

2025 - 2026

Formulary / Formulario



Blue Cross[®] Blue Shield[®] of Arizona Health Choice



This formulary (list of covered medications) is updated regularly. If you have other questions, please contact Member Services at **1-800-322-8670**, TTY: 711, Monday – Friday from 8 a.m. to 5 p.m. or visit azblue.com/medicaid.



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Health
Choice

What is the Blue Cross Blue Shield of Arizona Health Choice Formulary/Preferred Drug List (PDL)?

A Formulary / Preferred Drug List (PDL) is a list of drugs chosen by Blue Cross Blue Shield of Arizona Health Choice and a team of doctors and pharmacists. Blue Cross Blue Shield of Arizona Health Choice will cover the drugs listed in our PDL as long as they are medically necessary and appropriate. All Health Choice member prescriptions must be filled at a Blue Cross Blue Shield of Arizona Health Choice network pharmacy, and other plan rules must be followed.

The Blue Cross Blue Shield of Arizona Health Choice formulary contains drugs used to treat physical conditions and behavioral health conditions.

What if a drug is not on the Formulary/ PDL?

If a drug you want to prescribe for your patient is not on this Formulary / PDL, the prescriber can:

- Prescribe a similar drug that is Formulary / PDL covered, or
- Ask Blue Cross Blue Shield of Arizona Health Choice to make an exception and cover the medically necessary, non-formulary drug through the prior authorization process.

Can the Formulary / PDF change?

Yes, Blue Cross Blue Shield of Arizona Health Choice may add or take off drugs during the year. To get the latest information about covered drugs, go to our website at azblue.com/medicaid or call Blue Cross Blue Shield of Arizona Health Choice Member Services at 480-968-6866 or 1-800-322-8670 (outside Maricopa County).

Product Selection Criteria

The Blue Cross Blue Shield of Arizona Health Choice Pharmacy & Therapeutics Committee will consider and advise Blue Cross Blue Shield of Arizona Health Choice on all new-to-market drugs and will continually review and evaluate existing market drugs for formulary/PDL inclusion. The committee's evaluation includes a current literature review. Expert external opinion may also be sought. Formal reviews are prepared that typically address the following information:

- Safety & Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications, warnings and precautions
- Pharmacokinetics
- Cost-effectiveness
- Patient administration and compliance considerations

The Pharmacy & Therapeutics Committee reviews all AHCCCS drug coverage requirements as noted on the AHCCCS PDL lists and honors all requirements for preferred drug coverage.

When a new drug is considered for formulary inclusion, an attempt will be made to examine the drug relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically

reviewed. The class review process may result in deletion of one or more drugs in a particular therapeutic class in an effort to continually promote the most clinically useful and cost effective agents. Drug coverage within therapy classes is consistent with AHCCCS requirements for drug coverage.

The entire formulary / PDL is reviewed and approved annually.

Prior authorization (PA) is required for two groups of medications and for two clinical formulary/ PDL override conditions:

1. Medication Groups

- Medications noted with a PA in the formulary / PDL. Blue Cross Blue Shield of Arizona Health Choice may require prior authorization for certain drugs on the Preferred Drug List. This means that your doctor will need to get approval from us before you can fill some of your prescriptions. If approval isn't given, Blue Cross Blue Shield of Arizona Health Choice will not cover the drug.
- All unlisted medications.

2. Clinical Override Conditions

- To override a Step Therapy (ST) edit. In some cases, Blue Cross Blue Shield of Arizona Health Choice requires you to try certain drugs first to treat your medical condition before we will cover another drug for that same condition. For example, if Drug A and Drug B both treat your medical condition, Blue Cross Blue Shield of Arizona Health Choice may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- To override a Quantity Limit (QL) edit. For certain drugs, Blue Cross Blue Shield of Arizona Health Choice limits the amount of the drug it will cover. For example, we provide 30 pills in 30 days per prescription for mirtazapine.

Blue Cross Blue Shield of Arizona Health Choice anticipates that requests for an unlisted medication will be infrequent and providers will be able to prescribe a formulary / PDL medication for the vast majority of therapeutic needs. Providers are encouraged to use this formulary / PDL when prescribing medications for Blue Cross Blue Shield of Arizona Health Choice members to avoid unnecessary delays in therapy.

The AHCCCS Minimum Required Prescription Drug List is included in the Blue Cross Blue Shield of Arizona Health Choice Formulary. All AHCCCS Preferred drug are included in our formulary exactly as noted by AHCCCS.

Off label drugs may be prior authorized when the use of the drug has proven to be the community standard.

Blue Cross Blue Shield of Arizona Health Choice uses a four (4) day override process to ensure that members can access non-formulary or prior authorization required drugs in emergency situations. The Blue Cross Blue Shield of Arizona Health Choice network pharmacy can call the plan to get an override to the prior authorization requirement to provide the member with the emergently needed drug, such as an antibiotic or other drug that can immediately impact the ability of the member to regain health and function in an emergency situation.

Blue Cross Blue Shield of Arizona Health Choice providers may formally request the Blue Cross Blue Shield of Arizona Health Choice Pharmacy & Therapeutics Committee consider a medication be considered for addition to the formulary / PDL. The instructions and required submission form(s) which indicate how to submit a formulary / PDL medication consideration request are detailed in the Blue Cross Blue Shield of Arizona Health Choice Provider Manual. The instructions and materials are also available on the Blue Cross Blue Shield of Arizona Health Choice website.

All the information in the Blue Cross Blue Shield of Arizona Health Choice formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

Formulary Product Descriptions

To assist in understanding which specific strengths and dosage forms are on the formulary, examples are noted below. The general principles shown in the examples can then usually be extended to other entries in the book. Any exceptions are noted in the drug list. There may also be a statement associated with a drug list that gives additional information about which specific products or dosage forms are on formulary.

Generic drugs are identified in lower case type, whereas brand drugs are identified in all caps

allopurinol is a generic drug

ULORIC is a brand drug

The brand name products shown are for reference only; a different brand or a generic version may be dispensed.

simvastatin

ZOCOR

Extended-release and delayed-release products require their own entry. Identified below, both propranolol and propranolol SR are on the formulary.

propranolol

INDERAL

propranolol SR

INDERAL LA

Dose forms on formulary will be consistent with the category and use where listed. Identified below from Otic group, the otic solution and ophthalmic ointment are on the formulary, and the ophthalmic products and topical cream cannot be assumed to be on formulary unless there are entries for these products in the OPHTHALMIC and DERMATOLOGY sections of the formulary.

neomycin/polymyxin B/hydrocortisone

CORTISPORIN

Generic Substitution

AHCCCS health plans are required to utilize a mandatory generic drug substitution policy. Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand name product. An important consideration for generic substitution is the knowledge that all approvals of generic drugs by the FDA since 1984, and many generic approvals prior to 1984, have a showing of bioequivalence between the generic versions and the reference brand name product.

To gain FDA approval:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand name product.
2. The FDA has given the generic an "A" rating compared to the brand name product indicating bioequivalence, and has determined the generic is therapeutically equivalent to the reference brand name product. The ratings of generic drugs are available by referring to the FDA reference, *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the healthcare practitioner to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional clinical tests or examinations by the practitioner are not needed when a therapeutically equivalent generic drug product is substituted for the brand name product.

It is recommended that generic substitution not be exercised by the pharmacist with multisource products that appear in the Orange Book and carry a "B" rating, indicating that these products cannot be considered therapeutically equivalent to other products in the group. It is also recommended that generic substitution not be undertaken for any unrated multisource products that might be considered narrow therapeutic index, or maintenance drugs where it is known that unrated products from different labelers are not bioequivalent. State law or regulations may dictate the ability to practice generic substitution for selected products or categories of drugs.

Plan Exclusions

The following drug categories are excluded from coverage under the outpatient pharmacy benefit and are not part of the formulary/PDL

- Anti-obesity agents
- Experimental / research drugs
- Cosmetic drugs
- Cosmetic drugs for hair growth
- Nutritional / diet supplements
- Blood and blood plasma products
- Products to promote fertility
- Erectile dysfunction drugs
- Drugs from manufacturers that do not participate in the FFS Medicaid Drug Rebate Program
- Diagnostic products

- Weight loss drugs
- Medical supplies except:
 - Syringes
 - Needles
 - Lancets
 - Alcohol Swabs
 - Spacers
 - Blood glucose meters and test strips

Pharmacy Benefit Manager (PBM)

Blue Cross Blue Shield of Arizona Health Choice uses CVS/Caremark to process prescription drug claims.

LEGEND

Boldface	Indicates generic availability
OTC	Over-the-Counter
PA	Prior Authorization Required
QL	Quantity Level Limit
ST	Step Therapy through prerequisite drug required
PREFERED	AHCCCS Preferred Agent

Contact Blue Cross Blue Shield of Arizona Health Choice

Your comments and suggestions regarding the Blue Cross Blue Shield of Arizona Health Choice formulary are encouraged. Your input is vital to this clinical formulary's continued success. All responses will be reviewed and considered. Please send comments to:

Pharmacy Services Department
 Blue Cross Blue Shield of Arizona Health Choice
 8220 N. 23rd Avenue
 Phoenix, AZ 85021

Step Therapy Coverage Policy

Drug Class	Targeted Drugs	Step Therapy Requirement
SLEEP DISORDER AGENTS	ROZEREM	Trial of Temazepam AND Zolpidem
EZETIMIBE	EZETIMIBE	Thirty (30) day fill of a statin in the previous 90 days
ANTIDIABETIC AGENTS – DPP-4 INHIBITORS and SGLT-2s	NESINA, ALOGLIPTIN, JANUMET, TRADJENTA, ONGLYZA, JANUVIA, FARXIGA, JARDIANCE, JENTADUETO, XIGDUO, ALOGLIPTIN/METFORMIN, ALOGLIPTIN/PIOGLITIAZONE, SYNJARDY, TRIJARDY, KOMBIGLYZE.	Thirty (30) day trial of Metformin in the previous year

Health Choice AZ Complete Care Effective 04/01/2026

Drug Name	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	
AMPHETAMINES	
ADDERALL TAB 5MG	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
ADDERALL TAB 7.5MG	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
ADDERALL TAB 10MG	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
ADDERALL TAB 12.5MG	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
ADDERALL TAB 15MG	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
ADDERALL TAB 20MG	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
ADDERALL TAB 30MG	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i>	PA, QL (1 cap every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i>	PA, QL (1 cap every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i>	PA, QL (1 cap every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i>	PA, QL (1 cap every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i>	PA, QL (1 cap every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i>	PA, QL (1 cap every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>dextroamphetamine sulfate tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>	PA, QL (1 cap every 1 day); PA Required for < 6 years of age
VYVANSE CAPS 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG	PA, QL (1 cap every 1 day); PA Required for < 6 years of age

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	PA, QL (1 cap every 1 day); PA Required for < 6 years of age
<i>clonidine hcl (adhd) tb12 .1mg</i>	PA, QL (4 tabs every 1 day); PA Required for < 6 years of age
<i>guanfacine hcl (adhd) (generic of INTUNIV) tb24 1mg, 2mg, 3mg, 4mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age

STIMULANTS - MISC.

<i>armodafinil (generic of NUVIGIL) tabs 50mg</i>	PA, QL (2 tabs every 1 day)
<i>armodafinil (generic of NUVIGIL) tabs 150mg, 200mg, 250mg</i>	PA, QL (1 tab every 1 day)
DAYTRANA PTCH 10MG/9HR, 15MG/9HR, 20MG/9HR, 30MG/9HR	PA, QL (1 patch every 1 day); PA Required for < 6 years of age
<i>dexmethylphenidate hcl (generic of FOCALIN XR) cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	PA, QL (2 caps every 1 day); PA Required for < 6 years of age
<i>dexmethylphenidate hcl (generic of FOCALIN) tabs 2.5mg, 5mg, 10mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
METHYLIN SOLN 5MG/5ML, 10MG/5ML	PA, QL (10 mL every 1 day); PA Required for < 6 years of age
<i>methylphenidate hcl (generic of RITALIN LA) cp24 10mg, 20mg, 30mg, 40mg</i>	PA, QL (1 cap every 1 day); PA Required for < 6 years of age
<i>methylphenidate hcl cp24 60mg</i>	PA, QL (1 cap every 1 day); PA Required for < 6 years of age
<i>methylphenidate hcl (generic of METADATE CD) cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	PA, QL (1 cap every 1 day); PA Required for < 6 years of age
<i>methylphenidate hcl (generic of RITALIN) tabs 5mg, 10mg, 20mg</i>	PA, QL (3 tabs every 1 day); PA Required for < 6 years of age
<i>methylphenidate hcl (generic of CONCERTA) tbcr 18mg, 27mg, 36mg, 54mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>methylphenidate hcl tbcr 27mg, 36mg, 54mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>modafinil (generic of PROVIGIL) tabs 100mg, 200mg</i>	PA, QL (2 tabs every 1 day)
RITALIN LA CP24 10MG, 20MG, 30MG, 40MG	PA, QL (1 cap every 1 day); PA Required for < 6 years of age

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - C'S

<i>coenzyme q10 (ubidecarenone) caps 100mg</i>	OTC
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OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
ALTERNATIVE MEDICINE - K'S	
<i>krill oil cap 300 mg</i>	OTC
ALTERNATIVE MEDICINE - M'S	
MELATONIN CAPS 1MG; LIQD 3MG/0.9ML, 3MG/4ML, 5MG/ML; LOZG 5MG; SUBL 3MG; TABS 12MG, 300MCG; TBCR 5MG	OTC
<i>melatonin caps 3mg, 5mg, 10mg; chew 1mg, 2.5mg, 5mg; liqd 1mg/4ml, 1mg/ml, 2.5mg/10ml, 5mg/15ml, 5mg/20ml; subl 5mg, 10mg; tabs 1mg, 3mg, 5mg, 10mg; tbc 3mg, 10mg; tbdp 3mg, 5mg, 10mg, 12mg</i>	OTC
MELATONIN GUMMIES CHEW 3MG	OTC
MELATONIN MAXIMUM STRENGT LIQD 10MG/ML	OTC
MELATONIN SLEEP FAST DISS TBDP 1MG	OTC
MELATONIN TIMED RELEASE TBCR 1MG	OTC
MELATONINMAX GUMMIES CHEW 10MG	OTC
ALTERNATIVE MEDICINE - U	
<i>ubiquinol caps 100mg</i>	QL (4 caps every 1 day), OTC
ALTERNATIVE MEDICINE COMBINATIONS	
CARDIOSTEROL CAP 500-32MG	OTC
MELATONIN TAB 1-10MG	OTC
<i>melatonin-pyridoxine tab er 5-10 mg</i>	OTC
OMEGA-3 EXTR CAP 1110-300	OTC
AMINOGLYCOSIDES	
AMINOGLYCOSIDES	
BETHKIS NEBU 300MG/4ML	PA
KITABIS PAK NEBU 300MG/5ML	PA
<i>neomycin sulfate tabs 500mg</i>	
ZEMDRI SOLN 500MG/10ML	PA; Bill as Medical Claim Only
ANALGESICS - ANTI-INFLAMMATORY	
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	
ADALIMUMAB-ADBM PSKT 10MG/0.2ML	PA
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	PA
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	PA
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	PA
SIMPONI ARIA SOLN 50MG/4ML	PA; Bill as Medical Claim Only
ANTIRHEUMATIC - ENZYME INHIBITORS	
XELJANZ TABS 5MG, 10MG	PA
XELJANZ XR TB24 11MG, 22MG	PA
GOLD COMPOUNDS	
AURANOFIN CAPS 3MG	
RIDAURA CAPS 3MG	

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Drug Name	Requirements/Limits
INTERLEUKIN-1BETA BLOCKERS	
ILARIS SOLN 150MG/ML	PA; Bill as Medical Claim Only
INTERLEUKIN-6 RECEPTOR INHIBITORS	
ACTEMRA SOLN 80MG/4ML, 200MG/10ML, 400MG/20ML	PA; Bill as Medical Claim Only
TYENNE SOAJ 162MG/0.9ML; SOSY 162MG/0.9ML	PA
TYENNE SOLN 80MG/4ML, 200MG/10ML, 400MG/20ML	PA; Bill as Medical Claim Only
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	
ADVIL JUNIOR STRENGTH TABS 100MG	OTC
<i>celecoxib</i> (generic of CELEBREX) caps 50mg, 100mg, 200mg	QL (2 caps every 1 day)
<i>celecoxib</i> (generic of CELEBREX) caps 400mg	QL (1 cap every 1 day)
<i>diclofenac potassium</i> tabs 25mg, 50mg	
<i>diclofenac sodium</i> tabs 25mg, 50mg, 75mg	
<i>etodolac</i> caps 200mg, 300mg; tabs 500mg	
<i>etodolac</i> (generic of LODINE) tabs 400mg	
FLURBIPROFEN TABS 100MG	
<i>ibu</i> tabs 400mg, 600mg, 800mg	
<i>ibuprofen</i> caps 200mg; chew 100mg; susp 40mg/ml, 50mg/1.25ml, 100mg/5ml, 200mg/10ml; tabs 200mg	OTC
<i>ibuprofen</i> susp 100mg/5ml; tabs 400mg, 600mg, 800mg	
<i>indomethacin</i> caps 25mg, 50mg	
KETOPROFEN CAPS 25MG	
<i>ketorolac tromethamine</i> tabs 10mg	QL (20 tabs every 30 days)
LURBIRO TABS 100MG	
<i>meloxicam</i> tabs 7.5mg, 15mg	
<i>nabumetone</i> tabs 500mg, 750mg	
<i>naproxen</i> tabs 250mg, 375mg, 500mg	
<i>naproxen sodium</i> caps 220mg; tabs 220mg	OTC
<i>naproxen sodium</i> tabs 275mg, 550mg	
<i>piroxicam</i> caps 10mg, 20mg	
<i>sulindac</i> tabs 150mg, 200mg	
VYSCOXIA SUSP 10MG/ML	PA
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	
OTEZLA TABS 20MG, 30MG	PA
OTEZLA TAB 10/20	PA
OTEZLA TAB 10/20/30	PA
OTEZLA XR TB24 75MG	PA
OTEZLA/XR TAB 28 DAY	PA
PYRIMIDINE SYNTHESIS INHIBITORS	
<i>leflunomide</i> (generic of ARAVA) tabs 10mg, 20mg	
SELECTIVE COSTIMULATION MODULATORS	
ORENCIA SOLR 250MG	PA; Bill as Medical Claim Only
ORENCIA SOSY 50MG/0.4ML, 87.5MG/0.7ML, 125MG/ML	PA

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
ORENCIA CLICKJECT SOAJ 125MG/ML	PA
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	
ENBREL SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	PA
ENBREL MINI SOCT 50MG/ML	PA
ENBREL SURECLICK SOAJ 50MG/ML	PA
ANALGESICS - NONNARCOTIC	
ANALGESIC COMBINATIONS	
<i>aspirin-acetaminophen-caffeine tab 250-250-65 mg</i>	OTC
<i>bac tab</i>	QL (4 tabs every 1 day)
<i>butalbital-acetaminophen tab 50-325 mg</i>	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	QL (4 tabs every 1 day)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	
TENCON TAB 50-325MG	
ANALGESICS OTHER	
<i>acetaminophen caps 500mg; chew 80mg, 160mg; elix 80mg/2.5ml, 160mg/5ml; liqd 160mg/5ml, 500mg/15ml, 1000mg/30ml; soln 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; supp 120mg, 650mg; susp 160mg/5ml; tabs 325mg, 500mg; tbc 650mg; tbdp 80mg, 160mg</i>	OTC
FEVERALL INFANTS SUPP 80MG	OTC
FEVERALL JUNIOR STRENGTH SUPP 325MG	OTC
SALICYLATES	
<i>aspirin chew 81mg; tabs 325mg; tbec 81mg, 325mg</i>	OTC
ASPIRIN SUPP 300MG	OTC
<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	OTC
SALSALATE TABS 500MG, 750MG	
ANALGESICS - OPIOID	
OPIOID AGONISTS	
DISKETS TBSO 40MG	PA
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	PA
<i>hydromorphone hcl (generic of DILAUDID) tabs 2mg, 4mg, 8mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>methadone hcl (generic of METHADOSE) conc 10mg/ml</i>	PA
METHADONE HCL SOLN 5MG/5ML	PA
<i>methadone hcl soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg</i>	PA
<i>methadone hcl (generic of DISKETS) tbs 40mg</i>	PA
METHADONE HYDROCHLORIDE SOLN 10MG/5ML	PA
METHADOSE CONC 10MG/ML	PA
<i>methadose (generic of DISKETS) tbs 40mg</i>	PA

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
METHADOSE SUGAR-FREE CONC 10MG/ML	PA
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml, 100mg/5ml; tabs 15mg, 30mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
MORPHINE SULFATE SOLN 10MG/5ML, 20MG/5ML, 100MG/5ML; TABS 15MG, 30MG	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>morphine sulfate (generic of MS CONTIN) tbc 15mg, 30mg, 60mg</i>	PA
<i>morphine sulfate tbc 100mg, 200mg</i>	PA
<i>oxycodone hcl conc 20mg/ml; soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>oxycodone hcl (generic of ROXICODONE) tabs 15mg, 30mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG, 40MG, 60MG, 80MG	PA
<i>tramadol hcl tabs 50mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>tramadol hcl tb24 100mg, 200mg, 300mg</i>	PA

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine tab 300-15 mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>acetaminophen w/ codeine tab 300-30 mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>acetaminophen w/ codeine tab 300-60 mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
APAP/CODEINE SOL 120-12/5	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
APAP/CODEINE SOL 300-30MG	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>butalbital-acetaminophen-cod w/ cod cap 50-325-40-30 mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>endocet tab 2.5-325</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period

Drug Name	Requirements/Limits
<i>endocet tab 5-325mg (generic of PERCOCET)</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>endocet tab 7.5-325 (generic of PERCOCET)</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>endocet tab 10-325mg (generic of PERCOCET)</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
HYDRO/ACETA SOL 10-325MG	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
HYDROCO/APAP TAB 2.5-325	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
OXYCOD/ACETA SOL 5/325MG	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOET)</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOET)</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOET)</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	PA; PA Required for > 2 Short Acting Opioid Medications in a 30-day time period

OPIOID PARTIAL AGONISTS

<i>BRIXADI SOSY 8MG/0.16ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 96MG/0.27ML, 128MG/0.36ML</i>	PA
<i>buprenorphine hcl sub 2mg, 8mg</i>	PA; PA Required, unless Pregnant or Nursing
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	
<i>BUTRANS PTWK 5MCG/HR, 7.5MCG/HR, 10MCG/HR, 15MCG/HR, 20MCG/HR</i>	PA
<i>SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML</i>	PA
<i>SUBOXONE MIS 2-0.5MG</i>	
<i>SUBOXONE MIS 4-1MG</i>	
<i>SUBOXONE MIS 8-2MG</i>	
<i>SUBOXONE MIS 12-3MG</i>	

ANDROGENS-ANABOLIC

ANDROGENS

<i>danazol caps 50mg, 100mg, 200mg</i>	
<i>depo-testosterone soln 100mg/ml, 200mg/ml</i>	PA
<i>testosterone (generic of ANDROGEL PUMP) gel 1.62%</i>	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	PA
<i>TESTOSTERONE ENANTHATE SOLN 200MG/ML</i>	PA

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

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

RECTAL COMBINATIONS

<i>ANALPRAM HC CRE 1-1%</i>	
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Drug Name	Requirements/Limits
HC PRAMOXINE CRE 1-1%	
LIDOCAINE/HC CRE 3%-0.5%	
PROCTOFOAM AER HC 1%	
RECTAL STEROIDS	
HYDROCORTISONE CREA 1%	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) <i>crea</i> 2.5%	
PREPARATION H SOOTHING RE CREA 1%	OTC
<i>procto-med hc</i> (generic of ANUSOL-HC) <i>crea</i> 2.5%	
<i>proctosol hc</i> (generic of ANUSOL-HC) <i>crea</i> 2.5%	
<i>proctozone-hc</i> (generic of ANUSOL-HC) <i>crea</i> 2.5%	
ANTACIDS	
ANTACID COMBINATIONS	
ACID GONE SUS	OTC
<i>alum & mag hydroxide-simethicone chew tab 200-200-250</i> mg	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40</i> mg/5ml	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105</i> mg	OTC
ANTACID CHW 550-110	OTC
ANTACID EXTR CHW 675-135	OTC
<i>calcium carbonate-mag hydroxide susp 400-135</i> mg/5ml	OTC
ANTACIDS - ALUMINUM SALTS	
ALUMINUM HYDROXIDE SUSP 320MG/5ML	OTC
ANTACIDS - BICARBONATE	
<i>sodium bicarbonate (antacid) tabs 325mg, 650mg</i>	OTC
ANTACIDS - CALCIUM SALTS	
ALKA-SELTZER FIZZY MELTS TBP 200MG	OTC
CALCIUM CARBONATE SUSP 1250MG/5ML	OTC
<i>calcium carbonate (antacid) chew 400mg, 500mg, 750mg, 1000mg</i>	OTC
ANTACIDS - MAGNESIUM SALTS	
<i>magnesium oxide tabs 250mg, 400mg, 420mg</i>	OTC
ANTHELMINTICS	
ANTHELMINTICS	
<i>albendazole tabs 200mg</i>	PA
<i>ivermectin</i> (generic of STROMEKTOL) <i>tabs 3mg</i>	PA
<i>praziquantel tabs 600mg</i>	
<i>pyrantel pamoate susp 144mg/ml</i>	OTC
ANTI-INFECTIVE AGENTS - MISC.	
ANTI-INFECTIVE AGENTS - MISC.	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
FIRST-METRONIDAZOLE 50 SUSR 50MG/ML	PA; PA Required for > 10 years of age
<i>metronidazole tabs 250mg, 500mg</i>	
<i>tinidazole tabs 250mg, 500mg</i>	
TRIMETHOPRIM TABS 100MG	
ANTI-INFECTIVE MISC. - COMBINATIONS	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	
<i>sulfatrim pd sus 200-40/5</i>	
URETRON D/S TAB	
ANTIPROTOZOAL AGENTS	
<i>atovaquone (generic of MEPRON) susp 750mg/5ml</i>	
<i>nitazoxanide tabs 500mg</i>	PA, QL (6 tabs every 30 days)
CARBAPENEMS	
VABOMERE INJ 2GM(1-1)	PA; Bill as Medical Claim Only
CYCLIC LIPOPEPTIDES	
<i>daptomycin solr 500mg</i>	PA; Bill as Medical Claim Only
GLYCOPEPTIDES	
DALVANCE SOLR 500MG	PA; Bill as Medical Claim Only
FIRVANQ SOLR 25MG/ML, 50MG/ML	
ORBACTIV SOLR 400MG	PA; Bill as Medical Claim Only
<i>vancomycin hcl (generic of VANCOCIN) caps 125mg, 250mg</i>	
<i>vancomycin hcl (generic of FIRVANQ) solr 25mg/ml, 50mg/ml</i>	
LEPROSTATICS	
<i>dapsone tabs 25mg, 100mg</i>	
LINCOSAMIDES	
<i>clindamycin hcl (generic of CLEOCIN) caps 75mg, 150mg, 300mg</i>	
<i>clindamycin palmitate hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) solr 75mg/5ml</i>	
OXAZOLIDINONES	
<i>linezolid (generic of ZYVOX) susr 100mg/5ml</i>	PA
<i>linezolid tabs 600mg</i>	PA
SIVEXTRO TABS 200MG	PA
URINARY ANTI-INFECTIVES	
<i>methenamine hippurate (generic of HIPREX) tabs 1gm</i>	
METHENAMINE MANDELATE TABS 1GM	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>nitroturantoin susp 25mg/5ml</i>	
<i>nitroturantoin macrocrystal (generic of MACRODANTIN) caps 50mg, 100mg</i>	
<i>nitroturantoin monohyd macro (generic of MACROBID) caps 100mg</i>	
ANTIANGINAL AGENTS	
ANTIANGINALS-OTHER	
<i>ranolazine tb12 500mg</i>	QL (2 tabs every 1 day)
<i>ranolazine tb12 1000mg</i>	PA
NITRATES	
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg</i>	
<i>isosorbide mononitrate tb24 30mg, 60mg, 120mg</i>	
<i>NITRO-BID OINT 2%</i>	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	
<i>nitroglycerin (generic of NITROSTAT) subl .3mg, .4mg, .6mg</i>	
ANTIAXIETY AGENTS	
ANTIAXIETY AGENTS - MISC.	
<i>bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg</i>	PA, QL (4 tabs every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>bupirone hcl tabs 30mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>hydroxyzine hcl syr 10mg/5ml</i>	QL (10 mL every 1 day)
<i>hydroxyzine hcl tabs 10mg, 25mg, 50mg</i>	QL (8 tabs every 1 day)
<i>hydroxyzine pamoate caps 25mg</i>	QL (4 caps every 1 day)
<i>hydroxyzine pamoate caps 50mg</i>	QL (8 caps every 1 day)
BENZODIAZEPINES	
<i>alprazolam (generic of XANAX) tabs 2mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>alprazolam (generic of XANAX) tabs .25mg, .5mg, 1mg</i>	PA, QL (4 tabs every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>alprazolam (generic of XANAX XR) tb24 2mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>alprazolam tb24 .5mg, 1mg, 3mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>alprazolam tbdp 2mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>alprazolam tbdp .25mg, .5mg, 1mg</i>	PA, QL (4 tabs every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
ALPRAZOLAM INTENSOL CONC 1MG/ML	PA, QL (4 mL every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>alprazolam xr (generic of XANAX XR) tb24 2mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>alprazolam xr tb24 .5mg, 1mg, 3mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	PA, QL (2 caps every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>clorazepate dipotassium tabs 3.75mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>clorazepate dipotassium tabs 7.5mg, 15mg</i>	PA, QL (4 tabs every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>diazepam soln 5mg/5ml</i>	PA, QL (10 mL every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>diazepam (generic of VALIUM) tabs 2mg, 5mg, 10mg</i>	PA, QL (4 tabs every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days

Drug Name	Requirements/Limits
<i>diazepam intensol conc 5mg/ml</i>	PA, QL (2 mL every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>lorazepam conc 2mg/ml</i>	PA, QL (2 mL every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>lorazepam (generic of ATIVAN) tabs 2mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>lorazepam (generic of ATIVAN) tabs .5mg, 1mg</i>	PA, QL (4 tabs every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>oxazepam caps 10mg, 15mg, 30mg</i>	PA, QL (2 caps every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

disopyramide phosphate (generic of NORPACE) caps 100mg, 150mg

NORPACE CR CP12 100MG, 150MG

quinidine gluconate tbc 324mg

ANTIARRHYTHMICS TYPE I-B

mexiletine hcl caps 150mg, 200mg, 250mg

ANTIARRHYTHMICS TYPE I-C

flecainide acetate tabs 50mg, 100mg, 150mg

propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg

ANTIARRHYTHMICS TYPE III

amiodarone hcl tabs 100mg, 200mg

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

MULTAQ TABS 400MG

pacrone tabs 100mg, 200mg

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

cromolyn sodium nebu 20mg/2ml

ANTIASTHMATIC - MONOCLONAL ANTIBODIES

FASENRA SOSY 10MG/0.5ML, 30MG/ML

PA; Bill as Medical Claim Only

Drug Name	Requirements/Limits
FASENRA PEN SOAJ 30MG/ML	PA
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML	PA
XOLAIR SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	PA; Bill as Medical Claim Only
XOLAIR SOSY 75MG/0.5ML, 150MG/ML	PA; Bill as Medical Claim Only

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AERS 17MCG/ACT <i>ipratropium bromide soln .02%</i>	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT <i>tiotropium bromide (generic of SPIRIVA HANDIHALER) caps 18mcg</i>	
TUDORZA PRESSAIR AEPB 400MCG/ACT	

LEUKOTRIENE MODULATORS

<i>montelukast sodium (generic of SINGULAIR) chew 4mg, QL (1 tab every 1 day) 5mg; tabs 10mg</i>	
<i>montelukast sodium (generic of SINGULAIR) pack 4mg</i>	PA, QL (1 packet every 1 day); PA Required for > 4 years of age

STEROID INHALANTS

ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	
ASMANEX TWISTHALER 14 MET AEPB 220MCG/INH	
ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH, 220MCG/INH	
ASMANEX TWISTHALER 60 MET AEPB 220MCG/INH	
ASMANEX TWISTHALER 120 ME AEPB 220MCG/INH <i>budesonide (inhalation) (generic of PULMICORT) susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	
FLUTICASONE PROPIONATE DI AEPB 50MCG/ACT, 100MCG/ACT, 250MCG/ACT	
FLUTICASONE PROPIONATE HF AERO 44MCG/ACT, 110MCG/ACT, 220MCG/ACT	
PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT	
QVAR REDHALER AERB 40MCG/ACT, 80MCG/ACT	

SYMPATHOMIMETICS

ADVAIR HFA AER 45/21	PA; PA Required for < 12 years of age
ADVAIR HFA AER 115/21	PA; PA Required for < 12 years of age
ADVAIR HFA AER 230/21	PA; PA Required for < 12 years of age

Drug Name	Requirements/Limits
<i>albuterol sulfate aers 108mcg/act; nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml; syr 2mg/5ml, 8mg/20ml</i>	
ALBUTEROL SULFATE NEBU .5%	
ALBUTEROL SULFATE HFA AERS 108MCG/ACT	
ANORO ELLIPT AER 62.5-25	PA
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT)</i>	PA; PA Required for < 6 years of age
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT)</i>	PA; PA Required for < 12 years of age
COMBIVENT AER 20-100	
DULERA AER 50-5MCG	PA; PA Required for < 5 years of age
DULERA AER 100-5MCG	PA; PA Required for < 12 years of age
DULERA AER 200-5MCG	PA; PA Required for < 12 years of age
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS)</i>	PA; PA Required for < 4 years of age
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS)</i>	PA; PA Required for < 12 years of age
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS)</i>	PA; PA Required for < 12 years of age
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	
SEREVENT DISKUS AEPB 50MCG/DOSE	PA
STIOLTO AER 2.5-2.5	PA
<i>wixela inhub aer 100/50 (generic of ADVAIR DISKUS)</i>	PA; PA Required for < 4 years of age
<i>wixela inhub aer 250/50 (generic of ADVAIR DISKUS)</i>	PA; PA Required for < 12 years of age
<i>wixela inhub aer 500/50 (generic of ADVAIR DISKUS)</i>	PA; PA Required for < 12 years of age

XANTHINES

<i>elixophyllin elix 80mg/15ml</i>	
<i>theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg</i>	
THEOPHYLLINE ER TB12 100MG, 200MG	

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	

Drug Name	Requirements/Limits
DIRECT FACTOR XA INHIBITORS	
ELIQUIS CPSP .15MG	QL (3 caps every 1 day)
ELIQUIS TABS 2.5MG, 5MG	QL (2 tabs every 1 day)
ELIQUIS TBSO .5MG	QL (1 tabs every 1 day)
ELIQUIS TBSO .5MG	QL (3 tabs every 1 day)
ELIQUIS TBSO .5MG	QL (4 tabs every 1 day)
ELIQUIS STARTER PACK TBPK 5MG	QL (74 tabs every year)
XARELTO TABS 2.5MG, 10MG, 15MG, 20MG	QL (2 tabs every 1 day)
XARELTO STAR TAB 15/20MG	QL (51 tabs every 30 days)
HEPARINS AND HEPARINOID-LIKE AGENTS	
<i>enoxaparin sodium</i> (generic of LOVENOX) <i>soln 300mg/3ml</i>	QL (2 vials every 1 day)
<i>enoxaparin sodium</i> (generic of LOVENOX) <i>sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	QL (2 syringes every 1 day)
<i>heparin sodium</i> (porcine) <i>soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	
THROMBIN INHIBITORS	
PRADAXA CAPS 75MG, 110MG, 150MG	QL (2 caps every 1 day)
ANTICONVULSANTS	
AMPA GLUTAMATE RECEPTOR ANTAGONISTS	
FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	PA
ANTICONVULSANTS - BENZODIAZEPINES	
<i>clobazam</i> (generic of ONFI) <i>susp 2.5mg/ml</i>	
<i>clobazam</i> (generic of ONFI) <i>tabs 10mg, 20mg</i>	PA
<i>clonazepam</i> (generic of KLONOPIN) <i>tabs 2mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>clonazepam</i> (generic of KLONOPIN) <i>tabs .5mg, 1mg</i>	PA, QL (4 tabs every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>clonazepam tbdp 2mg</i>	PA, QL (2 tabs every 1 day); PA Required for > 1 Anxiolytic per 30 days
<i>clonazepam tbdp .125mg, .25mg, .5mg, 1mg</i>	PA, QL (4 tabs every 1 day); PA Required for > 1 Anxiolytic per 30 days
<i>diazepam</i> (anticonvulsant) <i>gel 2.5mg, 10mg, 20mg</i>	QL (4 doses every 30 days)
NAYZILAM SOLN 5MG/0.1ML	QL (4 doses every 30 days)

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	QL (5 sprays every 24 days)
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	QL (5 sprays every 24 days)
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	QL (5 sprays every 24 days)
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	QL (5 sprays every 24 days)

ANTICONVULSANTS - MISC.

