



Medstar Family Choice – Maryland HealthChoice Prescribing Guide

Formulary (List of Covered Drugs)

Effective 01/01/2024

[medstarfamilychoice.com](https://www.medstarfamilychoice.com)

Notice: This formulary is updated periodically and subject to change. All previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at [medstarfamilychoice.com](https://www.medstarfamilychoice.com)

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INTRODUCTION

MedStar Family Choice (MFC) is pleased to provide the *2024 MedStar Family Choice - Maryland HealthChoice Prescribing Guide* to be used when prescribing for patients covered by the pharmacy plan offered by MedStar Family Choice. **This is a closed formulary and only those drugs listed in this formulary will be covered by MedStar Family Choice.**

The drugs listed in the *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* have been reviewed and approved by the MedStar Family Choice Pharmacy and Therapeutics Committee. The drugs have been selected to provide the most clinically appropriate and cost-effective medications for patients who have drug benefits administered through MedStar Family Choice - Maryland HealthChoice. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through the Medical Exception process.

*The information contained in this formulary and its appendices is provided solely for the convenience of medical providers. This formulary 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. MedStar Family Choice does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This formulary 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. MedStar Family Choice does not assume 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.***

PREFACE

The *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. All drugs listed were selected to be on this formulary. If a generic drug is covered, it is listed by generic name and may include the brand-name of the drug in parentheses as a reference to assist in drug name recognition. Brand-name drugs are listed by their brand name. This formulary document lists all dosages, strengths and formulations of each drug that is covered.

Drugs, dosages, strengths, and formulations not listed are considered non-formulary.

LEGEND

Drugs that require a prior authorization are indicated in the document by **PA**. See section **Medical Exception, Prior Authorization and Non-Formulary** below.

Drugs that require Step Therapy authorization for coverage are indicated in the document by **ST**. Step Therapy requires that drugs be used in a specific prescribing order. For information for drugs on Step Therapy reference the PA table on the website, medstarfamilychoice.com.

Drugs that have an Age-Related Restriction for coverage are indicated in the document with a **specific notation** next to the medication.

Drugs that have dispensing quantity limitation are indicated in the document by **QL** along with the limits noted in the parentheses. Quantity Limits allow a maximum quantity of drug product that a member may receive per prescription and/or over a specific period of time. Many drug products on the *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* have quantity limits based upon the dosage described in product labeling, or due to potential safety or utilization concerns.

OVER-THE-COUNTER MEDICINES

MedStar Family Choice covers many common over-the-counter (OTC) products. You are encouraged to prescribe OTC products when clinically appropriate. A prescription is required, and refills are permitted. The prescription expires under Maryland Pharmacy Law in 12 months. Generic OTC products are preferred when available.

Condoms and emergency contraception do not require a prescription.

DURABLE MEDICAL EQUIPMENT

Blood pressure monitors and at-home diabetic testing machines and supplies are covered as part of the prescription benefit. MedStar Family Choice prefers Accu-Chek branded products when appropriate for patients. These include Accu-Check Aviva, Accu-Chek Guide, and Accu-Check Smart line of glucometers and coordinating supplies.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The MedStar Family Choice P&T Committee (MFC-MD P&T) includes physicians, pharmacists, and nurses. The Committee meets quarterly to evaluate drugs for formulary inclusion and to develop policies concerning formulary and drug utilization management. Please visit the MFC website at medstarfamilychoice.com to view the decisions of the MFC-MD P&T and any

applicable changes. The main features of the MFC-MD P&T Policies are also on the website in the FAQs.

PRODUCT SELECTION CRITERIA

The MedStar Family Choice Pharmacy and Therapeutics Committee considers clinical information on new-to-market drugs that are typically included in an outpatient pharmacy benefit. The evaluation includes all or part of the following:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations

When a drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, the entire *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* is reviewed on an annual basis.

All the information in the MedStar Family Choice - Maryland HealthChoice Prescribing Guide is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

GENERIC SUBSTITUTION

Brand name drugs that have a generic will be automatically substituted by the pharmacy. Pharmacies will only substitute medications if they are evaluated by the U.S. Food and Drug Administration (FDA) and found to be clinically equivalent. Generic biosimilar therapies will also be substituted when permitted under FDA guidelines.

MAIL SERVICE PRESCRIPTIONS AND 90-DAY SUPPLIES

MedStar Family Choice offers a 90-day fill option for most drugs used to treat chronic conditions. These drugs can be found on the MFC website, medstarfamilychoice.com in the Pharmacy Benefit section.

Members are also able to order their prescriptions from CVS Caremark Mail Service Pharmacy™. Receiving a 90-day supply of medication by mail may prove to be more convenient for members, especially when filling

prescriptions for routine or maintenance type medications. Mail service may also improve members adherence to their therapies.

To start the process, prescribers may call CVS Caremark Mail Service Pharmacy at 1-800-996-5772 or they may submit a prescription to the CVS Caremark Mail Service Pharmacy. Additional information can be found at the MedStar Family Choice website, medstarfamilychoice.com or at caremark.com.

Please note that medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. As such, please advise members to allow up to 14 days for delivery from the time mail service receives the request. Any prescriptions submitted to mail service for less than a 90-day supply may be returned to the member.

MEDICAL EXCEPTION, PRIOR AUTHORIZATION and NON-FORMULARY REQUESTS

If a drug requiring prior authorization is desired for medical management of a patient MedStar Family Choice has a prior authorization table that can be accessed to see the prior authorization requirements. This can be found on the MFC website, medstarfamilychoice.com.

In addition, if a non-covered drug or a drug requiring prior authorization is desired for medical management of a patient, a medication exception may be requested by calling MedStar Family Choice at: 1-800-905-1722, Option 2 or send in the completed PA/Non-formulary request form that can be found on the MFC website.

MedStar Family Choice must make a decision and provide notification on all pharmacy requests within twenty-four (24) hours of receipt. To comply with this stringent turnaround time, we ask that your office provide complete clinical information at the time of original submission. Please consult this document and the Pharmacy Prior Authorization table that can be found on our website prior to submitting your request. If additional clinical information is required, please be advised that your office must return it quickly or the request will be denied due to incomplete information.

OPIOID DRUG MANAGEMENT

MedStar Family Choice limits "new" opioid analgesic prescriptions to a 7-day supply. A new prescription means that a patient has not had an opioid medication filled under MFC in the preceding 90 days or had one short-acting opioid at \leq 50 morphine milligram equivalents (MME) per day in the previous

90 days, filled within 7 days of a subsequent request. New prescriptions for more than 7-day supply will require Prior Authorization.

For complete information regarding the requirements of the Maryland Medicaid Opioid Drug Utilization Review for opioid prescribing, please visit: medstarfamilychoice.com/maryland-healthchoice/for-maryland-healthchoice-physicians/pharmacy/opioid/

MEDICATIONS CARVED OUT TO THE MARYLAND DEPARTMENT OF HEALTH

For more information and a list of medications carved out to the Maryland Department of Health (MDH), please visit the following link: health.maryland.gov/mmcp/pap/Pages/paphome.aspx

If you do not see the medication you wish to prescribe, it may be covered by MDH.

- **BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE)**
- **ANTICONVULSANTS**
- **ANTIPARKINSONIAN AGENTS**
- **MUSCULOSKELETAL THERAPY AGENTS**
- **ATTENTION DEFICIT HYPERACTIVITY DISORDER**
Intuniv, Kapvay and their generics: For recipients 6-17 years old, Intuniv (guanfacine ext-rel) and Kapvay (clonidine ext-rel) are carved out to the MDH. For individuals not in this age range, a medical exception may be requested by calling MedStar Family Choice.
- **FIBROMYALGIA**
- **MOVEMENT DISORDERS**
- **MUSCULOSKELETAL THERAPY AGENTS**
- **ALCOHOL DETERRENTS**
- **OPIOID ANTAGONISTS**
- **PARTIAL OPIOID AGONISTS**
- **PARTIAL OPIOID AGONIST/OPIOID ANTAGONIST COMBINATIONS**
- **SMOKING DETERRENTS**

MARYLAND MEDICAID FORMULARY ACCESS

Please visit mmppi.com/formulary_navigator.htm to view the *MedStar Family Choice - Maryland HealthChoice Prescribing Guide*. This MDH sponsored site contains the formularies of all the Managed Care Organizations (MCO) and is updated frequently.

EDITOR

Your comments and suggestions regarding the *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments via email to: MFC-FormularyFeedback@MedStar.net

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Effective 01/01/2024

Drug Name	Requirements/Limits
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ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUBL 2800BAU	
ORALAIR SUB 300 IR	
PALFORZIA CAP ESCALAT	PA
PALFORZIA CAP LEVEL 3	PA
PALFORZIA CAP LEVEL 7	PA
PALFORZIA CAP LEVEL 8	PA
PALFORZIA CAP LEVEL 10	PA
PALFORZIA LEVEL 1 CSPK 1MG	PA
PALFORZIA LEVEL 2 CSPK 1MG	PA
PALFORZIA LEVEL 4 CSPK 20MG	PA
PALFORZIA LEVEL 5 CSPK 20MG	PA
PALFORZIA LEVEL 6 CSPK 20MG	PA
PALFORZIA LEVEL 9 CSPK 100MG	PA
PALFORZIA LEVEL 11 (MAINT PACK 300MG)	PA
PALFORZIA LEVEL 11 (TITRA PACK 300MG)	PA
RAGWITEK SUBL 12AMBA1-U	

AMINOGLYCOSIDES

AMINOGLYCOSIDES

<i>neomycin sulfate tabs 500mg</i>	
<i>tobramycin (generic of BETHKIS) NEBU 300mg/4ml</i>	

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	
HADLIMA PUSH TOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	
HUMIRA PSKT 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	
HUMIRA PEDIA INJ CROHNS	
HUMIRA PEDIATRIC CROHNS D PSKT 80MG/0.8ML	
HUMIRA PEN PNKT 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	
HUMIRA PEN KIT PS/UV	
HUMIRA PEN-CD/UC/HS START PNKT 40MG/0.8ML, 80MG/0.8ML	
HUMIRA PEN-PEDIATRIC UC S PNKT 80MG/0.8ML	
HUMIRA PEN-PS/UV STARTER PNKT 40MG/0.8ML	

ANTIRHEUMATIC - ENZYME INHIBITORS

XELJANZ TABS 5MG, 10MG	
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Drug Name	Requirements/Limits
XELJANZ XR TB24 11MG, 22MG	
ANTIRHEUMATIC ANTIMETABOLITES	
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML	PA
INTERLEUKIN-6 RECEPTOR INHIBITORS	
KEVZARA SOSY 150MG/1.14ML, 200MG/1.14ML	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg, 400mg	
<i>diclofenac sodium</i> tb24 100mg; tbec 25mg, 50mg, 75mg	
<i>etodolac</i> caps 200mg, 300mg; tabs 500mg	
<i>etodolac</i> (generic of LODINE) TABS 400mg	
<i>flurbiprofen</i> tabs 100mg	
<i>ibu</i> tabs 400mg, 600mg, 800mg	
<i>ibuprofen susp</i> 100mg/5ml; tabs 400mg, 600mg, 800mg	
<i>indomethacin</i> caps 25mg, 50mg	
<i>ketorolac tromethamine</i> tabs 10mg	QL (20 tabs every 25 days)
<i>meloxicam</i> tabs 7.5mg, 15mg	
<i>nabumetone</i> tabs 500mg, 750mg	
<i>naproxen</i> tabs 250mg, 375mg	
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	
<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	
<i>sulindac</i> tabs 150mg, 200mg	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	
OTEZLA TABS 30MG	
OTEZLA TAB 10/20/30	
PYRIMIDINE SYNTHESIS INHIBITORS	
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	
ENBREL SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	
ENBREL MINI SOCT 50MG/ML	
ENBREL SURECLICK SOAJ 50MG/ML	
ANALGESICS - NONNARCOTIC	
ANALGESIC COMBINATIONS	
<i>bac</i> (generic of ESGIC)	QL (60 tabs every 25 days)
<i>butalbital-acetaminophen</i> tab 50-325 mg	QL (60 tabs every 25 days)
<i>butalbital-acetaminophen-caffeine</i> tab 50-325-40 mg (generic of ESGIC)	QL (60 tabs every 25 days)
<i>butalbital-aspirin-caffeine</i> cap 50-325-40 mg	QL (60 caps every 25 days)

Drug Name	Requirements/Limits
<i>tencon</i>	QL (60 tabs every 25 days)

ANALGESICS - OPIOID

OPIOID AGONISTS

CODEINE SULFATE TABS 15MG, 60MG	PA
<i>codeine sulfate tabs 30mg</i>	PA
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	PA
<i>hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml; TABS 2mg, 4mg, 8mg</i>	PA
<i>methadone hcl soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg</i>	PA
<i>morphine sulfate cp24 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; soln 10mg/0.5ml, 10mg/5ml, 20mg/5ml, 20mg/ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg</i>	PA
<i>morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg</i>	PA
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	PA
<i>oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	PA
<i>oxycodone hcl t12a 10mg, 20mg, 40mg</i>	PA, QL (2 tabs every 1 day)
<i>oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg</i>	PA
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	PA
<i>tramadol hcl cp24 100mg, 200mg, 300mg; tabs 50mg; tb24 100mg, 200mg, 300mg</i>	PA

