

Affinity Health Plan Managed Medicaid Formulary

(Effective 4/1/2017)

INTRODUCTION

We are pleased to provide the 2017 ***Affinity Health Plan Managed Medicaid 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.

Note: regarding Medicaid nursing home members- Over the counter drugs, Physician administered drugs (J-code drugs), medical supplies, nutritional supplements, sickroom supplies, adult diapers and durable medical equipment will continue to be the responsibility of a nursing home and will be reimbursed within the nursing home

benchmark rate; and Immunization services inclusive of vaccines and their administration will remain in the nursing home benchmark rate.

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
HRM	High Risk Medication
AGE	Age Limit
OTC Only	Over the Counter Only
Rx Only	Prescription only
DS	Day Supply Limits

NOTICE

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Affinity Health Plan does not operate the websites/organizations listed here, nor is it responsible for the availability or reliability of the websites' content. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

To receive updated information about the drugs covered by please visit 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.

Drug Name	Requirements/Limits
ANALGESICS	
ANALGESICS, OTHER	
<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
COX-II INHIBITORS	
<i>celecoxib</i>	PA
GOUT	
<i>allopurinol</i>	
<i>colchicine</i>	QL (30 tabs per 30 days)
KRYSTEXXA	PA; SP
<i>probenecid</i>	
NON-OPIOID ANALGESICS	
<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> CAPS	QL (60 caps per 30 days)
<i>butalbital-aspirin-caffeine</i> TABS	QL (60 tabs per 30 days)
NSAIDS	
<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

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

Drug Name	Requirements/Limits
<i>ibuprofen</i> CHEW	QL (100 tabs per 30 days); OTC ONLY
<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>	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)

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

Drug Name	Requirements/Limits
<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
ceftriaxone
ceftriaxone sodium

ANTIBACTERIALS, CEPHALOSPORINS, 4TH GEN

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

Drug Name	Requirements/Limits
<i>cefepime</i>	
<i>cefepime/dextrose</i>	
ANTIBACTERIALS, CEPHALOSPORINS, 5TH GEN	
TEFLARO	PA
ANTIBACTERIALS, ERYTHROMYCINS/MACROLIDES	
<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>	
ANTIBACTERIALS, FLUOROQUINOLONES	
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>	
ANTIBACTERIALS, PENICILLINS	
<i>amoxicillin</i>	
<i>amoxicillin & potassium clavulanate</i>	
<i>amoxicillin/potassium clavulanate</i>	
<i>ampicillin</i>	
<i>ampicillin & 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 v potassium</i>	
<i>piperacillin sodium-tazobactam sodium</i>	
ZOSYN	
ANTIBACTERIALS, SULFONAMIDES	
<i>sulfamethoxazole-trimethoprim</i>	

Drug Name	Requirements/Limits
<i>sulfamethoxazole-trimethoprim ds</i>	
ANTIBACTERIALS, TETRACYCLINES	
<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
ANTIFUNGALS	
<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
ANTIMALARIALS	
<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)
ANTIRETROVIRALS, ANTIRETROVIRAL ADJUVANTS	
TYBOST	QL (30 tabs per 30 days)
ANTIRETROVIRALS, ANTIRETROVIRAL COMBINATIONS	
<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)
STRIBILD	QL (30 tabs per 30 days)
TRIUMEO	QL (30 tabs per 30 days)
TRUVADA	QL (30 tabs per 30 days)
ANTIRETROVIRALS, CHEMOKINE RECEPTOR ANTAGONISTS	

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

Drug Name	Requirements/Limits
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)
nevirapine SUSP	QL (1200 ml per 30 days)
nevirapine TABS	QL (60 tabs per 30 days)
nevirapine tab 100 mg ext-rel	QL (90 tabs per 30 days)
nevirapine tab 400mg ext-rel	QL (60 tabs per 30 days)

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Drug Name	Requirements/Limits
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 125mg, 200mg</i>	QL (60 caps per 30 days)
<i>didanosine 250mg, 400mg</i>	QL (30 caps per 30 days)
EMTRIVA CAP 200MG	QL (30 caps per 30 days)
EMTRIVA SOLN	QL (680 ml per 30 days)
<i>lamivudine 150mg</i>	QL (60 tabs per 30 days)
<i>lamivudine 300mg</i>	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>	
CYTOVENE	
<i>foscarnet sodium</i>	
<i>valganciclovir hcl</i>	
<i>valganciclovir hcl tab 450 mg</i>	

ANTIVIRALS, HEPATITIS AGENTS - HEPATITIS B

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

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

Drug Name	Requirements/Limits
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>erythromycin-sulfisoxazole</i>	
<i>ivermectin</i>	
<i>linezolid</i>	PA
<i>metronidazole CAPS</i>	
<i>metronidazole TABS</i>	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	
<i>metronidazole inj</i>	
NEUTREXIN	
<i>nitrofurantoin</i>	QL (90 ml per 365 days), PA

Drug Name	Requirements/Limits
<i>nitrofurantoin macrocrystal</i>	QL (90 caps per 365 days), PA
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	QL (90 caps per 365 days), PA
PENTAM 300	
<i>polymyxin b sulfate</i>	
<i>pyrantel pamoate</i>	QL (60 ml per 30 days); OTC ONLY
<i>rifabutin cap 150 mg</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	
<i>oxaliplatin</i>	
<i>temozolomide</i>	PA; SP
TREANDA	PA; SP

Drug Name	Requirements/Limits
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>	
FOLOTYN	PA; SP
<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>	
ZYTIGA	PA; SP
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
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

Drug Name	Requirements/Limits
TRELSTAR MIXJECT	PA; SP
VANTAS	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

TORISEL PA; SP

TYKERB PA; SP

VOTRIENT PA; SP

XALKORI PA; SP

ZELBORAF PA; SP

ZYDELIG PA; SP

ZYKADIA PA; SP

MISCELLANEOUS

ABRAXANE

ADCETRIS PA; SP

amifostine crystalline

ARRANON

ARZERRA PA; SP

AVASTIN PA; SP

bexarotene cap 75 mg PA; SP

bleomycin sulfate

COSMEGEN

daunorubicin hcl

Drug Name	Requirements/Limits
DAUNOXOME	
<i>dexrazoxane</i>	
<i>docefrez</i>	
<i>docetaxel</i>	
<i>doxorubicin hcl</i>	
<i>doxorubicin hcl liposomal</i>	
ELITEK	
<i>epirubicin hcl</i>	
ERBITUX	PA; SP
ERIVEDGE	PA; SP
ETOPOPHOS	
<i>etoposide</i>	
FARYDAK	PA; SP
HALAVEN	PA; SP
HERCEPTIN	PA; SP
<i>hydroxyurea</i>	
<i>idarubicin hcl</i>	
ISTODAX	PA; SP
IXEMPRA KIT	PA; SP
JEVTANA	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	
<i>levoleucovorin calcium</i>	PA; SP
LYNPARZA	PA; SP
LYSODREN	
MATULANE	
<i>mesna</i>	
MESNEX	
METASTRON	
<i>mitomycin</i>	
<i>mitoxantrone hcl</i>	
NIPENT	
ONCASPAR	PA; SP
<i>paclitaxel</i>	
PHOTOFRIN	
QUADRAMET	
TENIPOSIDE	
THERACYS	
TICE BCG	

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

Drug Name	Requirements/Limits
TOTECT	
<i>tretinoin (chemotherapy)</i>	
TRISENOX	
UVADEX	
VALSTAR	PA; SP
VECTIBIX	PA; SP
VELCADE	PA; SP
VENCLEXTA	PA; SP
VENCLEXTA STARTING PACK	PA; SP
<i>vinblastine sulfate</i>	
<i>vincristine sulfate</i>	
<i>vinorelbine tartrate</i>	
YERVOY	PA; SP
ZEVALIN Y-90	
ZOLINZA	PA; SP

TOPOISOMERASE INHIBITORS

CAMPTOSAR	
HYCAMTIN	PA; SP
<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

Drug Name	Requirements/Limits
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>eplerenone</i>	
<i>spironolactone</i>	
ALPHA BLOCKERS	
<i>doxazosin mesylate</i>	
<i>terazosin hcl</i>	
ANGIOTENSIN II RECEPTOR ANTAGONIST/DIURETIC COMBINATIONS	
<i>irbesartan-hydrochlorothiazide</i>	
<i>losartan potassium & hydrochlorothiazide</i>	
<i>valsartan-hydrochlorothiazide</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil</i>	
<i>irbesartan</i>	
<i>losartan potassium</i>	
<i>valsartan 40mg, 80mg, 160mg</i>	QL (30 tabs per 30 days)
<i>valsartan 320mg</i>	
ANTIARRHYTHMICS	
<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/afl)</i>	
TIKOSYN	PA; SP
ANTILIPEMICS, BILE ACID RESINS	
<i>cholestyramine</i>	
<i>cholestyramine light</i>	
<i>colestipol hcl</i>	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITORS	
ZETIA	ST
ANTILIPEMICS, FIBRATES	
<i>fenofibrate</i>	
<i>fenofibrate micronized</i>	
<i>gemfibrozil</i>	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS	
<i>atorvastatin calcium</i>	
<i>lovastatin</i>	
<i>pravastatin sodium</i>	
<i>simvastatin</i>	
ANTILIPEMICS, NIACINS/COMBINATIONS	

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

Drug Name	Requirements/Limits
<i>niacin (antihyperlipidemic) 500mg</i>	QL (30 tabs per 30 days)
<i>niacin (antihyperlipidemic) 750mg, 1000mg</i>	

ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA	PA; SP
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BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone</i>	
<i>bisoprolol & hydrochlorothiazide</i>	
<i>metoprolol & hydrochlorothiazide</i>	