BRIVIACT SOLN 10MG/ML; TABS 10MG, 25MG, 50MG, 75MG, 100MG	PA
<i>carbamazepine chew 100mg</i>	
<i>carbamazepine (generic of CARBATROL) cp12 100mg, 200mg, 300mg</i>	
<i>carbamazepine (generic of TEGRETOL) susp 100mg/5ml; tabs 200mg</i>	
<i>carbamazepine (generic of TEGRETOL-XR) tb12 100mg, 200mg, 400mg</i>	
EPIDIOLEX SOLN 100MG/ML	PA
<i>gabapentin (generic of NEURONTIN) caps 100mg, 300mg, 400mg; soln 250mg/5ml, 300mg/6ml; tabs 600mg, 800mg</i>	
<i>lacosamide (generic of VIMPAT) soln 10mg/ml, 50mg/5ml, 100mg/10ml; tabs 50mg, 100mg, 150mg, 200mg</i>	PA
<i>lamotrigine (generic of LAMICTAL CHEWABLE DISPERS) chew 5mg, 25mg</i>	
<i>lamotrigine (generic of LAMICTAL) tabs 25mg, 100mg, 150mg, 200mg</i>	
<i>lamotrigine (generic of LAMICTAL XR) tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	
<i>lamotrigine (generic of LAMICTAL ODT) tbdp 25mg, 50mg, 100mg, 200mg</i>	
<i>levetiracetam (generic of KEPPRA) soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg</i>	
<i>levetiracetam (generic of KEPPRA XR) tb24 500mg, 750mg</i>	
<i>oxcarbazepine (generic of TRILEPTAL) susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	
<i>pregabalin (generic of LYRICA) caps 25mg, 50mg, 75mg, 100mg, 150mg</i>	QL (3 caps every 1 day); Max daily dose of 600mg/day
<i>pregabalin (generic of LYRICA) caps 200mg, 225mg, 300mg; soln 20mg/ml</i>	Max daily dose of 600mg/day
<i>primidone (generic of MYSOLINE) tabs 50mg, 250mg</i>	
PRIMIDONE TABS 125MG	
<i>roweepra (generic of KEPPRA) tabs 500mg</i>	
<i>rufinamide (generic of BANZEL) susp 40mg/ml; tabs 200mg, 400mg</i>	PA

Drug Name	Requirements/Limits
SUBVENITE SUSP 10MG/ML	PA
<i>subvenite (generic of LAMICTAL) tabs 25mg, 100mg, 150mg, 200mg</i>	
<i>topiramate (generic of TOPAMAX SPRINKLE) csp 15mg, 25mg</i>	
<i>topiramate cs24 25mg, 50mg, 100mg, 150mg, 200mg</i>	PA
<i>topiramate (generic of TOPAMAX) tabs 25mg, 50mg, 100mg, 200mg</i>	
TRILEPTAL SUSP 300MG/5ML	
TROKENDI XR CP24 25MG, 50MG, 100MG, 200MG	PA
ZONISADE SUSP 100MG/5ML	PA
<i>zonisamide (generic of ZONEGRAN) caps 25mg, 100mg</i>	
<i>zonisamide caps 50mg</i>	
CARBAMATES	
<i>felbamate susp 600mg/5ml</i>	
<i>felbamate (generic of FELBATOL) tabs 400mg, 600mg</i>	
XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG	PA
XCOPRI PAK 12.5-25	PA
XCOPRI PAK 50-100MG	PA
XCOPRI PAK 100-150	PA
XCOPRI PAK 150-200	PA
GABA MODULATORS	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	
HYDANTOINS	
DILANTIN CAPS 30MG	
<i>phenytoin (generic of DILANTIN INFATABS) chew 50mg</i>	
<i>phenytoin (generic of DILANTIN-125) susp 125mg/5ml</i>	
<i>phenytoin sodium extended (generic of DILANTIN) caps 100mg</i>	
<i>phenytoin sodium extended caps 200mg, 300mg</i>	
SUCCINIMIDES	
CELONTIN CAPS 300MG	PA
<i>ethosuximide (generic of ZARONTIN) caps 250mg; soln 250mg/5ml</i>	
VALPROIC ACID	
<i>divalproex sodium (generic of DEPAKOTE SPRINKLES) csdr 125mg</i>	
<i>divalproex sodium (generic of DEPAKOTE ER) tb24 250mg, 500mg</i>	
<i>divalproex sodium (generic of DEPAKOTE) tbec 125mg, 250mg, 500mg</i>	
<i>valproate sodium soln 250mg/5ml</i>	
<i>valproic acid caps 250mg</i>	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
ANTIDEPRESSANTS	
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	
<i>mirtazapine tabs 7.5mg, 45mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age
<i>mirtazapine (generic of REMERON) tabs 15mg, 30mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age
<i>mirtazapine (generic of REMERON SOLTAB) tbdp 15mg, 30mg, 45mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age
ANTIDEPRESSANTS - MISC.	
<i>bupropion hcl tabs 75mg, 100mg</i>	PA, QL (4 tabs every 1 day); PA Required for < 6 years of age
<i>bupropion hcl (generic of WELLBUTRIN SR) tb12 100mg, 150mg, 200mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>bupropion hcl (generic of WELLBUTRIN XL) tb24 150mg, 300mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID	
<i>ZURZUVAE CAPS 20MG, 25MG, 30MG</i>	PA
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS	
<i>SPRAVATO SOL 56MG DOS</i>	PA; Bill as Medical Claim Only
<i>SPRAVATO SOL 84MG DOS</i>	PA; Bill as Medical Claim Only
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	
<i>citalopram hydrobromide soln 10mg/5ml, 20mg/10ml</i>	PA, QL (20 mL every 1 day); PA Required for < 6 years and > 12 years of age
<i>citalopram hydrobromide (generic of CELEXA) tabs 10mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>citalopram hydrobromide (generic of CELEXA) tabs 20mg, 40mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age
<i>escitalopram oxalate (generic of LEXAPRO) tabs 5mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>escitalopram oxalate (generic of LEXAPRO) tabs 10mg, 20mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age
<i>fluoxetine hcl caps 10mg, 40mg</i>	PA, QL (2 caps every 1 day); PA Required for < 6 years of age
<i>fluoxetine hcl caps 20mg</i>	PA, QL (4 caps every 1 day); PA Required for < 6 years of age
<i>fluoxetine hcl soln 20mg/5ml</i>	PA, QL (20 mL every 1 day); PA Required for < 6 years and > 12 years of age
<i>fluvoxamine maleate tabs 25mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>fluvoxamine maleate tabs 50mg</i>	PA, QL (6 tabs every 1 day); PA Required for < 6 years of age

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>fluvoxamine maleate tabs 100mg</i>	PA, QL (3 tabs every 1 day); PA Required for < 6 years of age
<i>paroxetine hcl (generic of PAXIL) tabs 10mg, 20mg, 30mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age
<i>paroxetine hcl (generic of PAXIL) tabs 40mg</i>	PA, QL (45 tabs every 30 days); PA Required for < 6 years of age
<i>sertraline hcl (generic of ZOLOFT) conc 20mg/ml</i>	PA, QL (10 mL every 1 day); PA Required for < 6 years and > 12 years of age
<i>sertraline hcl (generic of ZOLOFT) tabs 25mg</i>	PA, QL (3 tabs every 1 day); PA Required for < 6 years of age
<i>sertraline hcl (generic of ZOLOFT) tabs 50mg</i>	PA, QL (4 tabs every 1 day); PA Required for < 6 years of age
<i>sertraline hcl (generic of ZOLOFT) tabs 100mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age

SEROTONIN MODULATORS

<i>trazodone hcl tabs 50mg</i>	PA, QL (3 tabs every 1 day); PA Required for < 6 years of age
<i>trazodone hcl tabs 100mg</i>	PA, QL (4 tabs every 1 day); PA Required for < 6 years of age
<i>trazodone hcl tabs 150mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>trazodone hcl tabs 300mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

<i>desvenlaxine succinate (generic of PRISTIQ) tb24 25mg, 50mg, 100mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age
<i>duloxetine hcl cpep 20mg, 30mg</i>	PA, QL (4 caps every 1 day); PA Required for < 6 years of age
<i>duloxetine hcl cpep 60mg</i>	PA, QL (2 caps every 1 day); PA Required for < 6 years of age
<i>venlaxine hcl (generic of EFFEXOR XR) cp24 37.5mg, 75mg</i>	PA, QL (3 caps every 1 day); PA Required for < 6 years of age
<i>venlaxine hcl (generic of EFFEXOR XR) cp24 150mg</i>	PA, QL (1 cap every 1 day); PA Required for < 6 years of age
<i>venlaxine hcl tabs 25mg</i>	PA, QL (4 tabs every 1 day); PA Required for < 6 years of age
<i>venlaxine hcl tabs 37.5mg, 50mg, 100mg</i>	PA, QL (3 tabs every 1 day); PA Required for < 6 years of age
<i>venlaxine hcl tabs 75mg</i>	PA, QL (5 tabs every 1 day); PA Required for < 6 years of age

TRICYCLIC AGENTS

<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	PA; PA Required for < 6 years of age
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Drug Name	Requirements/Limits
<i>amoxapine tabs 25mg, 50mg, 100mg, 150mg</i>	PA; PA Required for < 6 years of age
<i>clomipramine hcl (generic of ANAFRANIL) caps 25mg, 50mg, 75mg</i>	PA; PA Required for < 6 years of age
<i>desipramine hcl (generic of NORPRAMIN) tabs 10mg, 25mg</i>	PA; PA Required for < 6 years of age
<i>desipramine hcl tabs 50mg, 75mg, 100mg, 150mg</i>	PA; PA Required for < 6 years of age
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	PA, QL (3 caps every 1 day); PA Required for < 6 years of age
DOXEPIN HCL CONC 10MG/ML	PA, QL (6 mL every 1 day); PA Required for < 6 years of age
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	PA; PA Required for < 6 years of age
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	PA; PA Required for < 6 years of age
<i>nortriptyline hcl (generic of PAMELOR) caps 10mg, 25mg, 50mg, 75mg</i>	PA; PA Required for < 6 years of age
<i>nortriptyline hcl soln 10mg/5ml</i>	PA; PA Required for < 6 years of age
<i>protriptyline hcl tabs 5mg, 10mg</i>	PA; PA Required for < 6 years of age
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	PA; PA Required for < 6 years of age

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

acarbose tabs 25mg, 50mg, 100mg

ANTIDIABETIC COMBINATIONS

JANUMET TAB 50-500MG	ST
JANUMET TAB 50-1000	ST
JANUMET XR TAB 50-500MG	ST
JANUMET XR TAB 50-1000	ST
JANUMET XR TAB 100-1000	ST
JENTADUETO TAB 2.5-500	ST
JENTADUETO TAB 2.5-850	ST
JENTADUETO TAB 2.5-1000	ST
<i>pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)</i>	
<i>pioglitazone hcl-mettormin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-mettormin hcl tab 15-850 mg (generic of ACTOPLUS MET)</i>	
SYNJARDY TAB	ST

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
SYNJARDY TAB 5-500MG	ST
SYNJARDY TAB 5-1000MG	ST
SYNJARDY TAB 12.5-500	ST
TRIJARDY XR TAB	ST
XIGDUO XR TAB 2.5-1000	ST
XIGDUO XR TAB 5-500MG	ST
XIGDUO XR TAB 5-1000MG	ST
XIGDUO XR TAB 10-500MG	ST
XIGDUO XR TAB 10-1000	ST

BIGUANIDES

*metformin hcl tabs 500mg, 850mg, 1000mg; tb24
500mg, 750mg*

DIABETIC OTHER

BAQSIMI ONE PACK POWD 3MG/DOSE	QL (2 boxes every 30 days)
BAQSIMI TWO PACK POWD 3MG/DOSE	QL (2 boxes every 30 days)
<i>glucagon solr 1mg</i>	
PROGLYCEM SUSP 50MG/ML	

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

ALOGLIPTIN TABS 6.25MG, 12.5MG, 25MG	ST
JANUVIA TABS 25MG, 50MG, 100MG	ST
TRADJENTA TABS 5MG	ST

INCRETIN MIMETIC AGENTS

EXENATIDE SOPN 5MCG/0.02ML, 10MCG/0.04ML	PA
<i>liraglutide (generic of VICTOZA) sopn 18mg/3ml</i>	PA
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	PA
VICTOZA SOPN 18MG/3ML	PA

INSULIN

HUMALOG MIX INJ 50/50KWP	
HUMULIN INJ 70/30	OTC
HUMULIN INJ 70/30KWP	OTC
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	PA
INS ASP PROT INJ FLEXPEN	
INSULIN ASPA INJ 70/30	
INSULIN ASPART SOLN 100UNIT/ML	
INSULIN ASPART FLEXPEN SOPN 100UNIT/ML	
INSULIN ASPART PENFILL SOCT 100UNIT/ML	
INSULIN LISP INJ PROTAMIN	
INSULIN LISPRO SOLN 100UNIT/ML	
INSULIN LISPRO JUNIOR KWI SOPN 100UNIT/ML	
INSULIN LISPRO KWIKPEN SOPN 100UNIT/ML	
LANTUS SOLN 100UNIT/ML	
LANTUS SOLOSTAR SOPN 100UNIT/ML	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
NOVOLIN N SUSP 100UNIT/ML	OTC
NOVOLIN R SOLN 100UNIT/ML	OTC
NOVOLOG SOLN 100UNIT/ML	
NOVOLOG FLEXPEN SOPN 100UNIT/ML	
NOVOLOG FLEXPEN RELION SOPN 100UNIT/ML	
NOVOLOG MIX INJ 70/30	
NOVOLOG MIX INJ FLEX REL	
NOVOLOG MIX INJ FLEXPEN	
NOVOLOG PENFILL SOCT 100UNIT/ML	
NOVOLOG RELI INJ 70/30	
NOVOLOG RELION SOLN 100UNIT/ML	
TRESIBA SOLN 100UNIT/ML	
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	
INSULIN SENSITIZING AGENTS	
<i>pioglitazone hcl (generic of ACTOS) tabs 15mg, 30mg, 45mg</i>	
MEGLITINIDE ANALOGUES	
<i>nateglinide tabs 60mg, 120mg</i>	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	
FARXIGA TABS 5MG, 10MG	ST
JARDIANCE TABS 10MG, 25MG	ST
SULFONYLUREAS	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 10mg</i>	
<i>glipizide (generic of GLUCOTROL XL) tb24 5mg</i>	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	
ANTIDIARRHEAL/PROBIOTIC AGENTS	
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS	
MYTESI TBEC 125MG	PA, QL (2 tabs every 1 day)
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.	
<i>bismuth subsalicylate chew 262mg; susp 262mg/15ml, 525mg/15ml, 525mg/30ml, 527mg/30ml, 1050mg/30ml; tabs 262mg</i>	
PEPTO BISMOL CAPS 262MG	OTC
ANTIPERISTALTIC AGENTS	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	
<i>loperamide hcl caps 2mg</i>	
<i>loperamide hcl caps 2mg; soln 1mg/7.5ml; tabs 2mg</i>	
	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS	
ANTIDOTES - CHELATING AGENTS	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>deterasirox</i> (generic of JADENU SPRINKLE) <i>pack 90mg, 180mg, 360mg</i>	PA
<i>deterasirox</i> (generic of JADENU) <i>tabs 90mg, 180mg, 360mg</i>	PA
<i>deterasirox</i> (generic of EXJADE) <i>tbso 125mg, 250mg, 500mg</i>	PA

ANTIDOTES AND SPECIFIC ANTAGONISTS

<i>deteroxamine mesylate</i> (generic of DESFERAL) <i>solr 500mg</i>	PA; Bill as Medical Claim Only
DEFERAL SOLR 500MG	PA; Bill as Medical Claim Only

OPIOID ANTAGONISTS

KLOXXADO LIQD 8MG/0.1ML	
<i>naloxone hcl liqd 4mg/0.1ml</i>	QL (2 sprays every 30 days), OTC
<i>naloxone hcl soln .4mg/ml, 4mg/10ml; sosy .4mg/ml, 2mg/2ml</i>	
<i>naltrexone hcl tabs 50mg</i>	
REXTOVY LIQD 4MG/0.25ML	
VIVITROL SUSR 380MG	

ANTIEMETICS

5-HT₃ RECEPTOR ANTAGONISTS

ANZEMET TABS 50MG	PA
<i>granisetron hcl tabs 1mg</i>	
<i>ondansetron tbdp 4mg, 8mg</i>	QL (3 tabs every 1 day)
<i>ondansetron hcl soln 4mg/5ml</i>	
<i>ondansetron hcl tabs 4mg, 8mg</i>	QL (3 tabs every 1 day)
<i>palonosetron hcl soln .25mg/5ml</i>	PA; Bill as Medical Claim Only
SUSTOL PRSY 10MG/0.4ML	PA; Bill as Medical Claim Only

ANTIEMETICS - ANTICHOLINERGIC

<i>dimenhydrinate tabs 50mg</i>	OTC
<i>meclizine hcl chew 25mg; tabs 12.5mg, 25mg</i>	OTC
<i>meclizine hcl tabs 12.5mg, 25mg</i>	
<i>scopolamine</i> (generic of TRANSDERM SCOP) <i>pt72 1mg/3days</i>	QL (4 patches every 1 day)
<i>trimethobenzamide hcl caps 300mg</i>	

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant caps 40mg</i>	QL (6 caps every 17 days)
<i>aprepitant</i> (generic of EMEND BIPACK) <i>caps 80mg</i>	QL (6 caps every 17 days)
<i>aprepitant caps 125mg</i>	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	
CINVANTI EMUL 130MG/18ML	PA; Bill as Medical Claim Only
EMEND SOLR 150MG	PA; Bill as Medical Claim Only
FOSAPREPITANT DIMEGLUMINE SOLR 150MG	PA; Bill as Medical Claim Only

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>losaprepitant dimeglumine (generic of EMEND) solr 150mg</i>	PA; Bill as Medical Claim Only
ANTIFUNGALS	
ANTIFUNGALS	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	
<i>nystatin tabs 500000unit</i>	
<i>terbinafine hcl tabs 250mg</i>	QL (90 tabs every year)
IMIDAZOLE-RELATED ANTIFUNGALS	
<i>fluconazole susr 10mg/ml; tabs 50mg, 100mg, 200mg</i>	
<i>fluconazole (generic of DIFLUCAN) susr 40mg/ml; tabs 150mg</i>	
<i>posaconazole tbec 100mg</i>	PA
VFEND SUSR 40MG/ML	PA
<i>voriconazole tabs 50mg, 200mg</i>	PA
ANTI-HISTAMINES	
ANTI-HISTAMINES - ALKYLAMINES	
<i>chlorpheniramine maleate syrp 2mg/5ml; tabs 4mg; tbc</i>	OTC
<i>12mg</i>	
ANTI-HISTAMINES - ETHANOLAMINES	
BENADRYL ALLERGY EXTRA ST TABS 50MG	OTC
<i>carbinoxamine maleate tabs 4mg</i>	
DAYHIST ALLERGY 12 HOUR R TABS 1.34MG	OTC
<i>diphenhydramine hcl caps 25mg, 50mg; chew 12.5mg; liqd 12.5mg/5ml, 25mg/10ml, 50mg/20ml; tabs 25mg; tbdp 12.5mg</i>	OTC
DIPHENHYDRAMINE HCL ELIX 12.5MG/5ML	
ANTI-HISTAMINES - NON-SEDATING	
ALLEGRA ALLERGY CHILDRENS TBDP 30MG	OTC
<i>cetirizine hcl caps 10mg; chew 5mg, 10mg; soln 1mg/ml, 5mg/5ml; syrp 1mg/ml; tabs 5mg, 10mg</i>	OTC
<i>cetirizine hcl soln 1mg/ml</i>	
<i>fexofenadine hcl susp 30mg/5ml; tabs 60mg, 180mg</i>	OTC
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	
<i>levocetirizine dihydrochloride tabs 5mg</i>	OTC
<i>loratadine caps 10mg; chew 5mg; soln 5mg/5ml; tabs 10mg; tbdp 5mg, 10mg</i>	OTC
ZYRTEC CHILDRENS ALLERGY CHEW 2.5MG	OTC
ANTI-HISTAMINES - PHENOTHIAZINES	
<i>promethazine hcl soln 6.25mg/5ml; supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg</i>	
<i>promethazine hcl (generic of PHENERGAN) soln 25mg/ml, 50mg/ml</i>	
<i>promethegan supp 12.5mg, 25mg</i>	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
ANTI-HISTAMINES - PIPERIDINES	
<i>cyproheptadine hcl syrpl 2mg/5ml; tabs 4mg</i>	
ANTIHYPERLIPIDEMICS	
BILE ACID SEQUESTRANTS	
<i>cholestyramine (generic of QUESTRAN) pack 4gm; powd 4gm/dose</i>	
<i>cholestyramine light pack 4gm</i>	
<i>cholestyramine light (generic of QUESTRAN LIGHT) powd 4gm/dose</i>	
<i>colestipol hcl (generic of COLESTID) tabs 1gm</i>	
<i>prevalite pack 4gm</i>	
<i>prevalite (generic of QUESTRAN LIGHT) powd 4gm/dose</i>	
FIBRIC ACID DERIVATIVES	
<i>fenofibrate tabs 48mg, 54mg, 160mg</i>	
<i>fenofibrate (generic of TRICOR) tabs 145mg</i>	
<i>fenofibrate micronized caps 67mg, 134mg, 200mg</i>	
<i>gemfibrozil (generic of LOPID) tabs 600mg</i>	
HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium (generic of LIPITOR) tabs 10mg, 20mg, 40mg, 80mg</i>	QL (1 tab every 1 day)
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	QL (1 tab every 1 day)
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	QL (1 tab every 1 day)
<i>rosuvastatin calcium (generic of CRESTOR) tabs 5mg, 10mg, 20mg, 40mg</i>	QL (1 tab every 1 day)
<i>simvastatin tabs 5mg, 80mg</i>	QL (1 tab every 1 day)
<i>simvastatin (generic of ZOCOR) tabs 10mg, 20mg, 40mg</i>	QL (1 tab every 1 day)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	
<i>ezetimibe (generic of ZETIA) tabs 10mg</i>	ST
ANTIHYPERTENSIVES	
ACE INHIBITORS	
<i>benazepril hcl tabs 5mg</i>	
<i>benazepril hcl (generic of LOTENSIN) tabs 10mg, 20mg, 40mg</i>	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	
<i>enalapril maleate (generic of EPANED) soln 1mg/ml</i>	
<i>enalapril maleate (generic of VASOTEC) tabs 2.5mg, 5mg, 10mg, 20mg</i>	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	
<i>lisinopril (generic of ZESTRIL) tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	
<i>moexipril hcl tabs 7.5mg, 15mg</i>	
PERINDOPRIL ERBUMINE TABS 2MG, 8MG	
<i>perindopril erbumine tabs 4mg</i>	

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Drug Name	Requirements/Limits
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	
AGENTS FOR PHEOCHROMOCYTOMA	
<i>metyrosine caps 250mg</i>	PA
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>irbesartan tabs 75mg</i>	
<i>irbesartan (generic of AVAPRO) tabs 150mg, 300mg</i>	
<i>losartan potassium (generic of COZAAR) tabs 25mg, 50mg, 100mg</i>	
<i>telmisartan tabs 20mg</i>	QL (1 tab every 1 day)
<i>telmisartan (generic of MICARDIS) tabs 40mg, 80mg</i>	QL (1 tab every 1 day)
<i>valsartan (generic of DIOVAN) tabs 40mg, 80mg, 160mg, 320mg</i>	
ANTIADRENERGIC ANTIHYPERTENSIVES	
<i>clonidine (generic of CATAPRES-TTS-1) ptwk .1mg/24hr</i>	QL (4 patches every 28 days)
<i>clonidine (generic of CATAPRES-TTS-2) ptwk .2mg/24hr</i>	QL (4 patches every 28 days)
<i>clonidine (generic of CATAPRES-TTS-3) ptwk .3mg/24hr</i>	QL (4 patches every 28 days)
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	PA; PA Required for < 6 years of age
<i>doxazosin mesylate (generic of CARDURA) tabs 1mg, 2mg, 4mg, 8mg</i>	
<i>guanfacine hcl tabs 1mg, 2mg</i>	PA; PA Required for < 6 years of age
<i>methyldopa tabs 250mg</i>	
METHYLDOPA TABS 500MG	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	
ANTIHYPERTENSIVE COMBINATIONS	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	
<i>atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
CAPTOPR/HCTZ TAB 25-25MG	
CAPTOPR/HCTZ TAB 50-15MG	
CAPTOPR/HCTZ TAB 50-25MG	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	
<i>tosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>tosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	

Drug Name	Requirements/Limits
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)	
<i>eplerenone tabs 25mg, 50mg</i>	
VASODILATORS	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>minoxidil tabs 2.5mg, 10mg</i>	
ANTIMALARIALS	
ANTIMALARIAL COMBINATIONS	
<i>atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)</i>	
<i>atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)</i>	
COARTEM TAB 20-120MG	
ANTIMALARIALS	
CHLOROQUINE PHOSPHATE TABS 250MG	
<i>chloroquine phosphate tabs 500mg</i>	
<i>hydroxychloroquine sulfate (generic of PLAQUENIL) tabs 200mg</i>	
<i>mefloquine hcl tabs 250mg</i>	
<i>primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) tabs 26.3mg</i>	
<i>quinine sulfate caps 324mg</i>	
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
<i>pyridostigmine bromide (generic of MESTINON) tabs 60mg</i>	
<i>pyridostigmine bromide (generic of MESTINON TIMESPAN) tbc 180mg</i>	
ANTIMYCOBACTERIAL AGENTS	
ANTIMYCOBACTERIAL AGENTS	
<i>ethambutol hcl tabs 100mg, 400mg</i>	
<i>isoniazid syrp 50mg/5ml; tabs 300mg</i>	
<i>pyrazinamide tabs 500mg</i>	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>ritabutin caps 150mg</i>	QL (28 caps every 90 days)
<i>ritampin caps 150mg, 300mg</i>	
SIRTURO TABS 100MG	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>cyclophosphamide caps 25mg, 50mg</i>	PA
CYCLOPHOSPHAMIDE CAPS 25MG, 50MG	PA
GLEOSTINE CAPS 10MG, 40MG, 100MG	PA
<i>lomustine (generic of GLEOSTINE) caps 10mg, 40mg, 100mg</i>	PA

ANTIMETABOLITES

<i>mercaptopurine tabs 50mg</i>	
METHOTREXATE SODIUM SOLN 50MG/2ML	
<i>methotrexate sodium soln 50mg/2ml; solr 1gm; tabs 2.5mg</i>	

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

INLYTA TABS 1MG, 5MG	PA
MVASI SOLN 100MG/4ML, 400MG/16ML	PA; Bill as Medical Claim Only
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	PA; Bill as Medical Claim Only

ANTINEOPLASTIC - ANTI-HER2 AGENTS

OGIVRI SOLR 150MG, 420MG	PA; Bill as Medical Claim Only
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ANTINEOPLASTIC - ANTIBODIES

BAVENCIO SOLN 200MG/10ML	PA; Bill as Medical Claim Only
BESPONSA SOLR .9MG	PA; Bill as Medical Claim Only
LIBTAYO SOLN 350MG/7ML	PA; Bill as Medical Claim Only
MYLOTARG SOLR 4.5MG	PA; Bill as Medical Claim Only
POTELIGEO SOLN 20MG/5ML	PA; Bill as Medical Claim Only
RIABNI SOLN 100MG/10ML, 500MG/50ML	PA; Bill as Medical Claim Only
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	PA; Bill as Medical Claim Only

ANTINEOPLASTIC - EGFR INHIBITORS

<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	PA
<i>gefitinib (generic of IRESSA) tabs 250mg</i>	PA
IRESSA TABS 250MG	PA

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate (generic of ZYTIGA) tabs 250mg</i>	PA
<i>abirtega (generic of ZYTIGA) tabs 250mg</i>	PA
<i>anastrozole (generic of ARIMIDEX) tabs 1mg</i>	PA
<i>bicalutamide (generic of CASODEX) tabs 50mg</i>	
<i>exemestane (generic of AROMASIN) tabs 25mg</i>	PA
FASLODEX SOSY 250MG/5ML	PA; Bill as Medical Claim Only
FIRMAGON SOLR 80MG, 120MG/VIAL	PA; Bill as Medical Claim Only
FULVESTRANT SOSY 250MG/5ML	PA; Bill as Medical Claim Only

