

2024 - 2025

Formulary / Formulario



BCBSAZ Health Choice

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



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Health
Choice

What is the BCBSAZ Health Choice Formulary/Preferred Drug List (PDL)?

A Formulary / Preferred Drug List (PDL) is a list of drugs chosen by BCBSAZ Health Choice and a team of doctors and pharmacists. BCBSAZ 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 BCBSAZ Health Choice network pharmacy, and other plan rules must be followed.

The BCBSAZ 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 BCBSAZ 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, BCBSAZ Health Choice may add or take off drugs during the year. To get the latest information about covered drugs, go to our website at <https://www.azblue.com/health-choice-az> or call BCBSAZ Health Choice Member Services at 480-968-6866 or 1-800-322-8670 (outside Maricopa County).

Product Selection Criteria

The BCBSAZ Health Choice Pharmacy & Therapeutics Committee will consider and advise BCBSAZ 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. BCBSAZ 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, BCBSAZ Health Choice will not cover the drug.
- All unlisted medications.

2. Clinical Override Conditions

- To override a Step Therapy (ST) edit. In some cases, BCBSAZ 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, BCBSAZ 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, BCBSAZ Health Choice limits the amount of the drug it will cover. For example, we provide 30 pills in 30 days per prescription for mirtazapine.

BCBSAZ 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 BCBSAZ Health Choice members to avoid unnecessary delays in therapy.

The AHCCCS Minimum Required Prescription Drug List is included in the BCBSAZ 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.

BCBSAZ 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 BCBSAZ 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.

BCBSAZ Health Choice providers may formally request the BCBSAZ 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 BCBSAZ Health Choice Provider Manual. The instructions and materials are also available on the BCBSAZ Health Choice website.

All the information in the BCBSAZ 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 OPTHALMIC 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)

BCBSAZ Health Choice Arizona 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 BCBSAZ Health Choice

Your comments and suggestions regarding the BCBSAZ 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
BCBSAZ Health Choice Arizona
8220 N. 23rd Avenue
Phoenix, AZ 85021

Step Therapy Coverage Policy

Drug Class	Targeted Drugs	Step Therapy Requirement
URINARY ANTISPASMODICS	DETROL, TOVIAZ	Thirty (30) day trial of Oxybutynin in the previous 90 days
SLEEP DISORDER AGENTS	ROZEREM	Trial of Temazepam AND Zolpidem
MIGRAINE NASAL	ZOMIG NS	Trial of Imitrex Nasal Spray
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, KAZANO, JENTADUETO, ALOGLIPTIN/METFORMIN, ALOGLIPTIN/PIOGLITAZONE, XIGDUO, SYNJARDY, OSENI, TRIJARDY, KOMBIGLYZE.	Thirty (30) day trial of Metformin in the previous year

Health Choice AZ Complete Care Effective 04/01/2025

Drug Name	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	
AMPHETAMINES	
ADDERALL TAB 5MG	QL (2 tabs every 1 day); PA Required for < 6 years of age
ADDERALL TAB 7.5MG	QL (2 tabs every 1 day); PA Required for < 6 years of age
ADDERALL TAB 10MG	QL (2 tabs every 1 day); PA Required for < 6 years of age
ADDERALL TAB 12.5MG	QL (2 tabs every 1 day); PA Required for < 6 years of age
ADDERALL TAB 15MG	QL (2 tabs every 1 day); PA Required for < 6 years of age
ADDERALL TAB 20MG	QL (2 tabs every 1 day); PA Required for < 6 years of age
ADDERALL TAB 30MG	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>	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>	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>	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>	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>	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>	QL (1 cap every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>dextroamphetamine sulfate tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>dextroamphetamine sulfate tabs 15mg, 20mg, 30mg</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age

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

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl (generic of STRATTERA) caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	QL (1 cap every 1 day); PA Required for < 6 years of age
<i>clonidine hcl (adhd) tb12 .1mg</i>	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>	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)
CONCERTA TBCR 18MG, 27MG, 36MG, 54MG	QL (2 tabs every 1 day); PA Required for < 6 years of age
DAYTRANA PTCH 10MG/9HR, 15MG/9HR, 20MG/9HR, 30MG/9HR	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>	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>	QL (2 tabs every 1 day); PA Required for < 6 years of age
METHYLIN SOLN 5MG/5ML, 10MG/5ML	QL (10 mL 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>	QL (1 cap every 1 day); PA Required for < 6 years of age
<i>methylphenidate hcl (generic of RITALIN) tabs 5mg, 10mg, 20mg</i>	QL (3 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	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
<i>cvs coq-10 ultra caps 100mg</i>	OTC
<i>eql coq10 caps 100mg</i>	OTC
<i>ft co q-10 rapid release caps 100mg</i>	OTC
<i>gnp co q10 caps 100mg</i>	OTC
<i>gnp co q-10 caps 100mg</i>	OTC
<i>pronutrients coq10 caps 100mg</i>	OTC
<i>q-sorb co q-10 caps 100mg</i>	OTC
<i>ra coenzyme q-10 caps 100mg</i>	OTC

ALTERNATIVE MEDICINE - K'S

<i>krill oil cap 300 mg</i>	OTC
<i>krill oil cap 300mg</i>	OTC

Drug Name	Requirements/Limits
<i>omega3 krill cap 300mg</i>	OTC
<i>red krill cap 300mg</i>	OTC
<i>sm megakrill cap 300mg</i>	OTC

ALTERNATIVE MEDICINE - M'S

<i>cvs melatonin caps 5mg, 10mg; liqd 5mg/15ml; tbdp 12mg</i>	OTC
<i>cvs melatonin gummies chew 1mg, 2.5mg, 5mg</i>	OTC
<i>cvs melatonin instant dis subl 5mg</i>	OTC
<i>cvs melatonin quick disso subl 10mg; tbdp 10mg</i>	OTC
<i>cvs quality sleep caps 10mg</i>	OTC
<i>cvs sleep support supplem chew 1mg</i>	OTC
<i>ft melatonin tabs 3mg, 5mg</i>	OTC
<i>ft melatonin extra streng chew 5mg; tbc 10mg; tbdp 10mg</i>	OTC
<i>ft melatonin gummies chew 2.5mg</i>	OTC
<i>gnp melatonin prolonged r tbc 10mg</i>	OTC
<i>hm melatonin quick dissol tbdp 10mg</i>	OTC
<i>kp melatonin tabs 3mg</i>	OTC
<i>max sleep junior liqd 1mg/ml</i>	OTC
MELATONIN CAPS 1MG, 2.5MG, 3MG; LIQD 1MG/4ML, 2.5MG/10ML, 3MG/0.9ML, 3MG/4ML, 5MG/20ML, 5MG/ML; LOZG 3MG, 5MG; SUBL 3MG; TABS 2.5MG, 12MG, 300MCG; TBCR 5MG	OTC
<i>melatonin liqd 1mg/ml; subl 5mg, 10mg; tabs 1mg, 3mg, 5mg, 10mg; tbdp 3mg, 5mg, 10mg</i>	OTC
MELATONIN CAP 3MG CR CPCR 3MG	OTC
<i>melatonin childrens chew 1mg</i>	OTC
MELATONIN CR TBCR 3MG	OTC
<i>melatonin extra strength tabs 10mg</i>	OTC
<i>melatonin kids chew 1mg</i>	OTC
<i>melatonin kids gummies chew 1mg</i>	OTC
MELATONIN MAXIMUM STRENGT LIQD 10MG/ML	OTC
<i>melatonin maximum strengt tabs 10mg</i>	OTC
MELATONIN SLEEP FAST DISS TBCR 1MG	OTC
MELATONIN TAB 1.5MG TABS 1.5MG	OTC
MELATONIN TAB 500MCG TABS 500MCG	OTC
MELATONIN TIMED RELEASE TBCR 1MG	OTC
MELATONINMAX GUMMIES CHEW 10MG	OTC
<i>mm melatonin tr tbc 10mg</i>	OTC
<i>qc melatonin maximum stre tabs 5mg</i>	OTC
<i>qc melatonin prolonged re tbc 10mg</i>	OTC
<i>qc melatonin quick dissol tbdp 10mg</i>	OTC
RA MELATONIN SUBL 1MG	OTC
<i>ra melatonin tabs 3mg, 5mg, 10mg</i>	OTC
<i>sleep gummies chew 5mg</i>	OTC
<i>sleep melatonin just 4 ki chew 1mg</i>	OTC
<i>sm melatonin tabs 3mg, 5mg; tbdp 5mg</i>	OTC

Drug Name	Requirements/Limits
<i>sv melatonin tabs 5mg; tbdp 3mg</i>	OTC
<i>sv melatonin fast-dissolv tbdp 5mg</i>	OTC
<i>vitajoy gummies chew 2.5mg</i>	OTC
<i>yumvs melatonin chew 2.5mg</i>	OTC
<i>yumvs melatonin max stren chew 5mg</i>	OTC
ZARBEES SLEEP CHILDRENS/M CHEW 1MG	OTC
<i>zarbees sleep childrens/m liqd 1mg/ml</i>	OTC

ALTERNATIVE MEDICINE - U

<i>ubiquinol caps 100mg</i>	QL (4 caps every 1 day), OTC
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ALTERNATIVE MEDICINE COMBINATIONS