BETA-BLOCKERS

<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>	
<i>nadolol 20mg, 80mg</i>	
<i>nadolol 40mg</i>	QL (30 tabs per 30 days)
<i>pindolol</i>	
<i>propranolol hcl</i>	
<i>timolol maleate TABS</i>	

CALCIUM CHANNEL BLOCKERS, DIHYDROPYRIDINES

<i>amlodipine besylate</i>	
<i>felodipine</i>	
<i>nifedipine</i>	PA
<i>nifedipine ext-rel</i>	

CALCIUM CHANNEL BLOCKERS, NON DIHYDROPYRIDINES

<i>diltiazem hcl</i>	
<i>diltiazem hcl coated beads</i>	
<i>diltiazem hcl extended release beads</i>	
<i>verapamil ext-rel hcl</i>	

DIGITALIS GLYCOSIDES

<i>digoxin</i>	
LANOXIN	

DIURETICS

<i>amiloride & hydrochlorothiazide</i>	
<i>amiloride hcl</i>	
<i>bumetanide</i>	
<i>chlorthalidone</i>	
<i>furosemide</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	

Drug Name	Requirements/Limits
<i>metolazone</i>	
<i>spironolactone & hydrochlorothiazide</i>	
<i>torseamide</i>	
<i>triamterene & hydrochlorothiazide</i>	

MISCELLANEOUS

<i>hydralazine hcl</i>	
<i>methyldopa</i>	
<i>midodrine hcl</i>	

NEPRILYSIN INHIBITOR/ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

ENTRESTO	
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NITRATE/VASODILATOR COMBINATIONS

BIDIL	
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NITRATES, ORAL

<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate</i>	
<i>nitroglycerin</i> CPCP	

NITRATES, SUBLINGUAL/TRANSLINGUAL

NITROSTAT	
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NITRATES, TRANSDERMAL

<i>nitroglycerin</i> PT24	
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PULMONARY ARTERIAL HYPERTENSION, ENDOTHELIN RECEPTOR ANTAGONIST

LETAIRIS	PA; SP
TRACLEER	PA; SP

PULMONARY ARTERIAL HYPERTENSION, PHOSPHODIESTERASE INHIBITOR

<i>sildenafil citrate (pulmonary hypertension)</i>	PA; SP
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PULMONARY ARTERIAL HYPERTENSION, PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI	PA; SP
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PULMONARY ARTERIAL HYPERTENSION, PROSTAGLANDIN VASODILATORS

<i>epoprostenol sodium</i>	PA; SP
REMODULIN	PA; SP
TYVASO STARTER	PA; SP
VENTAVIS	PA; SP

SINUS NODE INHIBITORS

CORLANOR	QL (60 tabs per 30 days)
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CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY, BENZODIAZEPINES

PA - Prior Authorization QL - Quantity Limits DS- Day Supply Limits ST - Step Therapy
 AGE – Age Restriction HRM – High Risk Medication SP – Specialty Pharmacy
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Drug Name	Requirements/Limits
<i>alprazolam</i> 2mg	QL (60 tabs per 30 days)
<i>alprazolam</i> .25mg, .5mg, 1mg	QL (90 tabs per 30 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	QL (90 tabs per 30 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	QL (90 tabs per 30 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	QL (90 tabs per 30 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	QL (60 tabs per 30 days)
<i>chlordiazepoxide hcl</i>	ST; AGE (65 and over)
<i>clonazepam</i>	
<i>diazepam</i> SOLN	QL (1200 ml per 30 days), ST; AGE (65 and older)
<i>diazepam</i> TABS	QL (120 tabs per 30 days), ST; AGE (65 and older)
<i>lorazepam</i>	QL (150 tabs per 30 days)
<i>lorazepam 2mg/ml</i>	QL (90 ml per 30 days)
<i>oxazepam</i>	QL (120 caps per 30 days)

ANTI-ANXIETY, MISCELLANEOUS

<i>bupirone hcl</i>	
<i>clomipramine hcl</i> 25mg	QL (90 caps per 30 days)
<i>clomipramine hcl</i> 50mg	QL (90 caps per 30 days); AGE (0-64) QL 150 per 30 days, AGE (65 and over) QL 90 per 30 days
<i>clomipramine hcl</i> 75mg	QL (60 caps per 30 days); AGE (0-64) QL 90 per 30 days, AGE (65 and over) QL 60 per 30 days
<i>fluvoxamine maleate</i>	

ANTI-CONVULSANTS

<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</i> CAPS 100mg	QL (1080 caps per 30 days)
<i>gabapentin</i> CAPS 300mg	QL (360 caps per 30 days)
<i>gabapentin</i> CAPS 400mg	QL (270 caps per 30 days)
<i>gabapentin</i> TABS 600mg	QL (180 tabs per 30 days)
<i>gabapentin</i> TABS 800mg	QL (120 tabs per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	QL (2100 ml per 30 days)
<i>lamotrigine</i>	

Drug Name	Requirements/Limits
<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

ANTIDEMENTIA

<i>donepezil hydrochloride</i>	
<i>galantamine hydrobromide</i>	
<i>memantine hcl tab 5 mg</i>	QL (120 tabs per 30 days), ST
<i>memantine hcl tab 10 mg</i>	QL (60 tabs per 30 days), ST
NAMENDA SOL 10MG/5ML	QL (300 ml per 30 days), ST
NAMENDA TITRATION PAK	ST
<i>rivastigmine</i>	PA
<i>rivastigmine tartrate</i>	PA

ANTIDEPRESSANTS, MAOIS

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

ANTIDEPRESSANTS, MISCELLANEOUS

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

ANTIDEPRESSANTS, SNRIS

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

ANTIDEPRESSANTS, SSRIS

<i>citalopram hydrobromide</i>	
<i>escitalopram oxalate SOLN</i>	
<i>escitalopram oxalate TABS</i>	QL (30 tabs per 30 days)

Drug Name	Requirements/Limits
<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	QL (60 tabs per 30 days); AGE (0-64) QL 90 per 30 days, AGE (65 and over) QL 60 per 30 days
<i>amitriptyline hcl</i> 50mg	QL (30 tabs per 30 days); AGE (0-64) QL 60 per 30 days, AGE (65 and over) QL 30 per 30 days
<i>amitriptyline hcl</i> 75mg	QL (60 tabs per 30 days); AGE (0-64)
<i>amitriptyline hcl</i> 100mg, 150mg	QL (30 tabs per 30 days); AGE (0-64)
<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	QL (30 tabs per 30 days); AGE (0-64) QL 90 per 30 days, AGE (65 and over) QL 30 per 30 days
<i>desipramine hcl</i> 150mg	QL (30 tabs per 30 days); AGE (0-64) QL 60 per 30 days, AGE (65 and over) QL 30 per 30 days
<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	QL (30 caps per 30 days); AGE (0-64) QL 90 per 30 days, AGE (65 and over) QL 30 per 30 days
<i>doxepin hcl</i> CAPS 150mg	QL (30 caps per 30 days); AGE (0-64) QL 60 per 30 days, AGE (65 and over) QL 30 per 30 days
<i>doxepin hcl</i> CONC	QL (450 ml per 30 days); AGE (0-64) QL 900ml per 30 days, AGE (65 and over) QL 450ml per 30 days
<i>imipramine hcl</i> 10mg, 25mg	QL (90 tabs per 30 days)

Drug Name	Requirements/Limits
<i>imipramine hcl</i> 50mg	QL (60 tabs per 30 days); AGE (0-64) QL 120 per 30 days, AGE (65 and over) QL 60 per 30 days
<i>nortriptyline hcl</i> CAPS 10mg, 25mg	QL (90 caps per 30 days)
<i>nortriptyline hcl</i> CAPS 50mg	QL (60 caps per 30 days); AGE (0-64) QL 90 per 30 days, AGE (65 and over) QL 60 per 30 days
<i>nortriptyline hcl</i> CAPS 75mg	QL (30 caps per 30 days); AGE (0-64) QL 60 per 30 days, AGE (65 and over) QL 30 per 30 days
<i>nortriptyline hcl</i> SOLN	QL (1500 ml per 30 days)

ANTIPARKINSONIAN AGENTS

amantadine hcl

benztropine mesylate

bromocriptine mesylate

carbidopa-levodopa

carbidopa-levodopa-entacapone

entacapone

pramipexole dihydrochloride

ropinirole hydrochloride

selegiline hcl

trihexyphenidyl hcl

ANTIPSYCHOTICS, ATYPICALS

aripiprazole 2mg

QL (120 tabs per 30 days)

aripiprazole 5mg, 10mg, 15mg, 20mg, 30mg

QL (30 tabs per 30 days)

aripiprazole oral solution 1 mg/ml

QL (750ML ml per 30 days);
AGE: NOT COVERED OVER 11 YEARS OF AGE

ARISTADA

QL (1 kit / 30 days); AGE LIMIT: NOT COVERED LESS THAN 18 YEARS OF AGE (SSI- NOT COVERED FOR LESS THAN 21 YEARS OF AGE)

clozapine TABS 25mg

QL (1080 tabs per 30 days)

clozapine TABS 50mg

QL (540 tabs per 30 days)

clozapine TABS 100mg

QL (270 tabs per 30 days)

clozapine TABS 200mg

QL (120 tabs per 30 days)

Drug Name	Requirements/Limits
<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)
INVEGA TRINZA	QL (1 ml per 90 days), ST; AGE: NOT COVERED LESS THAN 18 YEARS OF AGE (SSI- NOT COVERED FOR LESS THAN 21 YEARS OF AGE)
NUPLAZID	PA; SP
<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)
RISPERDAL CONSTA	QL (2 units per 30 days); AGE: NOT COVERED LESS THAN 18 YEARS OF AGE (SSI- NOT COVERED FOR LESS THAN 21 YEARS OF AGE)

