXZOGO SOLR .4MG, .56MG, 1.2MG	PA
<b>POSTERIOR PITUITARY HORMONES</b>	
DESMOPRESSIN ACETATE SOLN 1.5MG/ML	
<i>desmopressin acetate (generic of DDAVP) soln 4mcg/ml</i>	PA
<i>desmopressin acetate (generic of DDAVP) tabs .1mg, .2mg</i>	
<i>desmopressin acetate spray soln .01%</i>	
<i>desmopressin acetate spray refrigerated soln .1mg/ml</i>	
<b>PROLACTIN INHIBITORS</b>	
<i>cabergoline tabs .5mg</i>	
<b>SOMATOSTATIC AGENTS</b>	
SIGNIFOR LAR SRER 10MG, 20MG, 30MG, 40MG, 60MG	PA
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>	
JYNARQUE TABS 15MG, 30MG; TBPK 15MG	
JYNARQUE PAK 30-15MG	

Drug Name	Requirements/Limits
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JYNARQUE PAK 45-15MG

JYNARQUE PAK 60-30MG

JYNARQUE PAK 90-30MG

*tolvaptan* (generic of SAMSCA) *tabs 15mg, 30mg*

## ESTROGENS

### ESTROGEN COMBINATIONS

CLIMARA PRO DIS WEEKLY

COMBIPATCH DIS

*covaryx hs*

*eemt hs*

*esterified estrogens/meth*

*fyavolv*

*jinteli*

*norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5*

*mcg*

*norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg*

ORIAHNN CAP

PA

PREMPHASE TAB

PREMPRO TAB

PREMPRO TAB 0.3-1.5

PREMPRO TAB 0.45-1.5

PREMPRO TAB 0.625-5

### ESTROGENS

ALORA PTTW .025MG/24HR, .075MG/24HR,  
.1MG/24HR

DEPO-ESTRADIOL OIL 5MG/ML

*dotti* (generic of VIVELLE-DOT) *pttw .025mg/24hr,*  
*.037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr*

*estradiol* (generic of VIVELLE-DOT) *pttw .025mg/24hr,*  
*.037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr*

*estradiol* (generic of CLIMARA) *ptwk .025mg/24hr,*  
*.05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr,*  
*37.5mcg/24hr*

*estradiol* (generic of ESTRACE) *tabs .5mg, 1mg, 2mg*

*estradiol valerate* (generic of DELESTROGEN) *oil*  
*10mg/ml, 20mg/ml, 40mg/ml*

*lyllana* (generic of MINIVELLE) *pttw .025mg/24hr,*  
*.037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr*

## FLUOROQUINOLONES

### FLUOROQUINOLONES

CIPRO SUSR 5GM/100ML, 500MG/5ML

*ciprofloxacin hcl* (generic of CIPRO) *tabs 250mg,*  
*500mg*

*ciprofloxacin hcl tabs 750mg*

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	
<i>moxifloxacin hcl tabs 400mg</i>	
<b>GASTROINTESTINAL AGENTS - MISC.</b>	
<b>GALLSTONE SOLUBILIZING AGENTS</b>	
<i>ursodiol caps 300mg</i>	
<i>ursodiol (generic of URSO 250) tabs 250mg</i>	
<i>ursodiol (generic of URSO FORTE) tabs 500mg</i>	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>	
<i>cromolyn sodium (mastocytosis) (generic of GASTROCROM) conc 100mg/5ml</i>	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>	
<i>lubiprostone caps 8mcg</i>	PA
<i>lubiprostone (generic of AMITIZA) caps 24mcg</i>	PA
<b>GASTROINTESTINAL STIMULANTS</b>	
<i>metoclopramide hcl soln 5mg/5ml, 10mg/10ml</i>	
<i>metoclopramide hcl (generic of REGLAN) tabs 5mg, 10mg</i>	
<b>INFLAMMATORY BOWEL AGENTS</b>	
<i>ENTYVIO SOPN 108MG/0.68ML</i>	
<i>mesalamine (generic of APRISO) cp24 .375gm</i>	
<i>mesalamine (generic of PENTASA) cpcr 500mg</i>	
<i>mesalamine (generic of DELZICOL) cpdr 400mg</i>	
<i>mesalamine enem 4gm; tbec 800mg</i>	
<i>mesalamine (generic of CANASA) supp 1000mg</i>	
<i>mesalamine (generic of LIALDA) tbec 1.2gm</i>	
<i>mesalamine w/ cleanser (generic of ROWASA) kit 4gm</i>	
<i>OMVOH SOAJ 100MG/ML</i>	PA
<i>sulfasalazine (generic of AZULFIDINE) tabs 500mg</i>	
<i>sulfasalazine (generic of AZULFIDINE EN-TABS) tbec 500mg</i>	
<i>VELSIPITY TABS 2MG</i>	PA
<b>INTESTINAL ACIDIFIERS</b>	
<i>enulose soln 10gm/15ml</i>	
<i>generlac soln 10gm/15ml</i>	
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>	
<i>alosetron hcl (generic of LOTRONEX) tabs .5mg, 1mg</i>	PA, QL (2 tabs every 1 day); Covered for females only
<b>LIVE FECAL MICROBIOTA</b>	
<i>VOWST CAP</i>	PA, QL (24 caps in lifetime)
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>	
<i>MOVANTIK TABS 12.5MG, 25MG</i>	PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>PHOSPHATE BINDER AGENTS</b>	
AURYXIA TABS 210MG	
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	
lanthanum carbonate (generic of FOSRENOL) chew 500mg, 750mg, 1000mg	
sevelamer carbonate (generic of RENVELA) pack .8gm, 2.4gm; tabs 800mg	
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>	
<b>ALKALINIZERS</b>	
ORACIT SOL	
potassium citrate (alkalinizer) (generic of UROCIT-K 10) tbc 10meq	
potassium citrate (alkalinizer) (generic of UROCIT-K 15) tbc 15meq	
potassium citrate (alkalinizer) (generic of UROCIT-K 5) tbc 540mg	
sodium citrate & citric acid soln 500-334 mg/5ml	
<b>HYPEROXALURIA AGENTS</b>	
OXLUMO SOLN 94.5MG/0.5ML	PA
<b>INTERSTITIAL CYSTITIS AGENTS</b>	
ELMIRON CAPS 100MG	
<b>PROSTATIC HYPERTROPHY AGENTS</b>	
alfuzosin hcl (generic of UROXATRAL) tb24 10mg	
dutasteride (generic of AVODART) caps .5mg	
finasteride (generic of PROSCAR) tabs 5mg	
silodosin (generic of RAPAFLOR) caps 4mg, 8mg	
tamsulosin hcl (generic of FLOMAX) caps .4mg	
<b>URINARY ANALGESICS</b>	
phenazo tabs 200mg	
phenazopyridine hcl tabs 100mg, 200mg	
<b>GOUT AGENTS</b>	
<b>GOUT AGENT COMBINATIONS</b>	
colchicine w/ probenecid tab 0.5-500 mg	
<b>GOUT AGENTS</b>	
allopurinol tabs 100mg, 300mg	
colchicine (generic of MITIGARE) caps .6mg	
colchicine tabs .6mg	
KRYSTEXXA SOLN 8MG/ML	PA
<b>URICOSURICS</b>	
probenecid tabs 500mg	

