



My Choice Wisconsin Partnership
2022 Formulary
(List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

HPMS Approved Formulary File Submission ID 22373, Version Number 7

This formulary was updated on 10/5/2021. For more recent information or other questions, please contact My Choice Wisconsin Customer Service at 1-800-963-0035 or, for TTY users, Wisconsin Relay System 711, 8 a.m. – 8 p.m. CT, 7 days a week, or visit www.mychoicewi.org/partnership.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means My Choice Wisconsin Health Plan. When it refers to “plan” or “our plan,” it means My Choice Wisconsin Partnership.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/5/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is the My Choice Wisconsin Partnership Formulary?

A formulary is a list of covered drugs selected by My Choice Wisconsin Partnership in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. My Choice Wisconsin Partnership will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a My Choice Wisconsin Partnership network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the My Choice Wisconsin Partnership Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently

on the formulary or add new restrictions to the brand name drug. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the My Choice Wisconsin Partnership Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/5/2021. To get updated information about the drugs covered by My Choice Wisconsin Partnership, please contact us. Our contact information appears on the front and back cover pages.

In the event of a mid-year non-maintenance formulary change, we will mail you updates to the formulary as needed on a quarterly basis. You can also get these formulary updates by contacting Customer Service or visiting our web site at www.mychoicewi.org/partnership/.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 72. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

My Choice Wisconsin Partnership covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** My Choice Wisconsin Partnership requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from My Choice Wisconsin Partnership before you fill your prescriptions. If you don't get approval, My Choice Wisconsin Partnership may not cover the drug.
- **Quantity Limits:** For certain drugs, My Choice Wisconsin Partnership limits the amount of the drug that My Choice Wisconsin Partnership will cover. For example, My Choice Wisconsin Partnership provides 62 tablets per prescription for Xifaxan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, My Choice Wisconsin Partnership requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, My Choice Wisconsin Partnership may not cover Drug B unless you try Drug A first. If Drug A does not work for you, My Choice Wisconsin Partnership will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask My Choice Wisconsin Partnership to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the My Choice Wisconsin Partnership formulary?" on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that My Choice Wisconsin Partnership does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by My Choice Wisconsin Partnership. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by My Choice Wisconsin Partnership.
- You can ask My Choice Wisconsin Partnership to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the My Choice Wisconsin Partnership Formulary?

You can ask My Choice Wisconsin Partnership to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, My Choice Wisconsin Partnership limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, My Choice Wisconsin Partnership will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Current members with a change in where they receive care

Care Wisconsin Partnership has a transition process that addresses unplanned transitions as members change treatment settings due to changes in the type of care they require. Changes in where you live or receive care may warrant a temporary one-time fill exception regardless of whether you are in the first 90 days of program enrollment. Examples of situations include:

- Beneficiaries who were discharged from the hospital and were provided a discharge list of medications based upon the formulary of the hospital.
- Beneficiaries who are in a skilled nursing facility and Medicare Part A coverage (where payments include all pharmacy charges) comes to an end. In this circumstance your coverage will revert to our plan formulary.
- Beneficiaries who give up Hospice Status to revert back to standard Medicare or Medicaid benefits.
- Beneficiaries who are discharged from Chronic Psychiatric Hospitals with combinations of medications that are highly individualized.

Please note that our transition policy applies only to those drugs that are on our formulary and are supplied by a network pharmacy.

For more information

For more detailed information about your My Choice Wisconsin Partnership prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about My Choice Wisconsin Partnership, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

My Choice Wisconsin Partnership's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by My Choice Wisconsin Partnership. If you have trouble finding your drug in the list, turn to the Index that begins on page 72.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., ADVAIR) and generic drugs are listed in lower-case italics (e.g., *atenolol*).

The information in the Requirements/Limits column tells you if My Choice Wisconsin Partnership has any special requirements for coverage of your drug.

LEGEND

1: Covered Medications

BD: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances.

LA: This prescription drug is limited to certain pharmacies.

PA: You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL: There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST: In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22373, Ver. 7 Last updated 10/05/2021 Effective Date: 01/01/2022

My Choice Wisconsin (List of Covered Drugs)

Drug Name	Requirements/Limits
ANALGESICS	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	
<i>diclofenac potassium oral tablet 50 mg</i>	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	
<i>diclofenac sodium external gel 1 %</i>	QL (1000 GM per 30 days)
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	
<i>diflunisal oral tablet 500 mg</i>	
<i>etodolac oral capsule 200 mg, 300 mg</i>	
<i>etodolac oral tablet 400 mg, 500 mg</i>	
<i>flurbiprofen oral tablet 100 mg</i>	
IBU ORAL TABLET 600 MG, 800 MG	
<i>ibuprofen oral suspension 100 mg/5ml</i>	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	
<i>indomethacin er oral capsule extended release 75 mg</i>	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	
<i>ketorolac tromethamine oral tablet 10 mg</i>	
<i>meloxicam oral tablet 15 mg</i>	QL (30 EA per 30 days)
<i>meloxicam oral tablet 7.5 mg</i>	QL (60 EA per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	
<i>naproxen oral suspension 125 mg/5ml</i>	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	
<i>sulindac oral tablet 150 mg, 200 mg</i>	
OPIOID ANALGESICS, LONG-ACTING	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	PA; QL (10 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	QL (30 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	QL (450 ML per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	QL (90 EA per 30 days)

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Drug Name	Requirements/Limits
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	ST; QL (60 EA per 30 days)
OPIOID ANALGESICS, SHORT-ACTING	
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	QL (180 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	QL (180 EA per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	QL (180 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	QL (1920 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	QL (180 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	QL (600 ML per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	QL (1500 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	QL (1080 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	QL (240 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	QL (240 EA per 30 days)
ANESTHETICS	
LOCAL ANESTHETICS	
<i>lidocaine external patch 5 %</i>	PA; QL (90 EA per 30 days)

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Drug Name	Requirements/Limits
<i>lidocaine hcl external solution 4 %</i>	QL (50 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	QL (30 GM per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	
ALCOHOL DETERRENTS/ANTI-CRAVING	
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	
<i>naltrexone hcl oral tablet 50 mg</i>	
OPIOID DEPENDENCE	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	
OPIOID REVERSAL AGENTS	
KLOXXADO NASAL LIQUID 8 MG/0.1ML	QL (2 EA per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml</i>	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	
NARCAN NASAL LIQUID 4 MG/0.1ML	QL (2 EA per 30 days)
SMOKING CESSATION AGENTS	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	QL (90 EA per 30 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	PA; QL (56 EA per 28 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	PA; QL (56 EA per 28 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	PA; QL (56 EA per 28 days)
NICOTROL INHALATION INHALER 10 MG	PA
ANTIBACTERIALS	
AMINOGLYCOSIDES	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	PA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	
<i>gentamicin sulfate external cream 0.1 %</i>	