Drug Name	Requirements/Limits
<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 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 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 3 PER DAY
<i>risperidone</i> TABS 3mg	QL (150 tabs tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 2 PER DAY
<i>risperidone</i> TABS 4mg	QL (120 tabs tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 1 PER DAY
<i>risperidone</i> TABS .5mg	QL (960 tabs 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 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 4mg	QL (120 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 1 PER DAY

Drug Name	Requirements/Limits
<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)
ZYPREXA RELPREVV 210mg, 300mg	QL (2 units per 30 days); AGE: NOT COVERED LESS THAN 18 YEARS OF AGE (SSI- NOT COVERED FOR LESS THAN 21 YEARS OF AGE)
ZYPREXA RELPREVV 405mg	QL (1 units per 30 days); AGE: NOT COVERED LESS THAN 18 YEARS OF AGE (SSI- NOT COVERED FOR LESS THAN 21 YEARS OF AGE)

ANTIPSYCHOTICS, MISCELLANEOUS

<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
<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 decanoate</i>	QL (5ML ml per 30 days)
<i>fluphenazine hcl</i> 1mg	QL (600 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE

Drug Name	Requirements/Limits
<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
<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

PA - Prior Authorization **QL** - Quantity Limits **DS**- Day Supply Limits **ST** - Step 24
Therapy **AGE** – Age Restriction **HRM** – High Risk Medication **SP** – Specialty
Pharmacy **OTC** – Over the Counter

Drug Name	Requirements/Limits
<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
<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

Drug Name	Requirements/Limits
<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
<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

Drug Name	Requirements/Limits
<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
<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> 27mg, 54mg	TB24 QL (30 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl tab controlled-release</i> 36mg	TB24 QL (60 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl tab controlled-release</i> 10mg, 20mg	TBCR QL (90 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE

Drug Name	Requirements/Limits
<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

<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 units 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

<i>riluzole</i>	
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MOOD STABILIZERS

Drug Name	Requirements/Limits
<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

AMPYRA	PA; SP
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)
<i>chlorzoxazone</i>	
<i>cyclobenzaprine hcl</i>	
<i>dantrolene sodium</i>	
<i>methocarbamol</i>	PA; HRM
<i>orphenadrine citrate</i>	
<i>orphenadrine w/ aspirin & caffeine tab</i>	
<i>tizanidine hcl</i>	

MYASTHENIA GRAVIS

<i>pyridostigmine bromide</i>	
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NARCOLEPSY/CATAPLEXY

Drug Name	Requirements/Limits
<i>modafinil</i>	QL (30 tabs per 30 days), PA
NUVIGIL	PA

PSYCHOTHERAPEUTIC-MISC, ALCOHOL DETERRENTS

<i>acamprosate calcium</i>	
<i>disulfiram</i>	
VIVITROL	SP; AGE: Not covered less than 18 years of age

PSYCHOTHERAPEUTIC-MISC, OPIOID ANTAGONIST

<i>naloxone hcl inj 0.4 mg/ml</i>	QL (2 units per 30 days)
<i>naltrexone hcl</i>	AGE: Not covered less than 18 years of age
<i>narcan</i>	QL (2 units per 30 days)

PSYCHOTHERAPEUTIC-MISC, PARTIAL OPIOID AGONIST/OPIOID ANTAGONIST COMBINATIONS

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

PSYCHOTHERAPEUTIC-MISC, PARTIAL OPIOID AGONISTS

<i>buprenorphine hcl 2mg</i>	QL (3 tabs per day, max 3 days)
<i>buprenorphine hcl 8mg</i>	QL (2 tabs per day, max 3 days)

PSYCHOTHERAPEUTIC-MISC, PSEUDBULBAR AFFECT

NUEDEXTA	PA
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PSYCHOTHERAPEUTIC-MISC, SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent)</i>	QL (60 tabs per 30 days); AGE: NOT COVERED LESS THAN 18 YEARS OF AGE
CHANTIX	QL (60 tabs per 30 days); AGE: NOT COVERED LESS THAN 18 YEARS OF AGE
<i>nicotine polacrilex gum</i>	QL (720 pieces per 30 days); OTC ONLY; AGE: NOT COVERED LESS THAN 13 YEARS OF AGE
<i>nicotine polacrilex lozenge</i>	QL (600 pieces per 30 days); AGE: NOT COVERED LESS THAN 18 YEARS OF AGE
<i>nicotine transdermal patch</i>	QL (30 patches per 30 days); OTC ONLY; AGE: NOT COVERED LESS THAN 13 YEARS OF AGE

Drug Name	Requirements/Limits
NICOTROL INHALER	QL (480 units per 30 days); AGE: NOT COVERED LESS THAN 18 YEARS OF AGE
NICOTROL NS	QL (1200 ML ml per days); AGE: NOT COVERED UNDER 18 YEARS OF AGE

ENDOCRINE AND METABOLIC

ANDROGENS

<i>testosterone cypionate</i>	PA
<i>testosterone enanthate</i>	PA
<i>testosterone gel</i>	PA

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITOR

<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)

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN 60	QL (3 pens (4.5ML) per 30 days), PA
SYMLINPEN 120	QL (4 pens (10.8ML) per 30 days), PA

ANTIDIABETICS, BIGUANIDE/SULFONYLUREA COMBINATIONS

<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); HRM
<i>glyburide-metformin tab 2.5-500 mg</i>	QL (120 tabs per 30 days); HRM
<i>glyburide-metformin tab 5-500 mg</i>	QL (120 tabs per 30 days); HRM

ANTIDIABETICS, BIGUANIDES

<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)

ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4)

INHIBITOR/BIGUANIDE COMBINATIONS

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

Drug Name	Requirements/Limits
JENTADUETO	QL (60 tabs per 30 days), ST
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
JANUVIA 25mg	QL (120 tabs per 30 days), ST
JANUVIA 50mg	QL (60 tabs per 30 days), ST
JANUVIA 100mg	QL (30 tabs per 30 days), ST
TRADJENTA	QL (30 tabs per 30 days), ST
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	
TANZEUM	QL (4.5 ML per 30 days), ST
VICTOZA	QL (9 ML per 30 days), ST
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	
<i>pioglitazone hcl-metformin hcl</i>	QL (90 tabs per 30 days)
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBO	
<i>pioglitazone hcl-glimepiride</i>	QL (30 tabs per 30 days)
ANTIDIABETICS, INSULIN SENSITIZERS	
<i>pioglitazone hcl</i> 15mg	QL (90 tabs per 30 days)
<i>pioglitazone hcl</i> 30mg, 45mg	QL (30 tabs per 30 days)
ANTIDIABETICS, INSULINS	
APIDRA	
APIDRA SOLOSTAR	
BASAGLAR INJ 100UNIT	
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	

Drug Name	Requirements/Limits
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
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	
INVOKANA	QL (30 tabs / 30 days), ST
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</i> 2.5mg	QL (240 tabs per 30 days)
<i>glipizide ext-rel tab</i> 5mg	QL (120 tabs per 30 days)
<i>glipizide ext-rel tab</i> 10mg	QL (60 tabs per 30 days)
<i>glyburide</i> 1.25mg	QL (480 tabs per 30 days), PA; HRM
<i>glyburide</i> 2.5mg	QL (240 tabs per 30 days), PA; HRM
<i>glyburide</i> 5mg	QL (120 tabs per 30 days), PA; HRM
<i>glyburide micronized</i> 1.5mg	QL (240 tabs per 30 days), PA; HRM
<i>glyburide micronized</i> 3mg	QL (120 tabs per 30 days), PA; HRM
<i>glyburide micronized</i> 6mg	QL (60 tabs per days), PA; HRM
ANTIDIABETICS, SUPPLIES	
ALCOHOL PREPS	QL (500 units per 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/U-100/	QL (200 units / 20 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 33

Drug Name	Requirements/Limits
BD PEN NEEDLE/MINI/ULTRAF	QL (200 units / 20 days)
BD PEN NEEDLE/NANO/ULTRA	QL (200 units / 20 days)
BD PEN NEEDLE/ULTRAFINE/2	QL (200 units / 20 days)
BD PEN NEEDLES SHORT/ULTR	QL (200 units / 20 days)
BLOOD GLUCOSE CALIBRATION - LIQUID	QL (1 ml per 15 days)
BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	QL (1 ml 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)
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 DEVI	QL (1 device per 999 days), PA, ST
INSULIN INFUSION PUMP - DEVICE MISC	QL (1 units per 999 days), PA, ST
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 devices 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
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 RECEPTOR ANTAGONISTS

SENSIPAR

PA; SP

CALCIUM REGULATORS, BISPHOSPHONATES

alendronate sodium

zoledronic acid

PA; SP

CALCIUM REGULATORS, CALCITONINS

calcitonin (salmon)

CALCIUM REGULATORS, RANK LIGAND 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