FLAX + DHA CAP	OTC
<i>melatonin cr tab 5mg</i>	OTC
MELATONIN TAB 1-10MG	OTC
<i>melatonin tab 5-10mg</i>	OTC
<i>melatonin tr tab 5-10mg</i>	OTC
<i>melatonin tr tab vit b6</i>	OTC
OMEGA 3-6-9 CAP COMPLEX	OTC
OMEGA-3-6-9 CAP	OTC
OMEGA-3-6-9 CAP 1200MG	OTC
RA OMEGA CAP 3-6-9	OTC
SM OMEGA-3 CAP	OTC
SUPER OMEGA CAP -3	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-ADBAM AJKT 40MG/0.4ML, 40MG/0.8ML; PSKT 10MG/0.2ML, 20MG/0.4ML, 40MG/0.4ML, 40MG/0.8ML	PA
ADALIMUMAB-ADBAM CROHNS/UC AJKT 40MG/0.8ML	PA
ADALIMUMAB-ADBAM PSORIASIS AJKT 40MG/0.8ML	PA
ADALIMUMAB-ADBAM STARTER P AJKT 40MG/0.4ML	PA
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	PA
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	PA
SIMLANDI PSKT 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML	PA
SIMLANDI 1-PEN KIT AJKT 40MG/0.4ML	PA
SIMLANDI 2-PEN KIT AJKT 40MG/0.4ML	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

Drug Name	Requirements/Limits
GOLD COMPOUNDS	
RIDAURA CAPS 3MG	
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
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	
<i>addaprin tabs 200mg</i>	OTC
<i>advil junior strength chew 100mg; tabs 100mg</i>	OTC
<i>advil liqui-gels minis caps 200mg</i>	OTC
<i>all day relief tabs 220mg</i>	OTC
<i>celecoxib (generic of CELEBREX) caps 50mg, 100mg, 200mg</i>	QL (2 caps every 1 day)
<i>celecoxib (generic of CELEBREX) caps 400mg</i>	QL (1 cap every 1 day)
<i>childrens medi-profen susp 100mg/5ml</i>	OTC
<i>cvs ibuprofen caps 200mg</i>	OTC
<i>cvs ibuprofen childrens chew 100mg; susp 100mg/5ml</i>	OTC
<i>cvs ibuprofen infants susp 50mg/1.25ml</i>	OTC
<i>cvs naproxen sodium tabs 220mg</i>	OTC
<i>diclofenac potassium tabs 50mg</i>	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	
EC-NAPROSYN TBEC 375MG, 500MG	
<i>ec-naproxen (generic of EC-NAPROSYN) tbec 375mg, 500mg</i>	
<i>eq ibuprofen tabs 200mg</i>	OTC
<i>eq ibuprofen childrens susp 100mg/5ml</i>	OTC
<i>etodolac caps 200mg, 300mg; tabs 500mg; tb24 400mg, 500mg, 600mg</i>	
<i>etodolac (generic of LODINE) tabs 400mg</i>	
<i>fenoprofen calcium tabs 600mg</i>	
<i>flanax tabs 220mg</i>	OTC
FLURBIPROFEN TABS 50MG	
<i>flurbiprofen tabs 100mg</i>	
<i>ft all day pain relief tabs 220mg</i>	OTC
<i>ft ibuprofen tabs 200mg</i>	OTC
<i>ft ibuprofen childrens susp 100mg/5ml</i>	OTC
<i>ft ibuprofen ib childrens chew 100mg</i>	OTC
<i>ft ibuprofen infants susp 50mg/1.25ml</i>	OTC
<i>ft ibuprofen minis caps 200mg</i>	OTC
<i>ft pain relief tabs 200mg</i>	OTC
<i>goodsense ibuprofen child chew 100mg</i>	OTC
<i>goodsense naproxen sodium tabs 220mg</i>	OTC
<i>hyvee ibuprofen childrens susp 100mg/5ml</i>	OTC
<i>ibu tabs 400mg, 600mg, 800mg</i>	
<i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>	
<i>ibuprofen tabs 200mg</i>	OTC

Drug Name	Requirements/Limits
<i>ibuprofen 100 junior stre chew 100mg</i>	OTC
<i>ibuprofen childrens susp 100mg/5ml, 200mg/10ml</i>	OTC
<i>ibuprofen infants susp 50mg/1.25ml</i>	OTC
<i>ibuprofen junior strength chew 100mg</i>	OTC
<i>indocin supp 50mg</i>	
INDOCIN SUSP 25MG/5ML	
<i>indomethacin caps 25mg, 50mg; cpcr 75mg; supp 50mg</i>	
<i>indomethacin (generic of INDOCIN) susp 25mg/5ml</i>	
<i>ketorolac tromethamine tabs 10mg</i>	QL (20 tabs every 30 days)
<i>kls ibuprofen tabs 200mg</i>	OTC
<i>kls ibuprofen ib tabs 200mg</i>	OTC
<i>medi-first ibuprofen tabs 200mg</i>	OTC
<i>medi-profen caps 200mg; susp 40mg/ml; tabs 200mg</i>	OTC
<i>mediproxen tabs 220mg</i>	OTC
<i>meloxicam tabs 7.5mg, 15mg</i>	
<i>motrin ib caps 200mg; tabs 200mg</i>	OTC
<i>nabumetone tabs 500mg, 750mg</i>	
<i>naproxen susp 125mg/5ml; tabs 250mg, 375mg</i>	
<i>naproxen (generic of NAPROSYN) tabs 500mg</i>	
<i>naproxen (generic of EC-NAPROSYN) tbec 375mg, 500mg</i>	
<i>naproxen sodium tabs 220mg</i>	OTC
<i>naproxen sodium tabs 275mg</i>	
<i>naproxen sodium (generic of ANAPROX DS) tabs 550mg</i>	
<i>oxaprozin (generic of DAYPRO) tabs 600mg</i>	
<i>pamprin all day maximum s tabs 220mg</i>	OTC
<i>piroxicam caps 10mg, 20mg</i>	
<i>proprinal caps 200mg</i>	OTC
<i>qc ibuprofen caps 200mg; tabs 200mg</i>	OTC
<i>ra ibuprofen caps 200mg; tabs 200mg</i>	OTC
<i>ra pain relief ibuprofen tabs 200mg</i>	OTC
<i>sb ibuprofen tabs 200mg</i>	OTC
<i>sm ibuprofen ib tabs 200mg</i>	OTC
<i>sm ibuprofen jr tabs 100mg</i>	OTC
<i>sulindac tabs 150mg, 200mg</i>	
<i>wal-profen caps 200mg; tabs 200mg</i>	OTC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	
OTEZLA TABS 20MG	PA
OTEZLA TABS 30MG	PA
OTEZLA TAB 10/20	PA
OTEZLA TAB 10/20/30	PA
PYRIMIDINE SYNTHESIS INHIBITORS	
<i>leflunomide (generic of ARAVA) tabs 10mg, 20mg</i>	
SELECTIVE COSTIMULATION MODULATORS	
ORENCIA SOLR 250MG	PA; Bill as Medical Claim Only

Drug Name	Requirements/Limits
ORENCIA SOSY 50MG/0.4ML, 87.5MG/0.7ML, 125MG/ML	PA
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>bac tab (generic of ESGIC)</i>	QL (4 tabs every 1 day)
<i>butalbital-acetaminophen tab 50-325 mg</i>	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg (generic of ESGIC)</i>	QL (4 tabs every 1 day)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	
<i>cvs headache tab rel/rr</i>	OTC
<i>cvs headache tab relief</i>	OTC
<i>cvs migraine tab relief</i>	OTC
<i>eq headache tab relief</i>	OTC
<i>eql migraine tab formula</i>	OTC
<i>extraprin tab</i>	OTC
<i>extraprin tab ex str</i>	OTC
<i>ft migraine tab relief</i>	OTC
<i>gnp headach tab relief</i>	OTC
<i>gnp migraine tab relief</i>	OTC
<i>headache rel tab</i>	OTC
<i>headache rel tab added st</i>	OTC
<i>headache tab formula</i>	OTC
<i>headache tab relief</i>	OTC
<i>kls headache tab relief</i>	OTC
<i>migraine tab formula</i>	OTC
<i>migraine tab relief</i>	OTC
<i>pain relieve tab ext str</i>	OTC
<i>pain relievr tab ex st</i>	OTC
<i>pain relievr tab plus</i>	OTC
<i>pain-off tab</i>	OTC
<i>pamprin max tab</i>	OTC
<i>qc headache tab relief</i>	OTC
<i>ra headache tab formula</i>	OTC
<i>ra migraine tab relief</i>	OTC
<i>sb pain relf tab x-str</i>	OTC
TENCON TAB 50-325MG	
<i>vanquish tab ext str</i>	OTC

