

# Affinity Health Plan CHILD HEALTH PLUS Formulary

(Effective 4/1/2017)

## INTRODUCTION

We are pleased to provide the 2017 **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>

## 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
CAPITALIZED	Indicates brand name drug
<i>italicize</i>	Generic drug
AGE	Age Limit
OTC Only	Over the Counter Only
Rx Only	Prescription only
DS	Day Supply Limits

## NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2016. All rights reserved.

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.

To receive updated information about the drugs covered by please visit [www.affinityplan.org](http://www.affinityplan.org) or call CVS Customer Service at 1-855-465-0031, 24 hours/7 days a week. TTY/TDD users, please call 1-800-863-5488.

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>ANALGESICS</b>	
<b>ANALGESICS, OTHER</b>	
<i>acetaminophen</i> CHEW	QL (200 tabs per 30 days); OTC ONLY
<i>acetaminophen</i> ELIX	QL (240 ml per 30 days); OTC ONLY
<i>acetaminophen</i> LIQD	QL (240 ml per 30 days); OTC ONLY
<i>acetaminophen</i> SUSP 80mg/0.8ml	QL (120 ml per 30 days); OTC ONLY
<i>acetaminophen</i> SUSP 160mg/5ml	QL (240 ml per 30 days); OTC ONLY
<i>acetaminophen</i> TABS	QL (200 tabs per 30 days); OTC ONLY
<i>acetaminophen suppositories</i>	QL (100 units per 30 days); OTC ONLY
<b>COX-II INHIBITORS</b>	
<i>celecoxib</i>	PA
<b>GOUT</b>	
<i>allopurinol</i>	
<i>colchicine</i>	QL (30 tabs per 30 days)
<i>probenecid</i>	
<b>NON-OPIOID ANALGESICS</b>	
<i>butalbital-acetaminophen-caffeine</i> CAPS	QL (60 caps per 30 days)
<i>butalbital-acetaminophen-caffeine</i> TABS	QL (60 tabs per 30 days)
<i>butalbital-aspirin-caffeine</i>	QL (60 caps per 30 days)
<b>NSAIDS</b>	
<i>aspirin</i> SUPP 300mg	QL (60 units per 30 days); OTC ONLY
<i>aspirin</i> SUPP 600mg	QL (30 units per 30 days); OTC ONLY
<i>diclofenac potassium</i>	
<i>diclofenac sodium</i> TB24; TBEC	
<i>diflunisal</i>	
<i>etodolac</i>	
<i>flurbiprofen</i>	
<i>ibuprofen</i> CAPS	QL (200 caps per 30 days); OTC ONLY
<i>ibuprofen</i> CHEW	QL (100 tabs per 30 days); OTC ONLY

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

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

#### **NSAIDS, TOPICAL**

VOLTAREN GEL

#### **OPIOID ANALGESICS**

<i>acetaminophen w/ codeine</i>	QL (400 tabs per 30 days)
<i>acetaminophen w/ codeine solution</i>	QL (5000 ml per 30 days)
<i>fentanyl</i>	QL (15 patches per 30 days)
<i>hydrocodone-acetaminophen</i> SOLN	QL (3600 ml per 30 days)
<i>hydrocodone-acetaminophen</i> TABS	QL (240 tabs per 30 days)
<i>hydrocodone-acetaminophen</i> TABS	QL (370 tabs per 30 days)
<i>hydromorphone hcl</i>	QL (180 tabs per 30 days)
<i>methadone hcl</i> 5mg	QL (90 tabs per 30 days)
<i>methadone hcl</i> 10mg	QL (180 tabs per 30 days)
<i>morphine sulfate controlled-release</i> 15mg, 30mg, 100mg	QL (90 tabs per 30 days)
<i>morphine sulfate controlled-release</i> 60mg, 200mg	QL (60 tabs per 30 days)
<i>morphine sulfate sol</i> 100/5ml	QL (180 ml per 30 days)
<i>morphine sulfate solution</i>	QL (900 ml per 30 days)
<i>morphine sulfate suppositories</i>	QL (180 units per 30 days)
<i>morphine sulfate tab</i>	QL (180 tabs per 30 days)
<i>oxycodone hcl</i> CAPS	QL (180 caps per 30 days)
<i>oxycodone hcl</i> CONC	QL (180 ml per 30 days)
<i>oxycodone hcl</i> SOLN	QL (900 ml per 30 days)
<i>oxycodone hcl</i> TABS	QL (180 tabs per 30 days)

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>oxycodone w/ acetaminophen</i> SOLN	QL (900 mL / 30 days)
<i>oxycodone w/ acetaminophen</i> TABS	QL (370 tabs per 30 days)
<i>oxycodone-aspirin</i>	QL (240 tabs per 30 days)
<i>tramadol hcl</i>	QL (240 tabs per 30 days)
<i>tramadol hcl ext-rel</i> CP24 100mg, 200mg, 300mg	QL (30 caps per 30 days)
TRAMADOL HCL EXT-REL CP24 150mg	QL (30 caps per 30 days)
<i>tramadol hcl ext-rel</i> TB24	QL (30 tabs per 30 days)
<i>tramadol-acetaminophen</i>	QL (40 tabs per 30 days)

## **ANTI-INFECTIVES**

### **AMINOGLYCOSIDES**

*amikacin sulfate*  
*gentamicin sulfate inj*  
*neomycin sulfate*  
*streptomycin sulfate*  
*tobramycin inj*

### **ANTIBACTERIALS, CARBAPENEMS**

DORIBAX  
*imipenem-cilastatin*  
 INVANZ  
*meropenem*

### **ANTIBACTERIALS, CEPHALOSPORIN COMBINATIONS**

ZERBAXA PA; SP

### **ANTIBACTERIALS, CEPHALOSPORINS 1ST GEN**

*cefadroxil*  
*cefazolin sodium*  
*cephalexin*

### **ANTIBACTERIALS, CEPHALOSPORINS, 2ND GEN**

CEFOTETAN DISODIUM  
 CEFOTETAN/DEXTROSE  
*cefoxitin sodium* SOLN  
 CEFOXITIN SODIUM SOLR  
*cefoxitin sodium* SOLR 1gm, 2gm, 10gm  
*cefprozil*  
*cefuroxime axetil*  
*cefuroxime sodium*

### **ANTIBACTERIALS, CEPHALOSPORINS, 3RD GEN**

*cefdinir*  
*cefotaxime sodium*  
*ceftazidime*  
*ceftazidime sodium in d5w inj 1 gm/50ml*  
*ceftazidime sodium in d5w inj 2 gm/50ml*  
*ceftriaxone*

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>ceftriaxone sodium</i>	
<b>ANTIBACTERIALS, CEPHALOSPORINS, 4TH GEN</b>	
<i>cefepime</i>	
<i>cefepime/dextrose</i>	
MAXIPIME	
<b>ANTIBACTERIALS, CEPHALOSPORINS, 5TH GEN</b>	
TEFLARO	PA
<b>ANTIBACTERIALS, ERYTHROMYCINS/MACROLIDES</b>	
<i>azithromycin</i>	
<i>azithromycin inj 2.5gm</i>	
<i>clarithromycin</i>	
<i>clarithromycin ext-rel</i>	
DIFICID	PA
ERYTHROCIN LACTOBIONATE	
<i>erythromycin base</i>	
<i>erythromycin base ext-rel</i>	
<i>erythromycin stearate</i>	
<b>ANTIBACTERIALS, FLUOROQUINOLONES</b>	
AVELOX INJ	
<i>ciprofloxacin</i>	
<i>ciprofloxacin ext-rel</i>	
<i>ciprofloxacin hcl tab</i>	
<i>ciprofloxacin in d5w</i>	
<i>levofloxacin SOLN 25mg/ml</i>	
<i>levofloxacin TABS</i>	
<i>levofloxacin in d5w</i>	
<b>ANTIBACTERIALS, PENICILLINS</b>	
<i>amoxicillin</i>	
<i>amoxicillin &amp; potassium clavulanate</i>	
<i>amoxicillin/potassium clavulanate</i>	
<i>ampicillin</i>	
<i>ampicillin &amp; sulbactam sodium</i>	
<i>ampicillin sodium inj</i>	
BICILLIN C-R	
BICILLIN L-A	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium inj</i>	
<i>oxacillin sodium inj</i>	
<i>penicillin g potassium</i>	
<i>penicillin g procaine</i>	
<i>penicillin g sodium</i>	
<i>penicillin v potassium</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>piperacillin sodium-tazobactam sodium</i>	
ZOSYN	
<b>ANTIBACTERIALS, SULFONAMIDES</b>	
<i>sulfamethoxazole-trimethoprim</i>	
<i>sulfamethoxazole-trimethoprim ds</i>	
<b>ANTIBACTERIALS, TETRACYCLINES</b>	
<i>doxycycline (monohydrate) susp</i>	AGE: NOT COVERED LESS THAN 8 YEARS OF AGE
<i>doxycycline hyclate cap 50 mg, 100 mg</i>	AGE: NOT COVERED LESS THAN 8 YEARS OF AGE
<i>doxycycline hyclate for inj 100 mg</i>	
<i>doxycycline hyclate tab 20 mg, 100 mg</i>	AGE: NOT COVERED LESS THAN 8 YEARS OF AGE
<i>tetracycline hcl</i>	AGE: NOT COVERED LESS THAN 8 YEARS OF AGE
<b>ANTIFUNGALS</b>	
<i>clotrimazole troche 10 mg</i>	
<i>fluconazole</i>	
<i>griseofulvin microsize susp 125 mg/5ml</i>	
<i>griseofulvin ultramicrosize</i>	
<i>itraconazole cap</i>	QL (120 caps per 30 days), PA
<i>nystatin POWD; TABS</i>	
<i>nystatin (mouth-throat)</i>	
SPORANOX	PA
<i>terbinafine hcl tab</i>	QL (90 tabs per 365 days)
<i>voriconazole</i>	PA
<b>ANTIMALARIALS</b>	
<i>atovaquone-proguanil hcl</i>	QL (23 tabs per 180 days)
<i>chloroquine phosphate</i>	QL (8 tabs per 180 days)
COARTEM	QL (24 tabs per 180 days)
<i>mefloquine hcl</i>	QL (8 tabs per 180 days)
<b>ANTIRETROVIRALS, ANTIRETROVIRAL ADJUVANTS</b>	
TYBOST	QL (30 tabs per 30 days)
<b>ANTIRETROVIRALS, ANTIRETROVIRAL COMBINATIONS</b>	
<i>abacavir sulfate-lamivudine-zidovudine</i>	QL (60 tabs per 30 days)
ATRIPLA	QL (30 tabs per 30 days)
COMPLERA	QL (30 tabs per 30 days)
EPZICOM	QL (30 tabs per 30 days)
EVOTAZ	QL (30 tabs per 30 days)
<i>lamivudine-zidovudine</i>	QL (60 tabs per 30 days)
PREZCOBIX	QL (30 tabs per 30 days)

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<b>Drug Name</b>	<b>Requirements/Limits</b>
STRIBILD	QL (30 tabs per 30 days)
TRIUMEQ	QL (30 tabs per 30 days)
TRUVADA	QL (30 tabs per 30 days)

**ANTIRETROVIRALS, CHEMOKINE RECEPTOR ANTAGONISTS**

SELZENTRY TAB 150MG	QL (60 tabs per 30 days)
SELZENTRY TAB 300MG	QL (60 tabs per 30 days)

**ANTIRETROVIRALS, INTEGRASE INHIBITORS**

ISENTRESS 25mg	QL (120 tabs per 30 days)
ISENTRESS 100mg	QL (60 tabs per 30 days)
ISENTRESS POW 100MG	QL (60 packets per 30 days)
ISENTRESS TAB 400MG	QL (60 tabs per 30 days)
TIVICAY	QL (60 tabs per 30 days)
VITEKTA	QL (30 tabs per 30 days)

**ANTIRETROVIRALS, PROTEASE INHIBITORS**

APTIVUS CAP 250MG	QL (120 caps per 30 days)
APTIVUS SOL	QL (285 ml per 22 days)
CRIXIVAN 200mg	QL (180 caps per 30 days)
CRIXIVAN 400mg	QL (120 caps per 30 days)
INVIRASE CAP 200MG	QL (300 caps per 30 days)
INVIRASE TAB 500MG	QL (120 tabs per 30 days)
KALETRA SOL	QL (480 ml per 30 days)
KALETRA TAB 100-25MG	QL (300 tabs per 30 days)
KALETRA TAB 200-50MG	QL (120 tabs per 30 days)
LEXIVA SUS 50MG/ML	QL (840 ml per 30 days)
LEXIVA TAB 700MG	QL (120 tabs per 30 days)
NORVIR CAP 100MG	QL (360 caps per 30 days)
NORVIR SOL 80MG/ML	QL (480 ml per 30 days)
NORVIR TAB 100MG	QL (180 tabs per 30 days)
PREZISTA SUSP	QL (240 ml per 30 days)
PREZISTA TABS 75mg	QL (150 tabs per 30 days)
PREZISTA TABS 150mg	QL (180 tabs per 30 days)
PREZISTA TABS 600mg	QL (60 tabs per 30 days)
PREZISTA TABS 800mg	QL (30 tabs per 30 days)
REYATAZ 150mg, 300mg	QL (30 caps per 30 days)
REYATAZ 200mg	QL (60 caps per 30 days)
VIRACEPT 250mg	QL (180 tabs per 30 days)
VIRACEPT 625mg	QL (120 tabs per 30 days)

**ANTIRETROVIRALS, REVERSE TRANSCRIPTASE INHIBITORS -**

**NON-NUCLEOSIDE**

EDURANT	QL (30 tabs per 30 days)
INTELENCE 25mg, 100mg	QL (180 tabs per 30 days)
INTELENCE 200mg	QL (60 tabs per 30 days)

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>nevirapine</i> SUSP	QL (1200 ml per 30 days)
<i>nevirapine</i> TABS	QL (60 tabs per 30 days)
<i>nevirapine tab 100 mg ext-rel</i>	QL (90 tabs per 30 days)
<i>nevirapine tab 400mg ext-rel</i>	QL (30 tabs per 30 days)
RESCRIPTOR 100mg	QL (360 tabs per 30 days)
RESCRIPTOR 200mg	QL (180 tabs per 30 days)
SUSTIVA CAPS	QL (60 caps per 30 days)
SUSTIVA TABS	QL (30 tabs per 30 days)

**ANTIRETROVIRALS, REVERSE TRANSCRIPTASE INHIBITORS -**

**NUCLEOSIDE**

<i>abacavir sulfate tab</i>	QL (60 tabs per 30 days)
<i>didanosine</i> 125mg, 200mg	QL (60 caps per 30 days)
<i>didanosine</i> 250mg, 400mg	QL (30 caps per 30 days)
EMTRIVA CAP 200MG	QL (30 caps per 30 days)
EMTRIVA SOLN	QL (680 ml per 22 days)
<i>lamivudine</i> 150mg	QL (60 tabs per 30 days)
<i>lamivudine</i> 300mg	QL (30 tabs per 30 days)
<i>stavudine cap</i>	QL (60 caps per 30 days)
<i>stavudine soln</i>	QL (2400 ml per 30 days)
VIDEX PEDIATRIC SOLN 2gm	QL (360 ml per 30 days)
VIDEX PEDIATRIC SOLN 4gm	QL (480 ml per 30 days)
ZIAGEN SOL 20MG/ML	QL (900 ml per 30 days)
<i>zidovudine cap 100 mg</i>	QL (180 caps per 30 days)
<i>zidovudine syrup 10 mg/ml</i>	QL (1800 ml per 30 days)
<i>zidovudine tab 300 mg</i>	QL (60 tabs per 30 days)

**ANTIRETROVIRALS, REVERSE TRANSCRIPTASE INHIBITORS -**

**NUCLEOTIDE**

VIREAD POWD	QL (240 gm per 30 days)
VIREAD TABS	QL (30 tabs per 30 days)

**ANTITUBERCULAR AGENTS**

<i>ethambutol hcl</i>	
<i>isoniazid</i>	
<i>pyrazinamide</i>	
<i>rifampin</i>	

**ANTIVIRALS, CMV AGENTS**

<i>cidofovir</i>	
<i>foscarnet sodium</i>	
FOSCAVIR	
<i>ganciclovir sodium</i>	
<i>valganciclovir hcl</i>	
<i>valganciclovir hcl tab 450 mg</i>	

**ANTIVIRALS, HEPATITIS AGENTS - HEPATITIS B**

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>adefovir dipivoxil</i>	
BARACLUDE SOL .05MG/ML	
<i>entecavir</i>	
<i>lamivudine (hbv)</i>	QL (30 tabs per 30 days)
TYZEKA	

#### **ANTIVIRALS, HEPATITIS AGENTS - HEPATITIS C**

EPCLUSA	PA; SP; Only for Genotypes 2 and 3
HARVONI	PA; SP; Only for Genotypes 1,4,5 and 6
<i>rebetol sol 40mg/ml</i>	PA; SP; DS
<i>ribavirin</i>	PA; SP; DS
ZEPATIER	PA; SP; Only for Genotypes 1 and 4

#### **ANTIVIRALS, HERPES AGENTS**

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

#### **ANTIVIRALS, INFLUENZA AGENTS**

TAMIFLU 30mg	QL (28 caps per 180 days)
TAMIFLU 45mg, 75mg	QL (14 caps per 180 days)
TAMIFLU SUS 6MG/ML	QL (180 ml per 180 days)

#### **MISCELLANEOUS**

ALBENZA	ST
<i>atovaquone</i>	
<i>aztreonam</i>	
AZTREONAM IN DEXTROSE INJ	
<i>bacitracin SOLR</i>	
<i>chloramphenicol sodium succinate</i>	
<i>clindamycin hcl</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate inj</i>	
<i>colistimethate sodium inj</i>	
CUBICIN	
<i>dapsone</i>	
<i>ivermectin</i>	
<i>linezolid</i>	PA
<i>metronidazole CAPS</i>	
<i>metronidazole TABS</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	
<i>metronidazole inj</i>	
NEUTREXIN	
<i>nitrofurantoin</i>	
<i>nitrofurantoin macrocrystal</i>	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	
PENTAM 300	
<i>polymyxin b sulfate</i>	
<i>reeses pinworm medicine</i>	QL (60 ml per 30 days); OTC ONLY
<i>rifabutin</i>	
SYNERCID	
<i>trimethoprim</i>	
TYGACIL	
<i>vancomycin hcl</i>	ST
<i>vancomycin hcl in dextrose inj</i>	
<i>vancomycin inj</i>	
VIBATIV	
ZYVOX SUS 100MG/5M	PA

## **ANTINEOPLASTIC AGENTS**

### **ALKYLATING AGENTS**

ALKERAN	
BICNU	
BUSULFEX	
<i>carboplatin</i>	
<i>cisplatin</i>	
<i>cyclophosphamide</i>	
CYCLOPHOSPHAMIDE CAP 25 MG	
CYCLOPHOSPHAMIDE CAP 50 MG	
<i>dacarbazine</i>	
EMCYT	
GLEOSTINE	
GLIADEL WAFER	
HEXALEN	
IFEX	
<i>ifosfamide</i>	
LEUKERAN	
LOMUSTINE CAP 5 MG	
<i>melphalan hcl</i>	
MUSTARGEN	
MYLERAN	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>oxaliplatin</i>	
<i>temozolomide</i>	PA; SP
ZANOSAR	

### **ANTIMETABOLITES**

ALIMTA	
<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>	
TABLOID	
TREXALL	

### **HORMONAL ANTINEOPLASTICS, ANTIANDROGENS**

<i>bicalutamide</i>	
<i>flutamide</i>	
<i>nilutamide</i>	

### **HORMONAL ANTINEOPLASTICS, ANTIESTROGENS**

FARESTON	
FASLODEX	
SOLTAMOX	
<i>tamoxifen citrate</i>	

### **HORMONAL ANTINEOPLASTICS, AROMATASE INHIBITORS**

<i>anastrozole</i>	
<i>exemestane</i>	
<i>letrozole</i>	

### **HORMONAL ANTINEOPLASTICS, GONADOTROPIN RELEASING HORMONE ANTAGONISTS**

FIRMAGON	PA; SP
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### **HORMONAL ANTINEOPLASTICS, LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS**

ELIGARD	SP; All females need PA. Only males <20 need PA
<i>leuprolide acetate</i>	SP; All females need PA. Only males <20 need PA
LUPRON DEPOT	SP; All females need PA. Only males <20 need PA
TRELSTAR	PA; SP

<b>Drug Name</b>	<b>Requirements/Limits</b>
TRELSTAR MIXJECT	PA; SP
ZOLADEX	PA; SP

**HORMONAL ANTINEOPLASTICS, PROGESTINS**

*megestrol acetate* SUSP; TABS

**IMMUNOMODULATORS**

REVLIMID PA; SP

**KINASE INHIBITORS**

AFINITOR PA; SP

CAPRELSA PA; SP

COMETRIQ PA; SP

GILOTRIF PA; SP

IBRANCE PA; SP

*imatinib mesylate* PA; SP

IMBRUVICA PA; SP

INLYTA PA; SP

JAKAFI PA; SP

LENVIMA PA; SP

MEKINIST PA; SP

NEXAVAR PA; SP

STIVARGA PA; SP

SUTENT PA; SP

TAFINLAR PA; SP

TARCEVA PA; SP

TYKERB PA; SP

VOTRIENT PA; SP

XALKORI PA; SP

ZELBORAF PA; SP

ZYDELIG PA; SP

ZYKADIA PA; SP

**MISCELLANEOUS**

ABRAXANE

*amifostine crystalline*

ARRANON

ARZERRA PA; SP

*bexarotene cap 75 mg* PA; SP

*bleomycin sulfate*

COSMEGEN

*daunorubicin hcl*

DAUNOXOME

*dexrazoxane*

*docefrez*

*docetaxel*

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>doxorubicin hcl</i>	
<i>doxorubicin hcl liposomal</i>	
ELITEK	
<i>epirubicin hcl</i>	
ERIVEDGE	PA; SP
ETOPOPHOS	
<i>etoposide</i>	
FARYDAK	PA; SP
<i>hydroxyurea</i>	
<i>idarubicin hcl</i>	
ISTODAX	PA; SP
LEUCOVORIN CALCIUM SOLN	
<i>leucovorin calcium TABS</i>	
<i>leucovorin calcium for inj 50mg, 100mg, 200mg, 350mg</i>	
LEUCOVORIN CALCIUM FOR INJ 500mg	
LYNPARZA	PA; SP
LYSODREN	
MATULANE	
<i>mesna</i>	
METASTRON	
<i>mitomycin</i>	
<i>mitoxantrone hcl</i>	
NIPENT	
<i>paclitaxel</i>	
PHOTOFRIN	
QUADRAMET	
TENIPOSIDE	
THERACYS	
TICE BCG	
TOTECT	
<i>tretinoin (chemotherapy)</i>	
TRISENOX	
UVADEX	
VENCLEXTA	PA; SP
VENCLEXTA STARTING PACK	PA; SP
<i>vinblastine sulfate</i>	
<i>vincristine sulfate</i>	
<i>vinorelbine tartrate</i>	
ZEVALIN Y-90	
ZOLINZA	PA; SP

**TOPOISOMERASE INHIBITORS**

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
CAMPTOSAR	
<i>irinotecan hcl</i>	
<i>topotecan hcl</i>	