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Drug Name	Requirements/Limits
<i>gentamicin sulfate external ointment 0.1 %</i>	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	
<i>neomycin sulfate oral tablet 500 mg</i>	
<i>paromomycin sulfate oral capsule 250 mg</i>	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	
ANTIBACTERIALS, OTHER	
<i>aztreonam injection solution reconstituted 1 gm</i>	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	
<i>clindamycin phosphate vaginal cream 2 %</i>	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	BD
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	
<i>fosfomycin tromethamine oral packet 3 gm</i>	QL (2 EA per 30 days)
<i>linezolid intravenous solution 600 mg/300ml</i>	PA
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PA
<i>linezolid oral tablet 600 mg</i>	PA
<i>methenamine hippurate oral tablet 1 gm</i>	
<i>metronidazole external cream 0.75 %</i>	
<i>metronidazole external gel 0.75 %, 1 %</i>	
<i>metronidazole external lotion 0.75 %</i>	
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	
<i>metronidazole vaginal gel 0.75 %</i>	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	BD
<i>tinidazole oral tablet 250 mg, 500 mg</i>	
<i>trimethoprim oral tablet 100 mg</i>	

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Drug Name	Requirements/Limits
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	
XIFAXAN ORAL TABLET 200 MG, 550 MG	
BETA-LACTAM, CEPHALOSPORINS	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	
<i>cefadroxil oral capsule 500 mg</i>	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	
<i>cefadroxil oral tablet 1 gm</i>	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	
<i>cefdinir oral capsule 300 mg</i>	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	
<i>cefixime oral capsule 400 mg</i>	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	BD
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	BD
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	

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Drug Name	Requirements/Limits
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	
BETA-LACTAM, PENICILLINS	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	
<i>ampicillin oral capsule 500 mg</i>	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i>	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	

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Drug Name	Requirements/Limits
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	
CARBAPENEMS	
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	
MACROLIDES	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	
<i>azithromycin oral packet 1 gm</i>	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	
QUINOLONES	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	
<i>levofloxacin intravenous solution 25 mg/ml</i>	
<i>levofloxacin oral solution 25 mg/ml</i>	

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Drug Name	Requirements/Limits
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	
<i>moxifloxacin hcl oral tablet 400 mg</i>	
SULFONAMIDES	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	
<i>sulfadiazine oral tablet 500 mg</i>	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	
TETRACYCLINES	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	
ANTICONVULSANTS	
ANTICONVULSANTS, OTHER	
BRIVIACT ORAL SOLUTION 10 MG/ML	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	PA
EPIDIOLEX ORAL SOLUTION 100 MG/ML	PA
<i>felbamate oral suspension 600 mg/5ml</i>	
<i>felbamate oral tablet 400 mg, 600 mg</i>	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	

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Drug Name	Requirements/Limits
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	
<i>levetiracetam oral solution 100 mg/ml</i>	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	
<i>phenobarbital oral elixir 20 mg/5ml</i>	QL (1500 ML per 30 days)
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	QL (300 EA per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	
<i>valproic acid oral capsule 250 mg</i>	
<i>valproic acid oral solution 250 mg/5ml</i>	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	
CALCIUM CHANNEL MODIFYING AGENTS	
CELONTIN ORAL CAPSULE 300 MG	
<i>ethosuximide oral capsule 250 mg</i>	
<i>ethosuximide oral solution 250 mg/5ml</i>	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS	
<i>clobazam oral suspension 2.5 mg/ml</i>	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	QL (60 EA per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	
<i>gabapentin oral solution 250 mg/5ml</i>	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	

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Drug Name	Requirements/Limits
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	PA; LA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	PA; QL (180 EA per 30 days)
VIGADRONE ORAL PACKET 500 MG	PA; QL (180 EA per 30 days)
SODIUM CHANNEL AGENTS	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	
<i>carbamazepine oral suspension 100 mg/5ml</i>	
<i>carbamazepine oral tablet 200 mg</i>	
<i>carbamazepine oral tablet chewable 100 mg</i>	
DILANTIN ORAL CAPSULE 30 MG	
EPITOL ORAL TABLET 200 MG	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	
<i>phenytoin oral suspension 125 mg/5ml</i>	
<i>phenytoin oral tablet chewable 50 mg</i>	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	
<i>rufinamide oral suspension 40 mg/ml</i>	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	
VIMPAT ORAL SOLUTION 10 MG/ML	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	
ANTIDEMENTIA AGENTS	
ANTIDEMENTIA AGENTS, OTHER	
<i>ergoloid mesylates oral tablet 1 mg</i>	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	

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Drug Name	Requirements/Limits
<i>memantine hcl oral solution 2 mg/ml</i>	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	
CHOLINESTERASE INHIBITORS	
<i>donepezil hcl oral tablet 10 mg</i>	QL (60 EA per 30 days)
<i>donepezil hcl oral tablet 23 mg, 5 mg</i>	QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	QL (60 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	QL (30 EA per 30 days)
ANTIDEPRESSANTS	
ANTIDEPRESSANTS, OTHER	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	QL (120 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	QL (30 EA per 30 days)
MONOAMINE OXIDASE INHIBITORS	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	

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Drug Name	Requirements/Limits
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg, 40 mg</i>	QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	QL (60 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	QL (30 EA per 30 days)
<i>fluoxetine hcl oral capsule 10 mg, 40 mg</i>	QL (60 EA per 30 days)
<i>fluoxetine hcl oral capsule 20 mg</i>	QL (120 EA per 30 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	QL (600 ML per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>	QL (60 EA per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>	QL (120 EA per 30 days)
<i>fluoxetine hcl oral tablet 60 mg</i>	QL (30 EA per 30 days)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	QL (60 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	QL (90 EA per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 37.5 mg</i>	QL (60 EA per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg</i>	QL (90 EA per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	QL (60 EA per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5ML	QL (900 ML per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	QL (300 ML per 30 days)

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Drug Name	Requirements/Limits
<i>sertraline hcl oral tablet 100 mg</i>	QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	QL (90 EA per 30 days)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	QL (60 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	QL (90 EA per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	QL (30 EA per 30 days)
TRICYCLICS	
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	
ANTIEMETICS	
ANTIEMETICS, OTHER	
COMPRO RECTAL SUPPOSITORY 25 MG	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	
<i>prochlorperazine rectal suppository 25 mg</i>	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	

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Drug Name	Requirements/Limits
EMETOGENIC THERAPY ADJUNCTS	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	BD; QL (8 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	BD; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	PA; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	BD; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	BD
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	BD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	BD
ANTIFUNGALS	
ANTIFUNGALS	
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	BD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	BD
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	BD
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	BD
<i>ciclopirox olamine external cream 0.77 %</i>	
<i>ciclopirox olamine external suspension 0.77 %</i>	
<i>clotrimazole external cream 1 %</i>	
<i>clotrimazole external solution 1 %</i>	
<i>clotrimazole mouth/throat troche 10 mg</i>	
<i>econazole nitrate external cream 1 %</i>	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	
<i>griseofulvin microsize oral tablet 500 mg</i>	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	
<i>itraconazole oral capsule 100 mg</i>	PA
<i>itraconazole oral solution 10 mg/ml</i>	PA
<i>ketoconazole external cream 2 %</i>	
<i>ketoconazole external shampoo 2 %</i>	
<i>ketoconazole oral tablet 200 mg</i>	