Drug Name	Requirements/Limits
ANALGESICS OTHER	
<i>acetaminophen chew 80mg, 160mg; liqd 160mg/5ml, 1000mg/30ml; soln 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; supp 120mg; susp 160mg/5ml; tabs 325mg, 500mg; tbc 650mg</i>	OTC
ACETAMINOPHEN SUPP 650MG	OTC
<i>acetaminophen er 8 hour tbc 650mg</i>	OTC
<i>acetaminophen junior stre tbdp 160mg</i>	OTC
<i>acetaminophen rapid tabs tbdp 80mg</i>	OTC
<i>aminofen tabs 325mg</i>	OTC
<i>aphen tabs 325mg</i>	OTC
<i>apra elix 160mg/5ml</i>	OTC
<i>betatemp childrens susp 160mg/5ml</i>	OTC
<i>childrens apap chew 80mg</i>	OTC
<i>childrens aspirin free elix 80mg/2.5ml</i>	OTC
<i>childrens medi-tabs chew 80mg</i>	OTC
<i>childrens non-aspirin chew 80mg; susp 160mg/5ml</i>	OTC
<i>childrens pain reliever chew 80mg</i>	OTC
<i>curanol liqd 160mg/5ml</i>	OTC
<i>cvs 8hr arthritis pain re tbc 650mg</i>	OTC
<i>cvs 8hr muscle aches & pa tbc 650mg</i>	OTC
<i>cvs acetaminophen tabs 325mg</i>	OTC
<i>cvs acetaminophen extra s liqd 500mg/15ml; tabs 500mg</i>	OTC
<i>cvs childs non-aspirin chew 80mg</i>	OTC
<i>cvs fever reducing childr supp 120mg</i>	OTC
<i>cvs pain relief 8 hour tbc 650mg</i>	OTC
<i>cvs pain relief childrens chew 160mg</i>	OTC
<i>ed-apap liqd 160mg/5ml</i>	OTC
<i>eq 8hr arthritis pain rel tbc 650mg</i>	OTC
<i>eq acetaminophen extra st tabs 500mg</i>	OTC
<i>eq pain & fever childrens chew 160mg</i>	OTC
<i>eq pain reliever susp 160mg/5ml; tabs 325mg</i>	OTC
<i>eq pain reliever extra st tabs 500mg</i>	OTC
<i>eq acetaminophen tabs 325mg</i>	OTC
<i>eq acetaminophen extra s tabs 500mg</i>	OTC
<i>feverall childrens supp 120mg</i>	OTC
FEVERALL INFANTS SUPP 80MG	OTC
FEVERALL JUNIOR STRENGTH SUPP 325MG	OTC
<i>ft 8 hour pain relief tbc 650mg</i>	OTC
<i>ft arthritis pain relieve tbc 650mg</i>	OTC
<i>ft children's chewables p chew 160mg</i>	OTC
<i>ft pain relief tabs 325mg</i>	OTC
<i>ft pain relief adult extr tabs 500mg</i>	OTC
<i>ft pain relief extra stre tabs 500mg</i>	OTC
<i>gnp 8 hour arthritis reli tbc 650mg</i>	OTC

Drug Name	Requirements/Limits
<i>gnp 8 hour pain relief tbc</i> 650mg	OTC
<i>gnp acetaminophen tabs</i> 325mg	OTC
<i>gnp children's pain & fev susp</i> 160mg/5ml	OTC
<i>healthy mama shake that a tabs</i> 500mg	OTC
<i>8 hr arthritis pain relie</i> tbc 650mg	OTC
<i>8hr muscle aches & pain r</i> tbc 650mg	OTC
<i>liquid acetaminophen liqd</i> 160mg/5ml	OTC
<i>liquid pain relief liqd</i> 160mg/5ml	OTC
<i>little remedies fever/pai liqd</i> 160mg/5ml	OTC
<i>little remedies for fever liqd</i> 160mg/5ml	OTC
<i>m-pap liqd</i> 160mg/5ml	OTC
<i>mapap caps</i> 500mg	OTC
<i>mapap acetaminophen extra liqd</i> 500mg/15ml	OTC
<i>mapap childrens chew</i> 80mg, 160mg	OTC
<i>max relief junior elix</i> 160mg/5ml	OTC
<i>max relief junior childre liqd</i> 160mg/5ml; <i>susp</i> 160mg/5ml	OTC
<i>medi-tabs childrens elix</i> 80mg/2.5ml	OTC
<i>medi-tabs extra strength tabs</i> 500mg	OTC
<i>medi-tabs junor strength chew</i> 160mg	OTC
<i>meijer aspirin free tabs</i> 325mg	OTC
<i>meijer jr strength aspiri chew</i> 160mg	OTC
<i>midol tbc</i> 650mg	OTC
<i>mm acetaminophen extra st tabs</i> 500mg	OTC
<i>non-aspirin tabs</i> 325mg	OTC
<i>non-aspirin junior streng chew</i> 160mg	OTC
<i>pain & fever infants susp</i> 160mg/5ml	OTC
<i>pain and fever relief kid liqd</i> 160mg/5ml	OTC
<i>pain relief childrens elix</i> 160mg/5ml; <i>susp</i> 160mg/5ml	OTC
<i>pain relief extra strengt caps</i> 500mg; <i>liqd</i> 500mg/15ml	OTC
<i>pain reliever liqd</i> 500mg/15ml; <i>tabs</i> 325mg	OTC
<i>pain reliever extra stren tabs</i> 500mg	OTC
<i>pain reliever/fever reduc supp</i> 120mg	OTC
<i>panadol childrens susp</i> 160mg/5ml	OTC
<i>panadol extra strength tabs</i> 500mg	OTC
<i>pediacare infants susp</i> 160mg/5ml	OTC
<i>pharbetol tabs</i> 325mg	OTC
<i>pharbetol extra strength tabs</i> 500mg	OTC
<i>qc 8 hour arthritis pain tbc</i> 650mg	OTC
<i>qc 8 hour pain relief tbc</i> 650mg	OTC
<i>qc acetaminophen 8 hour m tbc</i> 650mg	OTC
<i>qc acetaminophen infants susp</i> 160mg/5ml	OTC
<i>qc non-aspirin 8 hour tbc</i> 650mg	OTC
<i>qc non-aspirin childrens chew</i> 160mg	OTC
<i>qc non-aspirin extra stre tabs</i> 500mg	OTC
<i>qc pain relief extra stre liqd</i> 500mg/15ml; <i>tabs</i> 500mg	OTC

Drug Name	Requirements/Limits
<i>ra acetaminophen tabs 325mg</i>	OTC
<i>ra childrens fever reduce susp 160mg/5ml</i>	OTC
<i>ra fever reducer/pain rel susp 160mg/5ml</i>	OTC
<i>sb arthritis pain relief tbc 650mg</i>	OTC
<i>sb childrens non-aspirin tbdp 80mg</i>	OTC
<i>sb non-aspirin chew 80mg, 160mg</i>	OTC
<i>sb non-aspirin jr strengt tbdp 160mg</i>	OTC
<i>sb pain reliever children susp 160mg/5ml</i>	OTC
<i>sm 8 hour pain relief tbc 650mg</i>	OTC

SALICYLATES

<i>aspirin chew 81mg; tabs 325mg; tbec 81mg, 325mg</i>	OTC
ASPIRIN SUPP 300MG	OTC
<i>aspirin 81 low dose chew 81mg</i>	OTC
<i>aspirin adult low dose tbec 81mg</i>	OTC
<i>aspirin ec adult low dose tbec 81mg</i>	OTC
<i>aspirin ec low dose tbec 81mg</i>	OTC
<i>aspirin low dose chew 81mg; tbec 81mg</i>	OTC
<i>aspirin regimen tbec 81mg</i>	OTC
<i>bayer advanced aspirin re tabs 325mg</i>	OTC
<i>bayer aspirin tabs 325mg; tbec 325mg</i>	OTC
<i>bayer aspirin ec low dose tbec 81mg</i>	OTC
<i>bayer childrens aspirin chew 81mg</i>	OTC
<i>bayer low dose tbec 81mg</i>	OTC
<i>childrens aspirin chew 81mg</i>	OTC
<i>cvs aspirin tabs 325mg</i>	OTC
<i>cvs aspirin low strength tbec 81mg</i>	OTC
<i>cvs genuine aspirin tabs 325mg</i>	OTC
<i>diflunisal tabs 500mg</i>	
<i>ecotrin low strength tbec 81mg</i>	OTC
<i>eq aspirin tabs 325mg</i>	OTC
<i>eq aspirin low dose chew 81mg</i>	OTC
<i>eql aspirin ec tbec 325mg</i>	OTC
<i>eql aspirin low dose chew 81mg</i>	OTC
<i>ft aspirin chew 81mg; tabs 325mg</i>	OTC
<i>ft aspirin low dose tbec 81mg</i>	OTC
<i>ft enteric coated aspirin tbec 325mg</i>	OTC
<i>genuine aspirin tabs 325mg</i>	OTC
<i>gnp adult aspirin low str chew 81mg</i>	OTC
<i>gnp aspirin tabs 325mg; tbec 81mg, 325mg</i>	OTC
<i>goodsense aspirin tbec 81mg</i>	OTC
<i>kls aspirin low dose tbec 81mg</i>	OTC
<i>kp aspirin tbec 81mg</i>	OTC
<i>medi-first aspirin tabs 325mg</i>	OTC
<i>medique aspirin tabs 325mg</i>	OTC
<i>mm aspirin tbec 81mg</i>	OTC

Drug Name	Requirements/Limits
<i>qc aspirin tabs 325mg; tbec 325mg</i>	OTC
<i>qc aspirin low dose chew 81mg; tbec 81mg</i>	OTC
<i>qc childrens aspirin chew 81mg</i>	OTC
<i>qc enteric aspirin tbec 325mg</i>	OTC
<i>ra aspirin tabs 325mg</i>	OTC
<i>ra aspirin adult low dose chew 81mg</i>	OTC
<i>ra aspirin childrens chew 81mg</i>	OTC
<i>ra aspirin ec tbec 81mg, 325mg</i>	OTC
<i>salsalate tabs 500mg, 750mg</i>	
<i>sb aspirin tabs 325mg</i>	OTC
<i>sb aspirin ec tbec 325mg</i>	OTC
<i>sb childrens aspirin chew 81mg</i>	OTC
<i>sm aspirin ec low strengt tbec 81mg</i>	OTC
<i>sm aspirin enteric coated tbec 325mg</i>	OTC
<i>st joseph low dose aspiri chew 81mg; tbec 81mg</i>	OTC
<i>tri-buff asa tab 325mg</i>	OTC

