

# Affinity Health Plan Managed Medicaid Formulary

(Effective 7/1/2017)

## 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](http://www.affinityplan.org) or call CVS Customer Service at 1-855-465-0031, 24 hours/7 days a week. TTY/TDD users, please call 1-800-863-5488.

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>ANALGESICS</b>	
<b><i>ANALGESICS, OTHER</i></b>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>acetaminophen</i> CHEW	QL (200 tabs per 30 days); OTC ONLY
<i>acetaminophen</i> ELIX	QL (240 ml per 30 days); OTC ONLY
<i>acetaminophen</i> LIQD	QL (240 ml per 30 days); OTC ONLY
<i>acetaminophen</i> SUSP 80mg/0.8ml	QL (120 ml per 30 days); OTC ONLY
<i>acetaminophen</i> SUSP 160mg/5ml	QL (240 ml per 30 days); OTC ONLY
<i>acetaminophen</i> TABS	QL (200 tabs per 30 days); OTC ONLY
<i>acetaminophen soln 160 mg/5ml</i>	QL (240 ml per 30 days); OTC ONLY
<i>acetaminophen suppositories</i>	QL (100 units per 30 days); OTC ONLY
<i>acetaminophen tabs</i>	QL (200 tabs per 30 days); OTC ONLY

#### **COX-II INHIBITORS**

<i>celecoxib</i>	PA
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#### **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

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

*diclofenac sodium (topical)*

#### **OPIOID ANALGESICS**

<i>acetaminophen w/ codeine</i>	QL (400 tabs per 30 days)
<i>acetaminophen w/ codeine solution</i>	QL (5000 ml per 30 days)
<i>fentanyl</i>	QL (15 patches per 30 days)
<i>hydrocodone-acetaminophen</i> SOLN	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen</i> TABS	QL (370 tabs per 30 days); GENERIC NORCO ONLY
<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)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>oxycodone hcl</i> SOLN	QL (900 ml per 30 days)
<i>oxycodone hcl</i> TABS	QL (180 tabs per 30 days)
<i>oxycodone w/ acetaminophen</i> SOLN	QL (900 mL / 30 days)
<i>oxycodone w/ acetaminophen</i> TABS	QL (370 tabs per 30 days); GENERIC PERCO CET ONLY
<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)

## **ANTHELMINTICS**

### **ANTHELMINTICS**

EMVERM	QL (6 tabs / 21 days)
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## **ANTI-INFECTIVES**

### **AMINOGLYCOSIDES**

<i>amikacin sulfate</i>
<i>gentamicin sulfate inj</i>
<i>neomycin sulfate</i>
<i>streptomycin sulfate</i>
<i>tobramycin inj</i>

### **ANTIBACTERIALS, CARBAPENEMS**

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

### **ANTIBACTERIALS, CEPHALOSPORIN COMBINATIONS**

ZERBAXA	PA; SP
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### **ANTIBACTERIALS, CEPHALOSPORINS 1ST GEN**

<i>cefadroxil</i>
<i>cefazolin sodium</i>
<i>cephalexin</i>

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

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

### **ANTIBACTERIALS, CEPHALOSPORINS, 3RD 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

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>penicillin v potassium</i>	
<i>piperacillin sodium-tazobactam sodium</i>	
ZOSYN	

**ANTIBACTERIALS, SULFONAMIDES**

<i>sulfamethoxazole-trimethoprim</i>	
<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</i>	
<i>nystatin (mouth-throat)</i>	
<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)
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**ANTIRETROVIRALS, ANTIRETROVIRAL COMBINATIONS**

ATRIPLA	QL (30 tabs per 30 days)
COMBIVIR	QL (60 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)
PREZCOBIX	QL (30 tabs per 30 days)
STRIBILD	QL (30 tabs per 30 days)



<b>Drug Name</b>	<b>Requirements/Limits</b>
TRIUMEQ	QL (30 tabs per 30 days)
TRIZIVIR	QL (60 tabs per 30 days)
TRUVADA	QL (30 tabs per 30 days)

**ANTIRETROVIRALS, CHEMOKINE RECEPTOR ANTAGONISTS**

SELZENTRY 25mg	QL (240 tabs / 30 days)
SELZENTRY 75mg, 150mg, 300mg	QL (60 tabs / 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)

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

**ANTIRETROVIRALS, REVERSE TRANSCRIPTASE INHIBITORS -**

**NUCLEOSIDE**

<i>didanosine</i> 125mg, 200mg	QL (60 caps per 30 days)
<i>didanosine</i> 250mg, 400mg	QL (30 caps per 30 days)
EMTRIVA CAP 200MG	QL (30 caps per 30 days)
EMTRIVA SOLN	QL (680 ml per 30 days)
EPIVIR SOLN	QL (960 mL / 30 days)
EPIVIR TABS 150MG	QL (60 tabs per 30 days)
EPIVIR TABS 300MG	QL (30 tabs per 30 days)
RETROVIR IV INFUSION	
RETROVIR SYP 10MG/ML	QL (1800 ml 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 TAB	QL (60 tabs per 30 days)
ZIAGEN SOL 20MG/ML	QL (900 ml per 30 days)
<i>zidovudine</i>	QL (180 caps 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>	

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>ANTIVIRALS, HEPATITIS AGENTS - HEPATITIS B</b>	
<i>adefovir dipivoxil</i>	
BARACLUDE SOL .05MG/ML	
<i>entecavir</i>	
<i>lamivudine (hbv)</i>	QL (30 tabs per 30 days)
<b>ANTIVIRALS, HEPATITIS AGENTS - HEPATITIS C</b>	
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
<b>ANTIVIRALS, HERPES AGENTS</b>	
<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>	
<b>ANTIVIRALS, INFLUENZA AGENTS</b>	
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)
<b>MISCELLANEOUS</b>	
<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>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	
<i>metronidazole inj</i>	
NEUTREXIN	
<i>nitrofurantoin</i>	QL (90 ml per 365 days), PA
<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
REESES PINWORM MEDICINE	
<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

## **ANTIADRENERGIC ANTIHYPERTENSIVES**

### ***ANTIADRENERGICS - PERIPHERALLY ACTING***

*prazosin hcl*

## **ANTINEOPLASTIC AGENTS**

### ***ALKYLATING AGENTS***

ALKERAN

BICNU

BUSULFEX

*carboplatin*

*cisplatin*

*cyclophosphamide*

CYCLOPHOSPHAMIDE CAP 25 MG

CYCLOPHOSPHAMIDE CAP 50 MG

*dacarbazine*

EMCYT

GLEOSTINE

GLIADEL WAFER

HEXALEN

IFEX

*ifosfamide*

<b>Drug Name</b>	<b>Requirements/Limits</b>
LEUKERAN	
LOMUSTINE CAP 5 MG	
<i>melphalan hcl</i>	
MUSTARGEN	
MYLERAN	
<i>oxaliplatin</i>	
<i>temozolomide</i>	PA; SP
TREANDA	PA; SP
ZANOSAR	
<b>ANTIMETABOLITES</b>	
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	
<b>HORMONAL ANTINEOPLASTICS, ANTIANDROGENS</b>	
<i>bicalutamide</i>	
<i>flutamide</i>	
<i>nilutamide</i>	
ZYTIGA	PA; SP
<b>HORMONAL ANTINEOPLASTICS, ANTIESTROGENS</b>	
FARESTON	
FASLODEX	
SOLTAMOX	
<i>tamoxifen citrate</i>	
<b>HORMONAL ANTINEOPLASTICS, AROMATASE INHIBITORS</b>	
<i>anastrozole</i>	
<i>exemestane</i>	
<i>letrozole</i>	
<b>HORMONAL ANTINEOPLASTICS, GONADOTROPIN RELEASING HORMONE ANTAGONISTS</b>	
FIRMAGON	PA; SP

