

Affinity Health Plan CHILD HEALTH PLUS Formulary

(Effective 1/1/2015)

INTRODUCTION

We are pleased to provide the 2015 *Affinity Health Plan Child Health Plus Formulary* as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

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

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document 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. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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

National guidelines can be found on the National Guideline Clearinghouse site at <http://www.guideline.gov>, on the websites listed under each therapeutic class and on the sites listed in the Websites section of this publication.

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available only as an injectable or an exception is specifically noted, most applicable dosage forms and strengths of the drug cited are included in the document.

Drugs represented in this document may have varying cost to the plan member based on the plan's benefit structure. Generic medications typically are available at the lower cost, brand-name medications on the document will generally cost more than generics. Generics should be considered the first line of prescribing subject to applicable rules.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of experts from across the region.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. *Italicize type* indicates generic availability. However, not all strengths or dosage forms of the generic name in italicize type may be generically available. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

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

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

PLAN DESIGN

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

MEDICAL SUPPLIES

Some medical supplies may be covered with a prescription. Please refer to the Medical Supplies List for included products.

LEGEND

PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Drug with network requirement
ST	Step Therapy
bold	Indicates brand name drug
<i>italicize</i>	Generic drug
AGE	Age Limit
HRM	High Risk Medication
OTC Only	Over the Counter Only
Rx Only	Prescription only

NOTICE

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

Affinity Health Plan 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 Affinity Health Plan.

Drug Name	Requirements/Limits
PENICILLINS	
<i>Natural Penicillins</i>	
<i>penicillin g potassium</i>	
<i>penicillin g sodium</i>	
BICILLIN L-A	
<i>penicillin g procaine</i>	
<i>penicillin v potassium</i>	
<i>Aminopenicillins</i>	
<i>amoxicillin</i>	
<i>ampicillin</i>	
<i>ampicillin sodium</i>	
<i>Penicillinase-Resistant Penicillins</i>	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium</i>	
<i>oxacillin sodium</i>	
BACTOCILL IN DEXTROSE	
<i>Penicillin Combinations</i>	
BICILLIN C-R	
<i>amoxicillin & pot clavulanate</i>	
<i>amoxicillin & potassium clavulanate</i>	
<i>ampicillin & sulbactam sodium</i>	
TIMENTIN	
<i>piperacillin sodium-tazobactam sodium</i>	
ZOSYN	
CEPHALOSPORINS	
<i>Cephalosporins - 1st Generation</i>	
<i>cefadroxil</i>	
<i>cefazolin sodium</i>	
<i>cefazolin sodium/dextrose</i>	
<i>cephalexin</i>	
<i>Cephalosporins - 2nd Generation</i>	
CEFOTETAN	
CEFOTETAN/DEXTROSE	
<i>cefoxitin sodium 1gm, 2gm, 10gm</i>	
MEFOXIN	
CEFOXITIN SODIUM	
<i>cefprozil</i>	
<i>cefuroxime axetil</i>	
<i>cefuroxime inj 750mg</i>	
<i>cefuroxime sodium</i>	
<i>cefuroxime sodium in d5w inj 15 mg/ml</i>	
<i>cefuroxime in sterile water inj 1.5 gm/50ml</i>	
<i>cefuroxime/dextrose</i>	
<i>Cephalosporins - 3rd Generation</i>	

Drug Name	Requirements/Limits
<i>cefdinir</i>	
<i>cefotaxime sodium</i>	
CLAFORAN INJ	
CLAFORAN/D5W	
<i>ceftazidime</i>	
<i>ceftazidime sodium in d5w inj 1 gm/50ml</i>	
<i>ceftazidime sodium in d5w inj 2 gm/50ml</i>	
<i>ceftazidime/dextrose</i>	
<i>ceftriaxone sodium</i>	
<i>ceftriaxone sodium in dextrose</i>	
<i>ceftriaxone/dextrose</i>	

Cephalosporins - 4th Generation

MAXIPIME	
<i>cefepime</i>	

Cephalosporins - 5th Generation

TEFLARO	PA
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MACROLIDES

Erythromycins

<i>erythromycin base</i>	
<i>erythromycin stearate</i>	
ERYTHROCIN LACTOBIONATE	

Azithromycin

<i>azithromycin</i>	
<i>azithromycin inj 2.5gm</i>	

Clarithromycin

<i>clarithromycin</i>	
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Fidaxomicin

DIFICID	PA
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TETRACYCLINES

Tetracyclines

<i>doxycycline (monohydrate)</i>	AGE
<i>doxycycline hyclate</i>	AGE
<i>doxycycline hyclate for inj 100 mg</i>	
<i>tetracycline hcl</i>	AGE

FLUOROQUINOLONES

Fluoroquinolones

<i>ciprofloxacin</i>	
<i>ciprofloxacin er</i>	
<i>ciprofloxacin hcl</i>	
<i>ciprofloxacin in d5w</i>	
<i>levofloxacin</i>	
<i>levofloxacin in d5w</i>	
AVELOX INJ	

Drug Name	Requirements/Limits
AMINOGLYCOSIDES	
<i>Aminoglycosides</i>	
<i>amikacin sulfate</i>	
<i>gentamicin sulfate</i>	
<i>gentamicin in saline</i>	
<i>gentamicin sulfate/0.9% s</i>	
<i>kanamycin sulfate</i>	
<i>neomycin sulfate</i>	
<i>streptomycin sulfate</i>	
<i>tobramycin neb 300/5ml inhalation</i>	PA; SP
<i>tobramycin inj</i>	
<i>tobramycin sulfate/sodium</i>	
ANTIMYCOBACTERIAL AGENTS	
<i>Antimycobacterial Agents</i>	
<i>ethambutol hcl</i>	
<i>isoniazid</i>	
<i>pyrazinamide</i>	
<i>rifabutin</i>	
<i>rifampin</i>	
ANTIFUNGALS	
<i>Antifungals</i>	
<i>griseofulvin microsize</i>	
<i>griseofulvin ultramicrosize</i>	
<i>nystatin</i>	
<i>terbinafine hcl</i>	QL (90 per 365 days)
<i>Imidazole-Related Antifungals</i>	
<i>fluconazole</i>	
<i>itraconazole</i>	QL (120 per 30 days), PA
SPORANOX	PA
<i>voriconazole</i>	PA
ANTIVIRALS	
<i>Antiretrovirals</i>	
SELZENTRY	QL (60 per 30 days)
ISENTRESS CHEW 100mg	QL (60 per 30 days)
ISENTRESS PACK	QL (60 per 30 days)
ISENTRESS TABS	QL (60 per 30 days)
ISENTRESS CHEW 25mg	QL (120 per 30 days)
REYATAZ 100mg	QL (120 per 30 days)
REYATAZ 200mg	QL (60 per 30 days)
REYATAZ 150mg, 300mg	QL (30 per 30 days)
PREZISTA TABS 75mg	QL (150 per 30 days)
PREZISTA TABS 150mg	QL (180 per 30 days)
PREZISTA TABS 400mg, 800mg	QL (30 per 30 days)
PREZISTA TABS 600mg	QL (60 per 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy AGE – Age Restriction
 HRM – High Risk Medication SP – Specialty Pharmacy OTC – Over the Counter

Drug Name	Requirements/Limits
PREZISTA SUSP	QL (240 per 30 days)
LEXIVA TABS	QL (120 per 30 days)
LEXIVA SUSP	QL (840 per 30 days)
CRIXIVAN 200mg	QL (180 per 30 days)
CRIXIVAN 400mg	QL (120 per 30 days)
VIRACEPT 250mg	QL (180 per 30 days)
VIRACEPT 625mg	QL (120 per 30 days)
NORVIR CAPS	QL (360 per 30 days)
NORVIR TABS	QL (180 per 30 days)
NORVIR SOLN	QL (480 per 30 days)
INVIRASE CAPS	QL (300 per 30 days)
INVIRASE TABS	QL (120 per 30 days)
APTIVUS CAPS	QL (120 per 30 days)
APTIVUS SOLN	QL (285 per 22 days)
<i>abacavir sulfate</i>	QL (60 per 30 days)
ZIAGEN SOL 20MG/ML	QL (900 per 30 days)
VIDEX PEDIATRIC 2gm	QL (360 per 30 days)
VIDEX PEDIATRIC 4gm	QL (480 per 30 days)
<i>didanosine</i> 125mg, 200mg	QL (60 per 30 days)
<i>didanosine</i> 250mg, 400mg	QL (30 per 30 days)
EMTRIVA CAPS	QL (30 per 30 days)
EMTRIVA SOLN	QL (680 per 22 days)
<i>lamivudine</i> 100mg, 300mg	QL (30 per 30 days)
<i>lamivudine</i> 150mg	QL (60 per 30 days)
<i>stavudine</i> CAPS	QL (60 per 30 days)
<i>stavudine</i> SOLR	QL (2400 per 30 days)
<i>zidovudine</i> CAPS	QL (180 per 30 days)
<i>zidovudine</i> TABS	QL (60 per 30 days)
<i>zidovudine</i> SYRP	QL (1800 per 30 days)
VIREAD TABS	QL (30 per 30 days)
VIREAD POWD	QL (240 per 30 days)
RESCRIPTOR 100mg	QL (360 per 30 days)
RESCRIPTOR 200mg	QL (180 per 30 days)
SUSTIVA CAPS	QL (60 per 30 days)
SUSTIVA TABS	QL (30 per 30 days)
INTELENCE 25mg, 100mg	QL (180 per 30 days)
INTELENCE 200mg	QL (60 per 30 days)
<i>nevirapine</i> TABS	QL (60 per 30 days)
<i>nevirapine</i> SUSP	QL (1200 per 30 days)
VIRAMUNE XR	QL (90 per 30 days)
<i>nevirapine ext-rel</i>	QL (30 per 30 days)
EDURANT	QL (30 per 30 days)
EPZICOM	QL (30 per 30 days)
TRUVADA	QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	QL (60 per 30 days)

Drug Name	Requirements/Limits
KALETRA TABS	QL (300 per 30 days)
KALETRA TABS	QL (120 per 30 days)
KALETRA SOLN	QL (480 per 30 days)
<i>abacavir sulfate-lamivudine-zidovudine</i>	QL (60 per 30 days)
ATRIPLA	QL (30 per 30 days)
COMPLERA	QL (30 per 30 days)
STRIBILD	QL (30 per 30 days), ST

CMV Agents

<i>cidofovir</i>	
<i>foscarnet sodium</i>	
FOSCAVIR	
<i>ganciclovir sodium</i>	
VALCYTE	

Hepatitis Agents

<i>adefovir dipivoxil</i>	
BARACLUDE	
TYZEKA	
VICTRELIS	PA; SP
PEGASYS	PA; SP
PEGASYS PROCLICK	PA; SP
PEG-INTRON REDIPEN	PA; SP
PEG-INTRON	PA; SP
<i>ribavirin</i>	PA; SP
OLYSIO	PA; SP
SOVALDI	PA; SP

Herpes Agents

<i>acyclovir cap 200 mg</i>	
<i>acyclovir tab 400 mg</i>	
<i>acyclovir tab 800mg</i>	
<i>acyclovir suspension 200 mg/5ml</i>	
<i>valacyclovir hcl</i>	
<i>famciclovir</i>	

Influenza Agents

<i>rimantadine hydrochloride</i>	
TAMIFLU 30mg	QL (28 per 180 days)
TAMIFLU 45mg, 75mg	QL (14 per 180 days)
TAMIFLU SUS 6MG/ML	QL (180 per 180 days)
RELENZA DISKHALER	QL (40 per 180 days)

ANTIMALARIALS

Antimalarials

<i>chloroquine phosphate</i>	QL (8 per 180 days)
<i>hydroxychloroquine sulfate</i>	
<i>mefloquine hcl</i>	QL (8 per 180 days)

Antimalarial Combinations

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy AGE – Age
Restriction HRM – High Risk Medication SP – Specialty Pharmacy OTC – Over the
Counter

Drug Name	Requirements/Limits
COARTEM	QL (24 per 180 days)
<i>atovaquone-proguanil hcl</i>	QL (23 per 180 days)

ANTHELMINTICS

Anthelmintics

ALBENZA	ST
STROMEKTOL	
<i>pyrantel pamoate</i>	QL (60 per 30 days); OTC ONLY

ANTI-INFECTIVE AGENTS - MISC.

Anti-infective Agents - Misc.

<i>aztreonam</i>	
AZTREONAM IN DEXTROSE INJ	
<i>bacitracin</i>	
<i>colistimethate sodium</i>	
<i>metronidazole</i>	
<i>metronidazole inj</i>	
<i>metronidazole in nacl</i>	
PENTAM 300	
VIBATIV	
<i>trimethoprim</i>	
<i>vancomycin hcl</i>	ST
<i>vancomycin inj</i>	
<i>vancomycin hcl in dextrose inj</i>	

Polymyxins

<i>polymyxin b sulfate</i>	
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Carbapenems

DORIBAX	
INVANZ	
<i>meropenem</i>	
<i>imipenem-cilastatin</i>	

Chloramphenicols

<i>chloramphenicol sodium succinate</i>	
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Lincosamides

<i>clindamycin hcl</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate</i>	
<i>clindamycin phosphate in d5w</i>	

Oxazolidinones

ZYVOX	QL (56 per 365 days), PA
ZYVOX SUS 100MG/5M	QL (1800 per 365 days), PA
ZYVOX IV	

OXAZOLIDINONES

OXAZOLIDINONES

SIVEXTRO	PA
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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **AGE** – Age Restriction **HRM** – High Risk Medication **SP** – Specialty Pharmacy **OTC** – Over the Counter

Drug Name	Requirements/Limits
ANTI-INFECTIVE AGENTS - MISC.	
<i>Streptogramins</i>	
SYNERCID	
<i>Cyclic Lipopeptides</i>	
CUBICIN	
<i>Glycylcyclines</i>	
TYGACIL	
<i>Leprostotics</i>	
dapsone	
<i>Antiprotozoal Agents</i>	
NEUTREXIN	
<i>Anti-infective Misc. - Combinations</i>	
erythromycin-sulfisoxazole	
sulfamethoxazole-trimethoprim	
PASSIVE IMMUNIZING AGENTS	
<i>Immune Serums</i>	
RHO D IMMUNE GLOBULIN (HU)	PA; SP
<i>Monoclonal Antibodies</i>	
SYNAGIS	PA; SP
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	
<i>Alkylating Agents</i>	
HEXALEN	
MYLERAN	
BUSULFEX	
carboplatin	
cisplatin	
ELOXATIN	
oxaliplatin	
LEUKERAN	
cyclophosphamide	
ifosfamide	
IFEX	
MUSTARGEN	
ALKERAN	
melphalan hcl	
BICNU	
GLIADEL WAFER	
lomustine	
ZANOSAR	
temozolomide	PA; SP
<i>Antineoplastic Antibiotics</i>	
bleomycin sulfate	
COSMEGEN	

Drug Name	Requirements/Limits
DAUNOXOME	
<i>daunorubicin hcl</i>	
<i>doxorubicin hcl</i>	
<i>doxorubicin inj</i>	
<i>doxorubicin hcl liposomal</i>	
<i>epirubicin hcl</i>	
<i>idarubicin hcl</i>	
<i>mitomycin</i>	
<i>mitoxantrone hcl</i>	

Antineoplastic Enzymes

ELSPAR

Antimetabolites

<i>capecitabine</i>	PA; SP
<i>cladribine</i>	
CLOLAR	
<i>cytarabine</i>	
<i>floxuridine</i>	
<i>fludarabine phosphate</i>	
<i>fluorouracil</i>	
<i>gemcitabine hcl</i>	
<i>mercaptopurine</i>	
<i>methotrexate sodium</i>	
TREXALL	
ARRANON	
ALIMTA	
TABLOID	

Antineoplastic - Antibodies

CAMPATH
ZEVALIN Y-90

Antineoplastic - Hedgehog Pathway Inhibitors

ERIVEDGE PA; SP

Antineoplastic - Hormonal and Related Agents

LYSODREN	
<i>bicalutamide</i>	
XTANDI	PA; SP
<i>flutamide</i>	
NILANDRON	
<i>tamoxifen citrate</i>	
SOLTAMOX	
FARESTON	
<i>anastrozole</i>	
<i>exemestane</i>	
<i>letrozole</i>	
EMCYT	

Drug Name	Requirements/Limits
FASLODEX	
<i>megestrol acetate</i>	
ZOLADEX	PA; SP
<i>leuprolide acetate</i>	PA; SP
LUPRON DEPOT	PA; SP
TRELSTAR DEPOT	PA; SP
TRELSTAR LA	PA; SP
TRELSTAR MIXJECT	PA; SP
FIRMAGON	PA; SP

Antineoplastic - Immunomodulators

POMALYST	PA; SP
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Mitotic Inhibitors

<i>docetaxel</i>	
<i>docefrez</i>	
<i>etoposide</i>	
ETOPOPHOS	
<i>paclitaxel</i>	
ABRAXANE	
TENIPOSIDE	
<i>vincristine sulfate</i>	
<i>vinblastine sulfate</i>	
<i>vinorelbine tartrate</i>	

Antineoplastic Enzyme Inhibitors

ISTODAX	PA; SP
ZOLINZA	PA; SP
TAFINLAR	PA; SP
ZELBORAF	PA; SP
AFINITOR	PA; SP
STIVARGA	PA; SP
NEXAVAR	PA; SP
SUTENT	PA; SP
MEKINIST	PA; SP
GILOTRIF	PA; SP
INLYTA	PA; SP
BOSULIF	PA; SP
ZYKADIA	PA; SP
XALKORI	PA; SP
SPRYCEL	PA; SP
TARCEVA	PA; SP
IMBRUVICA	PA; SP
GLEEVEC	PA; SP
TYKERB	PA; SP
TASIGNA	PA; SP
VOTRIENT	PA; SP
CAPRELSA	PA; SP

Drug Name	Requirements/Limits
JAKAFI	PA; SP
ZYDELIG	PA; SP

Topoisomerase I Inhibitors

<i>irinotecan hcl</i>	
CAMPTOSAR	
<i>topotecan hcl</i>	

Antineoplastic Radiopharmaceuticals

QUADRAMET	
METASTRON	

Antineoplastics Misc.