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Drug Name	Requirements/Limits
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	
<i>miconazole 3 vaginal suppository 200 mg</i>	
NOXAFIL ORAL SUSPENSION 40 MG/ML	PA
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	
<i>nystatin external cream 100000 unit/gm</i>	
<i>nystatin external ointment 100000 unit/gm</i>	
<i>nystatin external powder 100000 unit/gm</i>	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	
<i>nystatin oral tablet 500000 unit</i>	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	
ORAVIG BUCCAL TABLET 50 MG	
<i>posaconazole oral tablet delayed release 100 mg</i>	PA; QL (90 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	
<i>terconazole vaginal suppository 80 mg</i>	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	PA; QL (300 ML per 30 days)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	PA; QL (120 EA per 30 days)
ANTIGOUT AGENTS	
ANTIGOUT AGENTS	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	
<i>colchicine oral capsule 0.6 mg</i>	
<i>colchicine oral tablet 0.6 mg</i>	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	PA
<i>probenecid oral tablet 500 mg</i>	
ANTIMIGRAINE AGENTS	
ERGOT ALKALOIDS	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	QL (40 EA per 28 days)
PROPHYLACTIC	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	PA

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Drug Name	Requirements/Limits
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	
<i>propranolol hcl oral tablet 80 mg</i>	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	
UBRELVY ORAL TABLET 100 MG, 50 MG	PA; QL (16 EA per 30 days)
SEROTONIN (5-HT) RECEPTOR AGONIST	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	QL (12 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	QL (4.5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	QL (10 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	QL (12 EA per 30 days)
ANTIMYASTHENIC AGENTS	
PARASYMPATHOMIMETICS	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	
ANTIMYCOBACTERIALS	
ANTIMYCOBACTERIALS, OTHER	
<i>dapsone oral tablet 100 mg, 25 mg</i>	
PRIFTIN ORAL TABLET 150 MG	
<i>rifabutin oral capsule 150 mg</i>	
ANTITUBERCULARS	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	
<i>isoniazid oral syrup 50 mg/5ml</i>	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	
PASER ORAL PACKET 4 GM	
<i>pyrazinamide oral tablet 500 mg</i>	
<i>rifampin intravenous solution reconstituted 600 mg</i>	

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Drug Name	Requirements/Limits
<i>rifampin oral capsule 150 mg, 300 mg</i>	
SIRTURO ORAL TABLET 100 MG, 20 MG	
TRECTOR ORAL TABLET 250 MG	
ANTINEOPLASTICS	
ALKYLATING AGENTS	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	BD
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	BD
LEUKERAN ORAL TABLET 2 MG	
MATULANE ORAL CAPSULE 50 MG	PA
VALCHLOR EXTERNAL GEL 0.016 %	PA
ANTIANDROGENS	
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	PA; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	PA; LA; QL (120 EA per 30 days)
<i>flutamide oral capsule 125 mg</i>	
LYSODREN ORAL TABLET 500 MG	
<i>nilutamide oral tablet 150 mg</i>	QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300 MG	PA; LA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	PA; QL (60 EA per 30 days)
YONSA ORAL TABLET 125 MG	PA; QL (120 EA per 30 days)
ANTIANGIOGENIC AGENTS	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	PA; LA; QL (28 EA per 28 days)
REVLIMID ORAL CAPSULE 20 MG	PA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG	PA; QL (60 EA per 30 days)
ANTIESTROGENS/MODIFIERS	
EMCYT ORAL CAPSULE 140 MG	
SOLTAMOX ORAL SOLUTION 10 MG/5ML	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	
<i>toremifene citrate oral tablet 60 mg</i>	PA; QL (30 EA per 30 days)
ANTIMETABOLITES	

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Drug Name	Requirements/Limits
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	
<i>hydroxyurea oral capsule 500 mg</i>	
INQOVI ORAL TABLET 35-100 MG	PA
<i>mercaptopurine oral tablet 50 mg</i>	
ONUREG ORAL TABLET 200 MG, 300 MG	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	
TABLOID ORAL TABLET 40 MG	
ANTINEOPLASTICS, OTHER	
IDHIFA ORAL TABLET 100 MG	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	PA; QL (60 EA per 30 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	PA
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	PA
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	PA; LA
MESNEX ORAL TABLET 400 MG	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	PA
ORGOVYX ORAL TABLET 120 MG	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	PA; QL (30 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	BD
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 50 MG	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	PA

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Drug Name	Requirements/Limits
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	PA
ZOLINZA ORAL CAPSULE 100 MG	PA; QL (120 EA per 30 days)
AROMATASE INHIBITORS, 3RD GENERATION	
<i>anastrozole oral tablet 1 mg</i>	QL (30 EA per 30 days)
<i>exemestane oral tablet 25 mg</i>	QL (60 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	QL (30 EA per 30 days)
MOLECULAR TARGET INHIBITORS	
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	PA; QL (30 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	PA; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG	PA; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	PA
ALUNBRIG ORAL TABLET 180 MG	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	PA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	PA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	PA
BOSULIF ORAL TABLET 100 MG	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	PA; LA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	PA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	PA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	PA; QL (60 EA per 30 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	PA; QL (120 EA per 30 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	PA; QL (90 EA per 30 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	PA; LA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG	PA
ERIVEDGE ORAL CAPSULE 150 MG	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	PA; QL (30 EA per 30 days)

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Drug Name	Requirements/Limits
<i>erlotinib hcl oral tablet 25 mg</i>	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	PA; QL (30 EA per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	PA
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	PA; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	PA; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	PA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	PA; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	PA
IRESSA ORAL TABLET 250 MG	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	PA; QL (60 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	PA
KOSELUGO ORAL CAPSULE 10 MG	PA; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	PA; QL (120 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	PA; QL (150 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	PA

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Drug Name	Requirements/Limits
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	PA
LORBRENA ORAL TABLET 100 MG	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	PA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	PA; LA; QL (240 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG	PA; LA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	PA; LA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	PA; LA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	PA; LA; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG	PA; LA; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	PA; LA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	PA
QINLOCK ORAL TABLET 50 MG	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	PA; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	PA; QL (120 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	PA; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	PA
RYDAPT ORAL CAPSULE 25 MG	PA; QL (240 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	PA; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	PA; QL (28 EA per 28 days)