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>HORMONAL ANTINEOPLASTICS, LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS</b>	
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 (1-MONTH)	SP; All females need PA. Only males <20 need PA
LUPRON DEPOT (3-MONTH)	SP; All females need PA. Only males <20 need PA
LUPRON DEPOT (4-MONTH)	SP; All females need PA. Only males <20 need PA
LUPRON DEPOT (6-MONTH)	SP; All females need PA. Only males <20 need PA
TRELSTAR	PA; SP
TRELSTAR MIXJECT	PA; SP
VANTAS	PA; SP
ZOLADEX	PA; SP
<b>HORMONAL ANTINEOPLASTICS, PROGESTINS</b>	
<i>megestrol acetate</i>	SUSP; TABS
<b>IMMUNOMODULATORS</b>	
REVLIMID	PA; SP
<b>KINASE INHIBITORS</b>	
AFINITOR	PA; SP
CABOMETYX	QL (30 tabs / 30 days), PA; SP
CAPRELSA	PA; SP
COMETRIQ	PA; SP
GILOTRIF	PA; SP
IBRANCE	PA; SP
<i>imatinib mesylate</i>	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

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
TYKERB	PA; SP
VOTRIENT	PA; SP
XALKORI	PA; SP
ZELBORAF	PA; SP
ZYDELIG	PA; SP
ZYKADIA	PA; SP

### **MISCELLANEOUS**

ABRAXANE	
ADCETRIS	PA; SP
<i>amifostine</i>	
ARRANON	
ARZERRA	PA; SP
AVASTIN	PA; SP
<i>bexarotene cap 75 mg</i>	PA; SP
<i>bleomycin sulfate</i>	
COSMEGEN	
<i>daunorubicin hcl</i>	
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	

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>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	
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>	

#### **ANTINEOPLASTIC ENZYME INHIBITORS**

##### **POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**

RUBRACA	PA; SP
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#### **ANTIRETROVIRALS**

##### **ANTIRETROVIRAL COMBINATIONS**

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



<b>Drug Name</b>	<b>Requirements/Limits</b>
DESCOVY	QL (30 tabs / 30 days)
ODEFSEY	QL (30 tabs / 30 days)

**BRONCHODILATORS - ANTICHOLINERGICS**

***BRONCHODILATORS - ANTICHOLINERGICS***

INCRUSE ELLIPTA	QL (1 package / 30 days)
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**CARDIOVASCULAR**

***ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS***

*amlodipine besylate-benazepril hcl*

***ACE INHIBITOR/DIURETIC COMBINATIONS***

*benazepril & hydrochlorothiazide*

*captopril & hydrochlorothiazide*

*enalapril maleate & hydrochlorothiazide*

*fosinopril sodium & hydrochlorothiazide*

*lisinopril & hydrochlorothiazide*

*quinapril-hydrochlorothiazide*

***ACE INHIBITORS***

*benazepril hcl*

*captopril*

*enalapril maleate*

*fosinopril sodium*

*lisinopril*

*quinapril hcl*

*ramipril*

*trandolapril*

***ADRENOLYTICS, CENTRAL***

*clonidine hcl*

*guanfacine hcl*

***ALDOSTERONE RECEPTOR ANTAGONISTS***

*eplerenone*

*spironolactone*

***ALPHA BLOCKERS***

*doxazosin mesylate*

*terazosin hcl*

***ANGIOTENSIN II RECEPTOR ANTAGONIST/DIURETIC COMBINATIONS***

*irbesartan-hydrochlorothiazide*

*losartan potassium & hydrochlorothiazide*

*valsartan-hydrochlorothiazide*

***ANGIOTENSIN II RECEPTOR ANTAGONISTS***

*candesartan cilexetil*

*irbesartan*

*losartan potassium*

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>valsartan</i> 40mg, 80mg, 160mg	QL (30 tabs per 30 days)
<i>valsartan</i> 320mg	
<b>ANTIARRHYTHMICS</b>	
<i>amiodarone hcl</i>	
<i>disopyramide phosphate</i>	
<i>flecainide acetate</i>	
NORPACE CR	
<i>propafenone hcl</i>	
<i>sotalol hcl</i>	
<i>sotalol hcl (afib/afI)</i>	
TIKOSYN	PA; SP
<b>ANTILIPEMICS, BILE ACID RESINS</b>	
<i>cholestyramine</i>	
<i>cholestyramine light</i>	
<i>colestipol hcl</i>	
<b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITORS</b>	
<i>ezetimibe</i>	QL (30 tabs / 30 days), ST
<b>ANTILIPEMICS, FIBRATES</b>	
<i>fenofibrate</i>	
<i>fenofibrate micronized</i>	
<i>gemfibrozil</i>	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS</b>	
<i>atorvastatin calcium</i>	
<i>lovastatin</i>	
<i>pravastatin sodium</i>	
<i>simvastatin</i>	
<b>ANTILIPEMICS, NIACINS/COMBINATIONS</b>	
<i>niacin (antihyperlipidemic)</i> 500mg	QL (30 tabs per 30 days)
<i>niacin (antihyperlipidemic)</i> 750mg, 1000mg	
<b>ANTILIPEMICS, PCSK9 INHIBITORS</b>	
REPATHA	PA; SP
REPATHA PUSHTRONEX SYSTEM	PA; PA; SP
REPATHA SURECLICK	PA; PA; SP
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>	
<i>atenolol &amp; chlorthalidone</i>	
<i>bisoprolol &amp; hydrochlorothiazide</i>	
<i>metoprolol &amp; hydrochlorothiazide</i>	
<b>BETA-BLOCKERS</b>	
<i>atenolol</i>	
<i>bisoprolol fumarate</i>	
BYSTOLIC	QL (30 tabs per 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<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>	
<b>CALCIUM CHANNEL BLOCKERS, DIHYDROPYRIDINES</b>	
<i>amlodipine besylate</i>	
<i>felodipine</i>	
<i>nifedipine</i>	PA
<i>nifedipine ext-rel</i>	
<b>CALCIUM CHANNEL BLOCKERS, NON DIHYDROPYRIDINES</b>	
<i>diltiazem hcl</i>	
<i>diltiazem hcl coated beads</i>	
<i>diltiazem hcl extended release beads</i>	
<i>verapamil ext-rel hcl</i>	
<b>DIGITALIS GLYCOSIDES</b>	
<i>digoxin</i>	
LANOXIN	
<b>DIURETICS</b>	
<i>amiloride &amp; hydrochlorothiazide</i>	
<i>amiloride hcl</i>	
<i>bumetanide</i>	
<i>chlorthalidone</i>	
<i>furosemide</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<i>metolazone</i>	
<i>spironolactone &amp; hydrochlorothiazide</i>	
<i>toremide</i>	
<i>triamterene &amp; hydrochlorothiazide</i>	
<b>MISCELLANEOUS</b>	
<i>hydralazine hcl</i>	
<i>methyldopa</i>	
<i>midodrine hcl</i>	
<b>NEPRILYSIN INHIBITOR/ANGIOTENSIN II RECEPTOR ANTAGONIST</b>	
<b>COMBINATIONS</b>	
ENTRESTO	
<b>NITRATE/VASODILATOR COMBINATIONS</b>	

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Drug Name	Requirements/Limits
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BIDIL	
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**NITRATES, ORAL**

<i>isosorbide dinitrate</i>	
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<i>isosorbide mononitrate</i>	
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<i>nitroglycerin</i> CPCR	
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**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
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TRACLEER	PA; SP
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**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
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REMODULIN	PA; SP
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TYVASO STARTER	PA; SP
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VENTAVIS	PA; SP
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**SINUS NODE INHIBITORS**

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

**ANTI-ANXIETY, BENZODIAZEPINES**

<i>alprazolam</i> 2mg	QL (60 tabs per 30 days)
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<i>alprazolam</i> .25mg, .5mg, 1mg	QL (90 tabs per 30 days)
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<i>alprazolam orally disintegrating tab 0.5 mg</i>	QL (90 tabs per 30 days)
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<i>alprazolam orally disintegrating tab 0.25 mg</i>	QL (90 tabs per 30 days)
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<i>alprazolam orally disintegrating tab 1 mg</i>	QL (90 tabs per 30 days)
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<i>alprazolam orally disintegrating tab 2 mg</i>	QL (60 tabs per 30 days)
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<i>chlordiazepoxide hcl</i>	ST; AGE (65 and over)
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<i>clonazepam</i>	
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<i>diazepam</i> SOLN	QL (1200 ml per 30 days), ST; AGE (65 and older)
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<i>diazepam</i> TABS	QL (120 tabs per 30 days), ST; AGE (65 and older)
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<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>buspirone hcl</i>	
<i>clomipramine hcl 25mg</i>	QL (90 caps per 30 days)
<i>clomipramine hcl 50mg</i>	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 75mg</i>	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>	