Drug Name	Requirements/Limits
<b>HEMATOLOGICAL AGENTS - MISC.</b>	
<b>ANTIHEMOPHILIC PRODUCTS</b>	
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	PA
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>	
<i>icatibant acetate (generic of FIRAZYR) sosy 30mg/3ml</i>	PA
<i>sajazir (generic of FIRAZYR) sosy 30mg/3ml</i>	PA
<b>COMPLEMENT INHIBITORS</b>	
CINRYZE SOLR 500UNIT	PA
EMPAVELI SOLN 1080MG/20ML	PA
HAEGARDA SOLR 2000UNIT, 3000UNIT	PA
SOLIRIS SOLN 300MG/30ML	PA
ULTOMIRIS SOLN 300MG/3ML, 1100MG/11ML	PA
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS</b>	
TAVALISSE TABS 100MG, 150MG	PA
<b>HEMATORHEOLOGIC AGENTS</b>	
<i>pentoxifylline tbcr 400mg</i>	
<b>PLASMA KALLIKREIN INHIBITORS</b>	
ORLADEYO CAPS 110MG, 150MG	PA
TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML, 300MG/2ML	PA
<b>PLATELET AGGREGATION INHIBITORS</b>	
<i>anagrelide hcl caps 1mg</i>	
<i>anagrelide hcl (generic of AGRYLIN) caps .5mg</i>	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	
BRILINTA TABS 60MG, 90MG	
CABLIVI KIT 11MG	QL (1 kit every 1 day)
<i>cilostazol tabs 50mg, 100mg</i>	
<i>clopidogrel bisulfate (generic of PLAVIX) tabs 75mg</i>	
<i>clopidogrel bisulfate tabs 300mg</i>	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>prasugrel hcl (generic of EFFIENT) tabs 5mg, 10mg</i>	
ZONTIVITY TABS 2.08MG	PA
<b>PYRUVATE KINASE ACTIVATORS</b>	
PYRUKYND TABS 5MG, 20MG, 50MG	PA
<b>HEMATOPOIETIC AGENTS</b>	
<b>AGENTS FOR GAUCHER DISEASE</b>	
CEREZYME SOLR 400UNIT	PA
<b>AGENTS FOR SICKLE CELL DISEASE</b>	
DROXIA CAPS 200MG, 300MG, 400MG	
ENDARI PACK 5GM	QL (180 packets every 25 days)
OXBRYTA TABS 300MG, 500MG; TBSO 300MG	

<b>Drug Name</b>	<b>Requirements/Limits</b>
SIKLOS TABS 100MG, 1000MG	
<b>COBALAMINS</b>	
<i>cyanocobalamin soln 1000mcg/ml</i>	
<i>dodex soln 1000mcg/ml</i>	
<b>FOLIC ACID/FOLATES</b>	
<i>folic acid tabs 1mg</i>	
<b>HEMATOPOIETIC GROWTH FACTORS</b>	
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	
DOPTELET TABS 20MG	PA
JESDUVROQ TABS 1MG, 2MG, 4MG, 6MG, 8MG	PA
MULPLETA TABS 3MG	PA
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 40000UNIT/ML	
ZARXIO SOSY 300MCG/0.5ML, 480MCG/0.8ML	
ZIEXTENZO SOSY 6MG/0.6ML	
<b>HEMATOPOIETIC MIXTURES</b>	
<i>iferex 150 forte</i>	
<i>k-tan plus</i>	
<i>poly-iron 150 forte</i>	
<i>polysaccharide iron forte</i>	
<i>purevit dualfe plus</i>	
<i>se-tan plus</i>	
<i>tandem plus</i>	
<b>HEMOSTATICS</b>	
<b>HEMOSTATICS - SYSTEMIC</b>	
<i>aminocaproic acid soln .25gm/ml, 250mg/ml; tabs 500mg, 1000mg</i>	
<i>tranexamic acid tabs 650mg</i>	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>	
<b>BARBITURATE HYPNOTICS</b>	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	
<b>NON-BARBITURATE HYPNOTICS</b>	
<i>eszopiclone (generic of LUNESTA) tabs 1mg, 2mg, 3mg</i>	
<i>temazepam (generic of RESTORIL) caps 7.5mg, 15mg, 22.5mg, 30mg</i>	
<i>zolpidem tartrate (generic of AMBIEN) tabs 5mg, 10mg</i>	



