



MedStar Family
Choice

DISTRICT OF COLUMBIA

DC Healthy Families Formulary

(List of Covered Drugs)

Effective 06/01/2026

medstarfamilychoicedc.com

Notice: This formulary is updated periodically and subject to change. All previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at medstarfamilychoicedc.com



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



GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Table of Contents

RIGHT CLICK HERE AND SELECT "UPDATE FIELD" TO UPDATE.

INTRODUCTION

MedStar Family Choice District of Columbia (DC) is pleased to provide the *2026 DC Healthy Families 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 Medstar Family Choice DC. **This is a closed formulary and only those drugs listed in this formulary will be covered by Medstar Family Choice DC for the DC Healthy Families Medicaid enrollees unless a Medical Exception is requested and approved by Medstar Family Choice DC.**

The drugs listed in this *2026 DC Healthy Families Prescribing Guide* have been reviewed and approved by the Medstar Family Choice 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 Medstar Family Choice 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. Medstar Family Choice 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. Medstar Family Choice 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 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.

MEDICATIONS CARVED OUT TO THE DC DEPARTMENT OF HEALTHCARE FINANCE

HIV Medications and Pre-Exposure Prophylaxis (PrEP) – HIV/AIDS medications, PEP, and PrEP for DC Healthy Families beneficiaries are covered through the DC Fee-for-Service and are not the responsibility of Medstar Family Choice DC.

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

Cell and Gene Therapies (CGTs) – Coverage of some Cell and Gene Therapies are considered “carved out” therapies and are billed directly to the DC Department of Healthcare Finance (DHCF). The list of carved out CGTs along with billing instructions is maintained by DHCF and is available on the DHCF website.

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 Medstar Family Choice DC website, 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 *Medstar Family Choice 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.

Additionally, pen needles are also covered as part of the prescription benefit. MedStar Family Choice prefers Unifine products when appropriate for patients. These include Unifine Pentips, Unifine Pentips Plus and Unifine Safe Control of different sizes.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The MedStar Family Choice DC Pharmacy and Therapeutics (P&T) Committee 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 Medstar Family Choice DC website at medstarfamilychoicedc.com to view the decisions of the Medstar Family Choice DC P&T Committee and any applicable changes. The main features of the Medstar Family Choice DC P&T Policies are also on the website in the FAQs.

PRODUCT SELECTION CRITERIA

The Medstar Family Choice 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 Prescribing Guide* is reviewed on an annual basis.

All the information in the DC Healthy Families 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 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

Medstar Family Choice DC offers a 90-day fill option for many drugs used to treat chronic conditions. These drugs can be found on the Medstar Family Choice 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 Medstar Family Choice DC website, medstarfamilychoicedc.com or at caremark.com.

Please note that medications ordered and processed through mail service are typically mailed to the member 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 member.

MEDICAL EXCEPTION, PRIOR AUTHORIZATION and NON-FORMULARY REQUESTS

If a drug requiring prior authorization is desired for medical management of a patient, Medstar Family Choice DC has a prior authorization table that can be accessed to see the prior authorization

requirements. This table can be found on the Medstar Family Choice 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 Medstar Family Choice DC at: **855-798-4244** or send in the completed PA/Non-formulary request form that can be found on the website medstarfamilychoicedc.com.

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

OPIOID DRUG MANAGEMENT

In alignment with the Federal Support Act, Medstar Family Choice DC limits new-start opioid analgesic prescriptions to a 7-day supply for adults or a 3-day supply for persons under 18 years of age.

A new-start opioid analgesic prescription means:

- the patient has not had an opioid medication filled under MedStar Family Choice in the preceding 30 days, OR
- the patient had one fill of a short-acting opioid at ≤ 50 morphine milligram equivalents (MME) per day in the previous 90 days, filled within 7 days of a subsequent request

New prescriptions for more than 7-day supply will require Prior Authorization.

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

FERTILITY DRUG COVERAGE

Beginning on January 1, 2024, MedStar Family Choice DC will pay for drugs ordered to treat female infertility due to anovulation (females whose ovaries do not release eggs). Coverage through any DC Medicaid or managed care plan is limited to three (3) treatment cycles in an enrollee's lifetime. Enrollees must obtain prior authorization or medical exception approval from MedStar Family Choice DC for any fertility drug ordered for this reason.

EDITOR

Your comments and suggestions regarding the *DC Healthy Families 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

NOTICE

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

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
- 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

ማሰባሰቢያ፣ 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/Básòò

DE DE NIÀ KE DYÉDÉ GBO: Ǿ Jũ ké m̄ se Xwí-Wùdù wùdù pœ dyuò m̄w wuḍuún zàà dyuò ní, qá nòbà nià ke 888-404-3549 sòin 8:00 AM ké 5:30 PM gbo muε. À ké-ḅaḅa-nyò qó mu m̄ gbo kpáun.

Burmese/မြန်မာဘာသာစကား

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

Chinese (Traditional)/粵語

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

Chinese (Simplified)/普通話

注意：如果你不会说或读 英語，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/Igbò

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 àti/tàbí ka èdè Gẹ̀ẹ̀sì, jòwọ̀ pe 888-404-3549 láàárín 8:00 òwúrọ̀ àti 5:30 ìrọ̀lẹ̀. Asojú kan yòò ràn ọ̀ lówọ̀.



Effective 04/01/2026

Drug Name	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	
AMPHETAMINES	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i>	
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i>	
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i>	
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i>	
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i>	
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i>	
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i>	
<i>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i>	
<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i>	
<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i>	
<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i>	
<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i>	
<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i>	
<i>dextroamphetamine sulfate cp24 5mg; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	
<i>dextroamphetamine sulfate (generic of DEXEDRINE) cp24 10mg, 15mg</i>	
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	
ANTI-OBESITY AGENTS	
WEGOBY SOAJ 1.7MG/0.75ML, 2.4MG/0.75ML	PA, QL (4 pens every 28 days); Covered for age 18 and older
WEGOBY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML	PA, QL (4 pens every year); Covered for age 18 and older
ZEPBOUND SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	PA, QL (4 pens every year); Covered for age 18 and older
ZEPBOUND SOAJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	PA, QL (4 pens every 28 days); Covered for age 18 and older

Drug Name	Requirements/Limits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS	
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	
<i>clonidine hcl (adhd) tb12 .1mg</i>	
<i>guanfacine hcl (adhd) (generic of INTUNIV) tb24 1mg, 2mg, 3mg, 4mg</i>	
QELBREE CP24 100MG, 150MG, 200MG	ST
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)	
SUNOSI TABS 75MG, 150MG	PA, QL (30 tabs every 30 days)
STIMULANTS - MISC.	
<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>	
JORNAY PM CP24 20MG, 40MG, 60MG, 80MG, 100MG	PA, QL (30 caps every 30 days)
<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, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg</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 1-3YRS	
PALFORZIA CAP 4-17YRS	
PALFORZIA CAP ESCALAT	
PALFORZIA CAP LEVEL 3	
PALFORZIA CAP LEVEL 7	
PALFORZIA CAP LEVEL 8	
PALFORZIA CAP LEVEL 10	
PALFORZIA LEVEL 0 CSPK 1MG	
PALFORZIA LEVEL 1 CSPK 1MG	

Drug Name	Requirements/Limits
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, QL (56 nebulas every 28 days)

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ADALIMUMAB-AATY 1-PEN KIT AJKT 40MG/0.4ML	PA, QL (4 injections every 28 days)
ADALIMUMAB-AATY 1-PEN KIT AJKT 80MG/0.8ML	PA, QL (2 injections every 28 days)
ADALIMUMAB-AATY 2-SYRINGE PSKT 40MG/0.4ML	PA, QL (4 injections every 28 days)
ADALIMUMAB-AATY CD/UC/HS AJKT 80MG/0.8ML	PA, QL (3 injections every 28 days)
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	PA, QL (4 injections every 28 days)
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	PA, QL (4 syringes every 28 days)
HADLIMA PUSH TOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	PA, QL (4 pens every 28 days)
YUFLYMA 1-PEN KIT AJKT 40MG/0.4ML	PA, QL (4 injections every 28 days)
YUFLYMA 1-PEN KIT AJKT 80MG/0.8ML	PA, QL (2 injections every 28 days)
YUFLYMA 2-PEN KIT AJKT 40MG/0.4ML	PA, QL (4 injections every 28 days)
YUFLYMA 2-SYRINGE KIT PSKT 40MG/0.4ML	PA, QL (4 injections every 28 days)
YUFLYMA CD/UC/HS STARTER AJKT 80MG/0.8ML	PA, QL (2 injections every 28 days)

ANTIRHEUMATIC - ENZYME INHIBITORS

OLUMIANT TABS 2MG, 4MG	PA, QL (30 tabs every 30 days)
XELJANZ TABS 5MG, 10MG	PA, QL (60 tabs every 30 days)
XELJANZ XR TB24 11MG, 22MG	PA, QL (30 tabs every 30 days)

ANTIRHEUMATIC ANTIMETABOLITES

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	QL (4 pens every 28 days)
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NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib (generic of CELEBREX) caps 50mg, 100mg, 200mg, 400mg</i>	
<i>diclofenac potassium tabs 50mg</i>	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	
<i>etodolac caps 200mg, 300mg; tabs 500mg</i>	
<i>etodolac (generic of LODINE) tabs 400mg</i>	
<i>flurbiprofen tabs 100mg</i>	

Drug Name	Requirements/Limits
<i>ibuprofen susp 100mg/5ml, 200mg/10ml; tabs 400mg, 600mg, 800mg</i>	
<i>indomethacin caps 25mg, 50mg</i>	
<i>ketorolac tromethamine tabs 10mg</i>	QL (20 tabs every 30 days)
<i>meloxicam tabs 7.5mg, 15mg</i>	
<i>nabumetone tabs 500mg, 750mg</i>	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	
<i>oxaprozin tabs 600mg</i>	
<i>sulindac tabs 150mg, 200mg</i>	

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TABS 20MG, 30MG	PA, QL (60 tabs every 30 days)
OTEZLA TAB 10/20	PA, QL (starter dose: 1-time fill)
OTEZLA TAB 10/20/30	PA, QL (starter dose: 1-time fill)
OTEZLA XR TB24 75MG	PA, QL (30 tabs every 30 days)
OTEZLA/XR TAB 28 DAY	PA, QL (starter dose: 1-time fill)

PYRIMIDINE SYNTHESIS INHIBITORS

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

ENBREL SOSY 25MG/0.5ML	PA, QL (8 syringes every 28 days)
ENBREL SOSY 50MG/ML	PA, QL (4 syringes every 28 days)
ENBREL MINI SOCT 50MG/ML	PA, QL (4 injections every 28 days)
ENBREL SURECLICK SOAJ 50MG/ML	PA, QL (4 pens every 28 days)

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>butalbital-acetaminophen tab 50-325 mg</i>	QL (18 tabs every 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	QL (18 tabs every 30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	QL (18 caps every 30 days)

ANALGESICS - OPIOID

OPIOID AGONISTS

<i>codeine sulfate tabs 30mg</i>	PA
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	PA
<i>hydromorphone hcl (generic of DILAUDID) liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	PA
<i>methadone hcl soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg</i>	PA
<i>morphine sulfate cp24 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; soln 10mg/5ml, 20mg/5ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg; tbc 100mg, 200mg</i>	PA
<i>morphine sulfate (generic of MS CONTIN) tbc 15mg, 30mg, 60mg</i>	PA
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	PA
<i>oxycodone hcl caps 5mg; conc 20mg/ml; soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	PA
<i>oxycodone hcl (generic of ROXICODONE) tabs 15mg, 30mg</i>	PA

Drug Name	Requirements/Limits
OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG, 40MG	PA, QL (60 tabs every 30 days)
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, PA 40mg</i>	
<i>tramadol hcl cp24 100mg, 200mg, 300mg; tabs 50mg; tb24 100mg, 200mg, 300mg</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>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	PA, QL (18 caps every 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	PA, QL (18 caps every 30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	PA, QL (18 caps every 30 days)
<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

BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, PA 750MCG, 900MCG	
BRIXADI SOSY 8MG/0.16ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 96MG/0.27ML, 128MG/0.36ML	
<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	
SUBOXONE MIS 2-0.5MG	
SUBOXONE MIS 4-1MG	
SUBOXONE MIS 8-2MG	
SUBOXONE MIS 12-3MG	