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	PA
<i>acetaminophen w/ codeine tab 300-15 mg</i>	PA
<i>acetaminophen w/ codeine tab 300-30 mg</i>	PA
<i>acetaminophen w/ codeine tab 300-60 mg</i>	PA
<i>ascomp/codeine</i>	PA
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (generic of FIORICET/CODEINE)</i>	PA
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	PA
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	PA
<i>endocet (generic of PERCOCET)</i>	PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	PA
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	PA
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	PA

Drug Name	Requirements/Limits
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	PA
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	PA
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)</i>	PA
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)</i>	PA
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)</i>	PA

ANDROGENS-ANABOLIC

ANDROGENS

<i>depo-testosterone soln 100mg/ml, 200mg/ml</i>
<i>testosterone (generic of FORTESTA) GEL 10mg/act</i>
<i>testosterone gel 50mg/5gm; soln 30mg/act</i>
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>
<i>testosterone enanthate soln 200mg/ml</i>

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>CORTIFOAM FOAM 10%</i>
<i>hydrocortisone (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml</i>

RECTAL COMBINATIONS

<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>

RECTAL STEROIDS

<i>anucort-hc supp 25mg</i>
<i>anusol-hc supp 25mg</i>
<i>hemmorex-hc supp 25mg</i>
<i>hydrocortisone (rectal) (generic of PROCTOCORT) CREA 1%</i>
<i>hydrocortisone (rectal) (generic of ANUSOL-HC) CREA 2.5%</i>
<i>hydrocortisone acetate (rectal) supp 25mg</i>
<i>procto-med hc (generic of ANUSOL-HC) CREA 2.5%</i>
<i>proctosol hc (generic of ANUSOL-HC) CREA 2.5%</i>
<i>proctozone-hc (generic of ANUSOL-HC) CREA 2.5%</i>

ANTHELMINTICS

ANTHELMINTICS

<i>albendazole tabs 200mg</i>	
<i>ivermectin (generic of STROMECTOL) TABS 3mg</i>	PA
<i>praziquantel (generic of BILTRICIDE) TABS 600mg</i>	

Drug Name	Requirements/Limits
ANTI-INFECTIVE AGENTS - MISC.	
ANTI-INFECTIVE AGENTS - MISC.	
<i>metronidazole tabs 250mg, 500mg</i>	
<i>pentamidine isethionate (generic of NEBUPENT) SOLR 300mg</i>	
<i>tinidazole tabs 250mg, 500mg</i>	
<i>trimethoprim tabs 100mg</i>	
XIFAXAN TABS 550MG	
ANTI-INFECTIVE MISC. - COMBINATIONS	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	
<i>sulfatrim pediatric</i>	
<i>uribel</i>	
<i>uro-mp</i>	
<i>uro-sp</i>	
<i>vilamit mb</i>	
ANTIPROTOZOAL AGENTS	
ALINIA SUSR 100MG/5ML	
<i>atovaquone (generic of MEPRON) SUSP 750mg/5ml</i>	
LAMPIT TABS 30MG, 120MG	
<i>nitazoxanide (generic of ALINIA) TABS 500mg</i>	
GLYCOPEPTIDES	
<i>vancomycin hcl (generic of VANCOCIN) CAPS 125mg, 250mg</i>	
<i>vancomycin hcl (generic of FIRVANQ) SOLR 25mg/ml, 50mg/ml, 250mg/5ml</i>	
LEPROSTATICS	
<i>dapsone tabs 25mg, 100mg</i>	
LINCOSAMIDES	
<i>clindamycin hcl (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg</i>	
<i>clindamycin palmitate hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml</i>	
OXAZOLIDINONES	
<i>linezolid (generic of ZYVOX) SUSR 100mg/5ml; TABS 600mg</i>	
URINARY ANTI-INFECTIVES	
<i>fosfomycin tromethamine pack 3gm</i>	QL (3 packets every 9 days)
<i>methenamine hippurate (generic of HIPREX) TABS 1gm</i>	
<i>methenamine mandelate tabs .5gm, 1gm</i>	

Drug Name	Requirements/Limits
<i>nitrofurantoin susp 25mg/5ml</i>	Covered for younger than age 8
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg</i>	
<i>nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg</i>	

ANTIANGINAL AGENTS

ANTIANGINALS-OTHER

ranolazine tb12 500mg, 1000mg

NITRATES

isosorbide dinitrate (generic of ISORDIL TITRADOSE)

TABS 5mg

isosorbide dinitrate tabs 10mg, 20mg, 30mg

isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg

NITRO-BID OINT 2%

NITRO-DUR PT24 .3MG/HR, .8MG/HR

nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr

nitroglycerin (generic of NITROLINGUAL PUMPSPRAY)

SOLN .4mg/spray

nitroglycerin (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

NORPACE CR CP12 100MG, 150MG

ANTIARRHYTHMICS TYPE I-B

mexiletine hcl caps 150mg, 200mg, 250mg

ANTIARRHYTHMICS TYPE I-C

flecainide acetate tabs 50mg, 100mg, 150mg

propafenone hcl tabs 150mg, 225mg, 300mg

ANTIARRHYTHMICS TYPE III

amiodarone hcl tabs 100mg, 200mg, 400mg

dofetilide (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg

pacerone tabs 100mg, 200mg, 400mg

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

cromolyn sodium nebu 20mg/2ml

ANTIASTHMATIC - MONOCLONAL ANTIBODIES

FASENRA SOSY 30MG/ML PA

FASENRA PEN SOAJ 30MG/ML PA

NUCALA SOAJ 100MG/ML; SOLR 100MG; SOSY 40MG/0.4ML, 100MG/ML PA

Drug Name	Requirements/Limits
TEZSPIRE SOSY 210MG/1.91ML	PA
XOLAIR SOLR 150MG	PA

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AERS 17MCG/ACT	QL (2 inhalers every 45 days)
INCRUSE ELLIPTA AEPB 62.5MCG/INH <i>ipratropium bromide soln .02%</i>	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT <i>tiotropium bromide monohydrate (generic of SPIRIVA HANDIHALER) CAPS 18mcg</i>	

LEUKOTRIENE MODULATORS

<i>montelukast sodium (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg</i>	
<i>zafirlukast (generic of ACCOLATE) TABS 10mg, 20mg</i>	

SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

<i>roflumilast (generic of DALIRESP) TABS 250mcg, 500mcg</i>	
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STEROID INHALANTS

ALVESCO AERS 80MCG/ACT, 160MCG/ACT	
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	
ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH, 220MCG/INH	
ASMANEX TWISTHALER 60 MET AEPB 220MCG/INH	
ASMANEX TWISTHALER 120 ME AEPB 220MCG/INH <i>budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	
QVAR REDHALER AERB 40MCG/ACT, 80MCG/ACT	

SYMPATHOMIMETICS

AIRSUPRA AER 90-80MCG	QL (6 inhalers every year)
<i>albuterol sulfate aers 108mcg/act</i>	QL (6 inhalers every year)
<i>albuterol sulfate (generic of PROVENTIL HFA) AERS 108mcg/act</i>	QL (6 inhalers every year)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml; syrp 2mg/5ml</i>	
ANORO ELLIPT AER 62.5-25 <i>breyna (generic of SYMBICORT)</i>	
BREZTRI AERO AER SPHERE <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT)</i>	
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT)</i>	
COMBIVENT AER 20-100	QL (2 inhalers every 45 days)

Drug Name	Requirements/Limits
DULERA AER 50-5MCG	
DULERA AER 100-5MCG	
DULERA AER 200-5MCG	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	
<i>levalbuterol tartrate aero 45mcg/act</i>	QL (6 inhalers every year)
SEREVENT DISKUS AEPB 50MCG/DOSE	
STIOLTO AER 2.5-2.5	
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	
TRELEGY AER 100MCG	
TRELEGY AER 200MCG	

XANTHINES

theophylline soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg

warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg

DIRECT FACTOR XA INHIBITORS

ELIQUIS TABS 2.5MG, 5MG

ELIQUIS STARTER PACK TBPK 5MG QL (1 pack every 180 days)

XARELTO TABS 2.5MG, 10MG, 15MG, 20MG

XARELTO STAR TAB 15/20MG QL (1 pack every 180 days)

HEPARINS AND HEPARINOID-LIKE AGENTS

enoxaparin sodium (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml

THROMBIN INHIBITORS

dabigatran etexilate mesylate caps 75mg

dabigatran etexilate mesylate (generic of PRADAXA) CAPS 150mg

PRADAXA CAPS 75MG, 110MG

ANTICONSULSANTS

ANTICONSULSANTS - MISC.

primidone (generic of MYSOLINE) TABS 50mg, 250mg

Drug Name	Requirements/Limits
HYDANTOINS	
<i>phenytek caps 200mg, 300mg</i>	
<i>phenytoin (generic of DILANTIN INFATABS) CHEW 50mg</i>	
<i>phenytoin (generic of DILANTIN-125) SUSP 100mg/4ml, 125mg/5ml</i>	
<i>phenytoin sodium extended (generic of DILANTIN) CAPS 100mg</i>	
<i>phenytoin sodium extended caps 200mg, 300mg</i>	

SUCCINIMIDES

ethosuximide (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

acarbose tabs 25mg, 50mg, 100mg

ANTIDIABETIC COMBINATIONS

alogliptin-metformin hcl tab 12.5-500 mg

alogliptin-metformin hcl tab 12.5-1000 mg

alogliptin-pioglitazone tab 12.5-30 mg

alogliptin-pioglitazone tab 25-15 mg

alogliptin-pioglitazone tab 25-30 mg

alogliptin-pioglitazone tab 25-45 mg

glipizide-metformin hcl tab 2.5-250 mg

glipizide-metformin hcl tab 2.5-500 mg

glipizide-metformin hcl tab 5-500 mg

glyburide-metformin tab 1.25-250 mg

glyburide-metformin tab 2.5-500 mg

glyburide-metformin tab 5-500 mg

GLYXAMBI TAB 10-5 MG

GLYXAMBI TAB 25-5 MG

INVOKAMET TAB 50-500MG

INVOKAMET TAB 50-1000

INVOKAMET TAB 150-500

INVOKAMET TAB 150-1000

INVOKAMET XR TAB 50-500MG

INVOKAMET XR TAB 50-1000

INVOKAMET XR TAB 150-500

INVOKAMET XR TAB 150-1000

JENTADUETO TAB XR

pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)

pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)

Drug Name	Requirements/Limits
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)</i>	
SOLIQUA INJ 100/33	
STEGLUJAN TAB 5-100MG	
STEGLUJAN TAB 15-100MG	
SYNJARDY TAB	
SYNJARDY TAB 5-500MG	
SYNJARDY TAB 5-1000MG	
SYNJARDY TAB 12.5-500	
SYNJARDY XR TAB	
SYNJARDY XR TAB 5-1000MG	
SYNJARDY XR TAB 10-1000	
SYNJARDY XR TAB 25-1000	
TRIJARDY XR TAB	
XIGDUO XR TAB 2.5-1000	
XIGDUO XR TAB 5-500MG	
XIGDUO XR TAB 5-1000MG	
XIGDUO XR TAB 10-500MG	
XIGDUO XR TAB 10-1000	

BIGUANIDES

<i>metformin hcl tabs 500mg</i>	QL (4 tabs every 1 day)
<i>metformin hcl tabs 850mg, 1000mg</i>	QL (2 tabs every 1 day)
<i>metformin hcl tb24 500mg</i>	
<i>metformin hcl tb24 750mg</i>	QL (3 tabs every 1 day)

DIABETIC OTHER

BAQSIMI ONE PACK POWD 3MG/DOSE	
BAQSIMI TWO PACK POWD 3MG/DOSE	
<i>diazoxide (generic of PROGLYCEM) SUSP 50mg/ml</i>	
<i>glucagon (rdna) (generic of GLUCAGON EMERGENCY KIT) KIT 1mg</i>	
KORLYM TABS 300MG	PA

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	
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INCRETIN MIMETIC AGENTS

MOUNJARO SOPN 2.5MG/0.5ML	PA, QL (8 pens every year)
MOUNJARO SOPN 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	PA, QL (4 pens every 25 days)
OZEMPIC SOPN 2MG/3ML, 4MG/3ML	PA, QL (1 pen every 25 days)
OZEMPIC INJ 8MG/3ML	PA, QL (1 pen every 25 days)
RYBELSUS TABS 3MG	PA, QL (60 tabs every year)
RYBELSUS TABS 7MG, 14MG	PA, QL (1 tab every 1 day)

Drug Name	Requirements/Limits
TRULICITY SOPN 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	PA, QL (4 pens every 25 days)
TRULICITY SOPN .75MG/0.5ML	PA, QL (8 pens every year)