Drug Name	Requirements/Limits
PROLIA	PA; SP
XGEVA	PA; SP
CONTRACEPTIVES, BIPHASIC	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	
CONTRACEPTIVES, EMERGENCY CONTRACEPTION	
ELLA	QL (6 tabs per 365 days)
<i>levonorgestrel tab 1.5 mg</i>	QL (6 tabs per 365 days)
CONTRACEPTIVES, EXTENDED CYCLE	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	
CONTRACEPTIVES, IMPLANT	
NEXPLANON	QL (1 dose per Lifetime); SP; FEMALE ONLY; AGE: COVERED BETWEEN AGE 18-65 YEARS OF AGE
CONTRACEPTIVES, INJECTABLE	
<i>medroxyprogesterone acetate SUSP</i>	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 unit per Lifetime); SP; FEMALE ONLY; AGE: COVERED BETWEEN AGE 12-65 YEARS OF AGE
CONTRACEPTIVES, MONOPHASIC	
<i>desogestrel & ethinyl estradiol</i>	
<i>drospirenone-ethinyl estradiol</i>	
<i>ethynodiol diacetate & ethinyl estradiol</i>	
<i>levonorgestrel & ethinyl estradiol</i>	
<i>norethindrone & ethinyl estradiol tab</i>	
<i>norethindrone & mestranol</i>	
<i>norethindrone ace & ethinyl estradiol</i>	
<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>norgestimate-ethinyl estradiol</i>	
<i>norgestrel & ethinyl estradiol</i>	
CONTRACEPTIVES, PROGESTIN INTRAUTERINE DEVICE	

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

Drug Name	Requirements/Limits
MIRENA	QL (1 unit per Lifetime); SP; FEMALE ONLY; AGE: COVERED BETWEEN AGE 12-65 YEARS OF AGE
SKYLA	QL (1 unit per Lifetime); SP; FEMALE ONLY; AGE: COVERED BETWEEN AGE 12-65 YEARS OF AGE

CONTRACEPTIVES, PROGESTIN ONLY

norethindrone

CONTRACEPTIVES, TRANSDERMAL

norelgestromin-ethinyl estradiol

CONTRACEPTIVES, TRIPHASIC

desogestrel-ethinyl estradiol (triphasic)

levonorgestrel-ethinyl estradiol tab (triphasic)

norethindrone-ethinyl estradiol (triphasic)

norgestimate-ethinyl estradiol (triphasic)

norgestimate-ethinyl estradiol tab

0.18-25/0.215-25/0.25-25 mg-mcg

CONTRACEPTIVES, VAGINAL

NUVARING

ENDOMETRIOSIS

danazol

SYNAREL

ESTROGEN/PROGESTIN, ORAL

estradiol & norethindrone acetate

norethindrone acetate-ethinyl estradiol

ESTROGEN/PROGESTIN, TRANSDERMAL

COMBIPATCH

ESTROGENS, ORAL

estradiol TABS 1mg QL (180 tabs per 30 days),
PA; HRM

estradiol TABS 2mg QL (90 tabs per 30 days),
PA; HRM

estradiol TABS .5mg QL (360 tabs per 30 days),
PA; HRM

estropipate QL (30 tabs per 30 days)

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)

Drug Name	Requirements/Limits
ESTROGENS, TRANSDERMAL	
<i>estradiol</i> PTTW	PA; HRM
<i>estradiol</i> PTWK	PA; HRM
ESTROGENS, VAGINAL	
ESTRACE	
FEMRING	
VAGIFEM	
GLUCOCORTICOIDS	
<i>dexamethasone elixir</i>	
<i>dexamethasone soln</i>	
<i>dexamethasone tab</i>	
<i>fludrocortisone acetate</i>	
<i>hydrocortisone</i> TABS	
<i>methylprednisolone</i>	
<i>prednisolone</i>	
<i>prednisolone orally disintegrating tab</i>	
<i>prednisolone sodium phosphate</i>	
<i>prednisone</i>	
GLUCOSE ELEVATING AGENT	
<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
HUMAN GROWTH HORMONES	
NORDITROPIN FLEXPPO	PA; SP
ZORBTIVE	PA; SP
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS	
<i>calcitriol</i>	
<i>doxercalciferol</i>	
INSULIN-LIKE GROWTH FACTOR	
INCRELEX	PA; SP
LYSOSOMAL STORAGE DISORDERS	
ALDURAZYME	PA; SP
CEREZYME	PA; SP
ELAPRASE	PA; SP
FABRAZYME	PA; SP
LUMIZYME	PA; SP
NAGLAZYME	PA; SP

Drug Name	Requirements/Limits
VPRIV	PA; SP
MISCELLANEOUS	
<i>cabergoline</i>	
H.P. ACTHAR	PA; SP
LUPRON DEPOT-PED	PA; SP
<i>methylergonovine maleate</i>	
<i>octreotide acetate</i>	PA; SP
SOMATULINE DEPOT	PA; SP
SOMAVERT	PA; SP
SUPPRELIN LA	PA; SP
THYROGEN	PA; SP
PHENYLKETONURIA TREATMENT AGENTS	
KUVAN	PA; SP
PHOSPHATE BINDER AGENTS	
AURYXIA	ST
<i>calcium acetate (phosphate binder)</i>	
RENVELA PAK	ST
<i>sevelamer carbonate</i>	ST
PROGESTINS, INJECTABLE	
MAKENA	PA; SP
PROGESTINS, ORAL	
<i>medroxyprogesterone acetate</i> TABS	
<i>norethindrone acetate</i>	
<i>progesterone micronized cap</i>	
PROGESTINS, VAGINAL	
CRINONE	Female Only
SELECTIVE ESTROGEN RECEPTOR MODULATOR	
OSPHENA	
THYROID AGENTS, ANTITHYROID AGENTS	
<i>methimazole</i>	
<i>propylthiouracil</i>	
THYROID SUPPLEMENTS	
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

Drug Name	Requirements/Limits
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 & mag hydrox-simethicone</i> CHEW	QL (1775 tabs per 30 days); OTC ONLY
<i>alum & 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	QL (120 caps per 30 days); OTC ONLY
<i>loperamide hcl</i> LIQD	QL (600 ml per 30 days); OTC ONLY
<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

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 39

Drug Name	Requirements/Limits
<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> SUPP	
<i>promethazine hcl</i> SYRP; TABS	PA; HRM
<i>trimethobenzamide hcl</i>	

ANTISPASMODICS

<i>chlordiazepoxide hcl-clidinium bromide</i>	
CUVPOSA	PA
<i>dicyclomine hcl</i>	
DONNATAL	
<i>glycopyrrolate</i>	
<i>hyoscyamine sulfate</i>	

CHOLELITHOLYTICS

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

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

Drug Name	Requirements/Limits
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); OTC ONLY
<i>docusate calcium cap 240 mg</i>	QL (100 caps per 30 days); OTC ONLY
<i>docusate sod cap 100mg</i>	QL (500 tabs per 30 days); OTC ONLY
<i>docusate sodium</i> CAPS 50mg, 100mg	QL (500 caps per 30 days); OTC ONLY
<i>docusate sodium</i> CAPS 250mg	QL (200 caps per 30 days); OTC ONLY
<i>docusate sodium</i> LIQD	QL (600 ml per 30 days); OTC ONLY
<i>docusate sodium</i> SYRP	QL (2365 ml per 30 days); OTC ONLY
KRISTALOSE	
<i>lactulose</i>	
<i>magnesium hydroxide</i>	QL (2365 ml per 30 days)
<i>methylcellulose</i>	QL (2400 tabs per 30 days); OTC ONLY
<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>sennosides</i> CHEW; TABS	QL (200 tabs per 30 days); OTC ONLY

Drug Name	Requirements/Limits
<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

KEPIVANCE

lactulose (encephalopathy)

loperamide-simethicone

QL (42 tabs per 30 days);
OTC ONLY

simethicone CAPS 125mg

QL (120 caps per 30 days);
OTC ONLY

simethicone CAPS 180mg

QL (80 caps per 30 days);
OTC ONLY

simethicone CHEW 80mg

QL (200 tabs per 30 days);
OTC ONLY

simethicone CHEW 125mg

QL (120 tabs per 30 days);
OTC ONLY

simethicone LIQD

QL (625 ml per 30 days);
OTC ONLY

simethicone SUSP

QL (625 ml per 30 days);
OTC ONLY

sucralfate tab 1 gm

PANCREATIC ENZYMES

CREON

ZENPEP

PROSTAGLANDINS

misoprostol

PROTON PUMP INHIBITORS (PPI)

esomeprazole magnesium

QL (30 caps per 30 days; 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)

Drug Name	Requirements/Limits
<i>omeprazole magnesium cap delayed release 20.6 mg (20 mg base equiv)</i>	QL (30 caps per 30 days, max 90 days per year); OTC ONLY
<i>omeprazole-sodium bicarbonate</i>	QL (30 caps per 30 days); OTC ONLY

SALIVA STIMULANTS

pilocarpine hcl (oral)

STEROIDS, RECTAL

hydrocortisone (rectal)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

alfuzosin hcl

finasteride

MALE ONLY

tamsulosin hcl

MISCELLANEOUS

acetic acid vaginal

QL (720 ml per 30 days); OTC ONLY

bethanechol chloride

CYSTAGON

PA; SP

ELMIRON

phenazopyridine hcl

potassium citrate (alkalinizer)

URINARY ANTISPASMODICS

oxybutynin chloride

oxybutynin chloride tab sustained-rel 24hr 5 mg

QL (30 tabs per 30 days)

oxybutynin chloride tab sustained-rel 24hr 10 mg

oxybutynin chloride tab sustained-rel 24hr 15 mg

OXYTROL FOR WOMEN

OTC only; GENDER; AGE: NOT COVERED LESS THAN 19 YEARS OF AGE

trospium chloride

trospium chloride cap sustained-rel 24hr 60 mg

ST

VAGINAL ANTI-INFECTIVES

clotrimazole vaginal

QL (45 gm per 30 days); OTC ONLY

metronidazole vaginal

miconazole nitrate vaginal KIT

QL (1 kit per 30 days); OTC ONLY

miconazole nitrate vaginal SUPP 100mg

QL (7 units per 30 days); OTC ONLY

miconazole nitrate vaginal SUPP 200mg

QL (7 units per 30 days)