Drug Name	Requirements/Limits
ANDROGENS-ANABOLIC	
ANDROGENS	
<i>testosterone (generic of ANDROGEL PUMP) gel 1.62%</i>	
<i>testosterone gel 10mg/act, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act</i>	
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	
<i>testosterone enanthate soln 200mg/ml</i>	
TLANDO CAPS 112.5MG	QL (60 caps every 30 days)
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>hydrocortisone (rectal) crea 1%</i>	
<i>hydrocortisone (rectal) (generic of ANUSOL-HC) crea 2.5%</i>	
VASODILATING AGENTS	
<i>nitroglycerin (intra-anal) (generic of RECTIV) oint .4%</i>	QL (30 gm every 48 days)
ANTHELMINTICS	
ANTHELMINTICS	
<i>albendazole tabs 200mg</i>	
<i>ivermectin (generic of STROMECTOL) tabs 3mg</i>	PA
<i>praziquantel tabs 600mg</i>	
ANTI-INFECTIVE AGENTS - MISC.	
ANTI-INFECTIVE AGENTS - MISC.	
<i>metronidazole tabs 250mg, 500mg</i>	
<i>pentamidine isethionate (generic of NEBUPENT) solr 300mg</i>	
<i>tinidazole tabs 250mg, 500mg</i>	
<i>trimethoprim tabs 100mg</i>	
XIFAXAN TABS 550MG	
ANTI-INFECTIVE MISC. - COMBINATIONS	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg</i>	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	
ANTIPROTOZOAL AGENTS	
<i>atovaquone (generic of MEPRON) susp 750mg/5ml</i>	
LAMPIT TABS 30MG, 120MG	
<i>nitazoxanide tabs 500mg</i>	

Drug Name	Requirements/Limits
GLYCOPEPTIDES	
<i>vancomycin hcl (generic of VANCOCIN) caps 125mg, 250mg</i>	
<i>vancomycin hcl (generic of FIRVANQ) solr 25mg/ml, 50mg/ml</i>	
<i>vancomycin hcl solr 250mg/5ml</i>	
LEPROSTATICS	
<i>dapsone tabs 25mg, 100mg</i>	
LINCOSAMIDES	
<i>clindamycin hcl (generic of CLEOCIN) caps 75mg</i>	
<i>clindamycin hcl caps 150mg, 300mg</i>	
<i>clindamycin palmitate hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) solr 75mg/5ml</i>	
OXAZOLIDINONES	
<i>linezolid (generic of ZYVOX) susr 100mg/5ml</i>	
<i>linezolid tabs 600mg</i>	
URINARY ANTI-INFECTIVES	
<i>fosfomycin tromethamine pack 3gm</i>	QL (3 packets every 9 days)
<i>methenamine hippurate (generic of HIPREX) tabs 1gm</i>	
<i>methenamine mandelate tabs .5gm, 1gm</i>	
<i>nitrofurantoin susp 25mg/5ml</i>	Covered for younger than age 8
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) caps 25mg, 50mg, 100mg</i>	
<i>nitrofurantoin monohyd macro (generic of MACROBID) caps 100mg</i>	
ANTIANGINAL AGENTS	
ANTIANGINALS-OTHER	
<i>ranolazine tb12 500mg, 1000mg</i>	
NITRATES	
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	
<i>isosorbide mononitrate tb24 30mg, 60mg, 120mg</i>	
<i>NITRO-BID OINT 2%</i>	
<i>NITRO-DUR PT24 .3MG/HR, .8MG/HR</i>	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	
<i>nitroglycerin (generic of NITROLINGUAL) soln .4mg/spray</i>	
<i>nitroglycerin (generic of NITROSTAT) subl .3mg, .4mg, .6mg</i>	
ANTIANGIETY AGENTS	
ANTIANGIETY AGENTS - MISC.	
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	
<i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>	
BENZODIAZEPINES	
<i>alprazolam (generic of XANAX) tabs .25mg, .5mg, 1mg, 2mg</i>	
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	PA
<i>diazepam (generic of VALIUM) tabs 2mg, 5mg, 10mg</i>	
<i>lorazepam conc 2mg/ml</i>	

Drug Name	Requirements/Limits
<i>lorazepam</i> (generic of ATIVAN) <i>tabs .5mg, 1mg, 2mg</i>	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

NORPACE CR CP12 100MG, 150MG

ANTIARRHYTHMICS TYPE I-B

mexiletine hcl caps 150mg, 200mg, 250mg

ANTIARRHYTHMICS TYPE I-C

flecainide acetate tabs 50mg, 100mg, 150mg

propafenone hcl tabs 150mg, 225mg, 300mg

ANTIARRHYTHMICS TYPE III

amiodarone hcl tabs 100mg, 200mg, 400mg

dofetilide (generic of TIKOSYN) *caps 125mcg, 250mcg, 500mcg*

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

cromolyn sodium nebu 20mg/2ml

ANTIASTHMATIC - MONOCLONAL ANTIBODIES

FASENRA SOSY 10MG/0.5ML PA, QL (1 syringe every 56 days);
Covered for age 6 to 12

FASENRA SOSY 30MG/ML PA, QL (1 syringe every 56 days)

FASENRA PEN SOAJ 30MG/ML PA, QL (1 pen every 56 days)

NUCALA SOAJ 100MG/ML PA, QL (3 pens every 28 days)

NUCALA SOSY 40MG/0.4ML PA, QL (1 syringe every 28 days)

NUCALA SOSY 100MG/ML PA, QL (3 syringes every 28 days)

XOLAIR SOAJ 75MG/0.5ML PA, QL (2 pens every 28 days);
Covered for age 12 and older

XOLAIR SOAJ 150MG/ML PA, QL (8 pens every 28 days)

XOLAIR SOAJ 300MG/2ML PA, QL (4 pens every 28 days)

XOLAIR SOSY 75MG/0.5ML PA, QL (2 syringes every 28 days);
Covered for age 6 and older

XOLAIR SOSY 150MG/ML PA, QL (8 syringes every 28 days)

XOLAIR SOSY 300MG/2ML PA, QL (4 syringes every 28 days)

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AERS 17MCG/ACT QL (2 inhalers every 50 days)

INCRUSE ELLIPTA AEPB 62.5MCG/INH

ipratropium bromide soln .02%

SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT

tiotropium bromide (generic of SPIRIVA HANDIHALER) *caps 18mcg*

LEUKOTRIENE MODULATORS

montelukast sodium (generic of SINGULAIR) *chew 4mg, 5mg;*
pack 4mg; tabs 10mg

zafirlukast (generic of ACCOLATE) *tabs 10mg, 20mg*

Drug Name	Requirements/Limits
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	
<i>roflumilast (generic of DALIRESP) tabs 250mcg, 500mcg</i>	
STEROID INHALANTS	
ALVESCO AERS 80MCG/ACT, 160MCG/ACT	
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	
ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH, 220MCG/INH	
ASMANEX TWISTHALER 60 MET AEPB 220MCG/INH	
ASMANEX TWISTHALER 120 ME AEPB 220MCG/INH	
<i>budesonide (inhalation) (generic of PULMICORT) susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	
PULMICORT FLEXHALER AEPB 90MCG/ACT	QL (3 inhalers every 90 days)
PULMICORT FLEXHALER AEPB 180MCG/ACT	QL (6 inhalers every 90 days)
QVAR REDIHALER AERB 40MCG/ACT	QL (3 inhalers every 90 days)
QVAR REDIHALER AERB 80MCG/ACT	QL (6 inhalers every 90 days)
SYMPATHOMIMETICS	
AIRSUPRA AER 90-80MCG	QL (6 inhalers every year)
<i>albuterol sulfate aers 108mcg/act</i>	QL (6 inhalers every year)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml; syrup 2mg/5ml, 8mg/20ml</i>	
BREO ELLIPTA INH 50-25MCG	
BREO ELLIPTA INH 100-25	
BREO ELLIPTA INH 200-25	
BREZTRI AERO AER SPHERE	QL (3 inhalers every 90 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT)</i>	
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT)</i>	
COMBIVENT AER 20-100	QL (2 inhalers every 50 days)
DULERA AER 50-5MCG	QL (1 inhaler every 30 days); Covered for age 5 to 11
DULERA AER 100-5MCG	QL (1 inhaler every 30 days)
DULERA AER 200-5MCG	QL (1 inhaler every 30 days)
<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>	
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	QL (3 inhalers every 90 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS)</i>	QL (3 inhalers every 90 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	QL (3 inhalers every 90 days)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	QL (3 inhalers every 90 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS)</i>	QL (3 inhalers every 90 days)

Drug Name	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS)</i>	QL (3 inhalers every 90 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	
<i>levalbuterol tartrate aero 45mcg/act</i>	QL (6 inhalers every year)
SEREVENT DISKUS AEPB 50MCG/DOSE	
STIOLTO AER 2.5-2.5	
<i>terbutaline sulfat tabs 2.5mg, 5mg</i>	
TRELEGY AER 100MCG	QL (3 inhalers every 90 days)
TRELEGY AER 200MCG	QL (3 inhalers every 90 days)
<i>umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act</i>	

XANTHINES

theophylline tb12 100mg, 200mg

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg

DIRECT FACTOR XA INHIBITORS

ELIQUIS TABS 2.5MG, 5MG

ELIQUIS STARTER PACK TBP 5MG

QL (starter dose: 1-time fill)

rivaroxaban (generic of XARELTO) tabs 2.5mg

QL (60 tabs every 30 days)

XARELTO TABS 2.5MG

QL (60 tabs every 30 days)

XARELTO TABS 10MG, 20MG

QL (30 tabs every 30 days)

XARELTO TABS 15MG

QL (42 tabs every 180 days)

XARELTO STAR TAB 15/20MG

QL (starter dose: 1-time fill)

HEPARINS AND HEPARINOID-LIKE AGENTS

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

THROMBIN INHIBITORS

dabigatran etexilate mesylate (generic of PRADAXA) caps 75mg, 110mg, 150mg

ANTICONSULSANTS

ANTICONSULSANTS - BENZODIAZEPINES

clonazepam (generic of KLONOPIN) tabs .5mg, 1mg, 2mg

clonazepam tbdp .125mg

diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg

NAYZILAM SOLN 5MG/0.1ML

QL (10 doses every 30 days)

VALTOCO 5 MG DOSE LIQD 5MG/0.1ML

PA, QL (10 doses every 30 days)

VALTOCO 10 MG DOSE LIQD 10MG/0.1ML

PA, QL (10 doses every 30 days)

VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML

PA, QL (10 doses every 30 days)

VALTOCO 20 MG DOSE LQPK 10MG/0.1ML

PA, QL (10 doses every 30 days)

Drug Name	Requirements/Limits
ANTICONVULSANTS - MISC.	
<i>carbamazepine chew 100mg</i>	
<i>carbamazepine (generic of CARBATROL) cp12 100mg, 200mg, 300mg</i>	
<i>carbamazepine (generic of TEGRETOL) susp 100mg/5ml, 200mg/10ml; tabs 200mg</i>	
<i>carbamazepine (generic of TEGRETOL-XR) tb12 100mg, 200mg, 400mg</i>	
<i>gabapentin (generic of NEURONTIN) caps 100mg, 300mg, 400mg; soln 250mg/5ml, 300mg/6ml; tabs 600mg, 800mg</i>	
<i>lacosamide (generic of VIMPAT) soln 10mg/ml, 50mg/5ml; tabs 50mg, 100mg, 150mg, 200mg</i>	
<i>lamotrigine (generic of LAMICTAL CHEWABLE DISPERS) chew 5mg, 25mg</i>	
<i>lamotrigine (generic of LAMICTAL) tabs 25mg, 100mg, 150mg, 200mg</i>	
<i>lamotrigine (generic of LAMICTAL XR) tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	
<i>levetiracetam (generic of KEPPRA) soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg</i>	
<i>levetiracetam (generic of KEPPRA XR) tb24 500mg, 750mg</i>	
<i>oxcarbazepine (generic of TRILEPTAL) susp 300mg/5ml; tabs 150mg, 300mg, 600mg</i>	
<i>oxcarbazepine (generic of OXTELLAR XR) tb24 150mg, 300mg, 600mg</i>	PA
<i>OXTELLAR XR TB24 150MG, 300MG, 600MG</i>	PA
<i>pregabalin (generic of LYRICA) caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	
<i>primidone (generic of MYSOLINE) tabs 50mg, 250mg</i>	
<i>topiramate (generic of TOPAMAX SPRINKLE) cpsp 15mg, 25mg</i>	
<i>topiramate cpsp 50mg</i>	
<i>topiramate (generic of TOPAMAX) tabs 25mg, 50mg, 100mg, 200mg</i>	
<i>zonisamide (generic of ZONEGRAN) caps 25mg, 100mg</i>	
<i>zonisamide caps 50mg</i>	
GABA MODULATORS	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	
<i>vigabatrin (generic of SABRIL) pack 500mg</i>	PA, QL (180 packets every 30 days)
HYDANTOINS	
<i>phenytoin (generic of DILANTIN INFATABS) chew 50mg</i>	
<i>phenytoin (generic of DILANTIN-125) susp 125mg/5ml</i>	
<i>phenytoin sodium extended (generic of DILANTIN) caps 100mg</i>	
<i>phenytoin sodium extended caps 200mg, 300mg</i>	
SUCCINIMIDES	
<i>ethosuximide (generic of ZARONTIN) caps 250mg; soln 250mg/5ml</i>	