<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>LAXATIVES</b>	
<b>LAXATIVE COMBINATIONS</b>	
<i>gavilyte-c</i>	
<i>gavilyte-g (generic of GOLYTELY)</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-3350/electrolytes/asc (generic of MOVIPREP)</i>	
<b>LAXATIVES - MISCELLANEOUS</b>	
<i>constulose soln 10gm/15ml</i>	
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	
<b>MACROLIDES</b>	
<b>AZITHROMYCIN</b>	
<i>azithromycin pack 1gm</i>	
<i>azithromycin (generic of ZITHROMAX) solr 500mg; susr 100mg/5ml, 200mg/5ml</i>	
<i>azithromycin (generic of ZITHROMAX) tabs 250mg, 500mg</i>	QL (30 tabs every 25 days)
<i>azithromycin tabs 600mg</i>	QL (30 tabs every 25 days)
<b>CLARITHROMYCIN</b>	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<b>ERYTHROMYCINS</b>	
<i>e.e.s. 400 tabs 400mg</i>	
<i>ery-tab tbec 250mg, 333mg, 500mg</i>	
<i>erythrocin stearate tabs 250mg</i>	
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	
<i>erythromycin ethylsuccinate (generic of E.E.S. GRANULES) susr 200mg/5ml</i>	
<i>erythromycin ethylsuccinate (generic of ERYPED 400) susr 400mg/5ml</i>	
<i>erythromycin ethylsuccinate tabs 400mg</i>	
<b>FIDAXOMICIN</b>	
<i>DIFICID TABS 200MG</i>	
<b>MEDICAL DEVICES AND SUPPLIES</b>	
<b>CONTRACEPTIVES</b>	
<i>CAYA DPR</i>	
<i>FEMCAP MIS 22MM</i>	
<i>FEMCAP MIS 26MM</i>	
<i>FEMCAP MIS 30MM</i>	
<i>OMNIFLEX DPR</i>	
<i>WIDE-SEAL SILICONE DIAPHR DPRH 2%</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>DIABETIC SUPPLIES</b>	
BD MICROTAIN MIS LANCETS	
DEXCOM G6 MIS RECEIVER	QL (1 each every 350 days)
DEXCOM G6 MIS SENSOR	QL (3 boxes every 24 days)
DEXCOM G6 MIS TRANSMIT	QL (1 box every 80 days)
DEXCOM G7 MIS RECEIVER	QL (1 each every 350 days)
DEXCOM G7 MIS SENSOR	QL (3 boxes every 24 days)
FREESTY LIBR KIT 2 SENSOR	QL (2 boxes every 24 days)
FREESTY LIBR KIT 3 SENSOR	QL (2 boxes every 24 days)
FREESTY LIBR MIS 2 READER	QL (1 each every 350 days)
FREESTY LIBR MIS 3 READER	QL (1 each every 350 days)
FREESTYLE KIT SENSOR	QL (2 boxes every 24 days)
FREESTYLE MIS READER	QL (1 each every 350 days)
OMNIPOD 5 G6 KIT INTRO	PA, QL (1 kit every year)
OMNIPOD 5 G6 MIS PODS	PA
OMNIPOD 5 G7 KIT INTRO	PA, QL (1 kit every year)
OMNIPOD 5 G7 MIS PODS	PA
OMNIPOD DASH MIS PODS	PA
OMNIPOD GO KIT 20UNT/DY	PA
OMNIPOD GO KIT 30UNT/DY	PA
OMNIPOD GO KIT 40UNT/DY	PA
OMNIPOD MIS CLASSIC	PA
V-GO 20 KIT	PA
V-GO 30 KIT	PA
V-GO 40 KIT	PA
<b>MISC. DEVICES</b>	
ALCOH-GLOVE PAD CONTOURE	
ALCOH-WIPE MIS 12"X12"	
ESSENTRA WIPES 9X9" CLEAN SHEE 70%	
<b>PARENTERAL THERAPY SUPPLIES</b>	
DISPOSABLE SYRINGES	
INJECTION DEVICE FOR INSULIN	
INSULIN PEN NEEDLES	
INSULIN SYRINGES/NEEDLES U-100	
NEEDLES & SYRINGES	
NEEDLES, ASSORTED 14G - 30G	
SYRINGES/NEEDLES	
TUBERCULIN/ALLERGY SYRINGES	
<b>RESPIRATORY THERAPY SUPPLIES</b>	
SPACER/AEROSOL-HOLDING CHAMBER BAGS	
SPACER/AEROSOL-HOLDING CHAMBER MASKS	
PEDIATRIC, ADULT	
SPACER/AEROSOL-HOLDING CHAMBERS	

Drug Name	Requirements/Limits
<b>MIGRAINE PRODUCTS</b>	
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>	
AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	
EMGALITY SOAJ 120MG/ML	QL (2 pens every 24 days)
EMGALITY SOSY 100MG/ML	QL (3 syringes every 24 days)
EMGALITY SOSY 120MG/ML	QL (2 syringes every 24 days)
QULIPTA TABS 10MG, 30MG, 60MG	QL (1 tab every 1 day)
UBRELVY TABS 50MG	PA, QL (16 ea every 25 days)
UBRELVY TABS 100MG	PA, QL (16 tabs every 25 days)

### **MIGRAINE COMBINATIONS**

*ergotamine w/ caffeine tab 1-100 mg*

### **SEROTONIN AGONISTS**

<i>naratriptan hcl tabs 1mg, 2.5mg</i>	QL (12 tabs every 25 days)
<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	QL (18 tabs every 25 days)
<i>rizatriptan benzoate (generic of MAXALT) tabs 10mg</i>	QL (18 tabs every 25 days)
<i>rizatriptan benzoate (generic of MAXALT-MLT) tbdp 10mg</i>	QL (18 tabs every 25 days)
<i>sumatriptan soln 5mg/act</i>	QL (24 inhalers every 25 days)
<i>sumatriptan soln 20mg/act</i>	QL (12 inhalers every 25 days)
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml; soln 6mg/0.5ml</i>	QL (12 injections every 25 days)
<i>sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) soaj 6mg/0.5ml</i>	
<i>sumatriptan succinate (generic of IMITREX STATDOSE REFILL) soct 6mg/0.5ml</i>	
<i>sumatriptan succinate (generic of IMITREX) tabs 25mg, 50mg, 100mg</i>	QL (9 tabs every 25 days)
<i>zolmitriptan (generic of ZOMIG) soln 5mg</i>	
<i>zolmitriptan tabs 2.5mg; tbdp 2.5mg, 5mg</i>	QL (12 tabs every 25 days)
<i>zolmitriptan (generic of ZOMIG) tabs 5mg</i>	QL (12 tabs every 25 days)
ZOMIG SOLN 2.5MG	