ANALGESICS - OPIOID

OPIOID AGONISTS

<i>codeine sulfate tabs 30mg</i>	PA, QL (6 tabs every 1 day)
CODEINE SULFATE TABS 30MG, 60MG	PA, QL (6 tabs every 1 day)
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	PA
<i>hydromorphone hcl (generic of DILAUDID) liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>meperidine hcl tabs 50mg</i>	PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
MORPHINE SULFATE SOLN 10MG/5ML, 20MG/5ML, 100MG/5ML	PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>morphine sulfate soln 10mg/5ml, 100mg/5ml; tabs 15mg, 30mg</i>	PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>morphine sulfate soln 20mg/5ml</i>	PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
MORPHINE SULFATE SUPP 5MG, 10MG, 20MG, 30MG; TABS 15MG, 30MG	PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>morphine sulfate (generic of MS CONTIN) tbcr 15mg, 30mg, 60mg, 100mg, 200mg</i>	PA
<i>oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	PA Required for > 2 Short Acting Opioid Medications in a 30-day time period

Drug Name	Requirements/Limits
<i>oxycodone hcl (generic of ROXICODONE) tabs 15mg, 30mg</i>	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>oxymorphone hcl tabs 5mg, 10mg</i>	PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>tramadol hcl tabs 50mg</i>	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 Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>acetaminophen w/ codeine tab 300-30 mg</i>	PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>acetaminophen w/ codeine tab 300-60 mg</i>	PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
APAP/CODEINE SOL 300-30MG	PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>ascomp/cod cap 30mg</i>	PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>endocet tab 2.5-325 (generic of PERCOCET)</i>	PA Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>endocet tab 5-325mg (generic of PERCOCET)</i>	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 Required for > 2 Short Acting Opioid Medications in a 30-day time period
<i>endocet tab 10-325mg (generic of PERCOCET)</i>	PA Required for > 2 Short Acting Opioid Medications in a 30-day time period

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

Drug Name	Requirements/Limits
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	PA Required for > 2 Short Acting Opioid Medications in a 30-day time period

OPIOID PARTIAL AGONISTS

BRIXADI SOSY 8MG/0.16ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 96MG/0.27ML, 128MG/0.36ML	PA
<i>buprenorphine hcl subl 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>	
BUTRANS PTWK 5MCG/HR, 7.5MCG/HR, 10MCG/HR, 15MCG/HR, 20MCG/HR	PA
SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML	PA
SUBOXONE MIS 2-0.5MG	
SUBOXONE MIS 4-1MG	
SUBOXONE MIS 8-2MG	
SUBOXONE MIS 12-3MG	

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
TESTOSTERONE ENANTHATE SOLN 200MG/ML	PA

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

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

RECTAL COMBINATIONS

<i>ana-lex kit</i>	
HC PRAMOXINE CRE 1-1%	
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	
<i>lidocaine-hydrocortisone acetate rectal cream kit 2-2%</i>	
<i>lidocort cre 3-0.5%</i>	
PROCTOFOAM AER HC 1%	

RECTAL LOCAL ANESTHETICS

<i>pramoxine hcl (rectal) foam 1%</i>	OTC
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RECTAL STEROIDS

ANUSOL-HC CREA 2.5%	
<i>hydrocortisone (rectal) crea 1%</i>	
<i>hydrocortisone (rectal) (generic of ANUSOL-HC) crea 2.5%</i>	
<i>preparation h soothing re crea 1%</i>	OTC
<i>procto-med hc (generic of ANUSOL-HC) crea 2.5%</i>	

Drug Name	Requirements/Limits
<i>proctocort crea 1%</i>	
<i>proctosol hc (generic of ANUSOL-HC) crea 2.5%</i>	
<i>proctozone-hc (generic of ANUSOL-HC) crea 2.5%</i>	

ANTACIDS

ANTACID COMBINATIONS

<i>acid gone chw</i>	OTC
ACID GONE SUS	OTC
<i>almacone dbl sus strength</i>	OTC
<i>antacid & sus anti-gas</i>	OTC
<i>antacid & sus gas relf</i>	OTC
<i>antacid chw</i>	OTC
ANTACID CHW 550-110	OTC
<i>antacid extr chw 675-135</i>	OTC
<i>antacid iii sus</i>	OTC
<i>antacid max sus anti-gas</i>	OTC
<i>antacid max sus cherry</i>	OTC
<i>antacid sus anti-gas</i>	OTC
<i>antacid sus ex st</i>	OTC
<i>antacid sus max st</i>	OTC
<i>antacid/gas sus rel max</i>	OTC
<i>antacid/sime sus ds</i>	OTC
<i>comfort gel sus antacid</i>	OTC
<i>comfort gel sus anti-gas</i>	OTC
<i>cvs antacid sus</i>	OTC
<i>cvs antacid sus antigas</i>	OTC
<i>cvs antacid/ sus anti-gas</i>	OTC
<i>eq antacid sus max st</i>	OTC
FOAM ANTACID CHW 80-20MG	OTC
<i>ft antacid sus antigas</i>	OTC
<i>geri-lanta sus max st</i>	OTC
<i>geri-lanta sus supreme</i>	OTC
<i>geri-mox sus</i>	OTC
<i>gnp antacid chw 160-105</i>	OTC
<i>gnp antacid sus cherry</i>	OTC
<i>gnp antacid sus original</i>	OTC
<i>goodsense sus ant/gas</i>	OTC
<i>heartbrn ant chw 160-105</i>	OTC
<i>heartbrn rlf chw 160-105</i>	OTC
<i>heartburn chw ex st</i>	OTC
<i>maalox max sus cherry</i>	OTC
<i>maalox max sus lemon</i>	OTC
<i>maalox max sus wild bry</i>	OTC
<i>maalox multi sus symp max</i>	OTC
<i>mag-al plus liq xs</i>	OTC
<i>mintox plus chw</i>	OTC

Drug Name	Requirements/Limits
<i>mintox sus max st</i>	OTC
<i>mylanta sus max st</i>	OTC
<i>qc antacid sus anti-gas</i>	OTC
<i>ra antacid sus antigas</i>	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
<i>alka-seltzer heartburn re chew 750mg</i>	OTC
ANTACID CHEW 1177MG	OTC
<i>antacid calcium regular s chew 500mg</i>	OTC
<i>antacid flavor chews chew 750mg</i>	OTC
<i>antacid maximum chew 1000mg</i>	OTC
ANTACID SOFT CHEWS CHEW 1177MG	OTC
<i>antacid ultra strength chew 1000mg</i>	OTC
<i>cal-gest antacid chew 500mg</i>	OTC
<i>calcium antacid chew 500mg</i>	OTC
<i>calcium antacid extra str chew 750mg</i>	OTC
CALCIUM CARBONATE SUSP 1250MG/5ML	OTC
<i>calcium carbonate (antacid) chew 500mg</i>	OTC
<i>childrens pepto chew 400mg</i>	OTC
<i>childrens soothe chew 400mg</i>	OTC
<i>cvs antacid chew 750mg</i>	OTC
<i>cvs antacid kids chew 750mg</i>	OTC
CVS ANTACID SOFT CHEWS UL CHEW 1177MG	OTC
<i>cvs antacid ultra strengt chew 1000mg</i>	OTC
<i>cvs chewy not chalky flav chew 750mg</i>	OTC
<i>cvs smooth antacid extra chew 750mg</i>	OTC
<i>eq antacid extra strength chew 750mg</i>	OTC
<i>eq antacid ultra strength chew 1000mg</i>	OTC
<i>eql antacid chew 500mg</i>	OTC
<i>eql antacid ultra strengt chew 1000mg</i>	OTC
<i>ft antacid extra strength chew 750mg</i>	OTC
<i>ft antacid regular streng chew 500mg</i>	OTC
<i>gnp antacid extra strengt chew 750mg</i>	OTC
<i>gnp antacid ultra strengt chew 1000mg</i>	OTC
<i>goodsense antacid extra s chew 750mg</i>	OTC
<i>goodsense antacid/ultra s chew 1000mg</i>	OTC
<i>healthy mama tame the fla chew 500mg</i>	OTC
<i>maalox childrens chew 400mg</i>	OTC
<i>qc antacid chew 500mg</i>	OTC
<i>qc antacid extra strength chew 750mg</i>	OTC

Drug Name	Requirements/Limits
<i>qc antacid ultra strength chew 1000mg</i>	OTC
<i>ra antacid chew 500mg</i>	OTC
<i>ra antacid ultra strength chew 1000mg</i>	OTC
<i>smooth antacid extra stre chew 750mg</i>	OTC
TUMS CHEW 500MG	OTC
TUMS CHEWY DELIGHTS CHEW 1177MG	OTC
TUMS LASTING EFFECTS CHEW 500MG	OTC
<i>tums smoothies chew 750mg</i>	OTC

ANTACIDS - MAGNESIUM SALTS

<i>magnesium oxide tabs 250mg, 400mg, 420mg</i>	OTC
<i>maox tabs 420mg</i>	OTC
<i>qc magnesium tabs 250mg</i>	OTC

ANTHELMINTICS

ANTHELMINTICS

<i>albendazole tabs 200mg</i>	PA
<i>cvs pinworm treatment susp 144mg/ml</i>	OTC
<i>ivermectin (generic of STROMECTOL) tabs 3mg</i>	PA
<i>pin-away susp 144mg/ml</i>	OTC
<i>pinworm medicine susp 144mg/ml</i>	OTC
<i>praziquantel tabs 600mg</i>	
<i>reeses pinworm medicine susp 144mg/ml</i>	OTC

ANTI-INFECTIVE AGENTS - MISC.