Drug Name	Requirements/Limits
VALPROIC ACID	
<i>divalproex sodium (generic of DEPAKOTE ER)</i>	<i>tb24 250mg, 500mg</i>
<i>divalproex sodium (generic of DEPAKOTE)</i>	<i>tbec 125mg, 250mg, 500mg</i>
<i>valproate sodium soln</i>	<i>250mg/5ml, 500mg/10ml</i>
<i>valproic acid caps</i>	<i>250mg</i>
ANTIDEPRESSANTS	
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	
<i>mirtazapine tabs</i>	<i>7.5mg, 45mg</i>
<i>mirtazapine (generic of REMERON)</i>	<i>tabs 15mg, 30mg</i>
ANTIDEPRESSANTS - MISC.	
<i>bupropion hcl tabs</i>	<i>75mg, 100mg; tb24 450mg</i>
<i>bupropion hcl (generic of WELLBUTRIN SR)</i>	<i>tb12 100mg, 150mg, 200mg</i>
<i>bupropion hcl (generic of WELLBUTRIN XL)</i>	<i>tb24 150mg, 300mg</i>
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	
<i>citalopram hydrobromide (generic of CELEXA)</i>	<i>tabs 10mg, 20mg, 40mg</i>
<i>escitalopram oxalate soln</i>	<i>5mg/5ml, 10mg/10ml</i>
<i>escitalopram oxalate (generic of LEXAPRO)</i>	<i>tabs 5mg, 10mg, 20mg</i>
<i>fluoxetine hcl caps</i>	<i>10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml</i>
<i>fluoxetine hcl tabs</i>	<i>10mg, 20mg</i>
<i>fluoxetine hcl (generic of FLUOXETINE HYDROCHLORIDE)</i>	<i>tabs 60mg</i>
<i>fluvoxamine maleate tabs</i>	<i>25mg, 50mg, 100mg</i>
<i>paroxetine hcl (generic of PAXIL)</i>	<i>tabs 10mg, 20mg, 30mg, 40mg</i>
<i>paroxetine hcl (generic of PAXIL CR)</i>	<i>tb24 12.5mg, 25mg, 37.5mg</i>
<i>sertraline hcl (generic of ZOLOFT)</i>	<i>conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>
SEROTONIN MODULATORS	
<i>trazodone hcl tabs</i>	<i>50mg, 100mg, 150mg, 300mg</i>
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	
<i>duloxetine hcl cpep</i>	<i>20mg, 30mg, 40mg, 60mg</i>
<i>venlafaxine hcl (generic of EFFEXOR XR)</i>	<i>cp24 37.5mg, 75mg, 150mg</i>
<i>venlafaxine hcl tabs</i>	<i>25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg, 225mg</i>
TRICYCLIC AGENTS	
<i>amitriptyline hcl tabs</i>	<i>10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>

Drug Name	Requirements/Limits
<i>clomipramine hcl (generic of ANAFRANIL) caps 25mg, 50mg, 75mg</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

acarbose tabs 25mg, 50mg, 100mg

ANTIDIABETIC COMBINATIONS

alogliptin-metformin hcl tab 12.5-500 mg

alogliptin-metformin hcl tab 12.5-1000 mg

alogliptin-pioglitazone tab 12.5-30 mg

alogliptin-pioglitazone tab 25-15 mg

alogliptin-pioglitazone tab 25-30 mg

alogliptin-pioglitazone tab 25-45 mg

dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg

dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg

glipizide-metformin hcl tab 2.5-250 mg

glipizide-metformin hcl tab 2.5-500 mg

glipizide-metformin hcl tab 5-500 mg

glyburide-metformin tab 1.25-250 mg

glyburide-metformin tab 2.5-500 mg

glyburide-metformin tab 5-500 mg

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

pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)

pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)

pioglitazone hcl-metformin hcl tab 15-500 mg

pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)

SOLIQUA INJ 100/33

STEGLUJAN TAB 5-100MG

STEGLUJAN TAB 15-100MG

SYNJARDY TAB

SYNJARDY TAB 5-500MG

Drug Name	Requirements/Limits
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	
BIGUANIDES	
<i>metformin hcl tabs 500mg; tb24 500mg</i>	QL (120 tabs every 30 days)
<i>metformin hcl tabs 850mg; tb24 750mg</i>	QL (90 tabs every 30 days)
<i>metformin hcl tabs 1000mg</i>	QL (60 tabs every 30 days)
DIABETIC OTHER	
BAQSIMI ONE PACK POWD 3MG/DOSE	
BAQSIMI TWO PACK POWD 3MG/DOSE	
<i>diazoxide (generic of PROGLYCEM) susp 50mg/ml</i>	
<i>glucagon solr 1mg</i>	
<i>mifepristone (hyperglycemia) (generic of KORLYM) tabs 300mg PA, QL (120 tabs every 30 days)</i>	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	QL (30 tabs every 30 days)
INCRETIN MIMETIC AGENTS	
<i>liraglutide (generic of VICTOZA) sopn 6mg/ml, 18mg/3ml</i>	PA, QL (3 pens every 30 days)
MOUNJARO SOAJ 2.5MG/0.5ML	PA, QL (starter dose: 1-time fill)
MOUNJARO SOAJ 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	PA, QL (4 pens every 28 days)
OZEMPIC SOPN 2MG/3ML	PA, QL (titration dose: 2-time fill)
OZEMPIC SOPN 4MG/3ML, 8MG/3ML	PA, QL (1 pen every 28 days)
RYBELSUS TABS 1.5MG, 3MG	PA, QL (starter dose: 1-time fill)
RYBELSUS TABS 4MG, 7MG, 9MG, 14MG	PA, QL (30 tabs every 30 days)
INSULIN	
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	
INSULIN DEGLUDEC SOLN 100UNIT/ML	
INSULIN DEGLUDEC FLEXTUOC SOPN 100UNIT/ML, 200UNIT/ML	
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 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	

Drug Name	Requirements/Limits
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	
TRESIBA SOLN 100UNIT/ML	
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	
INSULIN SENSITIZING AGENTS	
<i>pioglitazone hcl (generic of ACTOS) tabs 15mg, 30mg, 45mg</i>	
MEGLITINIDE ANALOGUES	
<i>nateglinide tabs 60mg, 120mg</i>	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	
<i>dapagliflozin propanediol tabs 5mg, 10mg</i>	
JARDIANCE TABS 10MG, 25MG	QL (30 tabs every 30 days)
SULFONYLUREAS	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 10mg</i>	
<i>glipizide (generic of GLUCOTROL XL) tb24 5mg</i>	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	
ANTIDIARRHEAL/PROBIOTIC AGENTS	
ANTIPERISTALTIC AGENTS	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	QL (1200 mL every 30 days)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	QL (240 tabs every 30 days)
<i>loperamide hcl caps 2mg</i>	
ANTIDOTES AND SPECIFIC ANTAGONISTS	
ANTIDOTES - CHELATING AGENTS	
<i>deferasirox (generic of JADENU SPRINKLE) pack 90mg, 180mg, 360mg</i>	
<i>deferasirox (generic of JADENU) tabs 90mg, 180mg, 360mg</i>	
OPIOID ANTAGONISTS	
KLOXXADO LIQD 8MG/0.1ML	
<i>naltrexone hcl tabs 50mg</i>	
REXTOVY LIQD 4MG/0.25ML	
VIVITROL SUSR 380MG	QL (1 injection every 28 days)
ANTIEMETICS	
5-HT3 RECEPTOR ANTAGONISTS	
<i>granisetron hcl soln 1mg/ml</i>	
<i>granisetron hcl tabs 1mg</i>	QL (60 tabs every 30 days)
<i>ondansetron tbdp 4mg, 8mg</i>	
<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg</i>	

Drug Name	Requirements/Limits
ANTIEMETICS - ANTICHOLINERGIC	
<i>meclizine hcl tabs 12.5mg, 25mg</i>	
<i>scopolamine (generic of TRANSDERM SCOP) pt72 1mg/3days</i>	
ANTIEMETICS - MISCELLANEOUS	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)</i>	QL (120 tabs every 30 days)
<i>dronabinol (generic of MARINOL) caps 2.5mg</i>	
<i>dronabinol caps 5mg, 10mg</i>	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	
<i>aprepitant (generic of EMEND BIPACK) caps 80mg</i>	QL (4 caps every 21 days)
<i>aprepitant caps 125mg</i>	QL (2 caps every 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	QL (6 caps every 21 days)
ANTIFUNGALS	
ANTIFUNGALS	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	
<i>nystatin tabs 500000unit</i>	
<i>terbinafine hcl tabs 250mg</i>	
IMIDAZOLE-RELATED ANTIFUNGALS	
<i>fluconazole susr 10mg/ml; tabs 50mg, 100mg, 200mg</i>	
<i>fluconazole (generic of DIFLUCAN) susr 40mg/ml</i>	
<i>fluconazole (generic of DIFLUCAN) tabs 150mg</i>	QL (4 tabs every 30 days)
<i>itraconazole (generic of SPORANOX) caps 100mg</i>	
<i>posaconazole susp 40mg/ml; tbec 100mg</i>	PA
<i>voriconazole (generic of VFEND) susr 40mg/ml</i>	
<i>voriconazole tabs 50mg, 200mg</i>	
ANTIHISTAMINES	
ANTIHISTAMINES - ETHANOLAMINES	
<i>diphenhydramine hcl elix 12.5mg/5ml</i>	
ANTIHISTAMINES - NON-SEDATING	
<i>cetirizine hcl soln 1mg/ml</i>	
<i>desloratadine (generic of CLARINEX) tabs 5mg</i>	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	
ANTIHISTAMINES - PHENOTHIAZINES	
<i>promethazine hcl soln 6.25mg/5ml, 12.5mg/10ml</i>	QL (240 mL every 90 days)
<i>promethazine hcl supp 12.5mg, 25mg, 50mg; tabs 12.5mg, 25mg, 50mg</i>	
ANTIHISTAMINES - PIPERIDINES	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
ANTIHYPERLIPIDEMICS	
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS	
<i>NEXLETOL TABS 180MG</i>	

Drug Name	Requirements/Limits
ANGIOPHOTIN-LIKE PROTEIN INHIBITORS	
EVKEEZA SOLN 345MG/2.3ML, 1200MG/8ML	PA, QL (2 vials every 28 days)
ANTIHYPERLIPIDEMICS - COMBINATIONS	
<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>	
NEXLIZET TAB 180/10MG	
ANTIHYPERLIPIDEMICS - MISC.	
<i>icosapent ethyl (generic of VASCEPA) caps .5gm, 1gm</i>	PA
<i>omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)</i>	
BILE ACID SEQUESTRANTS	
<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>colestipol hcl (generic of COLESTID) tabs 1gm</i>	
FIBRIC ACID DERIVATIVES	
<i>fenofibrate tabs 48mg, 54mg, 160mg</i>	
<i>fenofibrate (generic of TRICOR) tabs 145mg</i>	
<i>fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg</i>	
HMG COA REDUCTASE INHIBITORS	
<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>	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	
<i>ezetimibe (generic of ZETIA) tabs 10mg</i>	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS	
JUXTAPID CAPS 5MG, 10MG	PA, QL (28 caps every 28 days)
JUXTAPID CAPS 20MG, 30MG	PA, QL (56 caps every 28 days)
NICOTINIC ACID DERIVATIVES	
<i>niacin (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg</i>	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	
PRALUENT SOAJ 75MG/ML, 150MG/ML	QL (2 pens every 28 days)
ANTIHYPERTENSIVES	
ACE INHIBITORS	
<i>benazepril hcl tabs 5mg</i>	
<i>benazepril hcl (generic of LOTENSIN) tabs 10mg, 20mg, 40mg</i>	