### **MINERALS & ELECTROLYTES**

#### **FLUORIDE**

*sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml; tabs .5mg, 1mg*

#### **PHOSPHATE**

*phospha 250 neutral*

*phospho-trin 250 neutral*

*pot phos monobasic w/sod phos di & monobas tab 155-852-130mg*

*wes-phos 250 neutral*

#### **POTASSIUM**

*effer-k tbeF 25meq*

<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>k-prime tbe</i> 25meq	
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<i>klor-con 8 tbc</i> 8meq	
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<i>klor-con 10 tbc</i> 10meq	
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<i>klor-con m10 tbc</i> 10meq	
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<i>klor-con m20 tbc</i> 20meq	
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<i>klor-con/ef tbe</i> 25meq	
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<i>potassium chloride cpc</i> 8meq, 10meq; <i>soln</i> 10%, 20%;	
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<i>tbc</i> 8meq, 10meq	
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<i>potassium chloride</i> (generic of K-TAB) <i>tbc</i> 20meq	
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<i>potassium chloride microencapsulated crystals er tbc</i>	
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10meq, 20meq	
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**ZINC**

GALZIN CAPS 25MG, 50MG	
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**MISCELLANEOUS THERAPEUTIC CLASSES**

**CHELATING AGENTS**

<i>trientine hcl</i> (generic of SYPRINE) <i>caps</i> 250mg	PA
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**IMMUNOMODULATORS**

<i>lenalidomide caps</i> 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	
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REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	
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REZUROCK TABS 200MG	PA
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**IMMUNOSUPPRESSIVE AGENTS**

<i>azathioprine</i> (generic of IMURAN) <i>tabs</i> 50mg	
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<i>azathioprine tabs</i> 100mg	
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<i>cyclosporine</i> (generic of SANDIMMUNE) <i>caps</i> 25mg, 100mg	
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<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) <i>caps</i> 25mg, 100mg; <i>soln</i> 100mg/ml	
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ENSPRYNG SOSY 120MG/ML	PA
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<i>gengraf</i> (generic of NEORAL) <i>caps</i> 25mg, 100mg; <i>soln</i> 100mg/ml	
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LUPKYNIS CAPS 7.9MG	PA
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<i>mycophenolate mofetil</i> (generic of CELLCEPT) <i>caps</i> 250mg; <i>susr</i> 200mg/ml; <i>tabs</i> 500mg	
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SANDIMMUNE SOLN 100MG/ML	
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<i>sirolimus</i> (generic of RAPAMUNE) <i>soln</i> 1mg/ml; <i>tabs</i> .5mg, 1mg, 2mg	
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<i>tacrolimus</i> (generic of PROGRAF) <i>caps</i> .5mg, 1mg, 5mg	
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UPLIZNA SOLN 100MG/10ML	PA
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**PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS**

VIJOICE TBPK 50MG, 125MG	PA
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VIJOICE TAB 250MG	PA
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>POTASSIUM REMOVING AGENTS</b>	
LOKELMA PACK 5GM, 10GM	
sodium polystyrene sulfonate powder	
sps susp 15gm/60ml	
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>	
BENLYSTA SOAJ 200MG/ML	PA
<b>MOUTH/THROAT/DENTAL AGENTS</b>	
<b>ANESTHETICS TOPICAL ORAL</b>	
lidocaine hcl (mouth-throat) soln 2%	
<b>ANTI-INFECTIVES - THROAT</b>	
clotrimazole troc 10mg	
nystatin (mouth-throat) susp 100000unit/ml	
<b>ANTISEPTICS - MOUTH/THROAT</b>	
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) soln .12%	
perio gard (generic of PERIDEX) soln .12%	
<b>DENTAL PRODUCTS</b>	
clinpro 5000 pste 1.1%	
denta 5000 plus crea 1.1%	
dentagel gel 1.1%	
FLUORID SENS PST 1.1-5%	
fluoridex enhanced whiten pste 1.1%	
fluorimax 5000 pste 1.1%	
FLUORMX 5000 PST SENSITIV	
just right 5000 pste 1.1%	
sf gel 1.1%	
sf 5000 plus crea 1.1%	
sodium fluoride 5000 plus crea 1.1%	
sodium fluoride 5000 ppm crea 1.1%; pste 1.1%	
sodium fluoride (dental) crea 1.1%; gel 1.1%	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>	
kourzeq pste .1%	
oralone dental paste pste .1%	
triamcinolone acetonide (mouth) pste .1%	
<b>THROAT PRODUCTS - MISC.</b>	
pilocarpine hcl (oral) (generic of SALAGEN) tabs 5mg	
<b>MULTIVITAMINS</b>	
<b>B-COMPLEX W/ FOLIC ACID</b>	
activite	
b-plex	
dialyvite	
DIALYVITE/ TAB ZINC	

<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>genicin vita-s</i>	
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<i>hylavite</i>	
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<i>mynephron</i>	
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<i>nephronex</i>	
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<i>renal caps</i>	
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<i>reno caps</i>	
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<i>tm-vite rx</i>	
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<i>triphrocaps</i>	
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<i>tronvite</i>	
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<i>virt-caps</i>	
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<i>vitasure</i>	
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<i>wescaps</i>	
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**MULTIPLE VITAMINS W/ MINERALS**

<i>b-plex plus</i>	
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<i>biocel</i>	
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<i>corvita</i>	
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DEXATRAN CAP	
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FOLAGENT CAP DHA	
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FOLAMED DHA CAP	
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LIVITA LIQ ADULTS	
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<i>lysiplex plus</i>	
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MENATROL CAP	
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<i>multi-pro</i>	
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<i>nutrifac zx</i>	
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OCUVEL CAP 0.5MG	
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REMEDIENT CAP	
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SUPPORT LIQ	
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<i>v-c forte</i>	
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<i>vic-forte</i>	
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<i>vita s forte</i>	
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<i>vitacel</i>	
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**MULTIVITAMINS**

AMLADDEX TAB	
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FOLCYTEINE TAB MULTIVIT	
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GENICIN TAB VITA-Q	
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**PED MULTI VITAMINS W/FL & FE**

<i>multi-vitamin/fluoride/ir</i>	
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**PED MV W/ FLUORIDE**