ANTI-INFECTIVE AGENTS - MISC.

FIRST-METRONIDAZOLE 50 SUSR 50MG/ML	PA Required for > 10 years of age
FLAGYL CAPS 375MG	
<i>metronidazole tabs 250mg, 500mg</i>	
<i>tinidazole tabs 250mg, 500mg</i>	
TRIMETHOPRIM TABS 100MG	
XIFAXAN TABS 200MG, 550MG	

ANTI-INFECTIVE MISC. - COMBINATIONS

<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	
<i>sulfatrim pd sus 200-40/5</i>	
<i>uretron d/s tab</i>	
<i>urin d/s tab</i>	

ANTIPROTOZOAL AGENTS

<i>atovaquone (generic of MEPRON) susp 750mg/5ml</i>	
NITAZOXANIDE TABS 500MG	QL (6 tabs every 30 days)

CARBAPENEMS

VABOMERE INJ 2GM(1-1)	PA; Bill as Medical Claim Only
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Drug Name	Requirements/Limits
CYCLIC LIPOPEPTIDES	
CUBICIN SOLR 500MG	PA; Bill as Medical Claim Only
CUBICIN RF SOLR 500MG	PA; Bill as Medical Claim Only
<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, 250mg/5ml</i>	
LEPROSTATICS	
<i>dapsone tabs 25mg, 100mg</i>	
LINCOSAMIDES	
<i>clindamycin hcl (generic of CLEOCIN) caps 75mg, 150mg, 300mg</i>	
<i>clindamycin palmitate hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) solr 75mg/5ml</i>	
OXAZOLIDINONES	
<i>linezolid (generic of ZYVOX) susr 100mg/5ml; tabs 600mg</i>	PA
SIVEXTRO TABS 200MG	PA
URINARY ANTI-INFECTIVES	
<i>methenamine hippurate (generic of HIPREX) tabs 1gm</i>	
<i>methenamine mandelate tabs 1gm</i>	
<i>nitrofurantoin susp 25mg/5ml, 50mg/10ml</i>	
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) caps 50mg, 100mg</i>	
<i>nitrofurantoin 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 (generic of ISORDIL TITRADOSE) tabs 5mg, 40mg</i>	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg</i>	
<i>isosorbide mononitrate tb24 30mg, 60mg, 120mg</i>	
NITRO-BID OINT 2%	
NITRO-TIME CPR 2.5MG, 6.5MG, 9MG	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	
<i>nitroglycerin (generic of NITROSTAT) subl .3mg, .4mg, .6mg</i>	

Drug Name	Requirements/Limits
ANTI-ANXIETY AGENTS	
ANTI-ANXIETY AGENTS - MISC.	
<i>bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg</i>	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>	QL (2 tabs every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>hydroxyzine hcl syrp 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)
HYDROXYZINE PAMOATE CAPS 100MG	
BENZODIAZEPINES	
<i>alprazolam (generic of XANAX) tabs 2mg</i>	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>	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 .5mg, 1mg, 2mg, 3mg</i>	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>	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>	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	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 .5mg, 1mg, 2mg, 3mg</i>	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>	QL (2 caps every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days

Drug Name	Requirements/Limits
<i>clorazepate dipotassium tabs 3.75mg</i>	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>	QL (4 tabs every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>diazepam conc 5mg/ml</i>	QL (2 mL every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>diazepam soln 5mg/5ml</i>	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>	QL (4 tabs every 1 day); PA Required for < 6 years of age; PA Required for > 1 Anxiolytic per 30 days
<i>lorazepam conc 2mg/ml</i>	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>	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>	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>	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

<i>disopyramide phosphate (generic of NORPACE) caps 100mg, 150mg</i>
NORPACE CR CP12 100MG, 150MG
<i>quinidine gluconate tbc 324mg</i>

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>
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ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>

Drug Name	Requirements/Limits
ANTIARRHYTHMICS TYPE III	
<i>amiodarone hcl tabs 100mg, 200mg</i>	
<i>dofetilide (generic of TIKOSYN) caps 125mcg, 250mcg, 500mcg</i>	
MULTAQ TABS 400MG	
<i>pacerone tabs 100mg, 200mg</i>	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	
ANTI-INFLAMMATORY AGENTS	
<i>cromolyn sodium nebu 20mg/2ml</i>	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	
FASENRA SOSY 30MG/ML	PA; Bill as Medical Claim Only
NUCALA SOAJ 100MG/ML; SOLR 100MG; SOSY 100MG/ML	PA; Bill as Medical Claim Only
XOLAIR SOLR 150MG; SOSY 150MG/ML	PA; Bill as Medical Claim Only
BRONCHODILATORS - ANTICHOLINERGICS	
ATROVENT HFA AERS 17MCG/ACT	
<i>ipratropium bromide soln .02%</i>	
SPIRIVA HANDHALER CAPS 18MCG	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	
TUDORZA PRESSAIR AEPB 400MCG/ACT	
LEUKOTRIENE MODULATORS	
<i>montelukast sodium (generic of SINGULAIR) chew 4mg, 5mg; tabs 10mg</i>	QL (1 tab every 1 day)
<i>montelukast sodium (generic of SINGULAIR) pack 4mg</i>	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 DISKU AER 100/50	PA Required for < 4 years of age
ADVAIR DISKU AER 250/50	PA Required for < 12 years of age

Drug Name	Requirements/Limits
ADVAIR DISKU AER 500/50	PA Required for < 12 years of age
ADVAIR HFA AER 45/21	PA Required for < 12 years of age
ADVAIR HFA AER 115/21	PA Required for < 12 years of age
ADVAIR HFA AER 230/21	PA Required for < 12 years of age
AIRDUO RESPI INH 55-14	
AIRDUO RESPI INH 113-14	
AIRDUO RESPI INH 232-14	
<i>albuterol sulfate aers 108mcg/act; nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml; syrp 2mg/5ml</i>	
ALBUTEROL SULFATE NEBU .5%	
ALBUTEROL SULFATE HFA AERS 108MCG/ACT	
ANORO ELLIPT AER 62.5-25	PA
COMBIVENT AER 20-100	
DULERA AER 50-5MCG	PA Required for < 5 years of age
DULERA AER 100-5MCG	PA Required for < 12 years of age
DULERA AER 200-5MCG	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
SYMBICORT AER 80-4.5	PA Required for < 6 years of age
SYMBICORT AER 160-4.5	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>	

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>	

DIRECT FACTOR XA INHIBITORS

ELIQUIS TABS 2.5MG	QL (2 tabs every 1 day)
ELIQUIS TABS 5MG	
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 (generic of LOVENOX) soln 300mg/3ml</i>	QL (2 vials every 1 day)
<i>enoxaparin sodium (generic of LOVENOX) 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 (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	

Drug Name	Requirements/Limits
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>	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>	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>	QL (2 tabs every 1 day); PA Required for > 1 Anxiolytic per 30 days
<i>clonazepam tbdp .125mg, .25mg, .5mg, 1mg</i>	QL (4 tabs every 1 day); PA Required for > 1 Anxiolytic per 30 days
<i>diazepam</i> (anticonvulsant) <i>gel 10mg, 20mg</i>	QL (4 doses every 30 days)
DIAZEPAM RECTAL GEL GEL 2.5MG	QL (4 doses every 30 days)
NAYZILAM SOLN 5MG/0.1ML	QL (4 doses every 30 days)
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	QL (2 devices every 30 days)
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	QL (2 devices every 30 days)
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	QL (2 devices every 30 days)
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	QL (2 devices every 30 days)
ANTICONVULSANTS - MISC.	
BANZEL SUSP 40MG/ML; TABS 200MG, 400MG	PA
<i>carbamazepine chew 100mg</i>	
<i>carbamazepine</i> (generic of CARBATROL) <i>cp12 100mg, 200mg, 300mg</i>	
<i>carbamazepine</i> (generic of TEGRETOL) <i>susp 100mg/5ml; tabs 200mg</i>	
<i>carbamazepine</i> (generic of TEGRETOL-XR) <i>tb12 100mg, 200mg, 400mg</i>	
CARBATROL CP12 100MG, 200MG, 300MG	
EPIDIOLEX SOLN 100MG/ML	PA
<i>epitol</i> (generic of TEGRETOL) <i>tabs 200mg</i>	
<i>gabapentin</i> (generic of NEURONTIN) <i>caps 100mg, 300mg, 400mg; soln 250mg/5ml, 300mg/6ml; tabs 600mg, 800mg</i>	
<i>lacosamide</i> (generic of VIMPAT) <i>soln 10mg/ml, 50mg/5ml, 100mg/10ml; tabs 50mg, 100mg, 150mg, 200mg</i>	PA