TRISENOX	
TICE BCG	
THERACYS	
<i>dacarbazine</i>	
<i>hydroxyurea</i>	
NIPENT	
MATULANE	
INTRON-A	PA; SP
INTRON-A W/DILUENT	PA; SP
ALFERON N	PA; SP
UVADEX	
PHOTOFRIN	
<i>tretinoin (chemotherapy)</i>	
TARGRETIN	PA; SP

Chemotherapy Rescue/Antidote Agents

<i>dexrazoxane</i>	
TOTECT	
<i>leucovorin calcium SOLN 10mg/ml</i>	
<i>leucovorin calcium TABS</i>	
LEUCOVORIN CALCIUM SOLN 100mg/10ml, 300mg/30ml	
<i>leucovorin calcium for inj 50mg, 100mg, 200mg, 350mg</i>	
LEUCOVORIN CALCIUM FOR INJ 500mg	
<i>amifostine crystalline</i>	
<i>mesna</i>	

Chemotherapy Adjuncts

ELITEK	
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Antineoplastic Combinations

<i>ifosfamide & mesna</i>	
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CORTICOSTEROIDS

Glucocorticosteroids

<i>budesonide</i>	
<i>dexamethasone tab</i>	

Drug Name	Requirements/Limits
<i>dexamethasone elixir</i>	
<i>dexamethasone soln</i>	
<i>hydrocortisone</i>	
<i>methylprednisolone</i>	
<i>prednisolone</i>	
<i>prednisolone sodium phosphate</i>	
ORAPRED ODT	
<i>prednisone</i>	

Mineralocorticoids

fludrocortisone acetate

ANDROGENS-ANABOLIC

Androgens

danazol

AXIRON

PA

FORTESTA

PA

testosterone cypionate

PA

testosterone enanthate

PA

ESTROGENS

Estrogen Combinations

COMBIPATCH

CONTRACEPTIVES

Progestin Contraceptives - Oral

norethindrone (contraceptive)

Progestin Contraceptives - Injectable

medroxyprogesterone acetate (contraceptive)

QL (1 per 90 days)

Progestin Contraceptives - IUD

MIRENA

QL (1 per Lifetime); AGE, GENDER, SP

Progestin Contraceptives - Implants

NEXPLANON

QL (1 per Lifetime); AGE, GENDER, SP

Emergency Contraceptives

levonorgestrel tab 0.75 mg

QL (12 per 365 days)

levonorgestrel tab 1.5 mg

QL (6 per 365 days)

ELLA

QL (6 per 365 days)

Combination Contraceptives - Transdermal

norelgestromin-ethinyl estradiol

Combination Contraceptives - Vaginal

NUVARING

Combination Contraceptives - Oral

desogestrel & ethinyl estradiol

drospirenone-ethinyl estradiol

ethynodiol diacetate & ethinyl estradiol tab

Drug Name	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol tabb</i>	
<i>norethindrone & ethinyl estradiol tab</i>	
<i>norethindrone ace & ethinyl estradiol tab</i>	
<i>norethindrone & mestranol</i>	
<i>norgestrel & ethinyl estradiol</i>	
<i>norgestimate-ethinyl estradiol</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab</i>	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	
<i>levonorgestrel-ethinyl estradiol tab (triphasic)</i>	
<i>norethindrone-ethinyl estradiol (triphasic)</i>	
ORTHO TRI-CYCLEN LO	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	

PROGESTINS

Progestins

<i>medroxyprogesterone acetate</i>
<i>norethindrone acetate</i>
<i>progesterone micronized cap</i>

ANTIDIABETICS

Insulin

NOVOLOG	
NOVOLOG FLEXPEN	
NOVOLOG PENFILL	
LANTUS	
LANTUS SOLOSTAR	
APIDRA	
APIDRA SOLOSTAR	
HUMALOG	
HUMALOG KWIKPEN	
LEVEMIR	
LEVEMIR FLEXTOUCH	
HUMULIN R	QL (50 per 30 days)
NOVOLIN R	QL (50 / 30 days)
HUMULIN R U-500 (CONCENTR	QL (50 per 30 days)
HUMULIN N	QL (50 per 30 days)
NOVOLIN N	QL (50 per 30 days)
HUMULIN N KWIKPEN	QL (50 per 30 days)
NOVOLOG MIX 70/30	
NOVOLOG MIX 70/30 PREFILL	
HUMALOG MIX 75/25	
HUMALOG MIX 50/50	
HUMALOG MIX 75/25 KWIKPEN	
HUMALOG MIX 50/50 KWIKPEN	
HUMULIN 70/30	QL (50 per 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **AGE** – Age Restriction **HRM** – High Risk Medication **SP** – Specialty Pharmacy **OTC** – Over the Counter

Drug Name	Requirements/Limits
NOVOLIN 70/30	QL (50 per 30 days)
HUMULIN 70/30 KWIKPEN	QL (50 per 30 days)
Antidiabetic - Amylin Analogs	
SYMLINPEN 60	QL (3 pens (4.5ML) per 30 days), PA
SYMLINPEN 120	QL (4 pens (10.8ML) per 30 days), PA
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	
TANZEUM	QL (4.5 ML per 30 days), ST
VICTOZA	QL (9 ML per 30 days), ST
Sulfonylureas	
<i>glimepiride</i> 1mg	QL (240 per 30 days)
<i>glimepiride</i> 2mg	QL (120 per 30 days)
<i>glimepiride</i> 4mg	QL (60 per 30 days)
<i>glipizide</i> 5mg	QL (240 per 30 days)
<i>glipizide</i> 10mg	QL (120 per 30 days)
<i>glipizide ext-rel tab 2.5mg</i>	QL (240 per 30 days)
<i>glipizide ext-rel tab 5mg</i>	QL (120 per 30 days)
<i>glipizide ext-rel tab 10mg</i>	QL (60 per 30 days)
<i>glyburide</i> 1.25mg	QL (480 per 30 days)
<i>glyburide</i> 2.5mg	QL (240 per 30 days)
<i>glyburide</i> 5mg	QL (120 per 30 days)
<i>glyburide micronized</i> 1.5mg	QL (240 per 30 days)
<i>glyburide micronized</i> 3mg	QL (120 per 30 days)
<i>glyburide micronized</i> 6mg	QL (60 per days)
Biguanides	
<i>metformin hcl</i> 500mg	QL (150 per 30 days)
<i>metformin hcl</i> 850mg	QL (90 per 30 days)
<i>metformin hcl</i> 1000mg	QL (60 per 30 days)
<i>metformin tab 500mg ext-rel</i>	QL (120 per 30 days)
<i>metformin tab 750mg ext-rel</i>	QL (60 per 30 days)
Meglitinide Analogues	
<i>nateglinide</i> 60mg	QL (180 per 30 days)
<i>nateglinide</i> 120mg	QL (90 per 30 days)
<i>repaglinide</i> 0.5 mg	QL (120 per 30 days)
<i>repaglinide</i> 1mg	QL (120 per 30 days)
<i>repaglinide</i> 2mg	QL (240 per 30 days)
Diabetic Other	
GLUCAGON EMERGENCY KIT	QL (2 per 30 days)
GLUCAGEN HYPOKIT	QL (2 per 30 days)
GLUCOSE	QL (60 per 30 days); OTC ONLY
<i>dextrose (diabetic use)</i>	QL (465 per 30 days); OTC ONLY

Drug Name	Requirements/Limits
RELION GLUCOSE	QL (60 per 30 days); OTC ONLY

Alpha-Glucosidase Inhibitors

<i>acarbose</i> 25mg	QL (360 per 30 days)
<i>acarbose</i> 50mg	QL (180 per 30 days)
<i>acarbose</i> 100mg	QL (90 per 30 days)

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

TRADJENTA	QL (30 per 30 days), ST
JANUVIA 25mg	QL (120 per 30 days), ST
JANUVIA 50mg	QL (60 per 30 days), ST
JANUVIA 100mg	QL (30 / 30 days), ST

Insulin Sensitizing Agents

<i>pioglitazone hcl</i> 15mg	QL (90 per 30 days)
<i>pioglitazone hcl</i> 30mg, 45mg	QL (30 per 30 days)

Antidiabetic Combinations

JENTADUETO	QL (60 per 30 days)
JANUMET	QL (60 per 30 days)
JANUMET XR	QL (60 per 30 days)
JANUMET XR	QL (30 per 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	QL (240 per 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	QL (120 per 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	QL (120 per 30 days)
<i>glyburide-metformin tab 1.25-250 mg</i>	QL (240 per 30 days)
<i>glyburide-metformin tab 2.5-500 mg</i>	QL (120 per 30 days)
<i>glyburide-metformin tab 5-500 mg</i>	QL (120 per 30 days)
<i>pioglitazone hcl-glimepiride</i>	QL (30 per 30 days)
<i>pioglitazone hcl-metformin hcl</i>	QL (90 per 30 days)

THYROID AGENTS

Thyroid Hormones

<i>levothyroxine sodium</i>	
SYNTHROID	
<i>liothyronine sodium</i>	
ARMOUR THYROID	
<i>thyroid</i>	

Antithyroid Agents

<i>methimazole</i>	
<i>propylthiouracil</i>	

OXYTOCICS

Oxytocics

<i>methylergonovine maleate</i>	
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ENDOCRINE AND METABOLIC AGENTS - MISC.

Bone Density Regulators

FORTEO	PA; SP
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LHRH/GnRH Agonist Analog Pituitary Suppressants

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy AGE – Age Restriction
 HRM – High Risk Medication SP – Specialty Pharmacy OTC – Over the Counter

Drug Name	Requirements/Limits
LUPRON DEPOT-PED	SP
SYNAREL	
Growth Hormones	
NORDITROPIN CARTRIDGE	PA; SP
NORDITROPIN FLEXPPO	PA; SP
ZORBTIVE	PA; SP
Posterior Pituitary Hormones	
<i>desmopressin acetate</i>	PA
STIMATE	PA; SP
<i>desmopressin acetate refrigerated</i>	PA
<i>desmopressin acetate spray refrigerated</i>	PA
<i>desmopressin acetate spray</i>	PA
CORTICOTROPIN	
CORTICOTROPIN	
H.P. ACTHAR	PA; SP
ENDOCRINE AND METABOLIC AGENTS - MISC.	
Prolactin Inhibitors	
<i>cabergoline</i>	
Vasopressin Receptor Antagonists	
SAMSCA 15mg	QL (30 per 30 days), PA; SP
SAMSCA 30mg	PA; SP
Metabolic Modifiers	
<i>calcitriol</i>	
<i>doxercalciferol</i>	
KUVAN	PA; SP
CARDIOTONICS	
Cardiac Glycosides	
LANOXIN	
<i>digoxin</i>	
ANTIANGINAL AGENTS	
Nitrates	
<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate</i>	
NITROSTAT	
<i>nitroglycerin</i>	
BETA BLOCKERS	
Beta Blockers Non-Selective	
<i>nadolol</i> 20mg, 80mg	
<i>nadolol</i> 40mg	QL (30 per 30 days)
<i>pindolol</i>	
<i>propranolol hcl</i>	
<i>sotalol hcl</i>	
<i>sotalol hcl (afib/afl)</i>	

Drug Name	Requirements/Limits
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<i>timolol maleate</i>	
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Beta Blockers Cardio-Selective

<i>atenolol</i>	
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<i>bisoprolol fumarate</i>	
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<i>metoprolol succinate</i>	QL (30 per 30 days)
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<i>metoprolol tartrate</i>	
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BYSTOLIC	QL (30 per 30 days)
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Alpha-Beta Blockers

<i>carvedilol</i>	
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<i>labetalol hcl</i>	
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CALCIUM CHANNEL BLOCKERS

Calcium Channel Blockers

<i>amlodipine besylate</i>	
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<i>diltiazem hcl</i>	
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<i>diltiazem hcl extended release beads</i>	
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<i>diltiazem hcl coated beads</i>	
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<i>felodipine</i>	
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<i>nifedipine</i>	PA
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<i>nifedipine ext-rel</i>	
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<i>verapamil hcl</i>	
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ANTIARRHYTHMICS

Antiarrhythmics Type I-A

<i>disopyramide phosphate</i>	
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NORPACE CR	
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Antiarrhythmics Type I-C

<i>flecainide acetate</i>	
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<i>propafenone hcl</i>	
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Antiarrhythmics Type III

<i>amiodarone hcl</i>	
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TIKOSYN	PA; SP
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ANTIHYPERTENSIVES

ACE Inhibitors

<i>benazepril hcl</i>	
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<i>captopril</i>	
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<i>enalapril maleate</i>	
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<i>fosinopril sodium</i>	
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<i>lisinopril</i>	
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<i>quinapril hcl</i>	
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<i>ramipril</i>	
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<i>trandolapril</i>	
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Angiotensin II Receptor Antagonists

<i>candesartan cilexetil</i>	
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<i>irbesartan</i>	
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<i>losartan potassium</i>	
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Drug Name**Requirements/Limits****Antiadrenergic Antihypertensives***clonidine hcl**guanfacine hcl**methyldopa**doxazosin mesylate**terazosin hcl***Selective Aldosterone Receptor Antagonists (SARAs)***eplerenone***Vasodilators***hydralazine hcl***Antihypertensive Combinations***amlodipine besylate-benazepril hcl**benazepril & hydrochlorothiazide**captopril & hydrochlorothiazide**enalapril maleate & hydrochlorothiazide**fosinopril sodium & hydrochlorothiazide**lisinopril & hydrochlorothiazide**quinapril-hydrochlorothiazide**atenolol & chlorthalidone**bisoprolol & hydrochlorothiazide**metoprolol & hydrochlorothiazide**irbesartan-hydrochlorothiazide**losartan potassium & hydrochlorothiazide***DIURETICS****Carbonic Anhydrase Inhibitors***acetazolamide**methazolamide***Loop Diuretics***bumetanide**furosemide**toremide***Potassium Sparing Diuretics***amiloride hcl**spironolactone***Thiazides and Thiazide-Like Diuretics***chlorthalidone**hydrochlorothiazide**indapamide**metolazone***Diuretic Combinations***amiloride & hydrochlorothiazide**spironolactone & hydrochlorothiazide**triamterene & hydrochlorothiazide***VASOPRESSORS**

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy
Restriction **HRM** – High Risk Medication **SP** – Specialty Pharmacy
Counter

AGE – Age
OTC – Over the

Drug Name	Requirements/Limits
Vasopressors	
<i>midodrine hcl</i>	
Anaphylaxis Therapy Agents	
EPIPEN-JR 2-PAK	QL (2 per 30 days, 4 per 365 days)
<i>epinephrine inj 0.3mg</i>	QL (4 per 30 days, 8 per 365 days)
EPIPEN 2-PAK	QL (2 per 30 days, 4 per 365 days)

ANTIHYPERLIPIDEMICS

Bile Acid Sequestrants

cholestyramine

cholestyramine light

colestipol hcl

Fibric Acid Derivatives

fenofibrate

fenofibrate micronized

gemfibrozil

HMG CoA Reductase Inhibitors

atorvastatin calcium

lovastatin

pravastatin sodium

simvastatin

Nicotinic Acid Derivatives

niacin (antihyperlipidemic) 500mg QL (30 per 30 days)

niacin (antihyperlipidemic) 750mg, 1000mg

CARDIOVASCULAR AGENTS - MISC.