Drug Name	Requirements/Limits
<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>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil (generic of ATACAND) tabs 4mg, 8mg, 16mg, 32mg</i>	
<i>irbesartan tabs 75mg</i>	
<i>irbesartan (generic of AVAPRO) tabs 150mg, 300mg</i>	
<i>losartan potassium (generic of COZAAR) tabs 25mg, 50mg, 100mg</i>	
<i>olmesartan medoxomil (generic of BENICAR) tabs 5mg, 20mg, 40mg</i>	
<i>telmisartan tabs 20mg</i>	
<i>telmisartan (generic of MICARDIS) tabs 40mg, 80mg</i>	
<i>valsartan (generic of DIOVAN) tabs 40mg, 80mg, 160mg, 320mg</i>	

ANTIADRENERGIC ANTIHYPERTENSIVES

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

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AMLODIPINE/OLMESARTAN MED)</i>	

Drug Name	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (generic of EXFORGE HCT)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (generic of EXFORGE HCT)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (generic of EXFORGE HCT)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (generic of EXFORGE HCT)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (generic of EXFORGE HCT)	
<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	
<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of LOTENSIN HCT)	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of LOTENSIN HCT)	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (generic of ATACAND HCT)	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (generic of ATACAND HCT)	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (generic of ATACAND HCT)	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	

Drug Name	Requirements/Limits
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	
<i>losartan potassium & 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</i>	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</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>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>	

Drug Name	Requirements/Limits
<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>	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)	
<i>eplerenone tabs 25mg, 50mg</i>	
VASODILATORS	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>minoxidil tabs 2.5mg, 10mg</i>	
ANTIMALARIALS	
ANTIMALARIAL COMBINATIONS	
<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>	
ANTIMALARIALS	
<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>	
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
<i>pyridostigmine bromide (generic of MESTINON) soln 60mg/5ml; tabs 60mg</i>	
ANTIMYCOBACTERIAL AGENTS	
ANTIMYCOBACTERIAL AGENTS	
<i>ethambutol hcl tabs 100mg, 400mg</i>	
<i>isoniazid syrp 50mg/5ml; tabs 100mg, 300mg</i>	
PRIFTIN TABS 150MG	
<i>pyrazinamide tabs 500mg</i>	
<i>rifabutin caps 150mg</i>	
<i>rifampin caps 150mg, 300mg</i>	
SIRTURO TABS 20MG, 100MG	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	
ALKYLATING AGENTS	
<i>cyclophosphamide caps 25mg, 50mg</i>	
LEUKERAN TABS 2MG	
MYLERAN TABS 2MG	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	

Drug Name	Requirements/Limits
ANTIMETABOLITES	
<i>capecitabine tabs 150mg, 500mg</i>	
<i>mercaptopurine tabs 50mg</i>	
<i>methotrexate sodium tabs 2.5mg</i>	
ONUREG TABS 200MG, 300MG	PA, QL (14 tabs every 28 days)
ANTINEOPLASTIC - ANTIBODIES	
LUNSUMIO SOLN 30MG/30ML	PA, QL (2 vials every 21 days)
ZYNLONTA SOLR 10MG	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS	
VENCLEXTA TABS 10MG, 50MG	QL (120 tabs every 30 days)
VENCLEXTA TABS 100MG	QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	QL (starter dose: 1-time fill)
ANTINEOPLASTIC - EGFR INHIBITORS	
<i>erlotinib hcl tabs 25mg</i>	QL (60 tabs every 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	QL (30 tabs every 30 days)
TAGRISSO TABS 40MG, 80MG	QL (30 tabs every 30 days)
VIZIMPRO TABS 15MG, 30MG, 45MG	QL (30 tabs every 30 days)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	
<i>abiraterone acetate (generic of ZYTIGA) tabs 250mg</i>	QL (120 tabs every 30 days)
<i>abiraterone acetate (generic of ZYTIGA) tabs 500mg</i>	QL (60 tabs every 30 days)
<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, 14mg/2.8ml</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	
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	
NUBEQA TABS 300MG	PA, QL (120 tabs every 30 days)
ORGOVYX TABS 120MG	QL (30 tabs every 30 days)
ORSERDU TABS 86MG	PA, QL (90 tabs every 30 days)
ORSERDU TABS 345MG	PA, QL (30 tabs every 30 days)
<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
XTANDI TABS 80MG	PA, QL (60 tabs every 30 days)
ZOLADEX IMPL 3.6MG, 10.8MG	PA
ANTINEOPLASTIC - IMMUNOMODULATORS	
<i>pomalidomide caps 1mg, 2mg, 3mg, 4mg</i>	QL (21 caps every 28 days)

Drug Name	Requirements/Limits
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	QL (21 caps every 28 days)
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS	
AYVAKIT TABS 100MG, 200MG, 300MG	PA, QL (30 tabs every 30 days)
ANTINEOPLASTIC COMBINATIONS	
DARZALEX INJ FASPRO	
LONSURF TAB 15-6.14	QL (100 tabs every 28 days)
LONSURF TAB 20-8.19	QL (80 tabs every 28 days)
RITUXAN INJ HYCELA	
ANTINEOPLASTIC ENZYME INHIBITORS	
ALECENSA CAPS 150MG	PA, QL (240 caps every 30 days)
ALUNBRIG TABS 30MG	PA, QL (120 tabs every 30 days)
ALUNBRIG TABS 90MG, 180MG	PA, QL (30 tabs every 30 days)
ALUNBRIG PAK	PA, QL (starter dose: 1-time fill)
BOSULIF TABS 100MG	PA, QL (90 tabs every 30 days)
BOSULIF TABS 500MG	PA, QL (30 tabs every 30 days)
BRUKINSA CAPS 80MG	QL (120 caps every 30 days)
CABOMETYX TABS 20MG, 40MG, 60MG	PA, QL (30 tabs every 30 days)
CALQUENCE TABS 100MG	QL (60 tabs every 30 days)
<i>dasatinib</i> (generic of SPRYCEL) <i>tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg</i>	QL (30 tabs every 30 days)
FOTIVDA CAPS .89MG, 1.34MG	PA, QL (21 caps every 28 days)
IBRANCE CAPS 75MG, 100MG, 125MG	PA, QL (21 caps every 28 days)
ICLUSIG TABS 15MG, 30MG, 45MG	PA, QL (30 tabs every 30 days)
<i>imatinib mesylate</i> (generic of GLEEVEC) <i>tabs 100mg</i>	QL (120 tabs every 30 days)
<i>imatinib mesylate</i> (generic of GLEEVEC) <i>tabs 400mg</i>	QL (60 tabs every 30 days)
IMBRUVICA CAPS 140MG	PA, QL (90 caps every 30 days)
ITOVEBI TABS 3MG	PA, QL (60 tabs every 30 days)
ITOVEBI TABS 9MG	PA, QL (30 tabs every 30 days)
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	PA, QL (60 tabs every 30 days)
KISQALI TAB 200 MG DOSE TBPK 200MG	QL (42 tabs every 28 days)
KISQALI TAB 400 MG DOSE TBPK 200MG	QL (84 tabs every 28 days)
KISQALI TAB 600 MG DOSE TBPK 200MG	QL (126 tabs every 28 days)
KRAZATI TABS 200MG	PA, QL (180 tabs every 30 days)
<i>lapatinib ditosylate</i> (generic of TYKERB) <i>tabs 250mg</i>	QL (180 tabs every 30 days)
LYNPARZA TABS 100MG, 150MG	QL (120 tabs every 30 days)
MEKINIST TABS 2MG	QL (30 tabs every 30 days)
MEKINIST TABS .5MG	QL (90 tabs every 30 days)
OGSIVEO TABS 150MG	PA, QL (60 tabs every 30 days)
PHYRAGO TABS 20MG, 50MG, 70MG, 80MG, 100MG, 140MG	PA, QL (30 tabs every 30 days)
RETEVMO TABS 120MG, 160MG	QL (60 tabs every 30 days)
<i>sunitinib malate</i> (generic of SUTENT) <i>caps 12.5mg, 25mg, 37.5mg, 50mg</i>	QL (30 caps every 30 days)
TAFINLAR CAPS 50MG, 75MG	PA, QL (120 caps every 30 days)
TURALIO CAPS 125MG	QL (120 caps every 30 days)
VITRAKVI CAPS 25MG	PA, QL (180 caps every 30 days)

Drug Name	Requirements/Limits
VITRAKVI CAPS 100MG	PA, QL (60 caps every 30 days)
XALKORI CAPS 200MG, 250MG	PA, QL (120 caps every 30 days)
XOSPATA TABS 40MG	PA, QL (90 tabs every 30 days)

ANTINEOPLASTICS MISC.

<i>bexarotene (generic of TARGRETIN) caps 75mg</i>
<i>hydroxyurea (generic of HYDREA) caps 500mg</i>
<i>tretinoin (chemotherapy) caps 10mg</i>

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>
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MITOTIC INHIBITORS

<i>etoposide caps 50mg</i>

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>
<i>trihexyphenidyl hcl tabs 2mg, 5mg</i>

ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl caps 100mg; soln 50mg/5ml</i>
<i>bromocriptine mesylate (generic of PARLODEL) caps 5mg; tabs 2.5mg</i>
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>
<i>carbidopa & levodopa tab 25-250 mg</i>
<i>carbidopa & levodopa tab er 25-100 mg</i>
<i>carbidopa & levodopa tab er 50-200 mg</i>
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</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</i>
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR
<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>

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>selegiline hcl caps 5mg; tabs 5mg</i>
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ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 450mg</i>
<i>lithium carbonate (generic of LITHOBID) tbc 300mg</i>

Drug Name	Requirements/Limits
ANTIPSYCHOTICS - MISC.	
CAPLYTA CAPS 10.5MG, 21MG, 42MG	PA
<i>lurasidone hcl (generic of LATUDA) tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	PA
<i>ziprasidone hcl (generic of GEODON) caps 20mg, 40mg, 60mg, 80mg</i>	
BENZISOXAZOLES	
ERZOFRI SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	
INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	
<i>paliperidone tb24 1.5mg</i>	
<i>paliperidone (generic of INVEGA) tb24 3mg, 6mg, 9mg</i>	
PERSERIS PRSY 90MG, 120MG	
<i>risperidone (generic of RISPERDAL) soln 1mg/ml; tabs .5mg, 1mg, 2mg, 3mg, 4mg</i>	
<i>risperidone tabs .25mg</i>	
<i>risperidone microspheres (generic of RISPERDAL CONSTA) srer 12.5mg, 25mg, 37.5mg, 50mg</i>	
BUTYROPHENONES	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	
<i>haloperidol lactate conc 2mg/ml</i>	
DIBENZAPINES	
<i>clozapine (generic of CLOZARIL) tabs 25mg, 100mg</i>	
<i>clozapine tabs 50mg, 200mg</i>	
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	
<i>olanzapine (generic of ZYPREXA) tabs 2.5mg, 5mg, 20mg</i>	
<i>olanzapine tabs 7.5mg, 10mg, 15mg</i>	
<i>quetiapine fumarate (generic of SEROQUEL) tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i>	
<i>quetiapine fumarate tabs 150mg</i>	
ZYPREXA RELPREVV SUSR 210MG, 300MG, 405MG	
PHENOTHIAZINES	
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	
<i>fluphenazine decanoate soln 25mg/ml</i>	
<i>fluphenazine hcl conc 5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	
<i>prochlorperazine supp 25mg</i>	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	
QUINOLINONE DERIVATIVES	
ABILIFY MAINTENA PRSY 400MG; SRER 400MG	
<i>aripiprazole soln 1mg/ml; tbdp 10mg, 15mg</i>	