Drug Name	Requirements/Limits
<i>miconazole nitrate vaginal cream</i>	QL (45 gm per 30 days); OTC ONLY
<i>terconazole vaginal</i>	

HEMATOLOGIC

ANTICOAGULANTS, INJECTABLE

enoxaparin sodium

fondaparinux sodium

heparin sodium

heparin sodium (porcine)

ANTICOAGULANTS, ORAL

COUMADIN

ELIQUIS

warfarin sodium

XARELTO

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE PA; SP

EPOGEN PA; SP

LEUKINE INJ PA; SP

NEULASTA PA; SP

ZARXIO PA; SP

HEREDITARY ANGIOEDEMA AGENTS

CINRYZE PA; SP

IDIOPATHIC THROMBOCYTOPENIC PURPURA

NPLATE PA; SP

PROMACTA PA; SP

MISCELLANEOUS

cilostazol

DESFERAL PA; SP

EXJADE PA; SP

FERRIPROX PA; SP

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

SOLIRIS PA; SP

PLATELET AGGREGATION INHIBITORS

aspirin CHEW QL (200 tabs per 30 days); OTC ONLY

aspirin TABS 81mg QL (180 tabs per 30 days); OTC ONLY

aspirin TABS 325mg QL (500 tabs per 30 days); OTC ONLY

aspirin TABS 500mg QL (200 tabs per 30 days); OTC ONLY

Drug Name	Requirements/Limits
<i>aspirin enteric coated</i> 81mg	QL (180 tabs per 30 days); OTC ONLY
<i>aspirin enteric coated</i> 325mg	QL (500 tabs per 30 days); OTC ONLY
<i>aspirin enteric coated</i> 500mg	QL (200 tabs per 30 days); OTC ONLY
BRILINTA	
<i>clopidogrel bisulfate</i>	
<i>dipyridamole</i>	
EFFIENT	
ZONTIVITY	

PLATELET SYNTHESIS INHIBITOR

anagrelide hcl

STEM CELL MOBILIZERS

MOZOBIL PA; SP

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

ENBREL PA; SP

HUMIRA PA; SP

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDS)

hydroxychloroquine sulfate

leflunomide

IMMUNE GLOBULINS

RHO D IMMUNE GLOBULIN PA; SP

WINRHO SDF PA; SP

IMMUNOMODULATORS, INTERFERONS

ACTIMMUNE PA; SP

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

SYLATRON PA; SP

IMMUNOMODULATORS, MISCELLANEOUS

ARCALYST PA; SP

ILARIS PA; SP

IMMUNOSUPPRESSANTS, ANTIMETABOLITES

AZASAN

azathioprine

Drug Name	Requirements/Limits
<i>mycophenolate mofetil</i>	
IMMUNOSUPPRESSANTS, CALCINEURIN INHIBITORS	
<i>cyclosporine</i>	
<i>cyclosporine modified (for microemulsion)</i>	
NEORAL	
SANDIMMUNE	
<i>tacrolimus</i>	
IMMUNOSUPPRESSANTS, MISCELLANEOUS	
BENLYSTA	PA; SP
IMMUNOSUPPRESSANTS, RAPAMYCIN DERIVATIVE	
<i>sirolimus</i>	
MONOCLONAL ANTIBODIES	
SYNAGIS	PA; SP
VACCINES	
ADACEL	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 and OVER
AFLURIA PF 2016-2017	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
BEXSERO	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
BOOSTRIX	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 and OVER
FLUARIX QUADRIVALENT 2016	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
FLUBLOK 2016-2017	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
FLUCELVAX QUADRIVALENT 20	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER

Drug Name	Requirements/Limits
FLULAVAL QUADRIVALENT 201	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
FLUMIST QUADRIVALENT	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
FLUVIRIN 2016-2017	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
FLUZONE HIGH-DOSE PF 2016	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
FLUZONE QUADRIVALENT 2016	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
GARDASIL	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
MENACTRA	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
MENOMUNE-A/C/Y/W-135	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
PNEUMOVAX 23	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
PREVNAR 13	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
TETANUS/DIPHThERIA TOXOID	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 and OVER

Drug Name	Requirements/Limits
ZOSTAVAX	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 50 AND OVER

MISCELLANEOUS

BULK CHEMICALS AND COMPOUNDING SUPPLIES

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
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 syringes per 20 days)
BD 1ML SYRINGE/NEEDLE/SLI	QL (200 syringes per 20 days)

Drug Name	Requirements/Limits
<i>bd 20ml syringe luer slip</i>	QL (200 syringes per 20 days)
BD 30ML SYRINGE LUER-LOK	QL (200 syringes per 20 days)
BD ECLIPSE SYRINGE SLIP T	QL (200 syringes per 20 days)
BD ECLIPSE SYRINGE/1ML/27	QL (200 syringes per 20 days)
BD ECLIPSE SYRINGE/1ML/30	QL (200 syringes per 20 days)
BD INTEGRA 1ML SYRINGE W/	QL (200 syringes per 20 days)
BD LUER LOCK SYRINGE/1ML/	QL (200 syringes per 20 days)
BD SAFETYGLIDE 27G X 5/8"	QL (200 syringes 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 unit 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 syringes 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)
INCONTINENCE SUPPLIES DISPOSABLE - MISC	QL (30 units per 30 days)
MONOJECT 20ML SYRINGE REG	QL (200 syringes per 20 days)
MONOJECT SOFTPACK 20ML/LT	QL (200 syringes per 20 days)
MONOJECT SOFTPACK 35ML/RE	QL (200 syringes per 20 days)
MONOJECT SYRINGE/ECCENTRI	QL (200 syringes per 20 days)
MONOJECT SYRINGE/LUER LOC	QL (200 syringes per 20 days)
MONOJECT SYRINGE/LUER-LOC	QL (200 syringes per 20 days)
MULTIFIT REUSABLE SYRINGE	QL (200 syringes per 20 days)

Drug Name	Requirements/Limits
MULTIFIT REUSABLE TB SYRI	QL (200 syringes 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 SYRINGE MIS LUER-LOK	QL (200 syringes per 20 days)
20-25ML SYRINGE/LUER LOCK	QL (200 syringes per 20 days)
1ML TB SYRINGE/LUER SLIP	QL (200 units per 20 days)
TERUMO SURGUARD2 SYRINGE/	QL (200 syringes per 20 days)
THERMOMETERS	QL (1 kit per 20 days)
TOOMEY SYRINGE	QL (200 syringes 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
CARNATION INSTANT BREAKFA	PA
ENFAMIL PREMIUM LIPIL	PA
GOOD START SUPREME NATURA	PA
GOOD START SUPREME W/IRON	PA
MODULEN IBD	PA
NESTLE FLAVOR	PA
PROTEIN FORTIFIED COOKIE	PA
RESOURCE JUICE DRINK	PA
TOLEREX	PA

Drug Name	Requirements/Limits
<i>ELECTROLYTES, MISCELLANEOUS</i>	
<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 & monobasic tab</i>	
<i>ELECTROLYTES, POTASSIUM</i>	
<i>potassium bicarbonate</i>	
<i>potassium chloride</i>	
<i>potassium chloride tab controlled release</i>	
<i>ELECTROLYTES, POTASSIUM-REMOVING AGENTS</i>	
<i>sodium polystyrene sulfonate</i>	
<i>INTRAVENOUS NUTRITION, CALORIC AGENTS</i>	
<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)
TROPHAMINE	QL (3000 ml per 30 days)
<i>INTRAVENOUS NUTRITION, ELECTROLYTES</i>	
<i>parenteral electrolytes</i>	QL (3000 ml per 30 days)
<i>INTRAVENOUS NUTRITION, VITAMINS AND MINERALS</i>	
TRACE MINERALS (CR-CU-MN-ZN) INJ 1-100-30-500 MCG/ML	QL (3000 ml per 30 days)
<i>VITAMINS AND MINERALS, FOLIC ACID / COMBINATIONS</i>	
<i>folic acid</i>	QL (200 tabs per 30 days)
<i>folic acid-vitamin b6-vitamin b12</i>	

Drug Name	Requirements/Limits
VITAMINS AND MINERALS, MISCELLANEOUS	
AQUADEKS CAPS	QL (60 caps per 30 days)
AQUADEKS CHEW	QL (120 tabs per 30 days)
<i>b-complex with/ c & folic acid cap 1 mg</i>	
<i>calcium</i>	QL (100 tabs per 30 days); OTC ONLY
<i>calcium & 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
<i>calcium w/ vitamins d & 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

Drug Name	Requirements/Limits
<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 CAPS</i>	QL (30 caps per 30 days)
<i>multiple vitamin LIQD</i>	QL (50 ml per 30 days)
<i>multiple vitamin TABS</i>	QL (30 tabs per 30 days)
<i>multiple vitamins w/ calcium CAPS</i>	QL (30 caps per 30 days)
<i>multiple vitamins w/ calcium TABS</i>	QL (30 tabs per 30 days)
<i>multiple vitamins w/ iron</i>	QL (30 tabs per 30 days)

Drug Name	Requirements/Limits
<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</i> TABS	QL (30 tabs 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 & fa</i>	QL (30 tabs per 30 days)
<i>pediatric multiple vitamin w/ extra c & fa</i>	QL (30 tabs per 30 days)
<i>pediatric multiple vitamin w/ minerals & c</i> CHEW	QL (30 tabs per 30 days)
<i>pediatric multiple vitamin w/ minerals & c</i> LIQD	QL (60 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 & 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
<i>sodium fluoride</i>	QL (30 tabs per 30 days); AGE: NOT COVERED OVER 17 YEARS OF AGE
<i>sodium fluoride solution</i>	QL (50 ml per 30 days); AGE: NOT COVERED OVER 17 YEARS OF AGE