Pulmonary Hypertension - Phosphodiesterase Inhibitors

sildenafil citrate (pulmonary hypertension) PA; SP

ADCIRCA PA; SP

Pulmonary Hypertension - Endothelin Receptor Antagonists

LETAIRIS PA; SP

TRACLEER PA; SP

Prostaglandin Vasodilators

epoprostenol sodium PA; SP

FLOLAN PA; SP

VELETRI PA; SP

VENTAVIS PA; SP

TYVASO STARTER PA; SP

REMODULIN PA; SP

Cardiovascular Agents Misc. - Combinations

BIDIL

ANTIHIISTAMINES

Antihistamines - Alkylamines

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy AGE – Age
Restriction HRM – High Risk Medication SP – Specialty Pharmacy OTC – Over the
Counter

Drug Name	Requirements/Limits
<i>chlorpheniramine maleate</i> TABS	QL (200 per 30 days); OTC ONLY
<i>chlorpheniramine maleate</i> TBCR	QL (30 per 30 days); OTC ONLY
<i>chlorpheniramine maleate</i> SYRP	QL (1800 per 30 days); OTC ONLY

Antihistamines - Ethanolamines

<i>clemastine fumarate</i> TABS	QL (60 per 30 days)
<i>clemastine fumarate</i> SYRP	
<i>diphenhydramine hcl</i> CAPS; CHEW; TABS; TBDP	QL (200 per 30 days)
<i>diphenhydramine hcl</i> ELIX; LIQD; SYRP	QL (600 per 30 days)

Antihistamines - Phenothiazines

<i>promethazine hcl</i>	
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Antihistamines - Piperidines

<i>cyproheptadine hcl</i>	
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Antihistamines - Non-Sedating

<i>cetirizine hcl</i> CAPS; CHEW; TABS	QL (30 per 30 days)
<i>cetirizine hcl</i> SOLN; SYRP	QL (150 per 30 days)
<i>fexofenadine hcl</i> TABS 60mg	QL (100 per 30 days); OTC ONLY
<i>fexofenadine hcl</i> TABS 180mg	QL (30 per 30 days); OTC ONLY
<i>fexofenadine hcl</i> SUSP	QL (150 per 30 days); OTC ONLY
<i>loratadine</i> TABS; TBDP	QL (100 per 30 days); OTC ONLY
<i>loratadine</i> SYRP	QL (300 per 30 days); OTC ONLY

COUGH/COLD/ALLERGY

Sympathomimetic Decongestants

<i>pseudoephedrine hcl</i> TABS	QL (120 per 30 days); OTC ONLY
<i>pseudoephedrine hcl</i> LIQD; SYRP	QL (600 per 30 days); OTC ONLY

NASAL AGENTS - SYSTEMIC AND TOPICAL

Sympathomimetic Decongestants

<i>pseudoephedrine hcl</i> TB12	QL (40 per 30 days); OTC ONLY
<i>oxymetazoline hcl</i>	QL (15 per 30 days)

Nasal Steroids

<i>flunisolide (nasal)</i>	QL (50 per 30 days)
<i>fluticasone propionate (nasal)</i>	QL (16 per 30 days)
<i>triamcinolone acetonide (nasal)</i>	QL (17 per 30 days); OTC Only

Nasal Anti-infectives

Drug Name	Requirements/Limits
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BACTROBAN NASAL	
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Nasal Anticholinergics

<i>ipratropium bromide (nasal)</i>	
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Nasal Antiallergy

<i>azelastine hcl</i>	QL (60 per 30 days)
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<i>cromolyn sodium (nasal)</i>	QL (30 per 30 days)
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Nasal Agents - Misc.

<i>saline</i>	QL (250 per 30 days)
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COUGH/COLD/ALLERGY

Antitussives

<i>hydrocodone w/ homatropine</i>	
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<i>benzonatate</i>	
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Expectorants

<i>guaifenesin LIQD; SYRP</i>	QL (1185 per 30 days)
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<i>guaifenesin TB12</i>	QL (120 per 30 days)
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Misc. Respiratory Inhalants

<i>sodium chloride (inhalant) NEBU .9%</i>	QL (1200 per 30 days)
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<i>sodium chloride (inhalant) NEBU 3%, 7%, 10%</i>	
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<i>sodium chloride (inhalant) AERS</i>	QL (250 per 30 days)
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Cough/Cold/Allergy Combinations

<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	QL (118 per 30 days)
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<i>cetirizine-pseudoephedrine</i>	QL (60 per 30 days); OTC ONLY
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<i>loratadine & pseudoephedrine tab sr 12hr 5-120 mg</i>	QL (60 per 30 days); OTC ONLY
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<i>loratadine & pseudoephedrine tab sr 24hr 10-240 mg</i>	QL (30 per 30 days); OTC ONLY
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<i>fexofenadine-pseudoephedrine tab sustained-rel 12hr 60-120 mg</i>	QL (60 per 30 days); OTC ONLY
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<i>fexofenadine-pseudoephedrine tab sustained-rel 24hr 180-240 mg</i>	QL (30 per 30 days); OTC ONLY
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<i>promethazine & phenylephrine</i>	
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<i>triprolidine & pseudoephedrine</i>	QL (320 per 30 days); OTC ONLY
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<i>promethazine w/codeine</i>	
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<i>phenylephrine-promethazine w/ codeine syrup 5-6.25-10 mg/5ml</i>	
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<i>promethazine/dextromethorphan</i>	
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<i>pseudoephed-bromphen-dextromethorphan</i>	
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<i>pseudoephedrine-guaifenesin tab sr 12hr</i>	QL (60 per 30 days)
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<i>guaifenesin-codeine</i>	
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<i>dextromethorphan-guaifenesin</i>	QL (240 per 30 days)
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<i>dextromethorphan-guaifenesin tab sustained-rel 12hr 30-600 mg</i>	QL (80 per 30 days)
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Drug Name	Requirements/Limits
<i>dextromethorphan-guaifenesin tab sustained-rel</i> 12hr 60-1200 mg	QL (80 per 30 days)
<i>pseudoephedrine w/ codeine-guaifenesine</i>	
<i>pseudoephedrine w/ codeine-guaifenesin</i>	

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

Bronchodilators - Anticholinergics

TUDORZA PRESSAIR	QL (1 per 30 days)
<i>ipratropium bromide</i>	QL (313 per 30 days)
SPIRIVA HANDIHALER	QL (30 per 30 days)

Anti-Inflammatory Agents

<i>cromolyn sodium</i>	QL (240 per 30 days)
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Sympathomimetics

<i>albuterol sulfate</i> SYRP	
<i>albuterol sulfate</i> TABS	
<i>albuterol sulfate</i> NEBU .5%	QL (60 per 30 days)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml	QL (375 per 30 days)
PROAIR HFA	QL (8.5 per 30 days)
VENTOLIN HFA 108mcg/act	QL (18 (1 pack) / 30 days)
VENTOLIN HFA 108mcg/act	QL (8 (1 pack) per 30 days)
<i>albuterol tab 4mg ext-rel</i>	QL (240 per 30 days)
<i>albuterol tab 8mg ext-rel</i>	QL (120 per 30 days)
FORADIL AEROLIZER	QL (60 per 30 days), ST
ARCAPTA NEOHALER	QL (30 per 30 days), ST
SEREVENT DISKUS	QL (60 per 30 days), ST
<i>terbutaline sulfate</i>	
<i>ipratropium-albuterol</i>	QL (540 per 30 days)
COMBIVENT RESPIMAT	QL (8 per 30 days)
SYMBICORT	QL (11 per 30 days), ST
ADVAIR DISKU AER 100/50	QL (60 per 30 days), ST; AGE
DULERA	QL (13 per 30 days), ST

Xanthines

ELIXOPHYLLIN	
THEO-24	PA
<i>theophylline</i>	

Steroid Inhalants

QVAR	QL (18 per 30 days)
<i>budesonide (inhalation)</i> .25mg/2ml	QL (180 per 30 days)
<i>budesonide (inhalation)</i> .5mg/2ml	QL (120 per 30 days)
PULMICORT SUS 1MG/2ML	QL (60 per 30 days); AGE
FLOVENT HFA	QL (2 per 30 days)
ASMANEX 30 AER 110MCG	QL (2 per 30 days)
ASMANEX 30 AER 220MCG	QL (4 per 30 days)
ASMANEX 60 AER 220MCG	QL (2 per 30 days)

Drug Name	Requirements/Limits
ASMANEX 120 AER 220MCG	QL (1 per 30 days)
Leukotriene Modulators	
<i>montelukast sodium</i>	
Antiasthmatic - Monoclonal Antibodies	
XOLAIR	PA; SP
RESPIRATORY AGENTS - MISC.	
Cystic Fibrosis Agents	
PULMOZYME	PA; SP
LAXATIVES	
Stimulant Laxatives	
<i>bisacodyl tab delayed release 5 mg</i>	QL (500 per 30 days); OTC ONLY
<i>bisacodyl</i>	QL (250 per 30 days); OTC ONLY
<i>sennosides</i> CHEW; TABS	QL (200 per 30 days); OTC ONLY
<i>sennosides</i> LIQD	QL (600 per 30 days); OTC ONLY
Bulk Laxatives	
<i>methylcellulose (laxative)</i>	QL (2400 per 30 days)
<i>calcium polycarbophil</i>	QL (200 per 30 days)
<i>psyllium</i>	QL (2400 per 30 days)
Laxatives - Miscellaneous	
<i>lactulose</i>	
KRISTALOSE	
<i>polyethylene glycol 3350</i> POWD	QL (527 per 30 days)
<i>polyethylene glycol 3350</i> PACK	QL (30 per 30 days)
Laxative Combinations	
<i>sennosides-docusate sodium</i>	QL (120 per 30 days); OTC ONLY
SUPREP BOWEL PREP	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	
SUCLEAR	
ANTIDIARRHEALS	
Antiperistaltic Agents	
<i>diphenoxylate w/ atropine</i>	
<i>loperamide hcl</i> CAPS	OTC ONLY
<i>loperamide hcl</i> TABS	QL (120 per 30 days); OTC ONLY
<i>loperamide hcl</i> LIQD	QL (600 per 30 days); OTC ONLY
Antidiarrheal Agents - Misc.	

Drug Name	Requirements/Limits
<i>bismuth subsalicylate</i> CHEW	QL (500 per 30 days); OTC ONLY
<i>bismuth subsalicylate</i> TABS	QL (500 per 30 days); OTC ONLY
<i>bismuth subsalicylate</i> SUSP 262mg/15ml	QL (2400 per 30 days); OTC ONLY
<i>bismuth subsalicylate</i> SUSP 525mg/15ml	QL (3600 per 30 days); OTC ONLY

Antidiarrheal Combinations

<i>loperamide-simethicone</i>	QL (42 per 30 days); OTC ONLY
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ULCER DRUGS

Antacids - Bicarbonate

<i>sodium bicarbonate (antacid)</i>	QL (100 per 30 days); OTC ONLY
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Antacids - Calcium Salts

<i>calcium carbonate (antacid)</i>	QL (200 per 30 days); OTC ONLY
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Antacid Combinations

<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	QL (500 per 30 days); OTC ONLY
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	QL (1775 per 30 days); OTC ONLY
<i>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg</i>	QL (500 per 30 days); OTC ONLY
<i>alum & mag hydrox-simethicone</i> CHEW	QL (1775 per 30 days); OTC ONLY
<i>alum & mag hydrox-simethicone</i> SUSP	QL (500 per 30 days); OTC ONLY

ANTISPASMODICS

Antispasmodics

<i>hyoscyamine sulfate</i>	
<i>glycopyrrolate</i>	
CUVPOSA	PA
<i>dicyclomine hcl</i>	

ULCER DRUGS

Antispasmodics

<i>chlordiazepoxide hcl-clidinium bromide</i>	
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ANTISPASMODICS

Antispasmodics

DONNATAL EXTENTABS	
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ULCER DRUGS

Antispasmodics

<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>	
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H-2 Antagonists

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy AGE – Age Restriction HRM – High Risk Medication SP – Specialty Pharmacy OTC – Over the Counter

Drug Name	Requirements/Limits
<i>cimetidine tab 200 mg</i>	QL (200 per 30 days); OTC ONLY
<i>cimetidine tab</i>	
<i>cimetidine hcl soln 300 mg/5ml</i>	
<i>ranitidine hcl TABS 75mg, 150mg</i>	QL (150 per 30 days); OTC ONLY
<i>ranitidine hcl CAPS</i>	
<i>ranitidine hcl SYRP</i>	
<i>ranitidine hcl TABS 300mg</i>	
<i>famotidine TABS</i>	QL (60 per 30 days); Rx ONLY
<i>famotidine SUSR</i>	QL (300 per 30 days)
<i>nizatidine</i>	

Ulcer Drugs - Prostaglandins

misoprostol

PROTON PUMP INHIBITORS

NEXIUM GRANULES 2.5 MG, 5MG AND 10MG DELAYED RELEASE	QL (90 days per year); Age Limit; only covered in less than 1 years of age
NEXIUM 24HR CAP 20MG	QL (30 per 30 days; 90 days per year); OTC ONLY

Proton Pump Inhibitors

<i>lansoprazole cap delayed release 15 mg</i>	QL (60 per 30 days, max 90 per year); OTC ONLY
<i>omeprazole cap delayed release</i>	QL (30 per 30 days, max 90 days per year)
<i>omeprazole magnesium cap delayed release 20.6 mg (20 mg base equiv)</i>	QL (30 per 30 days, max 90 days per year); OTC ONLY

Misc. Anti-Ulcer

<i>sucralfate tab 1 gm</i>	
CARAFATE SUS 1GM/10ML	OTC ONLY

Ulcer Therapy Combinations

<i>omeprazole-sodium bicarbonate</i>	QL (30 per 30 days, max 90 days per year); OTC ONLY
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ANTIEMETICS

Antiemetics - Anticholinergic

ANTIVERT	Rx ONLY
<i>meclizine hcl</i>	Rx ONLY
<i>trimethobenzamide hcl</i>	

5-HT3 Receptor Antagonists

<i>granisetron hcl</i>	QL (6 per 15 days)
<i>ondansetron orally disintegrating tab</i>	QL (12 per 15 days)
<i>ondansetron hcl TABS 4mg, 8mg</i>	QL (12 per 15 days)
<i>ondansetron hcl TABS 24mg</i>	QL (1 per 15 days)
<i>ondansetron hcl SOLN</i>	QL (100 per 15 days)

Drug Name	Requirements/Limits
Substance P/Neurokinin 1 (NK1) Receptor Antagonists	
EMEND	PA
Antiemetics - Miscellaneous	
<i>dronabinol</i>	QL (60 per 30 days), PA
DIGESTIVE AIDS	
Digestive Enzymes	
CREON	
<i>pancrelipase (lipase-protease-amylase)</i>	
ZENPEP	
GASTROINTESTINAL AGENTS - MISC.	
Gallstone Solubilizing Agents	
<i>ursodiol</i>	
Antiflatulents	
<i>simethicone</i> CAPS 180mg	QL (80 per 30 days); OTC ONLY
<i>simethicone</i> CHEW 80mg	QL (200 per 30 days); OTC ONLY
<i>simethicone</i> CAPS 125mg	QL (120 per 30 days); OTC ONLY
<i>simethicone</i> CHEW 125mg	QL (120 per 30 days); OTC ONLY
<i>simethicone</i> LIQD	QL (625 per 30 days); OTC ONLY
<i>simethicone</i> SUSP	QL (625 per 30 days); OTC ONLY
Gastrointestinal Stimulants	
<i>metoclopramide hcl</i>	
Intestinal Acidifiers	
<i>lactulose (encephalopathy)</i>	
Inflammatory Bowel Agents	
<i>balsalazide disodium</i>	
<i>mesalamine</i>	
CANASA	
APRISO	
<i>mesalamine w/ cleanser</i>	
<i>sulfasalazine</i>	
Phosphate Binder Agents	
<i>calcium acetate (phosphate binder)</i>	
<i>sevelamer carbonate</i> 800mg	ST
SEVELAMER CARBONATE 800mg	ST
RENVELA PAK	ST
URINARY ANTI-INFECTIVES	
Urinary Anti-infectives	
<i>nitrofurantoin</i>	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy AGE – Age Restriction HRM – High Risk Medication SP – Specialty Pharmacy OTC – Over the Counter

Drug Name	Requirements/Limits
<i>nitrofurantoin macrocrystal</i>	
<i>nitrofurantoin monohydrate macrocrystalline cap</i>	
<i>100 mg</i>	

GENITOURINARY

Urinary Antispasmodics

<i>oxybutynin chloride</i>	
<i>oxybutynin chloride tab sustained-rel 24hr 5 mg</i>	QL (30 per 30 days)
<i>oxybutynin chloride tab sustained-rel 24hr 10 mg</i>	
<i>oxybutynin chloride tab sustained-rel 24hr 15 mg</i>	
<i>trospium chloride</i>	
<i>trospium chloride cap sustained-rel 24hr 60 mg</i>	ST

VAGINAL PRODUCTS

Vaginal Anti-infectives

<i>CLEOCIN</i>	
<i>metronidazole vaginal</i>	
<i>clotrimazole vaginal</i>	QL (45 per 30 days); OTC ONLY
<i>miconazole nitrate vaginal cream</i>	QL (45 per 30 days); OTC ONLY
<i>miconazole nitrate vaginal SUPP 100mg</i>	QL (7 per 30 days); OTC ONLY
<i>miconazole nitrate vaginal SUPP 200mg</i>	QL (7 per 30 days)
<i>miconazole nitrate vaginal KIT</i>	QL (1 per 30 days); OTC ONLY
<i>terconazole vaginal</i>	

Spermicides

<i>NONOXYNOL-9</i>	QL (108 per 30 days); OTC ONLY
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Vaginal Estrogens

<i>VAGIFEM</i>	
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Miscellaneous Vaginal Products

<i>acetic acid vaginal</i>	QL (720 per 30 days); OTC ONLY
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GENITOURINARY AGENTS - MISCELLANEOUS

Alkalinizers

<i>potassium citrate (alkalinizer)</i>	
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Urinary Analgesics

<i>phenazopyridine hcl</i>	
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Interstitial Cystitis Agents

<i>ELMIRON</i>	
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PROSTATIC HYPERTROPHY AGENTS

ALPHA 1-ADRENOCEPTOR ANTAGONISTS

<i>alfuzosin hcl</i>	
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ANTI-ANXIETY AGENTS

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy AGE – Age Restriction HRM – High Risk Medication SP – Specialty Pharmacy OTC – Over the Counter