Drug Name	Requirements/Limits
<i>tulvestrant</i> (generic of FASLODEX) <i>sosy 250mg/5ml</i>	PA; Bill as Medical Claim Only
<i>letrozole</i> (generic of FEMARA) <i>tabs 2.5mg</i>	
<i>leuprolide acetate kit 1mg/0.2ml, 14mg/2.8ml</i>	
LUPRON DEPOT (1-MONTH) KIT 3.75MG, 7.5MG	PA
LYSODREN TABS 500MG	
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
<i>toremifene citrate</i> (generic of FARESTON) <i>tabs 60mg</i>	PA
ZOLADEX IMPL 3.6MG, 10.8MG	PA; Bill as Medical Claim Only
ANTINEOPLASTIC ENZYME INHIBITORS	
CAPRELSA TABS 100MG, 300MG	PA
<i>everolimus</i> (generic of AFINITOR) <i>tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) <i>tbso 2mg, 3mg, 5mg</i>	PA
<i>imatinib mesylate</i> (generic of GLEEVEC) <i>tabs 100mg, 400mg</i>	PA
IMBRUVICA CAPS 70MG, 140MG; SUSP 70MG/ML	PA
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	PA
<i>lapatinib ditosylate</i> (generic of TYKERB) <i>tabs 250mg</i>	PA
<i>pazopanib hcl</i> (generic of VOTRIENT) <i>tabs 200mg</i>	PA
<i>soratenib tosylate</i> (generic of NEXAVAR) <i>tabs 200mg</i>	PA
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG, 100MG, 140MG	PA
SUTENT CAPS 12.5MG, 25MG, 37.5MG, 50MG	PA
TASIGNA CAPS 50MG, 150MG, 200MG	PA
VOTRIENT TABS 200MG	PA
XALKORI CAPS 200MG, 250MG	PA
ZELBORAF TABS 240MG	PA
ZOLINZA CAPS 100MG	PA
ANTINEOPLASTICS MISC.	
ACTIMMUNE SOLN 100MCG/0.5ML	PA
<i>bexarotene</i> (generic of TARGRETIN) <i>caps 75mg</i>	PA
<i>hydroxyurea</i> (generic of HYDREA) <i>caps 500mg</i>	
MATULANE CAPS 50MG	
<i>tretinoin</i> (chemotherapy) <i>caps 10mg</i>	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	
LEDERLE LEUCOVORIN TABS 5MG	QL (12 tabs every 84 days)
<i>leucovorin calcium tabs 5mg</i>	PA, QL (12 tabs every 84 days)
<i>leucovorin calcium tabs 10mg, 15mg, 25mg</i>	PA
MITOTIC INHIBITORS	
ETOPOPHOS SOLR 100MG	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
ANTIPARKINSON AND RELATED THERAPY AGENTS	
ANTIPARKINSON ANTICHOLINERGICS	
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	
TRIHENYPHENIDYL HCL SOLN .4MG/ML	
<i>trihexyphenidyl hcl tabs 2mg, 5mg</i>	
ANTIPARKINSON COMT INHIBITORS	
<i>entacapone tabs 200mg</i>	
ANTIPARKINSON DOPAMINERGICS	
<i>amantadine hcl caps 100mg; soln 50mg/5ml</i>	
<i>bromocriptine mesylate (generic of PARLODEL) caps 5mg; tabs 2.5mg</i>	
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>	
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	
ANTIPSYCHOTICS/ANTIMANIC AGENTS	
ANTIMANIC AGENTS	
LITHIUM CARBONATE CAPS 150MG, 300MG, 600MG	PA; PA Required for < 6 years of age
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 450mg</i>	PA; PA Required for < 6 years of age
<i>lithium carbonate (generic of LITHOBID) tbc 300mg</i>	PA; PA Required for < 6 years of age
ANTIPSYCHOTICS - MISC.	
<i>lurasidone hcl (generic of LATUDA) tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age
<i>ziprasidone hcl (generic of GEODON) caps 20mg, 40mg, 60mg, 80mg</i>	PA, QL (2 caps every 1 day); PA Required for < 6 years of age
BENZISOXAZOLES	
INVEGA HAFYERA SUSY 1092MG/3.5ML	PA, QL (3 injections every 160 days); PA Required for < 18 years of age
INVEGA HAFYERA SUSY 1560MG/5ML	PA, QL (5 injections every 160 days); PA Required for < 18 years of age

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	PA, QL (1 injection every 30 days); PA Required for < 18 years of age
INVEGA TRINZA SUSY 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	PA, QL (1 injection every 82 days); PA Required for < 18 years of age
PERSERIS PRSY 90MG, 120MG	PA, QL (1 injection every 30 days)
RISPERDAL CONSTA SRER 12.5MG, 25MG, 37.5MG, 50MG	PA, QL (2 vials every 28 day); PA Required for < 18 years of age
<i>risperidone</i> (generic of RISPERDAL) <i>soln 1mg/ml</i>	PA, QL (240 mL every 28 days); PA Required for < 6 years of age
<i>risperidone</i> (generic of RISPERDAL) <i>tabs .5mg, 1mg, 2mg, 3mg, 4mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>risperidone tabs .25mg; tbdp .5mg, 1mg, 2mg, 3mg, 4mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
UZEDY SUSY 50MG/0.14ML, 75MG/0.21ML, 100MG/0.28ML, 125MG/0.35ML	PA, QL (1 injection every 30 days)
UZEDY SUSY 150MG/0.42ML, 200MG/0.56ML, 250MG/0.7ML	PA, QL (1 injection every 60 days)
BUTYROPHENONES	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	PA; PA Required for < 12 years of age
<i>haloperidol decanoate soln 50mg/ml</i>	PA; PA Required for < 18 years of age
<i>haloperidol decanoate soln 100mg/ml</i>	PA; PA Required for < 18 years of age
<i>haloperidol lactate conc 2mg/ml</i>	PA; PA Required for < 12 years of age
DIBENZAPINES	
<i>clozapine</i> (generic of CLOZARIL) <i>tabs 25mg, 100mg</i>	PA, QL (5 tabs every 1 day); PA Required for < 18 years of age
<i>clozapine tabs 50mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	PA, QL (5 tabs every 1 day); PA Required for < 18 years of age
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	PA; PA Required for < 12 years of age
<i>olanzapine</i> (generic of ZYPREXA) <i>tabs 2.5mg</i>	PA; PA Required for < 6 years of age
<i>olanzapine</i> (generic of ZYPREXA) <i>tabs 5mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>olanzapine tabs 7.5mg</i>	PA; PA Required for < 6 years of age
<i>olanzapine tabs 10mg; tbdp 5mg, 10mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>olanzapine tabs 15mg; tbdp 15mg, 20mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age
<i>olanzapine (generic of ZYPREXA) tabs 20mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age
<i>quetiapine fumarate (generic of SEROQUEL) tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age

DIHYDROINDOLONES

MOLINDONE HYDROCHLORIDE TABS 5MG, 10MG, 25MG

PHENOTHIAZINES

<i>chlorpromazine hcl soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	PA; PA Required for < 6 years of age
<i>compro supp 25mg</i>	
<i>fluphenazine decanoate soln 25mg/ml</i>	PA; PA Required for < 18 years of age
<i>fluphenazine hcl tabs 1mg, 2.5mg, 5mg, 10mg</i>	PA; PA Required for < 6 years of age
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	PA; PA Required for < 12 years of age
<i>prochlorperazine supp 25mg</i>	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	PA; PA Required for < 12 years of age
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	PA; PA Required for < 12 years of age

QUINOLINONE DERIVATIVES

ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	PA, QL (1 injection every 60 days); PA Required for < 18 years of age
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	PA, QL (1 injection every 30 days); PA Required for < 18 years of age
<i>aripiprazole soln 1mg/ml</i>	PA, QL (25 mL every 1 day); PA Required for < 6 years of age
<i>aripiprazole (generic of ABILIFY) tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	PA, QL (1 injection every 30 days); PA Required for < 18 years of age
ARISTADA PRSY 1064MG/3.9ML	PA, QL (1 injection every 48 days); PA Required for < 18 years of age
ARISTADA INITIO PRSY 675MG/2.4ML	PA, QL (1 injection every year); PA Required for < 18 years of age

Drug Name	Requirements/Limits
THIOXANTHENES	
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	PA; PA Required for < 12 years of age
ANTISEPTICS & DISINFECTANTS	
CHLORINE ANTISEPTICS	
<i>chlorhexidine gluconate soln 4%</i>	OTC
IODINE ANTISEPTICS	
<i>povidone-iodine soln 10%</i>	OTC
ANTIVIRALS	
ANTIRETROVIRALS	
<i>abacavir sulfate (generic of ZIAGEN) soln 20mg/ml</i>	
<i>abacavir sulfate tabs 300mg</i>	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	
<i>atazanavir sulfate caps 150mg</i>	
<i>atazanavir sulfate (generic of REYATAZ) caps 200mg, 300mg</i>	
BIKTARVY TAB	QL (1 tab every 1 day)
COMPLERA TAB	
DELSTRIGO TAB	
DESCOVY TAB 120-15MG	QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	QL (1 tab every 1 day)
DOVATO TAB 50-300MG	QL (1 tab every 1 day)
EDURANT TABS 25MG	
EDURANT PED TBSO 2.5MG	
<i>efavirenz tabs 600mg</i>	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	
<i>emtricitabine (generic of EMTRIVA) caps 200mg</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)</i>	
EMTRIVA SOLN 10MG/ML	
<i>etravirine (generic of INTELENCE) tabs 100mg, 200mg</i>	
EVOTAZ TAB 300-150	
<i>fosamprenavir calcium tabs 700mg</i>	
GENVOYA TAB	
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG	
ISENTRESS HD TABS 600MG	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
JULUCA TAB 50-25MG	
KALETRA SOL	
<i>lamivudine (generic of EPIVIR) soln 10mg/ml; tabs 150mg, 300mg</i>	
<i>lamivudine-zidovudine tab 150-300 mg</i>	
<i>lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)</i>	
<i>lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)</i>	
<i>maraviroc (generic of SELZENTRY) tabs 150mg, 300mg</i>	
NEVIRAPINE SUSP 50MG/5ML	
<i>nevirapine tabs 200mg; tb24 400mg</i>	
NORVIR PACK 100MG	
ODEFSEY TAB	
PIFELTRO TABS 100MG	
PREZCOBIX TAB 675/150	
PREZCOBIX TAB 800-150	
PREZISTA SUSP 100MG/ML; TABS 75MG, 150MG, 600MG, 800MG	
REYATAZ PACK 50MG	
<i>ritonavir (generic of NORVIR) tabs 100mg</i>	
STRIBILD TAB	
SYMFI TAB	QL (1 tab every 1 day)
SYMTUZA TAB	
<i>tenofovir disoproxil fumarate (generic of VIREAD) tabs 300mg</i>	
TIVICAY TABS 50MG	
TIVICAY PD TBSO 5MG	
TRIUMEQ PD TAB	
TRIUMEQ TAB	
TROGARZO SOLN 200MG/1.33ML	PA; Bill as Medical Claim Only
TYBOST TABS 150MG	
<i>zidovudine (generic of RETROVIR) caps 100mg; syrps 50mg/5ml</i>	
<i>zidovudine tabs 300mg</i>	
ANTIVIRAL COMBINATIONS	
PAXLOVID PAK	QL (11 tabs every year)
PAXLOVID TAB 150-100	QL (40 tabs every year)
PAXLOVID TAB 300-100	QL (60 tabs every year)
CMV AGENTS	
<i>cidofovir soln 75mg/ml</i>	PA; Bill as Medical Claim Only
<i>foscarnet sodium (generic of FOSCAVIR) soln 6000mg/250ml</i>	PA; Bill as Medical Claim Only
FOSCAVIR SOLN 6000MG/250ML	PA; Bill as Medical Claim Only
<i>ganciclovir sodium soln 500mg</i>	PA; Bill as Medical Claim Only

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
LIVTENCITY TABS 200MG	PA
<i>valganciclovir hcl (generic of VALCYTE) solr 50mg/ml</i>	PA
<i>valganciclovir hcl tabs 450mg</i>	QL (4 tabs every 1 day)
HEPATITIS AGENTS	
<i>adefovir dipivoxil tabs 10mg</i>	PA
BARACLUDE SOLN .05MG/ML	PA
<i>entecavir (generic of BARACLUDE) tabs .5mg, 1mg</i>	PA
<i>lamivudine (hbv) tabs 100mg</i>	
MAVYRET PAK 50-20MG	PA, QL (56 days of therapy)
MAVYRET TAB 100-40MG	PA, QL (56 days of therapy)
PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML	PA
RIBAVIRIN CAPS 200MG	PA
RIBAVIRIN TABS 200MG	
SOFOS/VELPAT TAB 400-100	PA, QL (168 days of therapy)
HERPES AGENTS	
<i>acyclovir caps 200mg; susp 200mg/5ml, 800mg/20ml; tabs 400mg, 800mg</i>	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>valacyclovir hcl (generic of VALTREX) tabs 1gm, 500mg</i>	
INFLUENZA AGENTS	
<i>oseltamivir phosphate caps 30mg</i>	QL (20 caps every 270 days)
<i>oseltamivir phosphate (generic of TAMIFLU) caps 45mg, 75mg</i>	QL (20 caps every 270 days)
<i>oseltamivir phosphate (generic of TAMIFLU) susr 6mg/ml</i>	
RELENZA DISKHALER AEPB 5MG/BLISTER	QL (2 inhalers every year)
TAMIFLU CAPS 45MG, 75MG	QL (20 caps every 216 days)
TAMIFLU SUSR 6MG/ML	
XOFLUZA TBPK 40MG	QL (2 tabs every 90 days)
XOFLUZA TBPK 80MG	QL (1 tab every 90 days)
MISC. ANTIVIRALS	
LAGEVRIO CAPS 200MG	QL (80 caps every year)
BETA BLOCKERS	
ALPHA-BETA BLOCKERS	
<i>carvedilol (generic of COREG) tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	
LABETALOL HYDROCHLORIDE TABS 400MG	
BETA BLOCKERS CARDIO-SELECTIVE	
<i>atenolol (generic of TENORMIN) tabs 25mg, 50mg, 100mg</i>	
BISOPROLOL FUMARATE TABS 2.5MG	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
LOPRESSOR TABS 12.5MG	
<i>metoprolol succinate (generic of TOPROL XL) tb24 25mg, 50mg, 100mg, 200mg</i>	
METOPROLOL TARTRATE TABS 12.5MG	
<i>metoprolol tartrate tabs 25mg, 37.5mg, 75mg</i>	
<i>metoprolol tartrate (generic of LOPRESSOR) tabs 50mg, 100mg</i>	
<i>nebivolol hcl (generic of BYSTOLIC) tabs 2.5mg, 5mg, 10mg, 20mg</i>	
BETA BLOCKERS NON-SELECTIVE	
HEMANGEOL SOLN 4.28MG/ML	PA
<i>nadolol tabs 20mg, 40mg, 80mg</i>	
<i>propranolol hcl (generic of INDERAL LA) cp24 60mg, 80mg, 120mg, 160mg</i>	
<i>propranolol hcl tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	
PROPRANOLOL HYDROCHLORIDE SOLN 20MG/5ML	
<i>sotalol hcl (generic of BETAPACE) tabs 80mg, 120mg, 160mg</i>	
<i>sotalol hcl tabs 240mg</i>	
<i>sotalol hcl (atib/atl) (generic of BETAPACE AF) tabs 80mg, 120mg, 160mg</i>	
CALCIUM CHANNEL BLOCKERS	
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate (generic of NORVASC) tabs 2.5mg, 5mg, 10mg</i>	QL (1 tab every 1 day)
<i>cartia xt (generic of CARDIZEM CD) cp24 120mg, 180mg, 240mg, 300mg</i>	
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 90mg</i>	
<i>diltiazem hcl (generic of CARDIZEM) tabs 30mg, 60mg, 120mg</i>	
<i>diltiazem hcl coated beads (generic of CARDIZEM CD) cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>diltiazem hcl extended release beads (generic of TIAZAC) cp24 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	
KATERZIA SUSP 1MG/ML	PA
<i>nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg</i>	
<i>nifedipine (generic of PROCARDIA XL) tb24 30mg, 60mg</i>	
<i>tiadylt er (generic of TIAZAC) cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>verapamil hcl cp24 120mg, 180mg, 240mg</i>	QL (1 cap every 1 day)

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Drug Name	Requirements/Limits
<i>verapamil hcl tabs 40mg, 80mg, 120mg</i>	
<i>verapamil hcl tbc 120mg, 180mg, 240mg</i>	QL (2 tabs every 1 day)
CARDIOTONICS	
CARDIAC GLYCOSIDES	
<i>digoxin soln .05mg/ml</i>	
DIGOXIN SOLN .05MG/ML	
<i>digoxin (generic of LANOXIN) tabs .062mg, 125mcg, 250mcg</i>	
LANOXIN TABS 62.5MCG	
CARDIOVASCULAR AGENTS - MISC.	
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS	
BIDIL TAB	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic of BIDIL)</i>	
<i>sacubitril-valsartan tab 24-26 mg (generic of ENTRESTO)</i>	QL (2 tabs every 1 day)
<i>sacubitril-valsartan tab 49-51 mg (generic of ENTRESTO)</i>	QL (2 tabs every 1 day)
<i>sacubitril-valsartan tab 97-103 mg (generic of ENTRESTO)</i>	QL (2 tabs every 1 day)
PROSTAGLANDIN VASODILATORS	
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	PA
ORENITRAM TAB MONTH 1	PA
ORENITRAM TAB MONTH 2	PA
ORENITRAM TAB MONTH 3	PA
REMODULIN SOLN 20MG/20ML, 50MG/20ML, 100MG/20ML, 200MG/20ML	PA; Bill as Medical Claim Only
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	PA; Bill as Medical Claim Only
YUTREPIA CAPS 26.5MCG, 53MCG, 79.5MCG, 106MCG	PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	
<i>ambrisentan (generic of LETAIRIS) tabs 5mg, 10mg</i>	PA
TRACLEER TBSO 32MG	PA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	
<i>alyq (generic of ADCIRCA) tabs 20mg</i>	PA
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml</i>	PA
<i>sildenafil citrate (pulmonary hypertension) (generic of REVATIO) tabs 20mg</i>	PA
<i>tadalafil (pulmonary hypertension) (generic of ADCIRCA) tabs 20mg</i>	PA
SINUS NODE INHIBITORS	
CORLANOR TABS 5MG, 7.5MG	PA
<i>ivabradine hcl (generic of CORLANOR) tabs 5mg, 7.5mg</i>	PA
CEPHALOSPORINS	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
CEPHALOSPORINS - 1ST GENERATION	
<i>cetadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml</i>	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml</i>	
CEPHALOSPORINS - 2ND GENERATION	
<i>CEFACLOR ER TB12 500MG</i>	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	
CEPHALOSPORINS - 3RD GENERATION	
<i>cefдинир caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	
<i>cefixime caps 400mg</i>	QL (2 caps every 30 days)
<i>cefixime susr 100mg/5ml, 200mg/5ml</i>	
<i>CEFPODOXIME PROXETIL SUSR 50MG/5ML, 100MG/5ML</i>	
<i>cefподoxime proxetil tabs 100mg, 200mg</i>	
CONTRACEPTIVES	
COMBINATION CONTRACEPTIVES - ORAL	
<i>atirmelle tab 0.1-0.02</i>	
<i>altavera tab</i>	
<i>alyacen tab 1/35</i>	
<i>alyacen tab 7/7/7</i>	
<i>amethyst tab 90-20mcg</i>	
<i>apri tab</i>	
<i>aubra eq tab 0.1-0.02</i>	
<i>aurovela 24 tab 1e 1/20</i>	
<i>aurovela 1e tab 1.5/30</i>	
<i>aurovela 1e tab 1/20</i>	
<i>aurovela tab 1.5/30</i>	
<i>aurovela tab 1/20</i>	
<i>aviane tab</i>	
<i>ayuna tab</i>	
<i>azurette tab</i>	
<i>balziva tab</i>	
<i>blisovi 24 tab 1e 1/20</i>	
<i>blisovi 1e tab 1.5/30</i>	
<i>blisovi 1e tab 1/20</i>	
<i>briellyn tab</i>	
<i>camrese lo tab</i>	QL (1 tab every 1 day)
<i>camrese tab</i>	QL (1 tab every 1 day)
<i>chateal eq tab 0.15/30</i>	
<i>cryselle tab</i>	
<i>dasetta tab 1/35</i>	
<i>dasetta tab 7/7/7</i>	

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Drug Name	Requirements/Limits
<i>delyla tab 0.1-0.02</i>	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>dolishale tab 90-20mcg</i>	
<i>drospirenone-ethinyl estrad-levometolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>	
<i>drospirenone-ethinyl estrad-levometolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	
<i>elinest tab</i>	
<i>enskyce tab</i>	
<i>estarylla tab 0.25-35</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>falmina tab</i>	
<i>hailey 24 tab fe</i>	
<i>hailey fe tab 1.5/30</i>	
<i>hailey fe tab 1/20</i>	
<i>hailey tab 1.5/30</i>	
<i>iclevia tab</i>	
<i>introvale tab</i>	
<i>isibloom tab</i>	
<i>jaimiess tab</i>	QL (1 tab every 1 day)
<i>jasmiel tab 3-0.02mg (generic of YAZ)</i>	
<i>juleber tab</i>	
<i>junel 1.5/30 tab</i>	
<i>junel 1/20 tab</i>	
<i>junel fe 24 tab 1/20</i>	
<i>junel fe tab 1.5/30</i>	
<i>junel fe tab 1/20</i>	
<i>kaitlib fe chw</i>	
<i>kariva tab 28 day</i>	
<i>kelnor tab 1/35</i>	
<i>kurvelo tab 0.15/30</i>	
<i>larin 24 tab fe 1/20</i>	
<i>larin fe tab 1.5/30</i>	
<i>larin fe tab 1/20</i>	
<i>larin tab 1.5/30</i>	
<i>larin tab 1/20</i>	
<i>lessina tab</i>	

Drug Name	Requirements/Limits
<i>levonest tab</i>	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	QL (1 tab every 1 day)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	
<i>lo-zumandimi tab 3-0.02mg (generic of YAZ)</i>	
<i>loryna tab 3-0.02mg (generic of YAZ)</i>	
<i>lutra tab</i>	
<i>marlissa tab 0.15/30</i>	
<i>microgestin tab 1.5/30</i>	
<i>microgestin tab 1/20</i>	
<i>microgestin tab fe1.5/30</i>	
<i>microgestin tab fe 1/20</i>	
<i>mili tab 0.25/35</i>	
<i>necon tab 0.5/35</i>	
<i>nikki tab 3-0.02mg (generic of YAZ)</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	
<i>nortrel tab 0.5/35</i>	
<i>nortrel tab 1/35</i>	
<i>nortrel tab 7/7/7</i>	
<i>nylia tab 1/35</i>	
<i>nylia tab 7/7/7</i>	
<i>philith tab 0.4-35</i>	
<i>pimtrea tab</i>	
<i>portia-28 tab</i>	
<i>reclipsen tab</i>	
<i>setlakin tab</i>	QL (1 tab every 1 day)
<i>simliya tab 28 day</i>	
<i>simpesse tab</i>	QL (1 tab every 1 day)

Drug Name	Requirements/Limits
<i>sprintec 28 tab 28 day</i>	
<i>syeda tab 3-0.03mg (generic of YASMIN 28)</i>	
<i>tarina 24 fe tab</i>	
<i>tarina fe tab 1/20 eq</i>	
<i>tilia fe tab</i>	
<i>tri-estaryll tab</i>	
<i>tri-legest tab fe</i>	
<i>tri-lo tab estaryll</i>	
<i>tri-lo- tab marzia</i>	
<i>tri-lo- tab sprintec</i>	
<i>tri-lo-mili tab</i>	
<i>tri-mili tab</i>	
<i>tri-sprintec tab</i>	
<i>tri-vylibra tab</i>	
<i>tri-vylibra tab lo</i>	
TYBLUME CHW 0.1-0.02	
VELIVET PAK	
<i>vienva tab 0.1-20</i>	
<i>viorele tab</i>	
<i>volnea tab</i>	
<i>vytemla tab 0.4-35</i>	
<i>vylibra tab 0.25-35</i>	
<i>wera tab 0.5/35</i>	
<i>xarah fe tab</i>	
<i>zovia 1/35 tab</i>	
<i>zumandimine tab 3-0.03mg (generic of YASMIN 28)</i>	
COMBINATION CONTRACEPTIVES - TRANSDERMAL	
<i>xulane dis 150-35</i>	
<i>zatemy dis 150/35</i>	
COMBINATION CONTRACEPTIVES - VAGINAL	
<i>eluryng mis (generic of NUVARING)</i>	
<i>enilloring mis (generic of NUVARING)</i>	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)</i>	
COPPER CONTRACEPTIVES - IUD	
PARAGARD IUD T380A	Bill as Medical Claim Only
EMERGENCY CONTRACEPTIVES	
ELLA TABS 30MG	QL (1 tab every 30 days)
<i>levonorgestrel (emergency oc) tabs 1.5mg</i>	OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS	
NEXPLANON IMPL 68MG	Bill as Medical Claim Only
PROGESTIN CONTRACEPTIVES - INJECTABLE	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) <i>susp 150mg/ml</i>	QL (1 injection every 90 days)
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) <i>susy 150mg/ml</i>	

PROGESTIN CONTRACEPTIVES - IUD

KYLEENA IUD 19.5MG	Bill as Medical Claim Only
LILETTA IUD 20.1MCG/DAY	Bill as Medical Claim Only
MIRENA IUD 20MCG/DAY	Bill as Medical Claim Only
SKYLA IUD 13.5MG	Bill as Medical Claim Only

PROGESTIN CONTRACEPTIVES - ORAL

<i>camila tabs .35mg</i>	
<i>deblitane tabs .35mg</i>	
<i>errin tabs .35mg</i>	
<i>heather tabs .35mg</i>	
<i>jencycla tabs .35mg</i>	
<i>norethindrone (contraceptive) tabs .35mg</i>	
<i>norlyroc tabs .35mg</i>	
OPILL TABS .075MG	OTC
<i>orquidea tabs .35mg</i>	
<i>sharobel tabs .35mg</i>	

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

<i>budesonide cpep 3mg</i>	
<i>dexamethasone elix .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	
DEXAMETHASONE INTENSOL CONC 1MG/ML	
<i>hydrocortisone (generic of CORTEF) tabs 5mg, 10mg, 20mg</i>	
<i>hydrocortisone sod succinate (generic of SOLU-CORTEF) solr 100mg</i>	QL (2 vials every 30 days)
KENALOG-10 SUSP 10MG/ML	PA; Bill as Medical Claim Only
<i>methylprednisolone (generic of MEDROL) tabs 4mg, 8mg, 16mg</i>	
<i>methylprednisolone tabs 32mg</i>	
<i>methylprednisolone (generic of MEDROL DOSEPAK) tbpk 4mg</i>	
<i>methylprednisolone acetate (generic of DEPO-MEDROL) susp 40mg/ml, 80mg/ml</i>	PA
<i>methylprednisolone sod succ solr 40mg, 125mg</i>	PA; Bill as Medical Claim Only
<i>methylprednisolone sod succ (generic of SOLU-MEDROL) solr 500mg, 1000mg</i>	PA; Bill as Medical Claim Only
ORAPRED ODT TBDP 10MG, 15MG, 30MG	
<i>prednisolone soln 15mg/5ml</i>	

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Drug Name	Requirements/Limits
PREDNISOLONE SODIUM PHOSP TBDP 10MG, 15MG, 30MG	
<i>prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	
<i>prednisone tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	
PREDNISONE INTENSOL CONC 5MG/ML	
SOLU-CORTEF SOLR 100MG, 250MG, 500MG, 1000MG	QL (2 vials every 30 days)
SOLU-MEDROL SOLR 40MG, 125MG, 500MG, 1000MG	PA; Bill as Medical Claim Only
TRIAMCINOLONE SUSP 40MG/ML	PA; Bill as Medical Claim Only
<i>triamcinolone acetonide (generic of KENALOG-10) susp 10mg/ml</i>	PA; Bill as Medical Claim Only
TRIAMCINOLONE DIACETATE SUSP 40MG/ML, 80MG/ML	PA; Bill as Medical Claim Only

MINERALOCORTICIDS

fludrocortisone acetate tabs .1mg

COUGH/COLD/ALLERGY

ANTITUSSIVES

<i>benzonatate caps 100mg, 200mg</i>	
<i>dextromethorphan polistirex suer 30mg/5ml</i>	OTC
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (generic of HYCODAN)</i>	PA, QL (30 mL every 1 day); PA Required for < 18 years of age
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (generic of HYCODAN)</i>	PA; PA Required for < 18 years of age
<i>hydromet syp 5-1.5/5 (generic of HYCODAN)</i>	PA, QL (30 mL every 1 day); PA Required for < 18 years of age

COUGH/COLD/ALLERGY COMBINATIONS

AQUANAZ TAB	OTC
BIODESP DM SYP	QL (30 mL every 1 day), OTC
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	OTC
<i>chlorpheniramine & pseudoephedrine tab 4-60 mg</i>	OTC
DECONEX DMX TAB	OTC
DESPEC DM SYP 5-10-100	QL (30 mL every 1 day), OTC
DESPEC DM-G SYP 5-10-100	QL (30 mL every 1 day), OTC
<i>dextromethorphan-guaitenesin cap 10-200 mg</i>	OTC
<i>dextromethorphan-guaitenesin liquid 5-100 mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>dextromethorphan-guaitenesin liquid 10-100 mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>dextromethorphan-guaitenesin liquid 10-200 mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>dextromethorphan-guaitenesin liquid 20-200 mg/20ml</i>	QL (30 mL every 1 day), OTC
<i>dextromethorphan-guaitenesin liquid 30-200 mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>dextromethorphan-guaitenesin syrup 10-100 mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>dextromethorphan-guaitenesin tab 20-400 mg</i>	OTC

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Drug Name	Requirements/Limits
<i>dextromethorphan-guaitenesin tab er 12hr 30-600 mg</i>	OTC
<i>dextromethorphan-guaitenesin tab er 12hr 60-1200 mg</i>	OTC
<i>texotenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	OTC
<i>texotenadine-pseudoephedrine tab er 24hr 180-240 mg</i>	OTC
G-TRON PED LIQ	QL (30 mL every 1 day), OTC
GILTUSS CGH TAB & COLD	OTC
GILTUSS TAB 10-388MG	OTC
GLENMAX PEB LIQ DM	OTC
<i>guaitenesin-codeine soln 100-10 mg/5ml</i>	OTC
INTENSE COUG LIQ RELIEVER	QL (30 mL every 1 day), OTC
LOHIST-D LIQ	QL (30 mL every 1 day), OTC
LOHIST-DM SYP 5-2-10MG	QL (30 mL every 1 day), OTC
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	OTC
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	OTC
MAXI-TUSS PE LIQ JR	QL (30 mL every 1 day), OTC
MAXICHLOR TAB PEH DM	OTC
MUCINEX FAST TAB 5-10-200	OTC
NEOTUSS PLUS LIQ	QL (30 mL every 1 day)
NIVANEX DMX TAB	OTC
PECGEN DMX LIQ 10-187MG	QL (30 mL every 1 day), OTC
<i>phenylephrine w/ dm-gg liqd 2.5-5-50 mg/ml</i>	QL (30 mL every 1 day), OTC
<i>phenylephrine w/ dm-gg liqd 2.5-5-75 mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>phenylephrine w/ dm-gg liqd 2.5-5-100 mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>phenylephrine w/ dm-gg liqd 5-10-100 mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>phenylephrine w/ dm-gg liqd 5-10-200 mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>phenylephrine-brompheniramine-dm liquid 2.5-1-5 mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>phenylephrine-brompheniramine-dm liquid 10-4-20 mg/5ml</i>	OTC
<i>phenylephrine-chlorphen-dm liquid 5-2-10 mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>phenylephrine-chlorphen-dm liquid 10-4-15 mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>phenylephrine-guaitenesin tab 10-400 mg</i>	OTC
PROMETH/PE SOL 6.25-5/5	QL (30 mL every 1 day)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	PA; PA Required for < 18 years of age
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	QL (30 mL every 1 day)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	
<i>pseudoephedrine-guaitenesin tab er 12hr 60-600 mg</i>	OTC
<i>pseudoephedrine-guaitenesin tab er 12hr 120-1200 mg</i>	OTC
ROBITUSSIN LIQ CF	QL (30 mL every 1 day), OTC
SUPRESS DM DRO 5-50/ML	QL (30 mL every 1 day), OTC
TUSICOF TAB	OTC
TUSSLIN LIQ PEDIATRI	QL (30 mL every 1 day), OTC

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Drug Name	Requirements/Limits
VCKS DAYQUIL LIQ MUCUS DM	QL (30 mL every 1 day), OTC
WAL-TUSSIN LIQ CF	OTC
EXPECTORANTS	
GILTUSS EX EXPECTORANT CH LIQD 200MG/5ML	QL (30 mL every 1 day), OTC
GILTUSS EX MAXIMUM STRENG LIQD 400MG/10ML	QL (30 mL every 1 day), OTC
<i>guaifenesin liqd 100mg/5ml, 200mg/10ml, 400mg/20ml</i>	QL (30 mL every 1 day), OTC
<i>guaifenesin tabs 200mg, 400mg; tb12 600mg, 1200mg</i>	OTC
HERBAL EXPEC LIQD 150MG/15ML	QL (30 mL every 1 day), OTC
MISC. RESPIRATORY INHALANTS	
HYPERSAL NEBU 3.5%	
NEBUSAL NEBU 6%	
SODIUM CHLORIDE NEBU .9%, 3%, 7%, 10%	
<i>sodium chloride (inhalant) aers .9%</i>	OTC
MUCOLYTICS	
<i>acetylcysteine soln 10%, 20%</i>	
DERMATOLOGICALS	
ACNE PRODUCTS	
<i>acutane caps 10mg, 20mg, 30mg, 40mg</i>	PA
<i>amnesteem caps 10mg, 20mg, 30mg, 40mg</i>	PA
BENZEPRO CREAMY WASH LIQD 7%	
<i>benzoyl peroxide bar 10%; crea 2.5%, 10%; gel 5%, 10%; OTC liqd 2.5%, 5%, 10%</i>	
BENZOYL PEROXIDE GEL 2.5%	OTC
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	PA
<i>clindacin etz pledgets swab 1%</i>	
<i>clindacin-p swab 1%</i>	
<i>clindamycin phosph-benzoyl peroxide (retrig) gel 1.2 (1)-5%</i>	
<i>clindamycin phosphate (topical) gel 1%; soln 1%; swab 1%</i>	
<i>clindamycin phosphate (topical) (generic of CLEOCIN-T) lotn 1%</i>	
ERYTHROMYCIN GEL 2%	
<i>erythromycin (acne aid) soln 2%</i>	
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	PA
NEUTROGENA CLEAR PORE CLE LIQD 3.5%	OTC
PR BENZOYL PEROXIDE WASH LIQD 7%	
<i>tretinoin (generic of RETIN-A) crea .025%, .05%, .1%; gel PA .01%, .025%</i>	
<i>tretinoin (generic of ATRALIN) gel .05%</i>	PA
<i>zenatane caps 10mg, 20mg, 30mg, 40mg</i>	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL	
<i>diclofenac sodium (topical) gel 1%</i>	QL (200 gm every 30 days), OTC

