

Affinity Health Plan Enriched Health Formulary

(Effective 7/1/2017)

INTRODUCTION

We are pleased to provide the 2017 *Affinity Health Plan Enriched Health Formulary* as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

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

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

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

National guidelines can be found on the National Guideline Clearinghouse site at <http://www.guideline.gov>

PREFACE

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

GENERIC SUBSTITUTION

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

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

Prescription generic drugs are:

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

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

PLAN DESIGN

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

MEDICAL SUPPLIES

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

LEGEND

PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Drug with network requirement
ST	Step Therapy
CAPITALIZED	Indicates brand name drug
<i>Italicize</i>	Generic drug
HRM	High Risk Medication

AGE	Age Limit
OTC Only	Over the Counter Only
Rx Only	Prescription only
DS	Day Supply Limits

NOTICE

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

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

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

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

Drug Name	Requirements/Limits
<i>diflunisal</i>	
<i>etodolac</i>	
<i>flurbiprofen</i>	
<i>ibuprofen</i> CAPS	QL (200 caps per 30 days); OTC ONLY
<i>ibuprofen</i> CHEW	QL (100 tabs per 30 days); OTC ONLY
<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	
<i>diclofenac sodium (topical)</i>	
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)

Drug Name	Requirements/Limits
<i>morphine sulfate controlled-release</i> 60mg, 200mg	QL (60 tabs per 30 days)
<i>morphine sulfate sol 100/5ml</i>	QL (180 ml per 30 days)
<i>morphine sulfate solution</i>	QL (900 ml per 30 days)
<i>morphine sulfate suppositories</i>	QL (180 units per 30 days)
<i>morphine sulfate tab</i>	QL (180 tabs per 30 days)
<i>oxycodone hcl</i> CAPS	QL (180 caps per 30 days)
<i>oxycodone hcl</i> CONC	QL (180 ml per 30 days)
<i>oxycodone hcl</i> SOLN	QL (900 ml per 30 days)
<i>oxycodone hcl</i> TABS	QL (180 tabs per 30 days)
<i>oxycodone w/ acetaminophen</i> SOLN	QL (900 mL / 30 days)
<i>oxycodone w/ acetaminophen</i> TABS	QL (370 tabs per 30 days); GENERIC PERCOCET 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>

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

Drug Name	Requirements/Limits
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	
<i>cefdinir</i>	
<i>cefotaxime sodium</i>	
<i>ceftazidime</i>	
<i>ceftriaxone</i>	
<i>ceftriaxone sodium</i>	
ANTIBACTERIALS, CEPHALOSPORINS, 4TH GEN	
<i>cefepime</i>	
<i>cefepime/dextrose</i>	
ANTIBACTERIALS, CEPHALOSPORINS, 5TH GEN	
TEFLARO	PA
ANTIBACTERIALS, ERYTHROMYCINS/MACROLIDES	
<i>azithromycin</i>	
<i>azithromycin inj 2.5gm</i>	
<i>clarithromycin</i>	
<i>clarithromycin ext-rel</i>	
ERYTHROCIN LACTOBIONATE	
<i>erythromycin base</i>	
<i>erythromycin base ext-rel</i>	
<i>erythromycin stearate</i>	
ANTIBACTERIALS, FLUOROQUINOLONES	
AVELOX INJ	
<i>ciprofloxacin</i>	
<i>ciprofloxacin ext-rel</i>	
<i>ciprofloxacin hcl tab</i>	
<i>ciprofloxacin in d5w</i>	
<i>levofloxacin</i> SOLN 25mg/ml	
<i>levofloxacin</i> TABS	
<i>levofloxacin in d5w</i>	
ANTIBACTERIALS, PENICILLINS	

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Drug Name	Requirements/Limits
<i>amoxicillin</i>	
<i>amoxicillin & potassium clavulanate</i>	
<i>amoxicillin/potassium clavulanate</i>	
<i>ampicillin</i>	
<i>ampicillin & sulbactam sodium</i>	
<i>ampicillin sodium inj</i>	
BICILLIN C-R	
BICILLIN L-A	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium inj</i>	
<i>oxacillin sodium inj</i>	
<i>penicillin g potassium</i>	
<i>penicillin g procaine</i>	
<i>penicillin v potassium</i>	
<i>piperacillin sodium-tazobactam sodium</i>	
ZOSYN	

ANTIBACTERIALS, SULFONAMIDES

<i>sulfamethoxazole-trimethoprim</i>	
<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

Drug Name	Requirements/Limits
ANTIMALARIALS	
<i>atovaquone-proguanil hcl</i>	QL (23 tabs per 180 days)
<i>chloroquine phosphate</i>	QL (8 tabs per 180 days)
COARTEM	QL (24 tabs per 180 days)
<i>mefloquine hcl</i>	QL (8 tabs per 180 days)
ANTIRETROVIRALS, ANTIRETROVIRAL ADJUVANTS	
TYBOST	QL (30 tabs per 30 days)
ANTIRETROVIRALS, ANTIRETROVIRAL COMBINATIONS	
ATRIPLA	QL (30 tabs per 30 days)
COMBIVIR	QL (60 tabs / 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)
TRIUMEQ	QL (30 tabs per 30 days)
TRIZIVIR	QL (60 tabs / 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)

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Drug Name	Requirements/Limits
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)
<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 / 30 days)
EPIVIR TABS 300mg	QL (30 tabs / 30 days)
RETROVIR	QL (1800 mL / 30 days)
RETROVIR IV INFUSION	
<i>stavudine cap</i>	QL (60 caps per 30 days)
<i>stavudine soln</i>	QL (2400 ml per 30 days)

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Drug Name	Requirements/Limits
VIDEX PEDIATRIC SOLN 2gm	QL (360 ml per 30 days)
VIDEX PEDIATRIC SOLN 4gm	QL (480 ml per 30 days)
ZIAGEN	QL (60 tabs / 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>	

ANTIVIRALS, HEPATITIS AGENTS - HEPATITIS B

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

ANTIVIRALS, HEPATITIS AGENTS - HEPATITIS C

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

ANTIVIRALS, HERPES AGENTS

<i>acyclovir cap 200 mg</i>	
<i>acyclovir suspension 200 mg/5ml</i>	
<i>acyclovir tab 400 mg</i>	

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Drug Name	Requirements/Limits
<i>acyclovir tab 800mg</i>	
<i>famciclovir</i>	
<i>valacyclovir hcl</i>	

ANTIVIRALS, INFLUENZA AGENTS

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

MISCELLANEOUS

<i>atovaquone</i>	
<i>aztreonam</i>	
AZTREONAM IN DEXTROSE INJ	
<i>bacitracin SOLR</i>	
<i>chloramphenicol sodium succinate</i>	
<i>clindamycin hcl</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate inj</i>	
<i>colistimethate sodium inj</i>	
CUBICIN	
<i>dapsone</i>	
<i>erythromycin-sulfisoxazole</i>	
<i>ivermectin</i>	
<i>linezolid</i>	PA
<i>metronidazole CAPS</i>	
<i>metronidazole TABS</i>	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	
<i>metronidazole inj</i>	
NEUTREXIN	
<i>nitrofurantoin</i>	QL (90 ml per 365 days), PA
<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	

Drug Name	Requirements/Limits
<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

LEUKERAN

LOMUSTINE CAP 5 MG

melphalan hcl

MUSTARGEN

MYLERAN

oxaliplatin

temozolomide

PA; SP

TREANDA

PA; SP

ZANOSAR

ANTIMETABOLITES

ALIMTA

capecitabine

PA; SP

PA - Prior Authorization **QL** - Quantity Limits **DS**- Day Supply Limits **ST** - Step Therapy
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Drug Name	Requirements/Limits
<i>cladribine</i>	
CLOLAR	
<i>cytarabine</i>	
<i>floxuridine</i>	
<i>fludarabine phosphate</i>	
<i>fluorouracil</i>	
FOLOTYN	PA; SP
<i>gemcitabine hcl</i>	
<i>mercaptopurine</i>	
<i>methotrexate sodium</i>	
TABLOID	
TREXALL	
HORMONAL ANTINEOPLASTICS, ANTIANDROGENS	
<i>bicalutamide</i>	
<i>flutamide</i>	
<i>nilutamide</i>	
ZYTIGA	PA; SP
HORMONAL ANTINEOPLASTICS, ANTIESTROGENS	
FARESTON	
FASLODEX	
SOLTAMOX	
<i>tamoxifen citrate</i>	
HORMONAL ANTINEOPLASTICS, AROMATASE INHIBITORS	
<i>anastrozole</i>	
<i>exemestane</i>	
<i>letrozole</i>	
HORMONAL ANTINEOPLASTICS, GONADOTROPIN RELEASING HORMONE ANTAGONISTS	
FIRMAGON	PA; SP
HORMONAL ANTINEOPLASTICS, LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS	
ELIGARD	SP; All females need PA. Only males <20 need PA
<i>leuprolide acetate</i>	SP; All females need PA. Only males <20 need PA
LUPRON DEPOT (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

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

Drug Name	Requirements/Limits
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

HORMONAL ANTINEOPLASTICS, PROGESTINS

megestrol acetate SUSP; TABS

IMMUNOMODULATORS

REVLIMID PA; SP

KINASE INHIBITORS

AFINITOR PA; SP

CABOMETYX QL (30 tabs / 30 days), PA; SP

CAPRELSA PA; SP

COMETRIQ PA; SP

GILOTRIF PA; SP

IBRANCE PA; SP

imatinib mesylate PA; SP

IMBRUVICA PA; SP

INLYTA PA; SP

JAKAFI PA; SP

LENVIMA PA; SP

MEKINIST PA; SP

NEXAVAR PA; SP

STIVARGA PA; SP

SUTENT PA; SP

TAFINLAR PA; SP

TARCEVA PA; SP

TORISEL PA; SP

TYKERB PA; SP

VOTRIENT PA; SP

XALKORI PA; SP

ZELBORAF PA; SP

ZYDELIG PA; SP

ZYKADIA PA; SP

MISCELLANEOUS

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

Drug Name	Requirements/Limits
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	
<i>levoleucovorin calcium</i>	PA; SP
LYNPARZA	PA; SP
LYSODREN	
MATULANE	

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

Drug Name	Requirements/Limits
<i>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
ANTIRETROVIRALS	
ANTIRETROVIRAL COMBINATIONS	
DESCOVY	QL (30 tabs / 30 days)

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

Drug Name	Requirements/Limits
ODEFSEY	QL (30 tabs / 30 days)
BRONCHODILATORS - ANTICHOLINERGICS	
BRONCHODILATORS - ANTICHOLINERGICS	
INCRUSE ELLIPTA	QL (1 package / 30 days)
CARDIOVASCULAR	
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS	
<i>amlodipine besylate-benazepril hcl</i>	
ACE INHIBITOR/DIURETIC COMBINATIONS	
<i>benazepril & hydrochlorothiazide</i>	
<i>captopril & hydrochlorothiazide</i>	
<i>enalapril maleate & hydrochlorothiazide</i>	
<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>lisinopril & hydrochlorothiazide</i>	
<i>quinapril-hydrochlorothiazide</i>	
ACE INHIBITORS	
<i>benazepril hcl</i>	
<i>captopril</i>	
<i>enalapril maleate</i>	
<i>fosinopril sodium</i>	
<i>lisinopril</i>	
<i>quinapril hcl</i>	
<i>ramipril</i>	
<i>trandolapril</i>	
ADRENOLYTICS, CENTRAL	
<i>clonidine hcl</i>	
<i>guanfacine hcl</i>	
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>epirolone</i>	
<i>spironolactone</i>	
ALPHA BLOCKERS	
<i>doxazosin mesylate</i>	
<i>terazosin hcl</i>	
ANGIOTENSIN II RECEPTOR ANTAGONIST/DIURETIC COMBINATIONS	
<i>irbesartan-hydrochlorothiazide</i>	
<i>losartan potassium & hydrochlorothiazide</i>	
<i>valsartan-hydrochlorothiazide</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil</i>	
<i>irbesartan</i>	