INSULIN

HUMALOG MIX INJ 50/50
HUMALOG MIX INJ 50/50KWP
HUMALOG MIX SUS 75/25
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML
INSULIN DEGLUDEC SOLN 100UNIT/ML
INSULIN DEGLUDEC FLEXTUOC SOPN 100UNIT/ML, 200UNIT/ML
LANTUS SOLN 100UNIT/ML
LANTUS SOLOSTAR SOPN 100UNIT/ML
NOVOLOG FLEXPEN SOPN 100UNIT/ML
NOVOLOG FLEXPEN RELION SOPN 100UNIT/ML
NOVOLOG MIX INJ 70/30
NOVOLOG MIX INJ FLEX REL
NOVOLOG MIX INJ FLEXPEN
NOVOLOG PENFILL SOCT 100UNIT/ML
NOVOLOG RELI INJ 70/30
NOVOLOG RELION SOLN 100UNIT/ML
REZVOGLAR KWIKPEN SOPN 100UNIT/ML
TRESIBA SOLN 100UNIT/ML
TRESIBA FLEXTOUCH PEN SOPN 100UNIT/ML, 200UNIT/ML

INSULIN SENSITIZING AGENTS

pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg

MEGLITINIDE ANALOGUES

nateglinide tabs 60mg, 120mg

repaglinide tabs .5mg, 1mg, 2mg

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA TABS 5MG, 10MG

INVOKANA TABS 100MG, 300MG

JARDIANCE TABS 10MG, 25MG

SULFONYLUREAS

glimepiride tabs 1mg, 2mg, 4mg

glipizide tabs 5mg, 10mg

glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg

glipizide xl (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg

Drug Name	Requirements/Limits
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<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	
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<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	
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ANTIARRHEAL/PROBIOTIC AGENTS

ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	QL (40 mL every 1 day)
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<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	QL (8 tabs every 1 day)
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<i>loperamide hcl caps 2mg</i>	
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ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

<i>deferasirox (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg</i>	
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<i>deferasirox (generic of JADENU) TABS 90mg, 180mg, 360mg</i>	
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<i>deferasirox (generic of EXJADE) TBSO 125mg, 250mg, 500mg</i>	
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ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

<i>granisetron hcl soln 1mg/ml</i>	
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<i>granisetron hcl tabs 1mg</i>	QL (2 tabs every 1 day)
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<i>ondansetron tbdp 4mg, 8mg</i>	
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<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg</i>	
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ANTIEMETICS - ANTICHOLINERGIC

<i>meclizine hcl tabs 12.5mg, 25mg</i>	
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<i>scopolamine (generic of TRANSDERM-SCOP) PT72 1mg/3days</i>	
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ANTIEMETICS - MISCELLANEOUS

<i>doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)</i>	QL (4 tabs every 1 day)
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<i>dronabinol (generic of MARINOL) CAPS 2.5mg</i>	
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<i>dronabinol caps 5mg, 10mg</i>	
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SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant (generic of EMEND) CAPS 80mg</i>	QL (4 caps every 21 days)
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<i>aprepitant caps 125mg</i>	QL (2 caps every 21 days)
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<i>aprepitant capsule therapy pack 80 & 125 mg</i>	QL (6 tabs every 21 days)
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ANTIFUNGALS

ANTIFUNGALS

<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	
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<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	
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<i>nystatin tabs 500000unit</i>	
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<i>terbinafine hcl tabs 250mg</i>	QL (34 tabs every 25 days)
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Drug Name	Requirements/Limits
IMIDAZOLE-RELATED ANTIFUNGALS	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 100mg, 200mg	
<i>fluconazole tabs 50mg</i>	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg	QL (4 tabs every 25 days)
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml	
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml; TABS 50mg, 200mg	
ANTI-HISTAMINES	
ANTI-HISTAMINES - ALKYLAMINES	
<i>ryclora soln 2mg/5ml</i>	
ANTI-HISTAMINES - ETHANOLAMINES	
<i>diphenhydramine hcl elix 12.5mg/5ml</i>	
ANTI-HISTAMINES - NON-SEDATING	
<i>cetirizine hcl soln 1mg/ml</i>	
<i>desloratadine</i> (generic of CLARINEX) TABS 5mg	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	
ANTI-HISTAMINES - PHENOTHIAZINES	
<i>promethazine hcl supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg</i>	
<i>promethazine hcl syrp 6.25mg/5ml</i>	QL (1000 mL every 25 days)
<i>promethegan supp 12.5mg, 25mg, 50mg</i>	
ANTI-HISTAMINES - PIPERIDINES	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
ANTIHYPERLIPIDEMICS	
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS	
NEXLETOL TABS 180MG	
ANGIOPROTEIN-LIKE PROTEIN INHIBITORS	
EVKEEZA SOLN 345MG/2.3ML, 1200MG/8ML	PA
ANTIHYPERLIPIDEMICS - COMBINATIONS	
<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN)	
<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN)	
<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN)	
<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN)	
NEXLIZET TAB 180/10MG	
ANTIHYPERLIPIDEMICS - MISC.	
<i>icosapent ethyl</i> (generic of VASCEPA) CAPS .5gm, 1gm	PA

Drug Name	Requirements/Limits
<i>omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)</i>	PA
BILE ACID SEQUESTRANTS	
<i>cholestyramine (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose</i>	
<i>cholestyramine light pack 4gm</i>	
<i>cholestyramine light (generic of QUESTRAN LIGHT) POWD 4gm/dose</i>	
<i>prevalite pack 4gm</i>	
<i>prevalite (generic of QUESTRAN LIGHT) POWD 4gm/dose</i>	
FIBRIC ACID DERIVATIVES	
<i>fenofibrate (generic of TRICOR) TABS 48mg</i>	
<i>fenofibrate tabs 54mg, 160mg</i>	
<i>fenofibrate micronized caps 67mg, 134mg, 200mg</i>	
HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg</i>	
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>rosuvastatin calcium (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg</i>	
<i>simvastatin tabs 5mg, 80mg</i>	
<i>simvastatin (generic of ZOCOR) TABS 10mg, 20mg, 40mg</i>	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	
<i>ezetimibe (generic of ZETIA) TABS 10mg</i>	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS	
<i>JUXTAPID CAPS 5MG, 10MG, 20MG, 30MG</i>	PA
NICOTINIC ACID DERIVATIVES	
<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	
<i>PRALUENT SOAJ 75MG/ML, 150MG/ML</i>	
ANTIHYPERTENSIVES	
ACE INHIBITORS	
<i>benazepril hcl tabs 5mg</i>	
<i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i>	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	
<i>enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg</i>	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	

Drug Name	Requirements/Limits
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<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	
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<i>moexipril hcl tabs</i> 7.5mg, 15mg	
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<i>perindopril erbumine tabs</i> 2mg, 4mg, 8mg	
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<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	
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<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	
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<i>trandolapril tabs</i> 1mg, 2mg, 4mg	
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ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg, 32mg	
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<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg	
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<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	
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<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg, 20mg, 40mg	
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<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg	
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<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg, 320mg	
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ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	
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<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	
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<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	
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<i>clonidine hcl tabs</i> .1mg, .2mg, .3mg	
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<i>doxazosin mesylate tabs</i> 1mg, 2mg, 4mg, 8mg	
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<i>guanfacine hcl tabs</i> 1mg, 2mg	
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<i>methyl dopa tabs</i> 250mg, 500mg	
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<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	
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<i>terazosin hcl caps</i> 1mg, 2mg, 5mg, 10mg	
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ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap</i> 2.5-10 mg	
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<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg (generic of LOTREL)	
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<i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg (generic of LOTREL)	
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<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg	
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Drug Name	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AZOR)</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AZOR)</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg (generic of AZOR)</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg (generic of AZOR)</i>	
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160- 12.5 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160- 12.5 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320- 25 mg (generic of EXFORGE HCT)</i>	
<i>atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	

Drug Name	Requirements/Limits
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE)	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE)	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (generic of TRIBENZOR)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (generic of TRIBENZOR)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (generic of TRIBENZOR)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (generic of TRIBENZOR)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR)	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> (generic of ACCURETIC)	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> (generic of ACCURETIC)	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (generic of MICARDIS HCT)	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of MICARDIS HCT)	

Drug Name	Requirements/Limits
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<i>telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i>	
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<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	
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<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	
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<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	
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<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	
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<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	
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<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	
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<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	
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<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	
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<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	
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SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)

<i>eplerenone (generic of INSPRA) TABS 25mg, 50mg</i>	
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VASODILATORS

<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	
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<i>minoxidil tabs 2.5mg, 10mg</i>	
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ANTIMALARIALS

ANTIMALARIAL COMBINATIONS

<i>atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)</i>	
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<i>atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)</i>	
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ANTIMALARIALS

<i>chloroquine phosphate tabs 250mg, 500mg</i>	
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<i>hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg</i>	
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<i>mefloquine hcl tabs 250mg</i>	
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<i>primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg</i>	
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ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

<i>pyridostigmine bromide (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg</i>	
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ANTIMYCOBACTERIAL AGENTS

ANTIMYCOBACTERIAL AGENTS

<i>ethambutol hcl tabs 100mg</i>	
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<i>ethambutol hcl (generic of MYAMBUTOL) TABS 400mg</i>	
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<i>isoniazid syrp 50mg/5ml; tabs 100mg, 300mg</i>	
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Drug Name	Requirements/Limits
PRETOMANID TABS 200MG	PA
PRIFTIN TABS 150MG	
<i>pyrazinamide tabs 500mg</i>	
<i>rifabutin (generic of MYCOBUTIN) CAPS 150mg</i>	
<i>rifampin caps 150mg, 300mg</i>	
SIRTURO TABS 20MG, 100MG	PA

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>cyclophosphamide caps 25mg, 50mg</i>	
LEUKERAN TABS 2MG	
<i>melphalan tabs 2mg</i>	
MYLERAN TABS 2MG	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	
ZEPZELCA SOLR 4MG	PA

ANTIMETABOLITES

<i>capecitabine (generic of XELODA) TABS 150mg, 500mg</i>	
<i>mercaptopurine tabs 50mg</i>	
<i>methotrexate sodium tabs 2.5mg</i>	
ONUREG TABS 200MG, 300MG	PA

ANTINEOPLASTIC - ANTI-HER2 AGENTS

TUKYSA TABS 50MG, 150MG	PA
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ANTINEOPLASTIC - ANTIBODIES

ADCETRIS SOLR 50MG	PA
BLINCYTO SOLR 35MCG	PA
DANYELZA SOLN 40MG/10ML	PA
ENHERTU SOLR 100MG	PA
LIBTAYO SOLN 350MG/7ML	PA
LUNSUMIO SOLN 1MG/ML, 30MG/30ML	PA
PADCEV SOLR 20MG, 30MG	PA
POLIVY SOLR 140MG	PA
POTELIGEO SOLN 20MG/5ML	PA
RYBREVANT SOLN 350MG/7ML	PA
TIVDAK SOLR 40MG	PA
YERVOY SOLN 50MG/10ML, 200MG/40ML	PA
ZYNLONTA SOLR 10MG	PA

ANTINEOPLASTIC - BCL-2 INHIBITORS

VENCLEXTA TABS 10MG, 50MG, 100MG	PA
VENCLEXTA TAB START PK	PA

ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY

ABECMA INJ	PA
BREYANZI SUSP 70000000CELLS	PA

Drug Name	Requirements/Limits
KYMRIAH SUS	PA
YESCARTA INJ	PA
ANTINEOPLASTIC - EGFR INHIBITORS	
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg, 100mg, 150mg	
EXKIVITY CAPS 40MG	PA
TAGRISSE TABS 40MG, 80MG	PA
VIZIMPRO TABS 15MG, 30MG, 45MG	PA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg, 500mg	
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	
CAMCEVI PRSY 42MG	
ELIGARD KIT 45MG	
EMCYT CAPS 140MG	
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	
FIRMAGON SOLR 80MG, 120MG/VIAL	
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	
<i>leuprolide acetate kit 1mg/0.2ml</i>	
LUPRON DEPOT (1-MONTH) KIT 3.75MG, 7.5MG	PA
LUPRON DEPOT (3-MONTH) KIT 11.25MG, 22.5MG	PA
LUPRON DEPOT (4-MONTH) KIT 30MG	PA
LYSODREN TABS 500MG	
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	
NUBEQA TABS 300MG	PA
ORGOVYX TABS 120MG	
ORSERDU TABS 86MG, 345MG	PA
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	
XTANDI CAPS 40MG; TABS 40MG, 80MG	PA
ZOLADEX IMPL 3.6MG, 10.8MG	PA
ANTINEOPLASTIC - IMMUNOMODULATORS	
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	PA
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS	
AYVAKIT TABS 25MG, 50MG, 100MG, 200MG, 300MG	PA
ANTINEOPLASTIC - XPO1 INHIBITORS	
XPOVIO TBPk 40MG, 50MG, 60MG	PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20MG	PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20MG	PA
ANTINEOPLASTIC COMBINATIONS	
DARZALEX SOL FASPRO	PA

Drug Name	Requirements/Limits
LONSURF TAB 15-6.14	
LONSURF TAB 20-8.19	
RITUXAN INJ HYCELA	PA