Drug Name	Requirements/Limits
Benzodiazepines	
<i>alprazolam</i> .25mg, .5mg, 1mg	QL (90 per 30 days)
<i>alprazolam</i> 2mg	QL (60 per 30 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	QL (90 per 30 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	QL (90 per 30 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	QL (90 per 30 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	QL (60 per 30 days)
<i>chlordiazepoxide hcl</i>	
<i>diazepam</i> TABS	QL (120 per 30 days)
<i>diazepam</i> SOLN	QL (1200 per 30 days)
<i>lorazepam</i>	QL (150 per 30 days)
<i>lorazepam 2mg/ml</i>	QL (90 per 30 days)
<i>oxazepam</i>	QL (120 per 30 days)
Antianxiety Agents - Misc.	
<i>bupirone hcl</i>	
<i>hydroxyzine hcl</i>	
<i>hydroxyzine pamoate</i>	
ANTIDEPRESSANTS	
Alpha-2 Receptor Antagonists (Tetracyclics)	
<i>mirtazapine</i>	
Monoamine Oxidase Inhibitors (MAOIs)	
<i>phenelzine sulfate</i>	
<i>tranylcypromine sulfate</i>	
Modified Cyclics	
<i>trazodone hcl</i>	
Selective Serotonin Reuptake Inhibitors (SSRIs)	
<i>citalopram hydrobromide</i>	
<i>escitalopram oxalate</i> TABS	QL (30 per 30 days)
<i>escitalopram oxalate</i> SOLN	
<i>fluoxetine hcl</i>	
<i>fluvoxamine maleate</i>	
<i>paroxetine hcl</i>	
PAXIL SUSPENSION 10MG/5ML	
<i>sertraline hcl</i>	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	
<i>duloxetine hcl</i>	PA
<i>venlafaxine hcl</i>	
<i>venlafaxine hcl ext-rel</i>	QL (30 per 30 days)
Tricyclic Agents	
<i>amitriptyline hcl</i> 10mg	QL (90 per 30 days)
<i>amitriptyline hcl</i> 25mg, 50mg, 75mg, 100mg, 150mg	
<i>clomipramine hcl</i> 25mg	QL (90 per 30 days)
<i>clomipramine hcl</i> 50mg, 75mg	

Drug Name	Requirements/Limits
<i>desipramine hcl</i> 10mg, 25mg	QL (90 per 30 days)
<i>desipramine hcl</i> 50mg, 75mg	QL (60 per 30 days)
<i>desipramine hcl</i> 100mg, 150mg	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg	QL (90 per 30 days)
<i>doxepin hcl</i> CAPS 75mg	QL (60 per 30 days)
<i>doxepin hcl</i> CAPS 100mg, 150mg	
<i>doxepin hcl</i> CONC	
<i>imipramine hcl</i> 10mg, 25mg	QL (90 per 30 days)
<i>imipramine hcl</i> 50mg	
<i>nortriptyline hcl</i> 10mg, 25mg	QL (90 per 30 days)
<i>nortriptyline hcl</i> 50mg, 75mg	

Antidepressants - Misc.

bupropion hcl

ANTIPSYCHOTICS/ANTIMANIC AGENTS

Benzisoxazoles

FANAPT	PA
FANAPT TITRATION PACK	PA
INVEGA 1.5mg, 3mg, 9mg	QL (30 per 30 days), PA
INVEGA 6mg	QL (60 per 30 days), PA
<i>risperidone</i>	

Butyrophenones

haloperidol
haloperidol lactate
haloperidol decanoate

Dibenzapines

<i>clozapine</i>	
CLOZARIL	
<i>quetiapine fumarate</i>	
SEROQUEL XR 50mg, 150mg, 200mg	QL (30 per 30 days), PA
SEROQUEL XR 300mg, 400mg	QL (60 per 30 days), PA
SAPHRIS	PA
<i>olanzapine</i> 5mg	QL (30 per 30 days)
<i>olanzapine</i> 2.5mg, 7.5mg, 10mg, 15mg, 20mg	
<i>olanzapine orally disintegrating tab</i>	QL (30 per 30 days)

Phenothiazines

chlorpromazine hcl
fluphenazine hcl
perphenazine
prochlorperazine
prochlorperazine maleate
thioridazine hcl
trifluoperazine hcl

Quinolinone Derivatives

ABILIFY TABS 2mg	QL (120 per 30 days), PA
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Drug Name	Requirements/Limits
ABILIFY TABS 5mg, 10mg, 15mg, 20mg, 30mg	QL (30 per 30 days), PA
ABILIFY SOLN	QL (900 per 30 days), PA
ABILIFY DISCMELT	QL (30 per 30 days), PA

Thioxanthenes

thiothixene

Antipsychotics - Misc.

ziprasidone hcl

Antimanic Agents

LITHIUM

lithium carbonate

HYPNOTICS

Barbiturate Hypnotics

phenobarbital

Non-Barbiturate Hypnotics

temazepam

QL (15 per 30 days)

zolpidem tartrate

QL (15 per 30 days)

Antihistamine Hypnotics

diphenhydramine hcl (sleep)

QL (500 per 30 days)

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

Amphetamines

dextroamphetamine sulfate tab 5 mg

QL (120 per 30 days)

dextroamphetamine sulfate tab 10 mg

QL (120 per 30 days)

dextroamphetamine sulfate cap sustained-rel 24hr 5 mg

QL (120 per 30 days)

dextroamphetamine sulfate cap sustained-rel 24hr 10 mg

QL (120 per 30 days)

dextroamphetamine sulfate cap sustained-rel 24hr 15 mg

QL (60 per 30 days)

amphetamine-dextroamphetamine tab 5 mg

QL (90 per 30 days)

amphetamine-dextroamphetamine tab 7.5 mg

QL (90 per 30 days)

amphetamine-dextroamphetamine tab 10 mg

QL (90 per 30 days)

amphetamine-dextroamphetamine tab 12.5 mg

QL (90 per 30 days)

amphetamine-dextroamphetamine tab 15 mg

QL (60 per 30 days)

amphetamine-dextroamphetamine tab 20 mg

QL (60 per 30 days)

amphetamine-dextroamphetamine tab 30 mg

QL (30 per 30 days)

amphetamine-dextroamphetamine cap sustained-rel 24hr 5 mg

QL (90 per 30 days)

amphetamine-dextroamphetamine cap sustained-rel 24hr 10 mg

QL (90 per 30 days)

amphetamine-dextroamphetamine cap sustained-rel 24hr 15 mg

QL (30 per 30 days)

amphetamine-dextroamphetamine cap sustained-rel 24hr 20 mg

QL (30 per 30 days)

amphetamine-dextroamphetamine cap sustained-rel 24hr 25 mg

QL (30 per 30 days)

Drug Name	Requirements/Limits
<i>amphetamine-dextroamphetamine cap</i>	QL (30 per 30 days)
<i>sustained-rel 24hr 30 mg</i>	

Attention-Deficit/Hyperactivity Disorder (ADHD) Agents

STRATTERA 10mg, 18mg, 25mg	QL (120 per 30 days), ST
STRATTERA 40mg, 60mg, 80mg, 100mg	QL (30 per 30 days), ST

Stimulants - Misc.

NUVIGIL	PA
<i>dexmethylphenidate hcl 2.5mg, 5mg</i>	QL (120 per 30 days)
<i>dexmethylphenidate hcl 10mg</i>	QL (60 per 30 days)
<i>methylphenidate hcl cap controlled release 10 mg</i>	QL (60 per 30 days)
<i>methylphenidate hcl cap controlled release 20 mg</i>	QL (30 per 30 days)
<i>methylphenidate hcl cap controlled release 30 mg</i>	QL (60 per 30 days)
<i>methylphenidate hcl cap controlled release 40 mg</i>	QL (30 per 30 days)
<i>methylphenidate hcl cap controlled release 50 mg</i>	QL (30 per 30 days)
<i>methylphenidate hcl cap controlled release 60 mg</i>	QL (30 per 30 days)
<i>methylphenidate hcl</i>	QL (180 per 30 days)
<i>methylphenid tab 20mg ext-rel</i>	QL (90 per 30 days)
<i>methylphenidate hcl tab controlled-release 10mg, 20mg</i>	QL (90 per 30 days)
<i>methylphenidate hcl tab controlled-release 18mg, 27mg, 54mg</i>	QL (30 per 30 days)
<i>methylphenidate hcl tab controlled-release 36mg</i>	QL (60 per 30 days)
<i>methylphenidate hcl solution 5 mg/5ml</i>	QL (1800 per 30 days)
<i>methylphenidate hcl solution 10 mg/5ml</i>	QL (900 per 30 days)
<i>methylphenidate hcl cap sustained-rel 24hr 20 mg</i>	QL (30 per 30 days)
<i>methylphenidate hcl cap sustained-rel 24hr 30 mg</i>	QL (30 per 30 days)
<i>methylphenidate hcl cap sustained-rel 24hr 40 mg</i>	QL (30 per 30 days)
<i>modafinil</i>	QL (30 per 30 days), PA

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

Antidementia Agents

EXELON	PA
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Smoking Deterrents

<i>bupropion hcl (smoking deterrent)</i>	QL (180 days per year)
<i>nicotine transdermal patch</i>	QL (30 per 30 days and 180 days per year); OTC ONLY
<i>nicotine polacrilex gum</i>	QL (540 per 30 days and 180 days per year); OTC ONLY
CHANTIX	QL (180 days per year)

Multiple Sclerosis Agents

COPAXONE KIT 20MG/ML	PA; SP
COPAXONE INJ 40MG/ML	PA; SP
AVONEX	PA; SP
EXTAVIA	PA; SP
AUBAGIO	PA; SP
GILENYA	PA; SP

Drug Name	Requirements/Limits
<i>Pseudobulbar Affect (PBA) Agents</i>	
<i>NUEDEXTA</i>	PA
<i>Agents for Chemical Dependency</i>	
<i>acamprosate calcium</i>	PA
<i>disulfiram</i>	
ANALGESICS - NonNarcotic	
<i>Salicylates</i>	
<i>aspirin</i> TABS 81mg	QL (180 per 30 days); OTC ONLY
<i>aspirin</i> TABS 325mg	QL (500 per 30 days); OTC ONLY
<i>aspirin</i> CHEW	QL (200 per 30 days); OTC ONLY
<i>aspirin</i> TABS 500mg	QL (200 per 30 days); OTC ONLY
<i>aspirin enteric coated</i> 81mg	QL (180 per 30 days); OTC ONLY
<i>aspirin enteric coated</i> 325mg	QL (500 per 30 days); OTC ONLY
<i>aspirin enteric coated</i> 500mg	QL (200 per 30 days); OTC ONLY
<i>aspirin</i> SUPP 300mg	QL (60 per 30 days); OTC ONLY
<i>aspirin</i> SUPP 600mg	QL (30 per 30 days); OTC ONLY
<i>diflunisal</i>	
<i>Analgesics Other</i>	
<i>acetaminophen</i> CHEW	QL (200 per 30 days); OTC ONLY
<i>acetaminophen</i> TABS	QL (200 per 30 days); OTC ONLY
<i>acetaminophen</i> SUSP 80mg/0.8ml	QL (120 per 30 days); OTC ONLY
<i>acetaminophen</i> ELIX	QL (240 per 30 days); OTC ONLY
<i>acetaminophen</i> LIQD	QL (240 per 30 days); OTC ONLY
<i>acetaminophen</i> SUSP 160mg/5ml	QL (240 per 30 days); OTC ONLY
<i>acetaminophen suspension</i> 80mg/0.8ml	QL (120 per 30 days); OTC ONLY
<i>acetaminophen suspension</i> 160mg/5ml	QL (240 per 30 days); OTC ONLY
<i>acetaminophen suppositories</i>	QL (100 per 30 days); OTC ONLY

Drug Name	Requirements/Limits
<i>acetaminophen tabs</i>	QL (200 per 30 days); OTC ONLY

Analgesic Combinations

<i>butalbital-acetaminophen-caffeine</i>	QL (60 per 30 days)
<i>butalbital-aspirin-caffeine</i>	QL (60 per 30 days)

ANALGESICS - OPIOID

Opioid Agonists

<i>fentanyl</i>	QL (15 per 30 days)
<i>hydromorphone hcl</i>	QL (180 per 30 days)
<i>methadone hcl</i>	QL (240 per 30 days)
<i>morphine sulfate</i>	QL (180 per 30 days)
<i>morphine sulfate controlled-release 15mg, 30mg, 100mg</i>	QL (90 per 30 days)
<i>morphine sulfate controlled-release 60mg, 200mg</i>	QL (60 per 30 days)
<i>morphine sulfate solution 10mg/5ml, 20mg/5ml</i>	QL (900 per 30 days)
<i>morphine sulfate solution 20mg/ml</i>	QL (180 per 30 days)
<i>morphine sulfate suppositories</i>	QL (180 per 30 days)
<i>oxycodone hcl CAPS; CONC; TABS</i>	QL (180 per 30 days)
<i>oxycodone hcl SOLN</i>	QL (900 per 30 days)
<i>tramadol hcl</i>	QL (240 per 30 days)
TRAMADOL HCL ER	QL (30 per 30 days)
CONZIP	QL (30 per 30 days)
RYBIX ODT	QL (240 per 30 days)
<i>tramadol hcl ext-rel</i>	QL (30 per 30 days)

Opioid Partial Agonists

<i>buprenorphine hcl</i>	PA
<i>buprenorphine hcl-naloxone hcl sublingual tab 2-0.5mg</i>	QL (360 per 30 days), PA
<i>buprenorphine hcl-naloxone hcl sublingual tab 8-2mg</i>	QL (90 per 30 days), PA

Opioid Combinations

<i>oxycodone w/ acetaminophen</i>	QL (370 per 30 days)
<i>oxycodone-aspirin</i>	QL (240 per 30 days)
<i>acetaminophen w/ codeine</i>	QL (400 per 30 days)
<i>acetaminophen w/ codeine solution</i>	QL (5000 per 30 days)
<i>hydrocodone-acetaminophen TABS</i>	QL (240 per 30 days)
<i>hydrocodone-acetaminophen TABS</i>	QL (370 per 30 days)
<i>hydrocodone-acetaminophen SOLN</i>	QL (3600 per 30 days)
<i>tramadol-acetaminophen</i>	QL (40 per 30 days)

ANALGESICS - ANTI-INFLAMMATORY

Nonsteroidal Anti-inflammatory Agents (NSAIDs)

<i>diclofenac potassium</i>	
<i>diclofenac sodium</i>	
<i>etodolac</i>	
<i>flurbiprofen</i>	

Drug Name	Requirements/Limits
<i>ibuprofen</i> CAPS	QL (200 per 30 days); OTC ONLY
<i>ibuprofen</i> TABS 100mg, 200mg	QL (200 per 30 days); OTC ONLY
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	
<i>ibuprofen</i> CHEW	QL (100 per 30 days); OTC ONLY
<i>ibuprofen drop</i> 50mg/1.25ml	QL (100 per 30 days); OTC ONLY
<i>ibuprofen suspension</i> 100 mg/5ml	QL (200 per 30 days); OTC ONLY
<i>ketoprofen</i>	
<i>ketorolac tromethamine</i>	QL (20 per 5 days)
<i>meloxicam</i>	
<i>nabumetone</i>	
<i>naproxen</i>	
<i>naproxen sodium</i> CAPS	QL (100 per 30 days); OTC ONLY
<i>naproxen sodium</i> TABS 220mg	QL (100 per 30 days); OTC ONLY
<i>naproxen sodium</i> TABS 275mg, 550mg	
<i>oxaprozin</i>	
<i>sulindac</i>	
CELEBREX	PA

Anti-TNF-alpha - Monoclonal Antibodies

HUMIRA	PA; SP
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Pyrimidine Synthesis Inhibitors

<i>leflunomide</i>	
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Soluble Tumor Necrosis Factor Receptor Agents

ENBREL	PA; SP
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INTERLEUKIN-1 BLOCKERS

INTERLEUKIN-1 BLOCKERS

ILARIS	PA; SP
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MIGRAINE PRODUCTS

Migraine Products

<i>dihydroergotamine mesylate inj</i> 1 mg/ml	
<i>dihydroergotamine mesylate nasal spray</i> 4 mg/ml	QL (8 per 30 days)

Serotonin Agonists

<i>naratriptan hcl</i>	QL (9 per 30 days), ST
<i>rizatriptan benzoate</i>	QL (18 per 30 days), ST
<i>sumatriptan spray</i> 5mg/act	QL (24 per 30 days)
<i>sumatriptan spray</i> 20mg/act	QL (12 per 30 days)
<i>sumatriptan succinate</i>	QL (12 per 30 days)
<i>zolmitriptan</i>	QL (12 per 30 days), ST

Migraine Combinations

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **AGE** – Age Restriction **HRM** – High Risk Medication **SP** – Specialty Pharmacy **OTC** – Over the Counter