Drug Name	Requirements/Limits
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) <i>chew 5mg, 25mg</i>	
<i>lamotrigine</i> (generic of LAMICTAL) <i>tabs 25mg, 100mg, 150mg, 200mg</i>	
<i>lamotrigine</i> (generic of LAMICTAL XR) <i>tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	
<i>lamotrigine</i> (generic of LAMICTAL ODT) <i>tbdp 25mg, 50mg, 100mg, 200mg</i>	
<i>levetiracetam</i> (generic of KEPPRA) <i>soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg</i>	
<i>levetiracetam</i> (generic of KEPPRA XR) <i>tb24 500mg, 750mg</i>	
<i>oxcarbazepine</i> (generic of TRILEPTAL) <i>susp 300mg/5ml; tabs 150mg, 300mg, 600mg</i>	
<i>pregabalin</i> (generic of LYRICA) <i>caps 25mg, 50mg, 75mg, 100mg, 150mg</i>	QL (3 caps every 1 day); Max daily dose of 600mg/day
<i>pregabalin</i> (generic of LYRICA) <i>caps 200mg, 225mg, 300mg</i>	Max daily dose of 600mg/day
<i>pregabalin</i> (generic of LYRICA) <i>soln 20mg/ml</i>	Max daily dose of 600mg/day
<i>primidone</i> (generic of MYSOLINE) <i>tabs 50mg, 250mg</i>	
PRIMIDONE TABS 125MG	
<i>roweepra</i> (generic of KEPPRA) <i>tabs 500mg</i>	
<i>rufinamide</i> (generic of BANZEL) <i>tabs 200mg, 400mg</i>	PA
<i>subvenite</i> (generic of LAMICTAL) <i>tabs 25mg, 100mg, 150mg, 200mg</i>	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) <i>cpsp 15mg, 25mg</i>	
TOPIRAMATE CPSP 50MG	
<i>topiramate</i> (generic of QUDEXY XR) <i>cs24 25mg, 50mg, 100mg, 150mg, 200mg</i>	PA
<i>topiramate</i> (generic of TOPAMAX) <i>tabs 25mg, 50mg, 100mg, 200mg</i>	
TRILEPTAL SUSP 300MG/5ML	
TROKENDI XR CP24 25MG, 50MG, 100MG, 200MG	PA
<i>zonisamide</i> (generic of ZONEGRAN) <i>caps 25mg, 100mg</i>	
<i>zonisamide caps 50mg</i>	
CARBAMATES	
<i>felbamate susp 600mg/5ml</i>	
<i>felbamate</i> (generic of FELBATOL) <i>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	

Drug Name	Requirements/Limits
<i>phenytoin</i> (generic of DILANTIN INFATABS) <i>chew 50mg</i>	
<i>phenytoin</i> (generic of DILANTIN-125) <i>susp 125mg/5ml</i>	
<i>phenytoin sodium extended</i> (generic of DILANTIN) <i>caps 100mg</i>	
<i>phenytoin sodium extended caps 200mg, 300mg</i>	

SUCCINIMIDES

CELONTIN CAPS 300MG	PA
<i>ethosuximide</i> (generic of ZARONTIN) <i>caps 250mg; soln 250mg/5ml</i>	

VALPROIC ACID

<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) <i>csdr 125mg</i>	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) <i>tb24 250mg, 500mg</i>	
<i>divalproex sodium</i> (generic of DEPAKOTE) <i>tbec 125mg, 250mg, 500mg</i>	
<i>valproate sodium soln 250mg/5ml</i>	
<i>valproic acid caps 250mg</i>	

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tabs 7.5mg, 45mg</i>	QL (1 tab every 1 day); PA Required for < 6 years of age
<i>mirtazapine</i> (generic of REMERON) <i>tabs 15mg, 30mg</i>	QL (1 tab every 1 day); PA Required for < 6 years of age
<i>mirtazapine</i> (generic of REMERON SOLTAB) <i>tbdp 15mg, 30mg, 45mg</i>	QL (1 tab every 1 day); PA Required for < 6 years of age

ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tabs 75mg, 100mg</i>	QL (4 tabs every 1 day); PA Required for < 6 years of age
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) <i>tb12 100mg, 150mg, 200mg</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) <i>tb24 150mg, 300mg</i>	QL (1 tab every 1 day); PA Required for < 6 years of age

GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID

ZURZUVAE CAPS 20MG, 25MG, 30MG	PA
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N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS

SPRAVATO SOL 56MG DOS	PA; Bill as Medical Claim Only
SPRAVATO SOL 84MG DOS	PA; Bill as Medical Claim Only

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

<i>citalopram hydrobromide soln 10mg/5ml</i>	QL (20 mL every 1 day); PA Required for < 6 years and > 12 years of age
<i>citalopram hydrobromide</i> (generic of CELEXA) <i>tabs 10mg</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age

Drug Name	Requirements/Limits
<i>citalopram hydrobromide</i> (generic of CELEXA) <i>tabs 20mg, 40mg</i>	QL (1 tab every 1 day); PA Required for < 6 years of age
<i>escitalopram oxalate</i> (generic of LEXAPRO) <i>tabs 5mg</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>escitalopram oxalate</i> (generic of LEXAPRO) <i>tabs 10mg, 20mg</i>	QL (1 tab every 1 day); PA Required for < 6 years of age
<i>fluoxetine hcl</i> (generic of PROZAC) <i>caps 10mg, 40mg</i>	QL (2 caps every 1 day); PA Required for < 6 years of age
<i>fluoxetine hcl</i> (generic of PROZAC) <i>caps 20mg</i>	QL (4 caps every 1 day); PA Required for < 6 years of age
<i>fluoxetine hcl soln 20mg/5ml</i>	QL (20 mL every 1 day); PA Required for < 6 years and > 12 years of age
<i>fluvoxamine maleate tabs 25mg</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>fluvoxamine maleate tabs 50mg</i>	QL (6 tabs every 1 day); PA Required for < 6 years of age
<i>fluvoxamine maleate tabs 100mg</i>	QL (3 tabs every 1 day); PA Required for < 6 years of age
<i>paroxetine hcl</i> (generic of PAXIL) <i>tabs 10mg, 20mg, 30mg</i>	QL (1 tab every 1 day); PA Required for < 6 years of age
<i>paroxetine hcl</i> (generic of PAXIL) <i>tabs 40mg</i>	QL (45 tabs every 30 days); PA Required for < 6 years of age
<i>sertraline hcl</i> (generic of ZOLOFT) <i>conc 20mg/ml</i>	QL (10 mL every 1 day); PA Required for < 6 years and > 12 years of age
<i>sertraline hcl</i> (generic of ZOLOFT) <i>tabs 25mg</i>	QL (3 tabs every 1 day); PA Required for < 6 years of age
<i>sertraline hcl</i> (generic of ZOLOFT) <i>tabs 50mg</i>	QL (4 tabs every 1 day); PA Required for < 6 years of age
<i>sertraline hcl</i> (generic of ZOLOFT) <i>tabs 100mg</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age
SEROTONIN MODULATORS	
<i>trazodone hcl tabs 50mg</i>	QL (3 tabs every 1 day); PA Required for < 6 years of age
<i>trazodone hcl tabs 100mg</i>	QL (4 tabs every 1 day); PA Required for < 6 years of age
<i>trazodone hcl tabs 150mg</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>trazodone hcl tabs 300mg</i>	QL (1 tab every 1 day); PA Required for < 6 years of age
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	
<i>duloxetine hcl</i> (generic of CYMBALTA) <i>cpep 20mg, 30mg</i>	QL (4 caps every 1 day); PA Required for < 6 years of age
<i>duloxetine hcl</i> (generic of CYMBALTA) <i>cpep 60mg</i>	QL (2 caps every 1 day); PA Required for < 6 years of age

Drug Name	Requirements/Limits
<i>venlafaxine hcl (generic of EFFEXOR XR) cp24 37.5mg, 75mg</i>	QL (3 caps every 1 day); PA Required for < 6 years of age
<i>venlafaxine hcl (generic of EFFEXOR XR) cp24 150mg</i>	QL (1 cap every 1 day); PA Required for < 6 years of age
<i>venlafaxine hcl tabs 25mg</i>	QL (4 tabs every 1 day); PA Required for < 6 years of age
<i>venlafaxine hcl tabs 37.5mg, 50mg, 100mg</i>	QL (3 tabs every 1 day); PA Required for < 6 years of age
<i>venlafaxine hcl tabs 75mg</i>	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 Required for < 6 years of age
<i>amoxapine tabs 25mg, 50mg, 100mg, 150mg</i>	PA Required for < 6 years of age
<i>clomipramine hcl (generic of ANAFRANIL) caps 25mg, 50mg, 75mg</i>	PA Required for < 6 years of age
<i>desipramine hcl (generic of NORPRAMIN) tabs 10mg, 25mg</i>	PA Required for < 6 years of age
<i>desipramine hcl tabs 50mg, 75mg, 100mg, 150mg</i>	PA Required for < 6 years of age
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	QL (3 caps every 1 day); PA Required for < 6 years of age
<i>doxepin hcl conc 10mg/ml</i>	QL (6 mL every 1 day); PA Required for < 6 years of age
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	PA Required for < 6 years of age
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	PA Required for < 6 years of age
<i>nortriptyline hcl (generic of PAMELOR) caps 10mg, 25mg, 50mg, 75mg</i>	PA Required for < 6 years of age
<i>nortriptyline hcl soln 10mg/5ml</i>	PA Required for < 6 years of age
<i>protriptyline hcl tabs 5mg, 10mg</i>	PA Required for < 6 years of age
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	PA Required for < 6 years of age

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tabs 25mg, 50mg, 100mg</i>
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ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 SOPN 1500MCG/1.5ML	PA
SYMLINPEN 120 SOPN 2700MCG/2.7ML	PA

ANTIDIABETIC COMBINATIONS

ALOG/PIOGLIT TAB 12.5-15	ST
ALOG/PIOGLIT TAB 12.5-30	ST
ALOG/PIOGLIT TAB 12.5-45	ST
ALOG/PIOGLIT TAB 25-15MG	ST
ALOG/PIOGLIT TAB 25-30MG	ST
ALOG/PIOGLIT TAB 25-45MG	ST
ALOGLIPTIN/ TAB METFORM	ST
<i>glyburide-metformin tab 1.25-250 mg</i>	
<i>glyburide-metformin tab 2.5-500 mg</i>	