Drug Name	Requirements/Limits
<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 tabs per 30 days)
CITRANATAL B-CALM	QL (90 tabs per 30 days)
CITRANATAL DHA	QL (60 tabs 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
HM PRENATAL	QL (30 tabs per 30 days); OTC ONLY
KP PRENATAL MULTIVITAMINS	QL (30 tabs per 30 days); OTC ONLY
MISSION PRENATAL	QL (30 tabs per 30 days)
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

Drug Name	Requirements/Limits
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>	QL (30 tabs per 30 days)
<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</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/IRON	QL (30 tabs per 30 days); OTC ONLY
PRENATAL VITAMINS	QL (30 tabs per 30 days); OTC ONLY
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	
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

Drug Name	Requirements/Limits
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 (2 units per 30 days, 4 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)
<i>ipratropium-albuterol</i>	QL (540 ml per 30 days)

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 inhaler per 30 days)

ANTI-HISTAMINE/DECONGESTANT COMBINATIONS

<i>brompheniramine & 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

Drug Name	Requirements/Limits
<i>fexofenadine-pseudoephedrine tab sustained-rel 24hr 180-240 mg</i>	QL (30 tabs per 30 days); OTC ONLY
<i>loratadine & pseudoephedrine tab ext-rel 12hr 5-120 mg</i>	QL (60 tabs per 30 days); OTC ONLY
<i>loratadine & pseudoephedrine tab ext-rel 24hr 10-240 mg</i>	QL (30 tabs per 30 days); OTC ONLY
<i>promethazine & phenylephrine</i>	

ANTI-HISTAMINES, LOW-SEDATING

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

ANTI-HISTAMINES, NONSEDATING

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

ANTI-HISTAMINES, SEDATING

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

ANTITUSSIVE COMBINATIONS, NON-OPIOID

<i>dextromethorphan-guaifenesin</i>	QL (240 ml per 30 days)
<i>dextromethorphan-guaifenesin tab sustained-rel 12hr 30-600 mg</i>	QL (80 tabs per 30 days)
<i>dextromethorphan-guaifenesin tab sustained-rel 12hr 60-1200 mg</i>	QL (80 tabs per 30 days)
<i>promethazine/dextromethorphan</i>	

Drug Name	Requirements/Limits
<i>pseudoephedrine-brompheniramine-dextromethorphan</i>	
ANTITUSSIVE COMBINATIONS, OPIOID	
<i>guaifenesin-codeine</i>	
<i>hydrocodone w/ homatropine</i>	
<i>phenylephrine-promethazine w/ codeine syrup</i>	
<i>5-6.25-10 mg/5ml</i>	
<i>promethazine w/codeine</i>	
<i>pseudoephedrine w/ codeine-guaifenesin</i>	
ANTITUSSIVES	
<i>benzonatate</i>	
BETA AGONISTS, INHALANTS, LONG ACTING	
SEREVENT DISKUS	QL (60 doses per 30 days), ST
BETA AGONISTS, INHALANTS, SHORT ACTING	
<i>albuterol sulfate NEBU .5%</i>	QL (60 ml per 30 days)
<i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml</i>	QL (375 ml per 30 days)
PROAIR HFA	QL (8.5 gm per 30 days)
VENTOLIN HFA	QL (1 pack per 30 days)
BETA AGONISTS, ORAL AGENTS	
<i>albuterol sulfate SYRP</i>	
<i>albuterol sulfate TABS</i>	
<i>albuterol tab 4mg ext-rel</i>	QL (240 tabs per 30 days)
<i>albuterol tab 8mg ext-rel</i>	QL (120 tabs per 30 days)
<i>terbutaline sulfate</i>	
CYSTIC FIBROSIS	
BETHKIS	
PULMOZYME	PA; SP
<i>tobramycin neb 300/5ml inhalation</i>	QL (56 ml per 28 days), PA; SP
DECONGESTANT/EXPECTORANT COMBINATIONS	
<i>pseudoephedrine-guaifenesin tab ext-rel 12hr</i>	QL (60 tabs per 30 days)
<i>pseudoephedrine-guaifenesin tab sr 12hr</i>	QL (60 tabs per 30 days)
DECONGESTANTS	
<i>pseudoephedrine hcl LIQD; SYRP</i>	QL (600 ml per 30 days); OTC ONLY
<i>pseudoephedrine hcl TABS</i>	QL (120 tabs per 30 days); OTC ONLY
<i>pseudoephedrine hcl tab ext-rel 12hr 120 mg</i>	QL (40 tabs per 30 days); OTC ONLY
EXPECTORANTS	

Drug Name	Requirements/Limits
<i>guaifenesin</i>	QL (1185 ml per 30 days)
<i>guaifenesin tab ext-rel 12hr 600 mg</i>	QL (120 tabs per 30 days)
<i>yodofan-nf chest congesti</i>	QL (1185 ml per 30 days)

LEUKOTRIENE MODIFIERS

montelukast sodium

MAST CELL STABILIZERS

cromolyn sodium NEBU QL (240 ml per 30 days)

MEDICAL SUPPLIES

MASKS QL (1 unit per 180 days);
AGE: NOT COVERED OVER
11 YEARS OF AGE

NEBULIZERS QL (1 unit per 365 days)

PEAK FLOW METER QL (1 device per 365 days)

SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES -
MASKS QL (1 unit per 180 days);
AGE: NOT COVERED OVER
11 YEARS OF AGE

SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE QL (1 unit per 365 days)

VAPORIZERS QL (1 units per 999 days)

MISCELLANEOUS

ARALAST NP PA; SP

GLASSIA PA; SP

ipratropium bromide .03%, .06% QL (30 ml per 30 days)

saline QL (250 ml per 30 days)

sodium chloride AERS QL (250 ml per 30 days)

sodium chloride NEBU 3%, 7%, 10%

sodium chloride NEBU .9% QL (1200 ml per 30 days)

XOLAIR PA; SP

NASAL ANTIHISTAMINES

azelastine hcl .1% QL (60 ml per 30 days)

NASAL MAST CELL STABILIZERS

cromolyn sodium AERS QL (30 gm per 30 days)

NASAL STEROIDS

budesonide nasal spray QL (1 ml per 30 days); OTC
only

flunisolide QL (50 ml per 30 days)

fluticasone propionate SUSP QL (1 ml per 30 days)

NASACORT AER 55MCG/AC QL (17 gm per 30 days); OTC
Only

PULMONARY FIBROSIS AGENTS

OFEV PA; SP

STEROID INHALANTS

ARNUITY ELLIPTA QL (1 inhaler / 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 60

Drug Name	Requirements/Limits
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 (2 inhalers per 30 days)
ASMANEX 120 AER 220MCG	QL (1 inhaler per 30 days)
ASMANEX HFA	QL (1 inhaler per 30 days)
<i>budesonide (inhalation)</i> 1mg/2ml	QL (60 ml per 30 days); AGE: NOT COVERED OVER 9 YEARS OF AGE
<i>budesonide (inhalation)</i> .5mg/2ml	QL (120 ml per 30 days)
<i>budesonide (inhalation)</i> .25mg/2ml	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 doses 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%	
<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)

Drug Name	Requirements/Limits
<i>erythromycin</i> SOLN	QL (60 ml per 30 days)
TAZORAC	PA
DERMATOLOGY, ACTINIC KERATOSIS	
<i>fluorouracil (topical)</i>	AGE: NOT COVERED LESS 18 YEARS OF AGE
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
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)
DERMATOLOGY, CORTICOSTEROIDS: HIGH POTENCY	
<i>betamethasone dipropionate</i>	
<i>betamethasone dipropionate augmented</i> CREA; LOTN	
<i>triamcinolone acetonide (topical)</i> CREA .5%	

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 62

Drug Name	Requirements/Limits
<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)
<i>lactic acid w/ vitamin e</i>	
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
DERMATOLOGY, LOCAL ANESTHETICS	
<i>lidocaine hcl soln 4%</i>	

Drug Name	Requirements/Limits
<i>lidocaine-benzalkonium</i>	QL (150 ml per 30 days)
<i>lidocaine-prilocaine</i> CREA	QL (90 gm / 30 days)
<i>lidocaine-prilocaine</i> KIT	

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

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 per 180 days)
CUTTER SKINSATIONS	QL (2 Rxs per 180 days)
DRYSOL	QL (60 mL per 30 days)
<i>imiquimod</i>	AGE: NOT COVERED LESS 11 YEARS OF AGE
MICROCLENS WIPES	QL (500 units per 30 days)
NATRAPEL 12-HOUR TICK & I	QL (2 Rxs per 180 days)
OFF ACTIVE	QL (2 Rxs per 180 days)
OFF DEEP WOODS	QL (2 Rxs per 180 days)
OFF DEEP WOODS DRY	QL (2 Rxs per 180 days)
OFF SMOOTH & DRY	QL (2 Rxs per 180 days)
<i>podofilox</i>	
<i>povidone-iodine</i> OINT	QL (150 gm per 30 days)
<i>povidone-iodine</i> SOLN	QL (474 ml per 30 days)
REPEL SPORTSMEN	QL (2 Rxs per 180 days)
REPEL SPORTSMEN MAX	QL (2 Rxs per 180 days)
SANTYL	
XIAFLEX	PA; SP
<i>zinc oxide</i>	QL (454 gm per 30 days)

DERMATOLOGY, ROSACEA

<i>metronidazole</i> GEL 1%	ST
<i>metronidazole</i> GEL .75%	
<i>metronidazole</i> LOTN	
<i>metronidazole cream</i> 0.75%	