### **ANTICONVULSANTS**

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>valproic acid</i>	
ZARONTIN	
<i>zonisamide</i>	PA
<b>ANTIDEMENTIA</b>	
<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
<b>ANTIDEPRESSANTS, MAOIS</b>	
MARPLAN	
<i>phenelzine sulfate</i>	
<i>tranylcypromine sulfate</i>	
<b>ANTIDEPRESSANTS, MISCELLANEOUS</b>	
<i>bupropion hcl</i>	
<i>mirtazapine</i>	
<i>trazodone hcl</i>	
<b>ANTIDEPRESSANTS, SNRIS</b>	
<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)
<b>ANTIDEPRESSANTS, SSRIS</b>	
<i>citalopram hydrobromide</i>	
<i>escitalopram oxalate SOLN</i>	
<i>escitalopram oxalate TABS</i>	QL (30 tabs per 30 days)
<i>fluoxetine hcl</i>	
<i>paroxetine hcl</i>	
PAXIL SUSPENSION 10MG/5ML	
<i>sertraline hcl</i>	
<b>ANTIDEPRESSANTS, TCAS</b>	
<i>amitriptyline hcl 10mg</i>	QL (90 tabs per 30 days)
<i>amitriptyline hcl 25mg</i>	QL (60 tabs per 30 days); AGE (0-64) QL 90 per 30 days, AGE (65 and over) QL 60 per 30 days

<b>Drug Name</b>	<b>Requirements/Limits</b>
<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)
<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

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

<i>amantadine hcl</i>	
<i>benztropine mesylate</i>	
<i>bromocriptine mesylate</i>	
<i>carbidopa-levodopa</i>	
<i>carbidopa-levodopa-entacapone</i>	
<i>entacapone</i>	
<i>pramipexole dihydrochloride</i>	
<i>ropinirole hydrochloride</i> TABS	
<i>ropinirole hydrochloride</i> TB24	QL (30 tabs per 30 days)
<i>selegiline hcl</i>	
<i>trihexyphenidyl hcl</i>	

### **ANTIPSYCHOTICS, ATYPICALS**

ABILIFY MAINTENA	QL (1 vial / 30 days); AGE: NOT COVERED LESS THAN 18 YEARS OF AGE (SSI- NOT COVERED FOR LESS THAN 21 YEARS OF AGE)
<i>aripiprazole</i> 2mg	QL (120 tabs per 30 days)
<i>aripiprazole</i> 5mg, 10mg, 15mg, 20mg, 30mg	QL (30 tabs per 30 days)
<i>aripiprazole oral solution</i> 1 mg/ml	QL (750ML ml per 30 days); AGE: NOT COVERED OVER 11 YEARS OF AGE
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)
<i>clozapine</i> TABS 25mg	QL (1080 tabs per 30 days)
<i>clozapine</i> TABS 50mg	QL (540 tabs per 30 days)
<i>clozapine</i> TABS 100mg	QL (270 tabs per 30 days)
<i>clozapine</i> TABS 200mg	QL (120 tabs per 30 days)
<i>clozapine</i> TBDP 12.5mg	QL (2160 tabs per 30 days); AGE: NOT COVERED UNDER 13 YEARS OF AGE



<b>Drug Name</b>	<b>Requirements/Limits</b>
<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 SUSTENNA	QL (1 vial / 30 days); AGE: NOT COVERED LESS THAN 18 YEARS OF AGE (SSI- NOT COVERED FOR LESS THAN 21 YEARS OF AGE)
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)

<b>Drug Name</b>	<b>Requirements/Limits</b>
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)
<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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<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
<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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<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
<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> CONC	QL (1500 ml per 30 days)
<i>haloperidol lactate</i> SOLN	
<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

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

#### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<i>amphetamine-dextroamphetamine cap sustained-rel 24hr 5 mg</i>	QL (90 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine cap sustained-rel 24hr 10 mg</i>	QL (90 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine cap sustained-rel 24hr 15 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>amphetamine-dextroamphetamine cap sustained-rel 24hr 20 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine sulfate tab 5 mg</i>	QL (120 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>dextroamphetamine sulfate tab 10 mg</i>	QL (120 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>guanfacine hcl (adhd)</i>	ST
<i>methylphenidate hcl</i>	QL (180 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 10 mg</i>	QL (60 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 20 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 30 mg</i>	QL (60 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 40 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 50 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap controlled release 60 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap sustained-rel 24hr 20 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap sustained-rel 24hr 30 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap sustained-rel 24hr 40 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl solution 5 mg/5ml</i>	QL (1800 ml per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl solution 10 mg/5ml</i>	QL (900 ml per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE

<b>Drug Name</b>	<b>Requirements/Limits</b>
<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
<i>methylphenidate hcl tab controlled-release</i> 18mg	TBCR 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> 12.5mg	QL (240 tabs / 30 days), PA; SP
<i>tetrabenazine</i> 25mg	QL (120 tabs / 30 days), PA; SP

#### **HYPNOTICS: BENZODIAZEPINES**

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

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

#### **MIGRAINE, ERGOTAMINE DERIVATIVES**

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

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

PA - Prior Authorization    QL - Quantity Limits    DS- Day Supply Limits    ST - Step Therapy    AGE – Age Restriction    HRM – High Risk Medication    SP – Specialty Pharmacy    OTC – Over the Counter    30



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>naratriptan hcl</i>	QL (9 tabs per 30 days), ST
<i>rizatriptan benzoate</i>	QL (18 tabs per 30 days), ST
<i>sumatriptan spray</i> 5mg/act	QL (24 ml per 30 days)
<i>sumatriptan spray</i> 20mg/act	QL (12 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**

*riluzole*

### **MOOD STABILIZERS**

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

### **MULTIPLE SCLEROSIS**

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
TYSABRI	PA; SP

### **MUSCULOSKELETAL THERAPY AGENTS**

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>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 &amp; caffeine tab</i>	
<i>tizanidine hcl</i>	

**MYASTHENIA GRAVIS**

*pyridostigmine bromide*

**NARCOLEPSY/CATAPLEXY**

*modafinil*

QL (30 tabs per 30 days), PA

NUVIGIL

PA

**PSYCHOTHERAPEUTIC-MISC, ALCOHOL DETERRENTS**

*acamprosate calcium*

*disulfiram*

VIVITROL

SP; AGE: Not covered less than 18 years of age

**PSYCHOTHERAPEUTIC-MISC, OPIOID ANTAGONIST**

*naloxone hcl inj 0.4 mg/ml*

QL (2 units per 30 days)

NALOXONE HCL NASAL SPRAY 4 MG/0.1ML

QL (2 units per 30 days)

*naltrexone hcl*

AGE: Not covered less than 18 years of age

*narcan*

QL (2 units per 30 days)

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

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

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

**PSYCHOTHERAPEUTIC-MISC, PARTIAL OPIOID AGONISTS**

*buprenorphine hcl 2mg*

QL (3 tabs per day, max 3 days)

*buprenorphine hcl 8mg*

QL (2 tabs per day, max 3 days)

**PSYCHOTHERAPEUTIC-MISC, PSEUDOBLBAR AFFECT**

NUEDEXTA

PA

**PSYCHOTHERAPEUTIC-MISC, SMOKING DETERRENTS**

*bupropion hcl (smoking deterrent)*

QL (60 tabs per 30 days);  
AGE: NOT COVERED LESS THAN 18 YEARS OF AGE

<b>Drug Name</b>	<b>Requirements/Limits</b>
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
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

## COMPLEMENT INHIBITORS

### ***C1 INHIBITORS***

RUCONEST	PA; SP
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## 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

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>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
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)
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### **ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBO**

<i>pioglitazone hcl-glimepiride</i>	QL (30 tabs per 30 days)
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### **ANTIDIABETICS, INSULIN SENSITIZERS**