Drug Name	Requirements/Limits
CAFERGOT	
GOUT AGENTS	
Gout Agents	
<i>allopurinol</i>	
COLCRYS	QL (30 per 30 days), PA
Uricosurics	
<i>probenecid</i>	
ANTICONVULSANTS	
Anticonvulsants - Benzodiazepines	
ONFI	PA
<i>clonazepam</i>	
<i>diazepam (anticonvulsant)</i>	
GABA Modulators	
<i>tiagabine hcl</i>	
SABRIL	PA; SP
Hydantoins	
DILANTIN INFATABS	
<i>phenytoin</i>	
DILANTIN	
<i>phenytoin sodium extended</i>	
Succinimides	
ZARONTIN	
<i>ethosuximide</i>	
Valproic Acid	
<i>divalproex sodium</i>	
<i>valproate sodium</i>	
<i>valproic acid</i>	
Anticonvulsants - Misc.	
<i>carbamazepine</i>	
TEGRETOL	
TEGRETOL-XR	
POTIGA	PA
<i>gabapentin</i> CAPS 100mg	QL (1080 per 30 days)
<i>gabapentin</i> CAPS 300mg	QL (360 per 30 days)
<i>gabapentin</i> CAPS 400mg	QL (270 per 30 days)
<i>gabapentin</i> TABS 600mg	QL (180 per 30 days)
<i>gabapentin</i> TABS 800mg	QL (120 per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	QL (2100 per 30 days)
VIMPAT	PA
<i>lamotrigine</i>	
<i>levetiracetam</i>	
<i>oxcarbazepine</i>	
LYRICA 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	QL (90 per 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **AGE** – Age Restriction **HRM** – High Risk Medication **SP** – Specialty Pharmacy **OTC** – Over the Counter

Drug Name	Requirements/Limits
LYRICA 225mg, 300mg	QL (60 per 30 days), PA
LYRICA SOLUTION 20MG/ML <i>primidone</i>	QL (900 per 30 days), PA
BANZEL <i>topiramate</i>	PA
<i>zonisamide</i>	PA

ANTIPARKINSON AGENTS

Antiparkinson Anticholinergics

benztropine mesylate
trihexyphenidyl hcl

Antiparkinson COMT Inhibitors

entacapone

Antiparkinson Dopaminergics

amantadine hcl
bromocriptine mesylate
pramipexole dihydrochloride
ropinirole hydrochloride
carbidopa-levodopa
carbidopa-levodopa-entacapone

Antiparkinson Monoamine Oxidase Inhibitors

selegiline hcl

NEUROMUSCULAR AGENTS

ALS Agents

riluzole

MUSCULOSKELETAL THERAPY AGENTS

Central Muscle Relaxants

baclofen
carisoprodol QL (120 per 30 days)
chlorzoxazone
cyclobenzaprine hcl
methocarbamol
orphenadrine citrate
tizanidine hcl

Direct Muscle Relaxants

dantrolene sodium

Muscle Relaxant Combinations

orphenadrine w/ aspirin & caffeine tab

ANTIMYASTHENIC AGENTS

Antimyasthenic Agents

pyridostigmine bromide
MESTINON TIMESPAN

VITAMINS

Water Soluble Vitamins

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy AGE – Age
Restriction HRM – High Risk Medication SP – Specialty Pharmacy OTC – Over the
Counter

Drug Name	Requirements/Limits
<i>thiamine hcl</i>	
<i>thiamine mononitrate</i>	
<i>pyridoxine hcl</i>	QL (100 per 30 days); OTC ONLY
<i>calcium ascorbate</i>	QL (100 per 30 days); OTC ONLY

Oil Soluble Vitamins

<i>ergocalciferol CAPS</i>	QL (200 per 30 days)
<i>ergocalciferol SOLN</i>	QL (50 per 30 days); OTC ONLY
<i>cholecalciferol CAPS</i>	QL (100 per 30 days); OTC ONLY
<i>cholecalciferol CHEW</i>	QL (100 per 30 days); OTC ONLY
<i>cholecalciferol LIQD 400unit/ml</i>	QL (100 per 30 days); OTC ONLY
<i>cholecalciferol TABS</i>	QL (100 per 30 days); OTC ONLY
<i>cholecalciferol LIQD 400unt/0.03ml, 2000unt/0.03ml</i> MEPHYTON	QL (60 per 30 days); OTC ONLY

MULTIVITAMINS

B-Complex w/ Folic Acid

<i>b-complex with/ c & folic acid cap 1 mg</i>	
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Multivitamins

<i>multiple vitamin CAPS</i>	QL (30 per 30 days)
<i>multiple vitamin LIQD</i>	QL (50 per 30 days)

Multiple Vitamins w/ Iron

<i>multiple vitamins w/ iron</i>	QL (30 per 30 days)
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Multiple Vitamins w/ Minerals

<i>AQUADEKS CAPS</i>	QL (60 per 30 days)
<i>multiple vitamins w/ minerals CAPS; CHEW; PACK; POWD; TABS</i>	QL (30 per 30 days)
<i>multiple vitamins w/ minerals tab controlled release</i>	QL (30 per 30 days)
<i>AQUADEKS CHEW</i>	QL (120 per 30 days)
<i>multiple vitamins w/ minerals ELIX; LIQD; SYRP</i>	QL (50 per 30 days)

MULTIPLE VITAMINS W/ CALCIUM

<i>multiple vitamins w/ calcium CAPS</i>	QL (30 per 30 days)
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Multiple Vitamins w/ Calcium

<i>multiple vitamins w/ calcium TABS</i>	QL (30 per 30 days)
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Pediatric Vitamins

<i>pediatric vitamins adc</i>	QL (50 per 30 days)
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Pediatric Multiple Vitamins

<i>pediatric multiple vitamins CHEW</i>	QL (30 per 30 days)
<i>pediatric multiple vitamins LIQD</i>	QL (50 per 30 days)

Drug Name	Requirements/Limits
<i>pediatric multiple vitamin w/ c</i>	QL (50 per 30 days)
<i>pediatric multiple vitamin w/ c & fa</i>	QL (30 per 30 days)
<i>pediatric multiple vitamin w/ extra c & fa</i>	QL (30 per 30 days)

Ped Multiple Vitamins w/ Minerals

<i>pediatric multiple vitamin w/ minerals & c</i>	CHEW	QL (30 per 30 days)
<i>pediatric multiple vitamin w/ minerals & c</i>	LIQD	QL (60 per 30 days)
<i>pediatric multiple vitamin w/ minerals & c</i>	SOLN	QL (50 per 30 days)

PED MV W/ IRON

<i>pediatric multiple vitamins w/ iron</i>	CHEW	QL (30 per 30 days)
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Ped MV w/ Iron

<i>pediatric multiple vitamins w/ iron</i>	CHEW	QL (30 per 30 days)
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PED MV W/ IRON

<i>pediatric multiple vitamins w/ iron</i>	LIQD	QL (50 per 30 days)
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Ped MV w/ Iron

<i>pediatric multiple vitamins w/ iron</i>	SOLN	QL (50 per 30 days)
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Ped MV w/ Fluoride

<i>pediatric vitamins acd w/ fluoride</i>		QL (50 per 30 days); AGE
<i>pediatric multivitamins w/fluoride</i>		AGE

Ped Multi Vitamins w/Fl FE

<i>ped multivitamins w/fl & iron</i>		QL (50 per 30 days)
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Prenatal Vitamins

<i>prenatal vit w/ ferrous fumarate-folic acid</i>		
CITRANATAL RX		QL (30 per 30 days)
<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>		
<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>		
CITRANATAL B-CALM		QL (90 per 30 days)
CITRANATAL DHA		QL (60 per 30 days)
CITRANATAL ASSURE		QL (60 per 30 days)
CITRANATAL 90 DHA		QL (60 per 30 days)
CITRANATAL HARMONY		QL (30 per 30 days)

MINERALS ELECTROLYTES

Calcium

<i>calcium</i>		QL (100 per 30 days); OTC ONLY
<i>calcium carbonate</i>		QL (100 per 30 days); OTC ONLY
<i>calcium citrate</i>		QL (100 per 30 days); OTC ONLY
<i>oyster shell</i>		QL (500 per 30 days); OTC ONLY
<i>calcium w/ vitamin d</i>		QL (500 per 30 days); OTC ONLY
<i>calcium w/ magnesium</i>		QL (500 per 30 days); OTC ONLY

Drug Name	Requirements/Limits
<i>calcium carbonate-vitamin d</i> TABS	QL (200 per 30 days); OTC ONLY
<i>calcium carbonate-vitamin d</i> CAPS	QL (500 per 30 days); OTC ONLY
<i>calcium carbonate-vitamin d</i> CHEW	QL (500 per 30 days); OTC ONLY
<i>calcium carbonate-vitamin d</i> TABS	QL (500 per 30 days); OTC ONLY
<i>calcium carbonate-cholecalciferol</i> CHEW	QL (500 per 30 days); OTC ONLY
<i>calcium carbonate-cholecalciferol</i> TABS	QL (500 per 30 days); OTC ONLY
<i>calcium carbonate-cholecalciferol</i> CAPS	QL (60 per 30 days); OTC ONLY
<i>calcium carbonate-cholecalciferol</i> CHEW	QL (60 per 30 days); OTC ONLY
<i>calcium carbonate-cholecalciferol</i> TABS	QL (60 per 30 days); OTC ONLY
<i>calcium carbonate-ergocalciferol</i>	QL (500 per 30 days); OTC ONLY
<i>calcium citrate-vitamin d</i>	QL (200 per 30 days); OTC ONLY
<i>calcium & phosphorus w/ vitamin d</i>	QL (100 per 30 days); OTC ONLY
<i>calcium w/ vitamins d & k</i>	QL (200 per 30 days); OTC ONLY
<i>calcium-magnesium-vitamin c-vitamin d</i>	QL (100 per 30 days); OTC ONLY

Fluoride

<i>sodium fluoride</i>	QL (30 per 30 days); AGE
<i>sodium fluoride solution</i> .125mg/drop, .5mg/ml	QL (50 per 30 days); AGE
<i>sodium fluoride solution</i> .25mg/drop	QL (30 per 30 days); AGE

Phosphate

POTASSIUM & SODIUM PHOSPHATES POWDER PACK 280-160-250 MG	QL (200 per 30 days)
<i>potassium phosphate monobasic w/ sodium phosphate dibasic & monobasic tab</i>	

Potassium

<i>potassium bicarbonate</i>	
K-TAB	
<i>potassium chloride</i>	
<i>potassium cl tab controlled release</i>	

Trace Minerals

TRACE MINERALS (CR-CU-MN-ZN) INJ 1-100-30-500 MCG/ML	QL (3000 per 30 days)
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Electrolyte Mixtures

Drug Name	Requirements/Limits
<i>oral electrolytes</i>	QL (5000 per 30 days); OTC ONLY
<i>parenteral electrolytes</i>	QL (3000 per 30 days)

NUTRIENTS

Lipids

<i>fat emulsion</i>	QL (3000 per 30 days)
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Proteins

ADDITIONS FOOD ENHANCER	PA
WHEY PROTEIN DRINK MIX	PA
GLUTARADE AMINO ACID BLEN	PA
AMINOSYN	QL (3000 per 30 days)
AMINOSYN-RF	QL (3000 per 30 days)
NEPHRAMINE	QL (3000 per 30 days)
FREAMINE HBC 6.9%	QL (3000 per 30 days)
AMINOSYN II	QL (3000 per 30 days)
FREAMINE III	QL (3000 per 30 days)
<i>amino acid infusion</i>	QL (3000 per 30 days)
PROSOL	QL (3000 per 30 days)
PROCALAMINE	QL (3000 per 30 days)
AMINOSYN M	QL (3000 per 30 days)
AMINOSYN 7%/ELECTROLYTES	QL (3000 per 30 days)
<i>amino acid electrolyte infusion</i>	QL (3000 per 30 days)
CLINIMIX 2.75%/DEXTROSE 5	QL (3000 per 30 days)
CLINIMIX 4.25%/DEXTROSE 5	QL (3000 per 30 days)
CLINIMIX 4.25%/DEXTROSE 1	QL (3000 per 30 days)
CLINIMIX 5%/DEXTROSE 15%	QL (3000 per 30 days)
CLINIMIX 4.25%/DEXTROSE 2	QL (3000 per 30 days)
CLINIMIX 5%/DEXTROSE 20%	QL (3000 per 30 days)
CLINIMIX 5%/DEXTROSE 25%	QL (3000 per 30 days)

Misc. Nutritional Substances

<i>omega-3 fatty acids</i>	QL (200 per 30 days); OTC ONLY
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DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

Infant Foods

GOOD START SUPREME W/IRON	PA
GOOD START SUPREME NATURA	PA
ENFAMIL PREMIUM LIPIL	PA

Nutritional Supplements

GLYTACTIN RTD 15	PA
RENALCAL	PA
RESOURCE JUICE DRINK	PA
MODULEN IBD	PA
GLYTACTIN BETTERMILK 15	PA
RESOURCE GLUTASOLVE	PA

Drug Name	Requirements/Limits
NESTLE FLAVOR	PA
CAMINO PRO COMPLETE/GLYTA	PA
PROTEIN FORTIFIED COOKIE	PA
BOOST PUDDING	PA

HEMATOPOIETIC AGENTS

Cobalamins

cyanocobalamin

Folic Acid/Folates

folic acid QL (200 per 30 days)

Iron

ferrous sulfate TABS QL (200 per 30 days); OTC ONLY

ferrous sulfate cap controlled release QL (100 per 30 days); OTC ONLY

ferrous sulfate tab enteric coated QL (100 per 30 days); OTC ONLY

ferrous sulfate ELIX QL (400 per 30 days); OTC ONLY

ferrous sulfate SOLN QL (60 per 30 days); OTC ONLY

ferrous sulfate dried QL (200 per 30 days); OTC ONLY

ferrous sulfate controlled release QL (100 per 30 days); OTC ONLY

ferrous gluconate QL (100 per 30 days); OTC ONLY

ferrous fumarate QL (200 per 30 days); OTC ONLY

polysaccharide iron complex QL (200 per 30 days); OTC ONLY

Hematopoietic Growth Factors

ARANESP ALBUMIN FREE PA; SP

NEUPOGEN PA; SP

NEULASTA PA; SP

PROMACTA PA; SP

Hematopoietic Mixtures

folic acid-vitamin b6-vitamin b12

iron polysaccharide complex-vit b12-folic acid QL (500 per 30 days); OTC ONLY

ANTICOAGULANTS

Heparins And Heparinoid-Like Agents

enoxaparin sodium

fondaparinux sodium AGE

Coumarin Anticoagulants

warfarin sodium

Drug Name	Requirements/Limits
COUMADIN	
Direct Factor Xa Inhibitors	
ELIQUIS	
XARELTO	
HEMATOLOGICAL AGENTS - MISC.	
Platelet Aggregation Inhibitors	
<i>dipyridamole</i>	
<i>cilostazol</i>	
ZONTIVITY	
<i>anagrelide hcl</i>	
<i>clopidogrel bisulfate</i>	
EFFIENT	
BRILINTA	
Complement Inhibitors	
SOLIRIS	PA; SP
CINRYZE	PA; SP
OPHTHALMIC AGENTS	
Ophthalmic Anti-infectives	
<i>bacitracin (ophthalmic)</i>	
<i>ciprofloxacin hcl (ophth)</i>	
<i>erythromycin (ophth)</i>	
<i>gentamicin sulfate (ophth)</i>	
<i>levofloxacin (ophth)</i>	
MOXEZA	ST
<i>ofloxacin (ophth)</i>	
<i>tobramycin (ophth)</i>	
<i>sulfacetamide sodium (ophth)</i>	
<i>trifluridine</i>	
NATACYN	QL (15 per 30 days)
<i>bacitracin-polymyxin b (ophth)</i>	
<i>polymyxin b-trimethoprim</i>	
<i>neomycin-bacitracin zn-polymyxin</i>	
<i>neomycin-polymyxin-gramicidin</i>	
Artificial Tears and Lubricants	
THERATEARS	QL (15 per 30 days); OTC ONLY
<i>carboxymethylcellulose sodium (ophth)</i>	QL (15 per 30 days); OTC ONLY
GENTEAL MILD	QL (15 per 30 days); OTC ONLY
<i>hypromellose (ophth)</i>	QL (15 per 30 days); OTC ONLY
SYSTANE OVERNIGHT THERAPY	QL (15 per 30 days); OTC ONLY

Drug Name	Requirements/Limits
<i>polyvinyl alcohol</i>	QL (15 per 30 days); OTC ONLY
SYSTANE BALANCE RESTORATI	QL (15 per 30 days); OTC ONLY
<i>artificial tear solution</i>	QL (75 per 30 days)
<i>artificial tear ointment</i>	QL (18 per 30 days)
<i>carboxymethylcellulose-glycerin</i>	QL (15 per 30 days); OTC ONLY
GENTEAL	QL (15 per 30 days); OTC ONLY
HYPOTEARs	QL (15 per 30 days); OTC ONLY
<i>polyethylene glycol-polyvinyl alcohol (ophth)</i>	QL (15 per 30 days); OTC ONLY
<i>polyethylene glycol-propylene glycol (ophth)</i>	QL (15 per 30 days); OTC ONLY
<i>polyvinyl alcohol-povidone (ophth)</i>	QL (15 per 30 days); OTC ONLY
<i>propylene glycol-glycerin</i>	QL (15 per 30 days); OTC ONLY
<i>white petrolatum-mineral oil</i>	QL (15 per 30 days); OTC ONLY
REFRESH OPTIVE ADVANCED	QL (15 per 30 days); OTC ONLY
<i>glycerin-hypromellose-polyethylene glycol 400</i>	QL (15 per 30 days); OTC ONLY

Beta-blockers - Ophthalmic

BETOPTIC-S	
<i>betaxolol hcl (ophth)</i>	
<i>metipranolol</i>	
<i>levobunolol hcl</i>	
BETIMOL	
<i>timolol maleate (ophth)</i>	
<i>dorzolamide hcl-timolol maleate</i>	

Ophthalmic Steroids

<i>dexamethasone sodium phosphate (ophth)</i>	
<i>fluorometholone (ophth)</i>	
PRED MILD	
<i>prednisolone acetate (ophth)</i>	
<i>sulfacetamide sod-prednisolone</i>	
<i>tobramycin-dexamethasone</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
<i>neomycin-polymyxin-hc ophth susp</i>	

Drug Name	Requirements/Limits
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<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
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Prostaglandins - Ophthalmic

<i>latanoprost</i>	
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Cycloplegic Mydriatics

<i>cyclopentolate hcl</i>	
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Ophthalmic Adrenergic Agents

<i>brimonidine tartrate</i>	
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Ophthalmics - Misc.