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

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Drug Name	Requirements/Limits
<i>atenolol</i>	
<i>bisoprolol fumarate</i>	
BYSTOLIC	QL (30 tabs per 30 days)
<i>carvedilol</i>	
<i>labetalol hcl</i>	
<i>metoprolol succinate</i>	QL (30 tabs per 30 days)
<i>metoprolol tartrate</i>	
<i>nadolol 20mg, 80mg</i>	
<i>nadolol 40mg</i>	QL (30 tabs per 30 days)
<i>pindolol</i>	
<i>propranolol hcl</i>	
<i>timolol maleate</i> TABS	

CALCIUM CHANNEL BLOCKERS, DIHYDROPYRIDINES

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

CALCIUM CHANNEL BLOCKERS, NON DIHYDROPYRIDINES

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

DIGITALIS GLYCOSIDES

<i>digoxin</i>	
LANOXIN	

DIURETICS

<i>amiloride & hydrochlorothiazide</i>	
<i>amiloride hcl</i>	
<i>bumetanide</i>	
<i>chlorthalidone</i>	
<i>furosemide</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<i>metolazone</i>	
<i>spironolactone & hydrochlorothiazide</i>	
<i>toremide</i>	
<i>triamterene & hydrochlorothiazide</i>	

MISCELLANEOUS

<i>hydralazine hcl</i>	
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Drug Name	Requirements/Limits
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<i>methyldopa</i>	
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<i>midodrine hcl</i>	
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NEPRILYSIN INHIBITOR/ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

ENTRESTO	
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NITRATE/VASODILATOR COMBINATIONS

BIDIL	
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NITRATES, ORAL

<i>isosorbide dinitrate</i>	
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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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Drug Name	Requirements/Limits
<i>alprazolam orally disintegrating tab 1 mg</i>	QL (90 tabs per 30 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	QL (60 tabs per 30 days)
<i>chlordiazepoxide hcl</i>	ST; AGE (65 and over)
<i>clonazepam</i>	
<i>diazepam SOLN</i>	QL (1200 ml per 30 days), ST; AGE (65 and older)
<i>diazepam TABS</i>	QL (120 tabs per 30 days), ST; AGE (65 and older)
<i>lorazepam</i>	QL (150 tabs per 30 days)
<i>lorazepam 2mg/ml</i>	QL (90 ml per 30 days)
<i>oxazepam</i>	QL (120 caps per 30 days)

ANTIANXIETY, 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>	

Drug Name	Requirements/Limits
<i>phenobarbital</i>	
<i>phenytoin</i>	
<i>phenytoin sodium extended</i>	
<i>primidone</i>	
SABRIL	PA; SP
TEGRETOL	
TEGRETOL-XR	
<i>tiagabine hcl</i>	
<i>topiramate</i>	
<i>valproate sodium</i>	
<i>valproic acid</i>	
ZARONTIN	
<i>zonisamide</i>	PA
ANTIDEMENTIA	
<i>donepezil hydrochloride</i>	
<i>galantamine hydrobromide</i>	
<i>memantine hcl tab 5 mg</i>	QL (120 tabs per 30 days), ST
<i>memantine hcl tab 10 mg</i>	QL (60 tabs per 30 days), ST
NAMENDA SOL 10MG/5ML	QL (300 ml per 30 days), ST
NAMENDA TITRATION PAK	ST
<i>rivastigmine</i>	PA
<i>rivastigmine tartrate</i>	PA
ANTIDEPRESSANTS, MAOIS	
MARPLAN	
<i>phenelzine sulfate</i>	
<i>tranylcypromine sulfate</i>	
ANTIDEPRESSANTS, MISCELLANEOUS	
<i>bupropion hcl</i>	
<i>mirtazapine</i>	
<i>trazodone hcl</i>	
ANTIDEPRESSANTS, SNRIS	
<i>duloxetine hcl</i>	PA
<i>venlafaxine hcl</i>	
<i>venlafaxine hcl ext-rel CP24</i>	QL (30 caps per 30 days)
<i>venlafaxine hcl ext-rel TB24</i>	QL (30 tabs per 30 days)
ANTIDEPRESSANTS, SSRIS	
<i>citalopram hydrobromide</i>	
<i>escitalopram oxalate SOLN</i>	

Drug Name	Requirements/Limits
<i>escitalopram oxalate</i> TABS	QL (30 tabs per 30 days)
<i>fluoxetine hcl</i>	
<i>paroxetine hcl</i>	
PAXIL SUSPENSION 10MG/5ML	
<i>sertraline hcl</i>	

ANTIDEPRESSANTS, TCAS

<i>amitriptyline hcl</i> 10mg	QL (90 tabs per 30 days)
<i>amitriptyline hcl</i> 25mg	QL (60 tabs per 30 days); AGE (0-64) QL 90 per 30 days, AGE (65 and over) QL 60 per 30 days
<i>amitriptyline hcl</i> 50mg	QL (30 tabs per 30 days); AGE (0-64) QL 60 per 30 days, AGE (65 and over) QL 30 per 30 days
<i>amitriptyline hcl</i> 75mg	QL (60 tabs per 30 days); AGE (0-64)
<i>amitriptyline hcl</i> 100mg, 150mg	QL (30 tabs per 30 days); AGE (0-64)
<i>desipramine hcl</i> 10mg, 25mg	QL (90 tabs per 30 days)
<i>desipramine hcl</i> 50mg, 75mg	QL (60 tabs per 30 days)
<i>desipramine hcl</i> 100mg	QL (30 tabs per 30 days); AGE (0-64) QL 90 per 30 days, AGE (65 and over) QL 30 per 30 days
<i>desipramine hcl</i> 150mg	QL (30 tabs per 30 days); AGE (0-64) QL 60 per 30 days, AGE (65 and over) QL 30 per 30 days
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg	QL (90 caps per 30 days)
<i>doxepin hcl</i> CAPS 75mg	QL (60 caps per 30 days)
<i>doxepin hcl</i> CAPS 100mg	QL (30 caps per 30 days); AGE (0-64) QL 90 per 30 days, AGE (65 and over) QL 30 per 30 days
<i>doxepin hcl</i> CAPS 150mg	QL (30 caps per 30 days); AGE (0-64) QL 60 per 30 days, AGE (65 and over) QL 30 per 30 days

Drug Name	Requirements/Limits
<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
<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)

Drug Name	Requirements/Limits
<i>aripiprazole oral solution 1 mg/ml</i>	QL (750ml 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
<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
NUPLAZID	PA
<i>olanzapine</i> 2.5mg	QL (240 tabs per 30 days)
<i>olanzapine</i> 5mg	QL (120 tabs per 30 days)
<i>olanzapine</i> 7.5mg, 10mg	QL (60 tabs per 30 days)

Drug Name	Requirements/Limits
<i>olanzapine</i> 15mg, 20mg	QL (30 tabs per 30 days)
<i>olanzapine orally disintegrating tab</i>	QL (30 tabs per 30 days)
<i>paliperidone</i> 1.5mg, 3mg, 9mg	QL (30 tabs per 30 days), PA
<i>paliperidone</i> 6mg	QL (60 tabs per 30 days), PA
<i>quetiapine fumarate</i> 25mg	QL (960 tabs per 30 days)
<i>quetiapine fumarate</i> 50mg	QL (480 tabs per 30 days)
<i>quetiapine fumarate</i> 100mg	QL (240 tabs per 30 days)
<i>quetiapine fumarate</i> 200mg	QL (120 tabs per 30 days)
<i>quetiapine fumarate</i> 300mg, 400mg	QL (60 tabs per 30 days)
RISPERDAL CONSTA	QL (2 unit per 30 days)
<i>risperidone</i> SOLN	QL (480 ml per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 6ML PER DAY
<i>risperidone</i> TABS 1mg	QL (480 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 6 PER DAY
<i>risperidone</i> TABS 2mg	QL (240 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 3 PER DAY
<i>risperidone</i> TABS 3mg	QL (150 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 2 PER DAY
<i>risperidone</i> TABS 4mg	QL (120 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 per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 12 PER DAY
<i>risperidone</i> TABS .25mg	QL (1920 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 24 PER DAY

Drug Name	Requirements/Limits
<i>risperidone</i> TBDP 1mg	QL (480 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 6 PER DAY
<i>risperidone</i> TBDP 2mg	QL (240 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 3 PER DAY
<i>risperidone</i> TBDP 3mg	QL (150 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 2 PER DAY
<i>risperidone</i> TBDP 4mg	QL (120 tabs per 30 days); AGE: LESS THAN 18 YEARS OF AGE MAX DOSE OF 1 PER DAY
<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 unit per 30 days)
ZYPREXA RELPREVV 405mg	QL (1 unit per 30 days)

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

Drug Name	Requirements/Limits
<i>chlorpromazine hcl</i> 100mg	QL (300 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>chlorpromazine hcl</i> 200mg	QL (150 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>fluphenazine decanoate</i>	QL (5ml 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

Drug Name	Requirements/Limits
<i>thioridazine hcl</i> 10mg	QL (2400 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thioridazine hcl</i> 25mg	QL (960 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thioridazine hcl</i> 50mg	QL (480 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thioridazine hcl</i> 100mg	QL (240 tabs per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<i>thiothixene</i> 1mg	QL (1800 caps per 30 days); AGE: NOT COVERED OVER 65 YEARS OF AGE
<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

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

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

Drug Name	Requirements/Limits
<i>methylphenidate hcl cap sustained-rel 24hr 20 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap sustained-rel 24hr 30 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl cap sustained-rel 24hr 40 mg</i>	QL (30 caps per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl solution 5 mg/5ml</i>	QL (1800 ml per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl solution 10 mg/5ml</i>	QL (900 ml per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl tab controlled-release</i> 27mg, 54mg	TB24 QL (30 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl tab controlled-release</i> 36mg	TB24 QL (60 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<i>methylphenidate hcl tab controlled-release</i> 10mg, 20mg	TBCR QL (90 tabs per 30 days); NOT COVERED LESS THAN 3 YEARS OF AGE
<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

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

Drug Name	Requirements/Limits
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)
HYPNOTICS: NON-BENZODIAZEPINES	
<i>diphenhydramine hcl (sleep)</i> CAPS	QL (500 caps per 30 days)
<i>diphenhydramine hcl (sleep)</i> TABS	QL (500 tabs per 30 days)
<i>zolpidem tartrate</i>	QL (15 tabs per 30 days)
<i>zolpidem tartrate ext-rel</i>	QL (15 tabs per 30 days)
MIGRAINE, ERGOTAMINE DERIVATIVES	
CAFERGOT	
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	QL (8 ml per 30 days)
MIGRAINE, SELECTIVE SEROTONIN AGONISTS	
<i>naratriptan hcl</i>	QL (9 tabs per 30 days), ST
<i>rizatriptan benzoate</i>	QL (18 tabs per 30 days), ST
<i>sumatriptan spray</i> 5mg/act	QL (24 ml per 30 days)
<i>sumatriptan spray</i> 20mg/act	QL (12 ml per 30 days)
<i>sumatriptan succinate</i> SOAJ; SOCT; SOSY	QL (12 units per 30 days)
<i>sumatriptan succinate</i> SOLN	QL (12 ml per 30 days)
<i>sumatriptan succinate</i> TABS	QL (12 tabs per 30 days)
<i>zolmitriptan</i>	QL (12 tabs per 30 days), ST
MISCELLANEOUS	
<i>riluzole</i>	
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

Drug Name	Requirements/Limits
<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 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

<i>baclofen</i>	
<i>carisoprodol</i>	QL (120 tabs per 30 days)
<i>chlorzoxazone</i>	
<i>cyclobenzaprine hcl</i>	
<i>dantrolene sodium</i>	
<i>methocarbamol</i>	PA; HRM
<i>orphenadrine citrate</i>	
<i>orphenadrine w/ aspirin & caffeine tab</i>	
<i>tizanidine hcl</i>	