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA CAPS 150MG	PA
ALUNBRIG TABS 30MG, 90MG, 180MG	PA
ALUNBRIG PAK	
BALVERSA TABS 3MG, 4MG, 5MG	PA
BOSULIF TABS 100MG, 500MG	PA
BRAFTOVI CAPS 75MG	PA
CABOMETYX TABS 20MG, 40MG, 60MG	PA
CALQUENCE TABS 100MG	PA
COTELLIC TABS 20MG	PA
FOTIVDA CAPS .89MG, 1.34MG	PA
GAVRETO CAPS 100MG	PA
IBRANCE CAPS 75MG, 100MG, 125MG	PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg, 400mg	
IMBRUVICA CAPS 140MG	PA
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	PA
JAYPIRCA TABS 50MG, 100MG	PA
KISQALI TBPK 200MG	PA
KRAZATI TABS 200MG	PA
LORBRENA TABS 25MG, 100MG	PA
LUMAKRAS TABS 120MG, 320MG	PA
MEKINIST TABS .5MG, 2MG	PA
MEKTOVI TABS 15MG	PA
QINLOCK TABS 50MG	PA
RETEVMO CAPS 40MG, 80MG	PA
ROZLYTREK CAPS 100MG, 200MG	PA
RUBRACA TABS 200MG, 250MG, 300MG	PA
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG, 100MG, 140MG	PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg	
TABRECTA TABS 150MG, 200MG	PA
TAFINLAR CAPS 50MG, 75MG	PA
TALZENNA CAPS .1MG, .25MG, .35MG, .5MG, .75MG, 1MG	PA
TASIGNA CAPS 50MG, 150MG, 200MG	PA
TAZVERIK TABS 200MG	PA
TIBSOVO TABS 250MG	PA
TURALIO CAPS 125MG	PA
VITRAKVI CAPS 25MG, 100MG	PA

Drug Name	Requirements/Limits
XALKORI CAPS 200MG, 250MG	PA
XOSPATA TABS 40MG	PA
ZEJULA TABS 100MG, 200MG, 300MG	PA
ZELBORAF TABS 240MG	PA
ZYDELIG TABS 100MG, 150MG	PA
ANTINEOPLASTICS MISC.	
ACTIMMUNE SOLN 2000000UNIT/0.5ML	PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg	
ELZONRIS SOLN 1000MCG/ML	PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	
MATULANE CAPS 50MG	
<i>tretinoin</i> (chemotherapy) caps 10mg	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	
COSELA SOLR 300MG	PA
<i>leucovorin calcium</i> tabs 5mg, 10mg, 15mg, 25mg	
MITOTIC INHIBITORS	
<i>etoposide</i> caps 50mg	
TOPOISOMERASE I INHIBITORS	
HYCANTIN CAPS .25MG, 1MG	PA
TRODELVY SOLR 180MG	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS	
ANTIPARKINSON DOPAMINERGICS	
<i>amantadine hcl</i> caps 100mg; soln 50mg/5ml	
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	
<i>carbidopa & levodopa</i> tab 10-100 mg (generic of SINEMET)	
<i>carbidopa & levodopa</i> tab 25-100 mg (generic of SINEMET)	
<i>carbidopa & levodopa</i> tab 25-250 mg	
<i>carbidopa & levodopa</i> tab er 25-100 mg	
<i>carbidopa & levodopa</i> tab er 50-200 mg	
<i>carbidopa-levodopa-entacapone</i> tabs 12.5-50-200 mg (generic of STALEVO 50)	
<i>carbidopa-levodopa-entacapone</i> tabs 18.75-75-200 mg (generic of STALEVO 75)	
<i>carbidopa-levodopa-entacapone</i> tabs 25-100-200 mg (generic of STALEVO 100)	
<i>carbidopa-levodopa-entacapone</i> tabs 31.25-125-200 mg (generic of STALEVO 125)	
<i>carbidopa-levodopa-entacapone</i> tabs 37.5-150-200 mg (generic of STALEVO 150)	

Drug Name	Requirements/Limits
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<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> (generic of STALEVO 200)	
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NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	
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<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	
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<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	
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ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>selegiline hcl caps 5mg; tabs 5mg</i>	
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XADAGO TABS 50MG, 100MG	PA
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ANTIPSYCHOTICS/ANTIMANIC AGENTS

PHENOTHIAZINES

<i>compro supp 25mg</i>	
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<i>prochlorperazine supp 25mg</i>	
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<i>prochlorperazine maleate tabs 5mg, 10mg</i>	
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ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml</i>	
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<i>abacavir sulfate tabs 300mg</i>	
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<i>abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)</i>	
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APRETUDE SUER 600MG/3ML	PA
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APTIVUS CAPS 250MG	
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<i>atazanavir sulfate caps 150mg</i>	
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<i>atazanavir sulfate (generic of REYATAZ) CAPS 200mg, 300mg</i>	
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BIKTARVY TAB	
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CABENUVA SUS 400-600	PA
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CABENUVA SUS 600-900	PA
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CIMDUO TAB 300-300	
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COMPLERA TAB	
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<i>darunavir (generic of PREZISTA) TABS 600mg, 800mg</i>	
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DELSTRIGO TAB	
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DESCOVY TAB 200/25MG	PA
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DOVATO TAB 50-300MG	
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EDURANT TABS 25MG	
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<i>efavirenz (generic of SUSTIVA) TABS 600mg</i>	
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<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic of ATRIPLA)</i>	
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<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic of SYMFI LO)</i>	
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<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)</i>	
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Drug Name	Requirements/Limits
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA)	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	
EMTRIVA SOLN 10MG/ML	
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	
EVOTAZ TAB 300-150	
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	
FUZEON SOLR 90MG	
GENVOYA TAB	
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG	
ISENTRESS HD TABS 600MG	
JULUCA TAB 50-25MG	
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	
<i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	
LEXIVA SUSP 50MG/ML	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 100mg, 400mg</i>	
ODEFSEY TAB	
PIFELTRO TABS 100MG	
PREZCOBIX TAB 800-150	
PREZISTA SUSP 100MG/ML; TABS 75MG, 150MG	
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	
RUKOBIA TB12 600MG	
SELZENTRY SOLN 20MG/ML; TABS 25MG, 75MG	
STRIBILD TAB	
SUNLENCA SOLN 463.5MG/1.5ML; TBPK 300MG	PA
SYM TUZA TAB	

Drug Name	Requirements/Limits
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	
TIVICAY TABS 10MG, 25MG, 50MG	
TIVICAY PD TBSO 5MG	
TRIUMEQ PD TAB	
TRIUMEQ TAB	
TROGARZO SOLN 200MG/1.33ML	
TYBOST TABS 150MG	
VIRACEPT TABS 250MG, 625MG	
VIREAD POWD 40MG/GM; TABS 150MG, 200MG, 250MG	
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	
<i>zidovudine tabs 300mg</i>	
ANTIVIRAL COMBINATIONS	
PAXLOVID TAB 150-100	
PAXLOVID TAB 300-100	
CMV AGENTS	
LIVTENCITY TABS 200MG	PA
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml; TABS 450mg	
HEPATITIS AGENTS	
BARACLUDE SOLN .05MG/ML	
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	
<i>lamivudine (hbv) tabs 100mg</i>	
MAVYRET TAB 100-40MG	PA
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	
SOFOS/VELPAT TAB 400-100	PA
VEMLIDY TABS 25MG	PA
HERPES AGENTS	
<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	
INFLUENZA AGENTS	
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	
BETA BLOCKERS	
ALPHA-BETA BLOCKERS	
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	

Drug Name	Requirements/Limits
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carvedilol phosphate (generic of COREG CR) CP24
10mg, 20mg, 40mg, 80mg

labetalol hcl tabs 100mg, 200mg, 300mg

BETA BLOCKERS CARDIO-SELECTIVE

atenolol (generic of TENORMIN) TABS 25mg, 50mg,
100mg

bisoprolol fumarate tabs 5mg, 10mg

metoprolol succinate (generic of TOPROL XL) TB24
25mg, 50mg, 100mg, 200mg

metoprolol tartrate tabs 25mg

metoprolol tartrate (generic of LOPRESSOR) TABS
50mg, 100mg

nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg,
10mg, 20mg

BETA BLOCKERS NON-SELECTIVE

nadolol (generic of CORGARD) TABS 20mg, 40mg

nadolol tabs 80mg

pindolol tabs 5mg, 10mg

propranolol hcl (generic of INDERAL LA) CP24 60mg,
80mg, 120mg, 160mg

propranolol hcl soln 20mg/5ml, 40mg/5ml; *tabs* 10mg,
20mg, 40mg, 60mg, 80mg

sotalol hcl (generic of BETAPACE) TABS 80mg, 120mg,
160mg

sotalol hcl tabs 240mg

sotalol hcl (afib/af) (generic of BETAPACE AF) TABS
80mg, 120mg, 160mg

timolol maleate tabs 5mg, 10mg, 20mg

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

amlodipine besylate (generic of NORVASC) TABS
2.5mg, 5mg, 10mg

cartia xt (generic of CARDIZEM CD) CP24 120mg,
180mg, 240mg, 300mg

dilt-xr cp24 120mg, 180mg, 240mg

diltiazem hcl cp12 60mg, 90mg, 120mg; *cp24* 120mg,
180mg, 240mg; *tabs* 90mg

diltiazem hcl (generic of CARDIZEM) TABS 30mg,
60mg, 120mg

diltiazem hcl (generic of CARDIZEM LA) TB24 360mg

diltiazem hcl coated beads (generic of CARDIZEM CD)
CP24 120mg, 180mg, 240mg, 300mg, 360mg

Drug Name	Requirements/Limits
<i>diltiazem hcl extended release beads (generic of TIAZAC)</i>	CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg
<i>felodipine tb24</i>	2.5mg, 5mg, 10mg
<i>matzim la (generic of CARDIZEM LA)</i>	TB24 360mg
<i>nicardipine hcl caps</i>	20mg, 30mg
<i>nifedipine caps</i>	10mg; tb24 30mg, 60mg, 90mg
<i>nifedipine (generic of PROCARDIA XL)</i>	TB24 30mg, 60mg, 90mg
<i>nimodipine caps</i>	30mg
<i>taztia xt (generic of TIAZAC)</i>	CP24 120mg, 180mg, 240mg, 300mg, 360mg
<i>tiadylt er (generic of TIAZAC)</i>	CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg
<i>verapamil hcl cp24</i>	100mg, 200mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg, 180mg, 240mg
<i>verapamil hcl (generic of VERELAN)</i>	CP24 120mg, 180mg, 240mg

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digoxin soln</i>	.05mg/ml
<i>digoxin (generic of LANOXIN)</i>	TABS 125mcg, 250mcg

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAPS	2.5MG, 5MG, 10MG, 15MG	PA
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CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab</i>	2.5-10 mg
<i>amlodipine besylate-atorvastatin calcium tab</i>	2.5-20 mg
<i>amlodipine besylate-atorvastatin calcium tab</i>	2.5-40 mg
<i>amlodipine besylate-atorvastatin calcium tab</i>	5-10 mg (generic of CADUET)
<i>amlodipine besylate-atorvastatin calcium tab</i>	5-20 mg (generic of CADUET)
<i>amlodipine besylate-atorvastatin calcium tab</i>	5-40 mg (generic of CADUET)
<i>amlodipine besylate-atorvastatin calcium tab</i>	5-80 mg (generic of CADUET)
<i>amlodipine besylate-atorvastatin calcium tab</i>	10-10 mg (generic of CADUET)
<i>amlodipine besylate-atorvastatin calcium tab</i>	10-20 mg (generic of CADUET)
<i>amlodipine besylate-atorvastatin calcium tab</i>	10-40 mg (generic of CADUET)

Drug Name	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET)	
ENTRESTO TAB 24-26MG	
ENTRESTO TAB 49-51MG	
ENTRESTO TAB 97-103MG	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (generic of BIDIL)	
PROSTAGLANDIN VASODILATORS	
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	
REMODULIN SOLN 20MG/20ML, 50MG/20ML, 100MG/20ML, 200MG/20ML	
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	
TYVASO SOLN .6MG/ML	
TYVASO REFILL SOLN .6MG/ML	
TYVASO STARTER SOLN .6MG/ML	
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg	
OPSUMIT TABS 10MG	
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	
<i>alyq</i> (generic of ADCIRCA) TABS 20mg	PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SUSR 10mg/ml	PA required for age 6 and older
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg	PA
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg	PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	
UPTRAVI TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	
UPTRAVI PACK TAB 200/800	
SINUS NODE INHIBITORS	
CORLANOR TABS 5MG, 7.5MG	
CEPHALOSPORINS	
CEPHALOSPORINS - 1ST GENERATION	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	
<i>cephalexin caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml</i>	
CEPHALOSPORINS - 2ND GENERATION	
<i>cefuroxime axetil tabs 250mg</i>	QL (28 tabs every 25 days)
<i>cefuroxime axetil tabs 500mg</i>	

Drug Name	Requirements/Limits
CEPHALOSPORINS - 3RD GENERATION	
<i>cefдинир caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	
<i>cefподохиме proxetil tabs 100mg, 200mg</i>	