**CARDIOVASCULAR**

**ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS**

*amlodipine besylate-benazepril hcl*

**ACE INHIBITOR/DIURETIC COMBINATIONS**

*benazepril & hydrochlorothiazide*

*captopril & hydrochlorothiazide*

*enalapril maleate & hydrochlorothiazide*

*fosinopril sodium & hydrochlorothiazide*

*lisinopril & hydrochlorothiazide*

*quinapril-hydrochlorothiazide*

**ACE INHIBITORS**

*benazepril hcl*

*captopril*

*enalapril maleate*

*fosinopril sodium*

*lisinopril*

*quinapril hcl*

*ramipril*

*trandolapril*

**ADRENOLYTICS, CENTRAL**

*clonidine hcl*

*guanfacine hcl*

**ALDOSTERONE RECEPTOR ANTAGONISTS**

*epplerenone*

*spironolactone*

**ALPHA BLOCKERS**

*doxazosin mesylate*

*terazosin hcl*

**ANGIOTENSIN II RECEPTOR ANTAGONIST/DIURETIC COMBINATIONS**

*irbesartan-hydrochlorothiazide*

*losartan potassium & hydrochlorothiazide*

*valsartan-hydrochlorothiazide*

**ANGIOTENSIN II RECEPTOR ANTAGONISTS**

*candesartan cilexetil*

*irbesartan*

*losartan potassium*

*valsartan 40mg, 80mg, 160mg*

QL (30 tabs per 30 days)

*valsartan 320mg*



Drug Name	Requirements/Limits
<b>ANTIARRHYTHMICS</b>	
<i>amiodarone hcl</i>	
<i>disopyramide phosphate</i>	
<i>flecainide acetate</i>	
NORPACE CR	
<i>propafenone hcl</i>	
<i>sotalol hcl</i>	
<i>sotalol hcl (afib/af)</i>	
TIKOSYN	PA; SP
<b>ANTILIPEMICS, BILE ACID RESINS</b>	
<i>cholestyramine</i>	
<i>cholestyramine light</i>	
<i>colestipol hcl</i>	
<b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITORS</b>	
ZETIA	ST
<b>ANTILIPEMICS, FIBRATES</b>	
<i>fenofibrate</i>	
<i>fenofibrate micronized</i>	
<i>gemfibrozil</i>	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS</b>	
<i>atorvastatin calcium</i>	
<i>lovastatin</i>	
<i>pravastatin sodium</i>	
<i>simvastatin</i>	
<b>ANTILIPEMICS, NIACINS/COMBINATIONS</b>	
<i>niacin (antihyperlipidemic) 500mg</i>	QL (30 tabs per 30 days)
<i>niacin (antihyperlipidemic) 750mg, 1000mg</i>	
<b>ANTILIPEMICS, PCSK9 INHIBITORS</b>	
REPATHA	PA; SP
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>	
<i>atenolol &amp; chlorthalidone</i>	
<i>bisoprolol &amp; hydrochlorothiazide</i>	
<i>metoprolol &amp; hydrochlorothiazide</i>	
<b>BETA-BLOCKERS</b>	
<i>atenolol</i>	
<i>bisoprolol fumarate</i>	
BYSTOLIC	QL (30 tabs per 30 days)
<i>carvedilol</i>	
<i>labetalol hcl</i>	
<i>metoprolol succinate</i>	QL (30 tabs per 30 days)
<i>metoprolol tartrate</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>nadolol</i> 20mg, 80mg	
<i>nadolol</i> 40mg	QL (30 tabs per 30 days)
<i>pindolol</i>	
<i>propranolol hcl</i>	
<i>timolol maleate</i> TABS	
<b>CALCIUM CHANNEL BLOCKERS, DIHYDROPYRIDINES</b>	
<i>amlodipine besylate</i>	
<i>felodipine</i>	
<i>nifedipine</i>	PA
<i>nifedipine ext-rel</i>	
<b>CALCIUM CHANNEL BLOCKERS, NON DIHYDROPYRIDINES</b>	
<i>diltiazem hcl</i>	
<i>diltiazem hcl coated beads</i>	
<i>diltiazem hcl extended release beads</i>	
<i>verapamil ext-rel hcl</i>	
<b>DIGITALIS GLYCOSIDES</b>	
<i>digoxin</i>	
LANOXIN	
<b>DIURETICS</b>	
<i>amiloride &amp; hydrochlorothiazide</i>	
<i>amiloride hcl</i>	
<i>bumetanide</i>	
<i>chlorthalidone</i>	
<i>furosemide</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<i>metolazone</i>	
<i>spironolactone &amp; hydrochlorothiazide</i>	
<i>toremide</i>	
<i>triamterene &amp; hydrochlorothiazide</i>	
<b>MISCELLANEOUS</b>	
<i>hydralazine hcl</i>	
<i>methyldopa</i>	
<i>midodrine hcl</i>	
<b>NEPRILYSIN INHIBITOR/ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>	
ENTRESTO	
<b>NITRATE/VASODILATOR COMBINATIONS</b>	
BIDIL	
<b>NITRATES, ORAL</b>	
<i>isosorbide dinitrate</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>isosorbide mononitrate</i>	
<i>nitroglycerin</i> CPR	

**NITRATES, SUBLINGUAL/TRANSLINGUAL**

NITROSTAT

**NITRATES, TRANSDERMAL**

*nitroglycerin* PT24

**PULMONARY ARTERIAL HYPERTENSION, ENDOTHELIN RECEPTOR ANTAGONIST**

LETAIRIS

PA; SP

TRACLEER

PA; SP

**PULMONARY ARTERIAL HYPERTENSION, PHOSPHODIESTERASE INHIBITOR**

*sildenafil citrate (pulmonary hypertension)*

PA; SP

**PULMONARY ARTERIAL HYPERTENSION, PROSTACYCLIN RECEPTOR AGONIST**

UPTRAVI

PA; SP

**PULMONARY ARTERIAL HYPERTENSION, PROSTAGLANDIN VASODILATORS**

*epoprostenol sodium*

PA; SP

REMODULIN

PA; SP

TYVASO STARTER

PA; SP

VELETRI

PA; SP

VENTAVIS

PA; SP

**SINUS NODE INHIBITORS**

CORLANOR

QL (60 tabs per 30 days)

**CENTRAL NERVOUS SYSTEM**

**ANTI-ANXIETY, BENZODIAZEPINES**

*alprazolam* 2mg

QL (60 tabs per 30 days)

*alprazolam* .25mg, .5mg, 1mg

QL (90 tabs per 30 days)

*alprazolam orally disintegrating tab* 0.5 mg

QL (90 tabs per 30 days)

*alprazolam orally disintegrating tab* 0.25 mg

QL (90 tabs per 30 days)

*alprazolam orally disintegrating tab* 1 mg

QL (90 tabs per 30 days)

*alprazolam orally disintegrating tab* 2 mg

QL (60 tabs per 30 days)

*chlordiazepoxide hcl*

*clonazepam*

*diazepam* SOLN

QL (1200 ml per 30 days)

*diazepam* TABS

QL (120 tabs per 30 days)

*lorazepam*

QL (150 tabs per 30 days)

*lorazepam* 2mg/ml

QL (90 ml per 30 days)

*oxazepam*

QL (120 caps per 30 days)

**ANTI-ANXIETY, MISCELLANEOUS**

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>buspirone hcl</i>	
<i>clomipramine hcl 25mg</i>	QL (90 caps per 30 days)
<i>clomipramine hcl 50mg, 75mg</i>	
<i>fluvoxamine maleate</i>	

### **ANTICONVULSANTS**

<i>carbamazepine</i>	
<i>carbamazepine ext-rel</i>	
<i>diazepam rectal gel</i>	
DILANTIN	
DILANTIN INFATABS	
<i>divalproex sodium</i>	
<i>ethosuximide</i>	
<i>gabapentin CAPS 100mg</i>	QL (1080 caps per 30 days)
<i>gabapentin CAPS 300mg</i>	QL (360 caps per 30 days)
<i>gabapentin CAPS 400mg</i>	QL (270 caps per 30 days)
<i>gabapentin TABS 600mg</i>	QL (180 tabs per 30 days)
<i>gabapentin TABS 800mg</i>	QL (120 tabs per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	QL (2100 ml per 30 days)
<i>lamotrigine</i>	
<i>levetiracetam</i>	
<i>oxcarbazepine</i>	
<i>phenobarbital</i>	
<i>phenytoin</i>	
<i>phenytoin sodium extended</i>	
<i>primidone</i>	
SABRIL	PA; SP
TEGRETOL	
TEGRETOL-XR	
<i>tiagabine hcl</i>	
<i>topiramate</i>	
<i>valproate sodium</i>	
<i>valproic acid</i>	
ZARONTIN	
<i>zonisamide</i>	PA

### **ANTIDEPRESSANTS, MAOIS**

<i>phenelzine sulfate</i>	
<i>tranylcypromine sulfate</i>	

### **ANTIDEPRESSANTS, MISCELLANEOUS**

<i>bupropion hcl</i>	
<i>mirtazapine</i>	
<i>trazodone hcl</i>	

### **ANTIDEPRESSANTS, SNRIS**

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>duloxetine hcl</i>	PA
<i>venlafaxine hcl</i>	
<i>venlafaxine hcl ext-rel</i> CP24	QL (30 caps per 30 days)
<i>venlafaxine hcl ext-rel</i> TB24	QL (30 tabs per 30 days)

#### **ANTIDEPRESSANTS, SSRIS**

<i>citalopram hydrobromide</i>	
<i>escitalopram oxalate</i> SOLN	
<i>escitalopram oxalate</i> TABS	QL (30 tabs per 30 days)
<i>fluoxetine hcl</i>	
<i>paroxetine hcl</i>	
PAXIL SUSPENSION 10MG/5ML	
<i>sertraline hcl</i>	

#### **ANTIDEPRESSANTS, TCAS**

<i>amitriptyline hcl</i> 10mg	QL (90 tabs per 30 days)
<i>amitriptyline hcl</i> 25mg, 50mg, 75mg, 100mg, 150mg	
<i>desipramine hcl</i> 10mg, 25mg	QL (90 tabs per 30 days)
<i>desipramine hcl</i> 50mg, 75mg	QL (60 tabs per 30 days)
<i>desipramine hcl</i> 100mg, 150mg	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg	QL (90 caps per 30 days)
<i>doxepin hcl</i> CAPS 75mg	QL (60 caps per 30 days)
<i>doxepin hcl</i> CAPS 100mg, 150mg	
<i>doxepin hcl</i> CONC	
<i>imipramine hcl</i> 10mg, 25mg	QL (90 tabs per 30 days)
<i>imipramine hcl</i> 50mg	
<i>nortriptyline hcl</i> 10mg, 25mg	QL (90 caps per 30 days)
<i>nortriptyline hcl</i> 50mg, 75mg	

#### **ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl</i>	
<i>benztropine mesylate</i>	
<i>bromocriptine mesylate</i>	

#### **ANTIPSYCHOTICS, ATYPICALS**

<i>aripiprazole</i> 2mg	QL (120 tabs per 30 days)
<i>aripiprazole</i> 5mg, 10mg, 15mg, 20mg, 30mg	QL (30 tabs per 30 days)
<i>aripiprazole oral solution</i> 1 mg/ml	QL (750ML ml per 30 days); AGE: NOT COVERED OVER 11 YEARS OF AGE
<i>clozapine</i> TABS 25mg	QL (1080 tabs per 30 days)
<i>clozapine</i> TABS 50mg	QL (540 tabs per 30 days)
<i>clozapine</i> TABS 100mg	QL (270 tabs per 30 days)
<i>clozapine</i> TABS 200mg	QL (120 tabs per 30 days)

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>clozapine</i> TBDP 12.5mg	QL (2160 tabs per 30 days); AGE: NOT COVERED UNDER 13 YEARS OF AGE
<i>clozapine</i> TBDP 25mg	QL (1080 tabs per 30 days); AGE: NOT COVERED UNDER 13 YEARS OF AGE
<i>clozapine</i> TBDP 100mg	QL (270 tabs per 30 days); AGE: NOT COVERED UNDER 13 YEARS OF AGE
<i>clozapine</i> TBDP 150mg	QL (180 tabs per 30 days); AGE: NOT COVERED UNDER 13 YEARS OF AGE
<i>clozapine</i> TBDP 200mg	QL (120 tabs per 30 days); AGE: NOT COVERED UNDER 13 YEARS OF AGE
CLOZARIL 25mg	QL (1080 tabs per 30 days)
CLOZARIL 100mg	QL (270 tabs per 30 days)
NUPLAZID	PA
<i>olanzapine</i> 2.5mg	QL (240 tabs per 30 days)
<i>olanzapine</i> 5mg	QL (120 tabs per 30 days)
<i>olanzapine</i> 7.5mg, 10mg	QL (60 tabs per 30 days)
<i>olanzapine</i> 15mg, 20mg	QL (30 tabs per 30 days)
<i>olanzapine orally disintegrating tab</i>	QL (30 tabs per 30 days)
<i>paliperidone</i> 1.5mg, 3mg, 9mg	QL (30 tabs per 30 days), PA
<i>paliperidone</i> 6mg	QL (60 tabs per 30 days), PA
<i>quetiapine fumarate</i> 25mg	QL (960 tabs per 30 days)
<i>quetiapine fumarate</i> 50mg	QL (480 tabs per 30 days)
<i>quetiapine fumarate</i> 100mg	QL (240 tabs per 30 days)
<i>quetiapine fumarate</i> 200mg	QL (120 tabs per 30 days)
<i>quetiapine fumarate</i> 300mg, 400mg	QL (60 tabs per 30 days)
<i>risperidone</i> SOLN	QL (480 ML ml per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 6ML PER DAY
<i>risperidone</i> TABS 1mg	QL (480 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 6 PER DAY
<i>risperidone</i> TABS 2mg	QL (240 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 3 PER DAY

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>risperidone</i> TABS 3mg	QL (150 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 2 PER DAY
<i>risperidone</i> TABS .5mg	QL (960 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 12 PER DAY
<i>risperidone</i> TABS .25mg	QL (1920 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 24 PER DAY
<i>risperidone</i> TBDP 1mg	QL (480 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 6 PER DAY
<i>risperidone</i> TBDP 2mg	QL (240 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 3 PER DAY
<i>risperidone</i> TBDP 3mg	QL (150 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 2 PER DAY
<i>risperidone</i> TBDP .5mg	QL (960 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 12 PER DAY
<i>risperidone</i> TBDP .25mg	QL (1920 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 24 PER DAY
<i>ziprasidone hcl</i> 20mg	QL (240 caps per 30 days)
<i>ziprasidone hcl</i> 40mg	QL (120 caps per 30 days)
<i>ziprasidone hcl</i> 60mg, 80mg	QL (60 caps per 30 days)
<b>ANTIPSYCHOTICS, MISCELLANEOUS</b>	
<i>chlorpromazine hcl</i> 10mg	QL (3000 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>chlorpromazine hcl</i> 25mg	QL (1200 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>chlorpromazine hcl</i> 50mg	QL (600 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>chlorpromazine hcl</i> 100mg	QL (300 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>chlorpromazine hcl</i> 200mg	QL (150 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>fluphenazine hcl</i> 1mg	QL (600 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>fluphenazine hcl</i> 2.5mg	QL (240 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>fluphenazine hcl</i> 5mg	QL (120 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>fluphenazine hcl</i> 10mg	QL (60 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>haloperidol</i> 1mg	QL (450 tabs per 30 days)
<i>haloperidol</i> 2mg	QL (210 tabs per 30 days)
<i>haloperidol</i> 5mg	QL (90 tabs per 30 days)
<i>haloperidol</i> 10mg	QL (300 tabs per 30 days)
<i>haloperidol</i> 20mg	QL (150 tabs per 30 days)
<i>haloperidol</i> .5mg	QL (900 tabs per 30 days)
<i>haloperidol decanoate</i>	QL (2 ml per 30 days)
<i>haloperidol lactate</i>	QL (1500 ml per 30 days)
<i>perphenazine</i> 2mg	QL (960 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>perphenazine</i> 4mg	QL (480 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>perphenazine</i> 8mg	QL (240 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>perphenazine</i> 16mg	QL (120 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thioridazine hcl</i> 10mg	QL (2400 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>thioridazine hcl</i> 25mg	QL (960 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thioridazine hcl</i> 50mg	QL (480 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thioridazine hcl</i> 100mg	QL (240 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thiothixene</i> 1mg	QL (1800 caps per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thiothixene</i> 2mg	QL (900 caps per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thiothixene</i> 5mg	QL (360 caps per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thiothixene</i> 10mg	QL (180 caps per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>trifluoperazine hcl</i> 1mg	QL (1200 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>trifluoperazine hcl</i> 2mg	QL (600 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>trifluoperazine hcl</i> 5mg	QL (240 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>trifluoperazine hcl</i> 10mg	QL (120 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE

**ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<i>amphetamine-dextroamphetamine cap sustained-rel 24hr 5 mg</i>	QL (90 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine cap sustained-rel 24hr 10 mg</i>	QL (90 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine cap sustained-rel 24hr 15 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine cap sustained-rel 24hr 20 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine cap sustained-rel 24hr 25 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine cap sustained-rel 24hr 30 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine tab 5 mg</i>	QL (90 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	QL (90 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine tab 10 mg</i>	QL (90 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	QL (90 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine tab 15 mg</i>	QL (60 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine tab 20 mg</i>	QL (60 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine tab 30 mg</i>	QL (30 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>dexmethylphenidate hcl 2.5mg, 5mg</i>	QL (120 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>dexmethylphenidate hcl 10mg</i>	QL (60 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>dextroamphetamine sulfate cap sustained-rel 24hr 5 mg</i>	QL (120 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>dextroamphetamine sulfate cap sustained-rel 24hr 10 mg</i>	QL (120 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine sulfate cap sustained-rel 24hr 15 mg</i>	QL (60 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>dextroamphetamine sulfate tab 5 mg</i>	QL (120 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>dextroamphetamine sulfate tab 10 mg</i>	QL (120 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>guanfacine hcl (adhd)</i>	ST
<i>methylphenidate hcl</i>	QL (180 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 10 mg</i>	QL (60 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 20 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 30 mg</i>	QL (60 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 40 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 50 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 60 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap sustained-rel 24hr 20 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap sustained-rel 24hr 30 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap sustained-rel 24hr 40 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl solution 5 mg/5ml</i>	QL (1800 ml per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl solution 10 mg/5ml</i>	QL (900 ml per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl tab controlled-release</i> TB24 27mg, 54mg	QL (30 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl tab controlled-release</i> TB24 36mg	QL (60 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl tab controlled-release</i> TBCR 10mg, 20mg	QL (90 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl tab controlled-release</i> TBCR 18mg	QL (30 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate tab 20mg ext-rel</i>	QL (90 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
STRATTERA 10mg, 18mg, 25mg	QL (120 caps per 30 days), ST; NOT COVERED LESS THAN 6 YEARS OF AGE
STRATTERA 40mg, 60mg, 80mg, 100mg	QL (30 caps per 30 days), ST; NOT COVERED LESS THAN 6 YEARS OF AGE

### **FIBROMYALGIA**

LYRICA 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	QL (90 caps per 30 days), PA
LYRICA 225mg, 300mg	QL (60 caps per 30 days), PA
LYRICA SOLUTION 20MG/ML	QL (900 ml per 30 days), PA

### **HUNTINGTON'S DISEASE AGENTS**

<i>tetrabenazine</i>	PA; SP
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### **HYPNOTICS: BENZODIAZEPINES**

<i>temazepam</i>	QL (15 caps per 30 days)
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### **HYPNOTICS: NON-BENZODIAZEPINES**

<i>diphenhydramine hcl (sleep)</i> CAPS	QL (500 caps per 30 days)
<i>diphenhydramine hcl (sleep)</i> TABS	QL (500 tabs per 30 days)
<i>zolpidem tartrate</i>	QL (15 tabs per 30 days)
<i>zolpidem tartrate ext-rel</i>	QL (15 tabs per 30 days)

### **MIGRAINE, ERGOTAMINE DERIVATIVES**

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

### **MIGRAINE, SELECTIVE SEROTONIN AGONISTS**

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>naratriptan hcl</i>	QL (9 tabs per 30 days), ST
<i>rizatriptan benzoate</i>	QL (18 tabs per 30 days), ST
<i>sumatriptan spray</i> 5mg/act	QL (24 ml per 30 days)
<i>sumatriptan spray</i> 20mg/act	QL (12 ml per 30 days)
<i>sumatriptan succinate</i> SOAJ; SOCT; SOSY	QL (12 units per 30 days)
<i>sumatriptan succinate</i> SOLN	QL (12 ml per 30 days)
<i>sumatriptan succinate</i> TABS	QL (12 tabs per 30 days)
<i>zolmitriptan</i>	QL (12 tabs per 30 days), ST

### **MISCELLANEOUS**

*riluzole*

### **MOOD STABILIZERS**

<i>lithium carbonate</i> CAPS 150mg	QL (480 caps per 30 days); AGE: NOT COVERED UNDER 12 YEARS OF AGE
<i>lithium carbonate</i> CAPS 300mg	QL (240 caps per 30 days); AGE: NOT COVERED UNDER 12 YEARS OF AGE
<i>lithium carbonate</i> CAPS 600mg	QL (120 caps per 30 days); AGE: NOT COVERED UNDER 12 YEARS OF AGE
<i>lithium carbonate</i> TBCR 300mg	QL (180 tabs per 30 days); AGE: NOT COVERED UNDER 12 YEARS OF AGE
<i>lithium carbonate</i> TBCR 450mg	QL (120 tabs per 30 days); AGE: NOT COVERED UNDER 12 YEARS OF AGE
LITHIUM ORAL SOLUTION 8 MEQ/5ML	QL (1200 ML ml per 30 days)

### **MULTIPLE SCLEROSIS**

AUBAGIO	PA; SP
AVONEX	PA; SP
AVONEX PEN	PA; SP
COPAXONE INJ 40MG/ML	PA; SP
EXTAVIA	PA; SP
GILENYA	PA; SP
<i>glatopa inj 20mg/ml</i>	PA; SP
REBIF	PA; SP
REBIF REBIDOSE TITRATION	PA; SP
TECFIDERA	PA; SP
TECFIDERA STARTER PACK	PA; SP

### **MUSCULOSKELETAL THERAPY AGENTS**

<i>baclofen</i>	
<i>carisoprodol</i>	QL (120 tabs per 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>chlorzoxazone</i>	
<i>cyclobenzaprine hcl</i>	
<i>dantrolene sodium</i>	
<i>methocarbamol</i>	
<i>orphenadrine citrate</i>	
<i>orphenadrine w/ aspirin &amp; caffeine tab</i>	
<i>tizanidine hcl</i>	

**MYASTHENIA GRAVIS**

*pyridostigmine bromide*

**NARCOLEPSY/CATAPLEXY**

*modafinil*

QL (30 tabs per 30 days), PA

NUVIGIL

PA

**PSYCHOTHERAPEUTIC-MISC, ALCOHOL DETERRENTS**

*acamprosate calcium*

*disulfiram*

**PSYCHOTHERAPEUTIC-MISC, OPIOID ANTAGONIST**

*naloxone hcl inj 0.4 mg/ml*

QL (2 ml per 30 days)

*naltrexone hcl*

AGE: Not covered less than 18 years of age

*narcan*

QL (2 units per 30 days)