DERMATOLOGY, SCABICIDES AND PEDICULICIDES

<i>malathion</i>	ST
<i>permethrin</i> AERO	QL (150 gm per 30 days)
<i>permethrin</i> LIQD	QL (300 ml per 30 days)
<i>permethrin</i> LOTN	QL (120 ml per 30 days)
<i>permethrin cream</i>	
<i>spinosad</i>	ST

MOUTH/THROAT/DENTAL AGENTS, MISCELLANEOUS

<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>sodium fluoride (dental)</i> CREA	QL (60 gm per 30 days)

Drug Name	Requirements/Limits
<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

Drug Name	Requirements/Limits
<i>trifluridine</i>	
OPHTHALMIC, BETA-BLOCKERS: NONSELECTIVE	
BETIMOL	
<i>levobunolol hcl</i>	
<i>metipranolol</i>	
<i>timolol maleate</i> SOLG; SOLN	
OPHTHALMIC, BETA-BLOCKERS: SELECTIVE	
<i>betaxolol hcl</i>	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/BETA-BLOCKER COMBINATIONS	
<i>dorzolamide hcl-timolol maleate</i>	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITORS: ORAL	
<i>acetazolamide</i>	
<i>methazolamide</i>	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITORS: TOPICAL	
<i>dorzolamide hcl</i>	
OPHTHALMIC, MISCELLANEOUS	
<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
GENTEAL	QL (15 gm per 30 days); OTC ONLY
GENTEAL MILD	QL (15 ml per 30 days); OTC ONLY
GENTEAL MILD TO MODERATE	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
LUCENTIS	PA; SP
MACUGEN	PA; SP
MOISTURE EYES	QL (15 ml per 30 days); OTC ONLY
<i>polyethylene glycol-polyvinyl alcohol</i>	QL (15 ml per 30 days); OTC ONLY
<i>polyvinyl alcohol</i>	QL (15 ml per 30 days); OTC ONLY

Drug Name	Requirements/Limits
<i>polyvinyl alcohol-povidone</i>	QL (15 ml per 30 days); OTC ONLY
REFRESH	QL (15 ml per 30 days); OTC ONLY
REFRESH OPTIVE	QL (15 ml per 30 days); OTC ONLY
REFRESH OPTIVE ADVANCED	QL (15 ml per 30 days); OTC ONLY
REFRESH PLUS	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	QL (15 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
TEARS NATURALE PM	QL (15 gm per 30 days); OTC ONLY
THERATEARS	QL (15 ml per 30 days); OTC ONLY

OPHTHALMIC, MYDRIATICS

atropine sulfate (ophthalmic)

cyclopentolate hcl

OPHTHALMIC, PROSTAGLANDINS

latanoprost

OPHTHALMIC, SYMPATHOMIMETICS

brimonidine tartrate

OTIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS

CIPRODEX

neomycin-polymyxin-hc

OTIC, ANTI-INFECTIVES

acetic acid

acetic acid-aluminum acetate

ofloxacin .3%

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CLINIMIX 2.75%/DEXTROSE 5	51	<i>cyanocobalamin</i>	53
CLINIMIX 4.25%/DEXTROSE 1	51	<i>cyclobenzaprine hcl</i>	30
CLINIMIX 4.25%/DEXTROSE 2	51	<i>cyclopentolate hcl</i>	68
CLINIMIX 4.25%/DEXTROSE 5	51	<i>cyclophosphamide</i>	9
CLINIMIX 5%/DEXTROSE 15%	52	CYCLOPHOSPHAMIDE CAP 25 MG	9
CLINIMIX 5%/DEXTROSE 20%	52	CYCLOPHOSPHAMIDE CAP 50 MG	9
CLINIMIX 5%/DEXTROSE 25%	52	<i>cyclosporine</i>	46
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<i>clomipramine hcl</i>	17	CYSTAGON	43
<i>clonazepam</i>	17	<i>cytarabine</i>	10
<i>clonidine hcl</i>	14	CYTOVENE	7
<i>clopidogrel bisulfate</i>	45	D	
<i>clotrimazole</i>	62	<i>dacarbazine</i>	9
<i>clotrimazole (topical)</i>	62	<i>danazol</i>	37
<i>clotrimazole troche 10 mg</i>	5	<i>dantrolene sodium</i>	30
<i>clotrimazole vaginal</i>	44	<i>dapsone</i>	8
<i>clozapine</i>	20, 21	<i>daunorubicin hcl</i>	12
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<i>colchicine</i>	1	<i>desmopressin acetate tab</i>	39
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<i>colestipol hcl</i>	14		

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<i>dexamethasone elixir</i>	37	<i>docefrez</i>	12
<i>dexamethasone sodium phosphate</i>	66	<i>docetaxel</i>	12
<i>dexamethasone soln</i>	37	<i>docusate calcium cap 240 mg</i>	41
<i>dexamethasone tab</i>	37	<i>docusate sod cap 100mg</i>	42
<i>dexmethylphenidate hcl</i>	26	<i>docusate sodium</i>	42
<i>dextrazoxane</i>	12	<i>donepezil hydrochloride</i>	18
<i>dextroamphetamine sulfate cap</i>		DONNATAL	41
<i>sustained-rel 24hr 10 mg</i>	26	DORIBAX	3
<i>dextroamphetamine sulfate cap</i>		<i>dorzolamide hcl</i>	66
<i>sustained-rel 24hr 15 mg</i>	26	<i>dorzolamide hcl-timolol maleate</i>	66
<i>dextroamphetamine sulfate cap</i>		<i>doxazosin mesylate</i>	14
<i>sustained-rel 24hr 5 mg</i>	26	<i>doxepin hcl</i>	19, 20
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<i>dextromethorphan-guaifenesin tab</i>		<i>doxycycline (monohydrate) susp</i>	5
<i>sustained-rel 12hr 30-600 mg</i>	59	<i>doxycycline hyclate cap 50 mg, 100 mg</i>	5
<i>dextromethorphan-guaifenesin tab</i>		5
<i>sustained-rel 12hr 60-1200 mg</i>	59	<i>doxycycline hyclate for inj 100 mg</i>	5
<i>dextrose (diabetic use)</i>	37	<i>doxycycline hyclate tab 20 mg, 100 mg</i>	5
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<i>diazepam rectal gel</i>	17	<i>drospirenone-ethinyl estradiol</i>	36
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<i>hydrocortisone-aloe vera</i>	63	<i>irbesartan-hydrochlorothiazide</i>	14
<i>hydromorphone hcl</i>	2	<i>irinotecan hcl</i>	13
<i>hydroxychloroquine sulfate</i>	45	ISENTRESS	6
<i>hydroxyurea</i>	12	ISENTRESS POW 100MG	6
<i>hydroxyzine hcl</i>	59	ISENTRESS TAB 400MG	6
<i>hydroxyzine pamoate</i>	59	<i>isoniazid</i>	7
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<i>memantine hcl tab 5 mg</i>	18	<i>methylphenidate tab 20mg ext-rel</i>	28
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<i>meropenem</i>	3	<i>metoprolol & hydrochlorothiazide</i>	15
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<i>metformin tab 500mg ext-rel</i>	32	<i>metronidazole inj</i>	8
<i>metformin tab 750mg ext-rel</i>	32	<i>metronidazole vaginal</i>	44
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<i>release 10 mg</i>	27	<i>modafinil</i>	30
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<i>release 20 mg</i>	27	MOISTURE EYES	67
<i>methylphenidate hcl cap controlled</i>		<i>mometasone furoate</i>	63
<i>release 30 mg</i>	27	MONOJECT 20ML SYRINGE REG	50
<i>methylphenidate hcl cap controlled</i>		MONOJECT SOFTPACK 20ML/LT	50
<i>release 40 mg</i>	27	MONOJECT SOFTPACK 35ML/RE	50
<i>methylphenidate hcl cap controlled</i>		MONOJECT SYRINGE/ECCENTRI	50
<i>release 50 mg</i>	27	MONOJECT SYRINGE/LUER LOC	50
<i>methylphenidate hcl cap controlled</i>		MONOJECT SYRINGE/LUER-LOC	50
<i>release 60 mg</i>	27	<i>montelukast sodium</i>	60

<i>morphine sulfate controlled-release</i>	2	<i>neomycin-polymyxin-hc</i>	68
<i>morphine sulfate sol 100/5ml</i>	2	<i>neomycin-polymyxin-hc ophth susp</i>	65
<i>morphine sulfate solution</i>	2	NEORAL	46
<i>morphine sulfate suppositories</i>	2	NEPHRAMINE.....	52
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MULTIFIT REUSABLE TB SYRI.....	50	<i>nevirapine tab 100 mg ext-rel</i>	7
<i>multiple vitamin</i>	54	<i>nevirapine tab 400mg ext-rel</i>	7
<i>multiple vitamins w/ calcium</i>	54	NEXAVAR	11
<i>multiple vitamins w/ iron</i>	54	NEXIUM 24HR.....	43
<i>multiple vitamins w/ minerals</i>	54	NEXIUM GRANULES 2.5 MG, 5MG AND	
<i>multiple vitamins w/ minerals tab</i>		10MG DELAYED RELEASE	43
<i>controlled release</i>	54	NEXPLANON	35
MULTISTIX 10 SG	49	<i>niacin (antihyperlipidemic)</i>	15
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<i>mupirocin calcium</i>	62	<i>nicotine polacrilex lozenge</i>	31
MUSTARGEN	9	<i>nicotine transdermal patch</i>	31
<i>mycophenolate mofetil</i>	46	NICOTROL INHALER	31
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N		<i>nifedipine</i>	15
<i>nabumetone</i>	2	<i>nifedipine ext-rel</i>	15
<i>nadolol</i>	15	<i>nilutamide</i>	10
<i>nafcillin sodium inj</i>	4	NIPENT	12
NAGLAZYME	38	<i>nitrofurantoin</i>	9
<i>naloxone hcl inj 0.4 mg/ml</i>	30	<i>nitrofurantoin macrocrystal</i>	9
<i>naltrexone hcl</i>	30	<i>nitrofurantoin monohydrate</i>	
NAMENDA SOL 10MG/5ML	18	<i>macrocrystalline cap 100 mg</i>	9
NAMENDA TITRATION PAK.....	18	<i>nitroglycerin</i>	16
<i>naproxen</i>	2	NITROSTAT	16
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<i>narcan</i>	30	NORDITROPIN FLEXPRO.....	38
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<i>nateglinide</i>	33	<i>norethindrone & ethinyl estradiol tab</i> ..	36
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<i>ophth susp 0.1%</i>	65	<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>neomycin-polymyxin-gramicidin</i>	66	36