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Drug Name	Requirements/Limits
TABRECTA ORAL TABLET 150 MG, 200 MG	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	PA; LA; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	PA; LA; QL (120 EA per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG	PA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	PA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	PA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	PA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	PA; LA; QL (60 EA per 30 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	PA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 200 MG	PA; QL (120 EA per 30 days)
UKONIQ ORAL TABLET 200 MG	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PA; LA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	PA; QL (30 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	PA; LA; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	PA; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	PA; QL (150 EA per 30 days)
RETINOIDS	
<i>bexarotene oral capsule 75 mg</i>	PA
TARGRETIN EXTERNAL GEL 1 %	PA
<i>tretinoin oral capsule 10 mg</i>	
ANTIPARASITICS	
ANTHELMINTICS	
<i>albendazole oral tablet 200 mg</i>	
EMVERM ORAL TABLET CHEWABLE 100 MG	

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Drug Name	Requirements/Limits
<i>ivermectin oral tablet 3 mg</i>	
ANTIPROTOZOALS	
<i>atovaquone oral suspension 750 mg/5ml</i>	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	
COARTEM ORAL TABLET 20-120 MG	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	
LAMPIT ORAL TABLET 120 MG, 30 MG	
<i>mefloquine hcl oral tablet 250 mg</i>	
<i>nitazoxanide oral tablet 500 mg</i>	QL (6 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	BD
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	BD
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	
<i>quinine sulfate oral capsule 324 mg</i>	PA
ANTIPARKINSON AGENTS	
ANTICHOLINERGICS	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	
ANTIPARKINSON AGENTS, OTHER	
<i>amantadine hcl oral capsule 100 mg</i>	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	
<i>amantadine hcl oral tablet 100 mg</i>	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	
<i>entacapone oral tablet 200 mg</i>	
DOPAMINE AGONISTS	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	PA; QL (60 ML per 30 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	QL (30 EA per 30 days)

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Drug Name	Requirements/Limits
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG	QL (360 EA per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG	QL (270 EA per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG	QL (300 EA per 30 days)
MONOAMINE OXIDASE B (MAO-B) INHIBITORS	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	QL (30 EA per 30 days)
<i>selegiline hcl oral capsule 5 mg</i>	
<i>selegiline hcl oral tablet 5 mg</i>	
ANTIPSYCHOTICS	
1ST GENERATION/TYPICAL	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i>	BD
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg, 50 mg</i>	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	
<i>haloperidol lactate injection solution 5 mg/ml</i>	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	

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Drug Name	Requirements/Limits
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	
<i>pimozide oral tablet 1 mg, 2 mg</i>	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	
2ND GENERATION/ATYPICAL	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	QL (1 EA per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	ST; QL (60 EA per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 39 MG/0.25ML, 78 MG/0.5ML	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	QL (2 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	QL (0.875 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	QL (1.315 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	QL (2.625 ML per 90 days)
LATUDA ORAL TABLET 120 MG	QL (30 EA per 30 days)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG, 80 MG	QL (60 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	PA; LA
NUPLAZID ORAL TABLET 10 MG	PA; LA

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Drug Name	Requirements/Limits
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	QL (30 EA per 30 days)
<i>olanzapine oral tablet 20 mg</i>	QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	QL (1 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	QL (90 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	QL (120 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	QL (4 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	ST; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	ST; QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	QL (18 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	QL (2 EA per 28 days)
TREATMENT-RESISTANT	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	QL (120 EA per 30 days)

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Drug Name	Requirements/Limits
<i>clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg, 25 mg</i>	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	QL (90 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	QL (540 ML per 30 days)
ANTISPASTICITY AGENTS	
ANTISPASTICITY AGENTS	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	
ANTIVIRALS	
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	
PREVYMIS ORAL TABLET 240 MG, 480 MG	PA; QL (30 EA per 30 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	
<i>valganciclovir hcl oral tablet 450 mg</i>	
ZIRGAN OPHTHALMIC GEL 0.15 %	
ANTI-HEPATITIS B (HBV) AGENTS	
<i>adefovir dipivoxil oral tablet 10 mg</i>	PA; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	PA; QL (600 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PA; QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	
<i>lamivudine oral tablet 100 mg</i>	QL (90 EA per 30 days)
ANTI-HEPATITIS C (HCV) AGENTS	
MAVYRET ORAL TABLET 100-40 MG	PA
<i>ribavirin oral capsule 200 mg</i>	
<i>ribavirin oral tablet 200 mg</i>	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	PA
VOSEVI ORAL TABLET 400-100-100 MG	PA
ANTIHERPETIC AGENTS	
<i>acyclovir oral capsule 200 mg</i>	
<i>acyclovir oral suspension 200 mg/5ml</i>	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	BD
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	
<i>trifluridine ophthalmic solution 1 %</i>	
<i>valacyclovir hcl oral tablet 1 gm</i>	QL (90 EA per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	QL (60 EA per 30 days)

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Drug Name	Requirements/Limits
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)	
BIKTARVY ORAL TABLET 50-200-25 MG	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	QL (360 EA per 30 days)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)	
COMPLERA ORAL TABLET 200-25-300 MG	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	QL (90 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	QL (30 EA per 30 days)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
<i>abacavir sulfate oral solution 20 mg/ml</i>	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	QL (60 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	QL (30 EA per 30 days)

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Drug Name	Requirements/Limits
DELSTRIGO ORAL TABLET 100-300-300 MG	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	QL (720 ML per 30 days)
JULUCA ORAL TABLET 50-25 MG	QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	QL (30 EA per 30 days)
TEMIXYS ORAL TABLET 300-300 MG	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	QL (1800 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	QL (60 EA per 30 days)
ANTI-HIV AGENTS, OTHER	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	QL (60 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG, 300 MG	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	QL (60 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	QL (30 EA per 30 days)
TYBOST ORAL TABLET 150 MG	QL (30 EA per 30 days)
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)	
APTIVUS ORAL CAPSULE 250 MG	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	QL (60 EA per 30 days)

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Drug Name	Requirements/Limits
<i>atazanavir sulfate oral capsule 300 mg</i>	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	QL (120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	QL (400 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	QL (480 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	QL (180 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	QL (120 EA per 30 days)
ANTI-INFLUENZA AGENTS	
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	
<i>rimantadine hcl oral tablet 100 mg</i>	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	
ANXIOLYTICS	
ANXIOLYTICS, OTHER	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	QL (120 EA per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	QL (30 EA per 30 days)

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Drug Name	Requirements/Limits
<i>triazolam oral tablet 0.25 mg</i>	QL (60 EA per 30 days)
BENZODIAZEPINES	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	QL (180 EA per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	QL (600 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	QL (150 EA per 30 days)
BIPOLAR AGENTS	
MOOD STABILIZERS	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	
<i>lithium carbonate oral tablet 300 mg</i>	
<i>lithium oral solution 8 meq/5ml</i>	
BLOOD GLUCOSE REGULATORS	
ANTIDIABETIC AGENTS	
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	QL (90 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	
<i>glipizide oral tablet 10 mg, 5 mg</i>	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	