<i>azelastine hcl (ophth)</i>	
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<i>cromolyn sodium (ophth)</i>	
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<i>ketotifen fumarate (ophth)</i>	QL (5 per 30 days)
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<i>dorzolamide hcl</i>	
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<i>sodium chloride hypertonic SOLN</i>	QL (75 per 30 days); OTC ONLY
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<i>sodium chloride hypertonic OINT</i>	QL (18 per 30 days); OTC ONLY
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<i>diclofenac sodium (ophth)</i>	
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<i>flurbiprofen sodium</i>	
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<i>ketorolac tromethamine (ophth)</i>	
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OTIC AGENTS

Otic Anti-infectives

<i>ofloxacin (otic)</i>	
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Otic Agents - Miscellaneous

<i>acetic acid (otic)</i>	
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<i>acetic acid-aluminum acetate</i>	
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Otic Combinations

<i>CIPRODEX</i>	
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<i>neomycin-polymyxin-hc (otic)</i>	
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<i>antipyrine-benzocaine</i>	
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MOUTH/THROAT/DENTAL AGENTS

Anti-infectives - Throat

<i>nystatin (mouth-throat)</i>	
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<i>clotrimazole</i>	
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Antiseptics - Mouth/Throat

<i>chlorhexidine gluconate (mouth-throat)</i>	
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Steroids - Mouth/Throat

<i>triamcinolone acetonide (mouth)</i>	
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Anesthetics Topical Oral

<i>lidocaine hcl (mouth-throat)</i>	
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Dental Products

<i>sodium fluoride (dental) SOLN</i>	QL (473 per 30 days)
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<i>sodium fluoride (dental) CREA</i>	QL (60 per 30 days)
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<i>sodium fluoride (dental) GEL</i>	QL (100 per 30 days)
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Drug Name	Requirements/Limits
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<i>sodium fluoride (dental)</i> PSTE	QL (115 per 30 days)
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Throat Products - Misc.

<i>pilocarpine hcl (oral)</i>	
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ANORECTAL AGENTS

Rectal Steroids

<i>hydrocortisone (rectal)</i>	
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<i>hydrocortisone acetate (rectal)</i>	
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Intrarectal Steroids

<i>hydrocortisone (intrarectal)</i>	
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CORTIFOAM	
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DERMATOLOGICALS

Acne Products

<i>benzoyl peroxide</i> LIQD 2.5%	QL (170.1 per 30 days)
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<i>benzoyl peroxide</i> LIQD 5%, 10%	QL (171 per 30 days)
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<i>benzoyl peroxide</i> LOTN 6%	QL (171 per 30 days)
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<i>benzoyl peroxide</i> LIQD 5.25%	QL (175 per 30 days)
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<i>benzoyl peroxide</i> CREA	QL (141 per 30 days)
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<i>benzoyl peroxide</i> GEL	QL (90 per 30 days)
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<i>benzoyl peroxide</i> LIQD 7%	
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<i>benzoyl peroxide</i> LOTN 9%	
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<i>isotretinoin</i>	PA
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<i>clindamycin phosphate (topical)</i>	QL (30 per 30 days)
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<i>erythromycin (acne aid)</i>	QL (60 per 30 days)
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<i>benzoyl peroxide-erythromycin</i>	QL (24 per 30 days)
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Rosacea Agents

<i>metronidazole (topical)</i> CREA	
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<i>metronidazole (topical)</i> GEL .75%	
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<i>metronidazole (topical)</i> LOTN	
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<i>metronidazole (topical)</i> GEL 1%	ST
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Antibiotics - Topical

<i>bacitracin (topical)</i>	QL (150 per 30 days)
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<i>gentamicin sulfate (topical)</i>	
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<i>mupirocin</i>	
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<i>mupirocin calcium (topical)</i>	
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<i>bacitracin-polymyxin b</i>	QL (150 per 30 days)
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<i>neomycin-bacitracin-polymyxin</i>	QL (150 per 30 days)
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Antifungals - Topical

<i>ciclopirox</i>	
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<i>ciclopirox olamine</i>	
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<i>nystatin (topical)</i>	
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<i>tolnaftate</i> SOLN	QL (50 per 30 days)
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<i>tolnaftate</i> AERP	QL (150 per 30 days)
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<i>tolnaftate</i> CREA	QL (75 per 30 days)
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<i>clotrimazole (topical)</i>	
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Drug Name	Requirements/Limits
<i>econazole nitrate</i>	
<i>ketoconazole (topical)</i>	
<i>miconazole nitrate (topical)</i>	QL (150 per 30 days); OTC ONLY
<i>iodoquinol-hc</i>	
<i>nystatin-triamcinolone</i>	
Anti-inflammatory Agents - Topical	
VOLTAREN	
Antipsoriatics	
<i>calcipotriene</i>	
TAZORAC	PA
STELARA	PA; SP
Antiseborrheic Products	
<i>selenium sulfide lotion 1%</i>	QL (420 per 30 days)
<i>selenium sulfide lotion 2.5%</i>	
Antivirals - Topical	
ABREVA	QL (2 per 30 days); OTC ONLY
Antineoplastic or Premalignant Lesion Agents - Topical	
<i>fluorouracil (topical)</i>	AGE
Burn Products	
<i>silver sulfadiazine</i>	
Corticosteroids - Topical	
<i>alclometasone dipropionate</i>	
<i>betamethasone dipropionate (topical)</i>	
<i>betamethasone dipropionate augmented</i>	
<i>betamethasone valerate</i>	
<i>fluticasone propionate</i>	
<i>halobetasol propionate</i>	
<i>hydrocortisone (topical) CREA .5%, 1%</i>	QL (150 per 30 days)
<i>hydrocortisone (topical) GEL</i>	QL (150 per 30 days)
<i>hydrocortisone (topical) OINT 1%</i>	QL (150 per 30 days)
<i>hydrocortisone (topical) SOLN</i>	QL (150 per 30 days)
<i>hydrocortisone (topical) CREA 2.5%</i>	
<i>hydrocortisone (topical) LOTN 2.5%</i>	
<i>hydrocortisone (topical) OINT 2.5%</i>	
<i>hydrocortisone (topical) LOTN 1%</i>	QL (300 per 30 days)
<i>hydrocortisone (topical) OINT .5%</i>	QL (60 per 30 days)
<i>hydrocortisone acetate (topical)</i>	QL (150 per 30 days)
<i>hydrocortisone butyrate</i>	
<i>mometasone furoate</i>	
<i>triamcinolone acetonide (topical)</i>	
<i>hydrocortisone-aloe vera</i>	QL (150 per 30 days)

Emollients

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy AGE – Age Restriction
 HRM – High Risk Medication SP – Specialty Pharmacy OTC – Over the Counter

Drug Name	Requirements/Limits
<i>lactic acid (ammonium lactate)</i>	QL (400 per 30 days)
Enzymes - Topical	
SANTYL	
Keratolytic/Antimitotic Agents	
<i>podofilox</i>	
Immunomodulating Agents - Topical	
<i>imiquimod</i>	AGE
Immunosuppressive Agents - Topical	
ELIDEL	ST
PROTOPIC	ST
Local Anesthetics - Topical	
<i>lidocaine patch 5%</i>	PA
<i>lidocaine hcl</i>	
<i>lidocaine-benzalkonium</i>	QL (150 per 30 days)
<i>lidocaine-prilocaine</i>	
Scabicides Pediculicides	
ULESFIA	ST
<i>malathion</i>	ST
<i>permethrin LIQD</i>	QL (300 per 30 days)
<i>permethrin AERO</i>	QL (150 per 30 days)
<i>permethrin CREA</i>	
<i>permethrin LOTN</i>	QL (120 per 30 days)
<i>spinosad</i>	ST
ASTRINGENTS	
<i>calamine</i>	QL (250 per 30 days); OTC only
Misc. Topical	
<i>zinc oxide (topical)</i>	QL (454 per 30 days)
ALCOHOL PREPS	
ANTISEPTICS DISINFECTANTS	
Iodine Antiseptics	
<i>povidone-iodine SOLN</i>	QL (474 per 30 days)
<i>povidone-iodine OINT</i>	QL (150 per 30 days)
Antiseptic Combinations	
MICROCLENS WIPES	
ANTIDOTES	
Opioid Antagonists	
<i>naltrexone hcl</i>	
DIAGNOSTIC PRODUCTS	
Diagnostic Tests	
BAYER CONTOUR BLOOD GLUCO	QL (300 per 30 days)
BAYER CONTOUR NEXT BLOOD	QL (300 per 30 days)
BAYER BREEZE 2 TEST DISC	QL (300 per 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy AGE – Age Restriction HRM – High Risk Medication SP – Specialty Pharmacy OTC – Over the Counter

Drug Name	Requirements/Limits
CLINITEST	QL (200 per 20 days)
PTS PANELS KETONE TEST	QL (200 per 20 days)
MULTISTIX 10 SG	QL (200 per 20 days); OTC ONLY
KETO-DIASTIX	QL (100 per 30 days); OTC ONLY

CHEMICALS

Acids, Bases, Buffers

GLYCOLIC ACID
SODIUM HYDROXIDE

Solids

BORIC ACID
SM BORIC ACID
CARBOXYMETHYLCELLULOSE SODIUM GRANULES

Semi-Solids

COAL TAR

Bulk Chemicals - C's

ETHOXY DIGLYCOL REAGENT

Bulk Chemicals - S's

SODIUM BISULFITE
SUARIC ACID DIBUTYLESTER POWDER
STEVIA EXTRACT

MEDICAL DEVICES

Parenteral Therapy Supplies

1ML TB SYRINGE/LUER SLIP	QL (200 per 20 days)
MONOJECT 20ML SYRINGE REG	QL (200 per 20 days)
<i>syringe (disposable)</i>	QL (200 per 20 days)
SYRINGE/LUER SLIP/20ML	QL (200 per 20 days)
20-25ML SYRINGE/LUER LOCK	QL (200 per 20 days)
BD 30ML SYRINGE LUER-LOK	QL (200 per 20 days)
MONOJECT SOFTPACK 35ML/RE	QL (200 per 20 days)
MONOJECT SYRINGE/ECCENTRI	QL (200 per 20 days)
BARDIA BULB IRRIGATION SY	QL (200 per 20 days)
MONOJECT SYRINGE/LUER LOC	QL (200 per 20 days)
TOOMEY SYRINGE	QL (200 per 20 days)
MONOJECT SYRINGE/LUER-LOC	QL (200 per 20 days)
GLASPAK DISPOSABLE 2-1/2M	QL (200 per 20 days)
MULTIFIT REUSABLE TB SYRI	QL (200 per 20 days)
MULTIFIT REUSABLE SYRINGE	QL (200 per 20 days)
YALE REUSABLE SYRINGE LUE	QL (200 per 20 days)
YALE NEEDLES 30G X 1-1/2"	QL (200 per 20 days)
KMART VALU PLUS INSULIN S	QL (200 per 20 days); OTC ONLY

Drug Name	Requirements/Limits
BD INSULIN SYRINGE LUER-L	QL (200 per 20 days); OTC ONLY
BD INSULIN SYRINGE U-40/1	QL (200 per 20 days); OTC ONLY
QC INSULIN SYRINGE/0.3ML/	QL (200 per 20 days); OTC ONLY
RELION INSULIN SYRINGE/U-	QL (200 per 20 days); OTC ONLY
BD INSULIN SYRINGE MICROF	QL (200 per 20 days); OTC ONLY
TERUMO INSULIN SYRINGE/0.	QL (200 per 20 days); OTC ONLY
INSULIN SYRINGE/0.5ML/27G	QL (200 per 20 days); OTC ONLY
QC INSULIN SYRINGE 0.5ML/	QL (200 per 20 days); OTC ONLY
ULTRA COMFORT INSULIN SYR	QL (200 per 20 days); OTC ONLY
BD INSULIN SYRINGE/DETACH	QL (200 per 20 days); OTC ONLY
THINPRO INSULIN SYRINGE/1	QL (200 per 20 days); OTC ONLY
BD INTEGRA SYRINGE/RETRAC	QL (200 per 20 days); OTC ONLY
MONOJECT INSULIN SYRINGE/	QL (200 per 20 days); OTC ONLY
ELITE-THIN INSULIN SYRING	QL (200 per 20 days); OTC ONLY
INSULIN SYRINGE/U-100/1ML	QL (200 per 20 days); OTC ONLY
QC INSULIN SYRINGE 1ML/29	QL (200 per 20 days); OTC ONLY
ULTILET INSULIN SYRINGE/1	QL (200 per 20 days)
ULTICARE INSULIN SYRINGE/	QL (200 per 20 days); OTC ONLY
QC INSULIN SYRINGE/1ML/30	QL (200 per 20 days); OTC ONLY
EASY TOUCH INSULIN SYRING	QL (200 per 20 days); OTC ONLY
THINPRO INSULIN SYRINGE/0	QL (200 per 20 days); OTC ONLY
BD INSULIN SYRINGE/U-100/	QL (200 per 20 days); OTC ONLY
TERUMO INSULIN SYRINGE/1M	QL (200 per 20 days); OTC ONLY
ULTILET INSULIN SYRINGE/0	QL (200 per 20 days)
INSULIN SYRINGE/0.3ML/29G	QL (200 per 20 days); OTC ONLY

Drug Name	Requirements/Limits
BD LUER LOCK SYRINGE/1ML/	QL (200 per 20 days)
BD ECLIPSE SYRINGE SLIP T	QL (200 per 20 days)
BD INTEGRA 1ML SYRINGE W/	QL (200 per 20 days)
BD 1ML SYRINGE/NEEDLE/SLI	QL (200 per 20 days)
BD ECLIPSE SYRINGE/1ML/27	QL (200 per 20 days)
TERUMO SURGUARD2 SYRINGE/	QL (200 per 20 days)
BD SAFETYGLIDE 27G X 5/8"	QL (200 per 20 days)
PRODIGY SAFETY SYRINGES/1	QL (200 per 20 days)
BD ECLIPSE SYRINGE/1ML/30	QL (200 per 20 days)
NOVOPEN 3 PENMATE	QL (200 per 20 days)
BD AUTOSHIELD 29G X 3/16"	QL (200 per 20 days); OTC ONLY
BD AUTOSHIELD 29G X 5/16"	QL (200 per 20 days); OTC ONLY
CAREONE UNIFINE PENTIPS 2	QL (200 per 20 days); OTC ONLY
ULTICARE PEN NEEDLES/29G	QL (200 per 20 days); OTC ONLY
PRODIGY INSULIN PEN NEEDL	QL (200 per 20 days); OTC ONLY
NOVOFINE 30GX8MM	QL (200 per 20 days); OTC ONLY
PC UNIFINE PENTIPS 31G X	QL (200 per 20 days); OTC ONLY
CAREONE UNIFINE PENTIPS 3	QL (200 per 20 days); OTC ONLY
CAREONE UNIFINE PENTIPS P	QL (200 per 20 days); OTC ONLY
EASY TOUCH 32GX5MM	QL (200 per 20 days); OTC ONLY
NOVOFINE 32GX6MM	QL (200 per 20 days); OTC ONLY
INSUPEN SENSITIVE 32GX8MM	QL (200 per 20 days); OTC ONLY

Respiratory Therapy Supplies

OPTICHAMBER FACE MASK/SMA	
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES -AGE MASKS	
NEBULIZERS	QL (5 per 20 days)
PEAK FLOW METER	QL (1 per 20 days)
VAPORIZERS	QL (1 per 999 days)

Respiratory Aids

MASKS	QL (1 per 180 days); AGE
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GI-GU Ostomy Irrigation Supplies

OSTOMY SUPPLIES - LIQUID	QL (25 per 30 days)
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Drug Name	Requirements/Limits
OSTOMY SUPPLIES - POWDER	QL (25 per 30 days)
OSTOMY SUPPLIES - WAFER (SKIN BARRIER)	QL (75 per 30 days)
OSTOMY SUPPLIES - CREAM	QL (60 per 30 days)
OSTOMY SUPPLIES - OINT	QL (60 per 30 days)
OSTOMY SUPPLIES - PASTE	QL (25 per 30 days)
OSTOMY SUPPLIES - STRIP	QL (60 per 30 days)
OSTOMY SUPPLIES - MISC	QL (150 per 30 days)
OSTOMY SUPPLIES - POUCH	QL (200 per 30 days)
OSTOMY SUPPLIES - KIT	QL (200 per 30 days)
INCONTINENCE SUPPLIES DISPOSABLE - MISC	QL (30 per 30 days)