**PSYCHOTHERAPEUTIC-MISC, PARTIAL OPIOID AGONIST/OPIOID ANTAGONIST COMBINATIONS**

*buprenorphine hcl-naloxone hcl sublingual tab 2-0.5mg* QL (90 tabs per 30 days)

*buprenorphine hcl-naloxone hcl sublingual tab 8-2 mg* QL (90 tabs per 30 days)

**PSYCHOTHERAPEUTIC-MISC, PARTIAL OPIOID AGONISTS**

*buprenorphine hcl 2mg*

QL (3 tabs per day, max 3 days)

*buprenorphine hcl 8mg*

QL (2 tabs per day, max 3 days)

**PSYCHOTHERAPEUTIC-MISC, PSEUDOBLBAR AFFECT**

NUEDEXTA

PA

**PSYCHOTHERAPEUTIC-MISC, SMOKING DETERRENTS**

*nicotine polacrilex gum*

QL (720 pieces per 30 days); OTC ONLY; AGE: NOT COVERED LESS THAN 13 YEARS OF AGE

*nicotine transdermal patch*

QL (30 patches per 30 days); OTC ONLY; AGE: NOT COVERED LESS THAN 13 YEARS OF AGE

Drug Name	Requirements/Limits
<b>ENDOCRINE AND METABOLIC</b>	
<b>ANDROGENS</b>	
<i>testosterone cypionate</i>	PA
<i>testosterone enanthate</i>	PA
<i>testosterone gel</i>	PA
<b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITOR</b>	
<i>acarbose 25mg</i>	QL (360 tabs per 30 days)
<i>acarbose 50mg</i>	QL (180 tabs per 30 days)
<i>acarbose 100mg</i>	QL (90 tabs per 30 days)
<b>ANTIDIABETICS, BIGUANIDE/SULFONYLUREA COMBINATIONS</b>	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	QL (240 tabs per 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	QL (120 tabs per 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	QL (120 tabs per 30 days)
<i>glyburide-metformin tab 1.25-250 mg</i>	QL (240 tabs per 30 days)
<i>glyburide-metformin tab 2.5-500 mg</i>	QL (120 tabs per 30 days)
<i>glyburide-metformin tab 5-500 mg</i>	QL (120 tabs per 30 days)
<b>ANTIDIABETICS, BIGUANIDES</b>	
<i>metformin hcl 500mg</i>	QL (150 tabs per 30 days)
<i>metformin hcl 850mg</i>	QL (90 tabs per 30 days)
<i>metformin hcl 1000mg</i>	QL (60 tabs per 30 days)
<i>metformin tab 500mg ext-rel</i>	QL (120 tabs per 30 days)
<i>metformin tab 750mg ext-rel</i>	QL (60 tabs per 30 days)
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR/BIGUANIDE COMBINATIONS</b>	
JANUMET	QL (60 tabs per 30 days), ST
JANUMET XR TAB 50-500MG	QL (60 tabs per 30 days), ST
JANUMET XR TAB 50-1000	QL (60 tabs per 30 days), ST
JANUMET XR TAB 100-1000	QL (30 tabs per 30 days), ST
JENTADUETO	QL (60 tabs per 30 days), ST
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>	
TRADJENTA	QL (30 tabs per 30 days), ST
<b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>	
TANZEUM	QL (4.5 ML per 30 days), ST
VICTOZA	QL (9 ML per 30 days), ST
<b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>	
<i>pioglitazone hcl-metformin hcl</i>	QL (90 tabs per 30 days)
<b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBO</b>	
<i>pioglitazone hcl-glimepiride</i>	QL (30 tabs per 30 days)
<b>ANTIDIABETICS, INSULINS</b>	
APIDRA	
APIDRA SOLOSTAR	

<b>Drug Name</b>	<b>Requirements/Limits</b>
HUMALOG	
HUMALOG KWIKPEN	
HUMALOG MIX 50/50	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
HUMALOG MIX 75/25 KWIKPEN	
HUMULIN 70/30	QL (50 ml per 30 days)
HUMULIN 70/30 KWIKPEN	QL (50 units per 30 days)
HUMULIN N	QL (50 ml per 30 days)
HUMULIN N KWIKPEN	QL (50 units per 30 days)
HUMULIN R	QL (50 ml per 30 days)
HUMULIN R INJ U-500 VIAL	QL (50 ml per 30 days)
NOVOLIN 70/30	QL (50 ml per 30 days)
NOVOLIN N	QL (50 ml per 30 days)
NOVOLIN R	QL (50 ml per 30 days)
NOVOLOG	
NOVOLOG FLEXPEN	
NOVOLOG MIX 70/30	
NOVOLOG MIX 70/30 PREFILL	
NOVOLOG PENFILL	
TRESIBA FLEXTOUCH	

**ANTIDIABETICS, MEGLITINIDE**

<i>nateglinide</i> 60mg	QL (180 tabs per 30 days)
<i>nateglinide</i> 120mg	QL (90 tabs per 30 days)
<i>repaglinide</i> 1mg	QL (120 tabs per 30 days)
<i>repaglinide</i> 2mg	QL (240 tabs per 30 days)
<i>repaglinide</i> 0.5 mg	QL (120 tabs per 30 days)

**ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2)**

**INHIBITOR/BIGUANIDE COMBINATIONS**

INVOKAMET	QL (30 tabs / 30 days), ST
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**ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2)**

**INHIBITORS**

INVOKANA	QL (30 tabs / 30 days), ST
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**ANTIDIABETICS, SULFONYLUREAS**

<i>glimepiride</i> 1mg	QL (240 tabs per 30 days)
<i>glimepiride</i> 2mg	QL (120 tabs per 30 days)
<i>glimepiride</i> 4mg	QL (60 tabs per 30 days)
<i>glipizide</i> 5mg	QL (240 tabs per 30 days)
<i>glipizide</i> 10mg	QL (120 tabs per 30 days)
<i>glipizide ext-rel tab 2.5mg</i>	QL (240 tabs per 30 days)
<i>glipizide ext-rel tab 5mg</i>	QL (120 tabs per 30 days)
<i>glipizide ext-rel tab 10mg</i>	QL (60 tabs per 30 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **DS**- Day Supply Limits    **ST** - Step Therapy    **AGE** – Age Restriction    **HRM** – High Risk Medication    **SP** – Specialty Pharmacy    **OTC** – Over the Counter    29



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>glyburide</i> 1.25mg	QL (480 tabs per 30 days)
<i>glyburide</i> 2.5mg	QL (240 tabs per 30 days)
<i>glyburide</i> 5mg	QL (120 tabs per 30 days)
<i>glyburide micronized</i> 1.5mg	QL (240 tabs per 30 days)
<i>glyburide micronized</i> 3mg	QL (120 tabs per 30 days)
<i>glyburide micronized</i> 6mg	QL (60 tabs per days)

### **ANTIDIABETICS, SUPPLIES**

ALCOHOL PREPS	QL (400 pads / 30 days)
ALCOHOL SWABS	QL (400 units per 30 days); OTC ONLY
BAYER BREEZE 2 TEST DISC	QL (300 strips per 30 days)
BAYER CONTOUR BLOOD GLUCOSE	QL (300 strips per 30 days)
BAYER CONTOUR NEXT BLOOD	QL (300 strips per 30 days)
BD INSULIN SYRINGE ULTRAF	QL (200 units / 20 days)
BD INSULIN SYRINGE ULTRAF	QL (200 units per 20 days)
BD INSULIN SYRINGE/U-100/	QL (200 units per 20 days)
BD PEN NEEDLE/MINI/ULTRAF	QL (200 units per 20 days)
BD PEN NEEDLE/NANO/ULTRA	QL (200 units per 20 days)
BD PEN NEEDLE/ULTRAFINE/2	QL (200 units per 20 days)
BD PEN NEEDLES SHORT/ULTR	QL (200 units per 20 days)
BLOOD GLUCOSE CALIBRATION - LIQUID	QL (1 unit per 15 days)
BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	QL (1 unit per 15 days)
BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	QL (1 unit per 15 days)
BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	QL (1 unit per 15 days)
CLINITEST	QL (200 tabs per 20 days)
FINGERSTIX LANCETS	QL (200 units per 20 days); OTC ONLY
INSULIN INFUSION DISPOSABLE PUMP KIT	PA, ST
INSULIN INFUSION DISPOSABLE PUMP SUPPLIES	PA, ST
INSULIN INFUSION PUMP - ACCESSORIES	QL (1 units per 999 days), ST
INSULIN INFUSION PUMP - DEVICE	QL (1 device per 999 days), PA
INSULIN INFUSION PUMP - KIT	QL (1 kit per 999 days), ST
INSULIN INFUSION PUMP SUPPLIES	PA, ST
KETO-DIASTIX	QL (100 strips per 30 days); OTC ONLY
LANCET DEVICES	QL (2 units per 20 days); OTC ONLY
<i>lancets</i>	QL (200 units per 20 days); OTC ONLY
LANCETS KIT	QL (2 kit per 20 days); OTC ONLY

<b>Drug Name</b>	<b>Requirements/Limits</b>
LANCETS MISC.	QL (2 units per 20 days); OTC ONLY
NOVOPEN 3 PENMATE	QL (200 units per 20 days)
PTS PANELS KETONE TEST	QL (200 strips per 20 days)
URINE GLUCOSE MONITORING SUPPLIES	QL (200 units per 20 days)
V-GO	PA, ST

### **ANTIDOTES**

VISTOGARD

### **CALCIUM REGULATORS, BISPHOSPHONATES**

*zoledronic acid* PA; SP

### **CONTRACEPTIVES, BIPHASIC**

*desogestrel-ethinyl estradiol (biphasic)*

### **CONTRACEPTIVES, EMERGENCY CONTRACEPTION**

ELLA QL (6 tabs per 365 days)

*levonorgestrel tab 1.5 mg* QL (6 tabs per 365 days)

### **CONTRACEPTIVES, EXTENDED CYCLE**

*levonorgestrel-ethinyl estradiol (91-day)*

### **CONTRACEPTIVES, INJECTABLE**

*medroxyprogesterone acetate SUSP* QL (1 ml per 90 days)

### **CONTRACEPTIVES, MISCELLANEOUS**

CONDOMS - FEMALE QL (108 units per 20 days)

CONDOMS - MALE QL (108 units per 20 days);  
OTC ONLY

DIAPHRAGM DPRH QL (1 device per 365 days)

DIAPHRAGM KIT QL (1 kit per 365 days)

NONOXYNOL-9 QL (108 gm per 30 days);  
OTC ONLY

PARAGARD INTRAUTERINE COP QL (1 dose per Lifetime); SP;  
FEMALE ONLY; AGE:  
COVERED BETWEEN AGE  
12-65 YEARS OF AGE

### **CONTRACEPTIVES, MONOPHASIC**

*desogestrel & ethinyl estradiol*

*drospirenone-ethinyl estradiol*

*ethynodiol diacetate & ethinyl estradiol*

*levonorgestrel & ethinyl estradiol*

*norethindrone & ethinyl estradiol tab*

*norethindrone & mestranol*

*norethindrone ace & ethinyl estradiol*

*norethindrone ace & ethinyl estradiol-fe*

*norgestimate-ethinyl estradiol*

*norgestrel & ethinyl estradiol*

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b><i>CONTRACEPTIVES, PROGESTIN INTRAUTERINE DEVICE</i></b>	
MIRENA	QL (1 dose per Lifetime); SP; FEMALE ONLY; AGE: COVERED BETWEEN AGE 12-65 YEARS OF AGE
SKYLA	QL (1 dose per Lifetime); SP; FEMALE ONLY; AGE: COVERED BETWEEN AGE 12-65 YEARS OF AGE
<b><i>CONTRACEPTIVES, PROGESTIN ONLY</i></b>	
<i>norethindrone</i>	
<b><i>CONTRACEPTIVES, TRIPHASIC</i></b>	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	
<i>levonorgestrel-ethinyl estradiol tab (triphasic)</i>	
<i>norethindrone-ethinyl estradiol (triphasic)</i>	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>norgestimate-ethinyl estradiol tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	
<b><i>ENDOMETRIOSIS</i></b>	
<i>danazol</i>	
SYNAREL	
<b><i>ESTROGEN/PROGESTIN, TRANSDERMAL</i></b>	
COMBIPATCH	
<b><i>ESTROGENS, ORAL</i></b>	
PREMARIN 1.25mg	QL (720 tabs per 30 days)
PREMARIN .3mg	QL (3000 tabs per 30 days)
PREMARIN .9mg	QL (900 tabs per 30 days)
PREMARIN .45mg	QL (1980 tabs per 30 days)
PREMARIN .625mg	QL (1440 tabs per 30 days)
<b><i>ESTROGENS, VAGINAL</i></b>	
VAGIFEM	
<b><i>GLUCOCORTICOIDS</i></b>	
<i>dexamethasone elixir</i>	
<i>dexamethasone soln</i>	
<i>dexamethasone tab</i>	
<i>fludrocortisone acetate</i>	
<i>hydrocortisone TABS</i>	
<i>methylprednisolone</i>	
<i>prednisolone</i>	
<i>prednisolone orally disintegrating tab</i>	
<i>prednisolone sodium phosphate</i>	
<i>prednisone</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>GLUCOSE ELEVATING AGENT</b>	
<i>dextrose (diabetic use)</i>	QL (465 gm per 30 days); OTC ONLY
GLUCAGEN HYPOKIT	QL (2 units per 30 days)
GLUCAGON EMERGENCY KIT	QL (2 kit per 30 days)
GLUCOSE	QL (60 tabs per 30 days); OTC ONLY
RELION GLUCOSE	QL (60 tabs per 30 days); OTC ONLY
<b>HUMAN GROWTH HORMONES</b>	
NORDITROPIN CARTRIDGE	PA; SP
NORDITROPIN FLEXPPO	PA; SP
ZORBTIVE	PA; SP
<b>HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS</b>	
<i>calcitriol</i>	
<i>doxercalciferol</i>	
<b>MISCELLANEOUS</b>	
<i>cabergoline</i>	
H.P. ACTHAR	PA; SP
LUPRON DEPOT-PED	SP
<i>methylergonovine maleate</i>	
<i>octreotide acetate</i>	PA; SP
<b>PHENYLKETONURIA TREATMENT AGENTS</b>	
KUVAN	PA; SP
<b>PHOSPHATE BINDER AGENTS</b>	
AURYXIA	ST
<i>calcium acetate (phosphate binder)</i>	
RENVELA PAK	ST
<i>sevelamer carbonate</i>	ST
<b>PROGESTINS, INJECTABLE</b>	
MAKENA	PA; SP
<b>PROGESTINS, ORAL</b>	
<i>medroxyprogesterone acetate</i> TABS	
<i>norethindrone acetate</i>	
<i>progesterone micronized cap</i>	
<b>PROGESTINS, VAGINAL</b>	
CRINONE	Female Only
<b>THYROID AGENTS, ANTITHYROID AGENTS</b>	
<i>methimazole</i>	
<i>propylthiouracil</i>	
<b>THYROID SUPPLEMENTS</b>	

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
ARMOUR THYROID	
<i>levothyroxine sodium</i>	
<i>liothyronine sodium</i>	
SYNTHROID	
<i>thyroid</i>	

### **VASOPRESSIN RECEPTOR ANTAGONISTS**

SAMSCA 15mg	QL (30 tabs per 30 days), PA; SP
SAMSCA 30mg	PA; SP

### **VASOPRESSINS**

<i>desmopressin acetate spray</i>	PA
<i>desmopressin acetate tab</i>	PA
<i>desmopressin sol</i>	PA
STIMATE	PA; SP

## **GASTROINTESTINAL**

### **ANTACIDS**

<i>alum &amp; mag hydrox-simethicone</i> CHEW	QL (1775 tabs per 30 days); OTC ONLY
<i>alum &amp; mag hydrox-simethicone</i> SUSP	QL (500 ml per 30 days); OTC ONLY
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	QL (500 tabs per 30 days); OTC ONLY
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	QL (1775 ml per 30 days); OTC ONLY
<i>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg</i>	QL (500 tabs per 30 days); OTC ONLY
<i>calcium carbonate</i> CHEW 400mg, 420mg, 500mg, 600mg, 750mg, 1000mg	QL (200 tabs per 30 days); OTC ONLY
<i>sodium bicarbonate</i>	QL (100 tabs per 30 days); OTC ONLY

### **ANTIDIARRHEALS**

<i>bismuth subsalicylate</i> CHEW	QL (500 tabs per 30 days); OTC ONLY
<i>bismuth subsalicylate</i> SUSP 262mg/15ml	QL (2400 ml per 30 days); OTC ONLY
<i>bismuth subsalicylate</i> SUSP 525mg/15ml	QL (3600 ml per 30 days); OTC ONLY
<i>bismuth subsalicylate</i> TABS	QL (500 tabs per 30 days); OTC ONLY
<i>diphenoxylate w/ atropine</i>	
<i>loperamide hcl</i> CAPS	OTC ONLY
<i>loperamide hcl</i> LIQD	QL (600 ml per 30 days); OTC ONLY

**PA** - Prior Authorization    **QL** - Quantity Limits    **DS**- Day Supply Limits    **ST** - Step Therapy    **AGE** – Age Restriction    **HRM** – High Risk Medication    **SP** – Specialty Pharmacy    **OTC** – Over the Counter    34

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>loperamide hcl</i> TABS	QL (120 tabs per 30 days); OTC ONLY

### **ANTIEMETICS**

<i>dronabinol</i>	QL (60 caps per 30 days), PA
EMEND	PA
EMEND CAP	PA
<i>granisetron hcl</i>	QL (6 tabs per 15 days)
<i>meclizine hcl</i>	Rx ONLY
<i>metoclopramide hcl</i>	
<i>ondansetron hcl</i> SOLN	QL (100 ml per 15 days)
<i>ondansetron hcl</i> TABS 4mg, 8mg	QL (12 tabs per 15 days)
<i>ondansetron hcl</i> TABS 24mg	QL (1 tabs per 15 days)
<i>ondansetron orally disintegrating tab</i>	QL (12 tabs per 15 days)
<i>prochlorperazine</i>	QL (60 supp units per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>prochlorperazine maleate</i> 5mg	QL (240 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>prochlorperazine maleate</i> 10mg	QL (120 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>promethazine hcl</i>	

### **ANTISPASMODICS**

<i>chlordiazepoxide hcl-clidinium bromide</i>	
CUVPOSA	PA
<i>dicyclomine hcl</i>	
<i>glycopyrrolate</i>	
<i>hyoscyamine sulfate</i>	
<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>	

### **CHOLELITHOLYTICS**

<i>ursodiol</i>	
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### **H2-RECEPTOR ANTAGONISTS**

<i>cimetidine hcl soln 300 mg/5ml</i>	
<i>cimetidine tab 200 mg</i>	QL (200 tabs per 30 days); OTC ONLY
<i>cimetidine tab 300 mg</i>	
<i>cimetidine tab 400 mg</i>	
<i>cimetidine tab 800mg</i>	
<i>famotidine</i> SUSR	QL (300 ml per 30 days)
<i>famotidine</i> TABS	QL (60 tabs per 30 days); Rx ONLY

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>nizatidine</i>	
<i>ranitidine hcl</i> CAPS	
<i>ranitidine hcl</i> SYRP	
<i>ranitidine hcl</i> TABS 75mg, 150mg	QL (150 tabs per 30 days); OTC ONLY
<i>ranitidine hcl</i> TABS 300mg	

### **INFLAMMATORY BOWEL DISEASE, ORAL AGENTS**

APRISO	
<i>balsalazide disodium</i>	
<i>budesonide</i>	
<i>sulfasalazine</i>	

### **INFLAMMATORY BOWEL DISEASE, RECTAL AGENTS**

<i>hydrocortisone (intrarectal)</i>	
<i>mesalamine</i>	
<i>mesalamine w/ cleanser</i>	

### **IRRITABLE BOWEL SYNDROME WITH CONSTIPATION**

LINZESS 145mcg	QL (30 caps per 30 days)
LINZESS 290mcg	QL (30 caps per 30 days)

### **LAXATIVES/STOOL SOFTENERS**

<i>bisacodyl</i>	QL (250 units per 30 days); OTC ONLY
<i>bisacodyl tab delayed release 5 mg</i>	QL (500 tabs per 30 days); OTC ONLY
<i>calcium polycarbophil</i>	QL (200 tabs per 30 days)
KRISTALOSE	
<i>lactulose</i>	
<i>methylcellulose (laxative)</i>	QL (2400 tabs per 30 days)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	
<i>polyethylene glycol 3350</i> PACK	QL (30 packets per 30 days)
<i>polyethylene glycol 3350</i> POWD	QL (527 gm per 30 days)
<i>psyllium</i>	QL (2400 gm per 30 days)
<i>sennosides</i> CHEW; TABS	QL (200 tabs per 30 days); OTC ONLY
<i>sennosides</i> LIQD	QL (600 ml per 30 days); OTC ONLY
<i>sennosides-docusate sodium</i>	QL (120 tabs per 30 days); OTC ONLY
SUPREP BOWEL PREP	

### **MISCELLANEOUS**

CARAFATE SUS 1GM/10ML	OTC ONLY
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>lactulose (encephalopathy)</i>	
<i>loperamide-simethicone</i>	QL (42 tabs per 30 days); OTC ONLY
<i>simethicone</i> CAPS 125mg	QL (120 caps per 30 days); OTC ONLY
<i>simethicone</i> CAPS 180mg	QL (80 caps per 30 days); OTC ONLY
<i>simethicone</i> CHEW 80mg	QL (200 tabs per 30 days); OTC ONLY
<i>simethicone</i> CHEW 125mg	QL (120 tabs per 30 days); OTC ONLY
<i>simethicone</i> LIQD	QL (625 ml per 30 days); OTC ONLY
<i>simethicone</i> SUSP	QL (625 ml per 30 days); OTC ONLY
<i>sucralfate tab 1 gm</i>	

### **PANCREATIC ENZYMES**

CREON

ZENPEP

### **PROSTAGLANDINS**

*misoprostol*

### **PROTON PUMP INHIBITORS (PPI)**

*esomeprazole magnesium*

QL (30 caps per 30 days,  
max 90 days per year); OTC  
ONLY

*lansoprazole cap delayed release 15 mg*

QL (60 caps per 30 days,  
max 90 days per year); OTC  
ONLY

NEXIUM 24HR

QL (30 tabs per 30 days; 90  
days tabs per year); OTC  
only

NEXIUM GRANULES 2.5 MG, 5MG AND 10MG  
DELAYED RELEASE

QL (90 days per year); Age  
(only covered in less than 1  
years of age)

*omeprazole cap delayed release*

QL (30 caps per 30 days,  
max 90 days per year)