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

### **ANTIDIABETICS, INSULINS**

APIDRA	
APIDRA SOLOSTAR	
HUMALOG	
HUMALOG KWIKPEN	
HUMALOG MIX 50/50	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
HUMALOG MIX 75/25 KWIKPEN	

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

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

**ANTIDIABETICS, MEGLITINIDE**

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

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

**INHIBITOR/BIGUANIDE COMBINATIONS**

INVOKAMET	QL (60 tabs / 30 days), ST
INVOKAMET XR	QL (60 tabs / 30 days), ST

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

**INHIBITORS**

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

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<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)
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

<b>Drug Name</b>	<b>Requirements/Limits</b>
LANCETS MISC.	QL (2 units per 20 days); OTC ONLY
NOVOPEN 3 PENMATE	QL (200 units per 20 days)
PTS PANELS KETONE TEST	QL (200 strips per 20 days)
URINE GLUCOSE MONITORING SUPPLIES	QL (200 units per 20 days)
V-GO	PA, ST
<b>ANTIDOTES</b>	
VISTOGARD	
<b>CALCIUM RECEPTOR ANTAGONISTS</b>	
SENSIPAR	PA; SP
<b>CALCIUM REGULATORS, BISPHOSPHONATES</b>	
<i>alendronate sodium</i>	
<i>zoledronic acid</i>	PA; SP
<b>CALCIUM REGULATORS, CALCITONINS</b>	
<i>calcitonin (salmon)</i>	
<b>CALCIUM REGULATORS, RANK LIGAND INHIBITORS</b>	
PROLIA	PA; SP
XGEVA	PA; SP
<b>CONTRACEPTIVES, BIPHASIC</b>	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	
<b>CONTRACEPTIVES, EMERGENCY CONTRACEPTION</b>	
ELLA	QL (6 tabs per 365 days)
<i>levonorgestrel tab 1.5 mg</i>	QL (6 tabs per 365 days)
<b>CONTRACEPTIVES, EXTENDED CYCLE</b>	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	
<b>CONTRACEPTIVES, IMPLANT</b>	
NEXPLANON	QL (1 dose per Lifetime); SP; FEMALE ONLY; AGE: COVERED BETWEEN AGE 18-65 YEARS OF AGE
<b>CONTRACEPTIVES, INJECTABLE</b>	
<i>medroxyprogesterone acetate SUSP</i>	QL (1 ml per 90 days)
<b>CONTRACEPTIVES, MISCELLANEOUS</b>	
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

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
PARAGARD INTRAUTERINE COP	QL (1 unit per Lifetime); FEMALE ONLY; AGE: COVERED BETWEEN AGE 12-65 YEARS OF AGE
<b>CONTRACEPTIVES, MONOPHASIC</b>	
<i>desogestrel &amp; ethinyl estradiol</i>	
<i>drospirenone-ethinyl estradiol</i>	
<i>ethynodiol diacetate &amp; ethinyl estradiol</i>	
<i>levonorgestrel &amp; ethinyl estradiol</i>	
<i>norethindrone &amp; ethinyl estradiol tab</i>	
<i>norethindrone &amp; mestranol</i>	
<i>norethindrone ace &amp; ethinyl estradiol</i>	
<i>norethindrone ace &amp; ethinyl estradiol-fe</i>	
<i>norgestimate-ethinyl estradiol</i>	
<i>norgestrel &amp; ethinyl estradiol</i>	
<b>CONTRACEPTIVES, PROGESTIN INTRAUTERINE DEVICE</b>	
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
<b>CONTRACEPTIVES, PROGESTIN ONLY</b>	
<i>norethindrone</i>	
<b>CONTRACEPTIVES, TRANSDERMAL</b>	
<i>norelgestromin-ethinyl estradiol</i>	
<b>CONTRACEPTIVES, TRIPHASIC</b>	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	
<i>levonorgestrel-ethinyl estradiol tab (triphasic)</i>	
<i>norethindrone-ethinyl estradiol (triphasic)</i>	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>norgestimate-ethinyl estradiol tab</i>	
<i>0.18-25/0.215-25/0.25-25 mg-mcg</i>	
<b>CONTRACEPTIVES, VAGINAL</b>	
NUVARING	
<b>ENDOMETRIOSIS</b>	
<i>danazol</i>	
SYNAREL	
<b>ESTROGEN/PROGESTIN, ORAL</b>	
<i>estradiol &amp; norethindrone acetate</i>	



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>norethindrone acetate-ethinyl estradiol</i>	
<b>ESTROGEN/PROGESTIN, TRANSDERMAL</b>	
COMBIPATCH	
<b>ESTROGENS, ORAL</b>	
<i>estradiol</i> TABS 1mg	QL (180 tabs per 30 days), PA; HRM
<i>estradiol</i> TABS 2mg	QL (90 tabs per 30 days), PA; HRM
<i>estradiol</i> TABS .5mg	QL (360 tabs per 30 days), PA; HRM
<i>estropipate</i>	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)
<b>ESTROGENS, TRANSDERMAL</b>	
<i>estradiol</i> PTTW	PA; HRM
<i>estradiol</i> PTWK	PA; HRM
<b>ESTROGENS, VAGINAL</b>	
ESTRACE	
FEMRING	
VAGIFEM	
<b>GLUCOCORTICOIDS</b>	
<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>	
<b>GLUCOSE ELEVATING AGENT</b>	
<i>dextrose (diabetic use)</i>	QL (465 gm per 30 days); OTC ONLY
GLUCAGEN HYPOKIT	QL (2 units per 30 days)
GLUCAGON EMERGENCY KIT	QL (2 kit per 30 days)
GLUCOSE	QL (60 tabs per 30 days); OTC ONLY

<b>Drug Name</b>	<b>Requirements/Limits</b>
RELION GLUCOSE	QL (60 tabs per 30 days); OTC ONLY
<b>HUMAN GROWTH HORMONES</b>	
NORDITROPIN FLEXPRO	PA; SP
ZORBTIVE	PA; SP
<b>HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS</b>	
<i>calcitriol</i>	
<i>doxercalciferol</i>	
<b>INSULIN-LIKE GROWTH FACTOR</b>	
INCRELEX	PA; SP
<b>LYSOSOMAL STORAGE DISORDERS</b>	
ALDURAZYME	PA; SP
CEREZYME	PA; SP
ELAPRASE	PA; SP
FABRAZYME	PA; SP
LUMIZYME	PA; SP
NAGLAZYME	PA; SP
VPRIV	PA; SP
<b>MISCELLANEOUS</b>	
<i>cabergoline</i>	
H.P. ACTHAR	PA; SP
LUPRON DEPOT-PED (1-MONTH	PA; SP
LUPRON DEPOT-PED (3-MONTH	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
<b>PHENYLKETONURIA TREATMENT AGENTS</b>	
KUVAN	PA; SP
<b>PHOSPHATE BINDER AGENTS</b>	
AURYXIA	ST
<i>calcium acetate (phosphate binder)</i>	
RENVELA PAK	ST
<i>sevelamer carbonate</i>	ST
<b>PROGESTINS, INJECTABLE</b>	
MAKENA	PA; SP
<b>PROGESTINS, ORAL</b>	
<i>medroxyprogesterone acetate</i> TABS	
<i>norethindrone acetate</i>	

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<b>Drug Name</b>	<b>Requirements/Limits</b>
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*progesterone micronized cap*

**PROGESTINS, VAGINAL**

CRINONE Female Only

**SELECTIVE ESTROGEN RECEPTOR MODULATOR**

OSPHENA

**THYROID AGENTS, ANTITHYROID AGENTS**

*methimazole*

*propylthiouracil*

**THYROID SUPPLEMENTS**

ARMOUR THYROID

*levothyroxine sodium*

*liothyronine sodium*

SYNTHROID

*thyroid*

**VASOPRESSIN RECEPTOR ANTAGONISTS**

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

SAMSCA 30mg PA; SP

**VASOPRESSINS**

*desmopressin acetate spray* PA

*desmopressin acetate tab* PA

*desmopressin sol* PA

STIMATE PA; SP

**GASTROINTESTINAL**

**ANTACIDS**

*alum & mag hydrox-simethicone* CHEW QL (1775 tabs per 30 days);  
OTC ONLY

*alum & mag hydrox-simethicone* SUSP QL (500 ml per 30 days);  
OTC ONLY

*aluminum hydroxide-magnesium carbonate chew  
tab 160-105 mg* QL (500 tabs per 30 days);  
OTC ONLY