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen 1/35</i>	
<i>alyacen 7/7/7</i>	
<i>amethia</i>	
<i>amethyst</i>	
<i>apri</i>	
<i>aranelle</i>	
<i>ashlyna</i>	
<i>abra eq</i>	
<i>aurovela 1.5/30</i>	
<i>aurovela 1/20</i>	
<i>aurovela 24 fe</i>	
<i>aurovela fe 1.5/30</i>	
<i>aurovela fe 1/20</i>	
<i>aviane</i>	
<i>ayuna</i>	
<i>azurette</i>	
<i>balziva</i>	
<i>blisovi 24 fe</i>	
<i>blisovi fe 1.5/30</i>	
<i>blisovi fe 1/20</i>	
<i>briellyn</i>	
<i>camrese</i>	
<i>camrese lo</i>	
<i>charlotte 24 fe (generic of MINASTRIN 24 FE)</i>	PA
<i>chateal eq</i>	
<i>cryselle-28</i>	
<i>cyred eq</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	
<i>daysee</i>	
<i>delyla</i>	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>dolishale</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>	

Drug Name	Requirements/Limits
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	
<i>elinest</i>	
<i>enpresse-28</i>	
<i>enskyce</i>	
<i>estarylla</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>falmina</i>	
<i>finzala (generic of MINASTRIN 24 FE)</i>	PA
<i>gemmily (generic of TAYTULLA)</i>	PA
<i>hailey 1.5/30</i>	
<i>hailey 24 fe</i>	
<i>hailey fe 1.5/30</i>	
<i>hailey fe 1/20</i>	
<i>iclevia</i>	
<i>introvale</i>	
<i>isibloom</i>	
<i>jaimiess</i>	
<i>jasmiel (generic of YAZ)</i>	
<i>jolessa</i>	
<i>juleber</i>	
<i>junel 1.5/30</i>	
<i>junel 1/20</i>	
<i>junel fe 1.5/30</i>	
<i>junel fe 1/20</i>	
<i>junel fe 24</i>	
<i>kaitlib fe</i>	
<i>kalliga</i>	
<i>kariva</i>	
<i>kelnor 1/35</i>	
<i>kelnor 1/50</i>	
<i>kurvelo</i>	
<i>larin 1.5/30</i>	
<i>larin 1/20</i>	
<i>larin 24 fe</i>	
<i>larin fe 1.5/30</i>	
<i>larin fe 1/20</i>	
<i>layolis fe</i>	
<i>leena</i>	
<i>lessina</i>	
<i>levonest</i>	

Drug Name	Requirements/Limits
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	
levora 0.15/30-28	
LO LOESTRIN TAB 1-10-10	
lo-zumandimine (generic of YAZ)	
loestrin 1.5/30-21	
loestrin 1/20-21	
loestrin fe 1.5/30	
loestrin fe 1/20	
lojaimiess	
loryna (generic of YAZ)	
low-ogestrel	
lutra	
marlissa	
merzee (generic of TAYTULLA)	PA
mibelas 24 fe (generic of MINASTRIN 24 FE)	PA
microgestin 1.5/30	
microgestin 1/20	
microgestin 24 fe	
microgestin fe 1.5/30	
microgestin fe 1/20	
mili	
mono-linyah	
necon 0.5/35-28	
nikki (generic of YAZ)	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	

Drug Name	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (generic of MINASTRIN 24 FE)</i>	PA
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)</i>	PA
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	
<i>nortrel 0.5/35 (28)</i>	
<i>nortrel 1/35</i>	
<i>nortrel 7/7/7</i>	
<i>nylia 1/35</i>	
<i>nylia 7/7/7</i>	
<i>nymyo</i>	
<i>ocella (generic of YASMIN 28)</i>	
<i>philith</i>	
<i>pimtrea</i>	
<i>portia-28</i>	
<i>reclipsen</i>	
<i>rivelsa</i>	
<i>setlakin</i>	
<i>simliya</i>	
<i>simpesse</i>	
<i>sprintec 28</i>	
<i>sronyx</i>	
<i>syeda (generic of YASMIN 28)</i>	
<i>tarina 24 fe</i>	
<i>tarina fe 1/20 eq</i>	
<i>taysofy (generic of TAYTULLA)</i>	PA
<i>tilia fe</i>	
<i>tri-estarylla</i>	
<i>tri-legest fe</i>	
<i>tri-linyah</i>	
<i>tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>tri-lo-marzia (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>tri-lo-mili (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>tri-mili</i>	

Drug Name	Requirements/Limits
<i>tri-nymyo</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>trivora-28</i>	
<i>turqoz</i>	
<i>velivet</i>	
<i>vestura</i> (generic of YAZ)	
<i>vienva</i>	
<i>viorele</i>	
<i>volnea</i>	
<i>vyfemla</i>	
<i>vylibra</i>	
<i>wera</i>	
<i>wymzya fe</i>	
<i>zovia 1/35</i>	
<i>zumandimine</i> (generic of YASMIN 28)	
COMBINATION CONTRACEPTIVES - TRANSDERMAL	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35</i>	
<i>mcg/24hr</i>	
<i>xulane</i>	
<i>zafemy</i>	
COMBINATION CONTRACEPTIVES - VAGINAL	
<i>eluryng</i> (generic of NUVARING)	
<i>enilloring</i> (generic of NUVARING)	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015</i>	
<i>mg/24hr</i> (generic of NUVARING)	
<i>haloette</i> (generic of NUVARING)	
COPPER CONTRACEPTIVES - IUD	
PARAGARD IUD T380A	
EMERGENCY CONTRACEPTIVES	
ELLA TABS 30MG	
PROGESTIN CONTRACEPTIVES - IMPLANTS	
NEXPLANON IMPL 68MG	
PROGESTIN CONTRACEPTIVES - INJECTABLE	
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	
PROGESTIN CONTRACEPTIVES - IUD	
KYLEENA IUD 19.5MG	
LILETTA IUD 20.1MCG/DAY	
MIRENA IUD 20MCG/DAY	

Drug Name	Requirements/Limits
SKYLA IUD 13.5MG	
PROGESTIN CONTRACEPTIVES - ORAL	
<i>camila tabs .35mg</i>	
<i>deblitane tabs .35mg</i>	
<i>errin tabs .35mg</i>	
<i>heather tabs .35mg</i>	
<i>incassia tabs .35mg</i>	
<i>jencycla tabs .35mg</i>	
<i>lyleq tabs .35mg</i>	
<i>lyza tabs .35mg</i>	
<i>nora-be tabs .35mg</i>	
<i>norethindrone (contraceptive) tabs .35mg</i>	
<i>norlyroc tabs .35mg</i>	
<i>sharobel tabs .35mg</i>	
CORTICOSTEROIDS	
GLUCOCORTICOSTEROIDS	
<i>budesonide cpep 3mg</i>	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	
DEXAMETHASONE INTENSOL CONC 1MG/ML	
<i>hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg</i>	
MEDROL TABS 2MG	
<i>methylprednisolone (generic of MEDROL) TABS 4mg, 8mg, 16mg</i>	
<i>methylprednisolone tabs 32mg</i>	
<i>methylprednisolone (generic of MEDROL DOSEPAK) TBPk 4mg</i>	
<i>prednisolone soln 15mg/5ml</i>	
<i>prednisolone sodium phosphate (generic of PEDIAPRED) SOLN 5mg/5ml</i>	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	
TARPEYO CPDR 4MG	PA
MINERALOCORTICIDS	
<i>fludrocortisone acetate tabs .1mg</i>	
COUGH/COLD/ALLERGY	
ANTITUSSIVES	
<i>benzonatate caps 100mg, 200mg</i>	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (generic of HYCODAN)</i>	PA

Drug Name	Requirements/Limits
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<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (generic of HYCODAN)</i>	PA
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<i>hydromet (generic of HYCODAN)</i>	PA
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COUGH/COLD/ALLERGY COMBINATIONS

<i>bromfed dm</i>

<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>

<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>

EXPECTORANTS

<i>potassium iodide (expectorant) soln 1gm/ml</i>

MISC. RESPIRATORY INHALANTS

<i>nebusal nebu 3%</i>

<i>pulmosal nebu 7%</i>

<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>

DERMATOLOGICALS

ACNE PRODUCTS

<i>acutane caps 10mg, 20mg, 30mg, 40mg</i>
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<i>adapalene (generic of DIFFERIN) CREA .1%; GEL .3%</i>
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<i>amneesteem caps 10mg, 20mg, 40mg</i>

<i>avar cleanser</i>

<i>benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)</i>

<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>

<i>clindamycin phosphate (topical) (generic of CLINDAGEL) GEL 1%</i>
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<i>clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1%</i>

<i>clindamycin phosphate (topical) soln 1%; swab 1%</i>

<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>
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<i>ery pads 2%</i>

<i>erythromycin (acne aid) (generic of ERYGEL) GEL 2%</i>

<i>erythromycin (acne aid) soln 2%</i>
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<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>

<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>
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<i>tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025%</i>
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<i>zenatane caps 10mg, 20mg, 30mg, 40mg</i>

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>diclofenac sodium (topical) gel 1%; soln 1.5%</i>
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ANTIBIOTICS - TOPICAL

<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>
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<i>mupirocin oint 2%</i>

ANTIFUNGALS - TOPICAL

<i>ciclopirox sham 1%; soln 8%</i>

Drug Name	Requirements/Limits
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<i>ciclopirox olamine crea .77%; susp .77%</i>	
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<i>clotrimazole (topical) crea 1%; soln 1%</i>	
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<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	
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<i>ketconazole (topical) crea 2%; sham 2%</i>	
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<i>nyamyc powd 100000unit/gm</i>	
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<i>nystatin (topical) crea 100000unit/gm; oint</i>	
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<i>100000unit/gm; powd 100000unit/gm</i>	
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<i>nystop powd 100000unit/gm</i>	
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ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>diclofenac sodium (actinic keratoses) gel 3%</i>	
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<i>fluorouracil (topical) (generic of EFUDEX) CREA 5%</i>	
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<i>fluorouracil (topical) soln 2%, 5%</i>	
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ANTIPSORIATICS

<i>calcipotriene oint .005%; soln .005%</i>	
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<i>calcitrene oint .005%</i>	
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<i>COSENTYX SOSY 75MG/0.5ML, 150MG/ML</i>	
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<i>COSENTYX SENSOREADY PEN SOAJ 150MG/ML</i>	
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<i>COSENTYX UNOREADY SOAJ 300MG/2ML</i>	
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<i>SILIQ SOSY 210MG/1.5ML</i>	
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ANTISEBORRHEIC PRODUCTS

<i>selenium sulfide lotn 2.5%</i>	
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BURN PRODUCTS

<i>silver sulfadiazine (generic of SILVADENE) CREA 1%</i>	
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<i>ssd (generic of SILVADENE) CREA 1%</i>	
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CORTICOSTEROIDS - TOPICAL

<i>alclometasone dipropionate crea .05%; oint .05%</i>	
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<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	
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<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	
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<i>clobetasol propionate crea .05%; oint .05%; soln .05%</i>	
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<i>clobetasol propionate emollient base crea .05%</i>	
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<i>desonide (generic of DESOWEN) CREA .05%</i>	
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<i>desonide oint .05%</i>	
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<i>fluocinolone acetonide crea .01%</i>	
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<i>fluocinolone acetonide (generic of SYNALAR) CREA .025%; OINT .025%; SOLN .01%</i>	
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<i>fluocinolone acetonide (generic of DERMA-SMOOTH/FS BODY) OIL .01%</i>	
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<i>fluocinolone acetonide (generic of DERMA-SMOOTH/FS SCALP) OIL .01%</i>	
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<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	
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<i>fluocinonide emulsified base crea .05%</i>	
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<i>halobetasol propionate crea .05%; oint .05%</i>	
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Drug Name	Requirements/Limits
<i>hydrocortisone (topical) lotn 2.5%; oint 1%, 2.5%</i>	
<i>hydrocortisone valerate crea .2%; oint .2%</i>	
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%, .5%</i>	
<i>triderm crea .5%</i>	
ECZEMA AGENTS	
DUPIXENT SOPN 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	
OPZELURA CREA 1.5%	PA, QL (180 gm every 28 days)
EMOLLIENT/KERATOLYTIC AGENTS	
<i>cerovel lotn 40%</i>	
<i>urea crea 39%, 40%; lotn 40%</i>	
<i>uredeb crea 39%</i>	
<i>uremez-40 crea 40%</i>	
<i>xurea crea 39%</i>	
EMOLLIENTS	
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	
ENZYMES - TOPICAL	
SANTYL OINT 250UNIT/GM	QL (150 gm every 25 days)
IMMUNOMODULATING AGENTS - TOPICAL	
<i>imiquimod crea 5%</i>	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
<i>pimecrolimus (generic of ELIDEL) CREA 1%</i>	
<i>tacrolimus (topical) oint .03%, .1%</i>	
KERATOLYTIC/ANTIMITOTIC AGENTS	
<i>podofilox soln .5%</i>	
LOCAL ANESTHETICS - TOPICAL	
<i>lidocaine (generic of LIDODERM) PTCH 5%</i>	
<i>lidocaine hcl crea 3%; soln 4%</i>	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
<i>lidocan iii (generic of LIDODERM) PTCH 5%</i>	
<i>lidopin crea 3%</i>	
<i>proxivol gel 2%</i>	
<i>7t lido gel gel 2%</i>	
MISC. TOPICAL	
DRYSOL SOLN 20%	
QBREXZA PADS 2.4%	PA
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	
EUCRISA OINT 2%	ST