Drug Name	Requirements/Limits
<i>glyburide-metformin tab 5-500 mg</i>	
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
JENTADUETO TAB XR	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-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)</i>	
SYNJARDY TAB	ST
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
<i>BIGUANIDES</i>	
<i>metformin hcl tabs 500mg, 850mg, 1000mg; tb24 500mg, 750mg</i>	
<i>DIABETIC OTHER</i>	
CVS GLUCOSE CHW FRUIT	OTC
CVS GLUCOSE CHW GRAPE	OTC
CVS GLUCOSE CHW ORANGE	OTC
CVS GLUCOSE CHW RASPBERRY	OTC
CVS GLUCOSE CHW TROP BLS	OTC
DEX4 CHW FRUIT	OTC
DEX4 CHW GRAPE	OTC
DEX4 CHW ORANGE	OTC
DEX4 CHW RASPBERR	OTC
DEX4 CHW RASPBERRY	OTC
DEX4 CHW SOUR APL	OTC
DEX4 CHW TROP FRT	OTC
DEX4 CHW WATERMLN	OTC
DEX4 GLUCOSE CHW	OTC
DEX4 NATURAL CHW ORANGE	OTC
DEX4 POUCH CHW PACK	OTC

Drug Name	Requirements/Limits
<i>diazoxide</i> (generic of PROGLYCEM) <i>susp 50mg/ml</i>	
GLUCAGON EMERGENCY KIT FO KIT 1MG	
GLUCAGON INJ 1MG SOLR 1MG	
GLUCAGON KIT 1MG 1MG	
GLUCOSE CHW 4-0.006	OTC
GLUCOSE CHW 4-.006GM	OTC
GLUCOSE CHW 4GM	OTC
GLUCOSE CHW FRT PNCH	OTC
GLUCOSE CHW FRUIT	OTC
GLUCOSE CHW GRAPE	OTC
GLUCOSE CHW ORANGE	OTC
GLUCOSE CHW RASPBERRY	OTC
GLUCOSE CHW RASPBRRY	OTC
GLUCOSE CHW TROP FRT	OTC
GLUCOSE CHW WATERMLN	OTC
GNP GLUCOSE CHW GRAPE	OTC
GNP GLUCOSE CHW ORANGE	OTC
GNP GLUCOSE CHW RASPBERRY	OTC
GNP GLUCOSE CHW WATERMLN	OTC
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	QL (2 injections every 30 days)
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	QL (2 injections every 30 days)
GVOKE KIT SOLN 1MG/0.2ML	QL (2 vials every 30 days)
GVOKE PFS SOSY 1MG/0.2ML	QL (2 syringes every 30 days)
KROG GLUCOSE CHW GRAPE	OTC
KROG GLUCOSE CHW ORANGE	OTC
KROG GLUCOSE CHW RASPBERRY	OTC
KROG GLUCOSE CHW TROP FRT	OTC
KROG GLUCOSE CHW WATERMLN	OTC
PROGLYCEM SUSP 50MG/ML	
PX GLUCOSE CHW FRUIT	OTC
PX GLUCOSE CHW ORANGE	OTC
PX GLUCOSE CHW RASPBERRY	OTC
PX GLUCOSE CHW SOUR APL	OTC
PX GLUCOSE CHW TROP FRU	OTC
RA GLUCOSE CHW GRAPE	OTC
RA GLUCOSE CHW ORANGE	OTC
RA GLUCOSE CHW RASPBERRY	OTC
RA GLUCOSE CHW TROP FRT	OTC
RELION GLUCO CHW 4GM	OTC
SM GLUCOSE CHW ORANGE	OTC
SM GLUCOSE CHW RASPBERRY	OTC
SMART SENSE CHW 4GM	OTC
SMART SENSE CHW GLUCOSE	OTC
TGT GLUCOSE CHW GRAPE	OTC
TGT GLUCOSE CHW ORANGE	OTC

Drug Name	Requirements/Limits
TGT GLUCOSE CHW RASPBERRY	OTC
TGT GLUCOSE CHW TROP FRT	OTC
UP&UP CHW GRAPE	OTC
UP&UP CHW ORANGE	OTC
UP&UP CHW RASPBERRY	OTC
VP GLUCOSE CHW FRUIT	OTC
VP GLUCOSE CHW GRAPE	OTC
ZEGALOGUE SOAJ .6MG/0.6ML	QL (2 pens every 30 days)
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	
BYETTA SOPN 5MCG/0.02ML, 10MCG/0.04ML	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 SOCT 100UNIT/ML	
HUMALOG MIX INJ 50/50KWP	
HUMALOG MIX SUS 75/25	
HUMULIN INJ 70/30	OTC
HUMULIN INJ 70/30KWP	OTC
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	PA
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 DEGLUDEC SOLN 100UNIT/ML	
INSULIN DEGLUDEC FLEXTUOC SOPN 100UNIT/ML, 200UNIT/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	
NOVOLIN INJ 70/30	OTC
NOVOLIN N SUSP 100UNIT/ML	OTC
NOVOLIN R SOLN 100UNIT/ML	OTC
INSULIN SENSITIZING AGENTS	
<i>pioglitazone hcl (generic of ACTOS) tabs 15mg, 30mg, 45mg</i>	

Drug Name	Requirements/Limits
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</i>	
<i>glipizide (generic of GLUCOTROL XL) tb24 5mg, 10mg</i>	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	
GLYBURIDE MICRONIZED TABS 1.5MG, 3MG, 6MG	
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</i>	OTC
<i>cvs anti-diarrheal susp 262mg/15ml</i>	OTC
<i>cvs stomach relief maximu susp 525mg/15ml</i>	OTC
<i>diarrhea susp 262mg/15ml</i>	OTC
<i>eq stomach relief chew 262mg</i>	OTC
<i>eql stomach relief chew 262mg; susp 262mg/15ml</i>	OTC
<i>eql stomach relief maximu susp 525mg/15ml</i>	OTC
<i>ft stomach relief chew 262mg; susp 525mg/30ml; tabs 262mg</i>	OTC
<i>gnp pink bismuth chew 262mg</i>	OTC
<i>gnp pink bismuth ultra st susp 525mg/15ml</i>	OTC
<i>goodsense stomach relief chew 262mg</i>	OTC
<i>goodsense stomach relief/ susp 1050mg/30ml</i>	OTC
<i>kaopectate susp 262mg/15ml; tabs 262mg</i>	OTC
<i>kaopectate extra strength susp 525mg/15ml</i>	OTC
<i>medi-bismuth chew 262mg</i>	OTC
PEPTO BISMOL CAPS 262MG	OTC
PEPTO-BISMOL SUSP 262MG/15ML	OTC
<i>pink bismuth maximum stre susp 525mg/15ml</i>	OTC
<i>qc diarrhea relief susp 262mg/15ml</i>	OTC
<i>qc pink bismuth susp 262mg/15ml, 525mg/15ml; tabs 262mg</i>	OTC
<i>qc stomach relief chew 262mg; susp 525mg/30ml</i>	OTC
<i>qc stomach relief ultra susp 525mg/15ml</i>	OTC
<i>ra stomach relief susp 262mg/15ml</i>	OTC
<i>sb bismuth tabs 262mg</i>	OTC
<i>sm stomach relief susp 262mg/15ml</i>	OTC
<i>soothe chew 262mg; susp 262mg/15ml, 525mg/30ml</i>	OTC
<i>soothe maximum strength susp 525mg/15ml</i>	OTC
<i>stomach relief susp 527mg/30ml; tabs 262mg</i>	OTC

Drug Name	Requirements/Limits
<i>stomach relief plus susp 525mg/15ml</i>	OTC
ANTIPERISTALTIC AGENTS	
<i>anti-diarrheal soln 1mg/7.5ml</i>	OTC
<i>diamode tabs 2mg</i>	OTC
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	
<i>eq anti-diarrheal caps 2mg</i>	OTC
<i>ft anti-diarrheal caps 2mg; soln 1mg/7.5ml; tabs 2mg</i>	OTC
<i>gnp anti-diarrheal tabs 2mg</i>	OTC
<i>loperamide hcl caps 2mg</i>	
<i>loperamide hcl soln 1mg/7.5ml; tabs 2mg</i>	OTC
LOPERAMIDE HYDROCHLORIDE SUSP 1MG/7.5ML	OTC
<i>qc anti-diarrheal caps 2mg</i>	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS	
ANTIDOTES - CHELATING AGENTS	
<i>deferasirox (generic of JADENU SPRINKLE) pack 90mg, 180mg, PA 360mg</i>	
<i>deferasirox (generic of JADENU) tabs 90mg, 180mg, 360mg</i>	PA
<i>deferasirox (generic of EXJADE) tbs 125mg, 250mg, 500mg</i>	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS	
<i>deferoxamine mesylate (generic of DESFERAL) solr 500mg</i>	PA; Bill as Medical Claim Only
DESFERAL 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; soty 2mg/2ml</i>	
<i>naltrexone hcl tabs 50mg</i>	
NARCAN LIQD 4MG/0.1ML	QL (2 sprays every 30 days)
NARCAN LIQD 4MG/0.1ML	QL (2 sprays every 30 days), OTC
REXTOVY LIQD 4MG/0.25ML	
VIVITROL SUSR 380MG	
ANTIEMETICS	
5-HT3 RECEPTOR ANTAGONISTS	
ALOXI SOLN .25MG/5ML	PA; Bill as Medical Claim Only
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)
ONDANSETRON HCL TABS 24MG	
<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>bonine chew 25mg</i>	OTC