*aluminum hydroxide-magnesium carbonate susp  
95-358 mg/15ml* QL (1775 ml per 30 days);  
OTC ONLY

*aluminum hydroxide-magnesium trisilicate chew  
tab 80-20 mg* QL (500 tabs per 30 days);  
OTC ONLY

*calcium carbonate* CHEW 400mg, 420mg, 500mg, QL (200 tabs per 30 days);  
600mg, 750mg, 1000mg OTC ONLY

*sodium bicarbonate* QL (100 tabs per 30 days);  
OTC ONLY

**ANTIDIARRHEALS**

*bismuth subsalicylate* CHEW QL (500 tabs per 30 days);  
OTC ONLY

<b>Drug Name</b>	<b>Requirements/Limits</b>
<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
<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>	

### **ANTI SPASMODICS**

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

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>CHOLELITHOLYTICS</b>	
<i>ursodiol</i>	
<b>H2-RECEPTOR ANTAGONISTS</b>	
<i>cimetidine hcl soln 300 mg/5ml</i>	
<i>cimetidine tab 200 mg</i>	QL (200 tabs per 30 days)
<i>cimetidine tab 300 mg</i>	
<i>cimetidine tab 400 mg</i>	
<i>cimetidine tab 800mg</i>	
<i>famotidine SUSR</i>	QL (300 ml per 30 days)
<i>famotidine TABS</i>	QL (60 tabs per 30 days); Rx ONLY
<i>nizatidine</i>	
<i>ranitidine hcl CAPS</i>	
<i>ranitidine hcl SYRP</i>	
<i>ranitidine hcl TABS 75mg, 150mg</i>	QL (150 tabs per 30 days); OTC ONLY
<i>ranitidine hcl TABS 300mg</i>	
<b>INFLAMMATORY BOWEL DISEASE, ORAL AGENTS</b>	
<i>APRISO</i>	
<i>balsalazide disodium</i>	
<i>budesonide</i>	
<i>sulfasalazine</i>	
<b>INFLAMMATORY BOWEL DISEASE, RECTAL AGENTS</b>	
<i>hydrocortisone (intrarectal)</i>	
<i>mesalamine</i>	
<i>mesalamine w/ cleanser</i>	
<b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>	
<i>LINZESS</i>	QL (30 caps / 30 days)
<b>LAXATIVES/STOOL SOFTENERS</b>	
<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 CAPS 50mg, 100mg</i>	QL (500 caps per 30 days); OTC ONLY

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

### **PANCREATIC ENZYMES**

<b>Drug Name</b>	<b>Requirements/Limits</b>
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)

*omeprazole magnesium cap delayed release 20.6 mg (20 mg base equiv)* QL (30 caps per 30 days, max 90 days per year); OTC ONLY

*omeprazole-sodium bicarbonate* QL (30 caps per 30 days); OTC ONLY

**SALIVA STIMULANTS**

*pilocarpine hcl (oral)*

**STERIODS, 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*

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>oxybutynin chloride tab sustained-rel 24hr 5 mg</i>	QL (30 tabs per 30 days)
<i>oxybutynin chloride tab sustained-rel 24hr 10 mg</i>	
<i>oxybutynin chloride tab sustained-rel 24hr 15 mg</i>	
OXYTROL FOR WOMEN	OTC only; GENDER; AGE: NOT COVERED LESS THAN 19 YEARS OF AGE
<i>trospium chloride</i>	
<i>trospium chloride cap sustained-rel 24hr 60 mg</i>	ST

### **VAGINAL ANTI-INFECTIVES**

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

### **GLUCOCORTICOSTEROIDS**

#### **GLUCOCORTICOSTEROIDS**

SOLU-CORTEF	QL (4 units / year)
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### **HEMATOLOGIC**

#### **ANTICOAGULANTS, INJECTABLE**

<i>enoxaparin sodium</i>	
<i>fondaparinux sodium</i>	
<i>heparin sodium</i>	
<i>heparin sodium (porcine)</i>	

#### **ANTICOAGULANTS, ORAL**

COUMADIN	
ELIQUIS	
<i>warfarin sodium</i>	
XARELTO	

#### **ANTIHEMOPHILIC AGENTS**

ANTIHEMOPHILIC FACTOR (HUMAN)	PA; SP
ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIFC	PA; SP
ANTIHEMOPHILIC FACTOR (RECOMBINANT)	PA; SP
ANTIHEMOPHILIC FACTOR RAHF-PFM	PA; SP
ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED	PA; SP
ANTIHEMOPHILIC FACTOR RECOMBINANT PAF	PA; SP
ANTIHEMOPHILIC FACTOR/VWF (HUMAN)	PA; SP



<b>Drug Name</b>	<b>Requirements/Limits</b>
ANTIINHIBITOR COAGULANT COMPLEX	PA; SP
COAGULATION FACTOR IX	PA; SP
COAGULATION FACTOR VIIA (RECOMB)	PA; SP
COAGULATION FACTOR X (HUMAN)	PA; SP
COAGULATION FACTOR XIII A-SUBUNIT	PA; SP
FACTOR IX COMPLEX	PA; SP
FIBRINOGEN CONC (HUMAN)	PA; SP
PROTHROMBIN COMPLEX CONC HUMAN	PA; SP

#### **HEMATOPOIETIC GROWTH FACTORS**

ARANESP ALBUMIN FREE	PA; SP
EPOGEN	PA; SP
LEUKINE INJ	PA; SP
NEULASTA	PA; SP
PROCRIT	PA; SP
ZARXIO	PA; SP

#### **HEREDITARY ANGIOEDEMA AGENTS**

CINRYZE	PA; SP
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#### **IDIOPATHIC THROMBOCYTOPENIC PURPURA**

NPLATE	PA; SP
PROMACTA	PA; SP

#### **MISCELLANEOUS**

<i>cilostazol</i>	
DESFERAL	PA; SP
EXJADE	PA; SP
FERRIPROX	PA; SP

#### **PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS**

SOLIRIS	PA; SP
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#### **PLATELET AGGREGATION INHIBITORS**

<i>aspirin</i> CHEW	QL (200 tabs per 30 days); OTC ONLY
<i>aspirin</i> TABS 81mg	QL (180 tabs per 30 days); OTC ONLY
<i>aspirin</i> TABS 325mg	QL (500 tabs per 30 days); OTC ONLY
<i>aspirin</i> TABS 500mg	QL (200 tabs per 30 days); OTC ONLY
<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

<b>Drug Name</b>	<b>Requirements/Limits</b>
BRILINTA	
<i>clopidogrel bisulfate</i>	
<i>dipyridamole</i>	
EFFIENT	
ZONTIVITY	
<b>PLATELET SYNTHESIS INHIBITOR</b>	
<i>anagrelide hcl</i>	
<b>STEM CELL MOBILIZERS</b>	
MOZOBIL	PA; SP
<b>HEPATITIS AGENTS</b>	
<b>HEPATITIS B AGENTS</b>	
VEMLIDY	QL (30 tabs / 30 days)
<b>IMMUNOLOGIC AGENTS</b>	
<b>BIOLOGIC DISEASE-MODIFYING AGENTS</b>	
ENBREL	PA; SP
HUMIRA	PA; SP
<b>DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDS)</b>	
<i>hydroxychloroquine sulfate</i>	
<i>leflunomide</i>	
<b>IMMUNE GLOBULINS</b>	
RHO D IMMUNE GLOBULIN	PA; SP
WINRHO SDF	PA; SP
<b>IMMUNOMODULATORS, INTERFERONS</b>	
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
<b>IMMUNOMODULATORS, MISCELLANEOUS</b>	
ARCALYST	PA; SP
ILARIS	PA; SP
<b>IMMUNOSUPPRESSANTS, ANTIMETABOLITES</b>	
AZASAN	
<i>azathioprine</i>	
<i>mycophenolate mofetil</i>	
<b>IMMUNOSUPPRESSANTS, CALCINEURIN INHIBITORS</b>	