Drug Name	Requirements/Limits
<i>aripiprazole</i> (generic of ABILIFY) <i>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)
THIOXANTHENES	
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	
ANTIVIRALS	
ANTIVIRAL COMBINATIONS	
PAXLOVID TAB 150-100	QL (20 tabs every 180 days)
PAXLOVID TAB 300-100	QL (30 tabs every 180 days)
CMV AGENTS	
LIVTENCITY TABS 200MG	PA, QL (120 tabs every 30 days)
<i>valganciclovir hcl</i> (generic of VALCYTE) <i>solr 50mg/ml</i>	QL (1000 mL every 30 days)
<i>valganciclovir hcl tabs 450mg</i>	QL (120 tabs every 30 days)
HEPATITIS AGENTS	
BARACLUDE SOLN .05MG/ML	QL (630 mL every 30 days)
<i>entecavir</i> (generic of BARACLUDE) <i>tabs .5mg, 1mg</i>	QL (30 tabs every 30 days)
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	
SOFOS/VELPAT TAB 400-100	QL (84 tabs every year)
VEMLIDY TABS 25MG	PA, QL (30 tabs every 30 days)
HERPES AGENTS	
<i>acyclovir caps 200mg; susp 200mg/5ml, 800mg/20ml; tabs 400mg, 800mg</i>	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>valacyclovir hcl</i> (generic of VALTREX) <i>tabs 1gm, 500mg</i>	
INFLUENZA AGENTS	
<i>oseltamivir phosphate caps 30mg</i>	QL (2 fills per year)
<i>oseltamivir phosphate</i> (generic of TAMIFLU) <i>caps 45mg, 75mg; susr 6mg/ml</i>	QL (2 fills per year)
MISC. ANTIVIRALS	
LAGEVRIO CAPS 200MG	QL (40 caps every 81 days)
BETA BLOCKERS	
ALPHA-BETA BLOCKERS	
<i>carvedilol</i> (generic of COREG) <i>tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	
<i>carvedilol phosphate</i> (generic of COREG CR) <i>cp24 10mg, 20mg, 40mg, 80mg</i>	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	
BETA BLOCKERS CARDIO-SELECTIVE	
<i>atenolol</i> (generic of TENORMIN) <i>tabs 25mg, 50mg, 100mg</i>	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	
<i>metoprolol succinate</i> (generic of TOPROL XL) <i>tb24 25mg, 50mg, 100mg, 200mg</i>	
<i>metoprolol tartrate tabs 25mg</i>	

Drug Name	Requirements/Limits
<i>metoprolol tartrate</i> (generic of LOPRESSOR) tabs 50mg, 100mg	
<i>nebivolol hcl</i> (generic of BYSTOLIC) tabs 2.5mg, 5mg, 10mg, 20mg	

BETA BLOCKERS NON-SELECTIVE

<i>nadolol</i> tabs 20mg, 40mg, 80mg	
<i>propranolol hcl</i> (generic of INDERAL LA) cp24 60mg, 80mg, 120mg, 160mg	
<i>propranolol hcl soln</i> 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	
<i>sotalol hcl</i> (generic of BETAPACE) tabs 80mg, 120mg, 160mg	
<i>sotalol hcl</i> tabs 240mg	
<i>sotalol hcl (afib/afI)</i> (generic of BETAPACE AF) tabs 80mg, 120mg, 160mg	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate</i> (generic of NORVASC) tabs 2.5mg, 5mg, 10mg	
<i>diltiazem hcl</i> cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 90mg	
<i>diltiazem hcl</i> (generic of CARDIZEM) tabs 30mg, 60mg, 120mg	
<i>diltiazem hcl</i> (generic of CARDIZEM LA) tb24 360mg	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) cp24 120mg, 180mg, 240mg, 300mg, 360mg	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	
<i>felodipine</i> tb24 2.5mg, 5mg, 10mg	
<i>nifedipine caps</i> 10mg, 20mg; tb24 30mg, 60mg, 90mg	
<i>nifedipine</i> (generic of PROCARDIA XL) tb24 30mg, 60mg	
<i>verapamil hcl</i> cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg	

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digoxin soln</i> .05mg/ml	
<i>digoxin</i> (generic of LANOXIN) tabs 125mcg, 250mcg	

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG	QL (30 caps every 30 days)
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CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium</i> tab 2.5-10 mg	
<i>amlodipine besylate-atorvastatin calcium</i> tab 2.5-20 mg	
<i>amlodipine besylate-atorvastatin calcium</i> tab 2.5-40 mg	
<i>amlodipine besylate-atorvastatin calcium</i> tab 5-10 mg (generic of CADJET)	

Drug Name	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (generic of CADUET)	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (generic of CADUET)	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (generic of CADUET)	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (generic of CADUET)	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (generic of CADUET)	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (generic of CADUET)	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET)	
ENTRESTO CAP 6-6MG	QL (120 caps every 30 days)
ENTRESTO CAP 15-16MG	QL (120 caps every 30 days)
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	
OPSYNVI TAB 10-20MG	PA, QL (30 tabs every 30 days)
OPSYNVI TAB 10-40MG	PA, QL (30 tabs every 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i> (generic of ENTRESTO)	
<i>sacubitril-valsartan tab 49-51 mg</i> (generic of ENTRESTO)	
<i>sacubitril-valsartan tab 97-103 mg</i> (generic of ENTRESTO)	
PROSTAGLANDIN VASODILATORS	
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	
<i>ambrisentan</i> (generic of LETAIRIS) <i>tabs 5mg, 10mg</i>	QL (30 tabs every 30 days)
OPSUMIT TABS 10MG	PA, QL (30 tabs every 30 days)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml</i>	QL (224 mL every 30 days); PA required for age 6 and older
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) <i>tabs 20mg</i>	PA, QL (90 tabs every 30 days)
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) <i>tabs 20mg</i>	PA, QL (60 tabs every 30 days)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	
UPTRAVI TABS 200MCG	PA, QL (140 tabs every 28 days)
UPTRAVI TABS 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	PA, QL (60 tabs every 30 days)
UPTRAVI PACK TAB 200/800	PA, QL (starter dose: 1-time fill)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR	
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	PA, QL (90 tabs every 30 days)
SINUS NODE INHIBITORS	
<i>ivabradine hcl</i> (generic of CORLANOR) <i>tabs 5mg, 7.5mg</i>	

Drug Name	Requirements/Limits
CEPHALOSPORINS	
CEPHALOSPORINS - 1ST GENERATION	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	
<i>cephalexin caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml</i>	
CEPHALOSPORINS - 2ND GENERATION	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	
CEPHALOSPORINS - 3RD GENERATION	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	
<i>cefpodoxime proxetil tabs 100mg, 200mg</i>	
<i>ceftriaxone sodium solr 500mg</i>	
CONTRACEPTIVES	
COMBINATION CONTRACEPTIVES - ORAL	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	

Drug Name	Requirements/Limits
<i>norgestimate & 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</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	
COMBINATION CONTRACEPTIVES - TRANSDERMAL	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	
COMBINATION CONTRACEPTIVES - VAGINAL	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING)	
COPPER CONTRACEPTIVES - IUD	
MIUDELLA IUD COPPER	
PARAGARD IUD T380A	
EMERGENCY CONTRACEPTIVES	
ELLA TABS 30MG	
PROGESTIN CONTRACEPTIVES - IMPLANTS	
NEXPLANON IMPL 68MG	
PROGESTIN CONTRACEPTIVES - INJECTABLE	
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>	
PROGESTIN CONTRACEPTIVES - IUD	
KYLEENA IUD 19.5MG	
LILETTA IUD 20.1MCG/DAY	
MIRENA IUD 20MCG/DAY	
SKYLA IUD 13.5MG	
PROGESTIN CONTRACEPTIVES - ORAL	
<i>norethindrone (contraceptive) tabs .35mg</i>	
CORTICOSTEROIDS	
GLUCOCORTICOSTEROIDS	
<i>budesonide cpep 3mg</i>	
<i>budesonide</i> (generic of UCERIS) <i>tb24 9mg</i>	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	
DEXAMETHASONE INTENSOL CONC 1MG/ML	
<i>hydrocortisone</i> (generic of CORTEF) <i>tabs 5mg, 10mg, 20mg</i>	
<i>methylprednisolone</i> (generic of MEDROL) <i>tabs 4mg, 8mg, 16mg</i>	
<i>methylprednisolone tabs 32mg</i>	
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) <i>tbpk 4mg</i>	
<i>prednisolone soln 15mg/5ml</i>	
<i>prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	

Drug Name	Requirements/Limits
MINERALOCORTICOIDS	
<i>fludrocortisone acetate tabs .1mg</i>	
COUGH/COLD/ALLERGY	
ANTITUSSIVES	
<i>benzonatate caps 100mg, 200mg</i>	
COUGH/COLD/ALLERGY COMBINATIONS	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	
EXPECTORANTS	
<i>potassium iodide (expectorant) soln 1gm/ml</i>	
MISC. RESPIRATORY INHALANTS	
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	
MUCOLYTICS	
<i>acetylcysteine soln 10%, 20%</i>	
DERMATOLOGICALS	
ACNE PRODUCTS	
<i>adapalene (generic of DIFFERIN) crea .1%; gel .3%</i>	
<i>adapalene-benzoyl peroxide gel 0.1-2.5% (generic of EPIDUO)</i>	
<i>adapalene-benzoyl peroxide gel 0.3-2.5% (generic of EPIDUO FORTE)</i>	
<i>AKLIEF CREA .005%</i>	
<i>benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)</i>	
<i>CABTREO GEL</i>	
<i>clindamycin phosphate (topical) (generic of CLINDAGEL) gel 1%</i>	
<i>clindamycin phosphate (topical) gel 1%; soln 1%; swab 1%</i>	
<i>clindamycin phosphate (topical) (generic of CLEOCIN-T) lotn 1%</i>	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (generic of ACANYA)</i>	
<i>erythromycin (acne aid) gel 2%; pads 2%; soln 2%</i>	
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	
<i>tretinoin (generic of RETIN-A) crea .025%, .05%, .1%; gel .01%, .025%</i>	
<i>TWYNEO CRE 0.1-3%</i>	
ANTI-INFLAMMATORY AGENTS - TOPICAL	
<i>diclofenac sodium (topical) soln 1.5%</i>	
ANTIBIOTICS - TOPICAL	
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	
<i>mupirocin oint 2%</i>	
ANTIFUNGALS - TOPICAL	
<i>ciclopirox sham 1%; soln 8%</i>	
<i>ciclopirox olamine crea .77%; susp .77%</i>	
<i>clotrimazole (topical) crea 1%; soln 1%</i>	

Drug Name	Requirements/Limits
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	
<i>ketoconazole (topical) crea 2%; sham 2%</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>	

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

fluorouracil (topical) crea 5%

ANTIPSORIATICS

calcipotriene oint .005%; soln .005%

COSENTYX SOSY 75MG/0.5ML PA, QL (1 syringe every 28 days)

COSENTYX SOSY 150MG/ML PA, QL (2 syringes every 28 days)

COSENTYX SENSOREADY PEN SOAJ 150MG/ML PA, QL (2 pens every 28 days)

COSENTYX UNOREADY SOAJ 300MG/2ML PA, QL (1 pen every 28 days)

STEQEYMA SOSY 45MG/0.5ML PA, QL (1 syringe every 84 days)

STEQEYMA SOSY 90MG/ML PA, QL (1 syringe every 56 days)

tazarotene (generic of TAZORAC) crea .05%; gel .05%

YESINTEK SOSY 45MG/0.5ML PA, QL (1 syringe every 84 days)

YESINTEK SOSY 90MG/ML PA, QL (1 syringe every 56 days)

ANTISEBORRHEIC PRODUCTS

selenium sulfide lotn 2.5%

BURN PRODUCTS

silver sulfadiazine (generic of SILVADENE) crea 1%

CORTICOSTEROIDS - TOPICAL

alclometasone dipropionate crea .05%; oint .05%

betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%

betamethasone valerate crea .1%; lotn .1%; oint .1%

clobetasol propionate crea .05%; gel .05%; oint .05%; soln .05%

clobetasol propionate emollient base crea .05%

desonide crea .05%; oint .05%

fluocinolone acetonide crea .01%; soln .01%

fluocinolone acetonide (generic of SYNALAR) crea .025%; oint .025%

fluocinolone acetonide (generic of DERMA-SMOOTH/FS BODY) oil .01%

fluocinolone acetonide (generic of DERMA-SMOOTH/FS SCALP) oil .01%

fluocinonide crea .05%; gel .05%; oint .05%; soln .05%

fluocinonide emulsified base crea .05%

halobetasol propionate crea .05%; oint .05%

hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 1%, 2.5%

hydrocortisone valerate crea .2%; oint .2%

mometasone furoate crea .1%; oint .1%; soln .1%

Drug Name	Requirements/Limits
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%, .5%</i>	
ECZEMA AGENTS	
DUPIXENT SOAJ 200MG/1.14ML	PA, QL (2 pens every 28 days)
DUPIXENT SOAJ 300MG/2ML	PA, QL (4 pens every 28 days)
DUPIXENT SOSY 200MG/1.14ML	PA, QL (2 syringes every 28 days)
DUPIXENT SOSY 300MG/2ML	PA, QL (4 syringes every 28 days)
EBGLYSS SOAJ 250MG/2ML	PA, QL (2 pens every 28 days)
EBGLYSS SOSY 250MG/2ML	PA, QL (2 syringes every 28 days)
EMOLLIENT/KERATOLYTIC AGENTS	
<i>urea crea 20%</i>	
EMOLLIENTS	
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	
ENZYMES - TOPICAL	
SANTYL OINT 250UNIT/GM	QL (30 gm every 30 days)
IMMUNOMODULATING AGENTS - TOPICAL	
<i>imiquimod crea 5%</i>	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
<i>pimecrolimus crea 1%</i>	Covered for age 2 and older
<i>tacrolimus (topical) oint .1%</i>	Covered for age 16 and older
<i>tacrolimus (topical) oint .03%</i>	Covered for age 2 and older
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS	
<i>podofilox soln .5%</i>	
LOCAL ANESTHETICS - TOPICAL	
<i>lidocaine (generic of LIDODERM) ptch 5%</i>	
<i>lidocaine hcl crea 3%; gel 2%; soln 4%</i>	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
MISC. TOPICAL	
DRYSOL SOLN 20%	
QBREXZA PADS 2.4%	PA, QL (30 pads every 30 days)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	
EUCRISA OINT 2%	QL (60 gm every 30 days); PA required for age 2 and older
ZORYVE CREA .15%, .3%; FOAM .3%	QL (60 gm every 30 days)
ROSACEA AGENTS	
<i>azelaic acid (generic of FINACEA) gel 15%</i>	ST
<i>metronidazole (topical) crea .75%; gel .75%; lotn .75%</i>	
<i>metronidazole (topical) (generic of METROGEL) gel 1%</i>	
SCABICIDES & PEDICULICIDES	
<i>malathion lotn .5%</i>	
<i>permethrin (generic of PERMETHRIN) crea 5%</i>	
WOUND CARE PRODUCTS	
VYJUVEK GEL	PA, QL (4 cartons every 28 days)