MYASTHENIA GRAVIS

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

<i>modafinil</i>	QL (30 tabs per 30 days), PA
NUVIGIL	PA

PSYCHOTHERAPEUTIC-MISC, ALCOHOL DETERRENTS

<i>acamprosate calcium</i>	AGE; NOT COVERED LESS THAN 18 YEARS OF AGE
<i>disulfiram</i>	AGE; NOT COVERED LESS THAN 18 YEARS OF AGE

Drug Name	Requirements/Limits
VIVITROL	SP; AGE: Not covered less than 18 years of age

PSYCHOTHERAPEUTIC-MISC, OPIOID ANTAGONIST

<i>naloxone hcl inj 0.4 mg/ml</i>	QL (2 units per 30 days)
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	QL (2 units per 30 days)
<i>naltrexone hcl</i>	AGE: Not covered less than 18 years of age
<i>narcan</i>	QL (2 units per 30 days)

PSYCHOTHERAPEUTIC-MISC, PARTIAL OPIOID AGONIST/OPIOID ANTAGONIST COMBINATIONS

<i>buprenorphine hcl-naloxone hcl sublingual tab 2-0.5mg</i>	QL (90 tabs per 30 days); AGE; NOT COVERED LESS THAN 18 YEARS OF AGE
<i>buprenorphine hcl-naloxone hcl sublingual tab 8-2mg</i>	QL (90 tabs per 30 days); AGE; NOT COVERED LESS THAN 18 YEARS OF AGE

PSYCHOTHERAPEUTIC-MISC, PARTIAL OPIOID AGONISTS

<i>buprenorphine hcl 2mg</i>	QL (3 tabs per day, max 3 days); AGE; NOT COVERED LESS THAN 18 YEARS OF AGE
<i>buprenorphine hcl 8mg</i>	QL (2 tabs per day, max 3 days); AGE; NOT COVERED LESS THAN 18 YEARS OF AGE

PSYCHOTHERAPEUTIC-MISC, PSEUDOBLBAR AFFECT

NUEDEXTA	PA
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PSYCHOTHERAPEUTIC-MISC, SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent)</i>	QL (60 tabs per 30 days)
CHANTIX	QL (60 tabs per 30 days)
<i>nicotine polacrilex gum</i>	QL (720 pieces per 30 days); OTC ONLY;
<i>nicotine polacrilex lozenge</i>	QL (600 pieces per 30 days)
<i>nicotine transdermal patch</i>	QL (30 patches per 30 days); OTC ONLY;
NICOTROL INHALER	QL (480 units per 30 days)
NICOTROL NS	QL (1200 ml per days)

COMPLEMENT INHIBITORS

C1 INHIBITORS

RUCONEST	PA; SP
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Drug Name	Requirements/Limits
ENDOCRINE AND METABOLIC	
ANDROGENS	
<i>testosterone cypionate</i>	PA
<i>testosterone enanthate</i>	PA
<i>testosterone gel</i>	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITOR	
<i>acarbose 25mg</i>	QL (360 tabs per 30 days)
<i>acarbose 50mg</i>	QL (180 tabs per 30 days)
<i>acarbose 100mg</i>	QL (90 tabs per 30 days)
ANTIDIABETICS, AMYLIN ANALOGS	
SYMLINPEN 60	QL (3 pens (4.5ML) per 30 days), PA
SYMLINPEN 120	QL (4 pens (10.8ML) per 30 days), PA
ANTIDIABETICS, BIGUANIDE/SULFONYLUREA COMBINATIONS	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	QL (240 tabs per 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	QL (120 tabs per 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	QL (120 tabs per 30 days)
<i>glyburide-metformin tab 1.25-250 mg</i>	QL (240 tabs per 30 days); HRM
<i>glyburide-metformin tab 2.5-500 mg</i>	QL (120 tabs per 30 days); HRM
<i>glyburide-metformin tab 5-500 mg</i>	QL (120 tabs per 30 days); HRM
ANTIDIABETICS, BIGUANIDES	
<i>metformin hcl 500mg</i>	QL (150 tabs per 30 days)
<i>metformin hcl 850mg</i>	QL (90 tabs per 30 days)
<i>metformin hcl 1000mg</i>	QL (60 tabs per 30 days)
<i>metformin tab 500mg ext-rel</i>	QL (120 tabs per 30 days)
<i>metformin tab 750mg ext-rel</i>	QL (60 tabs per 30 days)
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR/BIGUANIDE COMBINATIONS	
JANUMET	QL (60 tabs per 30 days), ST
JANUMET XR TAB 50-500MG	QL (60 tabs per 30 days), ST
JANUMET XR TAB 50-1000	QL (60 tabs per 30 days), ST
JANUMET XR TAB 100-1000	QL (30 tabs per 30 days), ST
JENTADUETO	QL (60 tabs per 30 days), ST
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
JANUVIA 25mg	QL (120 tabs per 30 days), ST

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

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

ANTIDIABETICS, INSULINS

APIDRA	
APIDRA SOLOSTAR	
HUMALOG	
HUMALOG KWIKPEN	
HUMALOG MIX 50/50	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
HUMALOG MIX 75/25 KWIKPEN	
HUMULIN 70/30	QL (50 ml per 30 days)
HUMULIN 70/30 KWIKPEN	QL (50 ml per 30 days)
HUMULIN N	QL (50 ml per 30 days)
HUMULIN N KWIKPEN	QL (50 ml 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)
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Drug Name	Requirements/Limits
<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</i> 2.5mg	QL (240 tabs per 30 days)
<i>glipizide ext-rel tab</i> 5mg	QL (120 tabs per 30 days)
<i>glipizide ext-rel tab</i> 10mg	QL (60 tabs per 30 days)
<i>glyburide</i> 1.25mg	QL (480 tabs per 30 days), PA; HRM
<i>glyburide</i> 2.5mg	QL (240 tabs per 30 days), PA; HRM
<i>glyburide</i> 5mg	QL (120 tabs per 30 days), PA; HRM
<i>glyburide micronized</i> 1.5mg	QL (240 tabs per 30 days), PA; HRM
<i>glyburide micronized</i> 3mg	QL (120 tabs per 30 days), PA; HRM
<i>glyburide micronized</i> 6mg	QL (60 tabs per days), PA; HRM

ANTIDIABETICS, SUPPLIES

ALCOHOL PREPS	QL (400 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)

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

Drug Name	Requirements/Limits
BD INSULIN SYRINGE ULTRAF	QL (200 units per 20 days)
BD INSULIN SYRINGE/U-100/	QL (200 units per 20 days)
BD PEN NEEDLE/MINI/ULTRAF	QL (200 units per 20 days)
BD PEN NEEDLE/NANO/ULTRA	QL (200 units per 20 days)
BD PEN NEEDLE/ULTRAFINE/2	QL (200 units per 20 days)
BD PEN NEEDLES SHORT/ULTR	QL (200 units per 20 days)
BLOOD GLUCOSE CALIBRATION - LIQUID	QL (1 unit per 15 days)
BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	QL (1 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 unit per 999 days), ST
INSULIN INFUSION PUMP - DEVICE	QL (1 unit 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 units per 20 days); OTC ONLY
<i>lancets</i>	QL (200 units per 20 days); OTC ONLY
LANCETS KIT	QL (2 kit per 20 days); OTC ONLY
LANCETS MISC.	QL (2 units per 20 days); OTC ONLY
NOVOPEN 3 PENMATE	QL (200 units per 20 days)
PTS PANELS KETONE TEST	QL (200 strips per 20 days)
URINE GLUCOSE MONITORING SUPPLIES	QL (200 units per 20 days)
V-GO	PA, ST

ANTIDOTES

VISTOGARD

CALCIUM RECEPTOR ANTAGONISTS

SENSIPAR PA; SP

CALCIUM REGULATORS, BISPHOSPHONATES

alendronate sodium

zoledronic acid PA; SP

CALCIUM REGULATORS, CALCITONINS

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

Drug Name	Requirements/Limits
<i>calcitonin (salmon)</i>	
CALCIUM REGULATORS, RANK LIGAND INHIBITORS	
PROLIA	PA; SP
XGEVA	PA; SP
CONTRACEPTIVES, BIPHASIC	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	
CONTRACEPTIVES, EMERGENCY CONTRACEPTION	
ELLA	QL (6 tabs per 365 days)
<i>levonorgestrel tab 1.5 mg</i>	QL (6 tabs per 365 days)
CONTRACEPTIVES, EXTENDED CYCLE	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	
CONTRACEPTIVES, IMPLANT	
NEXPLANON	QL (1 device per Lifetime); SP; FEMALE ONLY; AGE: COVERED BETWEEN AGE 18-65 YEARS OF AGE
CONTRACEPTIVES, INJECTABLE	
<i>medroxyprogesterone acetate SUSP</i>	QL (1 ml per 90 days)
CONTRACEPTIVES, MISCELLANEOUS	
CONDOMS - FEMALE	QL (108 units per 20 days)
CONDOMS - MALE	QL (108 units per 20 days); OTC ONLY
DIAPHRAGM DPRH	QL (1 device per 365 days)
DIAPHRAGM KIT	QL (1 kit per 365 days)
NONOXYNOL-9	QL (108 gm per 30 days); OTC ONLY
PARAGARD INTRAUTERINE COP	QL (1 device per Lifetime); FEMALE ONLY; AGE: COVERED BETWEEN AGE 12-65 YEARS OF AGE
CONTRACEPTIVES, MONOPHASIC	
<i>desogestrel & ethinyl estradiol</i>	
<i>drospirenone-ethinyl estradiol</i>	
<i>ethynodiol diacetate & ethinyl estradiol</i>	
<i>levonorgestrel & ethinyl estradiol</i>	
<i>norethindrone & ethinyl estradiol tab</i>	
<i>norethindrone & mestranol</i>	
<i>norethindrone ace & ethinyl estradiol</i>	
<i>norethindrone ace & ethinyl estradiol-fe</i>	

Drug Name	Requirements/Limits
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<i>norgestimate-ethinyl estradiol</i>	
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<i>norgestrel & ethinyl estradiol</i>	
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CONTRACEPTIVES, PROGESTIN INTRAUTERINE DEVICE

MIRENA	QL (1 device per Lifetime); SP; FEMALE ONLY; AGE: COVERED BETWEEN AGE 12-65 YEARS OF AGE
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SKYLA	QL (1 device per Lifetime); SP; FEMALE ONLY; AGE: COVERED BETWEEN AGE 12-65 YEARS OF AGE
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CONTRACEPTIVES, PROGESTIN ONLY

<i>norethindrone</i>	
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CONTRACEPTIVES, TRANSDERMAL

<i>norelgestromin-ethinyl estradiol</i>	
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CONTRACEPTIVES, TRIPHASIC

<i>desogestrel-ethinyl estradiol (triphasic)</i>	
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<i>levonorgestrel-ethinyl estradiol tab (triphasic)</i>	
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<i>norethindrone-ethinyl estradiol (triphasic)</i>	
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<i>norgestimate-ethinyl estradiol (triphasic)</i>	
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<i>norgestimate-ethinyl estradiol tab</i>	
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<i>0.18-25/0.215-25/0.25-25 mg-mcg</i>	
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CONTRACEPTIVES, VAGINAL

NUVARING	
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ENDOMETRIOSIS

<i>danazol</i>	
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SYNAREL	
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ESTROGEN/PROGESTIN, ORAL

<i>estradiol & norethindrone acetate</i>	
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<i>norethindrone acetate-ethinyl estradiol</i>	
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ESTROGEN/PROGESTIN, TRANSDERMAL