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>cyclosporine</i>	
<i>cyclosporine modified (for microemulsion)</i>	
NEORAL	
SANDIMMUNE	
<i>tacrolimus</i>	
<b>IMMUNOSUPPRESSANTS, MISCELLANEOUS</b>	
BENLYSTA	PA; SP
<b>IMMUNOSUPPRESSANTS, RAPAMYCIN DERIVATIVE</b>	
RAPAMUNE	
<i>sirolimus</i>	
<b>MONOCLONAL ANTIBODIES</b>	
SYNAGIS	PA; SP
<b>VACCINES</b>	
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

<b>Drug Name</b>	<b>Requirements/Limits</b>
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

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

**INSULIN**

***HUMAN INSULIN***

BASAGLAR KWIKPEN

**IODINE PRODUCTS**

***IODINE PRODUCTS***

SSKI

**MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS**

***MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS***

JUXTAPID

PA; SP

**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

*megestrol acetate* POWD

METHYLPARABEN

ORA-SWEET SF

POLOX

POLYETHYLENE GLYCOL 400

RASPBERRY SYRUP

SM BORIC ACID

SODIUM BISULFITE

SODIUM HYDROXIDE

SQUARIC ACID DIBUTYLESTER POWDER

STEVIA EXTRACT

<b>Drug Name</b>	<b>Requirements/Limits</b>
SUPPOSIBASE F	
<b>DIAGNOSTIC AGENTS</b>	
MULTISTIX 10 SG	QL (200 strips per 20 days); OTC ONLY
<b>MEDICAL SUPPLIES</b>	
BARDIA BULB IRRIGATION SY	QL (200 syringes per 20 days)
BD 1ML SYRINGE/NEEDLE/SLI	QL (200 syringes per 20 days)
<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); AGE: NOT COVERED UNDER 4 YEARS OF AGE
MONOJECT 20ML SYRINGE REG	QL (200 syringes per 20 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
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)
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 SYRING 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**

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**OTC** – Over the Counter

<b>Drug Name</b>	<b>Requirements/Limits</b>
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

### ***ELECTROLYTES, MISCELLANEOUS***

<i>oral electrolytes</i>	QL (5000 ml per 30 days); OTC ONLY
POTASSIUM & SODIUM PHOSPHATES POWDER PACK 280-160-250 MG	QL (200 packets per 30 days)
<i>potassium phosphate monobasic w/ sodium phosphate dibasic &amp; monobasic tab</i>	

### ***ELECTROLYTES, POTASSIUM***

<i>potassium bicarbonate</i>	
<i>potassium chloride</i>	
<i>potassium chloride tab controlled release</i>	

### ***ELECTROLYTES, POTASSIUM-REMOVING AGENTS***

<i>sodium polystyrene sulfonate</i>	
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### ***INTRAVENOUS NUTRITION, CALORIC AGENTS***

<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)



<b>Drug Name</b>	<b>Requirements/Limits</b>
PROCALAMINE	QL (3000 ml per 30 days)
PROSOL	QL (3000 ml per 30 days)
TROPHAMINE	QL (3000 ml per 30 days)

#### **INTRAVENOUS NUTRITION, ELECTROLYTES**

<i>parenteral electrolytes</i>	QL (3000 ml per 30 days)
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#### **INTRAVENOUS NUTRITION, VITAMINS AND MINERALS**

TRACE MINERALS (CR-CU-MN-ZN) INJ 1-100-30-500 MCG/ML	QL (3000 ml per 30 days)
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#### **PHOSPHATE**

K-PHOS	
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#### **VITAMINS AND MINERALS, FOLIC ACID / COMBINATIONS**

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

#### **VITAMINS AND MINERALS, MISCELLANEOUS**

AQUADEKS CAPS	QL (60 caps per 30 days)
AQUADEKS CHEW	QL (120 tabs per 30 days)
<i>b-complex with/ c &amp; folic acid cap 1 mg</i>	
<i>calci-max</i>	QL (30 caps per 30 days)
<i>calcium</i>	QL (100 tabs per 30 days); OTC ONLY
<i>calcium &amp; phosphorus w/ vitamin d</i>	QL (100 tabs per 30 days); OTC ONLY
<i>calcium ascorbate</i>	QL (100 tabs per 30 days); OTC ONLY
<i>calcium carbonate</i> CHEW 1250mg	QL (100 tabs per 30 days); OTC ONLY
<i>calcium carbonate</i> SUSP	QL (100 ml per 30 days); OTC ONLY
<i>calcium carbonate</i> TABS	QL (100 tabs per 30 days); OTC ONLY
<i>calcium carbonate-cholecalciferol</i> CAPS	QL (60 caps per 30 days); OTC ONLY
<i>calcium carbonate-cholecalciferol</i> CHEW	QL (500 tabs per 30 days); OTC ONLY
<i>calcium carbonate-cholecalciferol</i> CHEW	QL (60 tabs per 30 days); OTC ONLY
<i>calcium carbonate-cholecalciferol</i> TABS	QL (500 tabs per 30 days); OTC ONLY
<i>calcium carbonate-cholecalciferol</i> TABS	QL (60 tabs per 30 days); OTC ONLY
<i>calcium carbonate-vitamin d</i> CAPS	QL (500 caps per 30 days); OTC ONLY

<b>Drug Name</b>	<b>Requirements/Limits</b>
<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 &amp; k</i>	QL (200 tabs per 30 days); OTC ONLY
<i>calcium-magnesium-vitamin c-vitamin d</i>	QL (100 caps per 30 days); OTC ONLY
<i>caltrate 600+d3 soft chew</i>	QL (500 tabs per 30 days); OTC ONLY
<i>cholecalciferol</i> CAPS	QL (100 caps per 30 days); OTC ONLY
<i>cholecalciferol</i> CHEW	QL (100 tabs per 30 days); OTC ONLY
<i>cholecalciferol</i> LIQD 400unit/ml	QL (100 ml per 30 days); OTC ONLY
<i>cholecalciferol</i> LIQD 400unt/0.03ml, 2000unt/0.03ml	QL (60 ml per 30 days); OTC ONLY
<i>cholecalciferol</i> TABS	QL (100 tabs per 30 days); OTC ONLY
<i>cyanocobalamin</i>	
<i>ellis tonic</i>	QL (50 ml per 30 days)
<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>ferrex 150 forte</i>	QL (500 caps per 30 days); OTC ONLY
<i>ferrous gluconate</i>	QL (100 tabs per 30 days); OTC ONLY
<i>ferrous sulfata</i> ELIX	QL (400 ml per 30 days); OTC ONLY
<i>ferrous sulfata</i> SOLN	QL (60 ml per 30 days); OTC ONLY

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>ferrous sulfate</i> TABS	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 tab enteric coated</i>	QL (100 tabs per 30 days); OTC ONLY
<i>flintstones toddler/tasti</i>	QL (30 tabs per 30 days)
INFED	
MEPHYTON	
<i>multiple vitamin</i> CAPS	QL (30 caps per 30 days)
<i>multiple vitamin</i> LIQD	QL (50 ml per 30 days)
<i>multiple vitamin</i> TABS	QL (30 tabs per 30 days)
<i>multiple vitamins w/ calcium</i>	QL (30 tabs per 30 days)
<i>multiple vitamins w/ iron</i>	QL (30 tabs per 30 days)
<i>multiple vitamins w/ minerals</i> 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 &amp; fa</i>	QL (30 tabs per 30 days)
<i>pediatric multiple vitamin w/ extra c &amp; fa</i>	QL (30 tabs per 30 days)
<i>pediatric multiple vitamin w/ minerals &amp; c</i> CHEW	QL (30 tabs per 30 days)
<i>pediatric multiple vitamin w/ minerals &amp; c</i> LIQD	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 &amp; iron</i>	QL (50 ml per 30 days)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<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>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
<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

<b>Drug Name</b>	<b>Requirements/Limits</b>
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
PRE-NATAL FORMULA	QL (30 tabs per 30 days); OTC ONLY
PRENATAL	QL (30 tabs per 30 days)
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 / 30 days); OTC ONLY
<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)