Drug Name	Requirements/Limits
DIGESTIVE AIDS	
<i>DIGESTIVE ENZYMES</i>	
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
ZENPEP CAP 60000UNT	
DIURETICS	
<i>CARBONIC ANHYDRASE INHIBITORS</i>	
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	
<i>methazolamide tabs 25mg, 50mg</i>	
<i>DIURETIC COMBINATIONS</i>	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	
<i>LOOP DIURETICS</i>	
<i>bumetanide tabs 1mg, 2mg</i>	
<i>bumetanide (generic of BUMEX) tabs .5mg</i>	
<i>ethacrynic acid (generic of EDECIN) tabs 25mg</i>	
FUROSCIX CTKT 80MG/10ML	PA, QL (8 each every 30 days)
<i>furosemide soln 10mg/ml, 40mg/5ml</i>	
<i>furosemide (generic of LASIX) tabs 20mg, 40mg, 80mg</i>	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	
<i>POTASSIUM SPARING DIURETICS</i>	
<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>	
<i>THIAZIDES AND THIAZIDE-LIKE DIURETICS</i>	
<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	
ENDOCRINE AND METABOLIC AGENTS - MISC.	
<i>BONE DENSITY REGULATORS</i>	
<i>alendronate sodium tabs 10mg, 35mg</i>	
<i>alendronate sodium (generic of FOSAMAX) tabs 70mg</i>	

Drug Name	Requirements/Limits
<i>calcitonin (salmon) soln 200unit/act</i>	
FOSAMAX + D TAB 70-2800	
FOSAMAX + D TAB 70-5600	
PROLIA SOSY 60MG/ML	PA, QL (1 syringe every 180 days)
TYMLOS SOPN 3120MCG/1.56ML	PA, QL (1 pen every 30 days)
XGEVA SOLN 120MG/1.7ML	QL (1 vial every 28 days)
GNRH/LHRH ANTAGONISTS	
ORILISSA TABS 150MG, 200MG	
GROWTH HORMONE RELEASING HORMONES (GHRH)	
EGRIFTA SV SOLR 2MG	PA, QL (30 vials every 30 days)
GROWTH HORMONES	
NGENLA SOPN 24MG/1.2ML, 60MG/1.2ML	PA
NORDITROPIN FLEXPOR SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	PA
SEROSTIM SOLR 4MG, 5MG, 6MG	PA
HORMONE RECEPTOR MODULATORS	
<i>raloxifene hcl (generic of EVISTA) tabs 60mg</i>	
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
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
MENOPAUSAL SYMPTOMS SUPPRESSANTS	
VEOZAH TABS 45MG	PA
METABOLIC MODIFIERS	
<i>calcitriol (generic of ROCALTROL) caps .25mcg, .5mcg; soln 1mcg/ml</i>	
<i>cinacalcet hcl (generic of SENSIPAR) tabs 30mg, 60mg</i>	QL (60 tabs every 30 days)
<i>cinacalcet hcl (generic of SENSIPAR) tabs 90mg</i>	QL (120 tabs every 30 days)
<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, QL (150 vials every 30 days)
XENPOZYME SOLR 4MG, 20MG	PA
YORVIPATH SOPN 168MCG/0.56ML, 294MCG/0.98ML, 420MCG/1.4ML	PA, QL (2 pens every 28 days)
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
KERENDIA TABS 10MG, 20MG, 40MG	PA
POSTERIOR PITUITARY HORMONES	
DESMOPRESSIN ACETATE SOLN 1.5MG/ML	
<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>	
PROLACTIN INHIBITORS	
<i>cabergoline tabs .5mg</i>	

Drug Name	Requirements/Limits
VASOPRESSIN RECEPTOR ANTAGONISTS	
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	QL (56 tabs every 28 days)
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	QL (56 tabs every 28 days)
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	QL (56 tabs every 28 days)
ESTROGENS	
ESTROGEN COMBINATIONS	
CLIMARA PRO DIS WEEKLY	
COMBIPATCH DIS	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i>	
<i>estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)</i>	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	
ORIAHNN CAP	PA, QL (56 caps every 28 days); Limit of 24 fills per lifetime
ESTROGENS	
DEPO-ESTRADIOL OIL 5MG/ML	
<i>estradiol (generic of MINIVELLE) pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	
<i>estradiol (generic of VIVELLE-DOT) pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	
<i>estradiol (generic of CLIMARA) ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	
<i>estradiol tabs .5mg, 1mg, 2mg</i>	
<i>estradiol valerate (generic of DELESTROGEN) oil 10mg/ml, 20mg/ml</i>	
<i>estradiol valerate oil 40mg/ml</i>	
FLUOROQUINOLONES	
FLUOROQUINOLONES	
CIPRO SUSR 5GM/100ML, 500MG/5ML	
<i>ciprofloxacin hcl (generic of CIPRO) tabs 250mg, 500mg</i>	
<i>ciprofloxacin hcl tabs 750mg</i>	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	
<i>moxifloxacin hcl tabs 400mg</i>	
GASTROINTESTINAL AGENTS - MISC.	
GALLSTONE SOLUBILIZING AGENTS	
<i>ursodiol caps 300mg; tabs 250mg</i>	
<i>ursodiol (generic of URSO FORTE) tabs 500mg</i>	
GASTROINTESTINAL ANTIALLERGY AGENTS	
<i>cromolyn sodium (mastocytosis) (generic of GASTROCROM) conc 100mg/5ml</i>	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS	
<i>lubiprostone (generic of AMITIZA) caps 8mcg, 24mcg</i>	QL (60 caps every 30 days)

Drug Name	Requirements/Limits
GASTROINTESTINAL STIMULANTS	
<i>metoclopramide hcl soln 5mg/5ml, 10mg/10ml</i>	
<i>metoclopramide hcl (generic of REGLAN) tabs 5mg, 10mg</i>	
HEPATOTROPICS	
REZDIFFRA TABS 80MG, 100MG	PA, QL (30 tabs every 30 days)
INFLAMMATORY BOWEL AGENTS	
CIMZIA KIT 200MG	PA, QL (2 vials every 28 days)
CIMZIA PSKT 200MG/ML	PA, QL (2 injections every 28 days)
CIMZIA STARTER KIT PSKT 200MG/ML	PA, QL (starter dose: 1-time fill)
ENTYVIO PEN SOAJ 108MG/0.68ML	PA, QL (2 pens every 28 days)
<i>mesalamine (generic of APRISO) cp24 .375gm</i>	
<i>mesalamine (generic of PENTASA) cpcr 500mg</i>	
<i>mesalamine cpdr 400mg; 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>	
OMVOH SOAJ 100MG/ML	PA, QL (2 pens every 28 days)
<i>sulfasalazine (generic of AZULFIDINE) tabs 500mg</i>	
<i>sulfasalazine (generic of AZULFIDINE EN-TABS) tbec 500mg</i>	
VELSIPITY TABS 2MG	PA, QL (30 tabs every 30 days)
INTESTINAL ACIDIFIERS	
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS	
<i>alosetron hcl (generic of LOTRONEX) tabs .5mg, 1mg</i>	PA, QL (60 tabs every 30 days); Covered for females only
LIVE FECAL MICROBIOTA	
VOWST CAP	PA, QL (24 caps every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS	
MOVANTIK TABS 12.5MG, 25MG	QL (30 tabs every 30 days)
PHOSPHATE BINDER AGENTS	
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	
<i>ferric citrate tabs 210mg</i>	
<i>lanthanum carbonate (generic of FOSRENOL) chew 500mg, 750mg, 1000mg</i>	
<i>sevelamer carbonate (generic of RENVELA) pack .8gm, 2.4gm; tabs 800mg</i>	
VELPHORO CHEW 500MG	QL (180 tabs every 30 days)
GENITOURINARY AGENTS - MISCELLANEOUS	
ALKALINIZERS	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	
<i>potassium citrate (alkalinizer) (generic of UROCIT-K 10) tbc 10meq</i>	
<i>potassium citrate (alkalinizer) tbc 540mg</i>	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	

Drug Name	Requirements/Limits
HYPEROXALURIA AGENTS	
OXLUMO SOLN 94.5MG/0.5ML	PA, QL (4 vials every 90 days)
INTERSTITIAL CYSTITIS AGENTS	
ELMIRON CAPS 100MG	
PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl (generic of UROXATRAL) tb24 10mg</i>	
<i>dutasteride (generic of AVODART) caps .5mg</i>	
<i>finasteride (generic of PROSCAR) tabs 5mg</i>	
<i>silodosin (generic of RAPAFL0) caps 4mg, 8mg</i>	
<i>tamsulosin hcl caps .4mg</i>	
URINARY ANALGESICS	
<i>phenazopyridine hcl tabs 100mg, 200mg</i>	
GOUT AGENTS	
GOUT AGENT COMBINATIONS	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	
GOUT AGENTS	
<i>allopurinol tabs 100mg, 300mg</i>	
<i>colchicine tabs .6mg</i>	QL (60 tabs every 30 days)
KRYSTEXXA SOLN 8MG/ML	PA
URICOSURICS	
<i>probenecid tabs 500mg</i>	
HEMATOLOGICAL AGENTS - MISC.	
ANTIHEMOPHILIC PRODUCTS	
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	PA
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS	
<i>icatibant acetate (generic of FIRAZYR) sosy 30mg/3ml</i>	PA, QL (45 syringes every 90 days)
COMPLEMENT INHIBITORS	
CINRYZE SOLR 500UNIT	PA, QL (20 vials every 30 days)
EMPAVELI SOLN 1080MG/20ML	PA, QL (10 vials every 30 days)
HAEGARDA SOLR 2000UNIT, 3000UNIT	PA, QL (20 vials every 30 days)
SOLIRIS SOLN 300MG/30ML	PA
ULTOMIRIS SOLN 300MG/3ML, 1100MG/11ML	PA
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS	
TAVALISSE TABS 100MG, 150MG	PA, QL (60 tabs every 30 days)
HEMATORHEOLOGIC AGENTS	
<i>pentoxifylline tbcr 400mg</i>	
PLASMA KALLIKREIN INHIBITORS	
ORLADEYO CAPS 110MG, 150MG	PA, QL (28 caps every 28 days)
TAKHZYRO SOLN 300MG/2ML	PA, QL (2 vials every 28 days)
PLATELET AGGREGATION INHIBITORS	
<i>anagrelide hcl caps 1mg</i>	
<i>anagrelide hcl (generic of AGRYLIN) caps .5mg</i>	