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Drug Name	Requirements/Limits
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	QL (30 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	QL (120 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	QL (90 EA per 30 days)
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i>	QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	QL (30 EA per 30 days)

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Drug Name	Requirements/Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100- 3.6 UNIT-MG/ML	
GLYCEMIC AGENTS	
<i>diazoxide oral suspension 50 mg/ml</i>	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	
<i>glucagon emergency injection kit 1 mg</i>	
KORLYM ORAL TABLET 300 MG	PA; QL (120 EA per 30 days)
INSULINS	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	
<i>cvs gauze sterile pad 2"x2"</i>	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	
<i>insulin aspart subcutaneous solution 100 unit/ml</i>	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	

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Drug Name	Requirements/Limits
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	
BLOOD PRODUCTS AND MODIFIERS	
ANTICOAGULANTS	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	QL (60 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	QL (50 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	QL (18 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	QL (24 ML per 30 days)

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Drug Name	Requirements/Limits
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	
BLOOD PRODUCTS AND MODIFIERS, OTHER	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	PA
PROMACTA ORAL PACKET 12.5 MG	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	PA; QL (30 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	PA
<i>tranexamic acid oral tablet 650 mg</i>	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	PA
PLATELET MODIFYING AGENTS	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	
BRILINTA ORAL TABLET 60 MG, 90 MG	
CABLIVI INJECTION KIT 11 MG	PA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	
CARDIOVASCULAR AGENTS	
ALPHA-ADRENERGIC AGONISTS	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	

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Drug Name	Requirements/Limits
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	QL (4 EA per 28 days)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	PA
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	
ALPHA-ADRENERGIC BLOCKING AGENTS	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg</i>	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 50 mg</i>	QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	QL (30 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	
ANTIARRHYTHMICS	
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	

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Drug Name	Requirements/Limits
MULTAQ ORAL TABLET 400 MG	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	
BETA-ADRENERGIC BLOCKING AGENTS	
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	QL (60 EA per 30 days)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	
<i>pindolol oral tablet 10 mg, 5 mg</i>	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg</i>	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	
KATERZIA ORAL SUSPENSION 1 MG/ML	QL (300 ML per 30 days)
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	

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Drug Name	Requirements/Limits
<i>nifedipine oral capsule 10 mg, 20 mg</i>	
<i>nimodipine oral capsule 30 mg</i>	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	
CARDIOVASCULAR AGENTS, OTHER	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	

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Drug Name	Requirements/Limits
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	QL (30 EA per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	PA
DIGITEK ORAL TABLET 125 MCG, 250 MCG	QL (30 EA per 30 days)
DIGOX ORAL TABLET 125 MCG, 250 MCG	QL (30 EA per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	QL (255 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	PA
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	QL (30 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	
<i>metyrosine oral capsule 250 mg</i>	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	QL (30 EA per 30 days)

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Drug Name	Requirements/Limits
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	PA
DIURETICS, LOOP	
<i>bumetanide injection solution 0.25 mg/ml</i>	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	
DIURETICS, POTASSIUM-SPARING	
<i>amiloride hcl oral tablet 5 mg</i>	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	
DIURETICS, THIAZIDE	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	QL (60 EA per 30 days)
<i>fenofibrate oral capsule 150 mg</i>	QL (30 EA per 30 days)
<i>fenofibrate oral capsule 50 mg</i>	QL (60 EA per 30 days)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 48 mg, 54 mg</i>	QL (60 EA per 30 days)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	
<i>gemfibrozil oral tablet 600 mg</i>	QL (60 EA per 30 days)
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>	QL (45 EA per 30 days)

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Drug Name	Requirements/Limits
<i>lovastatin oral tablet 20 mg</i>	QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	QL (30 EA per 30 days)
DYSLIPIDEMICS, OTHER	
<i>cholestyramine light oral packet 4 gm</i>	
<i>cholestyramine oral packet 4 gm</i>	
<i>colesevelam hcl oral tablet 625 mg</i>	
<i>colestipol hcl oral packet 5 gm</i>	
<i>colestipol hcl oral tablet 1 gm</i>	
<i>ezetimibe oral tablet 10 mg</i>	QL (30 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	PA
VASODILATORS, DIRECT-ACTING ARTERIAL/ VENOUS	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	
NITRO-BID TRANSDERMAL OINTMENT 2 %	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	
RECTIV RECTAL OINTMENT 0.4 %	
CENTRAL NERVOUS SYSTEM AGENTS	

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Drug Name	Requirements/Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	QL (150 EA per 30 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg</i>	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	QL (120 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	QL (240 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	PA
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	QL (90 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	QL (90 EA per 30 days)
CENTRAL NERVOUS SYSTEM, OTHER	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	PA; QL (120 EA per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	PA; QL (60 EA per 30 days)
<i>riluzole oral tablet 50 mg</i>	PA
<i>tetrabenazine oral tablet 12.5 mg</i>	PA; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	PA; QL (120 EA per 30 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	PA

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Drug Name	Requirements/Limits
FIBROMYALGIA AGENTS	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	
<i>pregabalin oral solution 20 mg/ml</i>	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	
MULTIPLE SCLEROSIS AGENTS	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	PA
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	PA
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	PA
GILENYA ORAL CAPSULE 0.5 MG	PA
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	PA
MAYZENT ORAL TABLET 0.25 MG, 2 MG	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	PA
DENTAL AND ORAL AGENTS	
DENTAL AND ORAL AGENTS	
<i>cevimeline hcl oral capsule 30 mg</i>	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	
DERMATOLOGICAL AGENTS	
ACNE AND ROSACEA AGENTS	
ACUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	PA
<i>adapalene external cream 0.1 %</i>	PA
<i>adapalene external gel 0.1 %, 0.3 %</i>	PA

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Drug Name	Requirements/Limits
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	
<i>azelaic acid external gel 15 %</i>	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	
<i>tazarotene external cream 0.1 %</i>	PA
TAZORAC EXTERNAL CREAM 0.05 %	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	PA
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	PA
DERMATITIS AND PRUITUS AGENTS	
<i>alclometasone dipropionate external cream 0.05 %</i>	
<i>alclometasone dipropionate external ointment 0.05 %</i>	
<i>amcinonide external cream 0.1 %</i>	
<i>amcinonide external lotion 0.1 %</i>	
<i>amcinonide external ointment 0.1 %</i>	
<i>ammonium lactate external cream 12 %</i>	
<i>ammonium lactate external lotion 12 %</i>	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	
<i>betamethasone dipropionate external cream 0.05 %</i>	
<i>betamethasone dipropionate external lotion 0.05 %</i>	
<i>betamethasone dipropionate external ointment 0.05 %</i>	
<i>betamethasone valerate external cream 0.1 %</i>	
<i>betamethasone valerate external lotion 0.1 %</i>	
<i>betamethasone valerate external ointment 0.1 %</i>	
<i>clobetasol propionate e external cream 0.05 %</i>	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	
<i>clobetasol propionate external gel 0.05 %</i>	
<i>clobetasol propionate external lotion 0.05 %</i>	
<i>clobetasol propionate external ointment 0.05 %</i>	
<i>clobetasol propionate external shampoo 0.05 %</i>	
<i>clobetasol propionate external solution 0.05 %</i>	
<i>desonide external ointment 0.05 %</i>	