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>diclofenac sodium (topical) soln 1.5%</i>	PA
ANTIBIOTICS - TOPICAL	
<i>bacitracin (topical) oint 500unit/gm</i>	OTC
<i>bacitracin zinc oint 500unit/gm</i>	OTC
<i>bacitracin-polymyxin b oint</i>	OTC
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	
<i>mupirocin oint 2%</i>	
<i>mupirocin calcium (topical) crea 2%</i>	
<i>neomycin-bacitracin-polymyxin oint</i>	OTC
<i>neomycin-bacitracin-polymyxin w/ lidocaine oint 4%</i>	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	OTC
<i>neomycin-polymyxin w/ pramoxine cream 1%</i>	OTC
ANTIFUNGALS - TOPICAL	
<i>butenafine hcl crea 1%</i>	OTC
<i>ciclofanol soln 8%</i>	
<i>ciclopirox soln 8%</i>	
<i>ciclopirox olamine crea .77%</i>	
<i>clotrimazole (topical) crea 1%</i>	
<i>clotrimazole (topical) crea 1%</i>	OTC
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	
<i>ketoconazole (topical) crea 2%; sham 2%</i>	
<i>klayesta powd 100000unit/gm</i>	
<i>miconazole nitrate (topical) crea 2%; powd 2%</i>	OTC
<i>nyamyc powd 100000unit/gm</i>	
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	
<i>nystop powd 100000unit/gm</i>	
<i>terbinafine hcl (topical) crea 1%</i>	OTC
<i>tolnateate aerp 1%; crea 1%; powd 1%</i>	OTC
ANTIHISTAMINES-TOPICAL	
<i>diphenhydramine hcl (topical) gel 2%; soln 2%</i>	OTC
<i>ITCH RELIEF CREA 2%</i>	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	
<i>fluorouracil (topical) crea 5%</i>	
ANTIPSORIATICS	
<i>calcipotriene crea .005%; oint .005%</i>	
<i>CALCIPOTRIENE SOLN .005%</i>	
<i>calcitrene oint .005%</i>	
<i>CALCITRIOL OINT 3MCG/GM</i>	
<i>ILUMYA SOSY 100MG/ML</i>	PA; Bill as Medical Claim Only
<i>VTAMA CREA 1%</i>	PA
<i>YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML</i>	PA; Bill as Medical Claim Only

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Drug Name	Requirements/Limits
ANTISEBORRHEIC PRODUCTS	
<i>selenium sulfide lotn 1%; sham 1%</i>	OTC
SELENIUM SULFIDE LOTN 2.5%; SHAM 2.25%	
ANTIVIRALS - TOPICAL	
<i>acyclovir topical (generic of ZOVIRAX) crea 5%; oint 5%</i>	QL (0.34 gm every 1 day)
<i>docosanol crea 10%</i>	OTC
BURN PRODUCTS	
<i>silver sulfadiazine (generic of SILVADENE) crea 1%</i>	
<i>ssd (generic of SILVADENE) crea 1%</i>	
CORTICOSTEROIDS - TOPICAL	
ADVANCED ALLERGY COLLECTI KIT 2.5%	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	
<i>betamethasone dipropionate augmented crea .05%</i>	
<i>betamethasone valerate crea .1%; oint .1%</i>	
BETAMETHASONE VALERATE LOTN .1%	
<i>clobetasol propionate crea .05%</i>	QL (100 gm every 30 days)
<i>clobetasol propionate gel .05%</i>	QL (118 gm every 30 days)
<i>clobetasol propionate oint .05%</i>	QL (60 gm every 30 days)
<i>clobetasol propionate (generic of CLOBEX) sham .05%</i>	
<i>clobetasol propionate soln .05%</i>	QL (100 mL every 30 days)
<i>clobetasol propionate emo crea .05%</i>	QL (100 gm every 30 days)
<i>clobetasol propionate emollient base crea .05%</i>	QL (100 gm every 30 days)
<i>clodan (generic of CLOBEX) sham .05%</i>	
DERMA-SMOOTHIE/FS BODY OIL .01%	
DERMA-SMOOTHIE/FS SCALP OIL .01%	
<i>fluocinolone acetonide soln .01%</i>	
<i>fluocinonide (generic of VANOS) crea .1%</i>	
<i>fluocinonide crea .05%; oint .05%; soln .05%</i>	
<i>fluticasone propionate crea .05%; oint .005%</i>	
<i>halobetasol propionate crea .05%; oint .05%</i>	QL (100 gm every 30 days)
HYDROCORTISONE CREA 1%	OTC
HYDROCORTISONE LOTN 2.5%	
<i>hydrocortisone (topical) crea 1%, 2.5%; oint 1%, 2.5%</i>	
<i>hydrocortisone (topical) crea .5%, 1%; gel 1%; lotn 1%; oint .5%, 1%</i>	OTC
<i>hydrocortisone acetate (topical) oint 1%</i>	OTC
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	
TRIAMCINOLONE ACETONIDE LOTN .025%	
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .1%; oint .025%, .05%, .1%, .5%</i>	
<i>triderm crea .5%</i>	
ECZEMA AGENTS	

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Drug Name	Requirements/Limits
ADBRY SOAJ 300MG/2ML; SOSY 150MG/ML	PA
OPZELURA CREA 1.5%	PA
EMOLLIENT/KERATOLYTIC AGENTS	
<i>urea crea 10%, 20%</i>	QL (85 gm every 30 days), OTC
UREA CREA 20%	QL (85 gm every 30 days)
<i>urea lotn 10%, 25%</i>	OTC
UREA LOTN 40%	
EMOLLIENTS	
<i>emollient crea 33%, 70%; oint 41%, 42%, 45%, 46.5%</i>	OTC
<i>emollient - cream</i>	OTC
<i>emollient - ointment</i>	OTC
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	OTC
IMMUNOMODULATING AGENTS - TOPICAL	
<i>imiquimod crea 5%</i>	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
<i>pimecrolimus crea 1%</i>	QL (1 gm every 1 day)
<i>tacrolimus (topical) oint .03%, .1%</i>	QL (1 gm every 1 day)
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS	
PODOFILOX SOLN .5%	
<i>salicylic acid crea 2%; gel 2%, 17%; liqd 2%, 3%, 17%; pads 2%, 40%; strp 40%</i>	OTC
SALICYLIC ACID GEL 6%; KIT 6%; SHAM 6%	
LOCAL ANESTHETICS - TOPICAL	
<i>glydo prsy 2%</i>	QL (2 injections every 1 day)
LIDAFLEX PTCH 4%	OTC
<i>lidocaine crea 4%; ptch 4%</i>	OTC
<i>lidocaine oint 5%</i>	QL (50 gm every 30 days)
<i>lidocaine (generic of LIDODERM) ptch 5%</i>	QL (2 packets every 1 day)
<i>lidocaine hcl crea 4%</i>	QL (278 gm every 30 days), OTC
<i>lidocaine hcl gel 2%</i>	QL (2 gm every 1 day), OTC
<i>lidocaine hcl prsy 2%</i>	QL (2 injections every 1 day)
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	QL (30 gm every 30 days)
<i>lidocan (generic of LIDODERM) ptch 5%</i>	QL (2 patches every 1 day)
MISC. TOPICAL	
BIODCREAM CREA 15.25%	OTC
BOUDREAUXS BUTT PASTE OINT 16%	OTC
BOUDREAUXS KIT RASH	OTC
DRYSOL SOLN 20%	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	
EUCRISA OINT 2%	PA

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
ZORYVE CREA .05%, .15%	PA, QL (2 gm every 1 day)
ROSACEA AGENTS	
<i>metronidazole (topical) crea .75%; gel .75%; lotn .75%</i>	
SCABICIDES & PEDICULICIDES	
<i>ivermectin (pediculicide) lotn .5%</i>	OTC
<i>malathion lotn .5%</i>	
NATROBA SUSP .9%	PA
<i>nit remover - gel</i>	OTC
<i>permethrin (generic of PERMETHRIN) crea 5%</i>	
<i>permethrin liqd 1%</i>	OTC
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i>	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	OTC
STOP LICE LIQ MAX ST	OTC
VANALICE GEL 0.3-3.5%	OTC
TAR PRODUCTS	
BETA CARE BETATAR GEL SHAM 2.5%	OTC
<i>coal tar extract oint 2%; sham .5%, 1%</i>	OTC
MG217 PSORIASIS MULTI-SYM GEL 2%	OTC
DIAGNOSTIC PRODUCTS	
DIAGNOSTIC TESTS	
ACCU-CHEK TES AVIVA PL	QL (500 strips every 90 days), OTC
ACCU-CHEK TES GUIDE	QL (500 strips every 90 days), OTC
ACCU-CHEK TES SMART	QL (500 strips every 90 days), OTC
ADVIN 1-PK KIT COVID-19	QL (2 kits every 30 days), OTC
ADVIN 2-PK KIT COVID-19	QL (2 kits every 30 days), OTC
ANTIGEN TEST KIT 2-PACK	QL (2 kits every 30 days), OTC
ANTIGEN TEST KIT 8-PACK	QL (2 kits every 30 days), OTC
BINAXNOW COV KIT HOME TES	QL (2 kits every 30 days), OTC
BINAXNOW KIT COVID-19	QL (2 kits every 30 days), OTC
CARESTART KIT COVID-19	QL (2 kits every 30 days), OTC
CHEMSTRIP K TES	OTC
CLEARDETECT KIT COVID-19	QL (2 kits every 30 days), OTC
CLINITEST KIT SELF-TST	QL (2 kits every 30 days), OTC
COVID-19 AG KIT TEST	QL (2 kits every 30 days), OTC
COVID-19 AT- KIT 1-PACK	QL (2 kits every 30 days), OTC
COVID-19 AT- KIT 2-PACK	QL (2 kits every 30 days), OTC
COVID-19 KIT SELF TES	QL (2 kits every 30 days), OTC
COVID-19 RAP KIT 1-PACK	QL (2 kits every 30 days), OTC
COVID-19 RAP KIT 2-PACK	QL (2 kits every 30 days), OTC

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
CVS COVID-19 KIT HOME 2PK	QL (2 kits every 30 days), OTC
DIATRUST KIT COVID-19	QL (2 kits every 30 days), OTC
ELLUME COV19 KIT HOME TES	QL (2 kits every 30 days), OTC
FASTEP 1-PK KIT COVID-19	QL (2 kits every 30 days), OTC
FASTEP 2-PK KIT COVID-19	QL (2 kits every 30 days), OTC
FASTEP 4-PK KIT COVID-19	QL (2 kits every 30 days), OTC
FASTEP 5-PK KIT COVID-19	QL (2 kits every 30 days), OTC
FASTEP 20-PK KIT COVID-19	QL (2 kits every 30 days), OTC
FASTEP 25-PK KIT COVID-19	QL (2 kits every 30 days), OTC
FLOWFLEX KIT TEST	QL (2 kits every 30 days), OTC
GOTOKNOW KIT ANTIGEN	QL (2 kits every 30 days), OTC
IHEALTH 2-PK KIT COVID-19	QL (2 kits every 30 days), OTC
IHEALTH 5-PK KIT COVID-19	QL (2 kits every 30 days), OTC
IHEALTH 40PK KIT COVID-19	QL (2 kits every 30 days), OTC
INDICAID KIT COVID-19	QL (2 kits every 30 days), OTC
INTELISWAB KIT COVID-19	QL (2 kits every 30 days), OTC
KETONE TES	OTC
KETONE TEST TES	OTC
KETOSTIX TES STRIP	OTC
OHC COVID-19 KIT ANTIGEN	QL (2 kits every 30 days), OTC
ON/GO COVID KIT ANTIGEN	QL (2 kits every 30 days), OTC
ON/GO ONE KIT COVID-19	QL (2 kits every 30 days), OTC
OTC ANTIGENT KIT 1-PACK	QL (2 kits every 30 days), OTC
OTC ANTIGENT KIT 2-PACK	QL (2 kits every 30 days), OTC
PILOT COVID KIT HOME TES	QL (2 kits every 30 days), OTC
QUICKVUE HOM KIT COVID-19	QL (2 kits every 30 days), OTC
RELION TES KETONE	OTC
SPEEDY SWAB KIT COVID-19	QL (2 kits every 30 days), OTC

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	QL (500 caps every 30 days)
CREON CAP 6000UNIT	QL (500 caps every 30 days)
CREON CAP 12000UNT	QL (500 caps every 30 days)
CREON CAP 24000UNT	QL (500 caps every 30 days)
CREON CAP 36000UNT	QL (500 caps every 30 days)
PANCREAZE CAP 2600UNIT	QL (500 caps every 30 days)
PANCREAZE CAP 4200UNIT	QL (500 caps every 30 days)
PANCREAZE CAP 10500UNT	QL (500 caps every 30 days)
PANCREAZE CAP 16800UNT	QL (500 caps every 30 days)
PANCREAZE CAP 21000UNT	QL (500 caps every 30 days)
PANCREAZE CAP 37000	QL (500 caps every 30 days)
ZENPEP CAP 3000UNIT	QL (500 caps every 30 days)
ZENPEP CAP 5000UNIT	QL (500 caps every 30 days)

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
ZENPEP CAP 10000UNT	QL (500 caps every 30 days)
ZENPEP CAP 15000UNT	QL (500 caps every 30 days)
ZENPEP CAP 20000UNT	QL (500 caps every 30 days)
ZENPEP CAP 25000UNT	QL (500 caps every 30 days)
ZENPEP CAP 40000UNT	QL (500 caps every 30 days)
ZENPEP CAP 60000UNT	QL (270 caps every 30 days)

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

acetazolamide cp12 500mg; tabs 125mg, 250mg

methazolamide tabs 25mg, 50mg

DIURETIC COMBINATIONS

AMILOR/HCTZ TAB 5-50

spironolactone & hydrochlorothiazide tab 25-25 mg

triamterene & hydrochlorothiazide cap 37.5-25 mg

triamterene & hydrochlorothiazide tab 37.5-25 mg

triamterene & hydrochlorothiazide tab 75-50 mg

LOOP DIURETICS

bumetanide tabs 1mg, 2mg

bumetanide (generic of BUMEX) tabs .5mg

FUROSEMIDE SOLN 10MG/ML

furosemide (generic of LASIX) tabs 20mg, 40mg, 80mg

toremide tabs 5mg, 10mg, 20mg, 100mg

POTASSIUM SPARING DIURETICS

amiloride hcl tabs 5mg

spironolactone (generic of ALDACTONE) tabs 25mg,

50mg, 100mg

THIAZIDES AND THIAZIDE-LIKE DIURETICS

chlorthalidone tabs 25mg, 50mg

hydrochlorothiazide caps 12.5mg; tabs 25mg, 50mg

indapamide tabs 1.25mg, 2.5mg

metolazone tabs 2.5mg, 5mg, 10mg

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg

alendronate sodium (generic of FOSAMAX) tabs 70mg

BILDYOS SOSY 60MG/ML

PA; Bill as Medical Claim Only

calcitonin (salmon) soln 200unit/act

FORTEO SOPN 560MCG/2.24ML

PA

ibandronate sodium soln 3mg/3ml

PA; Bill as Medical Claim Only

ibandronate sodium tabs 150mg

MIACALCIN SOLN 200UNIT/ML

PROLIA SOSY 60MG/ML

PA; Bill as Medical Claim Only

Drug Name	Requirements/Limits
RECLAST SOLN 5MG/100ML	PA; Bill as Medical Claim Only
XGEVA SOLN 120MG/1.7ML	PA; Bill as Medical Claim Only
<i>zoledronic acid conc 4mg/5ml</i>	PA; Bill as Medical Claim Only
ZOLEDRONIC ACID SOLN 4MG/100ML	PA; Bill as Medical Claim Only
<i>zoledronic acid (generic of RECLAST) soln 5mg/100ml</i>	PA; Bill as Medical Claim Only
<i>GNRH/LHRH ANTAGONISTS</i>	
ORLISSA TABS 150MG, 200MG	PA
<i>GROWTH HORMONES</i>	
GENOTROPIN CART 5MG, 12MG	PA
GENOTROPIN MINIQUICK PRSY .2MG, .4MG, .6MG, .8MG, 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 2MG	PA
NORDITROPIN FLEXPPO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	PA
<i>HORMONE RECEPTOR MODULATORS</i>	
<i>raloxifene hcl (generic of EVISTA) tabs 60mg</i>	
<i>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</i>	
INCRELEX SOLN 40MG/4ML	PA
<i>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</i>	
FENSOLVI KIT 45MG	PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG	PA
TRIPTODUR SRER 22.5MG	PA; Bill as Medical Claim Only
<i>METABOLIC MODIFIERS</i>	
ALDURAZYME SOLN 2.9MG/5ML	PA; Bill as Medical Claim Only
BRINEURA KIT 150MG/5ML	PA; Bill as Medical Claim Only
<i>calcitriol (generic of ROCALTROL) caps .25mcg, .5mcg; soln 1mcg/ml</i>	
<i>cinacalcet hcl (generic of SENSIPAR) tabs 30mg, 60mg, 90mg</i>	PA
CRYSVITA SOLN 10MG/ML, 20MG/ML, 30MG/ML	PA; Bill as Medical Claim Only
DOXERCALCIFEROL CAPS .5MCG, 1MCG, 2.5MCG	
ELAPRASE SOLN 6MG/3ML	PA; Bill as Medical Claim Only
FABRAZYME SOLR 5MG, 35MG	PA; Bill as Medical Claim Only
KANUMA SOLN 20MG/10ML	PA; Bill as Medical Claim Only
<i>levocarnitine (metabolic modifiers) (generic of CARNITOR) soln 1gm/10ml; tabs 330mg</i>	
LUMIZYME SOLR 50MG	PA; Bill as Medical Claim Only
MEPSEVII SOLN 10MG/5ML	PA; Bill as Medical Claim Only
MYALEPT SOLR 11.3MG	PA
NAGLAZYME SOLN 1MG/ML	PA; Bill as Medical Claim Only
PALYNZIQ SOSY 2.5MG/0.5ML, 10MG/0.5ML, 20MG/ML	PA; Bill as Medical Claim Only
REVCOVI SOLN 2.4MG/1.5ML	PA; Bill as Medical Claim Only
<i>MINERALOCORTICOID RECEPTOR ANTAGONISTS</i>	

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Drug Name	Requirements/Limits
KERENDIA TABS 10MG, 20MG, 40MG	PA
POSTERIOR PITUITARY HORMONES	
DESMOPRESSIN ACETATE SOLN .01%, 1.5MG/ML	
<i>desmopressin acetate (generic of DDAVP) tabs .1mg, .2mg</i>	
<i>desmopressin acetate spray retriigerated soln .1mg/ml</i>	
PROLACTIN INHIBITORS	
<i>cabergoline tabs .5mg</i>	
SOMATOSTATIC AGENTS	
<i>octreotide acetate (generic of SANDOSTATIN) soln 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	
<i>octreotide acetate soln 200mcg/ml, 1000mcg/5ml, 1000mcg/ml</i>	
SANDOSTATIN SOLN 50MCG/ML, 100MCG/ML, 500MCG/ML	PA; Bill as Medical Claim Only
SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML	PA, QL (2 ampules every 1 day)
ESTROGENS	
ESTROGEN COMBINATIONS	
<i>abigale lo tab 0.5-0.1</i>	
<i>abigale tab 1-0.5mg (generic of ACTIVELLA)</i>	
CLIMARA PRO DIS WEEKLY	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	
<i>estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)</i>	
<i>tyavolv tab 0.5-2.5</i>	
<i>tyavolv tab 1-5</i>	
<i>jinteli tab 1mg-5mcg</i>	
<i>mimvey tab 1-0.5mg (generic of ACTIVELLA)</i>	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	
PREMPRO TAB	
PREMPRO TAB 0.3-1.5	
PREMPRO TAB 0.45-1.5	
PREMPRO TAB 0.625-5	
ESTROGENS	
ALORA PTTW .025MG/24HR, .075MG/24HR, .1MG/24HR	
<i>dotti (generic of VIVELLE-DOT) pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	
<i>estradiol (generic of VIVELLE-DOT) pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	

Drug Name	Requirements/Limits
<i>estradiol</i> (generic of CLIMARA) <i>ptwk</i> .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	
<i>estradiol tabs</i> .5mg, 1mg, 2mg	
<i>estradiol valerate</i> (generic of DELESTROGEN) <i>oil</i> 10mg/ml	QL (2 vials every 30 days)
<i>estradiol valerate</i> (generic of DELESTROGEN) <i>oil</i> 20mg/ml	QL (1 vial every 30 days)
<i>estradiol valerate oil</i> 40mg/ml	QL (1 vial every 30 days)
<i>lyllana</i> (generic of MINIVELLE) <i>pttw</i> .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	
MENOSTAR PTWK 14MCG/24HR	
MINIVELLE PTTW .025MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR	
PREMARIN TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	
VIVELLE-DOT PTTW .025MG/24HR, .05MG/24HR, .075MG/24HR, .1MG/24HR	

FLUOROQUINOLONES

FLUOROQUINOLONES

<i>ciprofloxacin hcl</i> (generic of CIPRO) <i>tabs</i> 250mg, 500mg	
<i>ciprofloxacin hcl tabs</i> 750mg	
<i>levofloxacin soln</i> 25mg/ml; <i>tabs</i> 250mg, 500mg, 750mg	
<i>moxifloxacin hcl tabs</i> 400mg	QL (14 tabs every 180 days)
OFLOXACIN TABS 400MG	

GASTROINTESTINAL AGENTS - MISC.

ANTIFLATULENTS

GAS RELIEF INFANTS LIQD 20MG/0.3ML	OTC
KAOPECTATE GAS RELIEF EXT LIQD 125MG/5ML	OTC
<i>simethicone caps</i> 125mg, 180mg; <i>chew</i> 80mg, 125mg; <i>susp</i> 20mg/0.3ml, 40mg/0.6ml	OTC

GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol caps</i> 300mg; <i>tabs</i> 250mg	
<i>ursodiol</i> (generic of URSO FORTE) <i>tabs</i> 500mg	

GASTROINTESTINAL ANTIALLERGY AGENTS

<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) <i>conc</i> 100mg/5ml	
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GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

<i>lubiprostone</i> (generic of AMITIZA) <i>caps</i> 8mcg, 24mcg	QL (2 caps every 1 day)
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GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl soln</i> 5mg/5ml, 10mg/10ml	
<i>metoclopramide hcl</i> (generic of REGLAN) <i>tabs</i> 5mg, 10mg	

INFLAMMATORY BOWEL AGENTS

Drug Name	Requirements/Limits
ENTYVIO SOLR 300MG	PA; Bill as Medical Claim Only
INFLIXIMAB SOLR 100MG	PA; Bill as Medical Claim Only
<i>mesalamine (generic of APRISO) cp24 .375gm</i>	
<i>mesalamine cpdr 400mg</i>	
<i>mesalamine (generic of CANASA) supp 1000mg</i>	
<i>mesalamine (generic of LIALDA) tbec 1.2gm</i>	
PENTASA CPR 250MG, 500MG	
REMICADE SOLR 100MG	PA; Bill as Medical Claim Only
RENFLEXIS SOLR 100MG	PA; Bill as Medical Claim Only
SFROWASA ENEM 4GM/60ML	
STELARA SOLN 130MG/26ML	PA; Bill as Medical Claim Only
<i>sulfasalazine (generic of AZULFIDINE) tabs 500mg</i>	
<i>sulfasalazine (generic of AZULFIDINE EN-TABS) tbec 500mg</i>	
YESINTEK SOLN 130MG/26ML	PA; Bill as Medical Claim Only
INTESTINAL ACIDIFIERS	
<i>enulose soln 10gm/15ml</i>	
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS	
LINZESS CAPS 72MCG, 145MCG, 290MCG	PA
PHOSPHATE BINDER AGENTS	
AURYXIA TABS 210MG	PA
<i>calcium acetate (phosphate binder) caps 667mg</i>	
<i>calcium acetate (phosphate binder) tabs 667mg</i>	OTC
<i>lanthanum carbonate (generic of FOSRENOL) chew 500mg, 750mg, 1000mg</i>	
<i>sevelamer carbonate (generic of RENVELA) tabs 800mg</i>	
GENITOURINARY AGENTS - MISCELLANEOUS	
ALKALINIZERS	
K CITRATE SOL CITR ACD	
<i>potassium citrate (alkalinizer) (generic of UROCIT-K 15) tbc 15meq</i>	
<i>potassium citrate (alkalinizer) tbc 540mg</i>	
<i>potassium citrate (alkalinizer) (generic of UROCIT-K 10) tbc 1080mg</i>	
SOD CITRATE SOL CITR ACD	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	OTC
INTERSTITIAL CYSTITIS AGENTS	
ELMIRON CAPS 100MG	PA
PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl (generic of UROXATRAL) tb24 10mg</i>	
<i>dutasteride (generic of AVODART) caps .5mg</i>	
<i>finasteride (generic of PROSCAR) tabs 5mg</i>	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>tamsulosin hcl caps .4mg</i>	
URINARY ANALGESICS	
<i>phenazopyridine hcl tabs 95mg, 97.5mg</i>	OTC
PHENAZOPYRIDINE HYDROCHLO TABS 100MG, 200MG	
VH ESSENTIALS UTI RELIEF TABS 97.2MG	OTC
GOUT AGENTS	
GOUT AGENT COMBINATIONS	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	
GOUT AGENTS	
<i>allopurinol tabs 100mg, 300mg</i>	
<i>colchicine (generic of MITIGARE) caps .6mg</i>	
<i>colchicine tabs .6mg</i>	
<i>febuxostat (generic of ULORIC) tabs 40mg, 80mg</i>	PA
MITIGARE CAPS .6MG	
URICOSURICS	
<i>probenecid tabs 500mg</i>	
HEMATOLOGICAL AGENTS - MISC.	
ANTIHEMOPHILIC PRODUCTS	
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	PA
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	PA
ALPHANATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT	
ALPHANINE SD SOLR 500UNIT, 1000UNIT, 1500UNIT	
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	PA
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	
CORIFACT KIT 1000-1600UNIT	
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	
ELOCTATE SOLR 4000UNIT, 5000UNIT, 6000UNIT	PA
FEIBA SOLR 500UNIT, 1000UNIT, 2500UNIT	
FIBRYGA INJ 1GM	PA; Bill as Medical Claim Only
HEMLIBRA SOLN 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML	PA
HEMOFIL M SOLR 250UNIT, 500UNIT, 1000UNIT, 1700UNIT	PA
HUMATE-P SOL 250-600	
HUMATE-P SOL 500-1200	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
HUMATE-P SOL 2400UNIT	
IDELVION SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	PA
IDELVION SOLR 3500UNIT	
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	PA
KOATE SOLR 250UNIT, 500UNIT, 1000UNIT	
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	PA
NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	
OBIZUR SOLR 500UNIT	
PROFILNINE SOLR 500UNIT, 1000UNIT, 1500UNIT	
RECOMBINATE SOLR 220-400UNIT, 401-800UNIT, 801-1240UNIT, 1241-1800UNIT, 1801-2400UNIT	
RIASTAP SOL 1GM	PA; Bill as Medical Claim Only
RIXUBIS SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	
TRETTEN SOLR 2500UNIT	
VONVENDI SOLR 650UNIT, 1300UNIT	
WILATE INJ	
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	
XYNTHA SOLOFUSE KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	
BRADYKININ B2 RECEPTOR ANTAGONISTS	
<i>icatibant acetate (generic of FIRAZYR) sosy 30mg/3ml</i>	PA
COMPLEMENT INHIBITORS	
BERINERT KIT 500UNIT	PA
CINRYZE SOLR 500UNIT	PA
EPYSQLI SOLN 300MG/30ML	PA; Bill as Medical Claim Only
HAEGARDA SOLR 2000UNIT, 3000UNIT	PA
SOLIRIS SOLN 300MG/30ML	PA; Bill as Medical Claim Only
ULTOMIRIS SOLN 300MG/3ML	PA; Bill as Medical Claim Only
HEMATORHEOLOGIC AGENTS	
<i>pentoxifylline tbcr 400mg</i>	
HUMAN PROTEIN C	
CEPROTIN SOLR 500UNIT, 1000UNIT	PA
PLASMA KALLIKREIN INHIBITORS	
KALBITOR SOLN 10MG/ML	PA
PLATELET AGGREGATION INHIBITORS	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>anagrelide hcl caps 1mg</i>	
<i>anagrelide hcl (generic of AGRYLIN) caps .5mg</i>	
BRILINTA TABS 60MG, 90MG	PA
<i>cilostazol tabs 50mg, 100mg</i>	
<i>clopidogrel bisulfate (generic of PLAVIX) tabs 75mg</i>	
<i>clopidogrel bisulfate tabs 300mg</i>	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>ticagrelor (generic of BRILINTA) tabs 60mg, 90mg</i>	PA

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

ELELYSO SOLR 200UNIT	PA; Bill as Medical Claim Only
<i>miglustat (generic of ZAVESCA) caps 100mg</i>	PA

COBALAMINS

B-12 TABS 2000MCG, 2500MCG	OTC
CVS B12 CHEW 5000MCG	OTC
<i>cyanocobalamin chew 1500mcg; tabs 50mcg, 100mcg, 250mcg, 500mcg, 1000mcg; tbc 1000mcg</i>	OTC
<i>cyanocobalamin soln 1000mcg/ml</i>	
<i>cyanocobalamin tab 500 mcg</i>	OTC

FOLIC ACID/FOLATES

<i>folic acid caps .8mg, 800mcg; tabs 1mg, 400mcg, 800mcg</i>	OTC
<i>folic acid tabs 1mg</i>	

HEMATOPOIETIC GROWTH FACTORS

<i>eltrombopag olamine (generic of PROMACTA) tabs 12.5mg, 25mg, 50mg, 75mg</i>	PA
FULPHILA SOSY 6MG/0.6ML	PA
FYLNTRA SOSY 6MG/0.6ML	PA
NIVESTYM SOLN 300MCG/ML	PA; Bill as Medical Claim Only
NIVESTYM SOLN 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	PA
NPLATE SOLR 125MCG, 250MCG, 500MCG	PA; Bill as Medical Claim Only
PROMACTA PACK 12.5MG, 25MG	PA
RELEUKO SOSY 300MCG/0.5ML, 480MCG/0.8ML	PA
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 40000UNIT/ML	PA

HEMATOPOIETIC MIXTURES

<i>folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i>	OTC
FOLITAB 500 TAB	OTC
FOLPLEX 2.2 TAB	
FOLTABS 800 TAB	OTC
HEMATOGEN CAP FORTE	OTC

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>iron-vit c-vit b12-folic acid tab 100-250-0.025-1 mg</i>	OTC
<i>iron-vitamin c tab 65-125 mg</i>	OTC
SE-TAN PLUS CAP	
TRIGELS-F CAP FORTE	

IRON

FERAHEME SOLN 510MG/17ML	PA; Bill as Medical Claim Only
FERRLECIT SOLN 12.5MG/ML	PA; Bill as Medical Claim Only
<i>ferrous gluconate tabs 27mg, 240mg, 324mg</i>	OTC
<i>ferrous sulfate soln 15mg/ml, 220mg/5ml, 300mg/5ml; tabs 325mg; tbcr 45mg, 50mg; tbec 325mg</i>	OTC
FERROUS SULFATE TABS 27MG	OTC
<i>ferrous sulfate dried tabs 200mg</i>	OTC
INFED SOLN 50MG/ML	PA; Bill as Medical Claim Only
INJECTAFER SOLN 750MG/15ML	PA; Bill as Medical Claim Only
SLOW RELEASE IRON TBCR 47.5MG	OTC
<i>sodium ferric gluconate complex in sucrose (generic of FERRLECIT) soln 12.5mg/ml</i>	PA; Bill as Medical Claim Only
VENOFER SOLN 20MG/ML	PA; Bill as Medical Claim Only

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid tabs 500mg, 1000mg</i>	
<i>tranexamic acid tabs 650mg</i>	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

ANTIHISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) caps 25mg, 50mg; liqd 50mg/30ml; tabs 25mg, 50mg</i>	OTC
<i>doxylamine succinate (sleep) tabs 25mg</i>	OTC
WAL-SLEEP Z TBDP 25MG	OTC
WAL-SOM TBDP 25MG	OTC

BARBITURATE HYPNOTICS

PHENOBARBITAL ELIX 20MG/5ML, 30MG/7.5ML, 60MG/15ML; TABS 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG, 100MG	
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NON-BARBITURATE HYPNOTICS

<i>eszopiclone (generic of LUNESTA) tabs 1mg, 2mg, 3mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age; PA Required for > 1 Hypnotic Drug
<i>temazepam (generic of RESTORIL) caps 15mg, 30mg</i>	PA, QL (1 cap every 1 day); PA Required for < 6 years of age; PA Required for > 1 Hypnotic Drug