<i>multi-vitamin/fluoride dr</i>	
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<i>multivitamin/fluoride</i>	
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<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	
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<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	
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<i>tri-vite/fluoride</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>vitamins a/c/d/fluoride</i>	
<b>PRENATAL VITAMINS</b>	
ATABEX EC TAB 29-1MG	Covered for females age 14 to 49
ATABEX OB TAB 29-1MG	Covered for females age 14 to 49
AZESCO TAB 13-1MG	Covered for females age 14 to 49
CITRANATAL CAP HARMONY	Covered for females age 14 to 49
CITRANATAL CAP MEDLEY	Covered for females age 14 to 49
CITRANATAL MIS 90 DHA	Covered for females age 14 to 49
CITRANATAL MIS B-CALM	Covered for females age 14 to 49
CITRANATAL PAK ASSURE	Covered for females age 14 to 49
CO-NATAL FA TAB 29-1MG	Covered for females age 14 to 49
COMPLETE NAT PAK DHA	Covered for females age 14 to 49
COMPLETENATE CHW	Covered for females age 14 to 49
CONCEPT DHA CAP	Covered for females age 14 to 49
CONCEPT OB CAP	Covered for females age 14 to 49
DUET DHA 400 MIS 25-1-400	Covered for females age 14 to 49
ENBRACE HR CAP	Covered for females age 14 to 49
FOLIVANE-OB CAP	Covered for females age 14 to 49
<i>inatal gt</i>	Covered for females age 14 to 49
JENLIVA CAP	Covered for females age 14 to 49
KOSHR PRENAT TAB 30-1MG	Covered for females age 14 to 49
M-NATAL PLUS TAB	Covered for females age 14 to 49
NATACHEW CHW	Covered for females age 14 to 49

<b>Drug Name</b>	<b>Requirements/Limits</b>
NATAL PNV TAB	Covered for females age 14 to 49
NATALVIT TAB 75-1MG	Covered for females age 14 to 49
NEEVO DHA CAP 27-1.13	Covered for females age 14 to 49
NEONATAL 19 TAB	Covered for females age 14 to 49
NEONATAL FE TAB	Covered for females age 14 to 49
NEONATAL PLS TAB 27-1MG	Covered for females age 14 to 49
NEONATAL TAB COMPLETE	Covered for females age 14 to 49
NEONATAL TAB PLUS	Covered for females age 14 to 49
NEONATAL/DHA MIS	Covered for females age 14 to 49
NESTABS DHA PAK	Covered for females age 14 to 49
NESTABS ONE CAP	Covered for females age 14 to 49
NESTABS TAB	Covered for females age 14 to 49
NIVA-PLUS TAB	Covered for females age 14 to 49
OB COMPLETE CAP ONE	Covered for females age 14 to 49
OB COMPLETE CAP PETITE	Covered for females age 14 to 49
OB COMPLETE TAB	Covered for females age 14 to 49
OB COMPLETE TAB PREMIER	Covered for females age 14 to 49
OB COMPLETE/ CAP DHA	Covered for females age 14 to 49
ONE VITE TAB 1MG PLUS	Covered for females age 14 to 49
PNV-DHA CAP DOCUSATE	Covered for females age 14 to 49
<i>pnv-select</i>	Covered for females age 14 to 49
PREGEN DHA CAP	Covered for females age 14 to 49



<b>Drug Name</b>	<b>Requirements/Limits</b>
PREGENNA TAB	Covered for females age 14 to 49
PRENAISSANCE CAP	Covered for females age 14 to 49
PRENAISSANCE CAP PLUS	Covered for females age 14 to 49
<i>prenatal 19</i>	Covered for females age 14 to 49
PRENATAL 19 CHW 29-1MG	Covered for females age 14 to 49
PRENATAL 19 TAB 29-1MG	Covered for females age 14 to 49
PRENATAL PLS MIS MV + DHA	Covered for females age 14 to 49
PRENATAL TAB 27-1MG	Covered for females age 14 to 49
PRENATAL TAB PLUS	Covered for females age 14 to 49
PRENATAL-U CAP 106.5-1	Covered for females age 14 to 49
PRENATE AM TAB 1MG	Covered for females age 14 to 49
PRENATE CAP ENHANCE	Covered for females age 14 to 49
PRENATE CAP PIXIE	Covered for females age 14 to 49
PRENATE CAP RESTORE	Covered for females age 14 to 49
PRENATE CHW 0.6-0.4	Covered for females age 14 to 49
PRENATE DHA CAP	Covered for females age 14 to 49
PRENATE MINI CAP	Covered for females age 14 to 49
PRENATE TAB ELITE	Covered for females age 14 to 49
PRENATVITE TAB PLUS	Covered for females age 14 to 49
PRIMACARE CAP	Covered for females age 14 to 49
PROVIDA OB CAP	Covered for females age 14 to 49
REDICHEW RX CHW	Covered for females age 14 to 49

<b>Drug Name</b>	<b>Requirements/Limits</b>
SE-NATAL 19 CHW	Covered for females age 14 to 49
SE-NATAL 19 TAB	Covered for females age 14 to 49
SELECT-OB CHW	Covered for females age 14 to 49
SELECT-OB+ PAK DHA	Covered for females age 14 to 49
TARON-C DHA CAP	Covered for females age 14 to 49
THRIVITE RX TAB 29-1MG	Covered for females age 14 to 49
TRINATAL RX TAB 1	Covered for females age 14 to 49
<i>trinate</i>	Covered for females age 14 to 49
TRISTART DHA CAP	Covered for females age 14 to 49
VINATE ONE TAB	Covered for females age 14 to 49
VITAFOL CAP ULTRA	Covered for females age 14 to 49
VITAFOL CHW GUMMIES	Covered for females age 14 to 49
VITAFOL FE+ CAP	Covered for females age 14 to 49
VITAFOL STRP MIS 1MG	Covered for females age 14 to 49
VITAFOL-NANO TAB	Covered for females age 14 to 49
VITAFOL-OB PAK +DHA	Covered for females age 14 to 49
VITAFOL-OB TAB 65-1MG	Covered for females age 14 to 49
VITAFOL-ONE CAP	Covered for females age 14 to 49
VITATRUE MIS	Covered for females age 14 to 49
VIVA DHA CAP	Covered for females age 14 to 49
WESCAP-C DHA CAP	Covered for females age 14 to 49
WESNATAL DHA PAK COMPLETE	Covered for females age 14 to 49