COMBIPATCH	
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ESTROGENS, ORAL

<i>estradiol</i> TABS 1mg	QL (180 tabs per 30 days), PA; HRM
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<i>estradiol</i> TABS 2mg	QL (90 tabs per 30 days), PA; HRM
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<i>estradiol</i> TABS .5mg	QL (360 tabs per 30 days), PA; HRM
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<i>estropipate</i>	QL (30 tabs per 30 days)
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Drug Name	Requirements/Limits
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)
ESTROGENS, TRANSDERMAL	
<i>estradiol</i> PTTW	PA; HRM
<i>estradiol</i> PTWK	PA; HRM
ESTROGENS, VAGINAL	
ESTRACE	
FEMRING	
VAGIFEM	
GLUCOCORTICOIDS	
<i>dexamethasone elixir</i>	
<i>dexamethasone soln</i>	
<i>dexamethasone tab</i>	
<i>fludrocortisone acetate</i>	
<i>hydrocortisone</i> TABS	
<i>methylprednisolone</i>	
<i>prednisolone</i>	
<i>prednisolone orally disintegrating tab</i>	
<i>prednisolone sodium phosphate</i>	
<i>prednisone</i>	
GLUCOSE ELEVATING AGENT	
<i>dextrose (diabetic use)</i>	QL (465 gm per 30 days); OTC ONLY
GLUCAGEN HYPOKIT	QL (2 units per 30 days)
GLUCAGON EMERGENCY KIT	QL (2 kit per 30 days)
GLUCOSE	QL (60 tabs per 30 days); OTC ONLY
RELION GLUCOSE	QL (60 tabs per 30 days); OTC ONLY
HUMAN GROWTH HORMONES	
NORDITROPIN FLEXPRO	PA; SP
ZORBTIVE	PA; SP
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS	
<i>calcitriol</i>	
<i>doxercalciferol</i>	
INSULIN-LIKE GROWTH FACTOR	

Drug Name	Requirements/Limits
INCRELEX	PA; SP
LYSOSOMAL STORAGE DISORDERS	
ALDURAZYME	PA; SP
CEREZYME	PA; SP
ELAPRASE	PA; SP
FABRAZYME	PA; SP
LUMIZYME	PA; SP
NAGLAZYME	PA; SP
VPRIV	PA; SP
MISCELLANEOUS	
<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
PHENYLKETONURIA TREATMENT AGENTS	
KUVAN	PA; SP
PHOSPHATE BINDER AGENTS	
AURYXIA	ST
<i>calcium acetate (phosphate binder)</i>	
RENVELA PAK	ST
<i>sevelamer carbonate</i>	ST
PROGESTINS, INJECTABLE	
MAKENA	PA; SP
PROGESTINS, ORAL	
<i>medroxyprogesterone acetate</i> TABS	
<i>norethindrone acetate</i>	
<i>progesterone micronized cap</i>	
PROGESTINS, VAGINAL	
CRINONE	Female Only
SELECTIVE ESTROGEN RECEPTOR MODULATOR	
OSPHENA	
THYROID AGENTS, ANTITHYROID AGENTS	
<i>methimazole</i>	

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

Drug Name	Requirements/Limits
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<i>propylthiouracil</i>	
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THYROID SUPPLEMENTS

ARMOUR THYROID	
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<i>levothyroxine sodium</i>	
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<i>liothyronine sodium</i>	
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SYNTHROID	
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<i>thyroid</i>	
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VASOPRESSIN RECEPTOR ANTAGONISTS

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

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

ANTACIDS

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

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

ANTISPASMODICS

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

CHOLELITHOLYTICS

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

Drug Name	Requirements/Limits
<i>ursodiol</i>	
H2-RECEPTOR ANTAGONISTS	
<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>	
INFLAMMATORY BOWEL DISEASE, ORAL AGENTS	
<i>APRISO</i>	
<i>balsalazide disodium</i>	
<i>budesonide</i>	
<i>sulfasalazine</i>	
INFLAMMATORY BOWEL DISEASE, RECTAL AGENTS	
<i>hydrocortisone (intrarectal)</i>	
<i>mesalamine</i>	
<i>mesalamine w/ cleanser</i>	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	
<i>LINZESS</i>	QL (30 caps / 30 days)
LAXATIVES/STOOL SOFTENERS	
<i>bisacodyl</i>	QL (250 units per 30 days); OTC ONLY
<i>bisacodyl tab delayed release 5 mg</i>	QL (500 tabs per 30 days); OTC ONLY
<i>calcium polycarbophil</i>	QL (200 tabs per 30 days); OTC ONLY
<i>docusate calcium cap 240 mg</i>	QL (100 caps per 30 days); OTC ONLY
<i>docusate sod cap 100mg</i>	QL (500 tabs per 30 days); OTC ONLY
<i>docusate sodium CAPS 50mg, 100mg</i>	QL (500 caps per 30 days); OTC ONLY

Drug Name	Requirements/Limits
<i>docusate sodium</i> CAPS 250mg	QL (200 caps per 30 days); OTC ONLY
<i>docusate sodium</i> LIQD	QL (600 ml per 30 days); OTC ONLY
<i>docusate sodium</i> SYRP	QL (2365 ml per 30 days); OTC ONLY
KRISTALOSE	
<i>lactulose</i>	
<i>magnesium hydroxide</i>	QL (2365 ml per 30 days)
<i>methylcellulose</i>	QL (2400 tabs per 30 days); OTC ONLY
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	
<i>polyethylene glycol 3350</i> PACK	QL (30 packets per 30 days)
<i>polyethylene glycol 3350</i> POWD	QL (527 gm per 30 days)
<i>sennosides</i> CHEW; TABS	QL (200 tabs per 30 days); OTC ONLY
<i>sennosides</i> LIQD	QL (600 ml per 30 days); OTC ONLY
<i>sennosides-docusate sodium</i>	QL (120 tabs per 30 days); OTC ONLY
SUPREP BOWEL PREP KIT	
MISCELLANEOUS	
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

Drug Name	Requirements/Limits
<i>simethicone SUSP</i>	QL (625 ml per 30 days); OTC ONLY
<i>sucralfate tab 1 gm</i>	

PANCREATIC ENZYMES

CREON
ZENPEP

PROSTAGLANDINS

misoprostol

PROTON PUMP INHIBITORS (PPI)

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

SALIVA STIMULANTS

pilocarpine hcl (oral)

STEROIDS, RECTAL

hydrocortisone (rectal)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i>	
<i>finasteride</i>	MALE ONLY
<i>tamsulosin hcl</i>	

MISCELLANEOUS

<i>acetic acid vaginal</i>	QL (720 ml per 30 days); OTC ONLY
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Drug Name	Requirements/Limits
<i>bethanechol chloride</i>	
CYSTAGON	PA; SP
ELMIRON	
<i>phenazopyridine hcl</i>	
<i>potassium citrate (alkalinizer)</i>	

URINARY ANTISPASMODICS

<i>oxybutynin chloride</i>	
<i>oxybutynin chloride tab sustained-rel 24hr 5 mg</i>	QL (30 tabs per 30 days)
<i>oxybutynin chloride tab sustained-rel 24hr 10 mg</i>	
<i>oxybutynin chloride tab sustained-rel 24hr 15 mg</i>	
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</i> KIT	QL (1 kit per 30 days); OTC ONLY
<i>miconazole nitrate vaginal</i> SUPP 100mg	QL (7 units per 30 days); OTC ONLY
<i>miconazole nitrate vaginal</i> SUPP 200mg	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>	

Drug Name	Requirements/Limits
XARELTO	
ANTIHEMOPHILIC AGENTS	
ANTIHEMOPHILIC FACTOR (HUMAN)	PA; SP
ANTIHEMOPHILIC FACTOR (RECOMB) RFVIIIIC	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
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
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
PLATELET AGGREGATION INHIBITORS	
<i>aspirin</i> CHEW	QL (200 tabs per 30 days); OTC ONLY

Drug Name	Requirements/Limits
<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
BRILINTA	
<i>clopidogrel bisulfate</i>	
<i>dipyridamole</i>	
EFFIENT	
ZONTIVITY	
PLATELET SYNTHESIS INHIBITOR	
<i>anagrelide hcl</i>	
STEM CELL MOBILIZERS	
MOZOBIL	PA; SP
HEPATITIS AGENTS	
HEPATITIS B AGENTS	
VEMLIDY	QL (30 tabs / 30 days)
IMMUNOLOGIC AGENTS	
BIOLOGIC DISEASE-MODIFYING AGENTS	
ENBREL	PA; SP
HUMIRA	PA; SP
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDS)	
<i>hydroxychloroquine sulfate</i>	
<i>leflunomide</i>	
IMMUNE GLOBULINS	
RHO D IMMUNE GLOBULIN	PA; SP
WINRHO SDF	PA; SP
IMMUNOMODULATORS, INTERFERONS	
ACTIMMUNE	PA; SP
ALFERON N	PA; SP
INTRON A	PA; SP
INTRON A W/DILUENT	PA; SP

Drug Name	Requirements/Limits
PEG-INTRON	PA; SP
PEG-INTRON REDIPEN	PA; SP
PEG-INTRON REDIPEN PAK 4	PA; SP
PEGASYS	PA; SP
PEGASYS PROCLICK	PA; SP
SYLATRON	PA; SP
IMMUNOMODULATORS, MISCELLANEOUS	
ARCALYST	PA; SP
ILARIS	PA; SP
IMMUNOSUPPRESSANTS, ANTIMETABOLITES	
AZASAN	
<i>azathioprine</i>	
<i>mycophenolate mofetil</i>	
IMMUNOSUPPRESSANTS, CALCINEURIN INHIBITORS	
<i>cyclosporine</i>	
<i>cyclosporine modified (for microemulsion)</i>	
NEORAL	
SANDIMMUNE	
<i>tacrolimus</i>	
IMMUNOSUPPRESSANTS, MISCELLANEOUS	
BENLYSTA	PA; SP
IMMUNOSUPPRESSANTS, RAPAMYCIN DERIVATIVE	
RAPAMUNE	
<i>sirolimus</i>	
MONOCLONAL ANTIBODIES	
SYNAGIS	PA; SP
VACCINES	
ADACEL	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 and OVER
AFLURIA PF 2016-2017	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER
BEXSERO	AVAILABLE THROUGH VACCINE NETWORK OR MEDICAL BENEFIT ONLY IN MEMBERS 19 AND OVER

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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
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

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

Drug Name	Requirements/Limits
CHERRY SYRUP	
COAL TAR	
COCOA BUTTER	
COLLODION FLEXIBLE	
ETHOXY DIGLYCOL REAGENT	
FLAVOR BLEND	
GELATIN CAPSULES	
GLYCOLIC ACID	
GRAPE FLAVOR	
LACTOSE	
LACTOSE HYDROUS	
<i>megestrol acetate</i> POWD	
METHYLPARABEN	
ORA-SWEET SF	
POLOX	
POLYETHYLENE GLYCOL 400	
RASPBERRY SYRUP	
SM BORIC ACID	
SODIUM BISULFITE	
SODIUM HYDROXIDE	
SQUARIC ACID DIBUTYLESTER POWDER	
STEVIA EXTRACT	
SUPPOSIBASE F	

DIAGNOSTIC AGENTS

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

BARDIA BULB IRRIGATION SY	QL (200 units per 20 days)
BD 1ML SYRINGE/NEEDLE/SLI	QL (200 units per 20 days)
<i>bd 20ml syringe luer slip</i>	QL (200 units per 20 days)
BD 30ML SYRINGE LUER-LOK	QL (200 units per 20 days)
BD ECLIPSE SYRINGE SLIP T	QL (200 units per 20 days)
BD ECLIPSE SYRINGE/1ML/27	QL (200 units per 20 days)
BD ECLIPSE SYRINGE/1ML/30	QL (200 units per 20 days)
BD INTEGRA 1ML SYRINGE W/	QL (200 units per 20 days)
BD LUER LOCK SYRINGE/1ML/	QL (200 units per 20 days)
BD SAFETYGLIDE 27G X 5/8"	QL (200 units per 20 days)
BLOOD PRESSURE MONITORING - DEVICE	QL (1 device per 999 days)
BLOOD PRESSURE MONITORING - KIT	QL (1 kit per 999 days)