Drug Name	Requirements/Limits
<i>zolpidem tartrate</i> (generic of AMBIEN) <i>tabs 5mg</i>	PA, QL (2 tabs every 1 day); PA Required for < 6 years of age; PA Required for > 1 Hypnotic Drug
<i>zolpidem tartrate</i> (generic of AMBIEN) <i>tabs 10mg</i>	PA, QL (1 tab every 1 day); PA Required for < 6 years of age; PA Required for > 1 Hypnotic Drug
<i>zolpidem tartrate</i> (generic of AMBIEN CR) <i>tbcr 6.25mg, 12.5mg</i>	PA, QL (1 tab every 1 day); PA Required for < 18 years of age; PA Required for > 1 Hypnotic Drug

SELECTIVE MELATONIN RECEPTOR AGONISTS

ROZEREM TABS 8MG	PA, QL (1 tab every 1 day); PA Required for < 6 years of age
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LAXATIVES

BULK LAXATIVES

CVS DAILY FIBER PACK 58.6%	OTC
HYDROCIL INSTANT PACK 95%	OTC
KONSYL DAILY FIBER PACK 100%	OTC
METAMUCIL WAF	OTC
NATURAL FIBER LAXATIVE POWD 30.9%	OTC
ONELAX DAILY FIBER POWD 83%	OTC
<i>psyllium caps .52gm; powd 28.3%, 43%, 58.6%, 95%, 100%</i>	OTC
<i>psyllium powder 100%</i>	OTC

LAXATIVE COMBINATIONS

<i>gavilyte-g sol</i> (generic of GOLYTELY)	
<i>gavilyte-n sol flav pk</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> (generic of MOVIPREP)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	OTC

LAXATIVES - MISCELLANEOUS

<i>constulose soln 10gm/15ml</i>	
<i>glycerin (laxative) supp 1gm, 1.2gm, 2gm, 2.1gm</i>	OTC
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	
PEDIA-LAX SUPP 2.8GM	OTC
<i>polyethylene glycol 3350 pack 17gm; powd 17gm/scoop</i>	OTC

SALINE LAXATIVES

<i>magnesium citrate soln 1.745gm/30ml</i>	OTC
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OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>magnesium hydroxide susp 400mg/5ml, 1200mg/15ml, 2400mg/30ml</i>	OTC
<i>magnesium sulfate (laxative) gran 100%</i>	OTC
<i>magnesium sulfate oral granules</i>	OTC
<i>sodium phosphates - enema</i>	OTC
<i>sodium phosphates - enema (pediatric)</i>	OTC
STIMULANT LAXATIVES	
<i>bisacodyl supp 10mg; tbec 5mg</i>	OTC
SENNA EXTRA STRENGTH CAPS 17.2MG	OTC
<i>sennosides caps 8.6mg; chew 15mg; liqd 8.8mg/5ml; syrp 8.8mg/5ml; tabs 8.6mg, 15mg, 17.2mg, 25mg</i>	OTC
SURFACTANT LAXATIVES	
<i>docusate calcium caps 240mg</i>	OTC
<i>docusate sodium caps 50mg, 100mg, 250mg; enem 283mg/5ml; liqd 50mg/5ml, 100mg/10ml; tabs 100mg</i>	OTC
MACROLIDES	
AZITHROMYCIN	
<i>azithromycin susr 100mg/5ml; tabs 600mg</i>	
<i>azithromycin (generic of ZITHROMAX) susr 200mg/5ml; tabs 250mg, 500mg</i>	
CLARITHROMYCIN	
<i>clarithromycin tabs 250mg, 500mg</i>	
<i>clarithromycin (generic of BIAXIN XL) tb24 500mg</i>	
ERYTHROMYCINS	
<i>erythromycin ethylsuccinate (generic of ERYPED 400) susr 400mg/5ml</i>	
FIDAXOMICIN	
DIFICID TABS 200MG	PA
<i>fidaxomicin (generic of DIFICID) tabs 200mg</i>	PA
MEDICAL DEVICES AND SUPPLIES	
CONTRACEPTIVES	
AIMSCO MIS LUBRICAT	OTC
CAYA DPR	
COLOR CONDOM MIS + LUBE	OTC
CONDOMS MIS	OTC
DUREX EXTRA MIS SENSITIV	OTC
DUREX MIS TROPICAL	OTC
FANTASY LUBR MIS	OTC
FANTASY LUBR MIS COLORS	OTC
FANTASY LUBR MIS SPERMICI	OTC
FANTASY MIS LUBRICAT	OTC
FC2 FEMALE MIS CONDOM	OTC

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
KAMELEON LUB MIS COLORS	OTC
KAMELEON MIS TRI-COLR	OTC
KIMONO COLOR MIS	OTC
KIMONO MAXX MIS LG FLARE	OTC
KIMONO MICRO MIS THIN	OTC
KIMONO MICRO MIS THIN +	OTC
KIMONO MICRO MIS THIN PLS	OTC
KIMONO MIS LUBRICAT	OTC
KIMONO MIS SENSATIO	OTC
KIMONO PLUS MIS LUBRICAT	OTC
KIMONO PLUS MIS SPERMICI	OTC
KIMONO PS MIS LUBRICAT	OTC
KIMONO PS MIS PLUS	OTC
KIMONO SENSE MIS PLUS	OTC
KIMONO SPEC MIS	OTC
MAXX MIS LUBRICAT	OTC
MAXX PLUS MIS SPERMICI	OTC
NATURAL COND MIS + LUBE	OTC
OMNIFLEX DPR	
REALITY MIS LUBRICAT	OTC
REALITY ULTR MIS TEXTURED	OTC
REALITY ULTR MIS THIN	OTC
TROJAN MAGN MIS	OTC
TROJAN MIS BARESKIN	OTC
TROJAN MIS ENZ	OTC
TROJAN ULTRA MIS RIBBED	OTC
TROJAN ULTRA MIS THIN	OTC
TROJAN-ENZ MIS LUBRICAT	OTC
TROJAN-ENZ MIS W/SPERMI	OTC
TRUSTEX LUBR MIS ASSORTED	OTC
TRUSTEX LUBR MIS BANANA	OTC
TRUSTEX LUBR MIS CHOC	OTC
TRUSTEX LUBR MIS COLA	OTC
TRUSTEX LUBR MIS COLORS	OTC
TRUSTEX LUBR MIS EX LARGE	OTC
TRUSTEX LUBR MIS EX STR	OTC
TRUSTEX LUBR MIS GRAPE	OTC
TRUSTEX LUBR MIS MINT	OTC
TRUSTEX LUBR MIS RIB/STUD	OTC
TRUSTEX LUBR MIS SPERMICI	OTC
TRUSTEX LUBR MIS STRWBRY	OTC
TRUSTEX LUBR MIS VANILLA	OTC
TRUSTEX MIS BANANA	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
TRUSTEX MIS CHOCOLAT	OTC
TRUSTEX MIS FLAVORS	OTC
TRUSTEX MIS MINT	OTC
TRUSTEX MIS STRWBRY	OTC
TRUSTEX MIS VANILLA	OTC
TRUSTEX/RIA MIS LUBRICAT	OTC
TRUSTEX/RIA MIS NON-LUB	OTC
TRUSTEX/RIA MIS SPERMICI	OTC
TRUSTX NON-9 MIS RIB/STUD	OTC
WIDE-SEAL SILICONE DIAPHR DPRH 2%	

DIABETIC SUPPLIES

ACCU-CHEK KIT FASTCLIX	OTC
ACCU-CHEK KIT SOFTCLIX	OTC
ACTI-LANCE MIS 28G	OTC
ACTI-LANCE MIS LITE 28G	OTC
ACTI-LANCE MIS SPEC 17G	OTC
ACTI-LANCE MIS UNIV 23G	OTC
ADVANTAGE MIS LANC 28G	OTC
ADVCATE SAFE MIS LANC 26G	OTC
ADVOCATE MIS LANC 30G	OTC
ADVOCATE MIS LANCETS	OTC
AGAMATRIX MIS 33G	OTC
AIMSCO TWIST MIS 32G	OTC
AIMSCO TWIST MIS 33G	OTC
ASSURE LANCE MIS 21G	OTC
ASSURE LANCE MIS 28G	OTC
ASSURE LANCE MIS LOW FLOW	OTC
ASSURE LANCE MIS MICRO	OTC
ASSURE LANCE MIS SAFE 25G	OTC
ASSURE LANCE MIS SAFE 30G	OTC
AURORA LANCE MIS 30G	OTC
AURORA LANCE MIS THIN 23G	OTC
AUTO LANCET MIS	OTC
AUTOLET II KIT CLINISAF	OTC
AUTOLET LITE KIT	OTC
AUTOLET LITE KIT CLINISAF	OTC
AUTOLET LITE KIT STARTER	OTC
BD MICROTAIN MIS LANCETS	
BD MICROTAIN MIS LANCETS	OTC
CAREONE LANC MIS 30G	OTC
CAREONE LANC MIS THIN 23G	OTC
CARESENS 30G MIS LANCETS	OTC
CARETOUCH MIS TWIST 28	OTC

Drug Name	Requirements/Limits
CARETOUCH MIS TWIST 30	OTC
CARETOUCH MIS TWIST 33	OTC
CHOSEN MIS 30G	OTC
CHOSEN MIS SAFE 28G	OTC
CLEANLET 28G MIS LANCETS	OTC
CLEVER CHECK MIS	OTC
CLEVER CHECK MIS 30G	OTC
COAGUCHEK MIS LANCETS	OTC
COMFORT ASSU MIS LANC 28G	OTC
COMFORT ASSU MIS LANC 33G	OTC
COMFORT EZ MIS 21G	OTC
COMFORT EZ MIS 23G	OTC
COMFORT EZ MIS 28G	OTC
COMFORT TCH MIS LANC 31G	OTC
COMFORTOUCH MIS LANCET	OTC
CVS LANCETS MIS ORIGINAL	OTC
CVS LANCETS MIS THIN 26G	OTC
DEXCOM G6 MIS RECEIVER	PA, QL (1 receiver every year)
DEXCOM G6 MIS SENSOR	PA, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	PA, QL (1 transmitter every 90 days)
DEXCOM G7 MIS RECEIVER	PA, QL (1 receiver every year)
DEXCOM G7 MIS SENSOR	PA, QL (3 sensors every 30 days)
DEXCOM G7 MIS SNSR 15D	PA, QL (2 sensors every 30 days)
DIATHRIVE MIS LANCETS	OTC
DIATHRIVE MIS UT 30G	OTC
DROPLET LANC MIS 30G	OTC
DROPLET PERS MIS LANC 30G	OTC
DROPSAFE MIS LANC 23G	OTC
DROPSAFE MIS LANC 30G	OTC
EASY COMFORT MIS LANC 30G	OTC
EASY COMFORT MIS TWIST	OTC
EASY TOUCH MIS LANC/21G	OTC
EASY TOUCH MIS LANC/23G	OTC
EASY TOUCH MIS LANC/26G	OTC
EASY TOUCH MIS LANC/28G	OTC
EASY TOUCH MIS LANC/30G	OTC
EASY TOUCH MIS LANC/32G	OTC
EASY TOUCH MIS P-AC/21G	OTC
EASY TOUCH MIS P-AC/23G	OTC
EASY TOUCH MIS P-AC/26G	OTC
EASY TOUCH MIS P-AC/28G	OTC
EASY TOUCH MIS P-AC/30G	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
EASY TOUCH MIS TWST/28G	OTC
EASY TOUCH MIS TWST/30G	OTC
EASY TOUCH MIS TWST/32G	OTC
EASY TOUCH MIS TWST/33G	OTC
EMBRACE LANC MIS 21G	OTC
EMBRACE LANC MIS 28G	OTC
EMBRACE LANC MIS THIN 30G	OTC
FASTCLIX MIS LANCETS	OTC
FIFTY50 SAFE MIS LANCETS	OTC
FINGERSTIX MIS LANCETS	OTC
FORA LANCETS MIS 30G	OTC
FORA MIS LANCETS	OTC
FREESTYLE LB KIT 2/SENSOR	PA, QL (2 sensors every 30 days)
FREESTYLE LB KIT 2PLS/SEN	PA, QL (2 sensors every 30 days)
FREESTYLE LB KIT 3/SENSOR	PA, QL (3 sensors every 30 days)
FREESTYLE LB KIT 3PLS/SEN	PA, QL (3 sensors every 30 days)
FREESTYLE LB KIT 14D/SEN	PA, QL (2 sensors every 30 days)
FREESTYLE LB MIS 2/READER	PA, QL (1 reader every year)
FREESTYLE LB MIS 3/READER	PA, QL (1 reader every year)
FREESTYLE LB MIS 14D/RDR	PA, QL (1 reader every year)
FREESTYLE MIS LANCETS	OTC
FREESTYLE MIS READER	PA, QL (1 reader every year)
FREESTYLE MIS UNISTICK	OTC
GENTEEL LANC KIT BLUE	OTC
GENTEEL MIS LANCETS	OTC
GLOBAL 28G MIS LANCETS	OTC
GLOBAL 30G MIS LANCETS	OTC
GLUCOCOM MIS 28G	OTC
GLUCOCOM MIS 30G	OTC
GLUCOCOM MIS 33G	OTC
GNP LANCETS MIS 28G	OTC
GNP LANCETS MIS 30G	OTC
GNP LANCETS MIS 33G	OTC
GOJJI LANCET MIS 30G	OTC
HAEMOLANCE MIS HIGH FLO	OTC
HAEMOLANCE MIS LOW FLOW	OTC
HAEMOLANCE MIS PLUS	OTC
HAEMOLANCE MIS PLUS LOW	OTC
HAEMOLANCE MIS PLUS MAX	OTC
HAEMOLANCE MIS PLUS PED	OTC
HAEMOLANCE MIS RETRACT	OTC
HYPOLANCE KIT LANCING	OTC
IN TOUCH LAN MIS 30G	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
INCONTROL MIS LANC 28G	OTC
INCONTROL MIS LANC 30G	OTC
INCONTROL MIS LANC 33G	OTC
KINNEY MIS LANCETS	OTC
KINNEY THIN MIS LANCETS	OTC
KROGER LANCE MIS	OTC
KROGER LANCE MIS 26G	OTC
KROGER LANCE MIS THIN	OTC
KROGER LANCE MIS THIN 30G	OTC
LANCET DEVIC MIS 30G	OTC
LANCET SUPER MIS THIN 30G	OTC
LANCET ULTRA MIS THIN 30G	OTC
LANCETS MICR MIS THIN 33G	OTC
LANCETS MIS	OTC
LANCETS MIS 21G	OTC
LANCETS MIS 26G	OTC
LANCETS MIS 28G	OTC
LANCETS MIS 28G THIN	OTC
LANCETS MIS 30G	OTC
LANCETS MIS 33G	OTC
LANCETS MIS ORIGINAL	OTC
LANCETS MIS THIN	OTC
LANCETS SUPR MIS THIN 28G	OTC
LANCETS THIN MIS	OTC
LANCETS ULTR MIS THIN	OTC
LANCETS ULTR MIS THIN 31G	OTC
LANCING DEVI MIS 25G	OTC
LANCING DEVI MIS 30G	OTC
LITE TOUCH MIS LANCETS	OTC
LITETOUCH MIS LANCETS	OTC
MEDICHOICE MIS LANCET	OTC
MEDLANCE MIS 30G PLUS	OTC
MEDLANCE MIS PLUS 30G	OTC
MEDLANCE PLS MIS 0.8MM	OTC
MEDLANCE PLS MIS EXTR 21G	OTC
MEDLANCE PLS MIS LITE 25G	OTC
MEDLANCE PLS MIS UNIV 21G	OTC
MEIJER LANCE MIS COLOR	OTC
MEIJER LANCE MIS UNIV 21G	OTC
MEIJER LANCE MIS UNIV 30G	OTC
MEIJER MIS LANCETS	OTC
MICROLET MIS LANCETS	OTC
MM TWIST MIS LANCETS	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
MOBILE LANCE MIS 30G	OTC
MONOLET MIS LANCETS	OTC
MONOLET OPD MIS LANCETS	OTC
MONOLETTOR MIS LANCETS	OTC
MULTI-LANCET KIT DEVICE	OTC
MYGLUCOHEALT MIS LANC 30G	OTC
NOVA SAFETY MIS LANC 23G	OTC
NOVA SAFETY MIS LANC 28G	OTC
NOVA SURE MIS LANCETS	OTC
ON-THE-GO MIS LANC 30G	OTC
ONETOUCH DEL MIS LANC DEV	OTC
ONETOUCH DEL MIS PLUS 30G	OTC
ONETOUCH DEL MIS PLUS 33G	OTC
ONETOUCH US MIS 2 30G	OTC
PERFECT 28G MIS LANCETS	OTC
PERFECT 30G MIS LANCETS	OTC
PIP LANCETS MIS 28G	OTC
PIP LANCETS MIS 30G	OTC
PRODIGY MIS 26G	OTC
PRODIGY MIS 28G	OTC
PURE COMFORT MIS 30G LAN	OTC
PX LANCETS MIS 28G	OTC
PX LANCETS MIS 33G	OTC
QC LANCETS MIS 28G	OTC
QC LANCETS MIS 30G	OTC
READYLANCE MIS 21G	OTC
READYLANCE MIS 23G	OTC
READYLANCE MIS 26G	OTC
READYLANCE MIS 28G	OTC
READYLANCE MIS 30G	OTC
REALITY MIS LANCETS	OTC
REALITY TRIG MIS LANCETS	OTC
RELION LANCE MIS THIN 26G	OTC
RELION LANCE MIS THIN 30G	OTC
RELION MICRO MIS THIN 33G	OTC
RELION ULTRA MIS THIN 30G	OTC
RIGHTEST MIS GL300	OTC
SAFE-T-PRO MIS LANCETS	OTC
SAFE-T-PRO MIS PLUS	OTC
SAFETY 21G MIS LANCETS	OTC
SAFETY 23G MIS LANCETS	OTC
SAFETY 28G MIS LANCETS	OTC
SAFETY MIS LANCETS	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
SB LANCETS MIS THIN	OTC
SB LANCETS MIS ULTR THN	OTC
SELECT-LITE KIT DEV/LANC	OTC
SENSILANCE MIS 21G	OTC
SENSILANCE MIS 26G	OTC
SENSILANCE MIS 28G	OTC
SINGLE-LET MIS 23G	OTC
SMARTEST MIS LANCETS	OTC
SOFTCLIX MIS LANCETS	OTC
SOLUS V2 MIS LANC 28G	OTC
SOLUS V2 MIS LANC 30G	OTC
STERILANCE MIS TL 28G	OTC
STERILANCE MIS TL 30G	OTC
STERILANCE MIS TL 32G	OTC
SUPER THIN MIS LANCETS	OTC
SURE COMFORT MIS LANC 18G	OTC
SURE COMFORT MIS LANC 21G	OTC
SURE COMFORT MIS LANC 23G	OTC
SURE COMFORT MIS LANC 30G	OTC
SURE COMFORT MIS LANCETS	OTC
SUREFLEX MIS LANCETS	OTC
SURELITE MIS LANCETS	OTC
TECHLITE AST MIS LANCETS	OTC
TECHLITE MIS LANC 26G	OTC
TECHLITE MIS LANCETS	OTC
TRAVEL LANCE MIS ADV 28G	OTC
TRUE COMFORT MIS LANC 30G	OTC
TRUPLUS LANC MIS 26G	OTC
TRUPLUS LANC MIS 28G	OTC
TRUPLUS LANC MIS 30G	OTC
TRUPLUS LANC MIS 33G	OTC
TWIST LANCET MIS 30G	OTC
TWIST LANCET MIS 30G MULT	OTC
ULTILET MIS 26G	OTC
ULTILET MIS 28G	OTC
ULTILET MIS 30G	OTC
ULTILET MIS 33G	OTC
ULTILET MIS LANCETS	OTC
ULTILET MIS SAFETY	OTC
ULTILET SAFE MIS 21G	OTC
ULTRA THIN MIS 28G	OTC
ULTRA THIN MIS 30G	OTC
ULTRA THIN MIS 33G	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
ULTRA THIN MIS LAN 31G	OTC
ULTRA THIN MIS LANC 28G	OTC
ULTRA THIN MIS LANC 30G	OTC
ULTRA THIN MIS LANCETS	OTC
UNILET EX II MIS 28G	OTC
UNILET EXCEL MIS 23G	OTC
UNILET G.P MIS SUPR 23G	OTC
UNILET G.P. MIS 21G	OTC
UNILET GP 28 MIS ULT THIN	OTC
UNILET LANC MIS 33G	OTC
UNILET LANCE MIS 21G	OTC
UNILET LANCE MIS 28G	OTC
UNILET LANCE MIS 33G	OTC
UNILET LANCT MIS 28G	OTC
UNILET LANCT MIS 30G	OTC
UNILET LANCT MIS 33G	OTC
UNILET MICRO MIS 33G	OTC
UNILET MIS 21G	OTC
UNILET SUPER MIS 23G	OTC
UNILET SUPER MIS G.P. 23G	OTC
UNISTIK 1 MIS 2.4MM	OTC
UNISTIK 1 MIS 3.0MM	OTC
UNISTIK 2 MIS	OTC
UNISTIK 2 MIS 1.8MM	OTC
UNISTIK 2 MIS 2.4MM	OTC
UNISTIK 2 MIS COMFORT	OTC
UNISTIK 2 MIS EXTRA	OTC
UNISTIK 2 MIS NEONATAL	OTC
UNISTIK 2 MIS NORMAL	OTC
UNISTIK 2 MIS SUPER	OTC
UNISTIK 3 MIS 1.8MM	OTC
UNISTIK 3 MIS COMFORT	OTC
UNISTIK 3 MIS EXTRA	OTC
UNISTIK 3 MIS GENT 30G	OTC
UNISTIK 3 MIS NEONATAL	OTC
UNISTIK 3 MIS NORMAL	OTC
UNISTIK 23G MIS NORMAL	OTC
UNISTIK CZT MIS COMFORT	OTC
UNISTIK CZT MIS NORMAL	OTC
UNISTIK PRO MIS LANC 21G	OTC
UNISTIK PRO MIS LANC 28G	OTC
UNISTIK SAFE MIS LANC 28G	OTC
UNISTIK SAFE MIS LANC 30G	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
UNISTIK TOUC MIS LANC 21G	OTC
UNISTIK TOUC MIS LANC 23G	OTC
UNISTIK TOUC MIS LANC 28G	OTC
UNISTIK TOUC MIS LANC 30G	OTC
UNITSTIK PRO MIS LANC 25G	OTC
VERIFINE LAN MIS MINI 21G	OTC
VERIFINE LAN MIS MINI 23G	OTC
VERIFINE LAN MIS MINI 28G	OTC
VERIFINE LAN MIS MINI 30G	OTC
VIVAGUARD MIS 28G	OTC
VIVAGUARD MIS 30G	OTC
ZEV RX TWIST MIS LANC 30G	OTC

MISC. DEVICES

ALCOHOL PREP PAD	OTC
ALCOHOL SWABS PADS 70%	OTC
BD SWAB REG PAD SNGL USE	OTC
CARETOUCH ALCOHOL PREP PA PADS 70%	OTC
CURITY ALCOHOL PREPS/MEDI PADS 70%	OTC
CVS ALCOHOL PREP PADS PADS 70%	OTC
CVS PREP PADS PADS 70%	OTC
DROPSAFE ALCOHOL PREP PAD PADS 70%	OTC
EASY TOUCH ALCOHOL PREP P PADS 70%	OTC
EQL ALCOHOL SWABS PADS 70%	OTC
FIFTY50 ALCOHOL PREP PADS PADS 70%	OTC
GNP ALCOHOL SWABS PADS 70%	OTC
INCONTROL PAD ALCOHOL	OTC
MEIJER ALCOHOL SWABS EXTR PADS 70%	OTC
QC ALCOHOL SWABS PADS 70%	OTC
REALITY SWAB PAD	OTC
SB ALCOHOL PREP PADS PADS 70%	OTC
SURE COMFORT ALCOHOL PREP PADS 70%	OTC
ULTICARE ALCOHOL SWABS PADS 70%	OTC
ULTILET PAD ALCOHOL	OTC
WEBCOL ALCOHOL PREP LARGE PADS 70%	OTC
WEBCOL ALCOHOL PREP MEDIU PADS 70%	OTC

PARENTERAL THERAPY SUPPLIES

AQINJECT PEN MIS 31GX3/16	
AQINJECT PEN MIS 32GX5/32	
ASSURE ID MIS 30GX5/16	OTC
ASSURE ID MIS 30GX5MM	OTC
ASSURE ID MIS 31GX5MM	OTC
AUM MINI PEN MIS 32GX4MM	OTC
AUM MINI PEN MIS 32GX5MM	OTC

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
AUM MINI PEN MIS 32GX6MM	OTC
AUTOSHIELD MIS 30GX5MM	OTC
BD NEEDLES MIS 21GX1.5"	OTC
BD PEN NEEDL MIS 29GX12.7	OTC
BD PEN NEEDL MIS 31GX5MM	OTC
BD PEN NEEDL MIS 31GX8MM	OTC
BD PEN NEEDL MIS 32GX4MM	OTC
BD PEN NEEDL MIS 32GX6MM	OTC
CAREFINE MIS 31GX8MM	OTC
CAREFINE MIS 32GX4MM	OTC
CAREFINE MIS 32GX5MM	OTC
CAREFINE MIS 32GX6MM	OTC
CARETOUCH MIS 31GX5MM	OTC
CARETOUCH MIS 31GX6MM	OTC
CARETOUCH MIS 31GX8MM	OTC
CARETOUCH MIS 32GX4MM	OTC
CARETOUCH MIS 32GX5MM	OTC
COMFORT EZ MIS 31GX5/16	OTC
COMFORT EZ MIS 31GX5MM	OTC
COMFORT EZ MIS 31GX6MM	OTC
COMFORT EZ MIS 31GX8MM	OTC
COMFORT EZ MIS 32GX4MM	OTC
COMFORT EZ MIS 32GX5MM	OTC
DIATHRIVE MIS 31GX5MM	OTC
DIATHRIVE MIS 31GX6MM	OTC
DIATHRIVE MIS 31GX8MM	OTC
DIATHRIVE MIS 32GX4MM	OTC
DROPSAFE MIS 31GX5MM	OTC
EASY COMFORT MIS 31GX1/4"	OTC
EASY COMFORT MIS 31GX3/16	OTC
EASY COMFORT MIS 31GX5/16	OTC
EASY COMFORT MIS 32GX5/32	OTC
EASY TOUCH MIS 29GX1/2"	OTC
EASY TOUCH MIS 31GX1/4"	OTC
EASY TOUCH MIS 31GX3/16	OTC
EASY TOUCH MIS 31GX5/16	OTC
EASY TOUCH MIS 32GX1/4"	OTC
EASY TOUCH MIS 32GX3/16	OTC
EASY TOUCH MIS 32GX5/32	OTC
EASY TOUCH MIS 32GX5MM	OTC
EASY TOUCH MIS 32GX6MM	OTC
EMBECTA AUTO MIS DUO	OTC
EMBECTA NANO MIS 32GX4MM	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
EMBECTA UF MIS 29GX12.7	OTC
EMBECTA UF MIS 31GX5MM	OTC
EMBECTA UF MIS 31GX8MM	OTC
EMBECTA UF MIS 32GX6MM	OTC
FIFTY50 MIS 31GX3/16	OTC
FIFTY50 MIS 31GX5/16	OTC
FIFTY50 MIS 31GX5MM	OTC
FIFTY50 PEN MIS 31GX8MM	OTC
FIFTY50 PEN MIS 32GX4MM	OTC
FIFTY50 PEN MIS 32GX6MM	OTC
GNP PEN NEED MIS 31GX5MM	OTC
GNP PEN NEED MIS 31GX8MM	OTC
GNP PEN NEED MIS 32GX4MM	OTC
GNP PEN NEED MIS 32GX6MM	OTC
GNP ULTICARE MIS 31GX5/16	OTC
GNP ULTICARE MIS 31GX5MM	OTC
GNP ULTICARE MIS 32GX1/4"	OTC
GNP ULTICARE MIS 32GX5/32	OTC
HM INSULIN S MIS 0.3/31G	OTC
HM INSULIN S MIS 1ML/30G	OTC
HM ULTICARE MIS 31GX8MM	OTC
IN CONTROL MIS 31GX3/16	OTC
IN CONTROL MIS 31GX5MM	OTC
IN CONTROL MIS 31GX6MM	OTC
IN CONTROL MIS 31GX8MM	OTC
INCONTROL MIS 29GX12MM	OTC
INCONTROL MIS 31GX6MM	OTC
INCONTROL MIS 31GX8MM	OTC
INCONTROL MIS 32GX4MM	OTC
INS SY 0.3ML MIS 31GX5/16	OTC
INS SY 0.5ML MIS 30GX1/2"	OTC
INS SY 0.5ML MIS 30GX5/16	OTC
INS SY 1/2ML MIS 30GX1/2"	OTC
INS SYR 1ML MIS 30GX1/2"	OTC
INS SYR 1ML MIS 30GX5/16	OTC
INS SYR 1ML MIS 31GX5/16	OTC
INSULIN SYRG MIS 0.3/29G	
INSULIN SYRG MIS 0.3/29G	OTC
INSULIN SYRG MIS 0.3/30G	
INSULIN SYRG MIS 0.3/30G	OTC
INSULIN SYRG MIS 0.3/31G	
INSULIN SYRG MIS 0.3/31G	OTC
INSULIN SYRG MIS 0.3ML/31	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
INSULIN SYRG MIS 0.5/27G	OTC
INSULIN SYRG MIS 0.5/28G	
INSULIN SYRG MIS 0.5/28G	OTC
INSULIN SYRG MIS 0.5/29G	
INSULIN SYRG MIS 0.5/29G	OTC
INSULIN SYRG MIS 0.5/30G	
INSULIN SYRG MIS 0.5/30G	OTC
INSULIN SYRG MIS 0.5/31G	OTC
INSULIN SYRG MIS 1/2ML/30	OTC
INSULIN SYRG MIS 1/2ML/31	OTC
INSULIN SYRG MIS 1ML/25G	OTC
INSULIN SYRG MIS 1ML/27G	
INSULIN SYRG MIS 1ML/27G	OTC
INSULIN SYRG MIS 1ML/28G	
INSULIN SYRG MIS 1ML/28G	OTC
INSULIN SYRG MIS 1ML/29G	
INSULIN SYRG MIS 1ML/29G	OTC
INSULIN SYRG MIS 1ML/30G	
INSULIN SYRG MIS 1ML/30G	OTC
INSULIN SYRG MIS 1ML/31G	OTC
INSULIN SYRG MIS 27GX1/2"	
INSULIN SYRG MIS 27GX1/2"	OTC
INSULIN SYRG MIS 28GX1/2"	
INSULIN SYRG MIS 28GX1/2"	OTC
INSULIN SYRG MIS 28GX12MM	OTC
INSULIN SYRG MIS 29GX1/2"	
INSULIN SYRG MIS 29GX1/2"	OTC
INSULIN SYRG MIS 30GX1/2"	
INSULIN SYRG MIS 30GX1/2"	OTC
INSULIN SYRG MIS 30GX5/16	
INSULIN SYRG MIS 30GX5/16	OTC
INSULIN SYRG MIS 30GX8MM	OTC
INSULIN SYRG MIS 30GX12MM	OTC
INSULIN SYRG MIS 31GX5/16	
INSULIN SYRG MIS 31GX5/16	OTC
INSULIN SYRI MIS 0.3/31G	OTC
INSUPEN32G MIS 32GX6MM	OTC
INSUPEN MIS 29GX12MM	OTC
INSUPEN MIS 31GX5MM	OTC
INSUPEN MIS 31GX8MM	OTC
INSUPEN MIS 32GX4MM	OTC
LITETOUCH MIS 29GX12.7	OTC
LITETOUCH MIS 31GX8MM	OTC