Drug Name	Requirements/Limits
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	
CABLIVI KIT 11MG	PA, QL (30 kits every 30 days)
<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>	
<i>ticagrelor (generic of BRILINTA) tabs 60mg, 90mg</i>	
PYRUVATE KINASE ACTIVATORS	
PYRUKYND TABS 5MG, 20MG, 50MG	PA, QL (28 tabs every 28 days)
HEMATOPOIETIC AGENTS	
AGENTS FOR SICKLE CELL DISEASE	
DROXIA CAPS 200MG, 300MG, 400MG	
<i>glutamine (sickle cell) (generic of ENDARI) pack 5gm</i>	QL (180 packets every 30 days)
SIKLOS TABS 100MG, 1000MG	
COBALAMINS	
<i>cyanocobalamin soln 1000mcg/ml</i>	
FOLIC ACID/FOLATES	
<i>folic acid tabs 1mg</i>	
HEMATOPOIETIC GROWTH FACTORS	
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, QL (60 tabs every 30 days)
DOPTELET TABS 20MG	PA, QL (90 tabs every 30 days)
<i>eltrombopag olamine (generic of PROMACTA) pack 12.5mg</i>	PA, QL (4 packets every 1 day)
<i>eltrombopag olamine (generic of PROMACTA) pack 25mg</i>	PA, QL (6 packets every 1 day)
<i>eltrombopag olamine (generic of PROMACTA) tabs 12.5mg, 75mg</i>	PA, QL (2 tabs every 1 day)
<i>eltrombopag olamine (generic of PROMACTA) tabs 25mg, 50mg</i>	PA, QL (3 tabs every 1 day)
FULPHILA SOSY 6MG/0.6ML	QL (2 syringes every 28 days)
FYLNETRA SOSY 6MG/0.6ML	QL (2 syringes every 28 days)
MULPLETA TABS 3MG	PA, QL (7 tabs every 14 days)
NYPOZI SOSY 300MCG/0.5ML, 480MCG/0.8ML	
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 40000UNIT/ML	
HEMATOPOIETIC MIXTURES	
<i>fe fum-iron polysacch complex-fa-b cmplx-c-zn-mn-cu cap</i>	

Drug Name	Requirements/Limits
HEMOSTATICS	
HEMOSTATICS - SYSTEMIC	
<i>aminocaproic acid soln .25gm/ml, 250mg/ml; tabs 500mg, 1000mg</i>	
<i>tranexamic acid tabs 650mg</i>	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
BARBITURATE HYPNOTICS	
<i>phenobarbital elix 20mg/5ml, 30mg/7.5ml, 60mg/15ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	
HYPNOTICS - TRICYCLIC AGENTS	
<i>doxepin hcl (sleep) (generic of SILENOR) tabs 3mg, 6mg</i>	QL (30 tabs every 30 days)
NON-BARBITURATE HYPNOTICS	
<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>	
SELECTIVE MELATONIN RECEPTOR AGONISTS	
<i>ramelteon (generic of ROZEREM) tabs 8mg</i>	QL (30 tabs every 30 days)
LAXATIVES	
LAXATIVE COMBINATIONS	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (generic of MOVIPREP)</i>	QL (4000 mL per fill)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	
LAXATIVES - MISCELLANEOUS	
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	
MACROLIDES	
AZITHROMYCIN	
<i>azithromycin susr 100mg/5ml</i>	
<i>azithromycin (generic of ZITHROMAX) susr 200mg/5ml</i>	
<i>azithromycin (generic of ZITHROMAX) tabs 250mg, 500mg</i>	QL (30 tabs every 30 days)
<i>azithromycin tabs 600mg</i>	QL (30 tabs every 30 days)
CLARITHROMYCIN	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
ERYTHROMYCINS	
<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>	

Drug Name	Requirements/Limits
<i>erythromycin ethylsuccinate tabs 400mg</i>	
FIDAXOMICIN	
<i>fidaxomicin (generic of DIFICID) tabs 200mg</i>	
MEDICAL DEVICES AND SUPPLIES	
CONTRACEPTIVES	
CAYA DPR	
FEMCAP MIS 22MM	
FEMCAP MIS 26MM	
FEMCAP MIS 30MM	
OMNIFLEX DPR	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	
DIABETIC SUPPLIES	
DEXCOM G6 MIS RECEIVER	ST, QL (1 receiver every year)
DEXCOM G6 MIS SENSOR	ST, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	ST, QL (1 transmitter every 90 days)
DEXCOM G7 MIS RECEIVER	ST, QL (1 receiver every year)
DEXCOM G7 MIS SENSOR	ST, QL (3 sensors every 30 days)
DEXCOM G7 MIS SNSR 15D	ST, QL (2 sensors every 30 days)
LANCETS	QL (200 lancets every 30 days), OTC
OMNIPOD 5 DX KIT INT G7G6	QL (1 kit every year)
OMNIPOD 5 DX MIS POD G7G6	QL (15 pods every 30 days)
OMNIPOD 5 L2 KIT INTRO G6	QL (1 kit every year)
OMNIPOD 5 L2 MIS PODS G6	QL (15 pods every 30 days)
OMNIPOD DASH KIT INTRO	QL (1 kit every year)
OMNIPOD DASH KIT PDM	QL (1 kit every year)
OMNIPOD DASH MIS PODS	QL (15 pods every 30 days)
OMNIPOD GO KIT 10UNT/DY	QL (10 pods every 30 days)
OMNIPOD GO KIT 15UNT/DY	QL (10 pods every 30 days)
OMNIPOD GO KIT 25UNT/DY	QL (10 pods every 30 days)
OMNIPOD GO KIT 35UNT/DY	QL (10 pods every 30 days)
OMNIPOD GO KIT 40UNT/DY	QL (10 pods every 30 days)
TWIIIST KIT STARTER	QL (1 kit every year)
PARENTERAL THERAPY SUPPLIES	
DISPOSABLE SYRINGES	
INJECTION DEVICE FOR INSULIN	
INSULIN SYRINGES/NEEDLES U-100	
NEEDLES, ASSORTED 14G - 30G	
SYRINGES/NEEDLES	
TUBERCULIN/ALLERGY SYRINGES	
UNIFINE PEN NEEDLES	QL (200 needles every 30 days), OTC

Drug Name	Requirements/Limits
RESPIRATORY THERAPY SUPPLIES	
NEBULIZERS	QL (1 each every year)
SPACER/AEROSOL-HOLDING CHAMBER MASKS	
SPACER/AEROSOL-HOLDING CHAMBERS	
MIGRAINE PRODUCTS	
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG	
EMGALITY SOAJ 120MG/ML	QL (2 pens every 28 days)
EMGALITY SOSY 100MG/ML	QL (3 syringes every 28 days)
EMGALITY SOSY 120MG/ML	QL (2 syringes every 28 days)
QULIPTA TABS 10MG, 30MG, 60MG	QL (30 tabs every 30 days)
UBRELVY TABS 50MG, 100MG	PA, QL (16 tabs every 30 days)
SEROTONIN AGONISTS	
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	QL (12 tabs every 30 days)
<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	QL (18 tabs every 30 days)
<i>rizatriptan benzoate (generic of MAXALT) tabs 10mg</i>	QL (18 tabs every 30 days)
<i>rizatriptan benzoate (generic of MAXALT-MLT) tbdp 10mg</i>	QL (18 tabs every 30 days)
<i>sumatriptan soln 5mg/act</i>	QL (24 inhalers every 30 days)
<i>sumatriptan soln 20mg/act</i>	QL (12 inhalers every 30 days)
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 6mg/0.5ml</i>	QL (12 injections every 30 days)
<i>sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) soaj 6mg/0.5ml</i>	QL (12 injections every 30 days)
<i>sumatriptan succinate (generic of IMITREX) tabs 25mg, 50mg, 100mg</i>	QL (9 tabs every 30 days)
<i>zolmitriptan (generic of ZOMIG) soln 5mg</i>	QL (6 inhalers every 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	QL (12 tabs every 30 days)
MINERALS & ELECTROLYTES	
FLUORIDE	
<i>sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml; tabs .5mg, 1mg</i>	
PHOSPHATE	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	
POTASSIUM	
<i>potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbcr 10meq, 20meq</i>	
<i>potassium chloride (generic of KLOR-CON 8) tbcr 8meq</i>	
<i>potassium chloride microencapsulated crystals er tbcr 10meq, 20meq</i>	
MISCELLANEOUS THERAPEUTIC CLASSES	
IMMUNOMODULATORS	
<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg</i>	QL (28 caps every 28 days)
<i>lenalidomide caps 20mg, 25mg</i>	QL (21 caps every 28 days)
REZUROCK TABS 200MG	PA, QL (30 tabs every 30 days)

Drug Name	Requirements/Limits
IMMUNOSUPPRESSIVE AGENTS	
<i>azathioprine (generic of IMURAN) tabs 50mg</i>	
<i>azathioprine tabs 100mg</i>	
<i>cyclosporine (generic of SANDIMMUNE) caps 25mg, 100mg</i>	
<i>cyclosporine modified (for microemulsion) (generic of NEORAL) caps 25mg, 100mg; soln 100mg/ml</i>	
ENSPRYNG SOSY 120MG/ML	PA, QL (1 syringe every 28 days)
ENVARUS XR TB24 .75MG, 1MG, 4MG	PA
LUPKYNIS CAPS 7.9MG	PA, QL (180 caps every 30 days)
<i>mycophenolate mofetil (generic of CELLCEPT) caps 250mg; susr 200mg/ml; tabs 500mg</i>	
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	
<i>tacrolimus (generic of PROGRAF) caps .5mg, 1mg, 5mg</i>	
POTASSIUM REMOVING AGENTS	
LOKELMA PACK 5GM, 10GM	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	
<i>sodium polystyrene sulfonate powder</i>	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS	
BENLYSTA SOAJ 200MG/ML	PA, QL (4 pens every 28 days)
MOUTH/THROAT/DENTAL AGENTS	
ANESTHETICS TOPICAL ORAL	
<i>lidocaine hcl (mouth-throat) soln 2%</i>	
ANTI-INFECTIVES - THROAT	
<i>clotrimazole troc 10mg</i>	
<i>nystatin (mouth-throat) (generic of NYSTATIN) susp 100000unit/ml</i>	
ANTISEPTICS - MOUTH/THROAT	
<i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) soln .12%</i>	
DENTAL PRODUCTS	
DENTA 5000 GEL PLUS SEN	
FLUORID SENS GEL 1.1-5%	
FLUORMX 5000 GEL SENSITIV	
PREVDNT 5000 GEL 1.1-5%	
SOD FLUORIDE GEL 1.1-5%	
<i>sodium fluoride (dental) crea 1.1%; gel 1.1%; pste 1.1%</i>	
STEROIDS - MOUTH/THROAT/DENTAL	
<i>triamcinolone acetonide (mouth) pste .1%</i>	
THROAT PRODUCTS - MISC.	
<i>pilocarpine hcl (oral) (generic of SALAGEN) tabs 5mg</i>	
MULTIVITAMINS	
B-COMPLEX W/ FOLIC ACID	
DIALYVITE/ TAB ZINC	

Drug Name	Requirements/Limits
MULTIPLE VITAMINS W/ MINERALS	
ENLYTE GUMMY CHW BETAFOLA	
<i>multiple vitamins w/ minerals cap</i>	
PED MULTI VITAMINS W/FL & FE	
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	
PED MV W/ FLUORIDE	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	
PRENATAL VITAMINS	
<i>prenatal vitamins</i>	Covered for females age 14 to 49 up to \$25
PRENATAL VITAMINS	Covered for females age 14 to 49 up to \$25
MUSCULOSKELETAL THERAPY AGENTS	
CENTRAL MUSCLE RELAXANTS	
<i>baclofen tabs 5mg, 10mg, 20mg</i>	
<i>chlorzoxazone tabs 500mg</i>	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	
<i>metaxalone tabs 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)
NASAL AGENTS - SYSTEMIC AND TOPICAL	
NASAL ANTIALLERGY	
<i>azelastine hcl soln 137mcg/spray</i>	
<i>olopatadine hcl (nasal) soln .6%</i>	
NASAL ANTICHOLINERGICS	
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
NASAL STEROIDS	
<i>flunisolide (nasal) soln .025%</i>	
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	