Diabetic Supplies

INSULIN INFUSION PUMP - DEVICE	QL (1 per 999 days), PA
INSULIN INFUSION PUMP - KIT	QL (1 per 999 days), ST
INSULIN INFUSION PUMP - ACCESSORIES	QL (1 per 999 days), ST
INSULIN INFUSION PUMP SUPPLIES	PA, ST
INSULIN INFUSION DISPOSABLE PUMP SUPPLIES	PA, ST
INSULIN INFUSION DISPOSABLE PUMP KIT	PA, ST
BLOOD GLUCOSE CALIBRATION - LIQUID	QL (1 per 15 days)
BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	QL (1 per 15 days)
BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	QL (1 per 15 days)
BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	QL (1 per 15 days)
URINE GLUCOSE MONITORING SUPPLIES	QL (200 per 20 days)
FINGERSTIX LANCETS	QL (200 per 20 days); OTC ONLY
<i>lancets</i>	QL (200 per 20 days); OTC ONLY
LANCET DEVICES	QL (2 per 20 days); OTC ONLY
LANCETS MISC.	QL (2 per 20 days); OTC ONLY
LANCETS KIT	QL (2 per 20 days); OTC ONLY

Heating/Cooling Aids

HEATING PADS	QL (1 per 999 days)
HEAT WRAPS	QL (1 per 365 days)
COLD PACKS	QL (1 per 365 days)
HOT/COLD THERAPY AIDS - PADS	QL (1 per 365 days)
HOT/COLD THERAPY AIDS - MISC	QL (1 per 365 days)

Contraceptives

CONDOMS - MALE	QL (108 per 20 days); OTC ONLY
CONDOMS - FEMALE	QL (108 per 20 days)
DIAPHRAGM	QL (1 per 90 days)

Auditory Supplies

HEARING AID BATTERIES-MISC	QL (24 per 20 days)
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Drug Name	Requirements/Limits
<i>Optical and Ophthalmic Supplies</i>	
EYE PATCHES	QL (30 per 20 days)
<i>Misc. Devices</i>	
THERMOMETERS	QL (1 per 20 days)
DISPOSABLE GLOVES	QL (30 per 30 days)
ALCOHOL SWABS	QL (400 per 30 days); OTC ONLY
<i>Blood Pressure Devices</i>	
BLOOD PRESSURE MONITORING - DEVICE	QL (1 per 999 days)
BLOOD PRESSURE MONITORING - KIT	QL (1 per 999 days)
PHARMACEUTICAL ADJUVANTS	
<i>Antimicrobial Agents</i>	
BENZYL ALCOHOL	
METHYLPARABEN	
<i>Flavoring Agents</i>	
BANANA CREAM FLAVOR	
GRAPE FLAVOR	
<i>Pharmaceutical Excipients</i>	
COCOA BUTTER	
LACTOSE	
LACTOSE HYDROUS	
POLOX	
<i>Liquid Vehicles</i>	
FLAVOR BLEND	
ORA-SWEET SF	
CHERRY SYRUP	
RASPBERRY SYRUP	
SUPPOSIBASE F	
COLLODION FLEXIBLE	
<i>Semi Solid Vehicles</i>	
ANHYDROUS BASE	
POLYETHYLENE GLYCOL 400	
<i>Gelatin Capsules (Empty)</i>	
GELATIN CAPSULES (EMPTY)	
ASSORTED CLASSES	
<i>Immunomodulators</i>	
THALOMID	PA; SP
REVLIMID	PA; SP
<i>Immunosuppressive Agents</i>	
<i>cyclosporine</i>	
SANDIMMUNE	
<i>cyclosporine modified (for microemulsion)</i>	
NEORAL	

Drug Name	Requirements/Limits
<i>mycophenolate mofetil</i>	
<i>sirolimus</i>	
<i>tacrolimus</i>	
<i>azathioprine</i>	
AZASAN	
Potassium Removing Resins	
<i>sodium polystyrene sulfonate</i>	

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1ML TB SYRINGE/LUER SLIP 47

2

20-25ML SYRINGE/LUER LOCK 47

A

abacavir sulfate 4

abacavir sulfate-lamivudine-zidovudine 5

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ABILIFY DISCMELT 29

ABRAXANE 9

ABREVA 45

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acarbose 14

acetaminophen 31

acetaminophen suppositories 31

acetaminophen suspension 31

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ALKERAN 7

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mg 27

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mg 27

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amoxicillin & pot clavulanate 1

amoxicillin & potassium clavulanate 1

amphetamine-dextroamphetamine cap

sustained-rel 24hr 10 mg 29

amphetamine-dextroamphetamine cap

sustained-rel 24hr 15 mg 29

amphetamine-dextroamphetamine cap

sustained-rel 24hr 20 mg 29

amphetamine-dextroamphetamine cap

sustained-rel 24hr 25 mg 29

amphetamine-dextroamphetamine cap

sustained-rel 24hr 30 mg 30

amphetamine-dextroamphetamine cap

sustained-rel 24hr 5 mg 29

amphetamine-dextroamphetamine tab 10

mg 29

amphetamine-dextroamphetamine tab

12.5 mg	29	<i>azelastine hcl (ophth)</i>	43
<i>amphetamine-dextroamphetamine tab 15 mg</i>	29	<i>azithromycin</i>	2
<i>amphetamine-dextroamphetamine tab 20 mg</i>	29	<i>azithromycin inj 2.5gm</i>	2
<i>amphetamine-dextroamphetamine tab 30 mg</i>	29	<i>aztreonam</i>	6
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<i>ampicillin & sulbactam sodium</i>	1	<i>bacitracin (ophthalmic)</i>	41
<i>ampicillin sodium</i>	1	<i>bacitracin (topical)</i>	44
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<i>bisacodyl</i>	22	<i>calcium & phosphorus w/ vitamin d</i>	38
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<i>bismuth subsalicylate</i>	23	<i>calcium ascorbate</i>	36
<i>bisoprolol & hydrochlorothiazide</i>	17	<i>calcium carbonate</i>	37
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<i>budesonide</i>	10	<i>candesartan cilexetil</i>	16
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<i>bumetanide</i>	17	CAPRELSA.....	9
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<i>buprenorphine hcl-naloxone hcl</i> <i>sublingual tab 2-0.5 mg</i>	32	<i>captopril & hydrochlorothiazide</i>	17
<i>buprenorphine hcl-naloxone hcl</i> <i>sublingual tab 8-2 mg</i>	32	CARAFATE SUS 1GM/10ML.....	24
<i>bupropion hcl</i>	28	<i>carbamazepine</i>	34
<i>bupropion hcl (smoking deterrent)</i>	30	<i>carbidopa-levodopa</i>	35
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<i>cefprozil</i>	1	<i>ciprofloxacin hcl (ophth)</i>	41
<i>ceftazidime</i>	2	<i>ciprofloxacin in d5w</i>	2
<i>ceftazidime sodium in d5w inj 1 gm/50ml</i>	2	<i>cisplatin</i>	7
<i>ceftazidime sodium in d5w inj 2 gm/50ml</i>	2	<i>citalopram hydrobromide</i>	27
<i>ceftazidime/dextrose</i>	2	CITRANATAL 90 DHA	37
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<i>cefuroxime in sterile water inj 1.5</i> <i>gm/50ml</i>	1	CITRANATAL RX	37
<i>cefuroxime inj 750mg</i>	1	<i>cladribine</i>	8
<i>cefuroxime sodium</i>	1	CLAFORAN INJ	2
<i>cefuroxime sodium in d5w inj 15 mg/ml</i> <i>1</i>	1	CLAFORAN/D5W	2
<i>cefuroxime/dextrose</i>	1	<i>clarithromycin</i>	2
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<i>cephalexin</i>	1	CLEOCIN	26
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CHERRY SYRUP	51	<i>clindamycin phosphate (topical)</i>	44
<i>chloramphenicol sodium succinate</i>	6	<i>clindamycin phosphate in d5w</i>	6
<i>chlordiazepoxide hcl</i>	27	CLINIMIX 2.75%/DEXTROSE 5	39
<i>chlordiazepoxide hcl-clidinium bromide</i>	23	CLINIMIX 4.25%/DEXTROSE 1	39
<i>chlorhexidine gluconate (mouth-throat)</i>	43	CLINIMIX 4.25%/DEXTROSE 2	39
<i>chloroquine phosphate</i>	5	CLINIMIX 4.25%/DEXTROSE 5	39
<i>chlorpheniramine maleate</i>	19	CLINIMIX 5%/DEXTROSE 15%	39
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		<i>clopidogrel bisulfate</i>	41

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<i>clotrimazole (topical)</i>	44	<i>desmopressin acetate refrigerated</i>	15
<i>clotrimazole vaginal</i>	26	<i>desmopressin acetate spray</i>	15
<i>clozapine</i>	28	<i>desmopressin acetate spray refrigerated</i>	15
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<i>colistimethate sodium</i>	6	<i>dexamethasone tab</i>	10
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CONZIP	32	<i>dextroamphetamine sulfate tab 5 mg</i> .	29
COPAXONE INJ 40MG/ML	30	<i>dextromethorphan-guaifenesin</i>	20
COPAXONE KIT 20MG/ML.....	30	<i>dextromethorphan-guaifenesin tab</i> <i>sustained-rel 12hr 30-600 mg</i>	20
CORTIFOAM	44	<i>dextromethorphan-guaifenesin tab</i> <i>sustained-rel 12hr 60-1200 mg</i>	21
COSMEGEN	7	<i>dextrose (diabetic use)</i>	13
COUMADIN	41	DIAPHRAGM	50
CREON	25	<i>diazepam</i>	27
CRIXIVAN	4	<i>diazepam (anticonvulsant)</i>	34
<i>cromolyn sodium</i>	21	<i>diclofenac potassium</i>	32
<i>cromolyn sodium (nasal)</i>	20	<i>diclofenac sodium</i>	32
<i>cromolyn sodium (ophth)</i>	43	<i>diclofenac sodium (ophth)</i>	43
CUBICIN	7	<i>dicloxacillin sodium</i>	1
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<i>cyanocobalamin</i>	40	<i>didanosine</i>	4
<i>cyclobenzaprine hcl</i>	35	DIFICID	2
<i>cyclopentolate hcl</i>	43	<i>diflunisal</i>	31
<i>cyclophosphamide</i>	7	<i>digoxin</i>	15
<i>cyclosporine</i>	51	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	33
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<i>diphenhydramine hcl (sleep)</i>	29	<i>entacapone</i>	35
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<i>dorzolamide hcl-timolol maleate</i>	42	<i>erythromycin (ophth)</i>	41
<i>doxazosin mesylate</i>	17	<i>erythromycin base</i>	2
<i>doxepin hcl</i>	28	<i>erythromycin stearate</i>	2
<i>doxercalciferol</i>	15	<i>erythromycin-sulfisoxazole</i>	7
<i>doxorubicin hcl</i>	8	<i>escitalopram oxalate</i>	27
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<i>dronabinol</i>	25	<i>etodolac</i>	32
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<i>ferrous sulfate tab enteric coated</i>	40	<i>gemfibrozil</i>	18
<i>fexofenadine hcl</i>	19	<i>gentamicin in saline</i>	3
<i>fexofenadine-pseudoephedrine tab</i>		<i>gentamicin sulfate</i>	3
<i>sustained-rel 12hr 60-120 mg</i>	20	<i>gentamicin sulfate (ophth)</i>	41
<i>fexofenadine-pseudoephedrine tab</i>		<i>gentamicin sulfate (topical)</i>	44
<i>sustained-rel 24hr 180-240 mg</i>	20	<i>gentamicin sulfate/0.9% s</i>	3
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<i>fludarabine phosphate</i>	8	<i>glipizide</i>	13
<i>fludrocortisone acetate</i>	11	<i>glipizide ext-rel tab 10mg</i>	13
<i>flunisolide (nasal)</i>	19	<i>glipizide ext-rel tab 2.5mg</i>	13
<i>fluorometholone (ophth)</i>	42	<i>glipizide ext-rel tab 5mg</i>	13
<i>fluorouracil</i>	8	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>fluorouracil (topical)</i>	45	14
<i>fluoxetine hcl</i>	27	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
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<i>folic acid</i>	40	<i>glyburide micronized</i>	13
<i>folic acid-vitamin b6-vitamin b12</i>	40	<i>glyburide-metformin tab 1.25-250 mg</i>	14
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<i>guaifenesin-codeine</i>	20
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<i>hydrocortisone (rectal)</i>	44
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<i>hydrocortisone acetate (topical)</i>	45
<i>hydrocortisone butyrate</i>	45
<i>hydrocortisone-aloe vera</i>	45
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<i>ibuprofen suspension 100 mg/5ml</i>	33
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<i>kanamycin sulfate</i>	3	<i>levonorgestrel tab 0.75 mg</i>	11
<i>ketoconazole (topical)</i>	45	<i>levonorgestrel tab 1.5 mg</i>	11
KETO-DIASTIX	47	<i>levonorgestrel-ethinyl estradiol (91-day)</i>	12
<i>ketoprofen</i>	33	12
<i>ketorolac tromethamine</i>	33	<i>levonorgestrel-ethinyl estradiol tab</i>	
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<i>lactulose (encephalopathy)</i>	25	<i>lithium carbonate</i>	29
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<i>lamivudine-zidovudine</i>	4	<i>loperamide hcl</i>	22
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<i>mefloquine hcl</i>	5
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<i>megestrol acetate</i>	9
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<i>meloxicam</i>	33
<i>melphalan hcl</i>	7
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<i>methimazole</i>	14
<i>methocarbamol</i>	35
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<i>methylphenidate hcl cap controlled</i> <i>release 20 mg</i>	30
<i>methylphenidate hcl cap controlled</i> <i>release 30 mg</i>	30
<i>methylphenidate hcl cap controlled</i> <i>release 40 mg</i>	30
<i>methylphenidate hcl cap controlled</i> <i>release 50 mg</i>	30

<i>methylphenidate hcl cap controlled</i> <i>release 60 mg</i>	30
<i>methylphenidate hcl cap sustained-rel</i> <i>24hr 20 mg</i>	30
<i>methylphenidate hcl cap sustained-rel</i> <i>24hr 30 mg</i>	30
<i>methylphenidate hcl cap sustained-rel</i> <i>24hr 40 mg</i>	30
<i>methylphenidate hcl solution 10 mg/5ml</i>	30
<i>methylphenidate hcl solution 5 mg/5ml</i>	30
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<i>mupirocin calcium (topical)</i>	44	<i>macrocrystalline cap 100 mg</i>	26
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<i>naproxen</i>	33	<i>norethindrone & mestranol</i>	12
<i>naproxen sodium</i>	33	<i>norethindrone (contraceptive)</i>	11
<i>naratriptan hcl</i>	33	<i>norethindrone ace & ethinyl estradiol tab</i>	
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<i>neomycin-bacitracin zn-polymyxin</i>	41	<i>norethindrone-ethinyl estradiol (triphasic)</i>	
<i>neomycin-bacitracin-polymyxin</i>	44	12
<i>neomycin-polymyxin-dexamethasone</i>		<i>norgestimate-ethinyl estradiol</i>	12
<i>ophth oint 0.1%</i>	42	<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>neomycin-polymyxin-dexamethasone</i>		12
<i>ophth susp 0.1%</i>	42	<i>norgestrel & ethinyl estradiol</i>	12
<i>neomycin-polymyxin-gramicidin</i>	41	NORPACE CR	16
<i>neomycin-polymyxin-hc (otic)</i>	43	<i>nortriptyline hcl</i>	28
<i>neomycin-polymyxin-hc ophth susp</i> ...	42	NORVIR	4
NEORAL.....	51	NOVOFINE 30GX8MM.....	49
NEPHRAMINE	39	NOVOFINE 32GX6MM.....	49
NESTLE FLAVOR	40	NOVOLIN 70/30	13
NEULASTA	40	NOVOLIN N	12
NEUPOGEN	40	NOVOLIN R	12
NEUTREXIN.....	7	NOVOLOG	12
<i>nevirapine</i>	4	NOVOLOG FLEXPEN	12
<i>nevirapine ext-rel</i>	4	NOVOLOG MIX 70/30.....	12
NEXAVAR	9	NOVOLOG MIX 70/30 PREFILL	12
NEXIUM 24HR CAP 20MG	24	NOVOLOG PENFILL	12