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
3ML LUER LOC MIS 25GX1"	OTC
MAXICOMFORT MIS 27GX1/2	OTC
MAXICOMFORT MIS 27GX1/2"	OTC
MAXICOMFORT MIS 31GX1/4"	OTC
MM PENTIPS MIS 29GX12MM	
MM PENTIPS MIS 31GX5MM	
MM PENTIPS MIS 31GX8MM	
MM PENTIPS MIS 32GX4MM	
NOVOFINE MIS 32GX6MM	OTC
NOVOFINE PLS MIS 32GX4MM	OTC
NOVOPEN ECHO MIS	PA, QL (3 boxes every 365 days)
PEN NEEDLE MIS 29GX1/2"	OTC
PEN NEEDLE MIS 31GX3/16	OTC
PEN NEEDLE MIS 31GX5/16	OTC
PEN NEEDLE MIS 31GX5MM	OTC
PEN NEEDLE MIS 31GX6MM	OTC
PEN NEEDLE MIS 31GX8MM	OTC
PEN NEEDLE MIS 32GX1/4"	OTC
PEN NEEDLE MIS 32GX4MM	OTC
PEN NEEDLE MIS 32GX5/32	OTC
PEN NEEDLE MIS 32GX5MM	OTC
PEN NEEDLE MIS 32GX6MM	OTC
PEN NEEDLES MIS 29GX1/2"	OTC
PEN NEEDLES MIS 29GX12.7	OTC
PEN NEEDLES MIS 29GX12MM	OTC
PEN NEEDLES MIS 30GX3/16	OTC
PEN NEEDLES MIS 30GX5/16	OTC
PEN NEEDLES MIS 30GX5MM	
PEN NEEDLES MIS 30GX5MM	OTC
PEN NEEDLES MIS 30GX8MM	OTC
PEN NEEDLES MIS 31GX1/4"	OTC
PEN NEEDLES MIS 31GX3/16	OTC
PEN NEEDLES MIS 31GX5/16	OTC
PEN NEEDLES MIS 31GX5MM	
PEN NEEDLES MIS 31GX5MM	OTC
PEN NEEDLES MIS 31GX6MM	OTC
PEN NEEDLES MIS 31GX8MM	
PEN NEEDLES MIS 31GX8MM	OTC
PEN NEEDLES MIS 32GX1/4	OTC
PEN NEEDLES MIS 32GX1/4"	OTC
PEN NEEDLES MIS 32GX3/16	OTC
PEN NEEDLES MIS 32GX4MM	
PEN NEEDLES MIS 32GX4MM	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
PEN NEEDLES MIS 32GX5/32	OTC
PEN NEEDLES MIS 32GX5MM	OTC
PEN NEEDLES MIS 32GX6MM	OTC
PENTIPS MIS 29GX12MM	
PENTIPS MIS 29GX12MM	OTC
PENTIPS MIS 31GX5MM	
PENTIPS MIS 31GX5MM	OTC
PENTIPS MIS 31GX6MM	OTC
PENTIPS MIS 31GX8MM	
PENTIPS MIS 31GX8MM	OTC
PENTIPS MIS 32GX4MM	
PENTIPS MIS 32GX4MM	OTC
PENTIPS MIS 32GX6MM	OTC
PIP PEN NEED MIS 32GX4MM	OTC
PREVENT DROP MIS 31GX1/4"	OTC
PREVENT DROP MIS 31GX5/16	OTC
PREVENT SAFE MIS 31GX1/4"	OTC
PREVENT SAFE MIS 31GX5/16	OTC
PRO COMFORT MIS 0.5/30G	OTC
PRO COMFORT MIS 0.5/31G	OTC
PRO COMFORT MIS 1ML/30G	OTC
PRO COMFORT MIS 1ML/31G	OTC
PRO COMFORT MIS 32GX4MM	
PRO COMFORT MIS 32GX5MM	
PURE COMFORT MIS 32GX4MM	OTC
PURE COMFORT MIS 32GX5MM	OTC
RELION PEN MIS 31GX5/16	OTC
RELION PEN MIS 31GX6MM	OTC
RELION PEN MIS 31GX8MM	OTC
RELION PEN MIS 32GX4MM	OTC
SECURESAFE MIS 0.5/29G	OTC
SECURESAFE MIS 29GX1/2"	OTC
SECURESAFE MIS 30GX5/16	OTC
SURE COMFORT MIS 29GX1/2"	OTC
SURE COMFORT MIS 30GX5/16	OTC
SURE COMFORT MIS 31GX3/16	OTC
SURE COMFORT MIS 31GX5/16	OTC
SURE COMFORT MIS 32GX5/32	OTC
SURE COMFORT MIS 32GX6MM	OTC
SYRINGE MIS 0.5/30G	OTC
1ML SYRINGE MIS 30G	OTC
1ST TIER UNI MIS 29GX12MM	OTC
1ST TIER UNI MIS 31GX5MM	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
1ST TIER UNI MIS 31GX6MM	OTC
1ST TIER UNI MIS 31GX8MM	OTC
1ST TIER UNI MIS 32GX4MM	OTC
TIER UNI PLS MIS 31GX8MM	OTC
ULTICARE MIC MIS 32GX4MM	OTC
ULTICARE MIS 30GX3/16	OTC
ULTICARE MIS 30GX5/16	OTC
ULTICARE PEN MIS 31GX5MM	OTC
ULTICARE PEN MIS 31GX6MM	OTC
ULTICARE PEN MIS 31GX8MM	OTC
ULTIGUARD MIS 31GX5MM	OTC
ULTIGUARD MIS 31GX6MM	OTC
ULTIGUARD MIS 31GX8MM	OTC
ULTIGUARD MIS 32GX4MM	OTC
ULTIGUARD MIS 32GX6MM	OTC
ULTILET PEN MIS 29GX12.7	OTC
ULTILET PEN MIS 31GX5MM	OTC
ULTILET PEN MIS 31GX8MM	OTC
ULTILET PEN MIS 32GX4MM	OTC
ULTRA FLO MIS 31GX5MM	OTC
ULTRA FLO MIS 31GX8MM	OTC
ULTRA FLO MIS PEN NEED	OTC
UNIFINE PLUS MIS 31GX1/4"	OTC
UNIFINE PLUS MIS 31GX3/16	OTC
UNIFINE PLUS MIS 31GX5/16	OTC
UNIFINE PLUS MIS 32GX5/32	OTC
UNIFINE PNTP MIS 29GX12MM	OTC
UNIFINE PNTP MIS 30GX3/16	OTC
UNIFINE PNTP MIS 31GX3/16	OTC
UNIFINE PNTP MIS 31GX5/16	OTC
UNIFINE PNTP MIS 31GX5MM	OTC
UNIFINE PNTP MIS 31GX6MM	OTC
UNIFINE PNTP MIS 31GX8MM	OTC
UNIFINE PNTP MIS 32GX4MM	OTC
UNIFINE PNTP MIS 32GX5/32	OTC
UNIFINE PNTP MIS 32GX6MM	OTC
UNIFINE SAFE MIS 31GX5MM	OTC
UNIFINE SAFE MIS 31GX6MM	OTC
UNIFINE SAFE MIS 31GX8MM	OTC
UNIFINE SAFE MIS 32GX4MM	OTC
UNIFINE ULTR MIS 31GX5MM	OTC
UNIFINE ULTR MIS 31GX6MM	OTC
UNIFINE ULTR MIS 31GX8MM	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
UNIFINE ULTR MIS 32GX4MM	OTC
VERIFINE PEN MIS 31GX5MM	OTC
VERIFINE PEN MIS 31GX8MM	OTC
VERIFINE PEN MIS 32GX4MM	OTC
ZEV RX MIS 31GX5MM	OTC
ZEV RX MIS 31GX6MM	OTC
ZEV RX MIS 31GX8MM	OTC
ZEV RX MIS 32GX4MM	OTC

RESPIRATORY THERAPY SUPPLIES

AERCHMBR PLS MIS INTERMED	
AERCHMBR PLS MIS LRG MASK	
AERCHMBR PLS MIS MED MASK	
AERCHMBR PLS MIS SM MASK	
AERCHMBR Z- MIS STAT PLS	
AEROCHAMBER MIS 2GO	
AEROCHAMBER MIS CHAMBER	
AEROCHAMBER MIS HOLDING	
AEROCHAMBER MIS MTHPIECE	
AEROCHAMBER MIS MV	
AEROCHAMBER MIS PLUS	
AEROECLIPSE MIS II	QL (1 box every year)
AEROECLIPSE MIS II NEB	QL (1 box every year)
AEROECLIPSE MIS II TUBE	QL (1 box every year)
AEROECLIPSE MIS XL	QL (1 box every year)
AEROVENT MIS PLUS	
AIRS DISPOS MIS NEBULIZR	QL (1 box every year), OTC
AURA MIS PORTANEB	QL (1 box every year)
BENTLEY THE MIS BEAR	QL (1 box every year)
BREATHE EASE MIS LG MASK	
BREATHE EASE MIS MED MASK	
BREATHE EASE MIS SM MASK	
BREATHERITE MIS MDI CHMB	
CAPTAIN MIS EAGLE	QL (1 box every year)
COMP A-I-R MIS NEBULIZE	QL (1 box every year)
COMP AIR MIS COMP/NEB	QL (1 box every year)
COMPACT SPAC MIS CHAMBER	
COMPACT SPAC MIS LG MASK	
COMPACT SPAC MIS MD MASK	
COMPACT SPAC MIS SM MASK	
COMPMIST MIS NEBULIZE	QL (1 box every year), OTC
COMPRESSOR MIS NEBULIZE	QL (1 box every year)
COMPRESSOR MIS NEBULIZR	QL (1 box every year), OTC
EASIVENT MIS	

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
EASIVENT MIS MASK LG	
EASIVENT MIS MASK MED	
EASIVENT MIS MASK SM	
ELITE COMPRS MIS NEBULIZR	QL (1 box every year), OTC
FLEXICHAMBER MIS	
FLEXICHAMBER MIS MASK LRG	
FLEXICHAMBER MIS MASK SM	
HOLD CHAMBER MIS ADLT LG	
HOLD CHAMBER MIS ADLT LG	OTC
HOLD CHAMBER MIS MEDIUM	
HOLD CHAMBER MIS MEDIUM	OTC
HOLD CHAMBER MIS SMALL	
HOLD CHAMBER MIS SMALL	OTC
HOMENEB MIS SIDESTRE	QL (1 box every year), OTC
INNOSPIRE EL MIS NEBULIZE	QL (1 box every year)
INNOSPIRE ES MIS NEBULIZE	QL (1 box every year)
INSPIREASE MIS DD SYST	
LUMINEB II MIS NEBULIZR	QL (1 box every year)
MABIS COMPXP MIS COMP/NEB	QL (1 box every year), OTC
MABIS COSMO MIS NEBULIZR	QL (1 box every year)
MARGO MOO MIS NEBULIZE	QL (1 box every year), OTC
MC 300 MIS MOUTHPIE	QL (1 box every year)
MC 300 MIS TUBING	QL (1 box every year)
MEDNEB NEBUL MIS DISP NEB	QL (1 box every year)
MEDNEB NEBUL MIS REUS/BAG	QL (1 box every year), OTC
MEDNEB NEBUL MIS REUSE/DI	QL (1 box every year), OTC
MICROCHAMBER MIS	
MICRONEB MIS TABLETOP	QL (1 box every year)
MICROSPACER MIS	
MINI COMPRES MIS NEBULIZR	QL (1 box every year)
MINI-MIST MIS PORTABLE	QL (1 box every year), OTC
MINIBREEZE MIS NEBULIZE	QL (1 box every year), OTC
NEB 200 COMP MIS NEBULIZR	QL (1 box every year)
NEB-RITE4 MIS	QL (1 box every year)
NEB-RITE4 MIS	QL (1 box every year), OTC
NEBULIZER MIS PED FROG	QL (1 box every year)
NEBULIZER MIS ULTRASON	QL (1 box every year)
NEBULIZER SY KIT ALLINONE	QL (1 box every year)
OPTICHAMBER MIS DIA LG	
OPTICHAMBER MIS DIA MD	
OPTICHAMBER MIS DIA SM	
OPTICHAMBER MIS DIAMOND	
PANDA MASK MIS LARGE	OTC

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
PANDA MASK MIS MEDIUM	OTC
PANDA MASK MIS PEDIATRI	OTC
PANDA MASK MIS SMALL	OTC
PARI BABY MIS SIZE 0	QL (1 box every year)
PARI BABY MIS SIZE 1	QL (1 box every year)
PARI BABY MIS SIZE 2	QL (1 box every year)
PARI BBY NEB MIS SET	QL (1 box every year)
PARI LC MIS SPRINT	QL (1 box every year)
PARI LC PLUS MIS	QL (1 box every year)
PARI LC PLUS MIS NEBULIZR	QL (1 box every year)
PARI LC PLUS MIS VIOS PRO	QL (1 box every year)
PARI LC STAR MIS	QL (1 box every year)
PARI SINUS MIS AERO SYS	QL (1 box every year)
PARI TREK S MIS	QL (1 box every year)
PARI VORTEX MIS ADL MASK	OTC
POCKET CHAMB MIS	
POCKET SPACE MIS	
PORT COMPRES MIS NEBULIZR	QL (1 box every year), OTC
PROCARE COMP MIS NEBULIZE	QL (1 box every year), OTC
PROCARE MIS ADULT	OTC
PROCARE MIS CHILD	OTC
PROCHAMBER MIS VHC	
PRONEB MAX MIS LC PLUS	QL (1 box every year)
PRONEB MAX MIS LC SPRNT	QL (1 box every year)
PULMONEB LT MIS NEBULIZE	QL (1 box every year)
RITEFLO MIS	
SIDESTREAM MIS NEBULIZR	QL (1 box every year)
SIDESTREAM MIS PLUS	QL (1 box every year)
SOOTHENEB MIS COMP NEB	QL (1 box every year)
SPACE CHAMBR MIS ANTI-STA	
SPACE CHAMBR MIS LARGE	
SPACE CHAMBR MIS MEDIUM	
SPACE CHAMBR MIS SMALL	
SPACER CHAMB MIS ADULT	OTC
SPACER CHAMB MIS CHILD	OTC
SPACER CHAMB MIS INFANT	OTC
SPARKY THE MIS DOG	QL (1 box every year)
VIOS LC MIS SPRINT	QL (1 box every year)
VIOS LC PLUS MIS	QL (1 box every year)
VIOS LC PLUS MIS PEDIATRC	QL (1 box every year)
VIOS MIS SYSTEM	QL (1 box every year)
VORTEX CHAMB MIS PEDI MAS	
VORTEX MASK MIS PEDS MED	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
VORTEX MASK MIS PEDS SML	OTC
VORTEX VALVD MIS CHAMBER	
WHISPER AIRE MIS AER DELI	QL (1 box every year)
WHISPER AIRE MIS PED AERO	QL (1 box every year)
WILLIS THE MIS WHALE	QL (1 box every year), OTC

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG SOAJ 70MG/ML, 140MG/ML	PA
EMGALITY SOAJ 120MG/ML; SOSY 120MG/ML	PA
UBRELVY TABS 50MG	PA, QL (20 tabs every 30 days)
UBRELVY TABS 100MG	PA, QL (10 tabs every 30 days)
VYEPTI SOLN 100MG/ML	Bill as Medical Claim Only

MIGRAINE COMBINATIONS

ERGOT/CAFFEN TAB 1-100MG	
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MIGRAINE PRODUCTS

<i>dihydroergotamine mesylate soln 4mg/ml</i>	
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SEROTONIN AGONISTS

<i>eletriptan hydrobromide (generic of RELPAX) tabs 20mg, 40mg</i>	QL (9 tabs every 30 days)
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	QL (9 tabs every 30 days)
<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	QL (9 tabs every 30 days)
<i>rizatriptan benzoate (generic of MAXALT) tabs 10mg</i>	QL (9 tabs every 30 days)
<i>rizatriptan benzoate (generic of MAXALT-MLT) tbdp 10mg</i>	QL (9 tabs every 30 days)
<i>sumatriptan soln 5mg/act, 20mg/act</i>	QL (6 inhalers every 30 days)
<i>sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) soaj 6mg/0.5ml</i>	QL (2 injections every 30 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	QL (2 injections every 30 days)
<i>sumatriptan succinate (generic of IMITREX) tabs 25mg, 50mg, 100mg</i>	QL (9 tabs every 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	QL (9 tabs every 30 days)

MINERALS & ELECTROLYTES

CALCIUM

CALCIUM 600 TAB + MIN	OTC
CALCIUM 600 TAB +D	OTC
CALCIUM + D3 TAB	OTC
CALCIUM ACETATE TABS 668MG	OTC
<i>calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)</i>	OTC
<i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i>	OTC
<i>calcium carb-cholecalciferol tab 500 mg-15 mcg (600 unit)</i>	OTC

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)</i>	OTC
<i>calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)</i>	OTC
<i>calcium carb-vit d w/ minerals tabs 600 mg-400 unit</i>	OTC
<i>calcium carb-vit d w/ minerals tabs 600 mg-800 unit</i>	OTC
CALCIUM CARBONATE CHEW 500MG	OTC
<i>calcium carbonate tabs 600mg, 1250mg</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</i>	OTC
<i>calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)</i>	OTC
<i>calcium citrate tabs 200mg</i>	OTC
CALCIUM CITRATE TABS 333MG	OTC
CVS CALCIUM TAB 600MG	OTC
FT CALCIUM CAP VIT D3	OTC
NEOFLEX TAB CAL+ D	OTC
ONEVITE TAB 500-2.5	OTC
OYST SHELL/D TAB 250-125	OTC
<i>oyster shell tabs 500mg</i>	OTC
ELECTROLYTE MIXTURES	
<i>oral electrolyte solution</i>	OTC
FLUORIDE	
FLUORIDE CHEW .25MG, .5MG, 1MG	
SODIUM FLUORIDE CHEW .25MG, .5MG, 1MG; SOLN .5MG/ML	
SODIUM FLUORIDE SOLN .5MG/ML	OTC
MAGNESIUM	
MAG-G TABS 500MG	OTC
MAGNESIUM CHEW 200MG	OTC
MAGNESIUM GLUCONATE TABS 27.5MG, 250MG, 550MG	OTC
MAGNESIUM OXIDE CAPS 500MG	OTC
<i>magnesium oxide (mg supplement) tabs 200mg, 241.5mg, 250mg, 400mg, 500mg</i>	OTC
SLOW MAG/CA TAB 64-106MG	OTC
PHOSPHATE	
K-PHOS TAB NEUTRAL	
PHOSPHA 250 TAB NEUTRAL	
WES-PHOS 250 TAB NEUTRAL	OTC
POTASSIUM	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
EFFER-K TBEF 25MEQ	
<i>klor-con pack 20meq</i>	
KLOR-CON 8 TBCR 8MEQ	
<i>klor-con 10 tbc 10meq</i>	
<i>klor-con m10 tbc 10meq</i>	
<i>klor-con m20 tbc 20meq</i>	
<i>potassium chloride cpcr 8meq, 10meq; pack 20meq;</i>	
<i>soln 10%, 20%; tbc 10meq, 20meq</i>	
<i>potassium chloride (generic of KLOR-CON 8) tbc 8meq</i>	
<i>potassium chloride microencapsulated crystals er tbc</i>	
<i>10meq, 20meq</i>	

SODIUM

<i>sodium chloride tabs 1gm</i>	OTC
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ZINC

ORAZINC TABS 110MG	OTC
ZINC LOZG 10MG	OTC
ZINC 15 TABS 66MG	OTC
<i>zinc gluconate tabs 30mg, 50mg, 100mg</i>	OTC
<i>zinc sulfate caps 220mg; tabs 220mg</i>	OTC
ZN-50 CAPS 50MG	OTC

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

<i>penicillamine (generic of CUPRIMINE) caps 250mg</i>	
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HOMEOPATHIC PRODUCTS

CVS COLD CHW REMEDY	OTC
T-RELIEF CHW MOBILITY	OTC
T-RELIEF CHW SAFE	OTC
UMCKA ALLERG CHW SINUS RE	OTC
UMCKA COLD CHW FLU RLF	OTC
UMCKA COLD CHW RELIEF	OTC
UMCKA COLD CHW RLF KIDS	OTC
ZINC COLD CHW 11MG	OTC

IMMUNOMODULATORS

REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	PA
REZUROCK TABS 200MG	PA

IMMUNOSUPPRESSIVE AGENTS

ASTAGRAF XL CP24 .5MG, 1MG, 5MG	
<i>azathioprine (generic of IMURAN) tabs 50mg</i>	
<i>azathioprine tabs 75mg, 100mg</i>	
<i>cyclosporine (generic of SANDIMMUNE) caps 25mg, 100mg</i>	

Drug Name	Requirements/Limits
<i>cyclosporine modified (for microemulsion) (generic of NEORAL) caps 25mg, 100mg; soln 100mg/ml</i>	
<i>cyclosporine modified (for microemulsion) caps 50mg</i>	
GAMIFANT SOLN 10MG/2ML, 50MG/10ML	PA; Bill as Medical Claim Only
<i>gengral (generic of NEORAL) caps 25mg, 100mg; soln 100mg/ml</i>	
<i>mycophenolate mofetil (generic of CELLCEPT) caps 250mg; susr 200mg/ml; tabs 500mg</i>	
<i>mycophenolate sodium (generic of MYFORTIC) tbec 180mg, 360mg</i>	
NULOJIX SOLR 250MG	PA; Bill as Medical Claim Only
SIMULECT SOLR 10MG, 20MG	PA; Bill as Medical Claim Only
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	
<i>tacrolimus (generic of PROGRAF) caps .5mg, 1mg, 5mg</i>	
ZORTRESS TABS .25MG, .5MG, .75MG, 1MG	PA
IRRIGATION SOLUTIONS	
STERIL WATER SOL IRRIG	
<i>water for irrigation, sterile irrigation soln</i>	
POTASSIUM REMOVING AGENTS	
<i>kionex susp 15gm/60ml</i>	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	
<i>sodium polystyrene sulfonate powder</i>	
<i>sps susp 15gm/60ml</i>	
SPS SUSP 15GM/60ML	
MOUTH/THROAT/DENTAL AGENTS	
ANESTHETICS TOPICAL ORAL	
<i>lidocaine hcl (mouth-throat) soln 2%</i>	QL (100 mL every 30 days)
ANTI-INFECTIVES - THROAT	
<i>clotrimazole troc 10mg</i>	
GLY-OXIDE SOLN 10%	OTC
<i>nystatin (mouth-throat) (generic of NYSTATIN) susp 100000unit/ml</i>	
ANTISEPTICS - MOUTH/THROAT	
<i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) soln .12%</i>	
<i>perio gard (generic of PERIDEX) soln .12%</i>	
DENTAL PRODUCTS	
DENTA 5000 PLUS CREA 1.1%	
DENTAGEL GEL 1.1%	
PREVIDENT RINSE SOLN .2%	
SODIUM FLUORIDE CREA 1.1%; GEL 1.1%; SOLN .2%	
SODIUM FLUORIDE 5000 PPM GEL 1.1%; PSTE 1.1%	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>sodium fluoride (dental) soln .022%, .05%</i>	OTC
<i>stannous fluoride gel .4%</i>	OTC
MOUTHWASHES	
<i>mouthwashes - liquid</i>	OTC
STERIODS - MOUTH/THROAT/DENTAL	
<i>kourzeq pste .1%</i>	
<i>oralone dental paste pste .1%</i>	
<i>triamcinolone acetonide (mouth) pste .1%</i>	
THROAT PRODUCTS - MISC.	
<i>cevimeline hcl (generic of EVOXAC) caps 30mg</i>	
NUMOISYN LIQ	
<i>pilocarpine hcl (oral) (generic of SALAGEN) tabs 5mg, 7.5mg</i>	
MULTIVITAMINS	
B-COMPLEX VITAMINS	
B-COMPLEX TAB ENERGY	OTC
<i>b-complex vitamin cap</i>	OTC
<i>b-complex vitamin sublingual liquid</i>	OTC
<i>b-complex vitamin tab</i>	OTC
CVS BALANCED TAB B100	OTC
B-COMPLEX W/ C	
<i>b-complex w/ c & e + zn tab</i>	OTC
B-COMPLEX W/ FOLIC ACID	
<i>b-complex w/ c & folic acid tab</i>	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	OTC
<i>b-complex w/ c & folic acid tab 1 mg</i>	OTC
B-PLEX TAB	
DIALYVITE TAB	
MYNEPHRON CAP	
RENAL CAP	
RENO CAP	OTC
TRIPHROCAPS CAP	
WESCAPS CAP	
MULTIPLE VITAMINS W/ MINERALS	
A THRU Z ADV TAB ADULT	OTC
A THRU Z CHW SELECT	OTC
A THRU Z SEL TAB 50+ ADVA	OTC
A THRU Z SEL TAB 50+ MENS	OTC
A THRU Z SEL TAB ADVANCED	OTC
A THRU Z TAB ADVANCED	OTC
A THRU Z TAB HIGH POT	OTC
A THRU Z TAB SELECT	OTC