Drug Name	Requirements/Limits
ROSACEA AGENTS	
<i>metronidazole (topical) (generic of METROCREAM) CREA .75%</i>	
<i>metronidazole (topical) gel .75%</i>	
<i>metronidazole (topical) (generic of METROLOTION) LOTN .75%</i>	
SCABICIDES & PEDICULICIDES	
<i>malathion lotn .5%</i>	
<i>permethrin crea 5%</i>	
WOUND CARE PRODUCTS	
COLLANEX POW	
REGRANEX GEL .01%	
VYJUVEK GEL	PA
DIGESTIVE AIDS	
DIGESTIVE ENZYMES	
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
DIURETICS	
CARBONIC ANHYDRASE INHIBITORS	
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	
<i>methazolamide tabs 25mg, 50mg</i>	
DIURETIC COMBINATIONS	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)</i>	
<i>triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)</i>	
LOOP DIURETICS	
<i>bumetanide tabs 1mg, 2mg</i>	
<i>bumetanide (generic of BUMEX) TABS .5mg</i>	
FUROSCIX CTKT 80MG/10ML	PA, QL (8 ea every 30 days)
<i>furosemide soln 10mg/ml, 40mg/5ml</i>	
<i>furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg</i>	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	

Drug Name	Requirements/Limits
POTASSIUM SPARING DIURETICS	
<i>amiloride hcl tabs 5mg</i>	
<i>spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg</i>	
<i>triamterene (generic of DYRENIUM) CAPS 50mg, 100mg</i>	
THIAZIDES AND THIAZIDE-LIKE DIURETICS	
<i>chlorthalidone tabs 25mg, 50mg</i>	
DIURIL SUSP 250MG/5ML	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	
<i>indapamide tabs 1.25mg, 2.5mg</i>	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	
THALITONE TABS 15MG	
ENDOCRINE AND METABOLIC AGENTS - MISC.	
BONE DENSITY REGULATORS	
<i>alendronate sodium tabs 5mg, 10mg, 35mg</i>	
<i>alendronate sodium (generic of FOSAMAX) TABS 70mg</i>	
<i>calcitonin (salmon) soln 200unit/act</i>	
FOSAMAX + D TAB 70-2800	
FOSAMAX + D TAB 70-5600	
PROLIA SOSY 60MG/ML	PA
TERIPARATIDE SOPN 620MCG/2.48ML	PA
TYMLOS SOPN 3120MCG/1.56ML	PA
XGEVA SOLN 120MG/1.7ML	PA
GNRH/LHRH ANTAGONISTS	
ORLISSA TABS 150MG, 200MG	
GROWTH HORMONE RELEASING HORMONES (GHRH)	
EGRIFTA SV SOLR 2MG	PA
GROWTH HORMONES	
NGENLA SOPN 24MG/1.2ML, 60MG/1.2ML	PA
NORDITROPIN FLEXPLO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	PA
NUTROPIN AQ NUSPIN 5 SOPN 5MG/2ML	PA
NUTROPIN AQ NUSPIN 10 SOPN 10MG/2ML	PA
NUTROPIN AQ NUSPIN 20 SOPN 20MG/2ML	PA
SEROSTIM SOLR 4MG, 5MG, 6MG	PA
HORMONE RECEPTOR MODULATORS	
<i>raloxifene hcl (generic of EVISTA) TABS 60mg</i>	
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS	
TEPEZZA SOLR 500MG	PA

Drug Name	Requirements/Limits
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG)	PA
SUPPRELIN LA KIT 50MG	PA
MENOPAUSAL SYMPTOMS SUPPRESSANTS	
VEOZAH TABS 45MG	PA
METABOLIC MODIFIERS	
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg; SOLN 1mcg/ml	
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg, 90mg	
CRYSVITA SOLN 10MG/ML, 20MG/ML, 30MG/ML	PA
<i>doxercalciferol caps</i> .5mcg, 1mcg, 2.5mcg	
ELAPRASE SOLN 6MG/3ML	PA
MYALEPT SOLR 11.3MG	PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	PA
<i>nitisinone caps</i> 20mg	PA
NULIBRY SOLR 9.5MG	PA
RAVICTI LIQD 1.1GM/ML	PA
REVCOVI SOLN 2.4MG/1.5ML	PA
VIMIZIM SOLN 5MG/5ML	PA
XENPOZYME SOLR 4MG, 20MG	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
KERENDIA TABS 10MG, 20MG	PA
POSTERIOR PITUITARY HORMONES	
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml; TABS .1mg, .2mg	
<i>desmopressin acetate spray soln</i> .01%	PA
<i>desmopressin acetate spray refrigerated soln</i> .1mg/ml	PA
PROLACTIN INHIBITORS	
<i>cabergoline tabs</i> .5mg	
SOMATOSTATIC AGENTS	
<i>octreotide acetate</i> sosy 50mcg/ml, 100mcg/ml, 500mcg/ml	
SIGNIFOR LAR SRER 10MG, 20MG, 30MG, 40MG, 60MG	
VASOPRESSIN RECEPTOR ANTAGONISTS	
JYNARQUE TABS 15MG, 30MG; TBPK 15MG	PA
JYNARQUE PAK 30-15MG	PA
JYNARQUE PAK 45-15MG	PA
JYNARQUE PAK 60-30MG	PA
JYNARQUE PAK 90-30MG	PA

Drug Name	Requirements/Limits
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ESTROGENS

ESTROGEN COMBINATIONS

CLIMARA PRO DIS WEEKLY
COMBIPATCH DIS
<i>covaryx hs</i>
<i>eemt hs</i>
<i>esterified estrogens/meth</i>
<i>fyavolv</i>
<i>jinteli</i>
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>
ORIAHNN CAP
PREMPHASE TAB
PREMPRO TAB
PREMPRO TAB 0.3-1.5
PREMPRO TAB 0.45-1.5
PREMPRO TAB 0.625-5

ESTROGENS

ALORA PTTW .025MG/24HR, .075MG/24HR, .1MG/24HR
DEPO-ESTRADIOL OIL 5MG/ML
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr

FLUOROQUINOLONES

FLUOROQUINOLONES

CIPRO SUSR 5GM/100ML, 500MG/5ML
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg
<i>levofloxacin soln 25mg/ml; tabs 500mg</i>
<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 750mg

Drug Name	Requirements/Limits
<i>moxifloxacin hcl tabs 400mg</i>	
GASTROINTESTINAL AGENTS - MISC.	
GALLSTONE SOLUBILIZING AGENTS	
<i>ursodiol caps 300mg</i>	
<i>ursodiol (generic of URSO 250) TABS 250mg</i>	
<i>ursodiol (generic of URSO FORTE) TABS 500mg</i>	
GASTROINTESTINAL ANTIALLERGY AGENTS	
<i>cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml</i>	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS	
<i>lubiprostone (generic of AMITIZA) CAPS 8mcg, 24mcg</i>	
GASTROINTESTINAL STIMULANTS	
<i>metoclopramide hcl soln 5mg/5ml, 10mg/10ml</i>	
<i>metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg</i>	
INFLAMMATORY BOWEL AGENTS	
<i>balsalazide disodium (generic of COLAZAL) CAPS 750mg</i>	
<i>mesalamine (generic of APRISO) CP24 .375gm</i>	
<i>mesalamine (generic of PENTASA) CPCR 500mg</i>	
<i>mesalamine (generic of DELZICOL) CPDR 400mg</i>	
<i>mesalamine enem 4gm; tbec 800mg</i>	
<i>mesalamine (generic of CANASA) SUPP 1000mg</i>	
<i>mesalamine (generic of LIALDA) TBEC 1.2gm</i>	
<i>mesalamine w/ cleanser (generic of ROWASA) KIT 4gm</i>	
<i>PENTASA CPCR 250MG</i>	
<i>SFROWASA ENEM 4GM/60ML</i>	
<i>sulfasalazine (generic of AZULFIDINE) TABS 500mg</i>	
<i>sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg</i>	
INTESTINAL ACIDIFIERS	
<i>enulose soln 10gm/15ml</i>	
<i>generlac soln 10gm/15ml</i>	
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	
LIVE FECAL MICROBIOTA	
<i>VOWST CAP</i>	PA, QL (24 caps in lifetime)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS	
<i>MOVANTIK TABS 12.5MG, 25MG</i>	
PHOSPHATE BINDER AGENTS	
<i>AURYXIA TABS 210MG</i>	
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	

Drug Name	Requirements/Limits
<i>lanthanum carbonate</i> (generic of FOSRENOL) CHEW 500mg, 750mg, 1000mg	
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm, 2.4gm; TABS 800mg	
SHORT BOWEL SYNDROME (SBS) AGENTS	
GATTEX KIT 5MG	PA
GENITOURINARY AGENTS - MISCELLANEOUS	
ALKALINIZERS	
ORACIT SOL	
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 10) TBCR 10meq	
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 5) TBCR 540mg	
<i>sodium citrate & citric acid soln</i> 500-334 mg/5ml	
CYSTINOSIS AGENTS	
PROCYSBI CPDR 25MG, 75MG; PACK 75MG, 300MG	PA
HYPEROXALURIA AGENTS	
OXLUMO SOLN 94.5MG/0.5ML	PA
INTERSTITIAL CYSTITIS AGENTS	
ELMIRON CAPS 100MG	
PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	
<i>dutasteride</i> (generic of AVODART) CAPS .5mg	
ENTADFI CAP 5-5MG	PA
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	
<i>silodosin</i> (generic of RAPAFLOR) CAPS 4mg, 8mg	
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	
URINARY ANALGESICS	
<i>phenazo tabs</i> 200mg	
<i>phenazopyridine hcl tabs</i> 100mg, 200mg	
GOUT AGENTS	
GOUT AGENT COMBINATIONS	
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	
GOUT AGENTS	
<i>allopurinol tabs</i> 100mg, 300mg	
<i>colchicine</i> (generic of COLCRYS) TABS .6mg	
KRYSTEXXA SOLN 8MG/ML	PA
URICOSURICS	
<i>probenecid tabs</i> 500mg	
HEMATOLOGICAL AGENTS - MISC.	
ANTIHEMOPHILIC PRODUCTS	
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	PA

Drug Name	Requirements/Limits
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS	
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml	PA
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml	PA
COMPLEMENT INHIBITORS	
CINRYZE SOLR 500UNIT	PA
EMPAVELI SOLN 1080MG/20ML	PA
HAEGARDA SOLR 2000UNIT, 3000UNIT	PA
SOLIRIS SOLN 300MG/30ML	PA
ULTOMIRIS SOLN 300MG/3ML, 1100MG/11ML	PA
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS	
TAVALISSE TABS 100MG, 150MG	PA
HEMATORHEOLOGIC AGENTS	
<i>pentoxifylline tbc</i> 400mg	
PLASMA KALLIKREIN INHIBITORS	
KALBITOR SOLN 10MG/ML	PA
ORLADEYO CAPS 110MG, 150MG	PA
TAKHZYRO SOLN 300MG/2ML	PA
PLATELET AGGREGATION INHIBITORS	
<i>anagrelide hcl caps</i> 1mg	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	
BRILINTA TABS 60MG, 90MG	
CABLIVI KIT 11MG	PA
<i>cilostazol tabs</i> 50mg, 100mg	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	
<i>clopidogrel bisulfate tabs</i> 300mg	
<i>dipyridamole tabs</i> 25mg, 50mg, 75mg	
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	
ZONTIVITY TABS 2.08MG	PA
PYRUVATE KINASE ACTIVATORS	
PYRUKYND TABS 5MG, 20MG, 50MG	PA
PYRUKYND TAB 20MGX5MG	PA
PYRUKYND TAB 50MGX20M	PA
PYRUKYND TAPER PACK TBPK 5MG	PA
HEMATOPOIETIC AGENTS	
AGENTS FOR GAUCHER DISEASE	
CEREZYME SOLR 400UNIT	PA
AGENTS FOR SICKLE CELL DISEASE	
ADAKVEO SOLN 100MG/10ML	
DROXIA CAPS 200MG, 300MG, 400MG	
ENDARI PACK 5GM	QL (180 packets every 25 days)