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	
<i>prenatal vit w/ iron carbonyl-folic acid</i>	
PRENATAL VITAMIN	QL (30 tabs per 30 days); OTC Only
PRENATAL VITAMIN/IRON	QL (30 tabs per 30 days); OTC ONLY
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
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)

<b>Drug Name</b>	<b>Requirements/Limits</b>
EIPEN 2-PAK	QL (2 units per 30 days, 4 units per 365 days)
EIPEN-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</i> .02%	QL (313 ml per 30 days)
SPIRIVA RESPIMAT	QL (1 inhaler per 30 days)
TUDORZA PRESSAIR	QL (1 inhaler per 30 days)

### **ANTIHIISTAMINE/DECONGESTANT COMBINATIONS**

<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i>	QL (118 ml per 30 days); OTC ONLY
<i>cetirizine-pseudoephedrine</i>	QL (60 tabs per 30 days); OTC ONLY
<i>entre-hist pse</i>	QL (320 ml per 30 days); OTC ONLY
<i>fexofenadine-pseudoephedrine tab sustained-rel 12hr 60-120 mg</i>	QL (60 tabs per 30 days); OTC ONLY
<i>fexofenadine-pseudoephedrine tab sustained-rel 24hr 180-240 mg</i>	QL (30 tabs per 30 days); OTC ONLY
<i>loratadine &amp; pseudoephedrine tab ext-rel 12hr 5-120 mg</i>	QL (60 tabs per 30 days); OTC ONLY
<i>loratadine &amp; pseudoephedrine tab ext-rel 24hr 10-240 mg</i>	QL (30 tabs per 30 days); OTC ONLY
<i>promethazine &amp; phenylephrine</i>	

### **ANTIHIISTAMINES, LOW-SEDATING**

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

### **ANTIHIISTAMINES, NONSEDATING**

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>ANTI-HISTAMINES, SEDATING</b>	
<i>chlorpheniramine maleate</i> SYRP	QL (1800 ml per 30 days); OTC ONLY
<i>chlorpheniramine maleate</i> TABS	QL (200 tabs per 30 days); OTC ONLY
<i>chlorpheniramine maleate</i> TBCR	QL (30 tabs per 30 days); OTC ONLY
<i>clemastine fumarate</i>	QL (60 tabs per 30 days)
<i>cycloheptadine hcl</i>	
<i>diphenhydramine hcl</i> CAPS	QL (200 caps per 30 days)
<i>diphenhydramine hcl</i> CHEW; TABS; TBDP	QL (200 tabs per 30 days)
<i>diphenhydramine hcl</i> ELIX; LIQD; SYRP	QL (600 ml per 30 days)
<i>hydroxyzine hcl</i>	PA; HRM
<i>hydroxyzine pamoate</i>	PA; HRM
<b>ANTITUSSIVE COMBINATIONS, NON-OPIOID</b>	
<i>dextromethorphan-guaifenesin</i>	QL (240 ml per 30 days)
<i>dextromethorphan-guaifenesin tab sustained-rel</i> <i>12hr 30-600 mg</i>	QL (80 tabs per 30 days)
<i>dextromethorphan-guaifenesin tab sustained-rel</i> <i>12hr 60-1200 mg</i>	QL (80 tabs per 30 days)
<i>promethazine/dextromethorphan</i>	
<i>pseudoephedrine-brompheniramine-dextromethorphan</i>	
<b>ANTITUSSIVE COMBINATIONS, OPIOID</b>	
<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>	
<b>ANTITUSSIVES</b>	
<i>benzonatate</i>	
<b>BETA AGONISTS, INHALANTS, LONG ACTING</b>	
STRIVERDI RESPIMAT	QL (1 package / 30 days)
<b>BETA AGONISTS, INHALANTS, SHORT ACTING</b>	
<i>albuterol sulfate</i> NEBU .5%	QL (60 ml per 30 days)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml	QL (375 ml per 30 days)
PROAIR HFA	QL (8.5 gm per 30 days)
VENTOLIN HFA	QL (1 pack per 30 days)
<b>BETA AGONISTS, ORAL AGENTS</b>	
<i>albuterol sulfate</i> SYRP	

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate</i> TABS	
<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>	
<b>CYSTIC FIBROSIS</b>	
BETHKIS	
PULMOZYME	PA; SP
<i>tobramycin neb 300/5ml inhalation</i>	QL (56 ml per 28 days), PA; SP
<b>DECONGESTANT/EXPECTORANT COMBINATIONS</b>	
<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)
<b>DECONGESTANTS</b>	
<i>nasal decongestant</i>	QL (600 ml per 30 days); OTC ONLY
<i>pseudoephedrine hcl</i> LIQD	QL (600 ml per 30 days); OTC ONLY
<i>pseudoephedrine hcl</i> TABS	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
<b>EXPECTORANTS</b>	
<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)
<b>LEUKOTRIENE MODIFIERS</b>	
<i>montelukast sodium</i>	
<b>MAST CELL STABILIZERS</b>	
<i>cromolyn sodium</i> NEBU	QL (240 ml per 30 days)
<b>MEDICAL SUPPLIES</b>	
MASKS	QL (1 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)
<b>MISCELLANEOUS</b>	
ARALAST NP	PA; SP

<b>Drug Name</b>	<b>Requirements/Limits</b>
GLASSIA	PA; SP
<i>ipratropium bromide</i> .03%, .06%	QL (30 ml per 30 days)
<i>saline</i>	QL (250 ml per 30 days)
<i>sodium chloride</i> AERS	QL (250 ml per 30 days)
<i>sodium chloride</i> NEBU 3%, 7%, 10%	
<i>sodium chloride</i> NEBU .9%	QL (1200 ml per 30 days)
XOLAIR	PA; SP

#### **NASAL ANTIHISTAMINES**

<i>azelastine hcl</i> .1%	QL (60 ml per 30 days)
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#### **NASAL MAST CELL STABILIZERS**

<i>cromolyn sodium</i> AERS	QL (30 gm per 30 days)
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#### **NASAL STEROIDS**

<i>budesonide nasal spray</i>	QL (1 bottle / 30 days); OTC only
<i>flunisolide</i>	QL (2 bottles / 30 days)
<i>fluticasone propionate</i> SUSP	QL (0.063 / 30 days)
NASACORT AER 55MCG/AC	QL (17 gm per 30 days); OTC Only

#### **PULMONARY FIBROSIS AGENTS**

OFEV	PA; SP
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#### **STEROID INHALANTS**

ARNUITY ELLIPTA	QL (1 inhaler / 30 days)
ASMANEX 30 AER 110MCG	QL (2 inhalers per 30 days)
ASMANEX 30 AER 220MCG	QL (4 inhalers per 30 days)
ASMANEX 60 AER 220MCG	QL (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 DISKUS	QL (1 Inhaler / 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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>TOPICAL DECONGESTANTS</b>	
<i>oxymetazoline hcl</i>	QL (15 ml per 30 days); OTC ONLY
<b>XANTHINES</b>	
ELIXOPHYLLIN	
THEO-24	PA
<i>theophylline</i>	
<b>TOPICAL</b>	
<b>DERMATOLOGY, ACNE: ORAL</b>	
<i>isotretinoin</i>	PA
<b>DERMATOLOGY, ACNE: TOPICAL</b>	
<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)
<i>erythromycin</i> SOLN	QL (60 ml per 30 days)
<i>tazarotene cre 0.1%</i>	PA
TAZORAC	PA
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>	
<i>fluorouracil (topical)</i>	AGE: NOT COVERED LESS 18 YEARS OF AGE
<b>DERMATOLOGY, ANTIBIOTICS</b>	
<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>	
<b>DERMATOLOGY, ANTIFUNGALS</b>	
<i>ciclopirox</i>	
<i>ciclopirox olamine</i>	