*omeprazole magnesium cap delayed release 20.6  
mg (20 mg base equiv)*

QL (30 caps per 30 days,  
max 90 days per year); OTC  
ONLY

*omeprazole-sodium bicarbonate*

QL (30 caps per 30 days,  
max 90 days caps per year);  
OTC ONLY

### **SALIVA STIMULANTS**

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



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>pilocarpine hcl (oral)</i>	
<b>STERIODS, RECTAL</b>	
<i>hydrocortisone (rectal)</i>	
<i>hydrocortisone acetate (rectal)</i>	
<b>GENITOURINARY</b>	
<b>BENIGN PROSTATIC HYPERPLASIA</b>	
<i>alfuzosin hcl</i>	
<b>MISCELLANEOUS</b>	
<i>acetic acid vaginal</i>	QL (720 ml per 30 days); OTC ONLY
ELMIRON	
<i>phenazopyridine hcl</i>	
<i>potassium citrate (alkalinizer)</i>	
<b>URINARY ANTISPASMODICS</b>	
<i>oxybutynin chloride</i>	
<i>oxybutynin chloride tab sustained-rel 24hr 5 mg</i>	QL (30 tabs 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
<b>VAGINAL ANTI-INFECTIVES</b>	
<i>clotrimazole vaginal</i>	QL (45 gm per 30 days); OTC ONLY
<i>metronidazole vaginal</i>	
<i>miconazole nitrate vaginal KIT</i>	QL (1 kit per 30 days); OTC ONLY
<i>miconazole nitrate vaginal SUPP 100mg</i>	QL (7 units per 30 days); OTC ONLY
<i>miconazole nitrate vaginal SUPP 200mg</i>	QL (7 units per 30 days)
<i>miconazole nitrate vaginal cream</i>	QL (45 gm per 30 days); OTC ONLY
<i>terconazole vaginal</i>	
<b>HEMATOLOGIC</b>	
<b>ANTICOAGULANTS, INJECTABLE</b>	
<i>enoxaparin sodium</i>	
<i>fondaparinux sodium</i>	AGE
<i>heparin sodium</i>	
<i>heparin sodium (porcine)</i>	
<b>ANTICOAGULANTS, ORAL</b>	
COUMADIN	
ELIQUIS	
<i>warfarin sodium</i>	

Drug Name	Requirements/Limits
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XARELTO	
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**HEMATOPOIETIC GROWTH FACTORS**

ARANESP ALBUMIN FREE	PA; SP
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NEULASTA	PA; SP
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ZARXIO	PA; SP
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**HEREDITARY ANGIOEDEMA AGENTS**

CINRYZE	PA; SP
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**IDIOPATHIC THROMBOCYTOPENIC PURPURA**

PROMACTA	PA; SP
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**MISCELLANEOUS**

<i>cilostazol</i>	
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**PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS**

SOLIRIS	PA; SP
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**PLATELET AGGREGATION INHIBITORS**

<i>aspirin</i> CHEW	QL (200 tabs per 30 days); OTC ONLY
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<i>aspirin</i> TABS 81mg	QL (180 tabs per 30 days); OTC ONLY
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<i>aspirin</i> TABS 325mg	QL (500 tabs per 30 days); OTC ONLY
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<i>aspirin</i> TABS 500mg	QL (200 tabs per 30 days); OTC ONLY
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<i>aspirin enteric coated</i> 81mg	QL (180 tabs per 30 days); OTC ONLY
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<i>aspirin enteric coated</i> 325mg	QL (500 tabs per 30 days); OTC ONLY
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<i>aspirin enteric coated</i> 500mg	QL (200 tabs per 30 days); OTC ONLY
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BRILINTA	
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<i>clopidogrel bisulfate</i>	
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<i>dipyridamole</i>	
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EFFIENT	
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ZONTIVITY	
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**PLATELET SYNTHESIS INHIBITOR**

<i>anagrelide hcl</i>	
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**IMMUNOLOGIC AGENTS**

**BIOLOGIC DISEASE-MODIFYING AGENTS**

ENBREL	PA; SP
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HUMIRA	PA; SP
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**DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDS)**

<i>hydroxychloroquine sulfate</i>	
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<i>leflunomide</i>	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<b><i>IMMUNE GLOBULINS</i></b>	
RHO D IMMUNE GLOBULIN	PA; SP
WINRHO SDF	PA; SP
<b><i>IMMUNOMODULATORS, INTERFERONS</i></b>	
ALFERON N	PA; SP
INTRON A	PA; SP
INTRON A W/DILUENT	PA; SP
PEG-INTRON	PA; SP
PEG-INTRON REDIPEN	PA; SP
PEG-INTRON REDIPEN PAK 4	PA; SP
PEGASYS	PA; SP
PEGASYS PROCLICK	PA; SP
<b><i>IMMUNOMODULATORS, MISCELLANEOUS</i></b>	
ILARIS	PA; SP
<b><i>IMMUNOSUPPRESSANTS, ANTIMETABOLITES</i></b>	
AZASAN	
<i>azathioprine</i>	
<i>mycophenolate mofetil</i>	
<b><i>IMMUNOSUPPRESSANTS, CALCINEURIN INHIBITORS</i></b>	
<i>cyclosporine</i>	
<i>cyclosporine modified (for microemulsion)</i>	
NEORAL	
SANDIMMUNE	
<i>tacrolimus</i>	
<b><i>IMMUNOSUPPRESSANTS, RAPAMYCIN DERIVATIVE</i></b>	
<i>sirolimus</i>	
<b><i>MONOCLONAL ANTIBODIES</i></b>	
SYNAGIS	PA; SP
<b>MISCELLANEOUS</b>	
<b><i>BULK CHEMICALS AND COMPOUNDING SUPPLIES</i></b>	
ANHYDROUS BASE	
BANANA CREAM FLAVOR	
BENZYL ALCOHOL	
BORIC ACID	
CARBOXYMETHYLCELLULOSE SODIUM GRANULES	
CHERRY SYRUP	
COAL TAR	
COCOA BUTTER	
COLLODION FLEXIBLE	
ETHOXY DIGLYCOL REAGENT	
FLAVOR BLEND	

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<b>Drug Name</b>	<b>Requirements/Limits</b>
GELATIN CAPSULES	
GLYCOLIC ACID	
GRAPE FLAVOR	
LACTOSE	
LACTOSE HYDROUS	
<i>megestrol acetate</i> POWD	
METHYLPARABEN	
ORA-SWEET SF	
POLOX	
POLYETHYLENE GLYCOL 400	
RASPBERRY SYRUP	
SM BORIC ACID	
SODIUM BISULFITE	
SODIUM HYDROXIDE	
SQUARIC ACID DIBUTYLESTER POWDER	
STEVIA EXTRACT	
SUPPOSIBASE F	

**DIAGNOSTIC AGENTS**

MULTISTIX 10 SG	QL (200 strips per 20 days); OTC ONLY
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**MEDICAL SUPPLIES**

BARDIA BULB IRRIGATION SY	QL (200 units per 20 days)
BD 1ML SYRINGE/NEEDLE/SLI	QL (200 units per 20 days)
<i>bd 20ml syringe luer slip</i>	QL (200 units per 20 days)
BD 30ML SYRINGE LUER-LOK	QL (200 units per 20 days)
BD ECLIPSE SYRINGE SLIP T	QL (200 units per 20 days)
BD ECLIPSE SYRINGE/1ML/27	QL (200 units per 20 days)
BD ECLIPSE SYRINGE/1ML/30	QL (200 units per 20 days)
BD INTEGRA 1ML SYRINGE W/	QL (200 units per 20 days)
BD LUER LOCK SYRINGE/1ML/	QL (200 units per 20 days)
BD SAFETYGLIDE 27G X 5/8"	QL (200 units per 20 days)
BLOOD PRESSURE MONITORING - DEVICE	QL (1 device per 999 days)
BLOOD PRESSURE MONITORING - KIT	QL (1 kit per 999 days)
COLD PACKS	QL (1 units per 365 days)
DISPOSABLE GLOVES	QL (30 units per 30 days)
EYE PATCHES	QL (30 units per 20 days)
GLASPAK DISPOSABLE 2-1/2M	QL (200 units per 20 days)
HEARING AID BATTERIES-MISC	QL (24 units per 20 days)
HEAT WRAPS	QL (1 units per 365 days)
HEATING PADS	QL (1 units per 999 days)
HOT/COLD THERAPY AIDS - MISC	QL (1 units per 365 days)
HOT/COLD THERAPY AIDS - PADS	QL (1 units per 365 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
INCONTINENCE SUPPLIES DISPOSABLE - MISC	QL (30 units per 30 days)
MONOJECT 20ML SYRINGE REG	QL (200 units per 20 days)
MONOJECT SOFTPACK 35ML/RE	QL (200 units per 20 days)
MONOJECT SYRINGE/ECCENTRI	QL (200 units per 20 days)
MONOJECT SYRINGE/LUER LOC	QL (200 units per 20 days)
MONOJECT SYRINGE/LUER-LOC	QL (200 units per 20 days)
MULTIFIT REUSABLE SYRINGE	QL (200 units per 20 days)
MULTIFIT REUSABLE TB SYRI	QL (200 units per 20 days)
OSTOMY SUPPLIES - CREAM	QL (60 gm per 30 days)
OSTOMY SUPPLIES - LIQUID	QL (25 ml per 30 days)
OSTOMY SUPPLIES - MISC	QL (150 units per 30 days)
OSTOMY SUPPLIES - OINT	QL (60 gm per 30 days)
OSTOMY SUPPLIES - PASTE	QL (25 ml per 30 days)
OSTOMY SUPPLIES - POUCH	QL (200 units per 30 days)
OSTOMY SUPPLIES - POWDER	QL (25 gm per 30 days)
OSTOMY SUPPLIES - STRIP	QL (60 strips per 30 days)
OSTOMY SUPPLIES - WAFER (SKIN BARRIER)	QL (75 units per 30 days)
OSTOMY SUPPLIES IRRIGATION KIT	QL (200 units per 30 days)
100ML SYRING MIS LUER-LOK	QL (200 units per 20 days)
20-25ML SYRINGE/LUER LOCK	QL (200 units per 20 days)
SYRINGE/LUER SLIP/20ML	QL (200 units per 20 days)
1ML TB SYRINGE/LUER SLIP	QL (200 units per 20 days)
TERUMO SURGUARD2 SYRINGE/	QL (200 units per 20 days)
THERMOMETERS	QL (1 kit per 20 days)
TOOMEY SYRINGE	QL (200 units per 20 days)
YALE NEEDLES 30G X 1-1/2"	QL (200 units per 20 days)

## **NUTRITIONAL / SUPPLEMENTS**

### **AMINO ACIDS**

AMINOSYN	QL (3000 ml per 30 days)
GLUTARADE AMINO ACID BLEN	PA

### **CALORIC AGENTS**

ADDITIONS FOOD ENHANCER	PA
WHEY PROTEIN DRINK MIX	PA

### **DIETARY MANAGEMENT PRODUCTS**

BOOST PUDDING	PA
CAMINO PRO COMPLETE/GLYTA	PA
ENFAMIL PREMIUM LIPIL	PA
GLYTACTIN BETTERMILK 15	PA
GLYTACTIN RTD 15	PA
GOOD START SUPREME NATURA	PA
GOOD START SUPREME W/IRON	PA
MODULEN IBD	PA

<b>Drug Name</b>	<b>Requirements/Limits</b>
NESTLE FLAVOR	PA
PROTEIN FORTIFIED COOKIE	PA
RENALCAL	PA
RESOURCE GLUTASOLVE	PA
RESOURCE JUICE DRINK	PA
<b><i>ELECTROLYTES, MISCELLANEOUS</i></b>	
<i>oral electrolytes</i>	QL (5000 ml per 30 days); OTC ONLY
POTASSIUM & SODIUM PHOSPHATES POWDER PACK 280-160-250 MG	QL (200 packets per 30 days)
<i>potassium phosphate monobasic w/ sodium phosphate dibasic &amp; monobasic tab</i>	
<b><i>ELECTROLYTES, POTASSIUM</i></b>	
<i>potassium bicarbonate</i>	
<i>potassium chloride</i>	
<i>potassium chloride tab controlled release</i>	
<b><i>ELECTROLYTES, POTASSIUM-REMOVING AGENTS</i></b>	
<i>sodium polystyrene sulfonate</i>	
<b><i>INTRAVENOUS NUTRITION, CALORIC AGENTS</i></b>	
<i>amino acid electrolyte infusion</i>	QL (3000 ml per 30 days)
<i>amino acid infusion</i>	QL (3000 ml per 30 days)
AMINOSYN 7%/ELECTROLYTES	QL (3000 ml per 30 days)
AMINOSYN II	QL (3000 ml per 30 days)
AMINOSYN M	QL (3000 ml per 30 days)
AMINOSYN-RF	QL (3000 ml per 30 days)
CLINIMIX 2.75%/DEXTROSE 5	QL (3000 ml per 30 days)
CLINIMIX 4.25%/DEXTROSE 1	QL (3000 ml per 30 days)
CLINIMIX 4.25%/DEXTROSE 2	QL (3000 ml per 30 days)
CLINIMIX 4.25%/DEXTROSE 5	QL (3000 ml per 30 days)
CLINIMIX 5%/DEXTROSE 15%	QL (3000 ml per 30 days)
CLINIMIX 5%/DEXTROSE 20%	QL (3000 ml per 30 days)
CLINIMIX 5%/DEXTROSE 25%	QL (3000 ml per 30 days)
<i>fat emulsion</i>	QL (3000 ml per 30 days)
FREAMINE HBC 6.9%	QL (3000 ml per 30 days)
FREAMINE III	QL (3000 ml per 30 days)
NEPHRAMINE	QL (3000 ml per 30 days)
PROCALAMINE	QL (3000 ml per 30 days)
PROSOL	QL (3000 ml per 30 days)
<b><i>INTRAVENOUS NUTRITION, ELECTROLYTES</i></b>	
<i>parenteral electrolytes</i>	QL (3000 ml per 30 days)
<b><i>INTRAVENOUS NUTRITION, VITAMINS AND MINERALS</i></b>	

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<b>Drug Name</b>	<b>Requirements/Limits</b>
TRACE MINERALS (CR-CU-MN-ZN) INJ 1-100-30-500 MCG/ML	QL (3000 ml per 30 days)

**VITAMINS AND MINERALS, FOLIC ACID / COMBINATIONS**

<i>folic acid</i>	QL (200 tabs per 30 days)
<i>folic acid-vitamin b6-vitamin b12</i>	

**VITAMINS AND MINERALS, MISCELLANEOUS**

AQUADEKS CAPS	QL (30 caps per 30 days)
AQUADEKS CHEW	QL (30 tabs per 30 days)
<i>b-complex with/ c &amp; folic acid cap 1 mg</i>	
<i>calcium</i>	QL (100 tabs per 30 days); OTC ONLY
<i>calcium &amp; phosphorus w/ vitamin d</i>	QL (100 tabs per 30 days); OTC ONLY
<i>calcium ascorbate</i>	QL (100 tabs per 30 days); OTC ONLY
<i>calcium carbonate</i> CHEW 1250mg	QL (100 tabs per 30 days); OTC ONLY
<i>calcium carbonate</i> SUSP	QL (100 ml per 30 days); OTC ONLY
<i>calcium carbonate</i> TABS	QL (100 tabs per 30 days); OTC ONLY
<i>calcium carbonate-cholecalciferol</i> CAPS	QL (60 caps per 30 days); OTC ONLY
<i>calcium carbonate-cholecalciferol</i> CHEW	QL (500 tabs per 30 days); OTC ONLY
<i>calcium carbonate-cholecalciferol</i> CHEW	QL (60 tabs per 30 days); OTC ONLY
<i>calcium carbonate-cholecalciferol</i> TABS	QL (500 tabs per 30 days); OTC ONLY
<i>calcium carbonate-cholecalciferol</i> TABS	QL (60 tabs per 30 days); OTC ONLY
<i>calcium carbonate-vitamin d</i> CAPS	QL (500 caps per 30 days); OTC ONLY
<i>calcium carbonate-vitamin d</i> TABS	QL (200 tabs per 30 days); OTC ONLY
<i>calcium carbonate-vitamin d</i> TABS	QL (500 tabs per 30 days); OTC ONLY
<i>calcium citrate</i>	QL (100 tabs per 30 days); OTC ONLY
<i>calcium citrate-vitamin d</i>	QL (200 tabs per 30 days); OTC ONLY
<i>calcium w/ magnesium</i>	QL (500 tabs per 30 days); OTC ONLY

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>calcium w/ vitamins d &amp; k</i>	QL (200 tabs per 30 days); OTC ONLY
<i>calcium-magnesium-vitamin c-vitamin d</i>	QL (100 caps per 30 days); OTC ONLY
<i>caltrate 600+d3 soft chew</i>	QL (500 tabs per 30 days); OTC ONLY
<i>cholecalciferol CAPS</i>	QL (100 caps per 30 days); OTC ONLY
<i>cholecalciferol CHEW</i>	QL (100 tabs per 30 days); OTC ONLY
<i>cholecalciferol LIQD 400unit/ml</i>	QL (100 ml per 30 days); OTC ONLY
<i>cholecalciferol LIQD 400unt/0.03ml, 2000unt/0.03ml</i>	QL (60 ml per 30 days); OTC ONLY
<i>cholecalciferol TABS</i>	QL (100 tabs per 30 days); OTC ONLY
<i>cyanocobalamin</i>	
<i>ergocalciferol</i>	QL (1 bottle / 30 days); OTC ONLY
<i>fe gluconate</i>	QL (100 tabs per 30 days); OTC ONLY
<i>ferretts</i>	QL (200 tabs per 30 days); OTC ONLY
<i>ferrous gluconate</i>	QL (100 tabs per 30 days); OTC ONLY
<i>ferrous sulfate ELIX</i>	QL (400 ml per 30 days); OTC ONLY
<i>ferrous sulfate SOLN</i>	QL (60 ml per 30 days); OTC ONLY
<i>ferrous sulfate TABS</i>	QL (200 tabs per 30 days); OTC ONLY
<i>ferrous sulfate cap controlled release</i>	QL (100 tabs per 30 days); OTC ONLY
<i>ferrous sulfate controlled release</i>	QL (100 tabs per 30 days); OTC ONLY
<i>ferrous sulfate dried</i>	QL (200 tabs per 30 days); OTC ONLY
<i>ferrous sulfate tab enteric coated</i>	QL (100 tabs per 30 days); OTC ONLY
INFED	
MEPHYTON	
<i>multiple vitamin</i>	QL (30 caps per 30 days)
<i>multiple vitamins w/ calcium CAPS</i>	QL (30 caps per 30 days)



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>multiple vitamins w/ calcium</i> TABS	QL (30 tabs per 30 days)
<i>multiple vitamins w/ iron</i>	QL (30 tabs per 30 days)
<i>multiple vitamins w/ minerals</i> CAPS	QL (30 caps per 30 days)
<i>multiple vitamins w/ minerals</i> CHEW; TABS	QL (30 tabs per 30 days)
<i>multiple vitamins w/ minerals</i> ELIX; LIQD; SYRP	QL (50 ml per 30 days)
<i>multiple vitamins w/ minerals</i> PACK	QL (30 packets per 30 days)
<i>multiple vitamins w/ minerals</i> POWD	QL (30 gm per 30 days)
<i>multiple vitamins w/ minerals tab controlled release</i>	QL (30 tabs per 30 days)
<i>omega-3 fatty acids</i> CAPS	QL (200 caps per 30 days); OTC ONLY
<i>omega-3 fatty acids</i> CHEW	QL (200 tabs per 30 days); OTC ONLY
<i>omega-3 fatty acids</i> LIQD	QL (200 ml per 30 days); OTC ONLY
<i>oyster shell</i>	QL (500 tabs per 30 days); OTC ONLY
<i>pediatric multiple vitamin w/ c</i>	QL (50 ml per 30 days)
<i>pediatric multiple vitamin w/ c &amp; folic acid</i>	QL (30 tabs per 30 days)
<i>pediatric multiple vitamin w/ extra c &amp; folic acid</i>	QL (30 tabs per 30 days)
<i>pediatric multiple vitamin w/ minerals &amp; c</i> CHEW	QL (30 tabs per 30 days)
<i>pediatric multiple vitamin w/ minerals &amp; c</i> LIQD; SOLN	QL (50 ml per 30 days)
<i>pediatric multiple vitamins</i> CHEW	QL (30 tabs per 30 days)
<i>pediatric multiple vitamins</i> LIQD	QL (50 ml per 30 days)
<i>pediatric multiple vitamins w/ iron</i> CHEW	QL (30 tabs per 30 days)
<i>pediatric multiple vitamins w/ iron</i> LIQD; SOLN	QL (50 ml per 30 days)
<i>pediatric multivitamins w/fluoride</i>	AGE: NOT COVERED OVER 17 YEARS OF AGE
<i>pediatric multivitamins w/fluoride &amp; iron</i>	QL (50 ml per 30 days)
<i>pediatric vitamins acd w/ fluoride</i>	QL (50 ml per 30 days); AGE: NOT COVERED OVER 17 YEARS OF AGE
<i>pediatric vitamins adc</i>	QL (50 ml per 30 days)
<i>polysaccharide iron complex</i>	QL (200 caps per 30 days); OTC ONLY
<i>polysaccharide iron-folic acid-vit b12</i>	QL (500 caps per 30 days); OTC ONLY
<i>pyridoxine hcl tab 50 mg</i>	QL (100 tabs per 30 days); OTC ONLY
<i>ra oyster shell calcium/v</i>	QL (500 tabs per 30 days); OTC ONLY

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>sodium fluoride</i>	QL (30 tabs per 30 days); AGE: NOT COVERED OVER 17 YEARS OF AGE
<i>sodium fluoride solution .25mg/drop</i>	QL (30 ml per 30 days); AGE: NOT COVERED OVER 17 YEARS OF AGE
<i>sodium fluoride solution .125mg/drop, .5mg/ml</i>	QL (50 ml per 30 days); AGE: NOT COVERED OVER 17 YEARS OF AGE
<i>thiamine hcl</i>	
<i>thiamine mononitrate</i>	

### **VITAMINS AND MINERALS, PRENATAL VITAMINS**

CALNA	QL (30 tabs per 30 days); OTC ONLY
CENTRUM SPECIALIST PRENAT	QL (60 tabs per 30 days); OTC ONLY
CITRANATAL 90 DHA	QL (60 tabs per 30 days)
CITRANATAL ASSURE	QL (60 units per 30 days)
CITRANATAL B-CALM	QL (90 units per 30 days)
CITRANATAL DHA	QL (60 tabs per 30 days)
CITRANATAL DHA	QL (60 units per 30 days)
CITRANATAL HARMONY	QL (30 caps per 30 days)
CITRANATAL RX	QL (30 tabs per 30 days)
CLASSIC PRENATAL	QL (30 tabs per 30 days); OTC ONLY
CVS PRENATAL	QL (30 tabs per 30 days); OTC ONLY
CVS PRENATAL GUMMY/DHA/FO	QL (30 tabs per 30 days); OTC ONLY
CVS WOMENS PRENATAL+DHA	QL (60 tabs per 30 days); OTC ONLY
ENFAMIL EXPECTA	QL (60 tabs per 30 days); OTC ONLY
EQL PRENATAL FORMULA	QL (30 tabs per 30 days); OTC ONLY
GNP DAILY PRENATAL	QL (60 tabs per 30 days); OTC ONLY
GNP PRENATAL	QL (30 tabs per 30 days); OTC ONLY
GOODSENSE PRENATAL VITAMI	QL (30 tabs per 30 days); OTC ONLY
HM ONE DAILY PRENATAL COM	QL (60 tabs per 30 days); OTC ONLY

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Therapy    **AGE** – Age Restriction    **HRM** – High Risk Medication    **SP** – Specialty  
Pharmacy    **OTC** – Over the Counter