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Drug Name	Requirements/Limits
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	
<i>desoximetasone external gel 0.05 %</i>	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	
EUCRISA EXTERNAL OINTMENT 2 %	QL (100 GM per 30 days)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	
<i>fluocinolone acetonide external ointment 0.025 %</i>	
<i>fluocinolone acetonide external solution 0.01 %</i>	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	
<i>fluocinonide emulsified base external cream 0.05 %</i>	
<i>fluocinonide external gel 0.05 %</i>	
<i>fluocinonide external ointment 0.05 %</i>	
<i>fluocinonide external solution 0.05 %</i>	
<i>fluticasone propionate external cream 0.05 %</i>	
<i>fluticasone propionate external ointment 0.005 %</i>	
<i>halobetasol propionate external cream 0.05 %</i>	
<i>halobetasol propionate external ointment 0.05 %</i>	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	
<i>hydrocortisone butyrate external cream 0.1 %</i>	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	
<i>hydrocortisone butyrate external solution 0.1 %</i>	
<i>hydrocortisone external cream 1 %</i>	
<i>hydrocortisone external lotion 2.5 %</i>	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	
<i>hydrocortisone valerate external cream 0.2 %</i>	
<i>hydrocortisone valerate external ointment 0.2 %</i>	
<i>mometasone furoate external cream 0.1 %</i>	
<i>mometasone furoate external ointment 0.1 %</i>	
<i>mometasone furoate external solution 0.1 %</i>	
<i>pimecrolimus external cream 1 %</i>	
<i>prednicarbate external ointment 0.1 %</i>	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	
PROCTO-PAK EXTERNAL CREAM 1 %	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	
<i>selenium sulfide external lotion 2.5 %</i>	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	

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Drug Name	Requirements/Limits
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	
DERMATOLOGICAL AGENTS, OTHER	
<i>calcipotriene external cream 0.005 %</i>	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	QL (60 ML per 30 days)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	
<i>diclofenac sodium external gel 3 %</i>	PA; QL (100 GM per 30 days)
FLUOROPLEX EXTERNAL CREAM 1 %	
<i>fluorouracil external cream 5 %</i>	
<i>fluorouracil external solution 2 %, 5 %</i>	
<i>global alcohol prep ease pad 70 %</i>	
<i>imiquimod external cream 5 %</i>	
<i>methoxsalen rapid oral capsule 10 mg</i>	PA
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	
<i>podofilox external solution 0.5 %</i>	
REGRANEX EXTERNAL GEL 0.01 %	PA; QL (30 GM per 30 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	
<i>silver sulfadiazine external cream 1 %</i>	
SSD EXTERNAL CREAM 1 %	
PEDICULICIDES/SCABICIDES	
<i>lindane external shampoo 1 %</i>	
<i>malathion external lotion 0.5 %</i>	
<i>permethrin external cream 5 %</i>	
TOPICAL ANTI-INFECTIVES	
<i>acyclovir external ointment 5 %</i>	
<i>ciclopirox external shampoo 1 %</i>	
<i>ciclopirox external solution 8 %</i>	
<i>clindamycin phosphate external gel 1 %</i>	
<i>clindamycin phosphate external lotion 1 %</i>	
<i>clindamycin phosphate external solution 1 %</i>	
<i>clindamycin phosphate external swab 1 %</i>	

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Drug Name	Requirements/Limits
<i>erythromycin external gel 2 %</i>	
<i>erythromycin external solution 2 %</i>	
<i>mupirocin external ointment 2 %</i>	
ELECTROLYTES/MINERALS/METALS/VITAMINS	
ELECTROLYTE/ MINERAL REPLACEMENT	
CARBAGLU ORAL TABLET 200 MG	PA
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	BD
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	BD
PLASMA-LYTE A INTRAVENOUS SOLUTION	BD
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	
<i>sodium chloride irrigation solution 0.9 %</i>	
ELECTROLYTE/MINERAL/METAL MODIFIERS	
CHEMET ORAL CAPSULE 100 MG	

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Drug Name	Requirements/Limits
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PA
<i>deferiprone oral tablet 500 mg</i>	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	PA
LOKELMA ORAL PACKET 10 GM, 5 GM	
<i>sodium polystyrene sulfonate oral powder</i>	
SPS ORAL SUSPENSION 15 GM/60ML	
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	PA; QL (60 EA per 30 days)
<i>trientine hcl oral capsule 250 mg</i>	PA
ELECTROLYTES/MINERALS/METALS/VITAMINS	
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	BD
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	BD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	BD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	BD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	BD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	BD
CLINISOL SF INTRAVENOUS SOLUTION 15 %	BD
<i>dextrose intravenous solution 10 %, 5 %</i>	BD
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	
DOJOLVI ORAL LIQUID 100 %	PA
HEPATAMINE INTRAVENOUS SOLUTION 8 %	BD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	BD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	BD
<i>levocarnitine oral solution 1 gm/10ml</i>	BD
<i>levocarnitine oral tablet 330 mg</i>	BD
NUTRILIPID INTRAVENOUS EMULSION 20 %	BD
PLENAMINE INTRAVENOUS SOLUTION 15 %	BD

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Drug Name	Requirements/Limits
PREMASOL INTRAVENOUS SOLUTION 10 %	BD
PROCALAMINE INTRAVENOUS SOLUTION 3 %	BD
PROSOL INTRAVENOUS SOLUTION 20 %	BD
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	BD
TRAVASOL INTRAVENOUS SOLUTION 10 %	BD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	BD
PHOSPHATE BINDERS	
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	PA
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	
<i>calcium acetate oral tablet 667 mg</i>	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	
<i>sevelamer carbonate oral tablet 800 mg</i>	
VELPHORO ORAL TABLET CHEWABLE 500 MG	
GASTROINTESTINAL AGENTS	
ANTI-CONSTIPATION AGENTS	
<i>constulose oral solution 10 gm/15ml</i>	
<i>enulose oral solution 10 gm/15ml</i>	
<i>generlac oral solution 10 gm/15ml</i>	
<i>lactulose oral solution 10 gm/15ml</i>	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	QL (30 EA per 30 days)
ANTI-DIARRHEAL AGENTS	
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	
<i>loperamide hcl oral capsule 2 mg</i>	
ANTISPASMODICS, GASTROINTESTINAL	
<i>dicyclomine hcl oral capsule 10 mg</i>	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	
<i>dicyclomine hcl oral tablet 20 mg</i>	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	
GASTROINTESTINAL AGENTS, OTHER	
<i>amoxicill-clarithro-lansopraz oral</i>	