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<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 topical powder 100000 unit/gm</i>	
<i>nystatin cream 100000 unit/gm</i>	QL (90 gm / 30 days)
<i>nystatin oint 100000 unit/gm</i>	QL (90 gm / 30 days)
<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)
<b>DERMATOLOGY, ANTIPSORIATICS, TOPICAL</b>	
<i>calcipotrien sol 0.005%</i>	QL (1 bottle / 30 days), ST
<i>calcipotriene oint 0.005%</i>	QL (60 gm / 30 days), ST
<b>DERMATOLOGY, ANTISEBORRHEICS</b>	
<i>selenium sulfide lotion 1%</i>	QL (420 ml per 30 days)
<i>selenium sulfide lotion 2.5%</i>	
<b>DERMATOLOGY, CORTICOSTEROID COMBINATIONS</b>	
<i>hydrocortisone-aloe vera</i>	QL (150 gm per 30 days)
<b>DERMATOLOGY, CORTICOSTEROIDS: HIGH POTENCY</b>	
<i>betamethasone dipropionate</i>	
<i>betamethasone dipropionate augmented CREA;</i> <i>LOTN</i>	
<i>triamcinolone acetonide (topical) CREA .5%</i>	
<i>triamcinolone acetonide (topical) OINT .5%</i>	
<b>DERMATOLOGY, CORTICOSTEROIDS: LOW POTENCY</b>	
<i>alclometasone dipropionate</i>	
<i>hydrocortisone CREA 2.5%</i>	
<i>hydrocortisone CREA .5%, 1%</i>	QL (150 gm per 30 days)
<i>hydrocortisone GEL</i>	QL (150 gm per 30 days)
<i>hydrocortisone LOTN 1%</i>	QL (300 ml per 30 days)
<i>hydrocortisone LOTN 2.5%</i>	
<i>hydrocortisone OINT 1%</i>	QL (150 gm per 30 days)
<i>hydrocortisone OINT 2.5%</i>	
<i>hydrocortisone OINT .5%</i>	QL (60 gm per 30 days)
<i>hydrocortisone SOLN</i>	QL (150 ml per 30 days)
<i>hydrocortisone acetate</i>	QL (150 gm per 30 days)
<b>DERMATOLOGY, CORTICOSTEROIDS: MEDIUM POTENCY</b>	
<i>betamethasone valerate</i>	
<i>fluticasone propionate CREA; OINT</i>	
<i>hydrocortisone butyrate</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<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%	
<b>DERMATOLOGY, CORTICOSTEROIDS: VERY HIGH POTENCY</b>	
<i>betamethasone dipropionate augmented</i> GEL; OINT	
<i>halobetasol propionate</i>	
<b>DERMATOLOGY, EMOLLIENTS</b>	
<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>	
<b>DERMATOLOGY, IMMUNOMODULATORS</b>	
ELIDEL	ST; AGE: NOT COVERED UNDER 2 YEARS OF AGE
<i>tacrolimus oint 0.1%</i>	QL (60 gm / 30 days), ST; AGE: NOT COVERED UNDER 16 YEARS OF AGE
<i>tacrolimus oint 0.03%</i>	QL (60 gm / 30 days), ST; AGE: NOT COVERED UNDER 2 YEARS OF AGE
<b>DERMATOLOGY, LOCAL ANALGESIC</b>	
<i>lidocaine patch 5%</i>	PA
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>	
<i>lidocaine hcl soln 4%</i>	
<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	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>	
ABREVA	QL (2 gm per 30 days); OTC ONLY
<i>calamine</i>	QL (250 ml per 30 days); OTC only
CUTTER BACKWOODS	QL (2 Rxs 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)

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

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

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

#### **OPHTHALMIC, ANTI-INFECTIVES**

<i>bacitracin</i> OINT 500unit/gm	
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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>bacitracin-polymyxin b</i>	
<i>ciprofloxacin hcl</i>	
<i>erythromycin OINT</i>	
<i>gentamicin sulfate OINT .3%</i>	
<i>gentamicin sulfate 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>	
<b>OPHTHALMIC, ANTI-INFLAMMATORY: NONSTEROIDAL</b>	
<i>diclofenac sodium SOLN</i>	
<i>flurbiprofen sodium</i>	
<i>ketorolac tromethamine SOLN</i>	
<b>OPHTHALMIC, ANTI-INFLAMMATORY: STEROIDAL</b>	
<i>dexamethasone sodium phosphate</i>	
<i>fluorometholone</i>	
<i>prednisolone acetate</i>	
<b>OPHTHALMIC, ANTIALLERGICS</b>	
<i>azelastine hcl .05%</i>	
<i>cromolyn sodium SOLN</i>	
<i>ketotifen fumarate</i>	QL (5 ml per 30 days)
<b>OPHTHALMIC, ANTIFUNGALS</b>	
<i>NATACYN</i>	QL (15 ml per 30 days)
<b>OPHTHALMIC, ANTIVIRAL</b>	
<i>trifluridine</i>	
<b>OPHTHALMIC, BETA-BLOCKERS: NONSELECTIVE</b>	
<i>BETIMOL</i>	
<i>levobunolol hcl</i>	
<i>metipranolol</i>	
<i>timolol maleate SOLG; SOLN</i>	
<b>OPHTHALMIC, BETA-BLOCKERS: SELECTIVE</b>	
<i>betaxolol hcl</i>	
<b>OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/BETA-BLOCKER COMBINATIONS</b>	
<i>dorzolamide hcl-timolol maleate</i>	
<b>OPHTHALMIC, CARBONIC ANHYDRASE INHIBITORS: ORAL</b>	
<i>acetazolamide</i>	
<i>methazolamide</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b><i>OPHTHALMIC, CARBONIC ANHYDRASE INHIBITORS: TOPICAL</i></b>	
<i>dorzolamide hcl</i>	
<b><i>OPHTHALMIC, MISCELLANEOUS</i></b>	
<i>artificial tear ointment</i>	QL (18 gm per 30 days)
<i>artificial tear solution</i>	QL (75 ml per 30 days)
<i>carboxymethylcellulose sodium</i>	QL (15 gm per 30 days); OTC ONLY
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
<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 OINT</i>	QL (18 gm per 30 days); OTC ONLY
<i>sodium chloride hypertonic SOLN</i>	QL (75 ml per 30 days); OTC ONLY
SYSTANE	QL (15 ml per 30 days); OTC ONLY



<b>Drug Name</b>	<b>Requirements/Limits</b>
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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**PA** - Prior Authorization    **QL** - Quantity Limits    **DS**- Day Supply Limits    **ST** - Step    71  
Therapy    **AGE** – Age Restriction    **HRM** – High Risk Medication    **SP** – Specialty  
Pharmacy    **OTC** – Over the Counter

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VICTOZA .....	33	ZERBAXA .....	3
VIDEX PEDIATRIC SOLN .....	7	ZEVALIN Y-90.....	13
<i>vinblastine sulfate</i> .....	13	ziagen .....	7
<i>vincristine sulfate</i> .....	13	ZIAGEN SOL 20MG/ML.....	7
<i>vinorelbine tartrate</i> .....	13	<i>zidovudine</i> .....	7
VIRACEPT .....	6	<i>zidovudine tab 300 mg</i> .....	7
VIREAD .....	7	<i>zinc oxide</i> .....	67
VISTOGARD .....	36	<i>ziprasidone hcl</i> .....	24
VITEKTA .....	6	ZOLADEX .....	11
VIVITROL.....	31	<i>zoledronic acid</i> .....	36
<i>voriconazole</i> .....	5	ZOLINZA.....	13
VOTRIENT.....	12	<i>zolmitriptan</i> .....	30
VPRIV.....	39	<i>zolpidem tartrate</i> .....	29
<b>W</b>		<i>zolpidem tartrate ext-rel</i> .....	29
<i>warfarin sodium</i> .....	46	<i>zonisamide</i> .....	19
WEGMANS COMPLETE PRENATAL .....	60	ZONTIVITY .....	47
WHEY PROTEIN DRINK MIX.....	53	ZORBTIVE .....	39
WINRHO SDF .....	47	ZOSTAVAX .....	50
<b>X</b>		ZOSYN.....	5
XALKORI.....	12	ZYDELIG .....	12
XARELTO .....	46	ZYKADIA.....	12
XGEVA.....	36	ZYPREXA RELPREVV .....	24
XIAFLEX .....	67	ZYTIGA .....	10
XOLAIR.....	63	ZYVOX SUS 100MG/5M .....	9
<b>Y</b>			
YALE NEEDLES 30G X 1-1/2 .....	53		