<b>Drug Name</b>	<b>Requirements/Limits</b>
WESTAB PLUS TAB 27-1MG	Covered for females age 14 to 49

## **MUSCULOSKELETAL THERAPY AGENTS**

### **CENTRAL MUSCLE RELAXANTS**

<i>baclofen tabs 5mg, 10mg, 20mg</i>
<i>carisoprodol (generic of SOMA) tabs 350mg</i>
<i>chlorzoxazone tabs 500mg</i>
<i>cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg</i>
<i>fexmid tabs 7.5mg</i>
<i>metaxalone tabs 400mg, 800mg</i>
<i>methocarbamol tabs 500mg, 750mg</i>
<i>orphenadrine citrate tb12 100mg</i>
<i>tizanidine hcl tabs 2mg</i>
<i>tizanidine hcl (generic of ZANAFLEX) tabs 4mg</i>

### **DIRECT MUSCLE RELAXANTS**

<i>dantrolene sodium (generic of DANTRIUM) caps 25mg</i>
<i>dantrolene sodium caps 50mg</i>

### **VISCOSUPPLEMENTS**

VISCO-3 SOSY 25MG/2.5ML	QL (6 syringes every 150 days)
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## **NASAL AGENTS - SYSTEMIC AND TOPICAL**

### **NASAL ANTIALLERGY**

<i>azelastine hcl soln .15%, 137mcg/spray</i>
<i>olopatadine hcl (nasal) soln .6%</i>

### **NASAL ANTICHOLINERGICS**

<i>ipratropium bromide (nasal) soln .03%, .06%</i>
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### **NASAL STEROIDS**

<i>flunisolide (nasal) soln .025%</i>
<i>fluticasone propionate (nasal) susp 50mcg/act</i>

## **NEUROMUSCULAR AGENTS**

### **ALS AGENTS**

RELYVRIO PAK 3-1GM	PA
<i>riluzole (generic of RILUTEK) tabs 50mg</i>	

### **MUSCULAR DYSTROPHY AGENTS**

AMONDYS 45 SOLN 100MG/2ML	PA
ELEVIDYS KIT	PA
VILTEPSO SOLN 250MG/5ML	PA

### **NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS**

BOTOX SOLR 100UNIT, 200UNIT	PA
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## **OPHTHALMIC AGENTS**

### **BETA-BLOCKERS - OPHTHALMIC**

<i>betaxolol hcl (ophth) soln .5%</i>
BETIMOL SOLN .25%, .5%

<b>Drug Name</b>	<b>Requirements/Limits</b>
<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 2-0.5% (generic of COSOPT)</i>	
<i>levobunolol hcl soln .5%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	
<i>timolol maleate (ophth) (generic of ISTALOL) soln .5%</i>	

**CYCLOPLEGIC MYDRIATICS**

<i>altafrin soln 2.5%</i>	
<i>ATROPINE SULFATE SOLN 1%</i>	
<i>atropine sulfate (ophthalmic) soln 1%</i>	
<i>CYCLOGYL SOLN .5%, 2%</i>	
<i>cyclopentolate hcl (generic of CYCLOGYL) soln 1%</i>	
<i>homatropaire soln 5%</i>	
<i>phenylephrine hcl (mydriatic) soln 2.5%</i>	
<i>tropicamide (generic of MYDRIACYL) soln 1%</i>	
<i>tropicamide soln .5%</i>	

**MIOTICS**

<i>pilocarpine hcl soln 1%</i>	
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**OPHTHALMIC - ANGIOGENESIS INHIBITORS**

<i>VABYSMO SOLN 6MG/0.05ML</i>	<i>PA</i>
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**OPHTHALMIC ADRENERGIC AGENTS**

<i>brimonidine tartrate (generic of ALPHAGAN P) soln .1%, .15%</i>	
<i>brimonidine tartrate soln .2%</i>	
<i>SIMBRINZA SUS 1-0.2%</i>	

**OPHTHALMIC ANTI-INFECTIVES**

<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	
<i>erythromycin (ophth) oint 5mg/gm</i>	
<i>gentamicin sulfate (ophth) soln .3%</i>	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) soln .5%</i>	
<i>neo-polycin</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) (generic of OCUFLOX) soln .3%</i>	
<i>polycin</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	
<i>tobramycin (ophth) soln .3%</i>	
TOBREX OINT .3%	
<i>trifluridine soln 1%</i>	
XDEMVI SOLN .25%	PA
<b>OPHTHALMIC IMMUNOMODULATORS</b>	
<i>cyclosporine (ophth) (generic of RESTASIS) emul .05%</i>	
KLARITY-C DROPS EMUL .1%	
VERKAZIA EMUL .1%	
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>	
XIIDRA SOLN 5%	PA
<b>OPHTHALMIC KINASE INHIBITORS</b>	
RHOPRESSA SOLN .02%	
<b>OPHTHALMIC STEROIDS</b>	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	
<i>fluorometholone (ophth) (generic of FML LIQUIFILM) susp .1%</i>	
FML FORTE SUSP .25%	
<i>neo-polycin hc</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 SUSP .12%	
<i>prednisolone acetate (ophth) (generic of PRED FORTE) susp 1%</i>	
PREDNISOLONE SODIUM PHOSP SOLN 1%	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
<b>OPHTHALMICS - MISC.</b>	
<i>altafluor benox</i>	
<i>azelastine hcl (ophth) soln .05%</i>	
<i>cromolyn sodium (ophth) soln 4%</i>	
<i>dorzolamide hcl soln 2%</i>	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	
<i>flurbiprofen sodium soln .03%</i>	
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) soln .4%</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>ketorolac tromethamine (ophth) (generic of ACULAR) soln .5%</i>	
<b>PROSTAGLANDINS - OPHTHALMIC</b>	
<i>bimatoprost soln .03%</i>	
<i>latanoprost (generic of XALATAN) soln .005%</i>	
<i>LUMIGAN SOLN .01%</i>	
<b>OTIC AGENTS</b>	
<b>OTIC AGENTS - MISCELLANEOUS</b>	
<i>acetic acid (otic) soln 2%</i>	
<b>OTIC ANTI-INFECTIVES</b>	
<i>ciprofloxacin hcl (otic) soln .2%</i>	
<i>ofloxacin (otic) soln .3%</i>	
<b>OTIC COMBINATIONS</b>	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	
<b>OTIC STEROIDS</b>	
<i>flac (generic of DERMOTIC) oil .01%</i>	
<i>fluocinolone acetonide (otic) (generic of DERMOTIC) oil .01%</i>	
<i>hydrocortisone w/ acetic acid otic soln 1-2% (generic of HYDROCORTISONE/ACETIC ACI)</i>	
<b>OXYTOCICS</b>	
<b>OXYTOCICS</b>	
<i>methergine tabs .2mg</i>	
<i>methylergonovine maleate tabs .2mg</i>	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>	
<b>IMMUNE SERUMS</b>	
<i>CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, PA 3.3GM/20ML, 4GM/24ML, 8GM/48ML</i>	
<b>MONOCLONAL ANTIBODIES</b>	
<i>SYNAGIS SOLN 50MG/0.5ML, 100MG/ML</i>	<i>PA</i>
<b>PENICILLINS</b>	
<b>AMINOPENICILLINS</b>	
<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	
<i>ampicillin caps 500mg</i>	
<b>NATURAL PENICILLINS</b>	
<i>BICILLIN L-A SUSY 600000UNIT/ML, 1200000UNIT/2ML, 2400000UNIT/4ML</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
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<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
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**PENICILLIN COMBINATIONS**