NOVOPEN 3 PENMATE	49	24hr 10 mg	26
EASY TOUCH 32GX5MM	49	<i>oxybutynin chloride tab sustained-rel</i>	
NUEDEXTA	31	24hr 15 mg	26
NUVARING	11	<i>oxybutynin chloride tab sustained-rel</i>	
NUVIGIL	30	24hr 5 mg	26
<i>nystatin</i>	3	<i>oxycodone hcl</i>	32
<i>nystatin (mouth-throat)</i>	43	<i>oxycodone w/ acetaminophen</i>	32
<i>nystatin (topical)</i>	44	<i>oxycodone-aspirin</i>	32
<i>nystatin-triamcinolone</i>	45	<i>oxymetazoline hcl</i>	19
O		<i>oyster shell</i>	37
<i>ofloxacin (ophth)</i>	41	P	
<i>ofloxacin (otic)</i>	43	<i>paclitaxel</i>	9
<i>olanzapine</i>	28	<i>pancrelipase (lipase-protease-amylase)</i>	
<i>olanzapine orally disintegrating tab</i>	28	.....	25
OLYSIO	5	<i>parenteral electrolytes</i>	39
<i>omega-3 fatty acids</i>	39	<i>paroxetine hcl</i>	27
<i>omeprazole cap delayed release</i>	24	PAXIL SUSPENSION 10MG/5ML	27
<i>omeprazole magnesium cap delayed</i>		PC UNIFINE PENTIPS 31G X.....	49
<i>release 20.6 mg (20 mg base equiv)</i> ...	24	PEAK FLOW METER.....	49
<i>omeprazole-sodium bicarbonate</i>	24	<i>ped multivitamins w/fl & iron</i>	37
<i>ondansetron hcl</i>	24	<i>pediatric multiple vitamin w/ c</i>	37
<i>ondansetron orally disintegrating tab</i> ..	24	<i>pediatric multiple vitamin w/ c & fa</i>	37
ONFI	34	<i>pediatric multiple vitamin w/ extra c & fa</i>	
OPTICHAMBER FACE MASK/SMA	49	.....	37
<i>oral electrolytes</i>	39	<i>pediatric multiple vitamin w/ minerals & c</i>	
ORAPRED ODT.....	11	.....	37
ORA-SWEET SF.....	51	<i>pediatric multiple vitamins</i>	36
<i>orphenadrine citrate</i>	35	<i>pediatric multiple vitamins w/ iron</i>	37
<i>orphenadrine w/ aspirin & caffeine tab</i>	35	<i>pediatric multivitamins w/fluoride</i>	37
ORTHO TRI-CYCLEN LO	12	<i>pediatric vitamins acd w/ fluoride</i>	37
OSTOMY SUPPLIES - CREAM	50	<i>pediatric vitamins adc</i>	36
OSTOMY SUPPLIES - KIT	50	<i>peg 3350-kcl-sod bicarb-sod chloride-sod</i>	
OSTOMY SUPPLIES - LIQUID	49	<i>sulfate</i>	22
OSTOMY SUPPLIES - MISC	50	<i>peg 3350-potassium chloride-sod</i>	
OSTOMY SUPPLIES - OINT	50	<i>bicarbonate-sod chloride</i>	22
OSTOMY SUPPLIES - PASTE	50	PEGASYS.....	5
OSTOMY SUPPLIES - POUCH	50	PEGASYS PROCLICK	5
OSTOMY SUPPLIES - POWDER.....	50	PEG-INTRON.....	5
OSTOMY SUPPLIES - STRIP	50	PEG-INTRON REDIPEN	5
OSTOMY SUPPLIES - WAFER (SKIN		<i>penicillin g potassium</i>	1
BARRIER)	50	<i>penicillin g procaine</i>	1
<i>oxacillin sodium</i>	1	<i>penicillin g sodium</i>	1
<i>oxaliplatin</i>	7	<i>penicillin v potassium</i>	1
<i>oxaprozin</i>	33	PENTAM 300.....	6
<i>oxazepam</i>	27	<i>permethrin</i>	46
<i>oxcarbazepine</i>	34	<i>perphenazine</i>	28
<i>oxybutynin chloride</i>	26	<i>phenazopyridine hcl</i>	26
<i>oxybutynin chloride tab sustained-rel</i>		<i>phenelzine sulfate</i>	27

<i>phenobarbital</i>	29	<i>prenatal vit w/ docusate-iron</i>	
<i>phenobarbital-hyoscyamine-atropine-sco</i>		<i>carbonyl-folic acid</i>	37
<i>polamine</i>	23	<i>prenatal vit w/ ferrous fumarate-folic acid</i>	
<i>phenylephrine-promethazine w/ codeine</i>		.....	37
<i>syrup 5-6.25-10 mg/5ml</i>	20	PREZISTA.....	3, 4
<i>phenytoin</i>	34	<i>primidone</i>	35
<i>phenytoin sodium extended</i>	34	PROAIR HFA	21
PHOTOFRIN.....	10	<i>probenecid</i>	34
<i>pilocarpine hcl (oral)</i>	44	PROCALAMINE	39
<i>pindolol</i>	15	<i>prochlorperazine</i>	28
<i>pioglitazone hcl</i>	14	<i>prochlorperazine maleate</i>	28
<i>pioglitazone hcl-glimepiride</i>	14	PRODIGY INSULIN PEN NEEDL.....	49
<i>pioglitazone hcl-metformin hcl</i>	14	PRODIGY SAFETY SYRINGES/1	49
<i>piperacillin sodium-tazobactam sodium</i> . 1		<i>progesterone micronized cap</i>	12
<i>podofilox</i>	46	PROMACTA	40
POLOX.....	51	<i>promethazine & phenylephrine</i>	20
<i>polyethylene glycol 3350</i>	22	<i>promethazine hcl</i>	19
POLYETHYLENE GLYCOL 400	51	<i>promethazine w/codeine</i>	20
<i>polyethylene glycol-polyvinyl alcohol</i>		<i>promethazine/dextromethorphan</i>	20
<i>(ophth)</i>	42	<i>propafenone hcl</i>	16
<i>polyethylene glycol-propylene glycol</i>		<i>propranolol hcl</i>	15
<i>(ophth)</i>	42	<i>propylene glycol-glycerin</i>	42
<i>polymyxin b sulfate</i>	6	<i>propylthiouracil</i>	14
<i>polymyxin b-trimethoprim</i>	41	PROSOL	39
<i>polysaccharide iron complex</i>	40	PROTEIN FORTIFIED COOKIE.....	40
<i>polyvinyl alcohol</i>	42	PROTOPIC	46
<i>polyvinyl alcohol-povidone (ophth)</i>	42	<i>pseudoephed-bromphen-dextromethorph</i>	
POMALYST	9	<i>an</i>	20
POTASSIUM & SODIUM PHOSPHATES		<i>pseudoephedrine hcl</i>	19
POWDER PACK 280-160-250 MG	38	<i>pseudoephedrine w/ codeine-guaifenesin</i>	
<i>potassium bicarbonate</i>	38	.....	21
<i>potassium chloride</i>	38	<i>pseudoephedrine w/</i>	
<i>potassium citrate (alkalinizer)</i>	26	<i>codeine-guaifenesine</i>	21
<i>potassium cl tab controlled release</i>	38	<i>pseudoephedrine-guaifenesin tab sr 12hr</i>	
<i>potassium phosphate monobasic w/</i>		.....	20
<i>sodium phosphate dibasic & monobasic</i>		<i>psyllium</i>	22
<i>tab</i>	38	PTS PANELS KETONE TEST	47
POTIGA	34	PULMICORT SUS 1MG/2ML	21
<i>povidone-iodine</i>	46	PULMOZYME	22
<i>pramipexole dihydrochloride</i>	35	<i>pyrantel pamoate</i>	6
<i>pravastatin sodium</i>	18	<i>pyrazinamide</i>	3
PRED MILD.....	42	<i>pyridostigmine bromide</i>	35
<i>prednisolone</i>	11	<i>pyridoxine hcl</i>	36
<i>prednisolone acetate (ophth)</i>	42	Q	
<i>prednisolone sodium phosphate</i>	11	QC INSULIN SYRINGE 0.5ML/	48
<i>prednisone</i>	11	QC INSULIN SYRINGE 1ML/29	48
<i>prenatal vit w/ docusate-fe fumarate-folic</i>		QC INSULIN SYRINGE/0.3ML/.....	48
<i>acid</i>	37	QC INSULIN SYRINGE/1ML/30	48

QUADRAMET	10	<i>sertraline hcl</i>	27
<i>quetiapine fumarate</i>	28	<i>sevelamer carbonate</i>	25
<i>quinapril hcl</i>	16	SEVELAMER CARBONATE	25
<i>quinapril-hydrochlorothiazide</i>	17	<i>sildenafil citrate (pulmonary</i>	
QVAR	21	<i>hypertension)</i>	18
R		<i>silver sulfadiazine</i>	45
<i>ramipril</i>	16	<i>simethicone</i>	25
<i>ranitidine hcl</i>	24	<i>simvastatin</i>	18
RASPBERRY SYRUP	51	<i>sirolimus</i>	52
REFRESH OPTIVE ADVANCED	42	SIVEXTRO	6
RELENZA DISKHALER	5	SM BORIC ACID	47
RELION GLUCOSE	14	<i>sodium bicarbonate (antacid)</i>	23
RELION INSULIN SYRINGE/U-	48	SODIUM BISULFITE	47
REMODULIN	18	<i>sodium chloride (inhalant)</i>	20
RENALCAL	39	<i>sodium chloride hypertonic</i>	43
REVELA PAK	25	<i>sodium fluoride</i>	38
<i>repaglinide</i>	13	<i>sodium fluoride (dental)</i>	43, 44
<i>repaglinide 0.5 mg</i>	13	<i>sodium fluoride solution</i>	38
RESCRIPTOR	4	SODIUM HYDROXIDE	47
RESOURCE GLUTASOLVE	39	<i>sodium polystyrene sulfonate</i>	52
RESOURCE JUICE DRINK	39	SOLIRIS	41
REVLIMID	51	SOLTAMOX	8
REYATAZ	3	<i>sotalol hcl</i>	15
RHO D IMMUNE GLOBULIN (HU)	7	<i>sotalol hcl (afib/af)</i>	15
<i>ribavirin</i>	5	SOVALDI	5
<i>rifabutin</i>	3	SPACER/AEROSOL-HOLDING CHAMBER	
<i>rifampin</i>	3	SUPPLIES - MASKS	49
<i>riluzole</i>	35	SPACER/AEROSOL-HOLDING CHAMBERS	
<i>rimantadine hydrochloride</i>	5	- DEVICE	49
<i>risperidone</i>	28	<i>spinosad</i>	46
<i>rizatriptan benzoate</i>	33	SPIRIVA HANDHALER	21
<i>ropinirole hydrochloride</i>	35	<i>spironolactone</i>	17
RYBIX ODT	32	<i>spironolactone & hydrochlorothiazide</i> ..	17
S		SPORANOX	3
SABRIL	34	SPRYCEL	9
<i>saline</i>	20	SQUARIC ACID DIBUTYLESTER POWDER	
SAMSCA	15	.....	47
SANDIMMUNE	51	<i>stavudine</i>	4
SANTYL	46	STELARA	45
SAPHRIS	28	STEVIA EXTRACT	47
<i>selegiline hcl</i>	35	STIMATE	15
<i>selenium sulfide lotion 1%</i>	45	STIVARGA	9
<i>selenium sulfide lotion 2.5%</i>	45	STRATTERA	30
SELZENTRY	3	<i>streptomycin sulfate</i>	3
<i>sennosides</i>	22	STRIBILD	5
<i>sennosides-docusate sodium</i>	22	STROMECTOL	6
SEREVENT DISKUS	21	SUCLEAR	22
SEROQUEL XR	28	<i>sucralfate tab 1 gm</i>	24

<i>sulfacetamide sodium (ophth)</i>	41	<i>testosterone enanthate</i>	11
<i>sulfacetamide sod-prednisolone</i>	42	<i>tetracycline hcl</i>	2
<i>sulfamethoxazole-trimethoprim</i>	7	THALOMID	51
<i>sulfasalazine</i>	25	THEO-24	21
<i>sulindac</i>	33	<i>theophylline</i>	21
<i>sumatriptan spray</i>	33	THERACYS	10
<i>sumatriptan succinate</i>	33	THERATEARS	41
SUPPOSIBASE F	51	THERMOMETERS	51
SUPREP BOWEL PREP	22	<i>thiamine hcl</i>	36
SUSTIVA	4	<i>thiamine mononitrate</i>	36
SUTENT	9	THINPRO INSULIN SYRINGE/0	48
SYMBICORT	21	THINPRO INSULIN SYRINGE/1	48
SYMLINPEN 120	13	<i>thioridazine hcl</i>	28
SYMLINPEN 60	13	<i>thiothixene</i>	29
SYNAGIS	7	<i>thyroid</i>	14
SYNAREL	15	<i>tiagabine hcl</i>	34
SYNERCID	7	TICE BCG	10
SYNTHROID	14	TIKOSYN	16
<i>syringe (disposable)</i>	47	TIMENTIN	1
SYRINGE/LUER SLIP/20ML	47	<i>timolol maleate</i>	16
SYSTANE BALANCE RESTORATI	42	<i>timolol maleate (ophth)</i>	42
SYSTANE OVERNIGHT THERAPY	41	<i>tizanidine hcl</i>	35
T		<i>tobramycin (ophth)</i>	41
TABLOID	8	<i>tobramycin inj</i>	3
<i>tacrolimus</i>	52	<i>tobramycin neb 300/5ml inhalation</i>	3
TAFINLAR	9	<i>tobramycin sulfate/sodium</i>	3
TAMIFLU	5	<i>tobramycin-dexamethasone</i>	42
TAMIFLU SUS 6MG/ML	5	<i>tolnaftate</i>	44
<i>tamoxifen citrate</i>	8	TOOMEY SYRINGE	47
TANZEUM	13	<i>topiramate</i>	35
TARCEVA	9	<i>topotecan hcl</i>	10
TARGRETIN	10	<i>toremide</i>	17
TASIGNA	9	TOTECT	10
TAZORAC	45	TRACE MINERALS (CR-CU-MN-ZN) INJ	
TEFLARO	2	1-100-30-500 MCG/ML	38
TEGRETOL	34	TRACLEER	18
TEGRETOL-XR	34	TRADJENTA	14
<i>temazepam</i>	29	<i>tramadol hcl</i>	32
<i>temozolomide</i>	7	TRAMADOL HCL ER	32
TENIPOSIDE	9	<i>tramadol hcl ext-rel</i>	32
<i>terazosin hcl</i>	17	<i>tramadol-acetaminophen</i>	32
<i>terbinafine hcl</i>	3	<i>trandolapril</i>	16
<i>terbutaline sulfate</i>	21	<i>tranylcypromine sulfate</i>	27
<i>terconazole vaginal</i>	26	<i>trazodone hcl</i>	27
TERUMO INSULIN SYRINGE/0	48	TRELSTAR DEPOT	9
TERUMO INSULIN SYRINGE/1M	48	TRELSTAR LA	9
TERUMO SURGUARD2 SYRINGE/	49	TRELSTAR MIXJECT	9
<i>testosterone cypionate</i>	11	<i>tretinoin (chemotherapy)</i>	10

TREXALL.....	8	VIBATIV.....	6
<i>triamcinolone acetonide (mouth)</i>	43	VICTOZA.....	13
<i>triamcinolone acetonide (nasal)</i>	19	VICTRELIS	5
<i>triamcinolone acetonide (topical)</i>	45	VIDEX PEDIATRIC	4
<i>triamterene & hydrochlorothiazide</i>	17	VIMPAT	34
<i>trifluoperazine hcl</i>	28	<i>vinblastine sulfate</i>	9
<i>trifluridine</i>	41	<i>vincristine sulfate</i>	9
<i>trihexyphenidyl hcl</i>	35	<i>vinorelbine tartrate</i>	9
<i>trimethobenzamide hcl</i>	24	VIRACEPT.....	4
<i>trimethoprim</i>	6	VIRAMUNE XR.....	4
<i>triprolidine & pseudoephedrine</i>	20	VIREAD.....	4
TRISENOX.....	10	VOLTAREN.....	45
<i>tropium chloride</i>	26	<i>voriconazole</i>	3
<i>tropium chloride cap sustained-rel 24hr</i>		VOTRIENT	9
<i>60 mg</i>	26	W	
TRUVADA.....	4	<i>warfarin sodium</i>	40
TUDORZA PRESSAIR	21	WHEY PROTEIN DRINK MIX	39
TYGACIL	7	<i>white petrolatum-mineral oil</i>	42
TYKERB	9	X	
TYVASO STARTER	18	XALKORI	9
TYZEKA	5	XARELTO.....	41
U		XOLAIR.....	22
ULESFIA	46	XTANDI.....	8
ULTICARE INSULIN SYRINGE/	48	Y	
ULTICARE PEN NEEDLES/29G.....	49	YALE NEEDLES 30G X 1-1/2"	47
ULTILET INSULIN SYRINGE/0	48	YALE REUSABLE SYRINGE LUE	47
ULTILET INSULIN SYRINGE/1	48	Z	
ULTRA COMFORT INSULIN SYR.....	48	ZANOSAR.....	7
URINE GLUCOSE MONITORING SUPPLIES		ZARONTIN.....	34
.....	50	ZELBORAF	9
<i>ursodiol</i>	25	ZENPEP.....	25
UVADEX.....	10	ZEVALIN Y-90.....	8
V		ZIAGEN SOL 20MG/ML.....	4
VAGIFEM	26	<i>zidovudine</i>	4
<i>valacyclovir hcl</i>	5	<i>zinc oxide (topical)</i>	46
VALCYTE.....	5	<i>ziprasidone hcl</i>	29
<i>valproate sodium</i>	34	ZOLADEX	9
<i>valproic acid</i>	34	ZOLINZA.....	9
<i>vancomycin hcl</i>	6	<i>zolmitriptan</i>	33
<i>vancomycin hcl in dextrose inj</i>	6	<i>zolpidem tartrate</i>	29
<i>vancomycin inj</i>	6	<i>zonisamide</i>	35
VAPORIZERS	49	ZONTIVITY	41
VELETRI	18	ZORBTIVE	15
<i>venlafaxine hcl</i>	27	ZOSYN.....	1
<i>venlafaxine hcl ext-rel</i>	27	ZYDELIG	10
VENTAVIS	18	ZYKADIA.....	9
VENTOLIN HFA	21	ZYVOX.....	6
<i>verapamil hcl</i>	16	ZYVOX IV.....	6

ZYVOX SUS 100MG/5M..... 6