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Drug Name	Requirements/Limits
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	
GATTEX SUBCUTANEOUS KIT 5 MG	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	
SUTAB ORAL TABLET 1479-225-188 MG	
<i>ursodiol oral capsule 300 mg</i>	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	
<i>famotidine oral tablet 20 mg, 40 mg</i>	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	
<i>nizatidine oral solution 15 mg/ml</i>	
PROTECTANTS	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	
<i>sucralfate oral tablet 1 gm</i>	
PROTON PUMP INHIBITORS	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	ST; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	
<i>pantoprazole sodium oral packet 40 mg</i>	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	

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Drug Name	Requirements/Limits
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	
CYSTADANE ORAL POWDER	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	PA
ENDARI ORAL PACKET 5 GM	PA; LA; QL (180 EA per 30 days)
GALAFOLD ORAL CAPSULE 123 MG	PA; LA; QL (15 EA per 30 days)
<i>miglustat oral capsule 100 mg</i>	PA; QL (90 EA per 30 days)
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	PA; LA; QL (6 ML per 28 days)
VYNDAMAX ORAL CAPSULE 61 MG	PA; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2 GM	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	
GENITOURINARY AGENTS	
ANTISPASMODICS, URINARY	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	
<i>oxybutynin chloride oral tablet 5 mg</i>	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	

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Drug Name	Requirements/Limits
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	
<i>tropium chloride oral tablet 20 mg</i>	
BENIGN PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	QL (30 EA per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i>	QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	QL (60 EA per 30 days)
GENITOURINARY AGENTS, OTHER	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	
<i>penicillamine oral tablet 250 mg</i>	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	PA
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	BD
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	
<i>prednisolone oral solution 15 mg/5ml</i>	BD
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	BD
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	BD
PREDNISONONE INTENSOL ORAL CONCENTRATE 5 MG/ML	BD
<i>prednisone oral solution 5 mg/5ml</i>	BD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	BD
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	

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Drug Name	Requirements/Limits
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	PA
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	
ANDROGENS	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	PA; QL (60 EA per 30 days)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	PA
ESTROGENS	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	
<i>estradiol vaginal cream 0.1 mg/gm</i>	
<i>estradiol vaginal tablet 10 mcg</i>	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	
ESTRING VAGINAL RING 2 MG	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	
PREMARIN VAGINAL CREAM 0.625 MG/GM	
YUVAFEM VAGINAL TABLET 10 MCG	

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Drug Name	Requirements/Limits
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	
APRI ORAL TABLET 0.15-30 MG-MCG	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	
AVIANE ORAL TABLET 0.1-20 MG-MCG	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	
CAZIANT ORAL TABLET 0.1/0.125/0.15 -0.025 MG	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	
FALMINA ORAL TABLET 0.1-20 MG-MCG	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	
ICLEVIA ORAL TABLET 0.15-0.03 MG	
INTRAROSA VAGINAL INSERT 6.5 MG	PA
INTROVALE ORAL TABLET 0.15-0.03 MG	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	
JASMIEL ORAL TABLET 3-0.02 MG	
JULEBER ORAL TABLET 0.15-30 MG-MCG	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	

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Drug Name	Requirements/Limits
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	
KURVELO ORAL TABLET 0.15-30 MG-MCG	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	
LESSINA ORAL TABLET 0.1-20 MG-MCG	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	
LORYNA ORAL TABLET 3-0.02 MG	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	
LUTERA ORAL TABLET 0.1-20 MG-MCG	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	
MILI ORAL TABLET 0.25-35 MG-MCG	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	
NIKKI ORAL TABLET 3-0.02 MG	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	

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Drug Name	Requirements/Limits
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	
NYMYO ORAL TABLET 0.25-35 MG-MCG	
OCELLA ORAL TABLET 3-0.03 MG	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	
OSPHENA ORAL TABLET 60 MG	PA
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	
PREMPHASE ORAL TABLET 0.625-5 MG	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	
SETLAKIN ORAL TABLET 0.15-0.03 MG	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	
SRONYX ORAL TABLET 0.1-20 MG-MCG	
SYEDA ORAL TABLET 3-0.03 MG	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	
VESTURA ORAL TABLET 3-0.02 MG	
VIENVA ORAL TABLET 0.1-20 MG-MCG	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	

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Drug Name	Requirements/Limits
ZARAH ORAL TABLET 3-0.03 MG	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	
PROGESTINS	
CAMILA ORAL TABLET 0.35 MG	
DEBLITANE ORAL TABLET 0.35 MG	
ERRIN ORAL TABLET 0.35 MG	
INCASSIA ORAL TABLET 0.35 MG	
LYLEQ ORAL TABLET 0.35 MG	
LYZA ORAL TABLET 0.35 MG	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	
NORA-BE ORAL TABLET 0.35 MG	
<i>norethindrone acetate oral tablet 5 mg</i>	
<i>norethindrone oral tablet 0.35 mg</i>	
<i>progesterone oral capsule 100 mg, 200 mg</i>	
SHAROBEL ORAL TABLET 0.35 MG	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	
<i>cabergoline oral tablet 0.5 mg</i>	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	PA

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Drug Name	Requirements/Limits
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	BD
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	BD
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	PA; LA; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	PA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2 MG/ML	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	BD
HORMONAL AGENTS, SUPPRESSANT (THYROID)	
ANTITHYROID AGENTS	
<i>methimazole oral tablet 10 mg, 5 mg</i>	
<i>propylthiouracil oral tablet 50 mg</i>	
IMMUNOLOGICAL AGENTS	
ANGIOEDEMA AGENTS	
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	PA; LA
IMMUNOGLOBULINS	
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	BD
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	BD
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	BD
IMMUNOLOGICAL AGENTS, OTHER	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	PA

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Drug Name	Requirements/Limits
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	PA
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	PA
IMMUNOSTIMULANTS	
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	PA; LA
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	BD
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	BD
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	PA
IMMUNOSUPPRESSANTS	
AZASAN ORAL TABLET 100 MG, 75 MG	BD
<i>azathioprine oral tablet 50 mg</i>	BD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	BD
<i>cyclosporine modified oral solution 100 mg/ml</i>	BD

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Drug Name	Requirements/Limits
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	BD
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	PA
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	BD
<i>everolimus oral tablet 0.25 mg, 0.75 mg</i>	BD; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5 mg</i>	BD; QL (120 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	BD
GENGRAF ORAL SOLUTION 100 MG/ML	BD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	PA
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	PA
LUPKYNIS ORAL CAPSULE 7.9 MG	PA; QL (180 EA per 30 days)
<i>methotrexate oral tablet 2.5 mg</i>	BD
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	BD
<i>methotrexate sodium injection solution 50 mg/2ml</i>	BD
<i>mycophenolate mofetil oral capsule 250 mg</i>	BD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	BD