<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	
<i>amoxicillin &amp; 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 caps 250mg, 500mg</i>	
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**PROGESTINS**

**PROGESTINS**

<i>medroxyprogesterone acetate (generic of PROVERA) tabs 2.5mg, 5mg, 10mg</i>	
<i>norethindrone acetate tabs 5mg</i>	
<i>progesterone (generic of PROMETRIUM) caps 100mg, 200mg</i>	

**PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

**AGENTS FOR CHEMICAL DEPENDENCY**

<i>acamprosate calcium tbec 333mg</i>	
<i>disulfiram tabs 250mg, 500mg</i>	

**ANTI-CATAPLECTIC AGENTS**

<i>SODIUM OXYBATE SOLN 500MG/ML</i>	PA
<i>XYREM SOLN 500MG/ML</i>	PA

**ANTIDEMENTIA AGENTS**

<i>donepezil hydrochloride (generic of ARICEPT) tabs 5mg, 10mg</i>	
<i>donepezil hydrochloride tbdp 5mg, 10mg</i>	
<i>galantamine hydrobromide tabs 4mg, 8mg, 12mg</i>	
<i>LEQEMBI SOLN 200MG/2ML, 500MG/5ML</i>	PA
<i>memantine hcl soln 2mg/ml; tabs 5mg, 10mg</i>	
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)</i>	
<i>rivastigmine (generic of EXELON) pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	
<b>COMBINATION PSYCHOTHERAPEUTICS</b>	
LYBALVI TAB 5-10MG	PA
LYBALVI TAB 10-10MG	PA
LYBALVI TAB 15-10MG	PA
LYBALVI TAB 20-10MG	PA
<b>FIBROMYALGIA AGENTS</b>	
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	
SAVELLA MIS TITR PAK	
<b>MOVEMENT DISORDER DRUG THERAPY</b>	
AUSTEDO TABS 6MG, 9MG, 12MG	PA
AUSTEDO XR TAB TITR KIT	PA, QL (42 ea every year)
<i>tetrabenazine (generic of XENAZINE) tabs 12.5mg, 25mg</i>	PA
<b>MULTIPLE SCLEROSIS AGENTS</b>	
AVONEX PSKT 30MCG/0.5ML	
AVONEX PEN AJKT 30MCG/0.5ML	
BETASERON KIT .3MG	
<i>dalfampridine (generic of AMPYRA) tb12 10mg</i>	PA, QL (2 tabs every 1 day)
<i>dimethyl fumarate (generic of TECFIDERA) cpdr 120mg, 240mg</i>	
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg (generic of TECFIDERA STARTER PACK)</i>	
EXTAVIA KIT .3MG	
<i> fingolimod hcl (generic of GILENYA) caps .5mg</i>	
<i> glatiramer acetate (generic of COPAXONE) sosy 20mg/ml, 40mg/ml</i>	
<i> glatopa (generic of COPAXONE) sosy 20mg/ml, 40mg/ml</i>	
KESIMPTA SOAJ 20MG/0.4ML	
MAYZENT TABS .25MG, 1MG, 2MG	
OCREVUS SOLN 300MG/10ML	PA
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	
REBIF REBIDO INJ TITRATN	
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	
REBIF TITRTN INJ PACK	
<i>teriflunomide (generic of AUBAGIO) tabs 7mg, 14mg</i>	
VUMERITY CPDR 231MG	
ZEPOSIA CAPS .92MG	PA
ZEPOSIA 7DAY CAP STR PACK	PA
ZEPOSIA CAP STR KIT	PA