<b>Drug Name</b>	<b>Requirements/Limits</b>
HM PRENATAL	QL (30 tabs per 30 days); OTC ONLY
MULTI PRENATAL	QL (30 tabs per 30 days)
NAT-RUL PRENATAL VITAMINS	QL (30 tabs per 30 days); OTC ONLY
ONE-A-DAY WOMENS PRENATAL	QL (60 tabs per 30 days); OTC ONLY
PRE-NATAL FORMULA	QL (30 tabs per 30 days); OTC ONLY
PRENATAL	QL (30 tabs per 30 days); OTC ONLY
PRENATAL AND IRON	QL (30 tabs per 30 days); OTC ONLY
PRENATAL COMPLETE	QL (30 tabs per 30 days); OTC ONLY
PRENATAL FORMULA	QL (30 tabs per 30 days); OTC ONLY
PRENATAL FORMULA A-FREE	QL (30 tabs per 30 days); OTC ONLY
PRENATAL FORTE	QL (30 tabs per 30 days); OTC ONLY
PRENATAL LOW IRON	QL (30 tabs per 30 days)
PRENATAL MULTI +DHA	QL (30 tabs per 30 days); OTC ONLY
PRENATAL MULTIVITAMIN + D	QL (60 tabs per 30 days); OTC ONLY
PRENATAL ONE DAILY	QL (30 tabs per 30 days)
<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	
<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>	QL (30 tabs per 30 days); OTC ONLY
<i>prenatal vit w/ ferrous fumarate-folic acid CHEW</i>	
<i>prenatal vit w/ ferrous fumarate-folic acid TABS</i>	
<i>prenatal vit w/ ferrous fumarate-folic acid TABS</i>	QL (30 tabs per 30 days)
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	
<i>prenatal vit w/ iron carbonyl-folic acid</i>	
PRENATAL VITAMIN	QL (30 tabs per 30 days); OTC Only
PRENATAL VITAMIN/IRON	QL (30 tabs per 30 days); OTC ONLY
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
PRENATAL+DHA	QL (60 tabs per 30 days); OTC ONLY
PX PRENATAL MULTIVITAMINS	QL (30 tabs per 30 days); OTC ONLY
QC PRENATAL	QL (30 tabs per 30 days); OTC ONLY
RA ONE DAILY	QL (60 tabs per 30 days); OTC ONLY
RA PRENATAL	QL (30 tabs per 30 days); OTC ONLY
RA PRENATAL FORMULA/FOLIC	QL (30 tabs per 30 days); OTC ONLY
RIGHT STEP PRENATAL	QL (30 tabs per 30 days)
SIMILAC PRENATAL EARLY SH	QL (60 tabs per 30 days); OTC ONLY
SM ONE DAILY PRENATAL	QL (60 tabs per 30 days); OTC ONLY
SM PRENATAL VITAMINS	QL (30 tabs per 30 days); OTC ONLY
STUART ONE	QL (30 caps per 30 days); OTC ONLY
TH PRENATAL VITAMINS	QL (30 tabs per 30 days); OTC ONLY
WEGMANS COMPLETE PRENATAL	QL (60 tabs per 30 days); OTC ONLY

## RESPIRATORY

### **ANAPHYLAXIS TREATMENT AGENTS**

<i>epinephrine</i>	QL (2 units per 30 days, 4 units per 365 days)
<i>epinephrine inj 0.3mg</i>	QL (4 units per 30 days, 8 units per 365 days)
EPIPEN 2-PAK	QL (4 units per 30 days, 8 units per 365 days)
EPIPEN-JR 2-PAK	QL (2 units per 30 days, 4 units per 365 days)

### **ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

COMBIVENT RESPIMAT	QL (8 gm per 30 days)
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### **ANTICHOLINERGICS**

<i>ipratropium bromide .02%</i>	QL (313 ml per 30 days)
SPIRIVA HANDIHALER	QL (1 caps per 30 days)
SPIRIVA RESPIMAT	QL (1 inhaler per 30 days)
TUDORZA PRESSAIR	QL (1 inhalers per 30 days)

### **ANTI-HISTAMINE/DECONGESTANT COMBINATIONS**

**PA** - Prior Authorization    **QL** - Quantity Limits    **DS**- Day Supply Limits    **ST** - Step  
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i>	QL (118 ml per 30 days); OTC ONLY
<i>cetirizine-pseudoephedrine</i>	QL (60 tabs per 30 days); OTC ONLY
<i>entre-hist pse</i>	QL (320 ml per 30 days); OTC ONLY
<i>fexofenadine-pseudoephedrine tab sustained-rel 12hr 60-120 mg</i>	QL (60 tabs per 30 days); OTC ONLY
<i>fexofenadine-pseudoephedrine tab sustained-rel 24hr 180-240 mg</i>	QL (30 tabs per 30 days); OTC ONLY
<i>loratadine &amp; pseudoephedrine tab ext-rel 12hr 5-120 mg</i>	QL (60 tabs per 30 days); OTC ONLY
<i>loratadine &amp; pseudoephedrine tab ext-rel 24hr 10-240 mg</i>	QL (30 tabs per 30 days); OTC ONLY
<i>promethazine &amp; phenylephrine</i>	

#### **ANTI-HISTAMINES, LOW-SEDATING**

<i>cetirizine hcl</i> CAPS	QL (30 caps per 30 days)
<i>cetirizine hcl</i> CHEW; TABS	QL (30 tabs per 30 days)
<i>cetirizine hcl</i> SOLN; SYRP	QL (150 ml per 30 days)

#### **ANTI-HISTAMINES, NONSEDATING**

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

#### **ANTI-HISTAMINES, SEDATING**

<i>chlorpheniramine maleate</i> SYRP	QL (1800 ml per 30 days); OTC ONLY
<i>chlorpheniramine maleate</i> TABS	QL (200 tabs per 30 days); OTC ONLY
<i>chlorpheniramine maleate</i> TBCR	QL (30 tabs per 30 days); OTC ONLY
<i>clemastine fumarate</i>	QL (60 tabs per 30 days)
<i>ciproheptadine hcl</i>	
<i>diphenhydramine hcl</i> CAPS	QL (200 caps per 30 days)
<i>diphenhydramine hcl</i> CHEW; TABS; TBDP	QL (200 tabs per 30 days)
<i>diphenhydramine hcl</i> ELIX; LIQD; SYRP	QL (600 ml per 30 days)
<i>hydroxyzine hcl</i>	

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Drug Name	Requirements/Limits
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*hydroxyzine pamoate*

**ANTITUSSIVE COMBINATIONS, NON-OPIOID**

*dextromethorphan-guaifenesin* QL (240 ml per 30 days)

*dextromethorphan-guaifenesin tab sustained-rel 12hr 30-600 mg* QL (80 tabs per 30 days)

*dextromethorphan-guaifenesin tab sustained-rel 12hr 60-1200 mg* QL (80 tabs per 30 days)

*promethazine/dextromethorphan*

*pseudoephedrine-brompheniramine-dextromethorphan*

**ANTITUSSIVE COMBINATIONS, OPIOID**

*guaifenesin-codeine*

*hydrocodone w/ homatropine*

*phenylephrine-promethazine w/ codeine syrup 5-6.25-10 mg/5ml*

*promethazine w/codeine*

*pseudoephedrine w/ codeine-guaifenesin*

**ANTITUSSIVES**

*benzonatate*

**BETA AGONISTS, INHALANTS, LONG ACTING**

SEREVENT DISKUS QL (60 inhalers per 30 days), ST

**BETA AGONISTS, INHALANTS, SHORT ACTING**

*albuterol sulfate* NEBU .5% QL (60 ml per 30 days)

*albuterol sulfate* NEBU .083%, .63mg/3ml, 1.25mg/3ml QL (375 ml per 30 days)

PROAIR HFA QL (8.5 gm per 30 days)

VENTOLIN HFA QL (8.5 gm per 30 days)

**BETA AGONISTS, ORAL AGENTS**

*albuterol sulfate* SYRP

*albuterol sulfate* TABS

*albuterol tab 4mg ext-rel* QL (240 tabs per 30 days)

*albuterol tab 8mg ext-rel* QL (120 tabs per 30 days)

*terbutaline sulfate*

**CYSTIC FIBROSIS**

BETHKIS

PULMOZYME PA; SP

*tobramycin neb 300/5ml inhalation* QL (56 ml per 28 days), PA; SP

**DECONGESTANT/EXPECTORANT COMBINATIONS**

*pseudoephedrine-guaifenesin tab ext-rel 12hr* QL (60 tabs per 30 days)

*pseudoephedrine-guaifenesin tab sr 12hr* QL (60 tabs per 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>DECONGESTANTS</b>	
<i>pseudoephedrine hcl</i> LIQD; SYRP	QL (600 ml per 30 days); OTC ONLY
<i>pseudoephedrine hcl</i> TABS	QL (120 tabs per 30 days); OTC ONLY
<i>pseudoephedrine hcl</i> TB12	QL (40 tabs per 30 days); OTC ONLY
<b>EXPECTORANTS</b>	
<i>guaifenesin</i> LIQD; SYRP	QL (1185 ml per 30 days)
<i>guaifenesin</i> TB12	QL (120 tabs per 30 days)
<i>yodofan-nf chest congesti</i>	QL (1185 ml per 30 days)
<b>LEUKOTRIENE MODIFIERS</b>	
<i>montelukast sodium</i>	
<b>MAST CELL STABILIZERS</b>	
<i>cromolyn sodium</i> NEBU	QL (240 ml per 30 days)
<b>MEDICAL SUPPLIES</b>	
MASKS	QL (1 units per 180 days); AGE: NOT COVERED OVER 11 YEARS OF AGE
NEBULIZERS	QL (1 units per 365 days)
OPTICHAMBER FACE MASK/SMALL	QL (1 units per 365 days)
PEAK FLOW METER	QL (1 device per 365 days)
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES -MASKS	-AGE: NOT COVERED OVER 11 YEARS OF AGE
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	QL (1 units per 365 days)
VAPORIZERS	QL (1 units per 999 days)
<b>MISCELLANEOUS</b>	
<i>ipratropium bromide</i> .03%, .06%	
<i>saline</i>	QL (250 ml per 30 days)
<i>sodium chloride</i> AERS	QL (250 mL per 30 days)
<i>sodium chloride</i> NEBU 3%, 7%, 10%	
<i>sodium chloride</i> NEBU .9%	QL (1200 ml per 30 days)
XOLAIR	PA; SP
<b>NASAL ANTIHISTAMINES</b>	
<i>azelastine hcl</i> .1%	QL (60 ml per 30 days)
<b>NASAL MAST CELL STABILIZERS</b>	
<i>cromolyn sodium</i> AERS	QL (30 gm per 30 days)
<b>NASAL STEROIDS</b>	
<i>budesonide nasal spray</i>	QL (1 ml per 30 days); OTC only
<i>flunisolide</i>	QL (50 ml per 30 days)
<i>fluticasone propionate</i> SUSP	QL (1 ml per 30 days)

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<b>Drug Name</b>	<b>Requirements/Limits</b>
NASACORT AER 55MCG/AC	QL (17 gm per 30 days); OTC Only

**PULMONARY FIBROSIS AGENTS**

OFEV	PA; SP
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**STEROID INHALANTS**

ARNUITY ELLIPTA	QL (2 inhalers / 30 days)
ASMANEX 30 AER 110MCG	QL (2 inhalers per 30 days)
ASMANEX 30 AER 220MCG	QL (4 inhalers per 30 days)
ASMANEX 60 AER 220MCG	QL (4 inhalers per 30 days)
ASMANEX 120 AER 220MCG	QL (4 inhalers per 30 days)
ASMANEX HFA	QL (1 inhalers per 30 days)
<i>budesonide (inhalation) 1mg/2ml</i>	QL (60 ml per 30 days); AGE: NOT COVERED OVER 9 YEARS OF AGE
<i>budesonide (inhalation) .5mg/2ml</i>	QL (120 ml per 30 days)
<i>budesonide (inhalation) .25mg/2ml</i>	QL (180 ml per 30 days)
FLOVENT HFA	QL (2 inhalers per 30 days)
QVAR	QL (1 inhaler per 30 days)

**STEROID/BETA AGONIST COMBINATIONS**

ADVAIR DISKU AER 100/50	QL (60 inhalers per 30 days), ST; AGE: COVERED BETWEEN 4 and 11 YEARS OF AGE
DULERA	QL (13 gm per 30 days)
SYMBICORT	QL (11 gm per 30 days), ST

**TOPICAL DECONGESTANTS**

<i>oxymetazoline hcl</i>	QL (15 ml per 30 days); OTC ONLY
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**XANTHINES**

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

**TOPICAL**

**DERMATOLOGY, ACNE: ORAL**

<i>isotretinoin</i>	PA
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**DERMATOLOGY, ACNE: TOPICAL**

<i>benzoyl peroxide</i> CREA	QL (141 gm per 30 days)
<i>benzoyl peroxide</i> GEL	QL (90 gm per 30 days)
<i>benzoyl peroxide</i> LIQD 2.5%	QL (227 gm per 30 days)
<i>benzoyl peroxide</i> LIQD 5%, 10%	QL (171 ml per 30 days)
<i>benzoyl peroxide</i> LIQD 5.25%	QL (175 ml per 30 days)
<i>benzoyl peroxide</i> LIQD 7%	



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>benzoyl peroxide</i> LOTN 6%	QL (171 ml per 30 days)
<i>benzoyl peroxide</i> LOTN 9%	
<i>benzoyl peroxide-erythromycin</i>	QL (24 gm per 30 days)
<i>clindamycin phosphate (topical)</i> GEL	QL (30 gm per 30 days)
<i>clindamycin phosphate (topical)</i> SOLN	QL (30 ml per 30 days)
<i>erythromycin</i> GEL	QL (60 gm per 30 days)
<i>erythromycin</i> SOLN	QL (60 ml per 30 days)
TAZORAC	PA

#### **DERMATOLOGY, ANTIBIOTICS**

<i>bacitracin</i> OINT 500unit/gm	QL (150 gm per 30 days)
<i>bacitracin-polymyxin b</i>	QL (150 gm per 30 days)
BACTROBAN NASAL	
<i>gentamicin sulfate</i> CREA	
<i>gentamicin sulfate</i> OINT .1%	
<i>mupirocin</i>	
<i>mupirocin calcium</i>	
<i>neomycin-bacitracin-polymyxin</i>	QL (150 gm per 30 days)
<i>silver sulfadiazine</i>	

#### **DERMATOLOGY, ANTIFUNGALS**

<i>ciclopirox</i>	
<i>ciclopirox olamine</i>	
<i>clotrimazole</i>	
<i>clotrimazole (topical)</i>	
<i>iodoquinol-hc</i>	
<i>ketoconazole</i>	
<i>miconazole nitrate</i>	QL (150 gm per 30 days); OTC ONLY
<i>nystatin</i> CREA	
<i>nystatin (topical)</i>	
<i>nystatin-triamcinolone</i>	
<i>tolnaftate</i>	QL (50 ml per 30 days)
<i>tolnaftate aerosol powder 1%</i>	QL (150 gm per 30 days)
<i>tolnaftate cream 1%</i>	QL (75 gm per 30 days)

#### **DERMATOLOGY, ANTIPSORIATICS, TOPICAL**

<i>calcipotriene</i>	ST
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#### **DERMATOLOGY, ANTISEBORRHEICS**

<i>selenium sulfide lotion 1%</i>	QL (420 ml per 30 days)
<i>selenium sulfide lotion 2.5%</i>	

#### **DERMATOLOGY, CORTICOSTEROID COMBINATIONS**

<i>hydrocortisone-aloe vera</i>	QL (150 gm per 30 days)
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#### **DERMATOLOGY, CORTICOSTEROIDS: HIGH POTENCY**

<i>betamethasone dipropionate</i>	
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Drug Name	Requirements/Limits
<i>betamethasone dipropionate augmented</i> CREA; LOTN	
<i>triamcinolone acetonide (topical)</i> CREA .5%	
<i>triamcinolone acetonide (topical)</i> OINT .5%	

**DERMATOLOGY, CORTICOSTEROIDS: LOW POTENCY**

<i>alclometasone dipropionate</i>	
<i>hydrocortisone</i> CREA 2.5%	
<i>hydrocortisone</i> CREA .5%, 1%	QL (150 gm per 30 days)
<i>hydrocortisone</i> GEL	QL (150 gm per 30 days)
<i>hydrocortisone</i> LOTN 1%	QL (300 ml per 30 days)
<i>hydrocortisone</i> LOTN 2.5%	
<i>hydrocortisone</i> OINT 1%	QL (150 gm per 30 days)
<i>hydrocortisone</i> OINT 2.5%	
<i>hydrocortisone</i> OINT .5%	QL (60 gm per 30 days)
<i>hydrocortisone</i> SOLN	QL (150 ml per 30 days)
<i>hydrocortisone acetate</i>	QL (150 gm per 30 days)

**DERMATOLOGY, CORTICOSTEROIDS: MEDIUM POTENCY**

<i>betamethasone valerate</i>	
<i>fluticasone propionate</i> CREA; OINT	
<i>hydrocortisone butyrate</i>	
<i>mometasone furoate</i>	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%	
<i>triamcinolone acetonide (topical)</i> LOTN	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .05%, .1%	

**DERMATOLOGY, CORTICOSTEROIDS: VERY HIGH POTENCY**

<i>betamethasone dipropionate augmented</i> GEL; OINT	
<i>halobetasol propionate</i>	

**DERMATOLOGY, EMOLLIENTS**

<i>lactic acid (ammonium lactate)</i> CREA	QL (400 gm per 30 days)
<i>lactic acid (ammonium lactate)</i> LOTN	QL (400 ml per 30 days)

**DERMATOLOGY, IMMUNOMODULATORS**

ELIDEL	ST; AGE: NOT COVERED UNDER 2 YEARS OF AGE
<i>tacrolimus oint 0.1%</i>	ST; AGE: NOT COVERED UNDER 16 YEARS OF AGE
<i>tacrolimus oint 0.03%</i>	ST; AGE: NOT COVERED UNDER 2 YEARS OF AGE

**DERMATOLOGY, LOCAL ANALGESIC**

<i>lidocaine patch 5%</i>	PA
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>	
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine-benzalkonium</i>	QL (150 ml per 30 days)
<i>lidocaine-prilocaine CREA</i>	QL (90 gm / 30 days)
<i>lidocaine-prilocaine KIT</i>	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>	
ABREVA	QL (2 gm per 30 days); OTC ONLY
<i>calamine</i>	QL (250 ml per 30 days); OTC only
CUTTER BACKWOODS	QL (2 Rxs / 180 days)
CUTTER SKINSATIONS	
<i>imiquimod</i>	AGE: NOT COVERED LESS 11 YEARS OF AGE
MICROCLENS WIPES	
NATRAPEL 12-HOUR TICK & I	
OFF ACTIVE	QL (2 Rxs / 180 days)
OFF DEEP WOODS	QL (2 Rxs / 180 days)
OFF DEEP WOODS DRY	QL (2 Rxs / 180 days)
OFF SMOOTH & DRY	QL (2 Rxs / 180 days)
<i>podofilox</i>	
<i>povidone-iodine OINT</i>	QL (150 gm per 30 days)
<i>povidone-iodine SOLN</i>	QL (474 ml per 30 days)
REPEL SPORTSMEN	QL (2 Rxs / 180 days)
REPEL SPORTSMEN MAX	QL (2 Rxs / 180 days)
SANTYL	
<i>zinc oxide</i>	QL (454 gm per 30 days)
<b>DERMATOLOGY, ROSACEA</b>	
<i>metronidazole GEL 1%</i>	ST
<i>metronidazole GEL .75%</i>	
<i>metronidazole LOTN</i>	
<i>metronidazole cream 0.75%</i>	
<b>DERMATOLOGY, SCABICIDES AND PEDICULICIDES</b>	
<i>malathion</i>	ST
<i>permethrin AERO</i>	QL (150 gm per 30 days)
<i>permethrin LIQD</i>	QL (300 ml per 30 days)
<i>permethrin LOTN</i>	QL (120 ml per 30 days)
<i>permethrin cream</i>	
<i>spinosad</i>	ST
<b>MOUTH/THROAT/DENTAL AGENTS, MISCELLANEOUS</b>	
<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>sodium fluoride (dental) CREA</i>	QL (60 gm per 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>sodium fluoride (dental) GEL</i>	QL (100 gm per 30 days)
<i>sodium fluoride (dental) PSTE</i>	QL (115 gm per 30 days)
<i>sodium fluoride (dental) SOLN</i>	QL (473 ml per 30 days)
<i>triamcinolone acetonide (mouth)</i>	

**OPHTHALMIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS**

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
<i>neomycin-polymyxin-hc ophth susp</i>	
<i>sulfacetamide sod-prednisolone</i>	
<i>tobramycin-dexamethasone</i>	

**OPHTHALMIC, ANTI-INFECTIVES**

<i>bacitracin OINT 500unit/gm</i>	
<i>bacitracin-polymyxin b</i>	
<i>ciprofloxacin hcl</i>	
<i>erythromycin OINT</i>	
<i>gentamicin sulfata OINT .3%</i>	
<i>gentamicin sulfata SOLN</i>	
<i>levofloxacin SOLN .5%</i>	
<i>neomycin-bacitracin zinc-polymyxin</i>	
<i>neomycin-polymyxin-gramicidin</i>	
<i>ofloxacin .3%</i>	
<i>polymyxin b-trimethoprim</i>	
<i>sulfacetamide sodium</i>	
<i>tobramycin</i>	

**OPHTHALMIC, ANTI-INFLAMMATORY: NONSTEROIDAL**

<i>diclofenac sodium SOLN</i>	
<i>flurbiprofen sodium</i>	
<i>ketorolac tromethamine SOLN</i>	

**OPHTHALMIC, ANTI-INFLAMMATORY: STEROIDAL**

<i>dexamethasone sodium phosphate</i>	
<i>fluorometholone</i>	
<i>prednisolone acetate</i>	

**OPHTHALMIC, ANTIALLERGICS**

<i>azelastine hcl .05%</i>	
<i>cromolyn sodium SOLN</i>	
<i>ketotifen fumarate</i>	QL (5 ml per 30 days)

**OPHTHALMIC, ANTIFUNGALS**

<i>NATACYN</i>	QL (15 ml per 30 days)
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**OPHTHALMIC, ANTIVIRAL**

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>trifluridine</i>	
<b>OPHTHALMIC, BETA-BLOCKERS: NONSELECTIVE</b>	
BETIMOL	
<i>levobunolol hcl</i>	
<i>metipranolol</i>	
<i>timolol maleate</i> SOLG; SOLN	
<b>OPHTHALMIC, BETA-BLOCKERS: SELECTIVE</b>	
<i>betaxolol hcl</i>	
<b>OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/BETA-BLOCKER COMBINATIONS</b>	
<i>dorzolamide hcl-timolol maleate</i>	
<b>OPHTHALMIC, CARBONIC ANHYDRASE INHIBITORS: ORAL</b>	
<i>acetazolamide</i>	
<i>methazolamide</i>	
<b>OPHTHALMIC, CARBONIC ANHYDRASE INHIBITORS: TOPICAL</b>	
<i>dorzolamide hcl</i>	
<b>OPHTHALMIC, MISCELLANEOUS</b>	
<i>artificial tear ointment</i>	QL (18 gm per 30 days)
<i>artificial tear solution</i>	QL (75 ml per 30 days)
<i>carboxymethylcellulose sodium</i>	QL (15 gm per 30 days); OTC ONLY
<i>carboxymethylcellulose sodium (ophth)</i>	QL (15 ml per 30 days); OTC ONLY
<i>carboxymethylcellulose-glycerin</i>	QL (15 ml per 30 days); OTC ONLY
GENTEAL	QL (15 gm per 30 days); OTC ONLY
GENTEAL MILD	QL (15 ml per 30 days); OTC ONLY
<i>glycerin-hypromellose-polyethylene glycol 400</i>	QL (15 ml per 30 days); OTC ONLY
HYPOTEARs	QL (15 ml per 30 days); OTC ONLY
<i>hypromellose</i>	QL (15 ml per 30 days); OTC ONLY
<i>hypromellose (ophth)</i>	QL (15 ml per 30 days); OTC ONLY
<i>polyethylene glycol-polyvinyl alcohol</i>	QL (15 ml per 30 days); OTC ONLY
<i>polyethylene glycol-propylene glycol (ophth)</i>	QL (15 ml per 30 days); OTC ONLY