Drug Name	Requirements/Limits
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 units per 20 days)
HEARING AID BATTERIES-MISC	QL (24 units per 20 days)
HEAT WRAPS	QL (1 units per 365 days)
HEATING PADS	QL (1 units per 999 days)
HOT/COLD THERAPY AIDS - MISC	QL (1 units per 365 days)
HOT/COLD THERAPY AIDS - PADS	QL (1 units per 365 days)
INCONTINENCE SUPPLIES DISPOSABLE - MISC	QL (30 units per 30 days); AGE: NOT COVERED UNDER 4 YEARS OF AGE
MONOJECT 20ML SYRINGE REG	QL (200 units per 20 days)
MONOJECT SOFTPACK 20ML/LT	QL (200 units per 20 days)
MONOJECT SOFTPACK 35ML/RE	QL (200 units per 20 days)
MONOJECT SYRINGE/ECCENTRI	QL (200 units per 20 days)
MONOJECT SYRINGE/LUER LOC	QL (200 units per 20 days)
MONOJECT SYRINGE/LUER-LOC	QL (200 units per 20 days)
MULTIFIT REUSABLE SYRINGE	QL (200 units per 20 days)
MULTIFIT REUSABLE TB SYRI	QL (200 units per 20 days)
OSTOMY SUPPLIES - CREAM	QL (60 gm per 30 days)
OSTOMY SUPPLIES - LIQUID	QL (25 ml per 30 days)
OSTOMY SUPPLIES - MISC	QL (150 units per 30 days)
OSTOMY SUPPLIES - OINT	QL (60 gm per 30 days)
OSTOMY SUPPLIES - PASTE	QL (25 ml per 30 days)
OSTOMY SUPPLIES - POUCH	QL (200 units per 30 days)
OSTOMY SUPPLIES - POWDER	QL (25 gm per 30 days)
OSTOMY SUPPLIES - STRIP	QL (60 strips per 30 days)
OSTOMY SUPPLIES - WAFER (SKIN BARRIER)	QL (75 units per 30 days)
OSTOMY SUPPLIES IRRIGATION KIT	QL (200 kit per 30 days)
100ML SYRING MIS LUER-LOK	QL (200 units per 20 days)
20-25ML SYRINGE/LUER LOCK	QL (200 units per 20 days)
1ML TB SYRINGE/LUER SLIP	QL (200 units per 20 days)
TERUMO SURGUARD2 SYRINGE/	QL (200 units per 20 days)
THERMOMETERS	QL (1 kit per 20 days)
TOOMEY SYRINGE	QL (200 units per 20 days)
YALE NEEDLES 30G X 1-1/2"	QL (200 units per 20 days)

NUTRITIONAL / SUPPLEMENTS

AMINO ACIDS

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

Drug Name	Requirements/Limits
AMINOSYN	QL (3000 ml per 30 days)
GLUTARADE AMINO ACID BLEN	PA

CALORIC AGENTS

ADDITIONS FOOD ENHANCER	PA
WHEY PROTEIN DRINK MIX	PA

DIETARY MANAGEMENT PRODUCTS

BOOST PUDDING	PA
CAMINO PRO COMPLETE/GLYTA	PA
CARNATION INSTANT BREAKFA	PA
ENFAMIL PREMIUM LIPIL	PA
GOOD START SUPREME NATURA	PA
GOOD START SUPREME W/IRON	PA
MODULEN IBD	PA
NESTLE FLAVOR	PA
PROTEIN FORTIFIED COOKIE	PA
RESOURCE JUICE DRINK	PA
TOLEREX	PA

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 & 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)

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

Drug Name	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 2	QL (3000 ml per 30 days)
CLINIMIX 4.25%/DEXTROSE 5	QL (3000 ml per 30 days)
CLINIMIX 5%/DEXTROSE 15%	QL (3000 ml per 30 days)
CLINIMIX 5%/DEXTROSE 20%	QL (3000 ml per 30 days)
CLINIMIX 5%/DEXTROSE 25%	QL (3000 ml per 30 days)
<i>fat emulsion</i>	QL (3000 ml per 30 days)
FREAMINE HBC 6.9%	QL (3000 ml per 30 days)
FREAMINE III	QL (3000 ml per 30 days)
NEPHRAMINE	QL (3000 ml per 30 days)
PROCALAMINE	QL (3000 ml per 30 days)
PROSOL	QL (3000 ml per 30 days)
TROPHAMINE	QL (3000 ml per 30 days)

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 & 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 & 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

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

Drug Name	Requirements/Limits
<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 sulfate</i> ELIX	QL (400 ml per 30 days); OTC ONLY
<i>ferrous sulfate</i> SOLN	QL (60 ml per 30 days); OTC ONLY
<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

Drug Name	Requirements/Limits
<i>omega-3 fatty acids</i> LIQD	QL (200 ml per 30 days); OTC ONLY
<i>oyster shell</i>	QL (500 tabs per 30 days); OTC ONLY
<i>pediatric multiple vitamin w/ c</i>	QL (50 ml per 30 days)
<i>pediatric multiple vitamin w/ c & fa</i>	QL (30 tabs per 30 days)
<i>pediatric multiple vitamin w/ extra c & fa</i>	QL (30 tabs per 30 days)
<i>pediatric multiple vitamin w/ minerals & c</i> CHEW	QL (30 tabs per 30 days)
<i>pediatric multiple vitamin w/ minerals & c</i> LIQD	QL (60 ml per 30 days)
<i>pediatric multiple vitamins</i> CHEW	QL (30 tabs per 30 days)
<i>pediatric multiple vitamins</i> LIQD	QL (50 ml per 30 days)
<i>pediatric multiple vitamins w/ iron</i> CHEW	QL (30 tabs per 30 days)
<i>pediatric multiple vitamins w/ iron</i> LIQD; SOLN	QL (50 ml per 30 days)
<i>pediatric multivitamins w/fluoride</i>	AGE: NOT COVERED OVER 17 YEARS OF AGE
<i>pediatric multivitamins w/fluoride & iron</i>	QL (50 ml per 30 days)
<i>pediatric vitamins acd w/ fluoride</i>	QL (50 ml per 30 days); AGE: NOT COVERED OVER 17 YEARS OF AGE
<i>pediatric vitamins adc</i>	QL (50 ml per 30 days)
<i>polysaccharide iron complex</i>	QL (200 caps per 30 days); OTC ONLY
<i>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)

Drug Name	Requirements/Limits
CITRANATAL ASSURE	QL (60 tabs per 30 days)
CITRANATAL B-CALM	QL (90 tabs per 30 days)
CITRANATAL DHA	QL (60 tabs per 30 days)
CITRANATAL HARMONY	QL (30 caps per 30 days)
CITRANATAL RX	QL (30 tabs per 30 days)
CLASSIC PRENATAL	QL (30 tabs per 30 days); OTC ONLY
CVS PRENATAL	QL (30 tabs per 30 days); OTC ONLY
CVS PRENATAL GUMMY/DHA/FO	QL (30 tabs per 30 days); OTC ONLY
CVS WOMENS PRENATAL+DHA	QL (60 tabs per 30 days); OTC ONLY
ENFAMIL EXPECTA	QL (60 tabs per 30 days); OTC ONLY
EQL PRENATAL FORMULA	QL (30 tabs per 30 days); OTC ONLY
GNP DAILY PRENATAL	QL (60 tabs per 30 days); OTC ONLY
GNP PRENATAL	QL (30 tabs per 30 days); OTC ONLY
GOODSENSE PRENATAL VITAMI	QL (30 tabs per 30 days); OTC ONLY
HM ONE DAILY PRENATAL COM	QL (60 tabs per 30 days); OTC ONLY
HM PRENATAL	QL (30 tabs per 30 days); OTC ONLY
KP PRENATAL MULTIVITAMINS	QL (30 tabs per 30 days); OTC ONLY
MISSION PRENATAL	QL (30 tabs per 30 days)
MULTI PRENATAL	QL (30 tabs per 30 days)
NAT-RUL PRENATAL VITAMINS	QL (30 tabs per 30 days); OTC ONLY
ONE-A-DAY WOMENS PRENATAL	QL (60 tabs per 30 days); OTC ONLY
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

Drug Name	Requirements/Limits
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)
<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

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

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

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

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

COMBIVENT RESPIMAT	QL (8 gm per 30 days)
<i>ipratropium-albuterol</i>	QL (540 ml per 30 days)

ANTICHOLINERGICS

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

ANTI-HISTAMINE/DECONGESTANT COMBINATIONS

<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	QL (118 ml per 30 days); OTC ONLY
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Drug Name	Requirements/Limits
<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 & pseudoephedrine tab ext-rel 12hr 5-120 mg</i>	QL (60 tabs per 30 days); OTC ONLY
<i>loratadine & pseudoephedrine tab ext-rel 24hr 10-240 mg</i>	QL (30 tabs per 30 days); OTC ONLY
<i>promethazine & phenylephrine</i>	

ANTI-HISTAMINES, LOW-SEDATING

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

ANTI-HISTAMINES, NONSEDATING

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

ANTI-HISTAMINES, SEDATING

<i>chlorpheniramine maleate</i> SYRP	QL (1800 ml per 30 days); OTC ONLY
<i>chlorpheniramine maleate</i> TABS	QL (200 tabs per 30 days); OTC ONLY
<i>chlorpheniramine maleate</i> TBCR	QL (30 tabs per 30 days); OTC ONLY
<i>clemastine fumarate</i>	QL (60 tabs per 30 days)
<i>cyproheptadine 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)

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

Drug Name	Requirements/Limits
<i>hydroxyzine hcl</i>	PA; HRM
<i>hydroxyzine pamoate</i>	PA; HRM

ANTITUSSIVE COMBINATIONS, NON-OPIOID

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

ANTITUSSIVE COMBINATIONS, OPIOID

<i>guaifenesin-codeine</i>	
<i>hydrocodone w/ homatropine</i>	
<i>phenylephrine-promethazine w/ codeine syrup 5-6.25-10 mg/5ml</i>	
<i>promethazine w/codeine</i>	
<i>pseudoephedrine w/ codeine-guaifenesin</i>	

ANTITUSSIVES

<i>benzonatate</i>	
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BETA AGONISTS, INHALANTS, LONG ACTING

STRIVERDI RESPIMAT	QL (1 package / 30 days)
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BETA AGONISTS, INHALANTS, SHORT ACTING

<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 (8.5 gm per 30 days)

BETA AGONISTS, ORAL AGENTS

<i>albuterol sulfate</i> SYRP	
<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>	

CYSTIC FIBROSIS

BETHKIS	
PULMOZYME	PA; SP
<i>tobramycin neb 300/5ml inhalation</i>	QL (56 ml per 28 days and 28 days ml per 56 days), PA; SP

Drug Name	Requirements/Limits
DECONGESTANT/EXPECTORANT COMBINATIONS	
<i>pseudoephedrine-guaifenesin tab ext-rel 12hr</i>	QL (60 tabs per 30 days)
<i>pseudoephedrine-guaifenesin tab sr 12hr</i>	QL (60 tabs per 30 days)
DECONGESTANTS	
<i>nasal decongestant</i>	QL (600 ml per 30 days); OTC ONLY
<i>pseudoephedrine hcl LIQD</i>	QL (600 ml per 30 days); OTC ONLY
<i>pseudoephedrine hcl TABS</i>	QL (120 tabs per 30 days); OTC ONLY
<i>pseudoephedrine hcl tab ext-rel 12hr 120 mg</i>	QL (40 tabs per 30 days); OTC ONLY
EXPECTORANTS	
<i>guaifenesin</i>	QL (1185 ml per 30 days)
<i>guaifenesin tab ext-rel 12hr 600 mg</i>	QL (120 tabs per 30 days)
<i>yodofan-nf chest congesti</i>	QL (1185 ml per 30 days)
LEUKOTRIENE MODIFIERS	
<i>montelukast sodium</i>	
MAST CELL STABILIZERS	
<i>cromolyn sodium NEBU</i>	QL (240 ml per 30 days)
MEDICAL SUPPLIES	
MASKS	QL (1 unit per 180 days); AGE: NOT COVERED OVER 11 YEARS OF AGE
NEBULIZERS	QL (1 unit per 365 days)
PEAK FLOW METER	QL (1 device / 365 days)
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	QL (1 unit per 180 days); AGE: NOT COVERED OVER 11 YEARS OF AGE
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	QL (1 unit per 365 days)
VAPORIZERS	QL (1 units per 999 days)
MISCELLANEOUS	
ARALAST NP	PA; SP
GLASSIA	PA; SP
<i>ipratropium bromide .03%, .06%</i>	QL (30 ml per 30 days)
<i>saline</i>	QL (250 ml per 30 days)
<i>sodium chloride AERS</i>	QL (250 ml per 30 days)
<i>sodium chloride NEBU 3%, 7%, 10%</i>	
<i>sodium chloride NEBU .9%</i>	QL (1200 ml per 30 days)
XOLAIR	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