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
A THRU Z TAB ULTIMATE	OTC
A THRU Z ULT TAB MENS	OTC
ABC COMPLETE TAB ADULT	OTC
ABC COMPLETE TAB MENS	OTC
ABC COMPLETE TAB MENS 50+	OTC
ABC COMPLETE TAB SENIOR	OTC
ABC COMPLETE TAB WOMEN	OTC
ACTICAL CAP	OTC
ACTIVE 55 LIQ PLUS	OTC
ACTIVESSENTI PAK ONCOPLEX	OTC
ACTIVESSENTI PAK WOMEN	OTC
ACTIVNUTRIEN CAP	OTC
ACTIVNUTRIEN CAP PERFORMA	OTC
ACTIVNUTRIEN CAP W/O IRON	OTC
ADEK CHW PLUS ZN	OTC
ADLT MULTIVI CHW GUMMIES	OTC
ADLT ONE DLY CHW GUMMIES	OTC
ADULT 50+ CAP EYE HLTH	OTC
ADULT 50+ CAP OCUVITE	OTC
50+ ADULT CAP EYE HLTH	OTC
ADVANCED CHW MULTI EA	OTC
ADVANCED EYE CAP HEALTH	OTC
ADVANCED TAB FORMULA	OTC
AIRBORNE CHW	OTC
AIRBORNE CHW CITRUS	OTC
AIRBORNE CHW ELDERBER	OTC
AIRBORNE CHW GUMMIES	OTC
AIRBORNE CHW IMMUNE	OTC
AIRBORNE CHW KIDS	OTC
AIRBORNE CHW VERY BER	OTC
AIRSHIELD CHW	OTC
AIRSHIELD CHW IMMUNITY	OTC
ALIVE ADULT CHW PREMIUM	OTC
ALIVE CALCIU TAB BONE	OTC
ALIVE DAILY TAB ENERGY	OTC
ALIVE DAILY TAB WOMENS	OTC
ALIVE DIABET TAB MULTIVIT	OTC
ALIVE ENERGY TAB WOMENS	OTC
ALIVE GARDEN TAB GOODNESS	OTC
ALIVE HAIR CHW SKN/NAIL	OTC
ALIVE HAIR/ CAP SKN/NAIL	OTC
ALIVE IMMUNE CHW ELDERBER	OTC
ALIVE LIQ MULT-VIT	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
ALIVE MAX 6 CAP POTENCY	OTC
ALIVE MENS CHW 50+	OTC
ALIVE MENS CHW GUMMY	OTC
ALIVE MENS CHW PREMIUM	OTC
ALIVE MENS TAB	OTC
ALIVE MENS TAB COMPLETE	OTC
ALIVE MENS TAB ULTRA	OTC
ALIVE ULTRA TAB POTENCY	OTC
ALIVE WOMENS CHW 50+	OTC
ALIVE WOMENS CHW 50+ PREM	OTC
ALIVE WOMENS CHW GUMMY	OTC
ALIVE WOMENS CHW PREMIUM	OTC
ALIVE WOMENS TAB 50+ COMP	OTC
AMORYN MOOD CAP BOOSTER	OTC
ANTIOX FORM/ CAP MINERALS	OTC
ANTIOXIDANT TAB FORMULA	OTC
ANTIOXIDANT TAB VITAMINS	OTC
APETIBEX CAP	OTC
APPE-CURB CAP	OTC
BARIATRIC CAP MULTIVIT	OTC
BARIATRIC CAP MVIT-IRN	OTC
BARIATRIC CHW FUSION	OTC
BARIATRIC CHW MVIT-IRN	OTC
BARIATRIC MV CHW IRON FRE	OTC
BARIATRIC TAB MULTIVIT	OTC
BASIC AM TAB	OTC
BASIC PM TAB	OTC
BDY/HAIR/SKN CAP NAILS	OTC
BIO-35 GLUTE CAP FREE	OTC
BIO-35 IRON CAP FREE	OTC
BIOCAL CAP	OTC
BIOTECT PLUS CAP	OTC
BLADDER 2.2 TAB	OTC
BLOOD SUGAR TAB MANAGER	OTC
BONEUP 3 PER CAP DAY	OTC
BONEUP CAP	OTC
BONEUP VEG TAB	OTC
BOOSTNOW CAP IMM SUPP	OTC
BPROTECTED LIQ MULTI-VI	OTC
CELEBRATE CAP 18	OTC
CELEBRATE CAP 36	OTC
CELEBRATE CAP 45	OTC
CELEBRATE CAP 60	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
CELEBRATE CHW 18	OTC
CELEBRATE CHW 36	OTC
CELEBRATE CHW 45	OTC
CELEBRATE CHW 60	OTC
CENT MATURE TAB ADLT 50+	OTC
CENT MATURE TAB MEN 50+	OTC
CENT MATURE TAB WOMN 50+	OTC
CENTAVITE AZ TAB MINERALS	OTC
CENTRAVITES TAB	OTC
CENTRAVITES TAB 50 PLUS	OTC
CENTRAVITES TAB ADULTS	OTC
CENTRUM 50+ CHW ADULTS	OTC
CENTRUM 50+ CHW FRSH/FRU	OTC
CENTRUM 50+ CHW MEN	OTC
CENTRUM 50+ CHW WOMEN	OTC
CENTRUM CHW ADULTS	OTC
CENTRUM CHW FLAV BST	OTC
CENTRUM CHW POSTNATA	OTC
CENTRUM CHW SILVER	OTC
CENTRUM CHW VITAMINT	OTC
CENTRUM CHW WOMEN	OTC
CENTRUM DUAL CHW MLT+BEAU	OTC
CENTRUM DUAL CHW MLT+MENT	OTC
CENTRUM LIQ	OTC
CENTRUM LIQ ADULT	OTC
CENTRUM MEN CHW	OTC
CENTRUM MENO TAB HOT FLAS	OTC
CENTRUM MINI TAB ADULT 50	OTC
CENTRUM MINI TAB MEN 50+	OTC
CENTRUM MINI TAB WOMEN	OTC
CENTRUM MINI TAB WOMEN 50	OTC
CENTRUM MULT CHW +OMEGA-3	OTC
CENTRUM MULT CHW OMEGA 3	OTC
CENTRUM POW DRINK	OTC
CENTRUM SILV TAB 50+MEN	OTC
CENTRUM SILV TAB 50+WOMEN	OTC
CENTRUM SILV TAB ADULT 50	OTC
CENTRUM SILV TAB MEN 50+	OTC
CENTRUM SILV TAB WOMEN 50	OTC
CENTRUM SPEC TAB HEART	OTC
CENTRUM SPEC TAB IMMUNE	OTC
CENTRUM SPEC TAB VISION	OTC
CENTRUM TAB ADULTS	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
CENTRUM TAB CARDIO	OTC
CENTRUM TAB MEN	OTC
CENTRUM TAB SILVER	OTC
CENTRUM TAB ULTRA	OTC
CENTRUM TAB WOMEN	OTC
CENTURY TAB	OTC
CENTURY TAB MATURE	OTC
CENVITE LIQ	OTC
CEROVITE TAB SENIOR	OTC
CERTAVITE TAB SENIOR	OTC
CERTAVITE/ TAB ANTIOXID	OTC
CHOICEFUL CAP MULTIVIT	OTC
CHOICEFUL CHW MULTIVIT	OTC
CITRACAL +D3 TAB MAX PLUS	OTC
COMP MULTIVI LIQ MINERAL	OTC
COMPANION TAB	OTC
COMPETE TAB	OTC
COMPLE MULTI TAB ADLT 50+	OTC
COMPLETIA TAB DIABETIC	OTC
CONCEPTIONXR MIS MOTILITY	OTC
CORAL CALCIU CAP PLUS	OTC
CULTURELLE CAP MENS DAI	OTC
CULTURELLE CHW MULTIVIT	OTC
CVS ADULT CHW MULTIVIT	OTC
CVS DAILY CHW GUMMIES	OTC
CVS IMMUNE CAP SUPPORT	OTC
CVS MULTIVIT TAB MINERAL	OTC
CVS VISION CAP HEALTH	OTC
DAILY BETIC TAB	OTC
DAILY COMBO TAB	OTC
DAILY HEART PAK SUPPORT	OTC
DAILY MULTI TAB MEN	OTC
DAILY MULTI TAB MENS	OTC
DAILY MULTI TAB MINERALS	OTC
DAILY MULTI TAB VIT/MENS	OTC
DAILY MULTI TAB VIT/MIN	OTC
DAILY MULTI TAB WOMENS	OTC
DAILY MULTI TAB WOMN 50+	OTC
DAILY PAK MIS MULTIVIT	OTC
DECUBI-VITE CAP	OTC
DEKAS CHW BARIATRI	OTC
DEKAS PLUS CAP	OTC
DEKAS PLUS CAP OCEAN	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
DEKAS PLUS CHW	OTC
DERMAVITE TAB	OTC
DIABET HLTH PAK SUPPORT	OTC
DIABETES PAK HEALTH	OTC
DIABETS HLTH TAB FORMULA	OTC
DIALYVITE TAB 800/D	OTC
DRY EYE CAP FORMULA	OTC
EMERGEN-C CHW APPLE CI	OTC
EMERGEN-C CHW ASHWAGAN	OTC
EMERGEN-C CHW ELDERBER	OTC
EMERGEN-C CHW IMMUNE+	OTC
EMERGEN-C CHW IMMUNE/D	OTC
EMERGEN-C CHW TURM/GIN	OTC
EMERGEN-C CHW VITA C	OTC
EMERGEN-C PAK APPLE CI	OTC
EMERGEN-C PAK ASHWAGAN	OTC
EMERGEN-C PAK BLUE	OTC
EMERGEN-C PAK ENERGY	OTC
EMERGEN-C PAK FIVE	OTC
EMERGEN-C PAK HEART	OTC
EMERGEN-C PAK IMMUNE	OTC
EMERGEN-C PAK IMMUNE+	OTC
EMERGEN-C PAK JOINT	OTC
EMERGEN-C PAK KIDZ	OTC
EMERGEN-C PAK MSM LITE	OTC
EMERGEN-C PAK PINK	OTC
EMERGEN-C PAK SUPER FR	OTC
EMERGEN-C PAK TURM/GIN	OTC
EMERGEN-C PAK VIT D/CA	OTC
EMERGEN-C PAK VITA C	OTC
ENDUR-VM TAB	OTC
ENDUR-VM TAB IRON	OTC
ENERGY POW BOOSTER	OTC
EQ COMPLETE TAB ADULT	OTC
EQ ONE DAILY TAB MENS	OTC
EQ ONE DAILY TAB WOMENS	OTC
EQL CENTURY TAB	OTC
EQL CENTURY TAB MATURE	OTC
EQL CENTURY TAB MENS	OTC
EQL CENTURY TAB WOMENS	OTC
EQL VISION TAB FORMULA	OTC
ESSENTIA TAB	OTC
ESSENTIAL TAB BALANCE	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
EVOLUTION60 POW	OTC
EYE HEALTH & TAB LUTEIN	OTC
EYE HEALTH CAP	OTC
EYE HEALTH CAP ADLT 50+	OTC
EYE HEALTH CAP AREDS 2	OTC
EYE HEALTH CHW GUMMIES	OTC
EYE HEALTH TAB LUTEIN	OTC
EYE MULTIVIT TAB SODIUM	OTC
EYE VITAMINS CAP	OTC
EYE-VITES TAB	OTC
FITNESS TABS TAB MEN	OTC
FITNESS TABS TAB WOMEN	OTC
FREEDAVITE TAB	OTC
FT ADULT CHW MULTI	OTC
FT CENTURY TAB 50+	OTC
FT CENTURY TAB ADULTS	OTC
FT CENTURY TAB MEN	OTC
FT CENTURY TAB MEN 50+	OTC
FT CENTURY TAB WOMEN	OTC
FT CENTURY TAB WOMEN 50	OTC
FT EYE CAP HEALTH	OTC
FT EYE TAB HEALTH	OTC
FT HAIR SKIN TAB & NAILS	OTC
FT IMMUNE CHW SUPPORT	OTC
FT ONE DAILY TAB MENS	OTC
FT ONE DAILY TAB MENS 50+	OTC
FT ONE DAILY TAB WOMENS	OTC
GERI-FREEDA TAB SENIOR	OTC
GERIVITE TAB COMPLETE	OTC
GNP ADULT CHW MINI	OTC
GNP CENTURY TAB ADLT 50	OTC
GNP CENTURY TAB ADLT MEN	OTC
GNP CENTURY TAB ADLT WOM	OTC
GNP CENTURY TAB ADULT	OTC
GNP HEALTHY TAB EYES	OTC
GNP IMMUNE CHW SUPPORT	OTC
GNP IMMUNE PAK	OTC
GNP IMMUNE PAK SUPPORT	OTC
HAIR SKIN & TAB NAILS AD	OTC
HAIR SKIN TAB NAILS	OTC
HAIR/SKIN CAP NAILS	OTC
HAIR/SKIN/ CAP NAILS	OTC
HAIR/SKIN/ TAB NAILS	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
HEAD CARE TAB PROACTIV	OTC
HEALTHY EYES CAP	OTC
HEALTHY EYES CAP SUPERV 2	OTC
HEALTHY EYES CAP SUPERVIS	OTC
HEALTHY EYES TAB	OTC
HI-KOVITE TAB 2-PART	OTC
HIGH POTENCY TAB MV/FA	OTC
I-VITE TAB	OTC
ICAPS AREDS TAB FORMULA	OTC
ICAPS CAP	OTC
ICAPS LUTEIN CAP /OMEGA-3	OTC
ICAPS MV TAB	OTC
IMMUNE CHW SUPPORT	OTC
IMMUNE ESSEN CAP DAILY	OTC
IMMUNE SUPP POW VIT C	OTC
K-PAX TAB PROF ST	OTC
KP ADULT 50+ TAB DAILY	OTC
KP ADULTS TAB DAILY	OTC
KP MENS 50+ TAB DAILY	OTC
KP MENS MIS DAILY PK	OTC
KP MENS TAB DAILY	OTC
KP VISION TAB FOR/LTN	OTC
KP VISION TAB FORMULA	OTC
KP WOMEN 50+ TAB DAILY	OTC
KP WOMENS PAK DAILY	OTC
KP WOMENS TAB DAILY	OTC
LIFE PACK MIS MENS	OTC
LIFE PACK MIS WOMENS	OTC
LIFE PACK TAB MENS	OTC
LIFE PACK TAB WOMENS	OTC
LUTEIN PLUS TAB ZEAXANTH	OTC
LYSIPLEX LIQ PLUS	OTC
MACULAR HLTH CAP FORMULA	OTC
MACUVITE TAB	OTC
MACUVITE TAB EYE CARE	OTC
MAX DAILY TAB GREEN	OTC
MAXIMIN PAK	OTC
MEGA MULTI TAB MEN	OTC
MEGA MULTI TAB WOMEN	OTC
MEGA-MARATHO TAB 100 TR	OTC
MEGAVITE TAB FRT/VEG	OTC
MENS 50+ CAP ADVANCED	OTC
MENS 50+ TAB MULTIVIT	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
MENS DAILY CHW GUMMIES	OTC
MENS DAILY PAK PACK	OTC
MENS DAILY TAB FORMULA	OTC
MENS MULTI CHW	OTC
MENS MULTIPL TAB	OTC
MENS MULTIVI TAB HEALTH	OTC
MENS PAK	OTC
MOOD FOOD CAP	OTC
MOOD FOOD ES CAP	OTC
MULT VITAMIN TAB NO IRON	OTC
MULT VITAMIN TAB WOMENS	OTC
MULTI 50+ CAP FOR HER	OTC
MULTI 50+ TAB FOR HER	OTC
MULTI 50+ TAB FOR HIM	OTC
MULTI + OMEG CHW 3	OTC
MULTI ADULT CHW GUMMIES	OTC
MULTI CAP COMPLETE	OTC
MULTI CAP FOR HER	OTC
MULTI CAP FOR HIM	OTC
MULTI COMPLT TAB /IRON	OTC
MULTI FOR POW HER	OTC
MULTI FOR POW HIM	OTC
MULTI GUMMIE CHW MENS	OTC
MULTI GUMMIE CHW WOMENS	OTC
MULTI HEALTH TAB WOMEN	OTC
MULTI TAB FOR HER	OTC
MULTI TAB FOR HIM	OTC
MULTI VITAMI TAB MINERALS	OTC
MULTI VITAMN TAB MINERALS	OTC
MULTI+OMEGA3 CHW ADULT	OTC
MULTI-VIT/ TAB MINERALS	OTC
MULTI-VITAMI CHW GUMMIES	OTC
MULTI-VITAMI TAB MONOCAPS	OTC
MULTI-VITE LIQ	OTC
MULTI-VITE TAB	OTC
MULTI-VITE TAB 50&OVER	OTC
MULTIA CAP	OTC
MULTIV WOMEN TAB 50+	OTC
MULTIVI ADLT CHW GUMMIES	OTC
MULTIVITAMIN CAP DAILY	OTC
MULTIVITAMIN CHW ADLT GUM	OTC
MULTIVITAMIN LIQ	OTC
MULTIVITAMIN TAB	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
MULTIVITAMIN TAB ADLT 50+	OTC
MULTIVITAMIN TAB ADULT	OTC
MULTIVITAMIN TAB ADULTS	OTC
MULTIVITAMIN TAB MEN	OTC
MULTIVITAMIN TAB MEN 50+	OTC
MULTIVITAMIN TAB WOMEN	OTC
MULTIVITAMIN TAB WOMENS	OTC
MULTIVITAMIN TAB ZINC STR	OTC
MVW COMPLETE CAP D3000	OTC
MVW COMPLETE CAP D5000	OTC
MVW COMPLETE CAP FORMULAT	OTC
MVW COMPLETE CAP MINIS	OTC
MVW ORANGE CHW CHEWABLE	OTC
MYAMULTI TAB	OTC
NAT-RUL THER TAB M	OTC
NATRUL-100 TAB SUPER	OTC
NATRUL-VITES TAB	OTC
NUTRITIONAL TAB SUPPORT	OTC
OCUHEALTH CAP VISION 2	OTC
OCULAR TAB VITAMINS	OTC
OCUTABS TAB	OTC
OCUTABS TAB LUTEIN	OTC
OCUVITE CAP ADULT	OTC
OCUVITE EYE CAP HEALTH	OTC
OCUVITE EYE CAP PERFORM	OTC
OCUVITE EYE CHW HEATLH	OTC
OCUVITE EYE TAB + MULTI	OTC
OCUVITE LUTE CAP	OTC
OCUVITE TAB LUTEIN	OTC
OCUVITE XTRA TAB	OTC
ONCOVITE TAB	OTC
ONE A DAY CAP POSTNATA	OTC
ONE A DAY CHW WOMENS	OTC
ONE A DAY TAB MENS 50+	OTC
ONE A DAY TAB WOMENS	OTC
ONE A DAY WO TAB MULTI	OTC
ONE DAILY CHW ADLT GUM	OTC
ONE DAILY MN TAB W/O IRON	OTC
ONE DAILY MV TAB WOMENS	OTC
ONE DAILY TAB 50 PLUS	OTC
ONE DAILY TAB 50+	OTC
ONE DAILY TAB 50+ ADV	OTC
ONE DAILY TAB /MINERAL	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
ONE DAILY TAB COMPLETE	OTC
ONE DAILY TAB ESSENTL	OTC
ONE DAILY TAB FE/CA	OTC
ONE DAILY TAB HEALTHY	OTC
ONE DAILY TAB IRON-FRE	OTC
ONE DAILY TAB MAXIMUM	OTC
ONE DAILY TAB MEN	OTC
ONE DAILY TAB MEN 50+	OTC
ONE DAILY TAB MENS	OTC
ONE DAILY TAB MENS 50+	OTC
ONE DAILY TAB MULTI-VI	OTC
ONE DAILY TAB WMNS 50+	OTC
ONE DAILY TAB WOM 50+	OTC
ONE DAILY TAB WOMEN	OTC
ONE DAILY TAB WOMEN 50	OTC
ONE DAILY TAB WOMENS	OTC
ONE DLY HLTH TAB WGHT ADV	OTC
ONE-A-DAY CHW VITACRAV	OTC
ONE-A-DAY TAB 50+ ADV	OTC
ONE-A-DAY TAB 50+ MENS	OTC
ONE-A-DAY TAB 50+ WMN	OTC
ONE-A-DAY TAB 65+	OTC
ONE-A-DAY TAB MENOPAUS	OTC
ONE-A-DAY TAB MENS	OTC
ONE-A-DAY TAB PETITES	OTC
ONE-A-DAY TAB PROEDGE	OTC
ONE-A-DAY TAB WOMENS	OTC
ONE-DAILY CAP MULTI	OTC
OPTIC-VITES TAB	OTC
OPTIC-VITES TAB LUTEIN	OTC
OPTIFAST POS CHW BARIATRI	OTC
OPTIMUM CHW AIRVITES	OTC
OPTIMUM PMS TAB	OTC
OPTISOURCE CHW BARIATRC	OTC
OPTIVITE TAB P.M.T.	OTC
OPURITY CHW BYPASS	OTC
OPURITY TAB	OTC
OSTEOPRIME TAB PLUS	OTC
OSTEOPRIME TAB ULTRA	OTC
PARVLEX TAB	OTC
PHYTOMULTI TAB	OTC
PREMIUM MIS PACKETS	OTC
PRESCRIPTION CAP SUPPORT	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
PRESERVISION CAP AREDS	OTC
PRESERVISION CAP AREDS 2	OTC
PRESERVISION CAP LUTEIN	OTC
PRESERVISION CHW AREDS 2	OTC
PRESERVISION TAB AREDS	OTC
PREVENT CAP	OTC
PRO-CAL TAB	OTC
PROBIOTICS + CAP BARIATRC	OTC
PROCERV HP TAB	OTC
PRORENAL +D TAB	OTC
PRORENAL+D CAP OMEGA 3	OTC
PRORENAL+D CAP OMEGA-3	OTC
PRORENAL+D TAB	OTC
PROSIGHT TAB	OTC
PROTEGRA CAP	OTC
PROVIT TAB	OTC
QC HAIR/SKIN TAB NAILS	OTC
QC MULTI-VIT TAB	OTC
QC THERIN-M TAB	OTC
QUIN B TAB STRONG	OTC
QUINTABS-M TAB	OTC
RENAL TAB MULTIVIT	OTC
RENAPLEX TAB	OTC
RENAPLEX-D TAB	OTC
SENIOR TABS TAB	OTC
SENTRY SENIO TAB LUTEIN	OTC
SENTRY SENIO TAB MENS 50+	OTC
SENTRY TAB	OTC
SENTRY TAB SENIOR	OTC
SKIN BEAUTY/ PAK WELLNESS	OTC
SKIN/HAIR/ CAP NAILS	OTC
SOLO TAB	OTC
SPECTR WOMEN TAB HLTH SEN	OTC
SPECTRA ULTR TAB HLTH MEN	OTC
SPECTRAVITE CHW ADLT 50+	OTC
SPECTRAVITE CHW WOMEN	OTC
SPECTRAVITE TAB	OTC
SPECTRAVITE TAB ADLT 50+	OTC
SPECTRAVITE TAB ADULTS	OTC
SPECTRAVITE TAB ADVANCED	OTC
SPECTRAVITE TAB MEN	OTC
SPECTRAVITE TAB MEN 50+	OTC
SPECTRAVITE TAB SENIOR	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
SPECTRAVITE TAB ULT MEN	OTC
SPECTRAVITE TAB ULT WMN	OTC
SPECTRAVITE TAB WOMEN	OTC
SPECTRAVITE TAB WOMEN 50	OTC
STRESS B-COM TAB ANTIO/ZN	OTC
STRESSTABS TAB ADVANCED	OTC
SUPER ANTIOX CAP PROTECT	OTC
SUPER ANTIOX TAB A/C/E/SE	OTC
SUPER D/ZINC TAB SELENIUM	OTC
SUPER THERA TAB VITE M	OTC
SUPERIOR TAB MENS	OTC
SUPPORT LIQ	
SUPR AYTINAL TAB	OTC
SUPR AYTINAL TAB 50 PLUS	OTC
SUPR VITAMIN TAB	OTC
SYSTANE ICAP CAP AREDS2	OTC
SYSTANE ICAP CHW AREDS2	OTC
SYSTANE ICAP TAB AREDS2	OTC
T-VITES TAB	OTC
THERA FORM/ TAB HEMATIN	OTC
THERA TAB VITAL-M	OTC
THERA VITAL TAB M	OTC
THERA-M PLUS TAB BETA-CAR	OTC
THERA-M TAB	OTC
THERA-TABS M TAB	OTC
THERA-VITE TAB MAX-M	OTC
THERABASIC-M TAB	OTC
THERAGRAN-M TAB	OTC
THERAGRAN-M TAB 50 PLUS	OTC
THERAGRAN-M TAB ADVANCED	OTC
THERAGRAN-M TAB PREMIER	OTC
THERAMILL CAP FORTE	OTC
THERANATAL CAP LACTATIO	OTC
THERANATAL MIS LACTATIO	OTC
THERAPEUTIC TAB -M	OTC
THERAPEUTIC- TAB M	OTC
THERATRUM CO TAB 50 PLUS	OTC
THERATRUM TAB COMPLETE	OTC
THRIVE FOR TAB WOMEN	OTC
TOTALDAY MUL TAB TR	OTC
TROPICAL LIQ NUTRITIO	OTC
ULTRA BONEUP TAB	OTC
ULTRA FREEDA TAB	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
ULTRA FREEDA TAB /IRON	OTC
ULTRA MEGA G TAB 75MG CR	OTC
ULTRA MEGA G TAB 100MG	OTC
ULTRA MEGA TAB 75MG CR	OTC
ULTRA MEGA TAB TWO	OTC
ULTRA MULTI CAP /IRON	OTC
ULTRA POTENC TAB WOMEN 50	OTC
ULTRA-MEGA TAB CR	OTC
ULTRACHOICE TAB ADVANCED	OTC
V-C FORTE CAP	
VISION CAP OPTIMIZE	OTC
VISION FORM CAP 2	OTC
VISION FORM/ TAB LUTEIN	OTC
VISION FORMU CAP 50+	OTC
VISION HEALT CAP	OTC
VISION TAB VITAMINS	OTC
VISTA ADVAN CAP AREDS2	OTC
VISTA ADVAN CAP DRY EYE	OTC
VIT A-D-E/ TAB SELENIUM	OTC
VITA HAIR TAB	OTC
VITA-MIN CAP	OTC
VITABASIC TAB COMPLETE	OTC
VITABASIC TAB SENIOR	OTC
VITABEX CAP	OTC
VITABEX PLUS CAP	OTC
VITACHEW CHW ADULT	OTC
VITACRAVES CHW GUMMIES	OTC
VITACRAVES CHW MENS	OTC
VITACRAVES CHW WOMENS	OTC
VITAFUSION CHW WOMENS	OTC
VITAJoy MULT CHW ADULT	OTC
VITAMIN C PAK BLEND	OTC
VITASANA TAB	OTC
VITEYES ARED CAP 2 +MULTI	OTC
VITEYES CAP AREDS 2	OTC
VITEYES CAP CLASSIC	OTC
VITEYES CAP COMPLETE	OTC
VITEYES CLAS CAP ADV	OTC
VITEYES CLAS CAP ADVANCED	OTC
VITEYES CLAS CAP MAC SUPP	OTC
VITEYES CLAS CAP OMEGA-3	OTC
VITEYES CLAS TAB MULTIVIT	OTC
VITEYES OPTI TAB NERV SUP	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
WAL-BORN CHW VIT C	OTC
WMNS MULTIVI CHW +COLLAGE	OTC
WOMENS 50+ CAP ADVANCED	OTC
WOMENS 50+ TAB MULTIVIT	OTC
WOMENS CAP MULTI	OTC
WOMENS DAILY CHW GUMMIES	OTC
WOMENS DAILY PAK PACK	OTC
WOMENS DAILY TAB FORMULA	OTC
WOMENS MULT CHW GUMMIES	OTC
WOMENS MULT TAB	OTC
WOMENS MULTI TAB	OTC
WOMENS PAK	OTC
WOMNS ACTIVE TAB DAILY	OTC
YELETS TEEN TAB FORMULA	OTC
YOUR LIFE CHW GUMMIES	OTC
YUM-VS COMPL CHW MULTIVIT	OTC
YUMVS DIABET CHW MULTIVIT	OTC
YUMVS MULTI CHW ZERO	OTC

MULTIVITAMINS

ANTI-OXIDANT TAB	OTC
ANTIOXIDANT CAP FORMULA	OTC
CENTRUM MENO TAB MND/MOOD	OTC
CHLOROCAPS CAP	OTC
DAILY MULTI TAB VITAMINS	OTC
DAILY STRESS TAB RELIEF	OTC
DAILY VALUE TAB MULTIVIT	OTC
DAILY VIT TAB	OTC
DAILY VITE TAB	OTC
DAILY-VITE TAB	OTC
DEKAS CAP ESSENTIA	OTC
E/C/BETA CAR TAB	OTC
ESSENTL ONE TAB DAILY	OTC
ESTROFACTORS TAB	OTC
HEALTHY HAIR TAB SKN/NAIL	OTC
MULT VITAMIN TAB	OTC
MULT VITAMIN TAB ESSENT	OTC
MULTI VITAMI TAB	OTC
MULTI VITAMI TAB D-3	OTC
MULTI-VITAMN TAB	OTC
MULTIPLE VIT TAB	OTC
MULTIPLE VIT TAB FOLIC	OTC
<i>multiple vitamin tab</i>	OTC
MULTIVITAMIN TAB	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
MULTIVITAMIN TAB ADULT	OTC
MULTIVITAMIN TAB IRON-FRE	OTC
MV-ONE CAP	OTC
NEOMULTIVITE TAB	OTC
ONCE DAILY TAB	OTC
ONE DAILY TAB	OTC
ONE DAILY TAB ESSENTL	OTC
ONE DAILY TAB MULTIVIT	OTC
ONE VITE TAB DAILY MV	OTC
ONE-DAILY TAB MULT VIT	OTC
ONE-DAILY TAB MULT-VIT	OTC
QC ESSENTIAL TAB	OTC
QUINTABS TAB	OTC
STRESS FORM TAB	OTC
STRESS FORMU TAB	OTC
STRESS FORMU TAB ZINC/ENE	OTC
STRESSTABS TAB ENERGY	OTC
TAB-A-VITE TAB	OTC
TAB-A-VITE TAB BETA CAR	OTC
THERA TAB	OTC
THERA-TABS TAB	OTC
THEREMS TAB MULTIVIT	OTC
VITEYES CLAS CAP ZINC FRE	OTC
ZE-PLUS CAP	OTC
ZENVITA CAP	OTC
<i>PED MULTI VITAMINS W/FL & FE</i>	
MULTI-VIT/FL DRO /FE 0.25	
<i>PED MULTIPLE VITAMINS W/ MINERALS</i>	
ALIVE GUMMIE CHW CHILDREN	OTC
ALIVE KIDS CHW PREMIUM	OTC
ALIVE MULTI CHW CHILDRNS	OTC
BABY IRON DRO IMMUNITY	OTC
BONE & MUSCL CHW KIDS	OTC
CENTRUM KIDS CHW	OTC
CENTRUM KIDS CHW FLAV BST	OTC
CHILDRENS CHW GUMMIES	OTC
DEKAS PLUS LIQ	OTC
EMERGEN-C CHW KIDZ	OTC
EQ MULTIVITA CHW GUMMIES	OTC
FLINTSTONES CHW COMPLETE	OTC
FLINTSTONES CHW EXT/IRON	OTC
FLINTSTONES CHW IMMUNITY	OTC
FT CHILDRENS CHW MULTI	OTC

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
GNP MULTI CHW CHILDREN	OTC
GUMMI BEAR CHW MULTIVIT	OTC
GUMMIES CHW	OTC
GUMMY DINOS CHW	OTC
GUMMY DINOS CHW CHLDRN	OTC
GUMMY MULTIV CHW KIDS	OTC
KIDZ MULTVIT CHW PROBIOTI	OTC
MULTI ZERO CHW YUMVSKID	OTC
MULTIVITAMIN CHW CHILD	OTC
MULTIVITAMIN CHW CHILDREN	OTC
MULTIVITAMIN CHW GUMMIES	OTC
MVW COMPLETE DRO PEDIATRI	OTC
MVW MOD FORM LIQ PEDS	OTC
SMARTY PANTS CHW KIDS	OTC
UPSPRINGBABY DRO MV/IRON	OTC
VITACHEW CHW	OTC
VITALETS CHW CHILD	OTC
ZOO FRIENDS CHW GUMMIES	OTC

PED MV W/ FLUORIDE

FLORIVA DRO PLUS	
MULTI-VIT/FL DRO 0.5MG/ML	
MULTIVIT/FL DRO 0.25MG	
POLY-VI-FLOR CHW 0.25MG	
POLY-VI-FLOR CHW 1MG	
SOLUVITA SOL 0.5MG/ML	OTC
SOLUVITA SOL 0.25/ML	OTC
TRI-VIT/FLUO DRO 0.5MG	
TRI-VIT/FLUO DRO 0.25MG	

PED MV W/ IRON

ANIMAL SHAPE CHW COMPLETE	OTC
CEROVITE JR CHW	OTC
CHEWABLE CHW CHILDREN	OTC
CHLD MLTIVIT CHW /MINERAL	OTC
COMPL MULTIV CHW CHILDRNS	OTC
CVS CHILDREN CHW COMPLETE	OTC
FLINTSTONES CHW EXT IRON	OTC
HONEY BEARS CHW IRON-ZIN	OTC
MULTI/IRON/ DRO 11MG/ML	OTC
MULTI/IRON/ DRO INF/TODD	OTC
MULTIVITAMIN CHW IRON	OTC
PED POLY-VIT DRO /IRON	OTC
<i>pediatric multiple vitamins w/ iron drops 10 mg/ml</i>	OTC
POLY-VI-SOL DRO IRON	OTC

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
POLY-VI-SOL SOL IRON	OTC
POLY-VITA/FE DRO	OTC
POLY-VITE SOL /IRON	OTC
POLY-VITE SOL IRON	OTC
QC CHILDRENS CHW COMPLETE	OTC
ULTRA CHOICE CHW KIDS	OTC
<i>PEDIATRIC MULTIPLE VITAMINS</i>	
BRAIN BUILD CHW KIDS	OTC
CHILD CHEW CHW VITAMINS	OTC
CHILD CHEW/ CHW EXTRA C	OTC
CHILDREN VIT CHW	OTC
CHILDRENS CHW MULTIVIT	OTC
CHILDRENS CHW VITAMINS	OTC
CULTURELLE CHW	OTC
CULTURELLE CHW KIDS	OTC
FLINTSTONES CHW MY FIRST	OTC
FRUITY CHEWS CHW	OTC
FT CHILDRENS CHW MULTI	OTC
GNP CHILDREN CHW EXTRA C	OTC
GNP LITTLE CHW ONES	OTC
LAND BFR TIM CHW VIT/C	OTC
LITTLE CHW ANIMALS	OTC
MULTIV INFAN DRO /TODDLER	OTC
MULTIVITAMIN CHW CHILDREN	OTC
MULTIVITAMIN DRO INFANT	OTC
NOVAMV PED DRO 10MG/ML	OTC
PED POLY-VIT DRO	OTC
POLY-VI-SOL SOL 50MG/ML	OTC
POLY-VITA DRO	OTC
POLY-VITE DRO	OTC
POLY-VITE SOL 50MG/ML	OTC
QC CHILDRENS CHW EXTRA C	OTC
ZOO FRIENDS CHW EXTRA C	OTC
<i>PEDIATRIC VITAMINS</i>	
BPROTECT PED DRO TRI-VITE	OTC
HONEY BEARS CHW	OTC
MULTIVITAMIN CHW CHILD	OTC
TRI-VI-SOL SOL A/C/D	OTC
VITAMI A-C-D DRO INF/TODD	OTC
VITAMI A-C-D DRO INFANT	OTC
<i>PRENATAL VITAMINS</i>	
ALIVE PREM CAP PRENATAL	OTC
CENTRUM SPEC PAK PRENATAL	OTC

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
CL PRENATAL TAB 28-0.8MG	OTC
CO-NATAL FA TAB 29-1MG	
COMPLETENATE CHW	
CVS PRENATAL CHW GUMMY	OTC
CVS PRENATAL TAB 27-0.8MG	OTC
ENFAMIL MIS EXPECTA	OTC
EQL PRENATAL TAB FORMULA	OTC
FT PRENATAL TAB 28-0.8MG	OTC
GNP PRENATAL TAB 28-0.8MG	OTC
GNP PRENATAL TAB FOLIC AC	OTC
JENLIVA CAP	
KP PRENATAL TAB MULTIVIT	OTC
KPN PRENATAL TAB	OTC
M-NATAL PLUS TAB	
MASONATAL TAB	OTC
MULTI PRENAT TAB	OTC
NEONATAL PLS TAB 27-1MG	
NEONATAL TAB COMPLTE	
NEONATAL TAB PLUS	
NEONATAL TAB PRENATAL	OTC
NEONATAL VIT TAB 27-0.8MG	OTC
NIVA-PLUS TAB	
OBSTETRIX EC TAB	OTC
ONE VITE TAB 1MG PLUS	
ONE VITE TAB 27-0.8MG	OTC
P2I PRENATAL CAP CHOLINE	OTC
PRENATABS FA TAB 29-1MG	OTC
PRENATABS RX TAB	OTC
PRENATAL 19 CHW 29-1MG	
PRENATAL 19 TAB	OTC
PRENATAL 19 TAB 29-1MG	
PRENATAL MUL CAP +DHA	OTC
PRENATAL MV MIS + DHA	OTC
PRENATAL ONE TAB DAILY	OTC
PRENATAL TAB	OTC
PRENATAL TAB 27-0.8MG	OTC
PRENATAL TAB 27-1MG	
PRENATAL TAB 28-0.8MG	OTC
PRENATAL TAB COMPLETE	OTC
PRENATAL TAB FOLATE	OTC
PRENATAL TAB FORTE	OTC
PRENATAL TAB IRON	OTC
PRENATAL TAB MULTIVIT	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
PRENATAL TAB PLUS	
PRENATAL VIT TAB 27-0.8MG	OTC
PRENATAL VIT TAB MINERALS	OTC
PRENATAL+DHA MIS	OTC
PRENATAL+DHA MIS WOMENS	OTC
PRENATAL-U CAP 106.5-1	
PRENATAL/FE TAB	OTC
PRENATRIX TAB	
PRENATRYL TAB	
QC PRENATAL TAB 28-0.8MG	OTC
RELEVIA TAB 27-1MG	
SE-NATAL 19 CHW	
SE-NATAL 19 TAB	
SIMILAC PREN PAK EARLY SH	OTC
THERANATAL TAB 27-1	OTC
THRIVITE RX TAB 29-1MG	
TRINATE TAB	
VITAFOL-OB TAB 65-1MG	
VITATHELY TAB	
WESTAB PLUS TAB 27-1MG	
<i>SPECIALTY VITAMINS PRODUCTS</i>	
ADRENAL CAP MANAGER	OTC
ADRENAL STRE CAP END	OTC
ADRENALIV CAP	OTC
BILBERRY CAP PLUS	OTC
BLINK NUTRI CAP TEARS	OTC
COGNIUM CHW COMPLETE	OTC
COLLAGEN CAP ULTRA	OTC
CORTICARE B CAP	OTC
FEMQUIL CAP	OTC
GLYCOTROL CAP	OTC
GLYCOTROL CAP COMPLETE	OTC
HEART SAVIOR CAP	OTC
LIPOTRIAD CAP VIS PLUS	OTC
LIPOTRIAD CAP VISION	OTC
LIPOTRIAD CAP VISIONAR	OTC
MEDCAPS DPO CAP	OTC
MEDCAPS GI CAP	OTC
MEDCAPS IS CAP	OTC
MEDCAPS T3 CAP	OTC
METHYL CAP PROTECT	OTC
METHYL-GUARD CAP	OTC
METHYL-GUARD CAP PLUS	OTC

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
MM BIOTIN CAP KERATIN	OTC
RETAINÉ CAP VISION	OTC
STASIS CAP DAYTIME	OTC
STASIS CAP NIGHT	OTC
VITAMINS FOR CAP HAIR	OTC

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tabs 5mg, 10mg, 15mg, 20mg</i>	
<i>chlorzoxazone tabs 500mg</i>	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	
<i>methocarbamol tabs 500mg, 750mg</i>	
<i>orphenadrine citrate tb12 100mg</i>	QL (2 tabs every 1 day)
<i>tizanidine hcl tabs 2mg</i>	
<i>tizanidine hcl (generic of ZANAFLEX) tabs 4mg</i>	

DIRECT MUSCLE RELAXANTS

<i>dantrolene sodium (generic of DANTRIUM) caps 25mg</i>	
<i>dantrolene sodium caps 50mg, 100mg</i>	

VISCOSUPPLEMENTS

EUFLEXXA SOSY 20MG/2ML	PA; Bill as Medical Claim Only
GEL-ONE PRSY 30MG/3ML	PA; Bill as Medical Claim Only
GELSYN-3 SOSY 16.8MG/2ML	PA; Bill as Medical Claim Only
GENVISC 850 SOSY 25MG/2.5ML	PA; Bill as Medical Claim Only
HYALGAN SOLN 20MG/2ML; SOSY 20MG/2ML	PA; Bill as Medical Claim Only
MONOVISC SOSY 88MG/4ML	PA; Bill as Medical Claim Only
ORTHOVISC SOSY 30MG/2ML	PA; Bill as Medical Claim Only
SUPARTZ FX SOSY 25MG/2.5ML	PA; Bill as Medical Claim Only
SYNVISC SOSY 16MG/2ML	PA; Bill as Medical Claim Only
SYNVISC ONE SOSY 48MG/6ML	PA; Bill as Medical Claim Only
TRILURON SOSY 20MG/2ML	PA; Bill as Medical Claim Only
TRIVISC SOSY 25MG/2.5ML	PA; Bill as Medical Claim Only
VISCO-3 SOSY 25MG/2.5ML	PA; Bill as Medical Claim Only

NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL AGENTS - MISC.