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>polyvinyl alcohol</i>	QL (15 ml per 30 days); OTC ONLY
<i>polyvinyl alcohol-povidone</i>	QL (15 ml per 30 days); OTC ONLY
<i>polyvinyl alcohol-povidone (ophth)</i>	QL (15 ml per 30 days); OTC ONLY
<i>propylene glycol-glycerin</i>	QL (15 ml per 30 days); OTC ONLY
REFRESH OPTIVE ADVANCED	QL (15 ml per 30 days); OTC ONLY
<i>sodium chloride hypertonic</i> OINT	QL (18 gm per 30 days); OTC ONLY
<i>sodium chloride hypertonic</i> SOLN	QL (75 ml per 30 days); OTC ONLY
SYSTANE BALANCE RESTORATI	QL (15 ml per 30 days); OTC ONLY
SYSTANE OVERNIGHT THERAPY	QL (15 gm per 30 days); OTC ONLY
THERATEARS	QL (15 ml per 30 days); OTC ONLY
<i>white petrolatum-mineral oil</i>	QL (15 gm per 30 days); OTC ONLY
<b>OPHTHALMIC, MYDRIATICS</b>	
<i>atropine sulfate (ophthalmic)</i>	
<i>cyclopentolate hcl</i>	
<b>OPHTHALMIC, PROSTAGLANDINS</b>	
<i>latanoprost</i>	
<b>OPHTHALMIC, SYMPATHOMIMETICS</b>	
<i>brimonidine tartrate</i>	
<b>OTIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS</b>	
CIPRODEX	
<i>neomycin-polymyxin-hc</i>	
<b>OTIC, ANTI-INFECTIVES</b>	
<i>acetic acid</i>	
<i>acetic acid-aluminum acetate</i>	
<i>ofloxacin .3%</i>	

# Index

## 1

100ML SYRING MIS LUER-LOK.....61

1ML TB SYRINGE/LUER SLIP .....62

## 2

20-25ML SYRINGE/LUER LOCK .....62

## A

*abacavir sulfate tab*.....10

*abacavir sulfate-lamivudine-zidovudine* 8

ABRAXANE.....17

ABREVA.....81

*acamprosate calcium*.....39

*acarbose*.....40

*acetaminophen*..... 1

*acetaminophen suppositories* ..... 1

*acetaminophen suspension* ..... 1

*acetaminophen tabs*..... 1

*acetaminophen w/ codeine*..... 3

*acetaminophen w/ codeine solution*..... 3

*acetazolamide* .....84

*acetic acid*.....86

*acetic acid vaginal*.....55

*acetic acid-aluminum acetate* .....86

*acyclovir cap 200 mg* .....12

*acyclovir suspension 200 mg/5ml* .....12

*acyclovir tab 400 mg*.....12

*acyclovir tab 800mg*.....12

ADDITIONS FOOD ENHANCER .....62

*adefovir dipivoxil* .....11

ADVAIR DISKU AER 100/50 .....77

AFINITOR .....16

ALBENZA .....12

*albuterol sulfate*.....74

*albuterol tab 4mg ext-rel*.....75

*albuterol tab 8mg ext-rel*.....75

*alclometasone dipropionate*.....80

ALCOHOL PREPS.....43

ALCOHOL SWABS .....43

ALFERON N .....58

*alfuzosin hcl*.....55

ALIMTA.....14

ALKERAN .....13

*allopurinol*..... 1

*alprazolam*.....24

*alprazolam orally disintegrating tab 0.25 mg*.....24

*alprazolam orally disintegrating tab 0.5 mg*..... 24

*alprazolam orally disintegrating tab 1 mg* ..... 25

*alprazolam orally disintegrating tab 2 mg* ..... 25

*alum & mag hydrox-simethicone*..... 50

*aluminum hydroxide-magnesium carbonate chew tab 160-105 mg*..... 50

*aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml*..... 50

*aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg*..... 50

*amantadine hcl* ..... 27

*amifostine crystalline*..... 17

*amikacin sulfate*..... 4

*amiloride & hydrochlorothiazide* ..... 23

*amiloride hcl*..... 23

*amino acid electrolyte infusion*..... 63

*amino acid infusion* ..... 63

AMINOSYN ..... 62

AMINOSYN 7%/ELECTROLYTES ..... 63

AMINOSYN II ..... 63

AMINOSYN M..... 63

AMINOSYN-RF ..... 63

*amiodarone hcl* ..... 20

*amitriptyline hcl*..... 27

*amlodipine besylate*..... 22

*amlodipine besylate-benazepril hcl*..... 19

*amoxicillin*..... 6

*amoxicillin & potassium clavulanate*..... 6

*amoxicillin/potassium clavulanate* ..... 6

*amphetamine-dextroamphetamine cap sustained-rel 24hr 10 mg*..... 33

*amphetamine-dextroamphetamine cap sustained-rel 24hr 15 mg*..... 33

*amphetamine-dextroamphetamine cap sustained-rel 24hr 20 mg*..... 33

*amphetamine-dextroamphetamine cap sustained-rel 24hr 25 mg*..... 33

*amphetamine-dextroamphetamine cap sustained-rel 24hr 30 mg*..... 33

*amphetamine-dextroamphetamine cap sustained-rel 24hr 5 mg*..... 33

*amphetamine-dextroamphetamine tab 10*

<i>mg</i> .....	34	<i>atropine sulfate (ophthalmic)</i> .....	86
<i>amphetamine-dextroamphetamine tab</i>		AUBAGIO .....	38
<i>12.5 mg</i> .....	34	AURYXIA .....	48
<i>amphetamine-dextroamphetamine tab 15</i>		AVELOX INJ.....	6
<i>mg</i> .....	34	AVONEX.....	38
<i>amphetamine-dextroamphetamine tab 20</i>		AVONEX PEN .....	38
<i>mg</i> .....	34	AZASAN .....	58
<i>amphetamine-dextroamphetamine tab 30</i>		<i>azathioprine</i> .....	58
<i>mg</i> .....	34	<i>azelastine hcl</i> .....	76, 84
<i>amphetamine-dextroamphetamine tab 5</i>		<i>azithromycin</i> .....	5
<i>mg</i> .....	33	<i>azithromycin inj 2.5gm</i> .....	5
<i>amphetamine-dextroamphetamine tab</i>		<i>aztreonam</i> .....	12
<i>7.5 mg</i> .....	33	AZTREONAM IN DEXTROSE INJ.....	12
<i>ampicillin</i> .....	6	<b>B</b>	
<i>ampicillin &amp; sulbactam sodium</i> .....	6	<i>bacitracin</i> .....	12, 78, 83
<i>ampicillin sodium inj</i> .....	6	<i>bacitracin-polymyxin b</i> .....	78, 83
<i>anagrelide hcl</i> .....	57	<i>bacitracin-polymyxin-neomycin-hc ophth</i>	
<i>anastrozole</i> .....	15	<i>oint 1%</i> .....	83
ANHYDROUS BASE.....	59	<i>baclofen</i> .....	38
APIDRA .....	41	BACTROBAN NASAL.....	78
APIDRA SOLOSTAR .....	41	<i>balsalazide disodium</i> .....	52
APRISO .....	52	BANANA CREAM FLAVOR.....	59
APTIVUS CAP 250MG.....	9	BARACLUDGE SOL .05MG/ML.....	11
APTIVUS SOL .....	9	BARDIA BULB IRRIGATION SY .....	60
AQUADEKS .....	64	BAYER BREEZE 2 TEST DISC .....	43
ARANESP ALBUMIN FREE .....	56	BAYER CONTOUR BLOOD GLUCOSE....	43
<i>aripiprazole</i> .....	28	BAYER CONTOUR NEXT BLOOD.....	43
<i>aripiprazole oral solution 1 mg/ml</i> .....	28	<i>b-complex with/ c &amp; folic acid cap 1 mg</i>	
ARMOUR THYROID .....	49	.....	64
ARNUIITY ELLIPTA .....	77	BD 1ML SYRINGE/NEEDLE/SLI .....	60
ARRANON .....	17	<i>bd 20ml syringe luer slip</i> .....	60
<i>artificial tear ointment</i> .....	85	BD 30ML SYRINGE LUER-LOK .....	60
<i>artificial tear solution</i> .....	85	BD ECLIPSE SYRINGE SLIP T .....	60
ARZERRA .....	17	BD ECLIPSE SYRINGE/1ML/27 .....	60
ASMANEX 120 AER 220MCG.....	77	BD ECLIPSE SYRINGE/1ML/30 .....	60
ASMANEX 30 AER 110MCG.....	77	BD INSULIN SYRINGE ULTRAF .....	44
ASMANEX 30 AER 220MCG.....	77	BD INSULIN SYRINGE/U-100/.....	44
ASMANEX 60 AER 220MCG.....	77	BD INTEGRA 1ML SYRINGE W/.....	60
ASMANEX HFA .....	77	BD LUER LOCK SYRINGE/1ML/ .....	60
<i>aspirin</i> .....	2, 57	BD PEN NEEDLE/MINI/ULTRAF .....	44
<i>aspirin enteric coated</i> .....	57	BD PEN NEEDLE/NANO/ULTRA .....	44
<i>atenolol</i> .....	22	BD PEN NEEDLE/ULTRAFINE/2 .....	44
<i>atenolol &amp; chlorthalidone</i> .....	21	BD PEN NEEDLES SHORT/ULTR.....	44
<i>atorvastatin calcium</i> .....	21	BD SAFETYGLIDE 27G X 5/8.....	60
<i>atovaquone</i> .....	12	<i>benazepril &amp; hydrochlorothiazide</i> .....	19
<i>atovaquone-proguanil hcl</i> .....	8	<i>benazepril hcl</i> .....	19
ATRIPLA .....	8	<i>benzonatate</i> .....	74



<i>benzoyl peroxide</i> .....	78	<i>sublingual tab 2-0.5 mg</i> .....	39
<i>benzoyl peroxide-erythromycin</i> .....	78	<i>buprenorphine hcl-naloxone hcl</i>	
<i>benztropine mesylate</i> .....	28	<i>sublingual tab 8-2 mg</i> .....	39
BENZYL ALCOHOL.....	59	<i>bupropion hcl</i> .....	26
<i>betamethasone dipropionate</i> .....	79	<i>bupirone hcl</i> .....	25
<i>betamethasone dipropionate augmented</i>		BUSULFEX .....	14
.....	79, 80	<i>butalbital-acetaminophen-caffeine</i> ....	1, 2
<i>betamethasone valerate</i> .....	80	<i>butalbital-aspirin-caffeine</i> .....	2
<i>betaxolol hcl</i> .....	84	BYSTOLIC .....	22
BETHKIS.....	75	<b>C</b>	
BETIMOL.....	84	<i>cabergoline</i> .....	48
<i>bexarotene cap 75 mg</i> .....	17	CAFERGOT .....	37
<i>bicalutamide</i> .....	15	<i>calamine</i> .....	81
BICILLIN C-R.....	6	<i>calcipotriene</i> .....	79
BICILLIN L-A .....	6	<i>calcitriol</i> .....	48
BICNU .....	13	<i>calcium</i> .....	64
BIDIL .....	23	<i>calcium &amp; phosphorus w/ vitamin d</i> ....	64
<i>bisacodyl</i> .....	53	<i>calcium acetate (phosphate binder)</i> ....	48
<i>bisacodyl tab delayed release 5 mg</i> ....	53	<i>calcium ascorbate</i> .....	64
<i>bismuth subsalicylate</i> .....	50	<i>calcium carbonate</i> .....	50, 64
<i>bisoprolol &amp; hydrochlorothiazide</i> .....	22	<i>calcium carbonate-cholecalciferol</i> .....	65
<i>bisoprolol fumarate</i> .....	22	<i>calcium carbonate-vitamin d</i> .....	65
<i>bleomycin sulfate</i> .....	17	<i>calcium citrate</i> .....	65
BLOOD GLUCOSE CALIBRATION - LIQUID		<i>calcium citrate-vitamin d</i> .....	65
.....	44	<i>calcium polycarbophil</i> .....	53
BLOOD GLUCOSE CALIBRATION - LIQUID		<i>calcium w/ magnesium</i> .....	65
- HIGH .....	44	<i>calcium w/ vitamins d &amp; k</i> .....	65
BLOOD GLUCOSE CALIBRATION - LIQUID		<i>calcium-magnesium-vitamin c-vitamin d</i>	
- LOW .....	44	.....	65
BLOOD GLUCOSE CALIBRATION - LIQUID		CALNA .....	68
- NORMAL .....	44	<i>caltrate 600+d3 soft chew</i> .....	65
BLOOD PRESSURE MONITORING -		CAMINO PRO COMPLETE/GLYTA .....	62
DEVICE.....	60	CAMPTOSAR .....	19
BLOOD PRESSURE MONITORING - KIT	60	<i>candesartan cilexetil</i> .....	20
BOOST PUDDING .....	62	<i>capecitabine</i> .....	14
BORIC ACID .....	59	CAPRELSA .....	16
BRILINTA.....	57	<i>captopril</i> .....	19
<i>brimonidine tartrate</i> .....	86	<i>captopril &amp; hydrochlorothiazide</i> .....	19
<i>bromocriptine mesylate</i> .....	28	CARAFATE SUS 1GM/10ML .....	53
<i>brompheniramine &amp; pseudoephedrine</i>		<i>carbamazepine</i> .....	25
<i>elixir 1-15 mg/5ml</i> .....	72	<i>carbamazepine ext-rel</i> .....	25
<i>budesonide</i> .....	52	<i>carboplatin</i> .....	14
<i>budesonide (inhalation)</i> .....	77	<i>carboxymethylcellulose sodium</i> .....	85
<i>budesonide nasal spray</i> .....	76	<i>carboxymethylcellulose sodium (ophth)</i>	
<i>bumetanide</i> .....	23	.....	85
<i>buprenorphine hcl</i> .....	39	CARBOXYMETHYLCELLULOSE SODIUM	
<i>buprenorphine hcl-naloxone hcl</i>		GRANULES .....	59

<i>carboxymethylcellulose-glycerin</i> .....	85	<i>cimetidine tab 200 mg</i> .....	52
<i>carisoprodol</i> .....	38	<i>cimetidine tab 300 mg</i> .....	52
<i>carvedilol</i> .....	22	<i>cimetidine tab 400 mg</i> .....	52
<i>cefadroxil</i> .....	4	<i>cimetidine tab 800mg</i> .....	52
<i>cefazolin sodium</i> .....	4	CINRYZE .....	56
<i>cefdinir</i> .....	5	CIPRODEX .....	86
<i>cefepime</i> .....	5	<i>ciprofloxacin</i> .....	6
<i>cefepime/dextrose</i> .....	5	<i>ciprofloxacin ext-rel</i> .....	6
<i>cefotaxime sodium</i> .....	5	<i>ciprofloxacin hcl</i> .....	83
CEFOTETAN DISODIUM .....	5	<i>ciprofloxacin hcl tab</i> .....	6
CEFOTETAN/DEXTROSE .....	5	<i>ciprofloxacin in d5w</i> .....	6
<i>cefoxitin sodium</i> .....	5	<i>cisplatin</i> .....	14
CEFOXITIN SODIUM .....	5	<i>citalopram hydrobromide</i> .....	27
<i>cefprozil</i> .....	5	CITRANATAL 90 DHA .....	68
<i>ceftazidime</i> .....	5	CITRANATAL ASSURE .....	68
<i>ceftazidime sodium in d5w inj 1 gm/50ml</i> .....	5	CITRANATAL B-CALM .....	68
<i>ceftazidime sodium in d5w inj 2 gm/50ml</i> .....	5	CITRANATAL DHA .....	68, 69
<i>ceftriaxone</i> .....	5	CITRANATAL HARMONY .....	69
<i>ceftriaxone sodium</i> .....	5	CITRANATAL RX .....	69
<i>cefuroxime axetil</i> .....	5	<i>cladribine</i> .....	14
<i>cefuroxime sodium</i> .....	5	<i>clarithromycin</i> .....	6
<i>celecoxib</i> .....	1	<i>clarithromycin ext-rel</i> .....	6
CENTRUM SPECIALIST PRENAT .....	68	CLASSIC PRENATAL .....	69
<i>cephalexin</i> .....	5	<i>clemastine fumarate</i> .....	73
<i>cetirizine hcl</i> .....	73	<i>clindamycin hcl</i> .....	12
<i>cetirizine-pseudoephedrine</i> .....	72	<i>clindamycin palmitate hydrochloride</i> ...	12
CHERRY SYRUP .....	59	<i>clindamycin phosphate (topical)</i> .....	78
<i>chloramphenicol sodium succinate</i> .....	12	<i>clindamycin phosphate inj</i> .....	12
<i>chlordiazepoxide hcl</i> .....	25	CLINIMIX 2.75%/DEXTROSE 5 .....	63
<i>chlordiazepoxide hcl-clidinium bromide</i> .....	51	CLINIMIX 4.25%/DEXTROSE 1 .....	63
<i>chlorhexidine gluconate (mouth-throat)</i> .....	82	CLINIMIX 4.25%/DEXTROSE 2 .....	63
<i>chloroquine phosphate</i> .....	8	CLINIMIX 4.25%/DEXTROSE 5 .....	63
<i>chlorpheniramine maleate</i> .....	73	CLINIMIX 5%/DEXTROSE 15% .....	63
<i>chlorpromazine hcl</i> .....	30, 31	CLINIMIX 5%/DEXTROSE 20% .....	63
<i>chlorthalidone</i> .....	23	CLINIMIX 5%/DEXTROSE 25% .....	63
<i>chlorzoxazone</i> .....	38	CLINITEST .....	44
<i>cholecalciferol</i> .....	65, 66	CLOLAR .....	14
<i>cholestyramine</i> .....	21	<i>clomipramine hcl</i> .....	25
<i>cholestyramine light</i> .....	21	<i>clonazepam</i> .....	25
<i>ciclopirox</i> .....	79	<i>clonidine hcl</i> .....	20
<i>ciclopirox olamine</i> .....	79	<i>clopidogrel bisulfate</i> .....	57
<i>cidofovir</i> .....	11	<i>clotrimazole</i> .....	79
<i>cilostazol</i> .....	57	<i>clotrimazole (topical)</i> .....	79
<i>cimetidine hcl soln 300 mg/5ml</i> .....	52	<i>clotrimazole troche 10 mg</i> .....	7
		<i>clotrimazole vaginal</i> .....	56
		<i>clozapine</i> .....	28
		CLOZARIL .....	28

COAL TAR .....	59	<i>desipramine hcl</i> .....	27
COARTEM .....	8	<i>desmopressin acetate spray</i> .....	49
COCOA BUTTER .....	59	<i>desmopressin acetate tab</i> .....	49
<i>colchicine</i> .....	1	<i>desmopressin sol</i> .....	49
COLD PACKS .....	60	<i>desogestrel &amp; ethinyl estradiol</i> .....	46
<i>colestipol hcl</i> .....	21	<i>desogestrel-ethinyl estradiol (biphasic)</i>	45
<i>colistimethate sodium inj</i> .....	12	<i>desogestrel-ethinyl estradiol (triphasic)</i>	46
COLLODION FLEXIBLE .....	59	.....	46
COMBIPATCH .....	47	<i>dexamethasone elixir</i> .....	47
COMBIVENT RESPIMAT .....	72	<i>dexamethasone sodium phosphate</i> .....	84
COMETRIQ .....	16	<i>dexamethasone soln</i> .....	47
COMPLERA .....	8	<i>dexamethasone tab</i> .....	47
CONDOMS - FEMALE .....	45	<i>dexmethylphenidate hcl</i> .....	34
CONDOMS - MALE.....	45	<i>dexrazoxane</i> .....	17
COPAXONE INJ 40MG/ML .....	38	<i>dextroamphetamine sulfate cap</i>	
CORLANOR .....	24	<i>sustained-rel 24hr 10 mg</i> .....	34
COSMEGEN .....	17	<i>dextroamphetamine sulfate cap</i>	
COUMADIN .....	56	<i>sustained-rel 24hr 15 mg</i> .....	34
CREON .....	54	<i>dextroamphetamine sulfate cap</i>	
CRINONE .....	49	<i>sustained-rel 24hr 5 mg</i> .....	34
CRIXIVAN .....	9	<i>dextroamphetamine sulfate tab 10 mg</i>	34
<i>cromolyn sodium</i> .....	75, 76, 84	<i>dextroamphetamine sulfate tab 5 mg</i> .	34
CUBICIN .....	12	<i>dextromethorphan-guaifenesin</i> .....	74
CUTTER BACKWOODS .....	81	<i>dextromethorphan-guaifenesin tab</i>	
CUTTER SKINSATIONS .....	81	<i>sustained-rel 12hr 30-600 mg</i> .....	74
CUVPOSA.....	51	<i>dextromethorphan-guaifenesin tab</i>	
CVS PRENATAL .....	69	<i>sustained-rel 12hr 60-1200 mg</i> .....	74
CVS PRENATAL GUMMY/DHA/FO .....	69	<i>dextrose (diabetic use)</i> .....	48
CVS WOMENS PRENATAL+DHA.....	69	DIAPHRAGM .....	45
<i>cyanocobalamin</i> .....	66	<i>diazepam</i> .....	25
<i>cyclobenzaprine hcl</i> .....	38	<i>diazepam rectal gel</i> .....	25
<i>cyclopentolate hcl</i> .....	86	<i>diclofenac potassium</i> .....	2
<i>cyclophosphamide</i> .....	14	<i>diclofenac sodium</i> .....	2, 83
CYCLOPHOSPHAMIDE CAP 25 MG .....	14	<i>dicloxacillin sodium</i> .....	6
CYCLOPHOSPHAMIDE CAP 50 MG .....	14	<i>dicyclomine hcl</i> .....	51
<i>cyclosporine</i> .....	58	<i>didanosine</i> .....	10
<i>cyclosporine modified (for microemulsion)</i>		DIFICID .....	6
.....	58	<i>diflunisal</i> .....	2
<i>cyproheptadine hcl</i> .....	73	<i>digoxin</i> .....	22
<i>cytarabine</i> .....	14	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	
<b>D</b>		.....	37
<i>dacarbazine</i> .....	14	<i>dihydroergotamine mesylate nasal spray</i>	
<i>danazol</i> .....	47	<i>4 mg/ml</i> .....	37
<i>dantrolene sodium</i> .....	38	DILANTIN.....	25
<i>dapsone</i> .....	12	DILANTIN INFATABS.....	25
<i>daunorubicin hcl</i> .....	17	<i>diltiazem hcl</i> .....	22
DAUNOXOME.....	17	<i>diltiazem hcl coated beads</i> .....	22