Drug Name	Requirements/Limits
NASAL ANTIHISTAMINES	
<i>azelastine hcl</i> .1%	QL (60 ml per 30 days)
NASAL MAST CELL STABILIZERS	
<i>cromolyn sodium</i> AERS	QL (30 gm per 30 days)
NASAL STEROIDS	
<i>budesonide nasal spray</i>	QL (1 ml per 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
STEROID INHALANTS	
ARNUITY ELLIPTA	QL (2 inhalers / 30 days)
ASMANEX 30 AER 110MCG	QL (2 inhalers per 30 days)
ASMANEX 30 AER 220MCG	QL (4 inhalers per 30 days)
ASMANEX 60 AER 220MCG	QL (4 inhalers per 30 days)
ASMANEX 120 AER 220MCG	QL (4 inhalers per 30 days)
ASMANEX HFA	QL (1 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 inhaler per 30 days)
QVAR	QL (1 inhaler per 30 days)
STEROID/BETA AGONIST COMBINATIONS	
ADVAIR DISKU AER 100/50	QL (60 doses per 30 days), ST; AGE: COVERED BETWEEN 4 and 11 YEARS OF AGE
DULERA	QL (13 gm per 30 days)
SYMBICORT	QL (11 gm per 30 days), ST
TOPICAL DECONGESTANTS	
<i>oxymetazoline hcl</i>	QL (15 ml per 30 days); OTC ONLY
XANTHINES	
ELIXOPHYLLIN	

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

Drug Name	Requirements/Limits
THEO-24	PA
<i>theophylline</i>	

TOPICAL

DERMATOLOGY, ACNE: ORAL

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

<i>benzoyl peroxide</i> CREA	QL (141 gm per 30 days)
<i>benzoyl peroxide</i> GEL	QL (90 gm per 30 days)
<i>benzoyl peroxide</i> LIQD 2.5%	QL (170.1 ml 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 cream 0.1%</i>	PA
TAZORAC	PA

DERMATOLOGY, ACTINIC KERATOSIS

<i>fluorouracil (topical)</i>	AGE: NOT COVERED LESS 18 YEARS OF AGE
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DERMATOLOGY, ANTIBIOTICS

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

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i>	
<i>ciclopirox olamine</i>	
<i>clotrimazole</i>	
<i>clotrimazole (topical)</i>	

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

Drug Name	Requirements/Limits
<i>iodoquinol-hc</i>	
<i>ketoconazole</i>	
<i>miconazole nitrate</i>	QL (150 gm per 30 days); OTC ONLY
<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>nystatin topical powder 100000 unit/gm</i>	
<i>tolnaftate</i>	QL (50 ml per 30 days)
<i>tolnaftate aerosol powder 1%</i>	QL (150 gm per 30 days)
<i>tolnaftate cream 1%</i>	QL (75 gm per 30 days)
DERMATOLOGY, ANTIPSORIATICS, TOPICAL	
<i>calcipotrien sol 0.005%</i>	QL (1 bottle / 30 days), ST
<i>calcipotriene oint 0.005%</i>	QL (60 gm / 30 days), ST
DERMATOLOGY, ANTISEBORRHEICS	
<i>selenium sulfide lotion 1%</i>	QL (420 ml per 30 days)
<i>selenium sulfide lotion 2.5%</i>	
DERMATOLOGY, CORTICOSTEROID COMBINATIONS	
<i>hydrocortisone-aloe vera</i>	QL (150 gm per 30 days)
DERMATOLOGY, CORTICOSTEROIDS: HIGH POTENCY	
<i>betamethasone dipropionate</i>	
<i>betamethasone dipropionate augmented</i> CREA; LOTN	
<i>triamcinolone acetonide (topical)</i> CREA .5%	
<i>triamcinolone acetonide (topical)</i> OINT .5%	
DERMATOLOGY, CORTICOSTEROIDS: LOW POTENCY	
<i>alclometasone dipropionate</i>	
<i>hydrocortisone</i> CREA 2.5%	
<i>hydrocortisone</i> CREA .5%, 1%	QL (150 gm per 30 days)
<i>hydrocortisone</i> GEL	QL (150 gm per 30 days)
<i>hydrocortisone</i> LOTN 1%	QL (300 ml per 30 days)
<i>hydrocortisone</i> LOTN 2.5%	
<i>hydrocortisone</i> OINT 1%	QL (150 gm per 30 days)
<i>hydrocortisone</i> OINT 2.5%	
<i>hydrocortisone</i> OINT .5%	QL (60 gm per 30 days)
<i>hydrocortisone</i> SOLN	QL (150 ml per 30 days)
<i>hydrocortisone acetate</i>	QL (150 gm per 30 days)
DERMATOLOGY, CORTICOSTEROIDS: MEDIUM POTENCY	
<i>betamethasone valerate</i>	
<i>fluticasone propionate</i> CREA; OINT	

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

Drug Name	Requirements/Limits
<i>hydrocortisone butyrate</i>	
<i>mometasone furoate</i>	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%	
<i>triamcinolone acetonide (topical)</i> LOTN	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .05%, .1%	
DERMATOLOGY, CORTICOSTEROIDS: VERY HIGH POTENCY	
<i>betamethasone dipropionate augmented</i> GEL; OINT	
<i>halobetasol propionate</i>	
DERMATOLOGY, EMOLLIENTS	
<i>lactic acid (ammonium lactate)</i> CREA	QL (400 gm per 30 days)
<i>lactic acid (ammonium lactate)</i> LOTN	QL (400 ml per 30 days)
<i>lactic acid w/ vitamin e</i>	
DERMATOLOGY, IMMUNOMODULATORS	
ELIDEL	ST; AGE: NOT COVERED UNDER 2 YEARS OF AGE
<i>tacrolimus oint 0.1%</i>	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
DERMATOLOGY, LOCAL ANALGESIC	
<i>lidocaine patch 5%</i>	PA
DERMATOLOGY, LOCAL ANESTHETICS	
<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	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
ABREVA	QL (2 gm per 30 days); OTC ONLY
<i>calamine</i>	QL (250 ml per 30 days); OTC only
CUTTER BACKWOODS	
CUTTER SKINSATIONS	
DRYSOL	QL (60 mL per 30 days)

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

Drug Name	Requirements/Limits
<i>imiquimod</i>	AGE: NOT COVERED LESS 11 YEARS OF AGE
MICROCLENS WIPES	QL (500 units per 30 days)
NATRAPEL 12-HOUR TICK & I	
OFF ACTIVE	
OFF DEEP WOODS	
OFF DEEP WOODS DRY	
OFF SMOOTH & DRY	
<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	
REPEL SPORTSMEN MAX	
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%	

Drug Name	Requirements/Limits
<i>neomycin-polymyxin-dexamethasone ophth susp</i>	
<i>0.1%</i>	
<i>neomycin-polymyxin-hc ophth susp</i>	
<i>sulfacetamide sod-prednisolone</i>	
<i>tobramycin-dexamethasone</i>	
OPHTHALMIC, ANTI-INFECTIVES	
<i>bacitracin OINT 500unit/gm</i>	
<i>bacitracin-polymyxin b</i>	
<i>ciprofloxacin hcl</i>	
<i>erythromycin OINT</i>	
<i>gentamicin 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>	
OPHTHALMIC, ANTI-INFLAMMATORY: NONSTEROIDAL	
<i>diclofenac sodium SOLN</i>	
<i>flurbiprofen sodium</i>	
<i>ketorolac tromethamine SOLN</i>	
OPHTHALMIC, ANTI-INFLAMMATORY: STEROIDAL	
<i>dexamethasone sodium phosphate</i>	
<i>fluorometholone</i>	
<i>prednisolone acetate</i>	
OPHTHALMIC, ANTIALLERGICS	
<i>azelastine hcl .05%</i>	
<i>cromolyn sodium SOLN</i>	
<i>ketotifen fumarate</i>	QL (5 ml per 30 days)
OPHTHALMIC, ANTIFUNGALS	
<i>NATACYN</i>	QL (15 ml per 30 days)
OPHTHALMIC, ANTIVIRAL	
<i>trifluridine</i>	
OPHTHALMIC, BETA-BLOCKERS: NONSELECTIVE	
<i>BETIMOL</i>	
<i>levobunolol hcl</i>	
<i>metipranolol</i>	

Drug Name	Requirements/Limits
<i>timolol maleate</i> SOLG; SOLN	
OPHTHALMIC, BETA-BLOCKERS: SELECTIVE	
<i>betaxolol hcl</i>	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/BETA-BLOCKER COMBINATIONS	
<i>dorzolamide hcl-timolol maleate</i>	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITORS: ORAL	
<i>acetazolamide</i>	
<i>methazolamide</i>	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITORS: TOPICAL	
<i>dorzolamide hcl</i>	
OPHTHALMIC, MISCELLANEOUS	
<i>artificial tear ointment</i>	QL (18 gm per 30 days)
<i>artificial tear solution</i>	QL (75 ml per 30 days)
<i>carboxymethylcellulose sodium</i>	QL (15 gm per 30 days); OTC ONLY
GENTEAL	QL (15 gm per 30 days); OTC ONLY
GENTEAL MILD	QL (15 ml per 30 days); OTC ONLY
GENTEAL MILD TO MODERATE	QL (15 ml per 30 days); OTC ONLY
<i>glycerin-hypromellose-polyethylene glycol 400</i>	QL (15 ml per 30 days); OTC ONLY
HYPOTEARs	QL (15 ml per 30 days); OTC ONLY
<i>hypromellose</i>	QL (15 ml per 30 days); OTC ONLY
LUCENTIS	PA; SP
MACUGEN	PA; SP
MOISTURE EYES	QL (15 ml per 30 days); OTC ONLY
<i>polyethylene glycol-polyvinyl alcohol</i>	QL (15 ml per 30 days); OTC ONLY
<i>polyvinyl alcohol</i>	QL (15 ml per 30 days); OTC ONLY
<i>polyvinyl alcohol-povidone</i>	QL (15 ml per 30 days); OTC ONLY
REFRESH	QL (15 ml per 30 days); OTC ONLY

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

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<i>mg</i>	29	ASMANEX 30 AER 220MCG	67
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<i>amphetamine-dextroamphetamine tab</i>		<i>atenolol</i>	17
<i>7.5 mg</i>	28	<i>atenolol & chlorthalidone</i>	16
<i>ampicillin</i>	5	<i>atorvastatin calcium</i>	16
<i>ampicillin & sulbactam sodium</i>	5	<i>atovaquone</i>	9
<i>ampicillin sodium inj</i>	5	<i>atovaquone-proguanil hcl</i>	6
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<i>anagrelide hcl</i>	50	<i>atropine sulfate (ophthalmic)</i>	74
<i>anastrozole</i>	11	AUBAGIO	32
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ANTIINHIBITOR COAGULANT COMPLEX		<i>bacitracin</i>	9, 68, 72
.....	49	<i>bacitracin-polymyxin b</i>	68, 72