NOZIN NASAL SANITIZER SWAB 62%	OTC
<i>saline soln .65%</i>	OTC
<i>saline nasal soln</i>	OTC

NASAL ANTIALLERGY

<i>azelastine hcl soln 137mcg/spray</i>	
<i>cromolyn sodium (nasal) aers 5.2mg/act</i>	QL (1 bottle every 30 days), OTC

NASAL ANTICHOLINERGICS

<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
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NASAL STEROIDS

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>budesonide (nasal) susp 32mcg/act</i>	QL (1 bottle every 30 days), OTC
<i>flunisolide (nasal) soln .025%</i>	
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	QL (1 bottle every 30 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	QL (1 bottle every 30 days), OTC
SINUVA IMPL 1350MCG	Bill as Medical Claim Only
<i>triamcinolone acetonide (nasal) aero 55mcg/act</i>	QL (1 bottle every 30 days), OTC
SYMPATHOMIMETIC DECONGESTANTS	
<i>oxymetazoline hcl soln .05%</i>	OTC
<i>phenylephrine hcl soln 1%</i>	OTC
<i>pseudoephedrine hcl tabs 30mg, 60mg; tb12 120mg</i>	OTC
SUDAFED SINUS CONGESTION TB24 240MG	OTC
ZEPHREX-D TABA 30MG	OTC
NEUROMUSCULAR AGENTS	
ALS AGENTS	
RADICAVA SOLN 30MG/100ML	PA; Bill as Medical Claim Only
<i>riluzole tabs 50mg</i>	
MUSCULAR DYSTROPHY AGENTS	
EXONDYS 51 SOLN 100MG/2ML, 500MG/10ML	PA; Bill as Medical Claim Only
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS	
BOTOX SOLR 100UNIT, 200UNIT	PA; Bill as Medical Claim Only
XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT	PA; Bill as Medical Claim Only
SPINAL MUSCULAR ATROPHY AGENTS (SMA)	
SPINRAZA SOLN 12MG/5ML	PA; Bill as Medical Claim Only
ZOLGENSMA INJ	PA; Bill as Medical Claim Only
NUTRIENTS	
MISC. NUTRITIONAL SUBSTANCES	
<i>docosahexaenoic acid caps 200mg</i>	QL (1 cap every 1 day), OTC
FISH OIL CAP 1200MG	OTC
MINI FISH CAP 415MG	OTC
MINI OMEGA-3 CAP 540MG	OTC
OMEGA-3 CAP 350MG	OTC
<i>omega-3 latty acids cap 300 mg</i>	OTC
<i>omega-3 latty acids cap 435 mg</i>	OTC
<i>omega-3 latty acids cap 500 mg</i>	OTC
<i>omega-3 latty acids cap 645 mg</i>	OTC
<i>omega-3 latty acids cap 1000 mg</i>	OTC
<i>omega-3 latty acids cap 1200 mg</i>	OTC
<i>omega-3 latty acids cap 1400 mg</i>	OTC
<i>omega-3 latty acids cap delayed release 1000 mg</i>	OTC
<i>omega-3 latty acids-cholecalciferol oral liquid</i>	OTC
PROTEINS	
<i>acetylcysteine (nutrient) caps 600mg</i>	OTC

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>theanine caps 100mg</i>	OTC
THEANINE GUMMIES CHEW 100MG	OTC
OPHTHALMIC AGENTS	
ARTIFICIAL TEARS AND LUBRICANTS	
<i>artificial tear ophth solution</i>	OTC
<i>artificial tear solution soln 1.25%</i>	OTC
BLINK TEARS LUBRICATING E SOLN .25%	OTC
BLINK TRIPLE CARE LUBRICA SOLN .25%	OTC
<i>carboxymethylcellulose sodium (ophth) gel 1%; soln .5%</i>	OTC
<i>carboxymethylcellulose-glycerin ophth soln 0.5-0.9%</i>	OTC
<i>dextran 70-hypromellose (pt) ophth soln 0.1-0.3%</i>	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	OTC
GENTEAL TEAR GEL SEV D/N	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	OTC
LUBRICNT GEL DRO 0.25-0.3	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	OTC
<i>polyvinyl alcohol soln 1.4%</i>	OTC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	OTC
<i>propylene glycol (ophth) soln .6%</i>	OTC
<i>propylene glycol-glycerin ophth soln 1-0.3%</i>	OTC
PURE & GENTLE LUBRICANT SOLN 3MG/ML	OTC
SOOTHE DRO 0.6-0.6%	OTC
STERILE LUBRICANT DROPS LIQD .7%	OTC
SYSTANE GEL DRO 0.4-0.3%	OTC
THERATEARS EXTRA SOLN .25%	OTC
<i>white petrolatum-mineral oil ophth ointment</i>	OTC
BETA-BLOCKERS - OPHTHALMIC	
BETAXOLOL HCL SOLN .5%	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	
<i>dorzolamide hcl-timolol maleate pt ophth soln 2-0.5%</i> (generic of COSOPT PF)	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	
CYCLOPLEGIC MYDRIATICS	
ATROPINE SULFATE SOLN 1%	
<i>atropine sulfate (ophthalmic) soln 1%</i>	
<i>cyclopentolate hcl (generic of CYCLOGYL) soln 1%</i>	
<i>phenylephrine hcl (mydriatic) (generic of PHENYLEPHRINE HYDROCHLORI) soln 2.5%</i>	
<i>phenylephrine hcl (mydriatic) soln 10%</i>	
<i>tropicamide (generic of MYDRIACYL) soln 1%</i>	
<i>tropicamide soln .5%</i>	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
OPHTHALMIC - ANGIOGENESIS INHIBITORS	
CIMERLI SOLN .3MG/0.05ML, .5MG/0.05ML	PA; Bill as Medical Claim Only
EYLEA SOLN 2MG/0.05ML	PA; Bill as Medical Claim Only
PAVBLU SOLN 2MG/0.05ML; SOSY 2MG/0.05ML	PA; Bill as Medical Claim Only
OPHTHALMIC ADRENERGIC AGENTS	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) soln .1%, .15%	
<i>brimonidine tartrate</i> soln .2%	
OPHTHALMIC ANTI-INFECTIVES	
BACIT/POLYMY OIN OP	
CILOXAN OINT .3%	
<i>ciprofloxacin hcl</i> (ophth) soln .3%	
<i>erythromycin</i> (ophth) oint 5mg/gm	
<i>gentamicin sulfate</i> (ophth) soln .3%	
LEVOFLOXACIN SOLN .5%	
<i>moxitloxacin hcl</i> (ophth) (generic of VIGAMOX) soln .5%	
NATACYN SUSP 5%	
NEO/POLY/BAC OIN OP	
<i>ofloxacin</i> (ophth) (generic of OCUFLOX) soln .3%	
<i>polymyxin b-trimethoprim</i> ophth soln 10000 unit/ml- 0.1%	
SULFACETAMIDE SODIUM SOLN 10%	
<i>tobramycin</i> (ophth) soln .3%	
OPHTHALMIC DECONGESTANTS	
<i>naphazoline w/ pheniramine</i> ophth soln 0.025-0.3%	OTC
<i>naphazoline w/ pheniramine</i> ophth soln 0.027-0.315%	OTC
OPHTHALMIC GENE THERAPY	
LUXTURNA SUS	PA; Bill as Medical Claim Only
OPHTHALMIC IMMUNOMODULATORS	
RESTASIS EMUL .05%	QL (2 single use vials every 1 day)
OPHTHALMIC INTEGRIN ANTAGONISTS	
XIIDRA SOLN 5%	
OPHTHALMIC LOCAL ANESTHETICS	
ALTACAINE SOLN .5%	
<i>proparacaine hcl</i> (generic of ALCAINE) soln .5%	
TETRACAINE HCL SOLN .5%	
TETRACAINE HYDROCHLORIDE SOLN .5%	
OPHTHALMIC STEROIDS	
<i>fluorometholone</i> (ophth) (generic of FML LIQUIFILM) susp .1%	
<i>loteprednol etabonate</i> (generic of LOTEMAX) susp .5%	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
MAXIDEX SUSP .1%	
NEO/POLY/BAC OIN /HC 1%OP	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> (generic of MAXITROL)	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> (generic of MAXITROL)	
OZURDEX IMPL .7MG	PA; Bill as Medical Claim Only
PRED MILD SUSP .12%	
<i>prednisolone acetate (ophth) (generic of PRED FORTE)</i> <i>susp 1%</i>	
PREDNISOLONE SODIUM PHOSP SOLN 1%	
TOBRADEX OIN 0.3-0.1%	
TOBRADEX ST SUS 0.3-0.05	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
OPHTHALMICS - MISC.	
<i>azelastine hcl (ophth) soln .05%</i>	
<i>brinzolamide (generic of AZOPT) susp 1%</i>	QL (1 bottle every 30 days)
CROMOLYN SODIUM SOLN 4%	
<i>diclofenac sodium (ophth) soln .1%</i>	
<i>dorzolamide hcl soln 2%</i>	
<i>epinastine hcl (ophth) soln .05%</i>	
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS)</i> <i>soln .4%</i>	
<i>ketorolac tromethamine (ophth) (generic of ACULAR)</i> <i>soln .5%</i>	
<i>ketotifen fumarate (ophth) soln .035%</i>	OTC
<i>olopatadine hcl soln .1%, .2%, .7%</i>	OTC
PROSTAGLANDINS - OPHTHALMIC	
<i>bimatoprost soln .03%</i>	QL (0.33 mL every 1 day)
<i>latanoprost (generic of XALATAN) soln .005%</i>	
<i>travoprost (generic of TRAVATAN Z) soln .004%</i>	QL (1 bottle every 30 days)
OTIC AGENTS	
OTIC AGENTS - MISCELLANEOUS	
<i>acetic acid (otic) soln 2%</i>	
<i>carbamide peroxide (otic) soln 6.5%</i>	OTC
OTIC ANTI-INFECTIVES	
<i>ciprofloxacin hcl (otic) (generic of CETRAXAL) soln .2%</i>	
<i>ofloxacin (otic) soln .3%</i>	
OTIC COMBINATIONS	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000</i> <i>unit/ml-1%</i>	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
OTIC STEROIDS	
<i>fluocinolone acetonide (otic) (generic of DERMOTIC) oil .01%</i>	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	
OXYTOCICS	
OXYTOCICS	
<i>methergine tabs .2mg</i>	
<i>methylergonovine maleate tabs .2mg</i>	
PASSIVE IMMUNIZING AND TREATMENT AGENTS	
IMMUNE SERUMS	
BIVIGAM SOLN 5GM/50ML, 10%	PA; Bill as Medical Claim Only
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	PA; Bill as Medical Claim Only
FLEBOGAMMA DIF SOLN 5GM/100ML, 10GM/200ML, 20GM/400ML	PA; Bill as Medical Claim Only
GAMMAGARD LIQUID SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML	PA; Bill as Medical Claim Only
GAMMAGARD LIQUID ERC SOLN 5GM/50ML, 10GM/100ML	PA; Bill as Medical Claim Only
GAMMAGARD S/D IGA LESS TH SOLR 5GM, 10GM	PA; Bill as Medical Claim Only
GAMMAKED SOLN 1GM/10ML, 5GM/50ML, 10GM/100ML, 20GM/200ML	PA; Bill as Medical Claim Only
GAMMAPLEX SOLN 5GM/100ML, 5GM/50ML, 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML	PA; Bill as Medical Claim Only
GAMUNEX-C SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	PA; Bill as Medical Claim Only
HIZENTRA SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML; SOSY 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	PA; Bill as Medical Claim Only
OCTAGAM SOLN 1GM/20ML, 2GM/20ML, 2.5GM/50ML, 5GM/100ML, 5GM/50ML, 10GM/100ML, 10GM/200ML, 20GM/200ML, 30GM/300ML	PA; Bill as Medical Claim Only
PRIVIGEN SOLN 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	PA; Bill as Medical Claim Only
XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	PA; Bill as Medical Claim Only
MONOCLONAL ANTIBODIES	
ZINPLAVA SOLN 1000MG/40ML	PA; Bill as Medical Claim Only
PENICILLINS	
AMINOPENICILLINS	
<i>amoxicillin caps 250mg, 500mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	
<i>ampicillin caps 500mg</i>	

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Drug Name	Requirements/Limits
NATURAL PENICILLINS	
<i>penicillin v potassium tabs 250mg, 500mg</i>	
PENICILLIN COMBINATIONS	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES-600)	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	
AUGMENTIN SUS 125/5ML	
PENICILLINASE-RESISTANT PENICILLINS	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	
PROGESTINS	
PROGESTINS	
<i>gallitrey tabs 5mg</i>	
<i>medroxyprogesterone acetate (generic of PROVERA)</i> <i>tabs 2.5mg, 5mg, 10mg</i>	
<i>norethindrone acetate tabs 5mg</i>	
<i>progesterone (generic of PROMETRIUM) caps 100mg,</i> <i>200mg</i>	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	
AGENTS FOR CHEMICAL DEPENDENCY	
<i>acamprosate calcium tbec 333mg</i>	
<i>disulfiram tabs 250mg, 500mg</i>	
ANTIDEMENTIA AGENTS	
<i>donepezil hydrochloride (generic of ARICEPT) tabs 5mg, PA</i> <i>10mg, 23mg</i>	
<i>donepezil hydrochloride tbdp 5mg, 10mg</i>	PA
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg;</i> <i>tabs 4mg, 8mg, 12mg</i>	PA
MEMANT TITRA PAK 5-10MG	PA
<i>memantine hcl soln 2mg/ml; tabs 5mg, 10mg</i>	PA
<i>rivastigmine (generic of EXELON) pt24 4.6mg/24hr,</i> <i>9.5mg/24hr, 13.3mg/24hr</i>	PA
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	PA
FIBROMYALGIA AGENTS	
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	QL (2 tabs every 1 day)
SAVELLA MIS TITR PAK	
MOVEMENT DISORDER DRUG THERAPY	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
AUSTEDO TABS 6MG, 9MG, 12MG	PA
AUSTEDO XR TB24 6MG, 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG	PA
AUSTEDO XR TAB TITR KIT	PA
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG	PA
INGREZZA CAP 40-80MG	PA
MULTIPLE SCLEROSIS AGENTS	
AVONEX PSKT 30MCG/0.5ML	PA
AVONEX PEN AJKT 30MCG/0.5ML	PA
BRIUMVI SOLN 150MG/6ML	PA; Bill as Medical Claim Only
COPAXONE SOSY 20MG/ML, 40MG/ML	PA
<i>daltampridine</i> (generic of AMPYRA) <i>tb12 10mg</i>	PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) <i>cpdr 120mg, 240mg</i>	PA, QL (2 caps every 1 day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK)	PA, QL (2 caps every 1 day)
<i>tingolimod hcl</i> (generic of GILENYA) <i>caps .5mg</i>	PA
KESIMPTA SOAJ 20MG/0.4ML	PA
OCREVUS SOLN 300MG/10ML	PA; Bill as Medical Claim Only
OCREVUS INJ ZUNOVO	PA
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	PA
REBIF REBIDO INJ TITRATN	PA
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	PA
REBIF TITRTN INJ PACK	PA
<i>teriflunomide</i> (generic of AUBAGIO) <i>tabs 7mg, 14mg</i>	PA
TYSABRI CONC 300MG/15ML	PA; Bill as Medical Claim Only
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS	
<i>gabapentin</i> (<i>once-daily</i>) (generic of GRALISE) <i>tabs 450mg, 750mg, 900mg</i>	PA
GRALISE TABS 300MG, 450MG, 600MG, 750MG, 900MG	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	
PIMOZIDE TABS 1MG, 2MG	PA; PA Required for < 12 years of age
RESTLESS LEG SYNDROME (RLS) AGENTS	
HORIZANT TBCR 300MG, 600MG	PA
SMOKING DETERRENTS	
<i>bupropion hcl</i> (<i>smoking deterrent</i>) <i>tb12 150mg</i>	QL (84 days supply in 180 days)
CHANTIX TABS .5MG, 1MG	
CHANTIX CONTINUING MONTH TABS 1MG	
CHANTIX TAB 0.5& 1MG	
<i>nicotine</i> <i>pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	QL (84 days supply in 180 days), OTC

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>nicotine polacrilex gum 2mg, 4mg; lozg 2mg, 4mg</i>	QL (84 days supply in 180 days), OTC
NICOTROL NS SOLN 10MG/ML	QL (84 days supply in 180 days)
<i>varenicline tartrate (generic of CHANTIX) tabs .5mg, 1mg</i>	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	
TRANSTHYRETIN AMYLOIDOSIS AGENTS	
ONPATTRO SOLN 10MG/5ML	PA; Bill as Medical Claim Only
RESPIRATORY AGENTS - MISC.	
ALPHA-PROTEINASE INHIBITOR (HUMAN)	
ARALAST NP SOLR 500MG, 1000MG	PA; Bill as Medical Claim Only
GLASSIA SOLN 1000MG/50ML	PA; Bill as Medical Claim Only
PROLASTIN-C SOLN 1000MG/20ML	PA; Bill as Medical Claim Only
ZEMAIRA SOLR 1000MG	PA; Bill as Medical Claim Only
CYSTIC FIBROSIS AGENTS	
PULMOZYME SOLN 2.5MG/2.5ML	PA
PULMONARY FIBROSIS AGENTS	
ESBRIET TABS 267MG, 801MG	PA
<i>pirtenidone caps 267mg</i>	
<i>pirtenidone (generic of ESBRIET) tabs 267mg, 801mg</i>	PA
TETRACYCLINES	
GLYCYLCYCLINES	
TIGECYCLINE SOLR 50MG	PA; Bill as Medical Claim Only
<i>tigecycline (generic of TYGACIL) solr 50mg</i>	PA; Bill as Medical Claim Only
TYGACIL SOLR 50MG	PA; Bill as Medical Claim Only
TETRACYCLINES	
<i>avidoxy tabs 100mg</i>	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	PA
<i>doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 100mg</i>	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	
<i>minocycline hcl caps 50mg, 75mg, 100mg</i>	
<i>tetracycline hcl caps 250mg, 500mg</i>	QL (4 caps every 1 day)
THYROID AGENTS	
ANTITHYROID AGENTS	
<i>methimazole tabs 5mg, 10mg</i>	
<i>propylthiouracil tabs 50mg</i>	
THYROID HORMONES	
ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
EVEXITHROID TABS 15MG, 30MG, 45MG, 60MG, 75MG, 90MG, 120MG, 180MG	
<i>levo-t</i> (generic of SYNTHROID) <i>tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	
LEVOTHYROXINE SODIUM CAPS 13MCG, 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG	QL (1 cap every 1 day)
<i>levothyroxine sodium</i> (generic of SYNTHROID) <i>tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	
<i>levoxyl</i> (generic of SYNTHROID) <i>tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	
<i>liomny</i> (generic of CYTOMEL) <i>tabs 5mcg, 25mcg, 50mcg</i>	
<i>liothyronine sodium</i> (generic of CYTOMEL) <i>tabs 5mcg, 25mcg, 50mcg</i>	
NIVA THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	
NP THYROID 15 TABS 15MG	
NP THYROID 30 TABS 30MG	
NP THYROID 60 TABS 60MG	
NP THYROID 90 TABS 90MG	
NP THYROID 120 TABS 120MG	
RENTHYROID TABS 15MG, 30MG, 45MG, 60MG, 75MG, 90MG, 120MG	
THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	
TIROSINT CAPS 13MCG, 25MCG, 37.5MCG, 44MCG, 50MCG, 62.5MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG	QL (1 cap every 1 day)
<i>unithroid</i> (generic of SYNTHROID) <i>tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ
BOOSTRIX INJ
DAPTACEL INJ
TDVAX INJ 2-2 LF
TENIVAC INJ 5-2LF

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>
<i>glycopyrrolate</i> (generic of CUVPOSA) <i>soln 1mg/5ml</i>

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>glycopyrrolate tabs 1mg, 2mg</i>	
HYOSCYAMINE SULFATE TABS .125MG	
HYOSCYAMINE SULFATE ER TB12 .375MG	
HYOSCYAMINE SULFATE ODT TBDP .125MG	
HYOSCYAMINE SULFATE SL SUBL .125MG	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	

H-2 ANTAGONISTS

<i>cimetidine tabs 200mg</i>	OTC
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	
<i>cimetidine hcl soln 300mg/5ml</i>	
<i>famotidine susr 40mg/5ml</i>	
<i>famotidine tabs 10mg, 20mg</i>	OTC
<i>famotidine (generic of PEPCID) tabs 20mg, 40mg</i>	
RANITIDINE HYDROCHLORIDE TABS 150MG, 300MG	

MISC. ANTI-ULCER

<i>sucralfate (generic of CARAFATE) tabs 1gm</i>	
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PROTON PUMP INHIBITORS

<i>esomeprazole magnesium cpdr 20mg</i>	OTC
<i>esomeprazole magnesium (generic of NEXIUM) cpdr 20mg, 40mg</i>	
<i>esomeprazole magnesium (generic of NEXIUM) pack 2.5mg, 5mg, 10mg, 20mg, 40mg</i>	PA; PA Required for > 18 years old
FIRST-LANSOPRAZOLE SUSP 3MG/ML	
<i>lansoprazole cpdr 15mg</i>	
<i>lansoprazole (generic of PREVACID) cpdr 30mg</i>	
<i>lansoprazole tbdd 15mg</i>	PA, OTC
<i>lansoprazole (generic of PREVACID SOLUTAB) tbdd 15mg, 30mg</i>	PA
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	
<i>omeprazole tbdd 20mg</i>	OTC
<i>omeprazole magnesium cpdr 20mg, 20.6mg; tbec 20mg</i>	OTC
<i>pantoprazole sodium (generic of PROTONIX) pack 40mg</i>	PA; PA Required for > 18 years of age
<i>pantoprazole sodium (generic of PROTONIX) tbec 20mg, 40mg</i>	

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol (generic of CYTOTEC) tabs 100mcg, 200mcg</i>	
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URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>fesoterodine fumarate (generic of TOVIAZ) tb24 4mg, 8mg</i>	
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>solitenacin succinate</i> (generic of VESICARE) tabs 5mg, 10mg	
<i>tolterodine tartrate</i> cp24 2mg, 4mg; tabs 1mg, 2mg	

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride</i> tabs 5mg, 10mg, 25mg, 50mg	
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VACCINES

BACTERIAL VACCINES

BCG VACCINE SOLR 50MG	PA; Bill as Medical Claim Only
CAPVAXIVE SOSY .5ML	QL (1 per Lifetime)
PENBRAYA INJ	QL (1 per Lifetime); Covered for ages 19 to 25
PNEUMOVAX 23 SOSY 25MCG/0.5ML	
PREVNAR 20 INJ	
TRUMENBA SUSY .5ML	QL; Covered for ages 19 to 25

VIRAL VACCINES

AFLURIA INJ 2025-26	
COMIRNATY 2025-26 SUSY 30MCG/0.3ML	Covered for ages 19 and older
ENGERIX-B SUSP 20MCG/ML; SUSY 20MCG/ML	
FLUCELVAX INJ 2025-26	
FLUMIST NASA LIQ 2025-26	
FLUZONE HD INJ 2025-26	
GARDASIL 9 SUSP .5ML	Covered for ages 11 to 45
HAVRIX SUSY 1440UNIT/ML	
JYNNEOS SUSP .5ML	QL (2 per Lifetime)
M-M-R II INJ	
MRESVIA SUSY 50MCG/0.5ML	QL (1 per Lifetime); PA Required for < 60 years of age
RECOMBIVAX HB SUSP 40MCG/ML	
SHINGRIX SUSR 50MCG/0.5ML	QL (2 per Lifetime); Covered for ages 50 and older
SPIKEVAX COVID-19 VACCINE SUSY 50MCG/0.5ML	Covered for ages 19 and older
VAQTA SUSY 50UNIT/ML	

VAGINAL AND RELATED PRODUCTS

SPERMICIDES

OPTIONS GYNOL II VAGINAL GEL 3%	OTC
VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4%	OTC

VAGINAL ANTI-INFECTIVES

CLEOCIN SUPP 100MG	
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) crea 2%	
<i>clotrimazole vaginal</i> crea 1%, 2%	OTC
<i>metronidazole vaginal</i> gel .75%	
MICONAZOLE 7 SUPP 100MG	OTC

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
<i>miconazole nitrate vaginal crea 2%, 4%</i>	OTC
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	OTC
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	OTC
MONISTAT 3 KIT COMBO PK	OTC
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
VANDAZOLE GEL .75%	

VAGINAL ESTROGENS

<i>estradiol vaginal (generic of ESTRACE) crea .01%</i>	
<i>estradiol vaginal (generic of VAGIFEM) tabs 10mcg</i>	
ESTRING RING 7.5MCG/24HR	
FEMRING RING .05MG/24HR, .1MG/24HR	PA, QL (1 ring every 90 days)
PREMARIN CREA .625MG/GM	
<i>yuvatem (generic of VAGIFEM) tabs 10mcg</i>	

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) soaj .3mg/0.3ml</i>	QL (2 pens every 30 days)
<i>epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) soaj .15mg/0.3ml</i>	QL (2 pens every 30 days)

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

<i>droxidopa (generic of NORTHERA) caps 100mg, 200mg, 300mg</i>	PA
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VASOPRESSORS

<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	
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VITAMINS

OIL SOLUBLE VITAMINS

<i>cholecalciferol caps 1.25mg, 10mcg, 25mcg, 50mcg, 125mcg, 250mcg, 400unit, 1000unit, 2000unit, 5000unit, 10000unit, 50000unit; liqd 10mcg/ml, 400unit/ml; tabs 25mcg, 50mcg, 125mcg, 250mcg, 400unit, 1000unit, 2000unit, 5000unit</i>	OTC
D3 LIQUID LIQD 25MCG/0.04ML	OTC
DECARA CAPS 25000UNIT	OTC
DRISDOL CAPS 50000UNIT	
<i>ergocalciferol (generic of DRISDOL) caps 1.25mg, 50000unit</i>	
NATURAL VITAMIN E TABS 200UNIT, 400UNIT	OTC
REPLESTA WAFR 50000UNIT	QL (4 wafers every 30 days), OTC
THERA-D 4000 TABS 4000UNIT	OTC

OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

Drug Name	Requirements/Limits
TOCO-SORB CAP 13MG	OTC
VITAMIN D3 CAPS 62.5MCG; LIQD 1200UNIT/15ML, 5000UNIT/ML; TABS 3000UNIT	OTC
<i>vitamin e caps 45mg, 90mg, 100unit, 180mg, 200unit, 268mg, 400unit, 450mg, 1000unit; oil 45mg/0.25ml, 100unt/0.25ml</i>	OTC
VITAMIN E CAPS 200UNIT; SOLN 15MG/0.67ML; TABS 200UNIT, 400UNIT	OTC
VITAMIN E/D-ALPHA CAPS 200UNIT	OTC
WATER SOLUBLE VITAMINS	
ACEROLA C 500 WAFR 500MG	OTC
<i>ascorbic acid caps 500mg; chew 100mg, 125mg, 250mg, 500mg; cpcr 500mg; liqd 500mg/5ml; lozg 60mg; powd 500mg/gm; tabs 250mg, 500mg, 1000mg; tbcr 500mg, 1000mg</i>	OTC
<i>ascorbic acid cap 500 mg</i>	OTC
<i>ascorbic acid chew tab 500 mg</i>	OTC
<i>ascorbic acid liquid 500 mg/5ml</i>	OTC
<i>ascorbic acid lozenge 60 mg</i>	OTC
<i>ascorbic acid oral powder</i>	OTC
<i>ascorbic acid tab 500 mg</i>	OTC
<i>ascorbic acid tab 1000 mg</i>	OTC
B-6 TABS 500MG	OTC
B-NATAL LOZG 25MG; LPOP 25MG	OTC
BUFFERED VIT CAP C 1000MG	OTC
C/ROSE HIPS CAP 1000MG	OTC
EQL VITAMIN C DROPS LOZG 53MG	OTC
NIACIN CAPS 100MG	OTC
<i>niacin cpcr 250mg; tabs 50mg, 100mg, 250mg, 500mg; tbcr 250mg, 500mg, 750mg</i>	OTC
NIACIN TR CPCR 500MG; TBCR 1000MG	OTC
<i>pyridoxine hcl tabs 25mg, 50mg, 100mg, 250mg</i>	OTC
PYRIDOXINE HYDROCHLORIDE SOLN 100MG/ML	
<i>thiamine hcl tabs 50mg, 100mg, 250mg</i>	OTC
<i>thiamine mononitrate tabs 100mg</i>	OTC
VITA-C CRY	OTC
VITAMELTS C TAB 60MG	OTC
VITAMIN B-1 CAPS 100MG	OTC
VITAMIN B-6 TR TBCR 200MG	OTC
VITAMIN C TABS 100MG	OTC
VITAMIN C CHW GUMMIE	OTC
VITAMIN C TR TBCR 1500MG	OTC

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<i>20 mg.....</i>	28	<i>24hr 25 mg.....</i>	1
<i>amlodipine besylate-benazepril hcl cap 10-</i>		<i>amphetamine-dextroamphetamine cap er</i>	
<i>40 mg.....</i>	28	<i>24hr 30 mg.....</i>	1
<i>amlodipine besylate-benazepril hcl cap 2.5-</i>		<i>amphetamine-dextroamphetamine cap er</i>	
<i>10 mg.....</i>	28	<i>24hr 5 mg.....</i>	1
<i>amlodipine besylate-benazepril hcl cap 5-10</i>		<i>amphetamine-dextroamphetamine tab 10</i>	
<i>mg.....</i>	28	<i>mg.....</i>	1
<i>amlodipine besylate-benazepril hcl cap 5-20</i>		<i>amphetamine-dextroamphetamine tab 12.5</i>	
<i>mg.....</i>	28	<i>mg.....</i>	1
<i>amlodipine besylate-benazepril hcl cap 5-40</i>		<i>amphetamine-dextroamphetamine tab 15</i>	
<i>mg.....</i>	28	<i>mg.....</i>	1
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<i>mg.....</i>	28		
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<i>mcg (600 unit)</i>	83	<i>carbidopa & levodopa tab 25-100 mg</i>	32
<i>calcium carb-cholecalciferol tab 500 mg-</i>		<i>carbidopa & levodopa tab 25-250 mg</i>	32
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Notice of Non-Discrimination

In compliance with federal civil rights laws



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Blue Cross® Blue Shield® of Arizona Health Choice complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy and sexual orientation). Blue Cross Blue Shield of Arizona Health Choice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy and sexual orientation).

Blue Cross Blue Shield of Arizona Health Choice:

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:

Blue Cross Blue Shield of Arizona Health Choice
Attn: Civil Rights Coordinator

Address: PO Box 52033
Phoenix, AZ 85072

Phone: 1-800-322-8670, TTY: 711

8 a.m. to 5 p.m., Monday - Friday

Fax: 480-760-4739

Email: HCHComments@azblue.com

If you believe that Blue Cross Blue Shield of Arizona Health Choice has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy and sexual orientation), you can file a grievance by mail, fax, or email to:

Blue Cross Blue Shield of Arizona Health Choice
Attn: Civil Rights Coordinator

Address: PO Box 52033
Phoenix, AZ 85072

Phone: 1-800-322-8670

Fax: 480-760-4739

TTY: 711

Email: HCH.GrievanceForms@azblue.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Grievance Manager/Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at

hhs.gov/hipaa/filing-a-complaint/index.html.

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Aviso de No Discriminación



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En cumplimiento con las leyes federales de derechos civiles

Blue Cross® Blue Shield® of Arizona Health Choice cumple con las leyes de derechos civiles federales vigentes y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo y la orientación sexual). Blue Cross Blue Shield of Arizona Health Choice no excluye a las personas ni las trata de manera diferente por su raza, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo y la orientación sexual).

Blue Cross Blue Shield of Arizona Health Choice:

Ofrece material de ayuda y servicios sin cargo a las personas que tienen discapacidades que les impiden comunicarse de manera eficaz con nosotros, como los siguientes:

- Intérpretes de lenguaje de señas calificados
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

Brinda servicios de idiomas sin cargo a las personas cuya lengua materna no es el inglés, como los siguientes:

- Intérpretes calificados
- Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con nosotros:

Blue Cross Blue Shield of Arizona Health Choice
Coordinador de Derechos Civiles

Dirección: PO Box 52033

Phoenix, AZ 85072

Teléfono: 1-800-322-8670, TTY: 711

de 8 a. m. a 5 p. m., Lunes - Viernes

Fax: 480-760-4739

Correo electrónico: HCHComments@azblue.com

Si considera que Blue Cross Blue Shield of Arizona Health Choice no ha logrado prestar estos servicios o ha discriminado de algún otro modo a una persona por su raza, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo y la orientación sexual), puede presentar una queja formal por correo, fax o correo electrónico:

Blue Cross Blue Shield of Arizona Health Choice
Coordinador de Derechos Civiles

Dirección: PO Box 52033

Phoenix, AZ 85072

Teléfono: 1-800-322-8670

Fax: 480-760-4739

TTY: 711

Correo electrónico:

HCH.GrievanceForms@azblue.com

Puede presentar una queja formal por correo, fax o correo electrónico. Si necesita ayuda para presentar una queja formal, el administrador de quejas formales/coordinador de derechos civiles está a su disposición para ayudarlo.

También puede presentar una queja por violación a los derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de forma electrónica a través de su Portal de quejas, disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, o por correo o teléfono:

U.S. Department of Health and Human Services
200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de queja están disponibles en **hhs.gov/hipaa/filing-a-complaint/index.html**.

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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services



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English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-322-8670 (TTY: 711).

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-322-8670 (TTY: 711).

Navajo: Diné bee yánití'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee bac hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éí t'áá jik'eh hóló. Kohji' 1-800-322-8670 (TTY: 711).

Chinese Simplified: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-800-322-8670 (文本电话 711)。

Chinese Traditional: 如果您說[中文], 我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務, 以無障礙格式提供資訊。請致電 1-800-322-8670 (TTY 711)。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-322-8670 (TTY: 711).

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-322-8670 (TTY: 711).

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-322-8670 (Người khuyết tật: 711).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-322-8670 (TTY: 711).

Korean: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-322-8670 (TTY: 711).

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-322-8670 (TTY: 711).

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services



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Arabic

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-322-8670 (للتواصل مع 711).

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-322-8670 (TTY: 711).

Italian: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il 1-800-322-8670 (TTY: 711).

Brazilian Portuguese: Se você fala português brasileiro, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-322-8670 (TTY: 711).

Creole (Capo Verdean): Caso fale Kabuverdianu, existem serviços de assistência linguística gratuitos disponíveis. Estão também disponíveis apoios e serviços auxiliares adequados para prestar informações em formatos acessíveis. Ligue 1-800-322-8670 (TTY: 711).

Polish: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-322-8670 (TTY: 711).

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-322-8670 (TTY: 711)。

IMPORTANT INFORMATION

Member Services / Servicios Para Miembros:

**Need help finding a provider or help
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Call Member Services:

Toll-free: **1-800-322-8670**, TTY/TDD: **711**

Monday – Friday, 8 a.m. – 5 p.m.

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