<i>diltiazem hcl extended release beads</i> ...	22	ENBREL	58
<i>diphenhydramine hcl</i> .....	73	ENFAMIL EXPECTA	69
<i>diphenhydramine hcl (sleep)</i> .....	37	ENFAMIL PREMIUM LIPIL	62
<i>diphenoxylate w/ atropine</i> .....	50	<i>enoxaparin sodium</i> .....	56
<i>dipyridamole</i> .....	57	<i>entecavir</i> .....	11
<i>disopyramide phosphate</i> .....	20	<i>entre-hist pse</i> .....	72
DISPOSABLE GLOVES.....	61	ENTRESTO .....	23
<i>disulfiram</i> .....	39	EPCLUSA.....	8
<i>divalproex sodium</i> .....	25	<i>epinephrine</i> .....	72
<i>docefrez</i> .....	17	<i>epinephrine inj 0.3mg</i> .....	72
<i>docetaxel</i> .....	17	EPIPEN 2-PAK.....	72
DORIBAX .....	4	EPIPEN-JR 2-PAK .....	72
<i>dorzolamide hcl</i> .....	84	<i>epirubicin hcl</i> .....	17
<i>dorzolamide hcl-timolol maleate</i> .....	84	<i>eplerenone</i> .....	20
<i>doxazosin mesylate</i> .....	20	<i>epoprostenol sodium</i> .....	24
<i>doxepin hcl</i> .....	27	EPZICOM.....	8
<i>doxercalciferol</i> .....	48	EQL PRENATAL FORMULA .....	69
<i>doxorubicin hcl</i> .....	17	<i>ergocalciferol</i> .....	66
<i>doxorubicin hcl liposomal</i> .....	17	ERIVEDGE .....	17
<i>doxycycline (monohydrate) susp</i> .....	7	ERYTHROCIN LACTOBIONATE .....	6
<i>doxycycline hyclate cap 50 mg, 100 mg</i> .....	7	<i>erythromycin</i> .....	78, 83
<i>doxycycline hyclate for inj 100 mg</i> .....	7	<i>erythromycin base</i> .....	6
<i>doxycycline hyclate tab 20 mg, 100 mg</i> .....	7	<i>erythromycin base ext-rel</i> .....	6
<i>dronabinol</i> .....	51	<i>erythromycin stearate</i> .....	6
<i>drospirenone-ethinyl estradiol</i> .....	46	<i>escitalopram oxalate</i> .....	27
DULERA.....	77	<i>esomeprazole magnesium</i> .....	54
<i>duloxetine hcl</i> .....	26	<i>ethambutol hcl</i> .....	11
<b>E</b>		<i>ethosuximide</i> .....	25
EDURANT.....	10	ETHOXY DIGLYCOL REAGENT.....	59
EFFIENT.....	57	<i>ethynodiol diacetate &amp; ethinyl estradiol</i> 46	
ELIDEL .....	81	<i>etodolac</i> .....	2
ELIGARD.....	15	ETOPOPHOS .....	17
ELIQUIS .....	56	<i>etoposide</i> .....	17
ELITEK .....	17	EVOTAZ .....	8
ELIXOPHYLLIN.....	77	<i>exemestane</i> .....	15
ELLA .....	45	EXTAVIA .....	38
ELMIRON .....	55	EYE PATCHES .....	61
EMCYT.....	14	<b>F</b>	
EMEND .....	51	<i>famciclovir</i> .....	12
EMEND CAP.....	51	<i>famotidine</i> .....	52
EMTRIVA CAP 200MG .....	10	FARESTON .....	15
EMTRIVA SOLN.....	10	FARYDAK .....	17
<i>enalapril maleate</i> .....	19	FASLODEX.....	15
<i>enalapril maleate &amp; hydrochlorothiazide</i> .....	19	<i>fat emulsion</i> .....	64
		<i>fe gluconate</i> .....	66
		<i>felodipine</i> .....	22
		<i>fenofibrate</i> .....	21

<i>fenofibrate micronized</i> .....	21	<i>ganciclovir sodium</i> .....	11
<i>fentanyl</i> .....	3	GELATIN CAPSULES.....	59
<i>ferretts</i> .....	66	<i>gemcitabine hcl</i> .....	15
<i>ferrous gluconate</i> .....	66	<i>gemfibrozil</i> .....	21
<i>ferrous sulfate</i> .....	66	<i>gentamicin sulfate</i> .....	78, 83
<i>ferrous sulfate cap controlled release</i> ..	66	<i>gentamicin sulfate inj</i> .....	4
<i>ferrous sulfate controlled release</i> .....	66	GENTEAL.....	85
<i>ferrous sulfate dried</i> .....	66	GENTEAL MILD.....	85
<i>ferrous sulfate tab enteric coated</i> .....	66	GILENYA.....	38
<i>fexofenadine hcl</i> .....	73	GILOTRIF.....	16
<i>fexofenadine-pseudoephedrine tab</i>		GLASPAK DISPOSABLE 2-1/2M.....	61
<i>sustained-rel 12hr 60-120 mg</i> .....	72	<i>glatopa inj 20mg/ml</i> .....	38
<i>fexofenadine-pseudoephedrine tab</i>		GLEOSTINE.....	14
<i>sustained-rel 24hr 180-240 mg</i> .....	72	GLIADEL WAFER.....	14
FINGERSTIX LANCETS.....	44	<i>glimepiride</i> .....	43
FIRMAGON.....	15	<i>glipizide</i> .....	43
FLAVOR BLEND.....	59	<i>glipizide ext-rel tab 10mg</i> .....	43
<i>flecainide acetate</i> .....	20	<i>glipizide ext-rel tab 2.5mg</i> .....	43
FLOVENT HFA.....	77	<i>glipizide ext-rel tab 5mg</i> .....	43
<i>floxuridine</i> .....	15	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>fluconazole</i> .....	7	.....	40
<i>fludarabine phosphate</i> .....	15	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
<i>fludrocortisone acetate</i> .....	47	.....	40
<i>flunisolide</i> .....	76	<i>glipizide-metformin hcl tab 5-500 mg</i> .	40
<i>fluorometholone</i> .....	84	GLUCAGEN HYPOKIT.....	48
<i>fluorouracil</i> .....	15	GLUCAGON EMERGENCY KIT.....	48
<i>fluoxetine hcl</i> .....	27	GLUCOSE.....	48
<i>fluphenazine hcl</i> .....	31	GLUTARADE AMINO ACID BLEN.....	62
<i>flurbiprofen</i> .....	2	<i>glyburide</i> .....	43
<i>flurbiprofen sodium</i> .....	83	<i>glyburide micronized</i> .....	43
<i>flutamide</i> .....	15	<i>glyburide-metformin tab 1.25-250 mg</i>	40
<i>fluticasone propionate</i> .....	76, 80	<i>glyburide-metformin tab 2.5-500 mg</i> ..	40
<i>fluvoxamine maleate</i> .....	25	<i>glyburide-metformin tab 5-500 mg</i> .....	40
<i>folic acid</i> .....	64	<i>glycerin-hypromellose-polyethylene</i>	
<i>folic acid-vitamin b6-vitamin b12</i> .....	64	<i>glycol 400</i> .....	85
<i>fondaparinux sodium</i> .....	56	GLYCOLIC ACID.....	59
<i>foscarnet sodium</i> .....	11	<i>glycopyrrolate</i> .....	51
FOSCAVIR.....	11	GLYTACTIN BETTERMILK 15.....	62
<i>fosinopril sodium</i> .....	19	GLYTACTIN RTD 15.....	62
<i>fosinopril sodium &amp; hydrochlorothiazide</i>		GNP DAILY PRENATAL.....	69
.....	19	GNP PRENATAL.....	69
FREAMINE HBC 6.9%.....	64	GOOD START SUPREME NATURA.....	62
FREAMINE III.....	64	GOOD START SUPREME W/IRON.....	62
<i>furosemide</i> .....	23	GOODSENSE PRENATAL VITAMI.....	69
<b>G</b>		<i>granisetron hcl</i> .....	51
<i>gabapentin</i> .....	25	GRAPE FLAVOR.....	59
<i>gabapentin oral solution 250 mg/5ml</i> ..	26	<i>griseofulvin microsize susp 125 mg/5ml</i> 7	

<i>griseofulvin ultramicrosize</i> .....	7	<i>hydroxychloroquine sulfate</i> .....	58
<i>guaifenesin</i> .....	75	<i>hydroxyurea</i> .....	18
<i>guaifenesin-codeine</i> .....	74	<i>hydroxyzine hcl</i> .....	73
<i>guanfacine hcl</i> .....	20	<i>hydroxyzine pamoate</i> .....	73
<i>guanfacine hcl (adhd)</i> .....	35	<i>hyoscyamine sulfate</i> .....	51
<b>H</b>		HYPOTEARs.....	85
H.P. ACTHAR .....	48	<i>hypromellose</i> .....	85
<i>halobetasol propionate</i> .....	80	<i>hypromellose (ophth)</i> .....	85
<i>haloperidol</i> .....	31	<b>I</b>	
<i>haloperidol decanoate</i> .....	31	IBRANCE.....	16
<i>haloperidol lactate</i> .....	31	<i>ibuprofen</i> .....	2
HARVONI .....	11	<i>ibuprofen drop 50mg/1.25ml</i> .....	2
HEARING AID BATTERIES-MISC.....	61	<i>ibuprofen suspension 100 mg/5ml</i> .....	2
HEAT WRAPS.....	61	<i>idarubicin hcl</i> .....	18
HEATING PADS.....	61	IFEX .....	14
<i>heparin sodium</i> .....	56	<i>ifosfamide</i> .....	14
<i>heparin sodium (porcine)</i> .....	56	ILARIS.....	58
HEXALEN .....	14	<i>imatinib mesylate</i> .....	16
HM ONE DAILY PRENATAL COM .....	69	IMBRUVICA .....	16
HM PRENATAL .....	69	<i>imipenem-cilastatin</i> .....	4
HOT/COLD THERAPY AIDS - MISC.....	61	<i>imipramine hcl</i> .....	27
HOT/COLD THERAPY AIDS - PADS .....	61	<i>imiquimod</i> .....	81
HUMALOG .....	41	INCONTINENCE SUPPLIES DISPOSABLE -	
HUMALOG KWIKPEN.....	42	MISC .....	61
HUMALOG MIX 50/50 .....	42	<i>indapamide</i> .....	23
HUMALOG MIX 50/50 KWIKPEN .....	42	INFED.....	66
HUMALOG MIX 75/25 .....	42	INLYTA .....	16
HUMALOG MIX 75/25 KWIKPEN .....	42	INSULIN INFUSION DISPOSABLE PUMP	
HUMIRA.....	58	KIT.....	44
HUMULIN 70/30.....	42	INSULIN INFUSION DISPOSABLE PUMP	
HUMULIN 70/30 KWIKPEN .....	42	SUPPLIES.....	44
HUMULIN N.....	42	INSULIN INFUSION PUMP - ACCESSORIES	
HUMULIN N KWIKPEN.....	42	.....	44
HUMULIN R .....	42	INSULIN INFUSION PUMP - DEVICE...	44
HUMULIN R INJ U-500 VIAL .....	42	INSULIN INFUSION PUMP - KIT.....	44
<i>hydralazine hcl</i> .....	23	INSULIN INFUSION PUMP SUPPLIES ...	44
<i>hydrochlorothiazide</i> .....	23	INTELENCE.....	10
<i>hydrocodone w/ homatropine</i> .....	74	INTRON A .....	58
<i>hydrocodone-acetaminophen</i> .....	3	INTRON A W/DILUENT .....	58
<i>hydrocortisone</i> .....	47, 80	INVANZ .....	4
<i>hydrocortisone (intrarectal)</i> .....	52	INVIRASE CAP 200MG .....	9
<i>hydrocortisone (rectal)</i> .....	55	INVIRASE TAB 500MG .....	9
<i>hydrocortisone acetate</i> .....	80	INVOKAMET.....	43
<i>hydrocortisone acetate (rectal)</i> .....	55	INVOKANA .....	43
<i>hydrocortisone butyrate</i> .....	80	<i>iodoquinol-hc</i> .....	79
<i>hydrocortisone-aloe vera</i> .....	79	<i>ipratropium bromide</i> .....	72, 76
<i>hydromorphone hcl</i> .....	3	<i>irbesartan</i> .....	20

<i>irbesartan-hydrochlorothiazide</i> .....	20	.....	54
<i>irinotecan hcl</i> .....	19	<i>latanoprost</i> .....	86
ISENTRESS .....	8	<i>leflunomide</i> .....	58
ISENTRESS POW 100MG.....	9	LENVIMA.....	16
ISENTRESS TAB 400MG.....	9	LETAIRIS .....	24
<i>isoniazid</i> .....	11	<i>letrozole</i> .....	15
<i>isosorbide dinitrate</i> .....	23	<i>leucovorin calcium</i> .....	18
<i>isosorbide mononitrate</i> .....	23	LEUCOVORIN CALCIUM.....	18
<i>isotretinoin</i> .....	78	<i>leucovorin calcium for inj</i> .....	18
ISTODAX .....	18	LEUCOVORIN CALCIUM FOR INJ.....	18
<i>itraconazole cap</i> .....	7	LEUKERAN.....	14
<i>ivermectin</i> .....	13	<i>leuprolide acetate</i> .....	16
<b>J</b>		<i>levetiracetam</i> .....	26
JAKAFI .....	16	<i>levobunolol hcl</i> .....	84
JANUMET .....	41	<i>levofloxacin</i> .....	6, 83
JANUMET XR TAB 100-1000 .....	41	<i>levofloxacin in d5w</i> .....	6
JANUMET XR TAB 50-1000.....	41	<i>levonorgestrel &amp; ethinyl estradiol</i> .....	46
JANUMET XR TAB 50-500MG .....	41	<i>levonorgestrel tab 1.5 mg</i> .....	45
JENTADUETO.....	41	<i>levonorgestrel-ethinyl estradiol (91-day)</i> .....	45
<b>K</b>		<i>levonorgestrel-ethinyl estradiol tab</i> <i>(triphasic)</i> .....	46
KALETRA SOL.....	9	<i>levothyroxine sodium</i> .....	49
KALETRA TAB 100-25MG .....	9	LEXIVA SUS 50MG/ML .....	9
KALETRA TAB 200-50MG .....	9	LEXIVA TAB 700MG .....	9
<i>ketoconazole</i> .....	79	<i>lidocaine hcl soln 4%</i> .....	81
KETO-DIASTIX .....	44	<i>lidocaine patch 5%</i> .....	81
<i>ketoprofen</i> .....	2	<i>lidocaine-benzalkonium</i> .....	81
<i>ketorolac tromethamine</i> .....	2, 83	<i>lidocaine-prilocaine</i> .....	81
<i>ketotifen fumarate</i> .....	84	<i>linezolid</i> .....	13
KRISTALOSE .....	53	LINZESS .....	52, 53
KUVAN .....	48	<i>liothyronine sodium</i> .....	49
<b>L</b>		<i>lisinopril</i> .....	20
<i>labetalol hcl</i> .....	22	<i>lisinopril &amp; hydrochlorothiazide</i> .....	19
<i>lactic acid (ammonium lactate)</i> .....	81	<i>lithium carbonate</i> .....	37, 38
LACTOSE .....	59	LITHIUM ORAL SOLUTION 8 MEQ/5ML	38
LACTOSE HYDROUS .....	59	LOMUSTINE CAP 5 MG .....	14
<i>lactulose</i> .....	53	<i>loperamide hcl</i> .....	50
<i>lactulose (encephalopathy)</i> .....	53	<i>loperamide-simethicone</i> .....	53
<i>lamivudine</i> .....	10	<i>loratadine</i> .....	73
<i>lamivudine (hbv)</i> .....	11	<i>loratadine &amp; pseudoephedrine tab ext-rel</i> <i>12hr 5-120 mg</i> .....	72
<i>lamivudine-zidovudine</i> .....	8	<i>loratadine &amp; pseudoephedrine tab ext-rel</i> <i>24hr 10-240 mg</i> .....	72
<i>lamotrigine</i> .....	26	<i>lorazepam</i> .....	25
LANCET DEVICES .....	44	<i>lorazepam 2mg/ml</i> .....	25
<i>lancets</i> .....	44	<i>losartan potassium</i> .....	20
LANCETS KIT.....	45		
LANCETS MISC. ....	45		
LANOXIN .....	23		
<i>lansoprazole cap delayed release 15 mg</i> .....			

<i>losartan potassium &amp; hydrochlorothiazide</i>	<i>release 30 mg</i> .....	35
.....	<i>methylphenidate hcl cap controlled</i>	
<i>lovastatin</i> .....	<i>release 40 mg</i> .....	35
LUPRON DEPOT .....	<i>methylphenidate hcl cap controlled</i>	
LUPRON DEPOT-PED .....	<i>release 50 mg</i> .....	35
LYNPARZA.....	<i>methylphenidate hcl cap controlled</i>	
LYRICA .....	<i>release 60 mg</i> .....	35
LYRICA SOLUTION 20MG/ML .....	<i>methylphenidate hcl cap sustained-rel</i>	
LYSODREN .....	<i>24hr 20 mg</i> .....	35
<b>M</b>	<i>methylphenidate hcl cap sustained-rel</i>	
MAKENA .....	<i>24hr 30 mg</i> .....	35
<i>malathion</i> .....	<i>methylphenidate hcl cap sustained-rel</i>	
MASKS .....	<i>24hr 40 mg</i> .....	35
MATULANE .....	<i>methylphenidate hcl solution 10 mg/5ml</i>	
MAXIPIME .....	.....	36
<i>meclizine hcl</i> .....	<i>methylphenidate hcl solution 5 mg/5ml</i>	
<i>medroxyprogesterone acetate</i> .....	.....	35
<i>mefloquine hcl</i> .....	<i>methylphenidate hcl tab</i>	
<i>megestrol acetate</i> .....	<i>controlled-release</i> .....	36
MEKINIST .....	<i>methylphenidate tab 20mg ext-rel</i> .....	36
<i>meloxicam</i> .....	<i>methylprednisolone</i> .....	47
<i>melphalan hcl</i> .....	<i>metipranolol</i> .....	84
MEPHYTON.....	<i>metoclopramide hcl</i> .....	51
<i>mercaptapurine</i> .....	<i>metolazone</i> .....	23
<i>meropenem</i> .....	<i>metoprolol &amp; hydrochlorothiazide</i> .....	22
<i>mesalamine</i> .....	<i>metoprolol succinate</i> .....	22
<i>mesalamine w/ cleanser</i> .....	<i>metoprolol tartrate</i> .....	22
<i>mesna</i> .....	<i>metronidazole</i> .....	13, 82
METASTRON.....	<i>metronidazole cream 0.75%</i> .....	82
<i>metformin hcl</i> .....	<i>metronidazole in nacl 0.79% iv soln 500</i>	
<i>metformin tab 500mg ext-rel</i> .....	<i>mg/100ml</i> .....	13
<i>metformin tab 750mg ext-rel</i> .....	<i>metronidazole inj</i> .....	13
<i>methadone hcl</i> .....	<i>metronidazole vaginal</i> .....	56
<i>methazolamide</i> .....	<i>miconazole nitrate</i> .....	79
<i>methimazole</i> .....	<i>miconazole nitrate vaginal</i> .....	56
<i>methocarbamol</i> .....	<i>miconazole nitrate vaginal cream</i> .....	56
<i>methotrexate sodium</i> .....	MICROCLENS WIPES.....	81
<i>methylcellulose (laxative)</i> .....	<i>midodrine hcl</i> .....	23
<i>methyldopa</i> .....	MIRENA .....	46
<i>methylergonovine maleate</i> .....	<i>mirtazapine</i> .....	26
METHYLPARABEN .....	<i>misoprostol</i> .....	54
<i>methylphenidate hcl</i> .....	<i>mitomycin</i> .....	18
<i>methylphenidate hcl cap controlled</i>	<i>mitoxantrone hcl</i> .....	18
<i>release 10 mg</i> .....	<i>modafinil</i> .....	39
<i>methylphenidate hcl cap controlled</i>	MODULEN IBD .....	62
<i>release 20 mg</i> .....	<i>mometasone furoate</i> .....	80
<i>methylphenidate hcl cap controlled</i>	MONOJECT 20ML SYRINGE REG .....	61



MONOJECT SOFTPACK 35ML/RE.....	61	<i>ophth susp 0.1%</i> .....	83
MONOJECT SYRINGE/ECCENTRI .....	61	<i>neomycin-polymyxin-gramicidin</i> .....	83
MONOJECT SYRINGE/LUER LOC.....	61	<i>neomycin-polymyxin-hc</i> .....	86
MONOJECT SYRINGE/LUER-LOC.....	61	<i>neomycin-polymyxin-hc ophth susp</i> ....	83
<i>montelukast sodium</i> .....	75	NEORAL .....	59
<i>morphine sulfate controlled-release</i> .....	3	NEPHRAMINE.....	64
<i>morphine sulfate sol 100/5ml</i> .....	3	NESTLE FLAVOR.....	62
<i>morphine sulfate solution</i> .....	3	NEULASTA.....	56
<i>morphine sulfate suppositories</i> .....	3	NEUTREXIN .....	13
<i>morphine sulfate tab</i> .....	3	<i>nevirapine</i> .....	10
MULTI PRENATAL .....	69	<i>nevirapine tab 100 mg ext-rel</i> .....	10
MULTIFIT REUSABLE SYRINGE.....	61	<i>nevirapine tab 400mg ext-rel</i> .....	10
MULTIFIT REUSABLE TB SYRI .....	61	NEXAVAR .....	16
<i>multiple vitamin</i> .....	66	NEXIUM 24HR.....	54
<i>multiple vitamins w/ calcium</i> .....	66	NEXIUM GRANULES 2.5 MG, 5MG AND	
<i>multiple vitamins w/ iron</i> .....	67	10MG DELAYED RELEASE .....	54
<i>multiple vitamins w/ minerals</i> .....	67	<i>niacin (antihyperlipidemic)</i> .....	21
<i>multiple vitamins w/ minerals tab</i>		<i>nicotine polacrilex gum</i> .....	40
<i>controlled release</i> .....	67	<i>nicotine transdermal patch</i> .....	40
MULTISTIX 10 SG .....	60	<i>nifedipine</i> .....	22
<i>mupirocin</i> .....	78	<i>nifedipine ext-rel</i> .....	22
<i>mupirocin calcium</i> .....	78	<i>nilutamide</i> .....	15
MUSTARGEN .....	14	NIPENT .....	18
<i>mycophenolate mofetil</i> .....	58	<i>nitrofurantoin</i> .....	13
MYLERAN .....	14	<i>nitrofurantoin macrocrystal</i> .....	13
<b>N</b>		<i>nitrofurantoin monohydrate</i>	
<i>nabumetone</i> .....	2	<i>macrocrystalline cap 100 mg</i> .....	13
<i>nadolol</i> .....	22	<i>nitroglycerin</i> .....	23, 24
<i>nafcillin sodium inj</i> .....	6	NITROSTAT .....	24
<i>naloxone hcl inj 0.4 mg/ml</i> .....	39	<i>nizatidine</i> .....	52
<i>naltrexone hcl</i> .....	39	NONOXYNOL-9.....	46
<i>naproxen</i> .....	2	NORDITROPIN CARTRIDGE.....	48
<i>naproxen sodium</i> .....	2, 3	NORDITROPIN FLEXPRO.....	48
<i>naratriptan hcl</i> .....	37	<i>norethindrone</i> .....	46
<i>narcan</i> .....	39	<i>norethindrone &amp; ethinyl estradiol tab</i> ..	46
NASACORT AER 55MCG/AC .....	76	<i>norethindrone &amp; mestranol</i> .....	46
NATACYN .....	84	<i>norethindrone ace &amp; ethinyl estradiol</i> ..	46
<i>nateglinide</i> .....	42	<i>norethindrone ace &amp; ethinyl estradiol-fe</i>	
NATRAPEL 12-HOUR TICK & I.....	81	.....	46
NAT-RUL PRENATAL VITAMINS .....	69	<i>norethindrone acetate</i> .....	49
NEBULIZERS .....	76	<i>norethindrone-ethinyl estradiol (triphasic)</i>	
<i>neomycin sulfate</i> .....	4	.....	47
<i>neomycin-bacitracin zinc-polymyxin</i> ....	83	<i>norgestimate-ethinyl estradiol</i> .....	46
<i>neomycin-bacitracin-polymyxin</i> .....	78	<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>neomycin-polymyxin-dexamethasone</i>		.....	47
<i>ophth oint 0.1%</i> .....	83	<i>norgestimate-ethinyl estradiol tab</i>	
<i>neomycin-polymyxin-dexamethasone</i>		<i>0.18-25/0.215-25/0.25-25 mg-mcg</i> ...	47