Drug Name	Requirements/Limits
NEUROMUSCULAR AGENTS	
ALS AGENTS	
<i>riluzole tabs 50mg</i>	QL (60 tabs every 30 days)
MUSCULAR DYSTROPHY AGENTS	
AMONDYS 45 SOLN 100MG/2ML	PA, QL (60 vials every 28 days)
VILTEPSO SOLN 250MG/5ML	PA, QL (64 vials every 28 days)
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS	
BOTOX SOLR 100UNIT, 200UNIT	PA, QL (2 vials every 70 days)
OPHTHALMIC AGENTS	
BETA-BLOCKERS - OPHTHALMIC	
<i>betaxolol hcl (ophth) soln .5%</i>	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> (generic of COMBIGAN)	
<i>carteolol hcl (ophth) soln 1%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	
<i>levobunolol hcl soln .5%</i>	
<i>timolol</i> (generic of BETIMOL) <i>soln .5%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	
<i>timolol maleate (ophth)</i> (generic of ISTALOL) <i>soln .5%</i>	
CYCLOPLEGIC MYDRIATICS	
ATROPINE SULFATE SOLN 1%	
<i>atropine sulfate (ophthalmic) soln 1%</i>	
CYCLOGYL SOLN .5%, 2%	
<i>cyclopentolate hcl</i> (generic of CYCLOGYL) <i>soln 1%</i>	
<i>homatropine hbr soln 5%</i>	
<i>phenylephrine hcl (mydriatic)</i> (generic of PHENYLEPHRINE HYDROCHLORI) <i>soln 2.5%</i>	
<i>tropicamide</i> (generic of MYDRIACYL) <i>soln 1%</i>	
<i>tropicamide soln .5%</i>	
MIOTICS	
<i>pilocarpine hcl soln 1%</i>	
OPHTHALMIC ADRENERGIC AGENTS	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) <i>soln .1%, .15%</i>	
<i>brimonidine tartrate soln .2%</i>	
SIMBRINZA SUS 1-0.2%	
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)</i> (generic of VIGAMOX) <i>soln .5%</i>	

Drug Name	Requirements/Limits
<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>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>	
TOBEX OINT .3%	
<i>trifluridine soln 1%</i>	
XDEMVA SOLN .25%	PA, QL (10 mL every year)
OPHTHALMIC IMMUNOMODULATORS	
<i>cyclosporine (ophth) (generic of RESTASIS) emul .05%</i>	QL (60 single-use vials every 30 days)
OPHTHALMIC INTEGRIN ANTAGONISTS	
XIIDRA SOLN 5%	PA
OPHTHALMIC KINASE INHIBITORS	
RHOPRESSA SOLN .02%	
OPHTHALMIC STEROIDS	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
CLOBETASOL PROPIONATE SUSP .05%	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	
<i>difluprednate (generic of DUREZOL) emul .05%</i>	
<i>fluorometholone (ophth) (generic of FML LIQUIFILM) susp .1%</i>	
FML FORTE SUSP .25%	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</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>	
OPHTHALMICS - MISC.	
<i>azelastine hcl (ophth) soln .05%</i>	
<i>cromolyn sodium (ophth) soln 4%</i>	
<i>diclofenac sodium (ophth) soln .1%</i>	
<i>dorzolamide hcl soln 2%</i>	
<i>flurbiprofen sodium soln .03%</i>	
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) soln .4%</i>	
<i>ketorolac tromethamine (ophth) (generic of ACULAR) soln .5%</i>	
PROSTAGLANDINS - OPHTHALMIC	
BIMATOPROST SOLN .01%	

Drug Name	Requirements/Limits
<i>bimatoprost soln .03%</i>	
<i>latanoprost (generic of XALATAN) soln .005%</i>	
LUMIGAN SOLN .01%	
OTIC AGENTS	
OTIC AGENTS - MISCELLANEOUS	
<i>acetic acid (otic) soln 2%</i>	
OTIC ANTI-INFECTIVES	
<i>ciprofloxacin hcl (otic) (generic of CETRAXAL) soln .2%</i>	
<i>ofloxacin (otic) soln .3%</i>	
OTIC COMBINATIONS	
<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>	
OTIC STEROIDS	
<i>fluocinolone acetonide (otic) (generic of DERMOTIC) oil .01%</i>	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	
OXYTOCICS	
OXYTOCICS	
<i>methylergonovine maleate tabs .2mg</i>	
PASSIVE IMMUNIZING AND TREATMENT AGENTS	
IMMUNE SERUMS	
CUTAQUIG SOLN 4GM/24ML	PA
PENICILLINS	
AMINOPENICILLINS	
<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>	
NATURAL PENICILLINS	
BICILLIN L-A SUSY 600000UNIT/ML, 1200000UNIT/2ML, 2400000UNIT/4ML	
LENTOCILIN INJ 1200000	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
PENICILLIN COMBINATIONS	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
BICILLIN C-R INJ 900/300	
BICILLIN C-R INJ 1200000	

Drug Name	Requirements/Limits
PENICILLINASE-RESISTANT PENICILLINS	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	
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, QL (540 mL every 30 days)
XYREM SOLN 500MG/ML	PA, QL (540 mL every 30 days)
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>memantine hcl soln 2mg/ml, 10mg/5ml; tabs 5mg, 10mg</i>	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	
<i>rivastigmine (generic of EXELON) pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	
COMBINATION PSYCHOTHERAPEUTICS	
LYBALVI TAB 5-10MG	PA
LYBALVI TAB 10-10MG	PA
LYBALVI TAB 15-10MG	PA
LYBALVI TAB 20-10MG	PA
FIBROMYALGIA AGENTS	
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	
SAVELLA MIS TITR PAK	
MOVEMENT DISORDER DRUG THERAPY	
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG	PA, QL (30 caps every 30 days)
INGREZZA CAP 40-80MG	PA, QL (starter dose: 1-time fill)
MULTIPLE SCLEROSIS AGENTS	
BAFIERTAM CPDR 95MG	QL (120 caps every 30 days)
<i>dalfampridine (generic of AMPYRA) tb12 10mg</i>	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate (generic of TECFIDERA) cpdr 120mg</i>	QL (14 caps every 28 days)
<i>dimethyl fumarate (generic of TECFIDERA) cpdr 240mg</i>	QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (generic of TECFIDERA STARTER PACK)</i>	QL (starter dose: 1-time fill)
<i>fingolimod hcl (generic of GILENYA) caps .5mg</i>	QL (30 caps every 30 days)

Drug Name	Requirements/Limits
<i>glatiramer acetate</i> (generic of COPAXONE) <i>sosy 20mg/ml</i>	QL (30 injections every 30 days)
<i>glatiramer acetate</i> (generic of COPAXONE) <i>sosy 40mg/ml</i>	QL (12 injections every 28 days)
OCREVUS SOLN 300MG/10ML	PA, QL (2 vials every 180 days)
OCREVUS INJ ZUNOVO	PA, QL (1 vial every 180 days)
PLEGRIDY SOAJ 125MCG/0.5ML	QL (2 pens every 28 days)
PLEGRIDY SOSY 125MCG/0.5ML	QL (2 injections every 28 days)
PLEGRIDY INJ STARTER	QL (starter dose: 1-time fill)
PLEGRIDY PEN INJ STARTER	QL (starter dose: 1-time fill)
<i>teriflunomide</i> (generic of AUBAGIO) <i>tabs 7mg, 14mg</i>	QL (30 tabs every 30 days)
ZEPOSIA CAPS .92MG	PA, QL (30 caps every 30 days)
ZEPOSIA 7DAY CAP STR PACK	PA, QL (starter dose: 1-time fill)
ZEPOSIA CAP STR KIT	PA, QL (starter dose: 1-time fill)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS	
<i>gabapentin (once-daily)</i> (generic of GRALISE) <i>tabs 300mg</i>	PA, QL (90 tabs every 30 days)
<i>gabapentin (once-daily)</i> (generic of GRALISE) <i>tabs 450mg, 600mg, 750mg, 900mg</i>	PA, QL (60 tabs every 30 days)
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS	
<i>fluoxetine hcl (pmdd)</i> <i>tabs 10mg, 20mg</i>	
PSEUDOBULBAR AFFECT (PBA) AGENTS	
NUDEXTA CAP 20-10MG	PA, QL (60 caps every 30 days)
SMOKING DETERRENTS	
<i>bupropion hcl (smoking deterrent)</i> <i>tb12 150mg</i>	QL (60 tabs every 30 days)
<i>varenicline tartrate</i> (generic of CHANTIX) <i>tabs .5mg, 1mg</i>	QL (60 tabs every 30 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	QL (53 tabs every 180 days)
TRANSTHYRETIN AMYLOIDOSIS AGENTS	
ONPATTRO SOLN 10MG/5ML	PA, QL (3 vials every 21 days)
RESPIRATORY AGENTS - MISC.	
CYSTIC FIBROSIS AGENTS	
KALYDECO TABS 150MG	PA, QL (60 tabs every 30 days)
ORKAMBI TAB 100-125	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	PA, QL (112 tabs every 28 days)
PULMOZYME SOLN 2.5MG/2.5ML	QL (60 ampules every 30 days)
TRIKAFTA TAB	PA, QL (84 tabs every 28 days)
PULMONARY FIBROSIS AGENTS	
OFEV CAPS 100MG, 150MG	PA, QL (60 caps every 30 days)
<i>pirfenidone caps 267mg</i>	QL (270 caps every 30 days)
TETRACYCLINES	
TETRACYCLINES	
<i>doxycycline (monohydrate)</i> <i>caps 50mg, 75mg, 100mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg</i>	
<i>doxycycline hyclate</i> <i>caps 50mg, 100mg; tabs 20mg, 100mg</i>	
<i>minocycline hcl</i> <i>caps 50mg, 75mg, 100mg; tabs 75mg</i>	
<i>tetracycline hcl</i> <i>caps 250mg, 500mg</i>	

Drug Name	Requirements/Limits
THYROID AGENTS	
ANTITHYROID AGENTS	
<i>methimazole tabs 5mg, 10mg</i>	
<i>propylthiouracil tabs 50mg</i>	
THYROID HORMONES	
ADTHYZA TABS 15MG, 30MG, 60MG, 90MG, 120MG	
ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG	
EVEXITHROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG	
<i>levothyroxine sodium (generic of SYNTHROID) tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	
<i>liothyronine sodium (generic of CYTOMEL) tabs 5mcg, 25mcg, 50mcg</i>	
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	
RENTHYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	
THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	
ANTISPASMODICS	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	
<i>glycopyrrolate tabs 1mg, 2mg</i>	
<i>hyoscyamine sulfate elix .125mg/5ml; subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	
H-2 ANTAGONISTS	
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	
<i>famotidine susr 40mg/5ml</i>	
<i>famotidine (generic of PEPCID) tabs 20mg, 40mg</i>	
MISC. ANTI-ULCER	
<i>sucralfate (generic of CARAFATE) tabs 1gm</i>	
PROTON PUMP INHIBITORS	
<i>esomeprazole magnesium (generic of NEXIUM) cpdr 20mg</i>	QL (60 caps every 30 days)
<i>esomeprazole magnesium (generic of NEXIUM) cpdr 40mg</i>	QL (30 caps every 30 days)
<i>lansoprazole cpdr 15mg</i>	QL (60 caps every 30 days)
<i>lansoprazole (generic of PREVACID) cpdr 30mg</i>	QL (60 caps every 30 days)
<i>lansoprazole (generic of PREVACID SOLUTAB) tbdd 15mg, 30mg</i>	QL (30 tabs every 30 days); Covered for younger than age 8
<i>omeprazole cpdr 10mg</i>	QL (30 caps every 30 days)

Drug Name	Requirements/Limits
<i>omeprazole cpdr 20mg, 40mg</i>	QL (60 caps every 30 days)
<i>pantoprazole sodium (generic of PROTONIX) tbec 20mg, 40mg</i>	QL (60 tabs every 30 days)
ULCER DRUGS - PROSTAGLANDINS	
<i>misoprostol (generic of CYTOTEC) tabs 100mcg, 200mcg</i>	
ULCER THERAPY COMBINATIONS	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	QL (240 caps every year)
<i>(generic of PYLERA)</i>	
URINARY ANTISPASMODICS	
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	
<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 cp24 2mg, 4mg; tabs 1mg, 2mg</i>	
<i>tropium chloride cp24 60mg; tabs 20mg</i>	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS	
<i>mirabegron (generic of MYRBETRIQ) tb24 25mg, 50mg</i>	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
VACCINES	
BACTERIAL VACCINES	
<i>VIVOTIF CAP EC</i>	QL (4 caps per lifetime)
VAGINAL AND RELATED PRODUCTS	
VAGINAL ANTI-INFECTIVES	
<i>CLEOCIN SUPP 100MG</i>	
<i>clindamycin phosphate vaginal (generic of CLEOCIN) crea 2%</i>	
<i>metronidazole vaginal gel .75%</i>	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
VAGINAL ESTROGENS	
<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>	
VAGINAL PROGESTINS	
<i>CRINONE GEL 4%, 8%</i>	
VASOPRESSORS	
ANAPHYLAXIS THERAPY AGENTS	
<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>	
<i>NEFFY SOLN 2MG/0.1ML</i>	
VASOPRESSORS	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	

Drug Name	Requirements/Limits
VITAMINS	
<i>OIL SOLUBLE VITAMINS</i>	
<i>ergocalciferol (generic of DRISDOL) caps 1.25mg, 50000unit</i>	
<i>phytonadione tabs 5mg</i>	

Index

Generate the index.