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	71	BICILLIN C-R	5
<i>baclofen</i>	32	BICILLIN L-A	5
BACTROBAN NASAL	68	BICNU	10
<i>balsalazide disodium</i>	45	BIDIL.....	18
BANANA CREAM FLAVOR.....	53	<i>bisacodyl</i>	45
BARACLUDE SOL .05MG/ML	8	<i>bisacodyl tab delayed release 5 mg</i>	45
BARDIA BULB IRRIGATION SY	54	<i>bismuth subsalicylate</i>	43
BASAGLAR KWIKPEN.....	53	<i>bisoprolol & hydrochlorothiazide</i>	17
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BAYER CONTOUR NEXT BLOOD.....	37	BLOOD GLUCOSE CALIBRATION - LIQUID	37
<i>b-complex with/ c & folic acid cap 1 mg</i>	57	BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH.....	37
BD 1ML SYRINGE/NEEDLE/SLI	54	BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	37
<i>bd 20ml syringe luer slip</i>	54	BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	37
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BD ECLIPSE SYRINGE/1ML/27	54	BOOST PUDDING	55
BD ECLIPSE SYRINGE/1ML/30	54	BOOSTRIX.....	51
BD INSULIN SYRINGE ULTRAF	37	BORIC ACID	53
BD INSULIN SYRINGE/U-100/	37	BRILINTA	50
BD INTEGRA 1ML SYRINGE W/	54	<i>brimonidine tartrate</i>	74
BD LUER LOCK SYRINGE/1ML/	54	<i>bromocriptine mesylate</i>	22
BD PEN NEEDLE/MINI/ULTRAF	37	<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	63
BD PEN NEEDLE/NANO/ULTRA.....	37	<i>budesonide</i>	45
BD PEN NEEDLE/ULTRAFINE/2.....	37	<i>budesonide (inhalation)</i>	67
BD PEN NEEDLES SHORT/ULTR	37	<i>budesonide nasal spray</i>	67
BD SAFETYGLIDE 27G X 5/8	54	<i>bumetanide</i>	17
<i>benazepril & hydrochlorothiazide</i>	15	<i>buprenorphine hcl</i>	33, 34
<i>benazepril hcl</i>	15	<i>buprenorphine hcl-naloxone hcl sublingual tab 2-0.5 mg</i>	33
BENLYSTA.....	51	<i>buprenorphine hcl-naloxone hcl sublingual tab 8-2 mg</i>	33
<i>benzonatate</i>	65	<i>bupropion hcl</i>	20
<i>benzoyl peroxide</i>	68	<i>bupropion hcl (smoking deterrent)</i>	34
<i>benzoyl peroxide-erythromycin</i>	68	<i>buspirone hcl</i>	19
<i>benztropine mesylate</i>	22	BUSULFEX	10
BENZYL ALCOHOL.....	53	<i>butalbital-acetaminophen-caffeine</i>	1
<i>betamethasone dipropionate</i>	69	<i>butalbital-aspirin-caffeine</i>	1
<i>betamethasone dipropionate augmented</i>	69, 70	BYSTOLIC	17
<i>betamethasone valerate</i>	69	C	
<i>betaxolol hcl</i>	72	<i>cabergoline</i>	42
<i>bethanechol chloride</i>	47	CABOMETYX	12
BETHKIS.....	65		
BETIMOL.....	72		
<i>bexarotene cap 75 mg</i>	13		
BEXSERO	51		
<i>bicalutamide</i>	11		

CAFERGOT	31	CEFOTETAN DISODIUM	4
<i>calamine</i>	70	CEFOTETAN/DEXTROSE	4
<i>calci-max</i>	57	<i>cefoxitin sodium</i>	4
<i>calcipotrien sol 0.005%</i>	69	CEFOXITIN SODIUM	4
<i>calcipotriene oint 0.005%</i>	69	<i>cefprozil</i>	4
<i>calcitonin (salmon)</i>	38	<i>ceftazidime</i>	4
<i>calcitriol</i>	41	<i>ceftriaxone</i>	4
<i>calcium</i>	57	<i>ceftriaxone sodium</i>	4
<i>calcium & phosphorus w/ vitamin d</i>	57	<i>cefuroxime axetil</i>	4
<i>calcium acetate (phosphate binder)</i>	42	<i>cefuroxime sodium</i>	4
<i>calcium ascorbate</i>	57	<i>celecoxib</i>	1
<i>calcium carbonate</i>	43, 57	CENTRUM SPECIALIST PRENAT	60
<i>calcium carbonate-cholecalciferol</i> ..	57, 58	<i>cephalexin</i>	4
<i>calcium carbonate-vitamin d</i>	58	CEREZYME	41
<i>calcium citrate</i>	58	<i>cetirizine hcl</i>	64
<i>calcium citrate-vitamin d</i>	58	<i>cetirizine-pseudoephedrine</i>	63
<i>calcium polycarbophil</i>	45	CHANTIX	34
<i>calcium w/ magnesium</i>	58	CHERRY SYRUP	53
<i>calcium w/ vitamins d & k</i>	58	<i>chloramphenicol sodium succinate</i>	9
<i>calcium-magnesium-vitamin c-vitamin d</i>	58	<i>chlordiazepoxide hcl</i>	19
CALNA	60	<i>chlordiazepoxide hcl-clidinium bromide</i>	44
<i>caltrate 600+d3 soft chew</i>	58	<i>chlorhexidine gluconate (mouth-throat)</i>	71
CAMINO PRO COMPLETE/GLYTA	55	<i>chloroquine phosphate</i>	6
CAMPTOSAR	14	<i>chlorpheniramine maleate</i>	64
<i>candesartan cilexetil</i>	16	<i>chlorpromazine hcl</i>	26
<i>capecitabine</i>	11	<i>chlorthalidone</i>	17
CAPRELSA	12	<i>chlorzoxazone</i>	32
<i>captopril</i>	15	<i>cholecalciferol</i>	58
<i>captopril & hydrochlorothiazide</i>	15	<i>cholestyramine</i>	16
CARAFATE SUS 1GM/10ML	46	<i>cholestyramine light</i>	16
<i>carbamazepine</i>	19	<i>ciclopirox</i>	68
<i>carbamazepine ext-rel</i>	19	<i>ciclopirox olamine</i>	68
<i>carbidopa-levodopa</i>	22	<i>cidofovir</i>	8
<i>carbidopa-levodopa-entacapone</i>	22	<i>cilostazol</i>	49
<i>carboplatin</i>	10	<i>cimetidine hcl soln 300 mg/5ml</i>	44
<i>carboxymethylcellulose sodium</i>	73	<i>cimetidine tab 200 mg</i>	44
CARBOXYMETHYLCELLULOSE SODIUM GRANULES	53	<i>cimetidine tab 300 mg</i>	44
<i>carisoprodol</i>	32	<i>cimetidine tab 400 mg</i>	44
CARNATION INSTANT BREAKFA	56	<i>cimetidine tab 800mg</i>	44
<i>carvedilol</i>	17	CINRYZE	49
<i>cefadroxil</i>	3	CIPRODEX	74
<i>cefazolin sodium</i>	4	<i>ciprofloxacin</i>	4
<i>cefdinir</i>	4	<i>ciprofloxacin ext-rel</i>	4
<i>cefepime</i>	4	<i>ciprofloxacin hcl</i>	72
<i>cefepime/dextrose</i>	4	<i>ciprofloxacin hcl tab</i>	4
<i>cefotaxime sodium</i>	4	<i>ciprofloxacin in d5w</i>	4
		<i>cisplatin</i>	10

<i>citalopram hydrobromide</i>	21	COLLODION FLEXIBLE	53
CITRANATAL 90 DHA	60	COMBIPATCH	40
CITRANATAL ASSURE	60	COMBIVENT RESPIMAT	63
CITRANATAL B-CALM	60	COMBIVIR	6
CITRANATAL DHA	60	COMETRIQ	12
CITRANATAL HARMONY	60	COMPLERA	6
CITRANATAL RX	60	CONDOMS - FEMALE	39
<i>cladribine</i>	11	CONDOMS - MALE	39
<i>clarithromycin</i>	4	COPAXONE INJ 40MG/ML	32
<i>clarithromycin ext-rel</i>	4	CORLANOR	18
CLASSIC PRENATAL	60	COSMEGEN	13
<i>clemastine fumarate</i>	64	COUMADIN	48
<i>clindamycin hcl</i>	9	CREON	46
<i>clindamycin palmitate hydrochloride</i>	9	CRINONE	42
<i>clindamycin phosphate (topical)</i>	68	CRIXIVAN	6
<i>clindamycin phosphate inj</i>	9	<i>cromolyn sodium</i>	66, 72
CLINIMIX 2.75%/DEXTROSE 5	56	CUBICIN	9
CLINIMIX 4.25%/DEXTROSE 1	56	CUTTER BACKWOODS	70
CLINIMIX 4.25%/DEXTROSE 2	56	CUTTER SKINSATIONS	70
CLINIMIX 4.25%/DEXTROSE 5	56	CUVPOSA	44
CLINIMIX 5%/DEXTROSE 15%	56	CVS PRENATAL	61
CLINIMIX 5%/DEXTROSE 20%	56	CVS PRENATAL GUMMY/DHA/FO	61
CLINIMIX 5%/DEXTROSE 25%	56	CVS WOMENS PRENATAL+DHA	61
CLINITEST	37	<i>cyanocobalamin</i>	58
CLOLAR	11	<i>cyclobenzaprine hcl</i>	32
<i>clomipramine hcl</i>	19	<i>cyclopentolate hcl</i>	74
<i>clonazepam</i>	19	<i>cyclophosphamide</i>	10
<i>clonidine hcl</i>	15	CYCLOPHOSPHAMIDE CAP 25 MG	10
<i>clopidogrel bisulfate</i>	50	CYCLOPHOSPHAMIDE CAP 50 MG	10
<i>clotrimazole</i>	68	<i>cyclosporine</i>	51
<i>clotrimazole (topical)</i>	68	<i>cyclosporine modified (for microemulsion)</i>	51
<i>clotrimazole troche 10 mg</i>	5	<i>cyproheptadine hcl</i>	64
<i>clotrimazole vaginal</i>	48	CYSTAGON	47
<i>clozapine</i>	23	<i>cytarabine</i>	11
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COAL TAR	53	<i>dapsone</i>	9
COARTEM	6	<i>daunorubicin hcl</i>	13
COCOA BUTTER	53	DAUNOXOME	13
<i>colchicine</i>	1	DESCOVY	15
COLD PACKS	54	DESFERAL	49
<i>colestipol hcl</i>	16	<i>desipramine hcl</i>	21
<i>colistimethate sodium inj</i>	9	<i>desmopressin acetate spray</i>	43
		<i>desmopressin acetate tab</i>	43