<i>norgestimate-ethinyl estradiol tab</i>		<i>orphenadrine w/ aspirin & caffeine tab</i>	30
<i>0.18-25/0.215-25/0.25-25 mg-mcg</i>	36	OSPHERA	39
<i>norgestrel & ethinyl estradiol</i>	36	OSTOMY SUPPLIES - CREAM	50
NORPACE CR	14	OSTOMY SUPPLIES - LIQUID	50
<i>nortriptyline hcl</i>	20	OSTOMY SUPPLIES - MISC	50
NORVIR CAP 100MG	6	OSTOMY SUPPLIES - OINT	50
NORVIR SOL 80MG/ML	6	OSTOMY SUPPLIES - PASTE	50
NORVIR TAB 100MG	6	OSTOMY SUPPLIES - POUCH	50
NOVOLIN 70/30	33	OSTOMY SUPPLIES - POWDER	50
NOVOLIN N	33	OSTOMY SUPPLIES - STRIP	50
NOVOLIN R	33	OSTOMY SUPPLIES - WAFER (SKIN	
NOVOLOG	33	BARRIER)	50
NOVOLOG FLEXPEN	33	OSTOMY SUPPLIES IRRIGATION KIT	50
NOVOLOG MIX 70/30	33	<i>oxacillin sodium inj</i>	4
NOVOLOG MIX 70/30 PREFILL	33	<i>oxaliplatin</i>	9
NOVOLOG PENFILL	33	<i>oxaprozin</i>	2
NOVOPEN 3 PENMATE	35	<i>oxazepam</i>	17
NPLATE	45	<i>oxcarbazepine</i>	18
NUDEXTA	30	<i>oxybutynin chloride</i>	44
NUPLAZID	21	<i>oxybutynin chloride tab sustained-rel</i>	
NUVARING	36	<i>24hr 10 mg</i>	44
NUVIGIL	30	<i>oxybutynin chloride tab sustained-rel</i>	
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<i>nystatin (mouth-throat)</i>	5	<i>oxybutynin chloride tab sustained-rel</i>	
<i>nystatin (topical)</i>	63	<i>24hr 5 mg</i>	44
<i>nystatin-triamcinolone</i>	63	<i>oxycodone hcl</i>	2, 3
O		<i>oxycodone w/ acetaminophen</i>	3
<i>octreotide acetate</i>	38	<i>oxycodone-aspirin</i>	3
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<i>olanzapine</i>	21	PARAGARD INTRAUTERINE COP	36
<i>olanzapine orally disintegrating tab</i>	21	<i>parenteral electrolytes</i>	52
<i>omega-3 fatty acids</i>	54	<i>paroxetine hcl</i>	19
<i>omeprazole cap delayed release</i>	43	PAXIL SUSPENSION 10MG/5ML	19
<i>omeprazole magnesium cap delayed</i>		PEAK FLOW METER	60
<i>release 20.6 mg (20 mg base equiv)</i>	43	<i>pediatric multiple vitamin w/ c</i>	54
<i>omeprazole-sodium bicarbonate</i>	43	<i>pediatric multiple vitamin w/ c & fa</i>	54
ONCASPAR	12	<i>pediatric multiple vitamin w/ extra c & fa</i>	54
<i>ondansetron hcl</i>	40	<i>pediatric multiple vitamin w/ minerals & c</i>	54
<i>ondansetron orally disintegrating tab</i>	40	<i>pediatric multiple vitamins</i>	54
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<i>oral electrolytes</i>	51	<i>pediatric multivitamins w/fluoride</i>	54
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<i>orphenadrine citrate</i>	30		

<i>pediatric multivitamins w/fluoride & iron</i>	55	<i>potassium bicarbonate</i>	51
<i>pediatric vitamins acd w/ fluoride</i>	55	<i>potassium chloride</i>	51
<i>pediatric vitamins adc</i>	55	<i>potassium chloride tab controlled release</i>	51
<i>peg 3350-kcl-sod bicarb-sod chloride-sod</i>	42	<i>potassium citrate (alkalinizer)</i>	44
<i>sulfate</i>	42	<i>potassium phosphate monobasic w/</i>	
<i>peg 3350-potassium chloride-sod</i>	42	<i>sodium phosphate dibasic & monobasic</i>	51
<i>bicarbonate-sod chloride</i>	42	<i>tab</i>	51
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PEG-INTRON REDIPEN	46	<i>prednisolone</i>	37
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<i>phenytoin sodium extended</i>	18	PRENATAL MULTIVITAMIN + D.....	56
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<i>pindolol</i>	15	<i>acid</i>	56
<i>pioglitazone hcl</i>	32	<i>prenatal vit w/ docusate-iron</i>	
<i>pioglitazone hcl-glimepiride</i>	32	<i>carbonyl-folic acid</i>	56
<i>pioglitazone hcl-metformin hcl</i>	32	<i>prenatal vit w/ ferrous fumarate-folic acid</i>	
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<i>prochlorperazine</i>	40	REBIF	29
<i>prochlorperazine maleate</i>	40	REBIF REBIDOSE TITRATION	29
<i>progesterone micronized cap</i>	39	REFRESH.....	67
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<i>promethazine w/codeine</i>	59	REMODULIN	16
<i>promethazine/dextromethorphan</i>	59	REVELA PAK	38
<i>propafenone hcl</i>	14	<i>repaglinide</i>	33
<i>propranolol hcl</i>	15	<i>repaglinide 0.5 mg</i>	33
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<i>pseudoephedrine hcl</i>	60	RESCRIPTOR	7
<i>pseudoephedrine hcl tab ext-rel 12hr 120 mg</i>	60	RESOURCE JUICE DRINK.....	51
<i>pseudoephedrine w/ codeine-guaifenesin</i>	59	REVLIMID.....	11
<i>pseudoephedrine-brompheniramine-dextromethorphan</i>	59	REYATAZ.....	6
<i>pseudoephedrine-guaifenesin tab ext-rel 12hr</i>	60	RHO D IMMUNE GLOBULIN	46
<i>pseudoephedrine-guaifenesin tab sr 12hr</i>	60	<i>ribavirin</i>	8
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<i>pyrazinamide</i>	7	RISPERDAL CONSTA	22
<i>pyridostigmine bromide</i>	30	<i>risperidone</i>	22, 23
<i>pyridoxine hcl tab 50 mg</i>	55	<i>rivastigmine</i>	18
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<i>quetiapine fumarate</i>	21	S	
<i>quinapril hcl</i>	13	SABRIL	18
<i>quinapril-hydrochlorothiazide</i>	13	<i>saline</i>	61
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<i>ranitidine hcl</i>	41	SELZENTRY TAB 300MG	6
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<i>silver sulfadiazine</i>	62	<i>sulfacetamide sod-prednisolone</i>	65
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<i>sucralfate tab 1 gm</i>	43	<i>terazosin hcl</i>	14
		<i>terbinafine hcl tab</i>	5

<i>terbutaline sulfate</i>	60	<i>tramadol-acetaminophen</i>	3
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<i>thiamine mononitrate</i>	55	<i>trimethobenzamide hcl</i>	40
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<i>tolnaftate cream 1%</i>	63	35
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<i>topotecan hcl</i>	13	V	
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VICTOZA	32	ZEVALIN Y-90.....	13
VIDEX PEDIATRIC SOLN	7	ZIAGEN SOL 20MG/ML.....	7
<i>vinblastine sulfate</i>	13	<i>zidovudine cap 100 mg</i>	7
<i>vincristine sulfate</i>	13	<i>zidovudine syrup 10 mg/ml</i>	7
<i>vinorelbine tartrate</i>	13	<i>zidovudine tab 300 mg</i>	7
VIRACEPT	6	<i>zinc oxide</i>	65
VIREAD	7	<i>ziprasidone hcl</i>	23
VISTOGARD	35	ZOLADEX	11
VITEKTA.....	6	<i>zoledronic acid</i>	35
VIVITROL.....	30	ZOLINZA.....	13
VOLTAREN GEL.....	2	<i>zolmitriptan</i>	29
<i>voriconazole</i>	5	<i>zolpidem tartrate</i>	28
VOTRIENT.....	11	<i>zolpidem tartrate ext-rel</i>	28
VPRIV.....	38	<i>zonisamide</i>	18
W		ZONTIVITY	45
<i>warfarin sodium</i>	44	ZORBTIVE	38
WEGMANS COMPLETE PRENATAL.....	57	ZOSTAVAX	48
WHEY PROTEIN DRINK MIX.....	51	ZOSYN.....	4
WINRHO SDF	46	ZYDELIG	11
X		ZYKADIA.....	11
XALKORI.....	11	ZYPREXA RELPREVV	23
XARELTO	44	ZYTIGA	10
XGEVA.....	35	ZYVOX SUS 100MG/5M	9