Drug Name	Requirements/Limits
OXBRYTA TABS 300MG, 500MG; TBSO 300MG	
SIKLOS TABS 100MG, 1000MG	
COBALAMINS	
<i>cyanocobalamin soln 1000mcg/ml</i>	
<i>dodex soln 1000mcg/ml</i>	
FOLIC ACID/FOLATES	
<i>folic acid tabs 1mg</i>	
HEMATOPOIETIC GROWTH FACTORS	
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	
DOPTELET TABS 20MG	PA
JESDUVROQ TABS 1MG, 2MG, 4MG, 6MG, 8MG	PA
MULPLETA TABS 3MG	PA
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 40000UNIT/ML	
ZARXIO SOSY 300MCG/0.5ML, 480MCG/0.8ML	
ZIEXTENZO SOSY 6MG/0.6ML	
HEMATOPOIETIC MIXTURES	
<i>iferex 150 forte</i>	
<i>k-tan plus</i>	
<i>poly-iron 150 forte</i>	
<i>polysaccharide iron forte</i>	
<i>purevit dualfe plus</i>	
<i>se-tan plus</i>	
<i>tandem plus</i>	
HEMOSTATICS	
HEMOSTATICS - SYSTEMIC	
<i>aminocaproic acid soln .25gm/ml, 250mg/ml; tabs 500mg, 1000mg</i>	
<i>tranexamic acid tabs 650mg</i>	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
BARBITURATE HYPNOTICS	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	
LAXATIVES	
LAXATIVE COMBINATIONS	
<i>gavilyte-c</i>	
<i>gavilyte-g (generic of GOLYTELY)</i>	

Drug Name	Requirements/Limits
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	
<i>peg-3350/electrolytes/asc</i> (generic of MOVIPREP)	
LAXATIVES - MISCELLANEOUS	
<i>constulose soln 10gm/15ml</i>	
<i>lactulose soln 10gm/15ml</i>	
MACROLIDES	
AZITHROMYCIN	
<i>azithromycin pack 1gm</i>	
<i>azithromycin</i> (generic of ZITHROMAX) SUSR 100mg/5ml, 200mg/5ml	
<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	QL (30 tabs every 25 days)
<i>azithromycin tabs 600mg</i>	QL (30 tabs every 25 days)
CLARITHROMYCIN	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs</i> <i>250mg, 500mg</i>	
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	
ERYTHROMYCINS	
<i>e.e.s. 400 tabs 400mg</i>	
<i>ery-tab tbec 250mg, 333mg, 500mg</i>	
<i>erythrocin stearate tabs 250mg</i>	
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg;</i> <i>tbec 250mg, 333mg, 500mg</i>	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	
<i>erythromycin ethylsuccinate tabs 400mg</i>	
FIDAXOMICIN	
DIFICID TABS 200MG	
MEDICAL DEVICES AND SUPPLIES	
CONTRACEPTIVES	
CAYA DPR	
FEMCAP MIS 22MM	
FEMCAP MIS 26MM	
FEMCAP MIS 30MM	
OMNIFLEX DPR	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	
DIABETIC SUPPLIES	
BD MICROTAIN MIS LANCETS	
DEXCOM G6 MIS RECEIVER	QL (1 each every 350 days)

Drug Name	Requirements/Limits
DEXCOM G6 MIS SENSOR	QL (9 boxes every 84 days)
DEXCOM G6 MIS TRANSMIT	QL (1 box every 80 days)
DEXCOM G7 MIS RECEIVER	QL (1 each every 350 days)
DEXCOM G7 MIS SENSOR	QL (9 boxes every 84 days)
FREESTY LIBR KIT 2 SENSOR	QL (2 boxes every 24 days)
FREESTY LIBR KIT 3 SENSOR	QL (2 boxes every 24 days)
FREESTY LIBR MIS 2 READER	QL (1 each every 350 days)
FREESTYLE KIT SENSOR	QL (2 boxes every 24 days)
FREESTYLE MIS READER	QL (1 each every 350 days)
OMNIPOD 5 G6 KIT INTRO	PA
OMNIPOD DASH KIT INTRO	PA
OMNIPOD DASH KIT PDM	PA
OMNIPOD DASH MIS PODS	PA
OMNIPOD GO KIT 20UNT/DY	PA
OMNIPOD GO KIT 30UNT/DY	PA
OMNIPOD GO KIT 40UNT/DY	PA
OMNIPOD MIS CLASSIC	PA
V-GO 20 KIT	PA
V-GO 30 KIT	PA
V-GO 40 KIT	PA

MISC. DEVICES

ALCOH-GLOVE PAD CONTOURE
ALCOH-WIPE MIS 12"X12"
ESSENTRA WIPES 9X9" CLEAN SHEE 70%

PARENTERAL THERAPY SUPPLIES

CEQR SIMPL KIT PATCH 2U
FILTER ASPIR MIS 18GX3"
INPEN 100EL MIS BLUE-HUM
INPEN 100EL MIS GREY-HUM
INPEN 100EL MIS PINK HUM
INPEN 100NN MIS BLUE NOV
INPEN 100NN MIS GREY NOV
INPEN 100NN MIS PINK NOV
INSULIN PEN NEEDLES
NEEDLE (DISPOSABLE)
NOVOPEN ECHO MIS
SIMPLICITY MIS INSERTER
SYRINGE (DISPOSABLE)
SYRINGE/NEEDLE (DISP)
TUBERCULIN/ALLERGY SYRINGES

RESPIRATORY THERAPY SUPPLIES

AEROCHAMBER MIS MV
CONVERSION MIS BABY SZ1

Drug Name	Requirements/Limits
CONVERSION MIS BABY SZ2	
CONVERSION MIS BABY SZ3	
INSPIREASE MIS RES BAG	
OPTICHAMBER MIS DIA MD	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	
QULIPTA TABS 10MG, 30MG, 60MG	QL (1 tab every 1 day)
UBRELVY TABS 50MG, 100MG	PA

MIGRAINE COMBINATIONS

ergotamine w/ caffeine tab 1-100 mg

SEROTONIN AGONISTS

<i>naratriptan hcl tabs 1mg, 2.5mg</i>	QL (12 tabs every 25 days)
<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	QL (18 tabs every 25 days)
<i>rizatriptan benzoate (generic of MAXALT) TABS 10mg</i>	QL (18 tabs every 25 days)
<i>rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg</i>	QL (18 tabs every 25 days)
<i>sumatriptan (generic of IMITREX) SOLN 5mg/act</i>	QL (24 inhalers every 25 days)
<i>sumatriptan (generic of IMITREX) SOLN 20mg/act</i>	QL (12 inhalers every 25 days)
<i>sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml</i>	QL (12 injections every 25 days)
<i>sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml</i>	QL (6 injections every 25 days)
<i>sumatriptan succinate (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml</i>	QL (12 injections every 25 days)
<i>sumatriptan succinate (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml</i>	QL (6 injections every 25 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	QL (12 injections every 25 days)
<i>sumatriptan succinate (generic of IMITREX) TABS 25mg, 50mg</i>	QL (9 each every 25 days)
<i>sumatriptan succinate (generic of IMITREX) TABS 100mg</i>	QL (9 tabs every 25 days)
<i>zolmitriptan (generic of ZOMIG) SOLN 5mg</i>	QL (6 ea every 25 days)
<i>zolmitriptan (generic of ZOMIG) TABS 2.5mg, 5mg</i>	QL (12 tabs every 25 days)
<i>zolmitriptan tbdp 2.5mg, 5mg</i>	QL (12 tabs every 25 days)
ZOMIG SOLN 2.5MG	QL (6 inhalers every 25 days)

MINERALS & ELECTROLYTES

FLUORIDE

sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml; tabs .5mg, 1mg

Drug Name	Requirements/Limits
PHOSPHATE	
<i>phospha 250 neutral</i>	
<i>phospho-trin 250 neutral</i>	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	
<i>wes-phos 250 neutral</i>	

POTASSIUM	
<i>effer-k tbeF 25meq</i>	
<i>k-prime tbeF 25meq</i>	
<i>klor-con pack 20meq</i>	
<i>klor-con 8 tbcR 8meq</i>	
<i>klor-con 10 tbcR 10meq</i>	
<i>klor-con m10 tbcR 10meq</i>	
<i>klor-con m20 tbcR 20meq</i>	
<i>klor-con/ef tbeF 25meq</i>	
<i>potassium chloride cpcR 8meq, 10meq; pack 20meq; soln 10%, 20%; tbcR 8meq, 10meq</i>	
<i>potassium chloride (generic of K-TAB) TBCR 20meq</i>	
<i>potassium chloride microencapsulated crystals er tbcR 10meq, 20meq</i>	

ZINC	
<i>GALZIN CAPS 50MG</i>	

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS	
<i>trientine hcl (generic of SYPRINE) CAPS 250mg</i>	PA

IMMUNOMODULATORS	
<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg</i>	PA
<i>REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG</i>	PA
<i>REZUROCK TABS 200MG</i>	PA

IMMUNOSUPPRESSIVE AGENTS	
<i>azathioprine (generic of IMURAN) TABS 50mg</i>	
<i>azathioprine tabs 100mg</i>	
<i>cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg</i>	
<i>cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml</i>	
<i>ENSPRYNG SOSY 120MG/ML</i>	PA
<i>ENVARUSUS XR TB24 .75MG, 1MG, 4MG</i>	PA
<i>gengraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml</i>	
<i>LUPKYNIS CAPS 7.9MG</i>	PA

Drug Name	Requirements/Limits
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; SUSR 200mg/ml; TABS 500mg	
SANDIMMUNE SOLN 100MG/ML	
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	
POTASSIUM REMOVING AGENTS	
LOKELMA PACK 5GM, 10GM	
<i>sodium polystyrene sulfonate powder</i> <i>sps susp 15gm/60ml</i>	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS	
BENLYSTA SOAJ 200MG/ML	
SAPHNELO SOLN 300MG/2ML	PA
MOUTH/THROAT/DENTAL AGENTS	
ANESTHETICS TOPICAL ORAL	
<i>lidocaine hcl</i> (mouth-throat) soln 2%	
ANTI-INFECTIVES - THROAT	
<i>clotrimazole troc</i> 10mg	
<i>nystatin</i> (mouth-throat) susp 100000unit/ml	
ANTISEPTICS - MOUTH/THROAT	
<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX) SOLN .12%	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	
DENTAL PRODUCTS	
<i>denta 5000 plus crea</i> 1.1%	
FLUORID SENS PST 1.1-5%	
FLUORMX 5000 PST SENSITIV	
<i>sf 5000 plus crea</i> 1.1%	
<i>sodium fluoride 5000 plus crea</i> 1.1%	
<i>sodium fluoride 5000 ppm crea</i> 1.1%	
<i>sodium fluoride</i> (dental) crea 1.1%	
STEROIDS - MOUTH/THROAT/DENTAL	
<i>kourzeq pste</i> .1%	
<i>oralone dental paste pste</i> .1%	
<i>triamcinolone acetonide</i> (mouth) pste .1%	
THROAT PRODUCTS - MISC.	
<i>pilocarpine hcl</i> (oral) (generic of SALAGEN) TABS 5mg	
MULTIVITAMINS	
B-COMPLEX W/ FOLIC ACID	
<i>b-plex</i>	
<i>dialyvite</i>	
DIALYVITE/ TAB ZINC	

Drug Name	Requirements/Limits
<i>nephronex</i>	
<i>tm-vite rx</i>	
<i>vitasure</i>	
MULTIPLE VITAMINS W/ MINERALS	
SUPPORT LIQ	
PED MULTI VITAMINS W/FL & FE	
<i>multi-vitamin/fluoride/ir</i>	
PED MV W/ FLUORIDE	
<i>multi-vitamin/fluoride dr</i>	
<i>multivitamin/fluoride</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	
<i>tri-vite/fluoride</i>	
<i>vitamins a/c/d/fluoride</i>	
PRENATAL VITAMINS	
CO-NATAL FA TAB 29-1MG	
COMPLETE NAT PAK DHA	
COMPLETENATE CHW	
CONCEPT DHA CAP	
CONCEPT OB CAP	
FOLIVANE-OB CAP	
<i>inatal gt</i>	
M-NATAL PLUS TAB	
NEONATAL PLS TAB 27-1MG	
NEONATAL TAB COMPLETE	
NEONATAL TAB PLUS	
NESTABS DHA PAK	
NIVA-PLUS TAB	
ONE VITE TAB 1MG PLUS	
<i>prenatal 19</i>	
PRENATAL 19 CHW 29-1MG	
PRENATAL 19 TAB 29-1MG	
PRENATAL TAB 27-1MG	
PRENATAL TAB PLUS	
PRENATAL-U CAP 106.5-1	
SE-NATAL 19 CHW	
SE-NATAL 19 TAB	
TARON-C DHA CAP	
TRINATAL RX TAB 1	
<i>trinate</i>	
VINATE ONE TAB	
WESCAP-C DHA CAP	
WESNATAL DHA PAK COMPLETE	