<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>	
<i>gabapentin (once-daily) (generic of GRALISE) tabs 300mg, 600mg</i>	PA
GRALISE TABS 450MG, 750MG, 900MG	PA
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>	
<i>fluoxetine hcl (p added) tabs 10mg, 20mg</i>	
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>	
NUEDEXTA CAP 20-10MG	PA, QL (2 caps every 1 day)
<b>SMOKING DETERRENTS</b>	
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	QL (2 tabs every 1 day)
<i>varenicline tartrate tabs .5mg, 1mg</i>	QL (2 tabs every 1 day)
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	QL (53 tabs every 180 days)
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>	
ONPATTRO SOLN 10MG/5ML	PA
<b>RESPIRATORY AGENTS - MISC.</b>	
<b>CYSTIC FIBROSIS AGENTS</b>	
KALYDECO TABS 150MG	PA
ORKAMBI TAB 100-125	PA
ORKAMBI TAB 200-125	PA
PULMOZYME SOLN 2.5MG/2.5ML	
TRIKAFTA TAB	PA
<b>PULMONARY FIBROSIS AGENTS</b>	
OFEV CAPS 100MG, 150MG	PA
<i>pirfenidone (generic of ESBRIET) caps 267mg</i>	
<b>TETRACYCLINES</b>	
<b>TETRACYCLINES</b>	
<i>avidoxy tabs 100mg</i>	
<i>doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg; tabs 50mg, 75mg, 100mg, 150mg</i>	
<i>doxycycline (monohydrate) (generic of VIBRAMYCIN) susr 25mg/5ml</i>	
<i>doxycycline hyclate caps 50mg; tabs 20mg, 100mg</i>	
<i>doxycycline hyclate (generic of VIBRAMYCIN) caps 100mg</i>	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 75mg</i>	
<i>mondoxylene nl caps 100mg</i>	
SEYSARA TABS 60MG, 100MG, 150MG	PA
<i>tetracycline hcl caps 250mg, 500mg</i>	
<b>THYROID AGENTS</b>	
<b>ANTITHYROID AGENTS</b>	
<i>methimazole tabs 5mg, 10mg</i>	
<i>propylthiouracil tabs 50mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
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**THYROID HORMONES**

ADTHYZA TABS 15MG, 30MG, 32.5MG, 60MG, 65MG, 90MG, 120MG, 130MG

ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG

*euthyrox* (generic of SYNTHROID) *tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg*

*levo-t* (generic of SYNTHROID) *tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg*

*levothyroxine sodium* (generic of SYNTHROID) *tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg*

*levoxyl* (generic of SYNTHROID) *tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg*

*liothyronine sodium* (generic of CYTOMEL) *tabs 5mcg, 25mcg, 50mcg*

NIVA THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG

NP THYROID 15 TABS 15MG

NP THYROID 30 TABS 30MG

NP THYROID 60 TABS 60MG

NP THYROID 90 TABS 90MG

NP THYROID 120 TABS 120MG

THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG

*unithroid* (generic of SYNTHROID) *tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg*

**ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**

**ANTISPASMODICS**

*dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg*

*glycopyrrolate* (generic of ROBINUL) *tabs 1mg*

*glycopyrrolate* (generic of ROBINUL FORTE) *tabs 2mg*

*hyoscyamine sulfate elix .125mg/5ml; subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg*

*hyosyne elix .125mg/5ml*

*methscopolamine bromide tabs 2.5mg, 5mg*

*nulev tbdp .125mg*

*oscimin subl .125mg; tabs .125mg*

**H-2 ANTAGONISTS**

*cimetidine tabs 200mg, 300mg, 400mg, 800mg*

*famotidine susr 40mg/5ml*

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>famotidine (generic of PEPCID) tabs 20mg, 40mg</i>	
<b>MISC. ANTI-ULCER</b>	
<i>sucralfate (generic of CARAFATE) susp 1gm/10ml; tabs 1gm</i>	
<b>PROTON PUMP INHIBITORS</b>	
<i>esomeprazole magnesium (generic of NEXIUM) cpdr 20mg</i>	QL (2 caps every 1 day)
<i>esomeprazole magnesium (generic of NEXIUM) cpdr 40mg</i>	QL (1 cap every 1 day)
<i>lansoprazole cpdr 15mg</i>	QL (2 caps every 1 day)
<i>lansoprazole (generic of PREVACID) cpdr 30mg</i>	QL (2 caps every 1 day)
<i>lansoprazole (generic of PREVACID SOLUTAB) tbdd 15mg, 30mg</i>	QL (1 ea every 1 day)
<i>omeprazole cpdr 10mg</i>	QL (1 cap every 1 day)
<i>omeprazole cpdr 20mg, 40mg</i>	QL (2 caps every 1 day)
<i>pantoprazole sodium (generic of PROTONIX) tbec 20mg, 40mg</i>	QL (2 tabs every 1 day)
<b>ULCER DRUGS - PROSTAGLANDINS</b>	
<i>misoprostol (generic of CYTOTEC) tabs 100mcg, 200mcg</i>	
<b>ULCER THERAPY COMBINATIONS</b>	
<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>	
<i>omeprazole-sodium bicarbonate cap 20-1100 mg (generic of ZEGERID)</i>	
<b>URINARY ANTISPASMODICS</b>	
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>	
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	
<i>solifenacin succinate (generic of VESICARE) tabs 5mg, 10mg</i>	
<i>tolterodine tartrate (generic of DETROL LA) cp24 2mg, 4mg</i>	
<i>tolterodine tartrate (generic of DETROL) tabs 1mg, 2mg</i>	
<i>tropium chloride cp24 60mg; tabs 20mg</i>	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>	
<i>MYRBETRIQ TB24 25MG, 50MG</i>	PA
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
<b>VAGINAL AND RELATED PRODUCTS</b>	
<b>VAGINAL ANTI-INFECTIVES</b>	
<i>clindamycin phosphate vaginal (generic of CLEOCIN) crea 2%</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>metronidazole vaginal gel .75%</i>	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
<b>VAGINAL ESTROGENS</b>	
<i>estradiol vaginal (generic of ESTRACE) crea .1mg/gm</i>	
<i>estradiol vaginal (generic of VAGIFEM) tabs 10mcg</i>	
<i>FEMRING RING .05MG/24HR, .1MG/24HR</i>	
<i>yuvaferm (generic of VAGIFEM) tabs 10mcg</i>	
<b>VAGINAL PROGESTINS</b>	
<i>CRINONE GEL 4%, 8%</i>	
<b>VASOPRESSORS</b>	
<b>ANAPHYLAXIS THERAPY AGENTS</b>	
<i>AUVI-Q SOAJ .1MG/0.1ML, .15MG/0.15ML</i>	
<i>epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) soaj .3mg/0.3ml</i>	
<i>epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) soaj .15mg/0.3ml</i>	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .3mg/0.3ml</i>	
<b>VASOPRESSORS</b>	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	
<b>VITAMINS</b>	
<b>OIL SOLUBLE VITAMINS</b>	
<i>ergocalciferol (generic of DRISDOL) caps 1.25mg, 50000unit</i>	
<i>phytonadione tabs 5mg</i>	

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