<i>desmopressin sol</i>	43	<i>dipyridamole</i>	50
<i>desogestrel & ethinyl estradiol</i>	39	<i>disopyramide phosphate</i>	16
<i>desogestrel-ethinyl estradiol (biphasic)</i>	38	DISPOSABLE GLOVES	54
<i>desogestrel-ethinyl estradiol (triphasic)</i>	40	<i>disulfiram</i>	33
.....	40	<i>divalproex sodium</i>	19
<i>dexamethasone elixir</i>	41	<i>docefrez</i>	13
<i>dexamethasone sodium phosphate</i>	72	<i>docetaxel</i>	13
<i>dexamethasone soln</i>	41	<i>docusate calcium cap 240 mg</i>	45
<i>dexamethasone tab</i>	41	<i>docusate sod cap 100mg</i>	45
<i>dexmethylphenidate hcl</i>	29	<i>docusate sodium</i>	45
<i>dexrazoxane</i>	13	<i>donepezil hydrochloride</i>	20
<i>dextroamphetamine sulfate cap</i>		DONNATAL	44
<i>sustained-rel 24hr 10 mg</i>	29	DORIBAX	3
<i>dextroamphetamine sulfate cap</i>		<i>dorzolamide hcl</i>	73
<i>sustained-rel 24hr 15 mg</i>	29	<i>dorzolamide hcl-timolol maleate</i>	72
<i>dextroamphetamine sulfate cap</i>		<i>doxazosin mesylate</i>	15
<i>sustained-rel 24hr 5 mg</i>	29	<i>doxepin hcl</i>	21, 22
<i>dextroamphetamine sulfate tab 10 mg</i>	29	<i>doxercalciferol</i>	41
<i>dextroamphetamine sulfate tab 5 mg</i> ..	29	<i>doxorubicin hcl</i>	13
<i>dextromethorphan-guaifenesin</i>	64	<i>doxorubicin hcl liposomal</i>	13
<i>dextromethorphan-guaifenesin tab</i>		<i>doxycycline (monohydrate) susp</i>	5
<i>sustained-rel 12hr 30-600 mg</i>	64	<i>doxycycline hyclate cap 50 mg, 100 mg</i>	5
<i>dextromethorphan-guaifenesin tab</i>		5
<i>sustained-rel 12hr 60-1200 mg</i>	64	<i>doxycycline hyclate for inj 100 mg</i>	5
<i>dextrose (diabetic use)</i>	41	<i>doxycycline hyclate tab 20 mg, 100 mg</i>	5
DIAPHRAGM	39	5
<i>diazepam</i>	19	<i>dronabinol</i>	44
<i>diazepam rectal gel</i>	19	<i>drospirenone-ethinyl estradiol</i>	39
<i>diclofenac potassium</i>	1	DRYSOL	70
<i>diclofenac sodium</i>	1, 72	DULERA	67
<i>diclofenac sodium (topical)</i>	2	<i>duloxetine hcl</i>	20
<i>dicloxacillin sodium</i>	5	E	
<i>dicyclomine hcl</i>	44	EDURANT	7
<i>didanosine</i>	7	EFFIENT	50
<i>diflunisal</i>	2	ELAPRASE	41
<i>digoxin</i>	17	ELIDEL.....	70
<i>dihydroergotamine mesylate inj 1 mg/ml</i>		ELIGARD	11
.....	31	ELIQUIS.....	48
<i>dihydroergotamine mesylate nasal spray</i>		ELITEK.....	13
<i>4 mg/ml</i>	31	ELIXOPHYLLIN	67
DILANTIN	19	ELLA.....	38
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<i>diltiazem hcl</i>	17	ELMIRON.....	47
<i>diltiazem hcl coated beads</i>	17	EMCYT	10
<i>diltiazem hcl extended release beads</i> ...	17	EMEND	44
<i>diphenhydramine hcl</i>	64	EMEND CAP	44
<i>diphenhydramine hcl (sleep)</i>	31	EMTRIVA CAP 200MG.....	7
<i>diphenoxylate w/ atropine</i>	43	EMTRIVA SOLN	7

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<i>enalapril maleate</i>	15	EXTAVIA	32
<i>enalapril maleate & hydrochlorothiazide</i>	15	EYE PATCHES	54
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<i>entacapone</i>	22	<i>famciclovir</i>	9
<i>entecavir</i>	8	<i>famotidine</i>	44, 45
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ENTRESTO	18	FARYDAK	13
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<i>epinephrine inj 0.3mg</i>	63	<i>fe gluconate</i>	58
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EPIPEN-JR 2-PAK	63	FEMRING	41
<i>epirubicin hcl</i>	13	<i>fenofibrate</i>	16
EPIVIR.....	7	<i>fenofibrate micronized</i>	16
<i>eplerenone</i>	15	<i>fentanyl</i>	2
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<i>epoprostenol sodium</i>	18	<i>ferrex 150 forte</i>	58
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<i>ergocalciferol</i>	58	<i>ferrous sulfate cap controlled release</i> ..	59
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<i>erythromycin</i>	68, 72	<i>fexofenadine hcl</i>	64
<i>erythromycin base</i>	4	<i>fexofenadine-pseudoephedrine tab</i> <i>sustained-rel 12hr 60-120 mg</i>	63
<i>erythromycin base ext-rel</i>	4	<i>fexofenadine-pseudoephedrine tab</i> <i>sustained-rel 24hr 180-240 mg</i>	63
<i>erythromycin stearate</i>	4	FIBRINOGEN CONC (HUMAN)	49
<i>erythromycin-sulfisoxazole</i>	9	<i>finasteride</i>	47
<i>escitalopram oxalate</i>	21	FIRMAGON	11
<i>esomeprazole magnesium</i>	47	FLAVOR BLEND	53
ESTRACE	40	<i>flecainide acetate</i>	16
<i>estradiol</i>	40	<i>flintstones toddler/tasti</i>	59
<i>estradiol & norethindrone acetate</i>	40	FLOVENT DISKUS.....	67
<i>estropipate</i>	40	FLOVENT HFA	67
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<i>ethosuximide</i>	19	FLUARIX QUADRIVALENT 2016	51
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<i>etoposide</i>	13	<i>fludrocortisone acetate</i>	41
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<i>exemestane</i>	11		

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<i>flunisolide</i>	67	<i>glipizide ext-rel tab 10mg</i>	37
<i>fluorometholone</i>	72	<i>glipizide ext-rel tab 2.5mg</i>	37
<i>fluorouracil</i>	11	<i>glipizide ext-rel tab 5mg</i>	37
<i>fluorouracil (topical)</i>	68	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	34
<i>fluoxetine hcl</i>	21	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	34
<i>fluphenazine decanoate</i>	26	<i>glipizide-metformin hcl tab 5-500 mg</i> .	34
<i>fluphenazine hcl</i>	26	GLUCAGEN HYPOKIT.....	41
<i>flurbiprofen</i>	2	GLUCAGON EMERGENCY KIT	41
<i>flurbiprofen sodium</i>	72	GLUCOSE	41
<i>flutamide</i>	11	GLUTARADE AMINO ACID BLEN	55
<i>fluticasone propionate</i>	67, 69	<i>glyburide</i>	37
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<i>fluvoxamine maleate</i>	19	<i>glyburide-metformin tab 1.25-250 mg</i>	34
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<i>folic acid</i>	57	<i>glycerin-hypromellose-polyethylene</i> <i>glycol 400</i>	73
<i>folic acid-vitamin b6-vitamin b12</i>	57	GLYCOLIC ACID	53
FOLOTYN	11	<i>glycopyrrolate</i>	44
<i>fondaparinux sodium</i>	48	GNP DAILY PRENATAL.....	61
<i>foscarnet sodium</i>	8	GNP PRENATAL	61
<i>fosinopril sodium</i>	15	GOOD START SUPREME NATURA.....	56
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<i>furosemide</i>	17	GRAPE FLAVOR	54
G		<i>griseofulvin microsize susp 125 mg/5ml</i>	5
<i>gabapentin</i>	19	<i>griseofulvin ultramicrosize</i>	5
<i>gabapentin oral solution 250 mg/5ml</i> ..	19	<i>guaifenesin</i>	66
<i>galantamine hydrobromide</i>	20	<i>guaifenesin tab ext-rel 12hr 600 mg...</i>	66
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<i>gemcitabine hcl</i>	11	<i>guanfacine hcl (adhd)</i>	29
<i>gemfibrozil</i>	16	H	
<i>gentamicin sulfate</i>	68, 72	H.P. ACTHAR	42
<i>gentamicin sulfate inj</i>	3	HALAVEN	13
GENTEAL	73	<i>halobetasol propionate</i>	70
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<i>promethazine/dextromethorphan</i>	65	REBIF REBIDOSE TITRATION	32
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<i>pseudoephedrine-brompheniramine-dextromethorphan</i>	65	<i>repaglinide 0.5 mg</i>	36
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<i>rifabutin cap 150 mg</i>	10	SOLTAMOX	11
<i>rifampin</i>	8	SOLU-CORTEF	48
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S		<i>spironolactone</i>	15
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SANTYL	71	<i>stavudine cap</i>	8
<i>selegiline hcl</i>	22	<i>stavudine soln</i>	8
<i>selenium sulfide lotion 1%</i>	69	STEVIA EXTRACT	54
<i>selenium sulfide lotion 2.5%</i>	69	STIMATE	43
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<i>sennosides</i>	46	STRATTERA	31
<i>sennosides-docusate sodium</i>	46	<i>streptomycin sulfate</i>	3
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<i>sertraline hcl</i>	21	STRIVERDI RESPIMAT	65
<i>sevelamer carbonate</i>	42	STUART ONE	63
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<i>hypertension)</i>	18	<i>sulfacetamide sodium</i>	72
<i>silver sulfadiazine</i>	68	<i>sulfacetamide sod-prednisolone</i>	71
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<i>sirolimus</i>	51	<i>sulindac</i>	2
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<i>sodium chloride</i>	66	SUTENT	12
<i>sodium chloride hypertonic</i>	74	SYLATRON	50
<i>sodium fluoride</i>	60	SYMBICORT	67
<i>sodium fluoride (dental)</i>	71	SYMLINPEN 120	34
<i>sodium fluoride solution</i>	60	SYMLINPEN 60	34

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<i>tacrolimus oint 0.1%</i>	70	<i>tobramycin</i>	72
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<i>tamoxifen citrate</i>	11	TOLEREX.....	56
<i>tamsulosin hcl</i>	47	<i>tolnaftate</i>	69
TANZEUM	35	<i>tolnaftate aerosol powder 1%</i>	69
TARCEVA	12	<i>tolnaftate cream 1%</i>	69
<i>tazarotene cream 0.1%</i>	68	TOOMEY SYRINGE	55
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<i>temazepam</i>	31	TRACLEER	18
<i>temozolomide</i>	10	TRADJENTA	35
TENIPOSIDE.....	14	<i>tramadol hcl</i>	3
<i>terazosin hcl</i>	15	<i>tramadol hcl ext-rel</i>	3
<i>terbinafine hcl tab</i>	6	TRAMADOL HCL EXT-REL	3
<i>terbutaline sulfate</i>	65	<i>tramadol-acetaminophen</i>	3
<i>terconazole vaginal</i>	48	<i>trandolapril</i>	15
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<i>trimethobenzamide hcl</i>	44	VIBATIV	10
<i>trimethoprim</i>	10	VICTOZA	35
TRISENOX	14	VIDEX PEDIATRIC SOLN	8
TRIUMEO	6	<i>vinblastine sulfate</i>	14
TRIZIVIR	6	<i>vincristine sulfate</i>	14
TROPHAMINE	57	<i>vinorelbine tartrate</i>	14
<i>tropium chloride</i>	48	VIRACEPT	7
<i>tropium chloride cap sustained-rel 24hr</i>		VIREAD	8
<i>60 mg</i>	48	VISTOGARD	38
TRUVADA	6	VITEKTA	6
TUDORZA PRESSAIR	63	VIVITROL	33
TYBOST	6	<i>voriconazole</i>	6
TYGACIL	10	VOTRIENT	12
TYKERB	12	VPRIV	41
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<i>valganciclovir hcl</i>	8	Y	
<i>valganciclovir hcl tab 450 mg</i>	8	YALE NEEDLES 30G X 1-1/2	55
<i>valproate sodium</i>	20	YERVOY	14
<i>valproic acid</i>	20	<i>yodofan-nf chest congesti</i>	66
<i>valsartan</i>	16	Z	
<i>valsartan-hydrochlorothiazide</i>	15	ZANOSAR	10
VALSTAR	14	ZARONTIN	20
<i>vancomycin hcl</i>	10	ZARXIO	49
<i>vancomycin hcl in dextrose inj</i>	10	ZELBORAF	12
<i>vancomycin inj</i>	10	ZENPEP	46
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VECTIBIX	14	ZEVALIN Y-90	14
VELCADE	14	ZIAGEN	8
VEMLIDY	50	ZIAGEN SOL 20MG/ML	8
VENCLEXTA	14	<i>zidovudine</i>	8
VENCLEXTA STARTING PACK	14	<i>zidovudine tab 300 mg</i>	8
<i>venlafaxine hcl</i>	20	<i>zinc oxide</i>	71
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