<i>norgestrel &amp; ethinyl estradiol</i> .....	46	OSTOMY SUPPLIES - MISC .....	61
NORPACE CR .....	21	OSTOMY SUPPLIES - OINT .....	61
<i>nortriptyline hcl</i> .....	27	OSTOMY SUPPLIES - PASTE.....	61
NORVIR CAP 100MG .....	9	OSTOMY SUPPLIES - POUCH.....	61
NORVIR SOL 80MG/ML .....	9	OSTOMY SUPPLIES - POWDER .....	61
NORVIR TAB 100MG .....	9	OSTOMY SUPPLIES - STRIP .....	61
NOVOLIN 70/30 .....	42	OSTOMY SUPPLIES - WAFER (SKIN	
NOVOLIN N .....	42	BARRIER).....	61
NOVOLIN R .....	42	OSTOMY SUPPLIES IRRIGATION KIT...	61
NOVOLOG .....	42	<i>oxacillin sodium inj</i> .....	7
NOVOLOG FLEXPEN.....	42	<i>oxaliplatin</i> .....	14
NOVOLOG MIX 70/30 .....	42	<i>oxaprozin</i> .....	3
NOVOLOG MIX 70/30 PREFILL .....	42	<i>oxazepam</i> .....	25
NOVOLOG PENFILL.....	42	<i>oxcarbazepine</i> .....	26
NOVOPEN 3 PENMATE .....	45	<i>oxybutynin chloride</i> .....	55
NUEDEXTA.....	40	<i>oxybutynin chloride tab sustained-rel</i>	
NUPLAZID.....	28	<i>24hr 10 mg</i> .....	55
NUVIGIL .....	39	<i>oxybutynin chloride tab sustained-rel</i>	
<i>nystatin</i> .....	7, 79	<i>24hr 15 mg</i> .....	55
<i>nystatin (mouth-throat)</i> .....	7	<i>oxybutynin chloride tab sustained-rel</i>	
<i>nystatin (topical)</i> .....	79	<i>24hr 5 mg</i> .....	55
<i>nystatin-triamcinolone</i> .....	79	<i>oxycodone hcl</i> .....	3, 4
<b>O</b>		<i>oxycodone w/ acetaminophen</i> .....	4
<i>octreotide acetate</i> .....	48	<i>oxycodone-aspirin</i> .....	4
OFEV .....	77	<i>oxymetazoline hcl</i> .....	77
OFF ACTIVE .....	81	<i>oyster shell</i> .....	67
OFF DEEP WOODS .....	81	<b>P</b>	
OFF DEEP WOODS DRY.....	82	<i>paclitaxel</i> .....	18
OFF SMOOTH & DRY.....	82	<i>paliperidone</i> .....	29
<i>ofloxacin</i> .....	83, 86	PARAGARD INTRAUTERINE COP .....	46
<i>olanzapine</i> .....	28, 29	<i>parenteral electrolytes</i> .....	64
<i>olanzapine orally disintegrating tab</i> .....	29	<i>paroxetine hcl</i> .....	27
<i>omega-3 fatty acids</i> .....	67	PAXIL SUSPENSION 10MG/5ML.....	27
<i>omeprazole cap delayed release</i> .....	54	PEAK FLOW METER.....	76
<i>omeprazole magnesium cap delayed</i>		<i>pediatric multiple vitamin w/ c</i> .....	67
<i>release 20.6 mg (20 mg base equiv)</i> ...	55	<i>pediatric multiple vitamin w/ c &amp; folic acid</i>	
<i>omeprazole-sodium bicarbonate</i> .....	55	.....	67
<i>ondansetron hcl</i> .....	51	<i>pediatric multiple vitamin w/ extra c &amp;</i>	
<i>ondansetron orally disintegrating tab</i> ..	51	<i>folic acid</i> .....	67
ONE-A-DAY WOMENS PRENATAL.....	69	<i>pediatric multiple vitamin w/ minerals &amp; c</i>	
OPTICHAMBER FACE MASK/SMALL.....	76	.....	67
<i>oral electrolytes</i> .....	63	<i>pediatric multiple vitamins</i> .....	67
ORA-SWEET SF.....	60	<i>pediatric multiple vitamins w/ iron</i> .....	67
<i>orphenadrine citrate</i> .....	39	<i>pediatric multivitamins w/fluoride</i> .....	67
<i>orphenadrine w/ aspirin &amp; caffeine tab</i> ..	39	<i>pediatric multivitamins w/fluoride &amp; iron</i>	
OSTOMY SUPPLIES - CREAM .....	61	.....	67
OSTOMY SUPPLIES - LIQUID .....	61	<i>pediatric vitamins acd w/ fluoride</i> .....	68

<i>pediatric vitamins adc</i> .....	68
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> .....	53
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> .....	53
PEGASYS .....	58
PEGASYS PROCLICK .....	58
PEG-INTRON .....	58
PEG-INTRON REDIPEN .....	58
PEG-INTRON REDIPEN PAK 4 .....	58
<i>penicillin g potassium</i> .....	7
<i>penicillin g procaine</i> .....	7
<i>penicillin g sodium</i> .....	7
<i>penicillin v potassium</i> .....	7
PENTAM 300 .....	13
<i>permethrin</i> .....	82
<i>permethrin cream</i> .....	82
<i>perphenazine</i> .....	31, 32
<i>phenazopyridine hcl</i> .....	55
<i>phenelzine sulfate</i> .....	26
<i>phenobarbital</i> .....	26
<i>phenobarbital-hyoscyamine-atropine-scopolamine</i> .....	51
<i>phenylephrine-promethazine w/ codeine syrup 5-6.25-10 mg/5ml</i> .....	74
<i>phenytoin</i> .....	26
<i>phenytoin sodium extended</i> .....	26
PHOTOFRIN.....	18
<i>pilocarpine hcl (oral)</i> .....	55
<i>pindolol</i> .....	22
<i>pioglitazone hcl-glimepiride</i> .....	41
<i>pioglitazone hcl-metformin hcl</i> .....	41
<i>piperacillin sodium-tazobactam sodium</i> .....	7
<i>podofilox</i> .....	82
POLOX.....	60
<i>polyethylene glycol 3350</i> .....	53
POLYETHYLENE GLYCOL 400 .....	60
<i>polyethylene glycol-polyvinyl alcohol</i> ...	85
<i>polyethylene glycol-propylene glycol (ophth)</i> .....	85
<i>polymyxin b sulfate</i> .....	13
<i>polymyxin b-trimethoprim</i> .....	83
<i>polysaccharide iron complex</i> .....	68
<i>polysaccharide iron-folic acid-vit b12</i> ...	68
<i>polyvinyl alcohol</i> .....	85
<i>polyvinyl alcohol-povidone</i> .....	85
<i>polyvinyl alcohol-povidone (ophth)</i> .....	85

POTASSIUM & SODIUM PHOSPHATES POWDER PACK 280-160-250 MG.....	63
<i>potassium bicarbonate</i> .....	63
<i>potassium chloride</i> .....	63
<i>potassium chloride tab controlled release</i> .....	63
<i>potassium citrate (alkalinizer)</i> .....	55
<i>potassium phosphate monobasic w/ sodium phosphate dibasic &amp; monobasic tab</i> .....	63
<i>povidone-iodine</i> .....	82
<i>pravastatin sodium</i> .....	21
<i>prednisolone</i> .....	47
<i>prednisolone acetate</i> .....	84
<i>prednisolone orally disintegrating tab</i> .	47
<i>prednisolone sodium phosphate</i> .....	47
<i>prednisone</i> .....	48
PREMARIN .....	47
PRENATAL .....	69, 70
PRENATAL AND IRON.....	70
PRENATAL COMPLETE .....	70
PRENATAL FORMULA.....	70
PRE-NATAL FORMULA .....	69
PRENATAL FORMULA A-FREE .....	70
PRENATAL FORTE.....	70
PRENATAL LOW IRON .....	70
PRENATAL MULTI +DHA.....	70
PRENATAL MULTIVITAMIN + D.....	70
PRENATAL ONE DAILY.....	70
<i>prenatal vit w/ docusate-fe fumarate-folic acid</i> .....	70
<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i> .....	70
<i>prenatal vit w/ ferrous fumarate-folic acid</i> .....	70
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i> .....	70
<i>prenatal vit w/ iron carbonyl-folic acid</i> .....	70
PRENATAL VITAMIN.....	70
PRENATAL VITAMIN/IRON .....	71
PRENATAL VITAMINS.....	71
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> .....	71
PRENATAL+DHA.....	71
PREZCOBIX .....	8
PREZISTA.....	9
<i>primidone</i> .....	26

PROAIR HFA .....	74	RASPBERRY SYRUP.....	60
<i>probenecid</i> .....	1	<i>rebetol sol 40mg/ml</i> .....	12
PROCALAMINE .....	64	REBIF .....	38
<i>prochlorperazine</i> .....	51	REBIF REBIDOSE TITRATION.....	38
<i>prochlorperazine maleate</i> .....	51	<i>reeses pinworm medicine</i> .....	13
<i>progesterone micronized cap</i> .....	49	REFRESH OPTIVE ADVANCED .....	86
PROMACTA.....	57	RELION GLUCOSE .....	48
<i>promethazine &amp; phenylephrine</i> .....	72	REMODULIN .....	24
<i>promethazine hcl</i> .....	51	RENALCAL .....	62
<i>promethazine w/codeine</i> .....	74	REVELA PAK .....	49
<i>promethazine/dextromethorphan</i> .....	74	<i>repaglinide</i> .....	42
<i>propafenone hcl</i> .....	21	<i>repaglinide 0.5 mg</i> .....	42
<i>propranolol hcl</i> .....	22	REPATHA.....	21
<i>propylene glycol-glycerin</i> .....	85	REPEL SPORTSMEN .....	82
<i>propylthiouracil</i> .....	49	REPEL SPORTSMEN MAX .....	82
PROSOL.....	64	RESCRIPTOR .....	10
PROTEIN FORTIFIED COOKIE .....	62	RESOURCE GLUTASOLVE .....	62
<i>pseudoephedrine hcl</i> .....	75	RESOURCE JUICE DRINK.....	63
<i>pseudoephedrine w/ codeine-guaifenesin</i> .....	74	REVLIMID.....	16
<i>pseudoephedrine-brompheniramine-dext</i> <i>romethorphan</i> .....	74	REYATAZ.....	9
<i>pseudoephedrine-guaifenesin tab ext-rel</i> <i>12hr</i> .....	75	RHO D IMMUNE GLOBULIN .....	58
<i>pseudoephedrine-guaifenesin tab sr 12hr</i> .....	75	<i>ribavirin</i> .....	12
<i>psyllium</i> .....	53	<i>rifabutin</i> .....	13
PTS PANELS KETONE TEST.....	45	<i>rifampin</i> .....	11
PULMOZYME.....	75	RIGHT STEP PRENATAL .....	71
PX PRENATAL MULTIVITAMINS .....	71	<i>riluzole</i> .....	37
<i>pyrazinamide</i> .....	11	<i>risperidone</i> .....	29, 30
<i>pyridostigmine bromide</i> .....	39	<i>rizatriptan benzoate</i> .....	37
<i>pyridoxine hcl tab 50 mg</i> .....	68	<b>S</b>	
<b>Q</b>		SABRIL .....	26
QC PRENATAL.....	71	<i>saline</i> .....	76
QUADRAMET .....	18	SAMSCA.....	49
<i>quetiapine fumarate</i> .....	29	SANDIMMUNE.....	59
<i>quinapril hcl</i> .....	20	SANTYL.....	82
<i>quinapril-hydrochlorothiazide</i> .....	19	<i>selenium sulfide lotion 1%</i> .....	79
QVAR .....	77	<i>selenium sulfide lotion 2.5%</i> .....	79
<b>R</b>		SELZENTRY TAB 150MG .....	8
RA ONE DAILY .....	71	SELZENTRY TAB 300MG .....	8
<i>ra oyster shell calcium/v</i> .....	68	<i>sennosides</i> .....	53
RA PRENATAL.....	71	<i>sennosides-docusate sodium</i> .....	53
RA PRENATAL FORMULA/FOLIC.....	71	SEREVENT DISKUS.....	74
<i>ramipril</i> .....	20	<i>sertraline hcl</i> .....	27
<i>ranitidine hcl</i> .....	52	<i>sevelamer carbonate</i> .....	49
		<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i> .....	24
		<i>silver sulfadiazine</i> .....	79
		<i>simethicone</i> .....	53, 54

SIMILAC PRENATAL EARLY SH .....	71	<i>sulindac</i> .....	3
<i>simvastatin</i> .....	21	<i>sumatriptan spray</i> .....	37
<i>sirolimus</i> .....	59	<i>sumatriptan succinate</i> .....	37
SKYLA .....	46	SUPPOSIBASE F .....	60
SM BORIC ACID.....	60	SUPREP BOWEL PREP .....	53
SM ONE DAILY PRENATAL .....	71	SUSTIVA .....	10
SM PRENATAL VITAMINS .....	71	SUTENT .....	16
<i>sodium bicarbonate</i> .....	50	SYMBICORT.....	77
SODIUM BISULFITE.....	60	SYNAGIS.....	59
<i>sodium chloride</i> .....	76	SYNAREL.....	47
<i>sodium chloride hypertonic</i> .....	86	SYNERCID .....	13
<i>sodium fluoride</i> .....	68	SYNTHROID.....	49
<i>sodium fluoride (dental)</i> .....	82	SYRINGE/LUER SLIP/20ML .....	62
<i>sodium fluoride solution</i> .....	68	SYSTANE BALANCE RESTORATI .....	86
SODIUM HYDROXIDE .....	60	SYSTANE OVERNIGHT THERAPY .....	86
<i>sodium polystyrene sulfonate</i> .....	63	<b>T</b>	
SOLIRIS .....	57	TABLOID .....	15
SOLTAMOX.....	15	<i>tacrolimus</i> .....	59
<i>sotalol hcl</i> .....	21	<i>tacrolimus oint 0.03%</i> .....	81
<i>sotalol hcl (afib/af)</i> .....	21	<i>tacrolimus oint 0.1%</i> .....	81
SPACER/AEROSOL-HOLDING CHAMBER		TAFINLAR.....	16
SUPPLIES - MASKS .....	76	TAMIFLU .....	12
SPACER/AEROSOL-HOLDING CHAMBERS		TAMIFLU SUS 6MG/ML.....	12
- DEVICE .....	76	<i>tamoxifen citrate</i> .....	15
<i>spinosad</i> .....	82	TANZEUM.....	41
SPIRIVA HANDIHALER .....	72	TARCEVA .....	16
SPIRIVA RESPIMAT .....	72	TAZORAC .....	78
<i>spironolactone</i> .....	20	TECFIDERA.....	38
<i>spironolactone &amp; hydrochlorothiazide</i> ..	23	TECFIDERA STARTER PACK .....	38
SPORANOX .....	8	TEFLARO .....	5
SQUARIC ACID DIBUTYLESTER POWDER		TEGRETOL.....	26
.....	60	TEGRETOL-XR.....	26
<i>stavudine cap</i> .....	10	<i>temazepam</i> .....	36
<i>stavudine soln</i> .....	10	<i>temozolomide</i> .....	14
STEVIA EXTRACT .....	60	TENIPOSIDE .....	18
STIMATE.....	50	<i>terazosin hcl</i> .....	20
STIVARGA.....	16	<i>terbinafine hcl tab</i> .....	8
STRATTERA.....	36	<i>terbutaline sulfate</i> .....	75
<i>streptomycin sulfate</i> .....	4	<i>terconazole vaginal</i> .....	56
STRIBILD.....	8	TERUMO SURGUARD2 SYRINGE/.....	62
STUART ONE .....	71	<i>testosterone cypionate</i> .....	40
<i>sucralfate tab 1 gm</i> .....	54	<i>testosterone enanthate</i> .....	40
<i>sulfacetamide sodium</i> .....	83	<i>testosterone gel</i> .....	40
<i>sulfacetamide sod-prednisolone</i> .....	83	<i>tetrabenazine</i> .....	36
<i>sulfamethoxazole-trimethoprim</i> .....	7	<i>tetracycline hcl</i> .....	7
<i>sulfamethoxazole-trimethoprim ds</i> .....	7	TH PRENATAL VITAMINS .....	71
<i>sulfasalazine</i> .....	52	THEO-24 .....	77

<i>theophylline</i> .....	77	<i>trifluridine</i> .....	84
THERACYS .....	18	<i>trimethoprim</i> .....	13
THERATEARS.....	86	TRISENOX .....	18
THERMOMETERS.....	62	TRIUMEO .....	8
<i>thiamine hcl</i> .....	68	<i>trospium chloride</i> .....	55
<i>thiamine mononitrate</i> .....	68	<i>trospium chloride cap sustained-rel 24hr</i>	
<i>thioridazine hcl</i> .....	32	<i>60 mg</i> .....	55
<i>thiothixene</i> .....	32	TRUVADA.....	8
<i>thyroid</i> .....	49	TUDORZA PRESSAIR.....	72
<i>tiagabine hcl</i> .....	26	TYBOST .....	8
TICE BCG.....	18	TYGACIL .....	13
TIKOSYN.....	21	TYKERB.....	17
<i>timolol maleate</i> .....	22, 84	TYVASO STARTER .....	24
TIVICAY.....	9	TYZEKA.....	11
<i>tizanidine hcl</i> .....	39	<b>U</b>	
<i>tobramycin</i> .....	83	UPTRAVI .....	24
<i>tobramycin inj</i> .....	4	URINE GLUCOSE MONITORING SUPPLIES	
<i>tobramycin neb 300/5ml inhalation</i> .....	75	.....	45
<i>tobramycin-dexamethasone</i> .....	83	<i>ursodiol</i> .....	52
<i>tolnaftate</i> .....	79	UVADEX.....	18
<i>tolnaftate aerosol powder 1%</i> .....	79	<b>V</b>	
<i>tolnaftate cream 1%</i> .....	79	VAGIFEM.....	47
TOOMEY SYRINGE.....	62	<i>valacyclovir hcl</i> .....	12
<i>topiramate</i> .....	26	<i>valganciclovir hcl</i> .....	11
<i>topotecan hcl</i> .....	19	<i>valganciclovir hcl tab 450 mg</i> .....	11
<i>toremide</i> .....	23	<i>valproate sodium</i> .....	26
TOTECT .....	18	<i>valproic acid</i> .....	26
TRACE MINERALS (CR-CU-MN-ZN) INJ		<i>valsartan</i> .....	20
1-100-30-500 MCG/ML .....	64	<i>valsartan-hydrochlorothiazide</i> .....	20
TRACLEER.....	24	<i>vancomycin hcl</i> .....	13
TRADJENTA.....	41	<i>vancomycin hcl in dextrose inj</i> .....	13
<i>tramadol hcl</i> .....	4	<i>vancomycin inj</i> .....	13
<i>tramadol hcl ext-rel</i> .....	4	VAPORIZERS .....	76
TRAMADOL HCL EXT-REL .....	4	VELETRI .....	24
<i>tramadol-acetaminophen</i> .....	4	VENCLEXTA .....	18
<i>trandolapril</i> .....	20	VENCLEXTA STARTING PACK .....	18
<i>tranylcypromine sulfate</i> .....	26	<i>venlafaxine hcl</i> .....	26
<i>trazodone hcl</i> .....	26	<i>venlafaxine hcl ext-rel</i> .....	27
TRELSTAR.....	16	VENTAVIS .....	24
TRELSTAR MIXJECT.....	16	VENTOLIN HFA.....	74
TRESIBA FLEXTOUCH .....	42	<i>verapamil ext-rel hcl</i> .....	22
<i>tretinoin (chemotherapy)</i> .....	18	V-GO .....	45
TREXALL.....	15	VIBATIV .....	13
<i>triamcinolone acetonide (mouth)</i> .....	83	VICTOZA.....	41
<i>triamcinolone acetonide (topical)</i> ..	79, 80	VIDEX PEDIATRIC SOLN.....	10
<i>triamterene &amp; hydrochlorothiazide</i> .....	23	<i>vinblastine sulfate</i> .....	19
<i>trifluoperazine hcl</i> .....	32, 33	<i>vincristine sulfate</i> .....	19

<i>vinorelbine tartrate</i> .....	19	ZELBORAF .....	17
VIRACEPT .....	9, 10	ZENPEP .....	54
VIREAD .....	11	ZEPATIER.....	12
VISTOGARD .....	45	ZERBAXA .....	4
VITEKTA .....	9	ZETIA .....	21
VOLTAREN GEL.....	3	ZEVALIN Y-90.....	19
<i>voriconazole</i> .....	8	ZIAGEN SOL 20MG/ML.....	10
VOTRIENT.....	17	<i>zidovudine cap 100 mg</i> .....	11
<b>W</b>		<i>zidovudine syrup 10 mg/ml</i> .....	11
<i>warfarin sodium</i> .....	56	<i>zidovudine tab 300 mg</i> .....	11
WEGMANS COMPLETE PRENATAL.....	71	<i>zinc oxide</i> .....	82
WHEY PROTEIN DRINK MIX.....	62	<i>ziprasidone hcl</i> .....	30
<i>white petrolatum-mineral oil</i> .....	86	ZOLADEX .....	16
WINRHO SDF .....	58	<i>zoledronic acid</i> .....	45
<b>X</b>		ZOLINZA.....	19
XALKORI.....	17	<i>zolmitriptan</i> .....	37
XARELTO .....	56	<i>zolpidem tartrate</i> .....	37
XOLAIR.....	76	<i>zolpidem tartrate ext-rel</i> .....	37
<b>Y</b>		<i>zonisamide</i> .....	26
YALE NEEDLES 30G X 1-1/2 .....	62	ZONTIVITY .....	57
<i>yodofan-nf chest congesti</i> .....	75	ZORBTIVE .....	48
<b>Z</b>		ZOSYN.....	7
ZANOSAR .....	14	ZYDELIG .....	17
ZARONTIN .....	26	ZYKADIA.....	17
ZARXIO .....	56	ZYVOX SUS 100MG/5M .....	13