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Drug Name	Requirements/Limits
<i>mycophenolate mofetil oral tablet 500 mg</i>	BD
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	BD
PROGRAF ORAL PACKET 0.2 MG, 1 MG	BD
REZUROCK ORAL TABLET 200 MG	PA; LA
<i>sirolimus oral solution 1 mg/ml</i>	BD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	BD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	BD
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	BD
ZORTRESS ORAL TABLET 1 MG	BD; QL (60 EA per 30 days)
VACCINES	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	
<i>bcg vaccine injection injectable</i>	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	BD
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	BD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	BD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	
IPOL INJECTION INJECTABLE	
IXIARO INTRAMUSCULAR SUSPENSION	
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	
MENACTRA INTRAMUSCULAR INJECTABLE	
MENQUADFI INTRAMUSCULAR INJECTABLE	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	

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Drug Name	Requirements/Limits
M-M-R II INJECTION SOLUTION RECONSTITUTED	
PEDIARIX INTRAMUSCULAR SUSPENSION	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	
QUADRACEL INTRAMUSCULAR SUSPENSION	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	BD
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	BD
ROTARIX ORAL SUSPENSION RECONSTITUTED	
ROTATEQ ORAL SOLUTION	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	BD
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	BD
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	PA
YF-VAX SUBCUTANEOUS INJECTABLE	
INFLAMMATORY BOWEL DISEASE AGENTS	
AMINOSALICYLATES	
<i>balsalazide disodium oral capsule 750 mg</i>	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	
<i>mesalamine rectal enema 4 gm</i>	
<i>sulfasalazine oral tablet 500 mg</i>	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	
GLUCOCORTICOIDS	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	
<i>budesonide oral capsule delayed release particles 3 mg</i>	

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Drug Name	Requirements/Limits
<i>hydrocortisone rectal enema 100 mg/60ml</i>	
METABOLIC BONE DISEASE AGENTS	
METABOLIC BONE DISEASE AGENTS	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	BD; QL (4 ML per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	BD
<i>calcitriol oral solution 1 mcg/ml</i>	BD
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	BD; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	BD; QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	
<i>ibandronate sodium oral tablet 150 mg</i>	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	BD
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	
<i>raloxifene hcl oral tablet 60 mg</i>	
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	ST; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	ST; QL (4 EA per 28 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	PA
OPHTHALMIC AGENTS	
OPHTHALMIC AGENTS, OTHER	
<i>atropine sulfate ophthalmic solution 1 %</i>	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	PA
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	

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Drug Name	Requirements/Limits
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	
RESTASIS OPHTHALMIC EMULSION 0.05 %	QL (60 EA per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	
OPHTHALMIC ANTI-ALLERGY AGENTS	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	
<i>cromolyn sodium ophthalmic solution 4 %</i>	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	
OPHTHALMIC ANTI-INFECTIVES	
AZASITE OPHTHALMIC SOLUTION 1 %	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	
<i>levofloxacin ophthalmic solution 0.5 %</i>	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	
NATACYN OPHTHALMIC SUSPENSION 5 %	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	
<i>ofloxacin ophthalmic solution 0.3 %</i>	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	
<i>tobramycin ophthalmic solution 0.3 %</i>	
OPHTHALMIC ANTI-INFLAMMATORIES	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	
DUREZOL OPHTHALMIC EMULSION 0.05 %	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	

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Drug Name	Requirements/Limits
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	
<i>carteolol hcl ophthalmic solution 1 %</i>	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER	
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	
AZOPT OPHTHALMIC SUSPENSION 1 %	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
<i>latanoprost ophthalmic solution 0.005 %</i>	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	
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OTIC AGENTS	

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Drug Name	Requirements/Limits
<i>acetic acid otic solution 2 %</i>	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	
<i>fluocinolone acetamide otic oil 0.01 %</i>	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	
<i>ofloxacin otic solution 0.3 %</i>	
RESPIRATORY TRACT/ PULMONARY AGENTS	
ANTI-HISTAMINES	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	
<i>cetirizine hcl oral solution 1 mg/ml</i>	
<i>clemastine fumarate oral tablet 2.68 mg</i>	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	
<i>olopatadine hcl nasal solution 0.6 %</i>	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	QL (26 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	BD
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	QL (21.2 GM per 30 days)

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Drug Name	Requirements/Limits
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	QL (34 GM per 30 days)
ANTILEUKOTRIENES	
<i>montelukast sodium oral packet 4 mg</i>	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	QL (60 EA per 30 days)
BRONCHODILATORS, ANTICHOLINERGIC	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	QL (26 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	BD
<i>ipratropium bromide nasal solution 0.03 %</i>	QL (60 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	QL (30 ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	QL (4 GM per 30 days)
BRONCHODILATORS, SYMPATHOMIMETIC	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	BD
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	QL (36 GM per 30 days)
CYSTIC FIBROSIS AGENTS	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	PA

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Drug Name	Requirements/Limits
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	PA
KALYDECO ORAL TABLET 150 MG	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	PA; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	BD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	PA; LA
TOBI PODHALER INHALATION CAPSULE 28 MG	PA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	BD
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	PA
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	
<i>theophylline oral solution 80 mg/15ml</i>	
PULMONARY ANTIHYPERTENSIVES	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	PA; QL (30 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	PA; QL (90 EA per 30 days)
PULMONARY FIBROSIS AGENTS	
ESBRIET ORAL CAPSULE 267 MG	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	PA
RESPIRATORY TRACT AGENTS, OTHER	
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	BD
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	QL (60 EA per 30 days)

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Drug Name	Requirements/Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	QL (12 GM per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	QL (12 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	QL (4 GM per 20 days)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	BD
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	BD
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	QL (60 EA per 30 days)
SKELETAL MUSCLE RELAXANTS	
SKELETAL MUSCLE RELAXANTS	
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	
SLEEP DISORDER AGENTS	
SLEEP PROMOTING AGENTS	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	QL (120 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	QL (30 EA per 30 days)
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Drug Name	Requirements/Limits
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	PA; QL (30 EA per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	PA; LA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	PA; QL (540 ML per 30 days)

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Spanish

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Hmong

CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1-800-963-0035 (TTY: Wisconsin Relay System at 711).

Chinese Mandarin

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Laotian

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-800-963-0035 (TTY: Wisconsin Relay System at 711).

Russian

ВНИМАНИЕ: Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: 1-800-963-0035 (TTY: Wisconsin Relay System at 711).

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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-800-963-0035.

This formulary was updated on 10/5/2021. For more recent information or other questions, please contact My Choice Wisconsin Partnership Customer Service at 1-800-963-0035 or, for TTY users, Wisconsin Relay 711, 8 a.m. – 8 p.m., 7 days a week, or visit www.mychoicewi.org/partnership/.



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