Drug Name	Requirements/Limits
WESTAB PLUS TAB 27-1MG	
MUSCULOSKELETAL THERAPY AGENTS	
CENTRAL MUSCLE RELAXANTS	
<i>baclofen tabs 5mg, 10mg, 20mg</i>	
<i>carisoprodol (generic of SOMA) TABS 350mg</i>	
<i>chlorzoxazone tabs 500mg</i>	
<i>cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg</i>	
<i>fexmid tabs 7.5mg</i>	
<i>metaxalone tabs 800mg</i>	
<i>methocarbamol tabs 500mg, 750mg</i>	
<i>orphenadrine citrate tb12 100mg</i>	
<i>tizanidine hcl tabs 2mg</i>	
<i>tizanidine hcl (generic of ZANAFLEX) TABS 4mg</i>	
<i>vanadom (generic of SOMA) TABS 350mg</i>	
DIRECT MUSCLE RELAXANTS	
<i>dantrolene sodium (generic of DANTRIUM) CAPS 25mg</i>	
<i>dantrolene sodium caps 50mg</i>	
VISCOSUPPLEMENTS	
VISCO-3 SOSY 25MG/2.5ML	QL (6 syringes every 150 days)
NASAL AGENTS - SYSTEMIC AND TOPICAL	
NASAL ANTIALLERGY	
<i>azelastine hcl soln 137mcg/spray</i>	
<i>azelastine hcl soln .15%</i>	QL (2 bottles every 25 days)
<i>olopatadine hcl (nasal) soln .6%</i>	
NASAL ANTICHOLINERGICS	
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
NASAL STEROIDS	
<i>flunisolide (nasal) soln .025%</i>	
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	
NEUROMUSCULAR AGENTS	
MUSCULAR DYSTROPHY AGENTS	
AMONDYS 45 SOLN 100MG/2ML	PA
ELEVIDYS KIT	PA
VILTEPSO SOLN 250MG/5ML	PA
VYONDYS 53 SOLN 100MG/2ML	PA
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS	
BOTOX SOLR 100UNIT, 200UNIT	PA
SPINAL MUSCULAR ATROPHY AGENTS (SMA)	
SPINRAZA SOLN 12MG/5ML	PA
ZOLGENSMA INJ	PA

Drug Name	Requirements/Limits
OPHTHALMIC AGENTS	
BETA-BLOCKERS - OPHTHALMIC	
<i>betaxolol hcl (ophth) soln .5%</i>	
BETIMOL SOLN .25%, .5%	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN)</i>	
<i>carteolol hcl (ophth) soln 1%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)</i>	
<i>levobunolol hcl soln .5%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	
<i>timolol maleate (ophth) (generic of ISTALOL) SOLN .5%</i>	
CYCLOPLEGIC MYDRIATICS	
<i>altafrin soln 2.5%</i>	
ATROPINE SULFATE SOLN 1%	
<i>atropine sulfate (ophthalmic) soln 1%</i>	
CYCLOGYL SOLN .5%, 2%	
<i>cyclopentolate hcl (generic of CYCLOGYL) SOLN 1%</i>	
<i>homatropaire soln 5%</i>	
<i>phenylephrine hcl (mydriatic) soln 2.5%</i>	
<i>tropicamide (generic of MYDRIACYL) SOLN 1%</i>	
<i>tropicamide soln .5%</i>	
MIOTICS	
<i>pilocarpine hcl soln 1%</i>	
OPHTHALMIC ADRENERGIC AGENTS	
<i>brimonidine tartrate soln .2%</i>	
<i>brimonidine tartrate (generic of ALPHAGAN P) SOLN .15%</i>	
SIMBRINZA SUS 1-0.2%	
OPHTHALMIC ANTI-INFECTIVES	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	QL (5 mL every 25 days)
<i>erythromycin (ophth) oint 5mg/gm</i>	
<i>gentamicin sulfate (ophth) soln .3%</i>	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	
<i>neo-polycin</i>	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	

Drug Name	Requirements/Limits
<i>polycin</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	
<i>tobramycin (ophth) soln .3%</i>	
TOBEX OINT .3%	
<i>trifluridine soln 1%</i>	
XDEMVI SOLN .25%	PA

OPHTHALMIC IMMUNOMODULATORS

<i>cyclosporine (ophth) (generic of RESTASIS) EMUL .05% QL (60 single use vials every 25 days)</i>	
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OPHTHALMIC INTEGRIN ANTAGONISTS

XIIDRA SOLN 5%	PA
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OPHTHALMIC KINASE INHIBITORS

RHOPRESSA SOLN .02%	
ROCKLATAN DRO	

OPHTHALMIC STEROIDS

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	
<i>fluorometholone (ophth) susp .1%</i>	
FML FORTE SUSP .25%	
<i>loteprednol etabonate (generic of LOTEMAX) SUSP .5%</i>	
<i>neo-polycin hc</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	
PRED MILD SUSP .12%	
<i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>	
PREDNISOLONE SODIUM PHOSP SOLN 1%	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	

OPHTHALMICS - MISC.

<i>altafluor benox</i>	
<i>azelastine hcl (ophth) soln .05%</i>	
<i>cromolyn sodium (ophth) soln 4%</i>	
<i>dorzolamide hcl soln 2%</i>	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	
<i>flurbiprofen sodium soln .03%</i>	
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i>	

Drug Name	Requirements/Limits
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<i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>	
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PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost soln .03%</i>	
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<i>latanoprost (generic of XALATAN) SOLN .005%</i>	
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<i>LUMIGAN SOLN .01%</i>	
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OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid (otic) soln 2%</i>	
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OTIC ANTI-INFECTIVES

<i>ciprofloxacin hcl (otic) soln .2%</i>	
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<i>ofloxacin (otic) soln .3%</i>	
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OTIC COMBINATIONS

<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	
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<i>neomycin-polymyxin-hc otic soln 1%</i>	
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<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	
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OTIC STEROIDS

<i>flac (generic of DERMOTIC) OIL .01%</i>	
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<i>fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%</i>	
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<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	
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OXYTOCICS

OXYTOCICS

<i>methergine tabs .2mg</i>	
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<i>methylergonovine maleate tabs .2mg</i>	
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PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS

<i>CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, PA 3.3GM/20ML, 4GM/24ML, 8GM/48ML</i>	
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PENICILLINS

AMINOPENICILLINS

<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	
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<i>ampicillin caps 500mg</i>	
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NATURAL PENICILLINS

<i>BICILLIN L-A SUSY 600000UNIT/ML, 1200000UNIT/2ML, 2400000UNIT/4ML</i>	
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<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
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PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	
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Drug Name	Requirements/Limits
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<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES-600)	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg</i> (generic of AUGMENTIN)	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
BICILLIN C-R INJ 900/300	
BICILLIN C-R INJ 1200000	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium caps 250mg, 500mg</i>	
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PROGESTINS

PROGESTINS

<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	
<i>norethindrone acetate tabs 5mg</i>	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

ANTI-CATAPLECTIC AGENTS

SODIUM OXYBATE SOLN 500MG/ML	PA
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ANTIDEMENTIA AGENTS

<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg, 10mg	
<i>donepezil hydrochloride tbdp 5mg, 10mg</i>	
<i>galantamine hydrobromide tabs 4mg, 8mg, 12mg</i>	
LEQEMBI SOLN 200MG/2ML, 500MG/5ML	PA
<i>memantine hcl soln 2mg/ml</i>	
<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg, 10mg	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK)	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	

FIBROMYALGIA AGENTS

SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	
SAVELLA MIS TITR PAK	

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO TABS 6MG, 9MG, 12MG	PA
AUSTEDO XR TAB TITR KIT	PA, QL (1 kit every year)

Drug Name	Requirements/Limits
MULTIPLE SCLEROSIS AGENTS	
AVONEX PSKT 30MCG/0.5ML	
AVONEX PEN AJKT 30MCG/0.5ML	
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	PA, QL (2 tabs every 1 day)
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg, 240mg	
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK)	
EXTAVIA KIT .3MG	
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg	
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	
KESIMPTA SOAJ 20MG/0.4ML	
MAYZENT TABS .25MG, 1MG, 2MG	
OCREVUS SOLN 300MG/10ML	PA
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	
REBIF REBIDO INJ TITRATN	
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	
REBIF TITRTN INJ PACK	
<i>teriflunomide</i> (generic of AUBAGIO) TABS 7mg, 14mg	
VUMERITY CPDR 231MG	
ZEPOSIA CAPS .92MG	PA
ZEPOSIA 7DAY CAP STR PACK	PA
ZEPOSIA CAP STR KIT	PA
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS	
GRALISE TABS 300MG, 450MG, 600MG, 750MG, 900MG	PA
PSEUDOBULBAR AFFECT (PBA) AGENTS	
NUDEXTA CAP 20-10MG	PA, QL (2 caps every 1 day)
TRANSTHYRETIN AMYLOIDOSIS AGENTS	
ONPATTRO SOLN 10MG/5ML	PA
RESPIRATORY AGENTS - MISC.	
CYSTIC FIBROSIS AGENTS	
KALYDECO TABS 150MG	PA
ORKAMBI TAB 100-125	PA
ORKAMBI TAB 200-125	PA
PULMOZYME SOLN 2.5MG/2.5ML	PA
TRIKAFTA TAB	PA
PULMONARY FIBROSIS AGENTS	
OFEV CAPS 100MG, 150MG	PA
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg	PA

Drug Name	Requirements/Limits
TETRACYCLINES	
TETRACYCLINES	
<i>avidoxy tabs 100mg</i>	
<i>doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg; tabs 50mg, 75mg, 100mg, 150mg</i>	
<i>doxycycline (monohydrate) (generic of VIBRAMYCIN) SUSR 25mg/5ml</i>	
<i>doxycycline hyclate caps 50mg; tabs 20mg, 100mg</i>	
<i>doxycycline hyclate (generic of VIBRAMYCIN) CAPS 100mg</i>	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 75mg</i>	
<i>mondoxylene nl caps 100mg</i>	
SEYSARA TABS 60MG, 100MG, 150MG	PA
<i>tetracycline hcl caps 250mg, 500mg</i>	

THYROID AGENTS

ANTITHYROID AGENTS

methimazole tabs 5mg, 10mg

propylthiouracil tabs 50mg

THYROID HORMONES

ADTHYZA TABS 32.5MG, 65MG, 130MG

ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG

euthyrox (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg

levo-t (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg

levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg

levoxyI (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg

liothyronine sodium (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg

NIVA THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG

NP THYROID 15 TABS 15MG

NP THYROID 30 TABS 30MG

NP THYROID 60 TABS 60MG

NP THYROID 90 TABS 90MG

NP THYROID 120 TABS 120MG

THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG

Drug Name	Requirements/Limits
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unithroid (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg

glycopyrrolate (generic of ROBINUL) TABS 1mg

glycopyrrolate (generic of ROBINUL FORTE) TABS 2mg

hyoscyamine sulfate elix .125mg/5ml; subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg

hyosyne elix .125mg/5ml

methscopolamine bromide tabs 2.5mg, 5mg

nulev tbdp .125mg

oscimin subl .125mg; tabs .125mg

H-2 ANTAGONISTS

cimetidine tabs 200mg, 300mg, 400mg, 800mg

famotidine susr 40mg/5ml

famotidine (generic of PEPCID) TABS 20mg, 40mg

MISC. ANTI-ULCER

sucralfate (generic of CARAFATE) SUSP 1gm/10ml; TABS 1gm

PROTON PUMP INHIBITORS

esomeprazole magnesium (generic of NEXIUM) CPDR QL (2 caps every 1 day) 20mg

lansoprazole cpdr 15mg

lansoprazole cpdr 15mg QL (2 caps every 1 day)

lansoprazole (generic of PREVACID) CPDR 30mg QL (2 caps every 1 day)

lansoprazole (generic of PREVACID SOLUTAB) TBDD QL (1 ea every 1 day) 15mg, 30mg

omeprazole cpdr 10mg QL (1 cap every 1 day)

omeprazole cpdr 20mg, 40mg QL (2 caps every 1 day)

pantoprazole sodium (generic of PROTONIX) TBEC QL (2 tabs every 1 day) 20mg, 40mg

ULCER DRUGS - PROSTAGLANDINS

misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg

ULCER THERAPY COMBINATIONS

amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 QL (336 ea every 42 days) & 30mg

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg

Drug Name	Requirements/Limits
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg	
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg	
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg	
<i>trospium chloride</i> cp24 60mg; tabs 20mg	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS	
MYRBETRIQ TB24 25MG, 50MG	PA
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	
<i>bethanechol chloride</i> tabs 5mg, 10mg, 25mg, 50mg	
VAGINAL AND RELATED PRODUCTS	
VAGINAL ANTI-INFECTIVES	
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	
<i>metronidazole vaginal gel</i> .75%	
<i>terconazole vaginal</i> crea .4%, .8%; supp 80mg	
VAGINAL ESTROGENS	
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	
FEMRING RING .05MG/24HR, .1MG/24HR	
<i>yuvaferm</i> (generic of VAGIFEM) TABS 10mcg	
VAGINAL PROGESTINS	
CRINONE GEL 4%, 8%	
VASOPRESSORS	
ANAPHYLAXIS THERAPY AGENTS	
AUVI-Q SOAJ .1MG/0.1ML, .15MG/0.15ML	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml	
<i>epinephrine (anaphylaxis)</i> soaj .15mg/0.15ml, .3mg/0.3ml	
VASOPRESSORS	
<i>midodrine hcl</i> tabs 2.5mg, 5mg, 10mg	
VITAMINS	
OIL SOLUBLE VITAMINS	
<i>ergocalciferol</i> (generic of DRISDOL) CAPS 1.25mg, 50000unit	
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