Drug Name	Requirements/Limits
<i>cvs motion sickness relie chew 25mg</i>	OTC
<i>dramamine tabs 25mg</i>	OTC
<i>dramamine motion sickness chew 25mg</i>	OTC
<i>driminate tabs 50mg</i>	OTC
<i>eql motion sickness relie tabs 25mg</i>	OTC
<i>ft motion sickness tabs 25mg, 50mg</i>	OTC
<i>gnp motion sickness relie tabs 25mg</i>	OTC
<i>goodsense motion sickness tabs 50mg</i>	OTC
<i>meclizine hcl chew 25mg; tabs 12.5mg, 25mg</i>	OTC
<i>meclizine hcl tabs 12.5mg, 25mg</i>	
<i>medi-meclizine tabs 25mg</i>	OTC
<i>motion sickness relief/le tabs 25mg</i>	OTC
<i>motion-time chew 25mg</i>	OTC
<i>qc motion sickness relief tabs 50mg</i>	OTC
<i>qc travel ease chew 25mg</i>	OTC
<i>scopolamine pt72 1mg/3days</i>	QL (4 patches every 1 day)
<i>trav-tabs tabs 50mg</i>	OTC
<i>travel-ease tabs 25mg</i>	OTC
<i>trimethobenzamide hcl caps 300mg</i>	

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant caps 40mg</i>	QL (6 caps every 21 days)
<i>aprepitant (generic of EMEND) caps 80mg</i>	QL (6 caps every 21 days)
<i>aprepitant caps 125mg</i>	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	
<i>CINVANTI EMUL 130MG/18ML</i>	PA; Bill as Medical Claim Only
<i>EMEND SOLR 150MG</i>	PA; Bill as Medical Claim Only
<i>fosaprepitant dimeglumine solr 150mg</i>	PA; Bill as Medical Claim Only
<i>FOSAPREPITANT DIMEGLUMINE SOLR 150MG</i>	PA; Bill as Medical Claim Only
<i>fosaprepitant 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</i>	
<i>fluconazole (generic of DIFLUCAN) susr 40mg/ml; tabs 100mg, 150mg, 200mg</i>	
<i>VFEND SUSR 40MG/ML</i>	PA
<i>voriconazole (generic of VFEND) tabs 50mg</i>	PA
<i>voriconazole tabs 200mg</i>	PA

ANTIHISTAMINES

ANTIHISTAMINES - ALKYLAMINES

<i>aller-chlor tabs 4mg</i>	OTC
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Drug Name	Requirements/Limits
<i>allergy relief tabs 4mg</i>	OTC
<i>chlorhist tabs 4mg</i>	OTC
<i>chlorphen tabs 4mg</i>	OTC
<i>chlorpheniramine maleate tabs 4mg; tbcr 12mg</i>	OTC
<i>cvs allergy relief tbcr 12mg</i>	OTC
<i>diabetic tussin allergy syrps 2mg/5ml</i>	OTC
<i>ed chlorped jr syrps 2mg/5ml</i>	OTC
<i>eq allergy relief tabs 4mg</i>	OTC
<i>eql allergy tabs 4mg</i>	OTC
<i>ft allergy relief tabs 4mg</i>	OTC
<i>gnp allergy relief tabs 4mg</i>	OTC
<i>goodsense allergy relief tabs 4mg</i>	OTC
<i>pharbechlor tabs 4mg</i>	OTC
<i>qc allergy relief tabs 4mg</i>	OTC
<i>qc chlor-pheniramine tabs 4mg</i>	OTC
<i>ra allergy relief tabs 4mg</i>	OTC
<i>ra chlorpheniramine maleate tabs 4mg</i>	OTC
<i>wal-finate tabs 4mg</i>	OTC

ANTIHISTAMINES - ETHANOLAMINES

<i>aler-cap caps 25mg</i>	OTC
<i>alertab tabs 25mg</i>	OTC
<i>allergy caps 25mg</i>	OTC
<i>allergy relief liqd 25mg/10ml</i>	OTC
<i>allergy relief childrens tbdp 12.5mg</i>	OTC
<i>anti-hist allergy tabs 25mg</i>	OTC
<i>banophen caps 25mg, 50mg; tabs 25mg</i>	OTC
BENADRYL ALLERGY EXTRA ST TABS 50MG	OTC
CARBINOXAMINE MALEATE SOLN 4MG/5ML	
<i>carbinoxamine maleate tabs 4mg</i>	
CLEMASTINE FUMARATE TABS 2.68MG	
<i>complete allergy medicine caps 25mg; tabs 25mg</i>	OTC
<i>complete allergy relief tabs 25mg</i>	OTC
<i>curelief liqd 12.5mg/5ml</i>	OTC
<i>cvs allergy relief caps 25mg; liqd 25mg/10ml</i>	OTC
<i>cvs allergy relief adult liqd 50mg/20ml</i>	OTC
<i>cvs allergy relief childr chew 12.5mg; tbdp 12.5mg</i>	OTC
DAYHIST ALLERGY 12 HOUR R TABS 1.34MG	OTC
<i>dimetapp cough & allergy chew 12.5mg</i>	OTC
<i>diphen tabs 25mg</i>	OTC
<i>diphenhydramine hcl caps 25mg, 50mg; liqd 12.5mg/5ml, 25mg/10ml; tabs 25mg</i>	OTC
DIPHENHYDRAMINE HCL ELIX 12.5MG/5ML	
<i>eq allergy relief caps 25mg; tabs 25mg</i>	OTC
<i>eq allergy relief childr chew 12.5mg; liqd 12.5mg/5ml</i>	OTC
<i>eql allergy relief childr tbdp 12.5mg</i>	OTC

Drug Name	Requirements/Limits
<i>ft allergy relief caps 25mg; tabs 25mg</i>	OTC
<i>ft allergy relief childre liqd 12.5mg/5ml</i>	OTC
<i>geri-dryl liqd 12.5mg/5ml</i>	OTC
<i>geri-dryl allergy relief tabs 25mg</i>	OTC
<i>gnp allergy relief caps 25mg; chew 12.5mg; tabs 25mg</i>	OTC
<i>gnp allergy relief maximu liqd 12.5mg/5ml</i>	OTC
<i>goodsense allergy relief caps 25mg; tabs 25mg</i>	OTC
<i>h-e-b childrens allergy liqd 12.5mg/5ml</i>	OTC
<i>kindermed kids allergy liqd 12.5mg/5ml</i>	OTC
<i>kls allergy medicine tabs 25mg</i>	OTC
<i>liquid allergy relief liqd 12.5mg/5ml</i>	OTC
<i>m-dryl liqd 12.5mg/5ml</i>	OTC
<i>maxallergy kids liqd 12.5mg/5ml</i>	OTC
<i>medi-phedryl caps 25mg</i>	OTC
<i>meijer antihistamine alle caps 25mg</i>	OTC
<i>mm aller-ben tabs 25mg</i>	OTC
<i>naramin liqd 12.5mg/5ml</i>	OTC
<i>pediacare childrens aller liqd 12.5mg/5ml</i>	OTC
<i>pharbedryl caps 25mg, 50mg</i>	OTC
<i>qc allergy childrens liqd 12.5mg/5ml</i>	OTC
<i>qc allergy relief caps 25mg; tabs 25mg</i>	OTC
<i>qc complete allergy medic tabs 25mg</i>	OTC
<i>ra allergy liqd 12.5mg/5ml</i>	OTC
<i>ra allergy medication caps 25mg; tabs 25mg</i>	OTC
<i>ra allergy medication chi liqd 12.5mg/5ml</i>	OTC
<i>ra allergy relief childre tbdp 12.5mg</i>	OTC
<i>ra diphedryl allergy liqd 12.5mg/5ml</i>	OTC
<i>sb allergy medicine tabs 25mg</i>	OTC
<i>sm allergy relief tabs 25mg</i>	OTC
<i>total allergy tabs 25mg</i>	OTC
<i>total allergy medicine liqd 12.5mg/5ml</i>	OTC
<i>wal-dryl allergy caps 25mg; liqd 12.5mg/5ml; tabs 25mg</i>	OTC
<i>wal-dryl allergy relief c tbdp 12.5mg</i>	OTC

ANTIHISTAMINES - NON-SEDATING

<i>alavert tbdp 10mg</i>	OTC
<i>all day allergy tabs 10mg</i>	OTC
<i>all day allergy childrens soln 5mg/5ml</i>	OTC
<i>all-day allergy childrens soln 5mg/5ml</i>	OTC
ALLEGRA ALLERGY CHILDRENS TBDP 30MG	OTC
<i>allergy tabs 10mg</i>	OTC
<i>allergy 24-hr tabs 180mg</i>	OTC
<i>allergy 24hour indoor/out tabs 10mg</i>	OTC
<i>allergy childrens susp 30mg/5ml</i>	OTC
<i>allergy relief caps 10mg; tabs 5mg, 10mg</i>	OTC
<i>allergy relief 24hr tabs 5mg, 180mg</i>	OTC

Drug Name	Requirements/Limits
<i>allergy relief 24hr/indoo tabs 180mg</i>	OTC
<i>allergy relief childrens soln 1mg/ml, 5mg/5ml</i>	OTC
<i>cetirizine hcl chew 5mg; tabs 5mg, 10mg</i>	OTC
<i>cetirizine hcl soln 5mg/5ml</i>	
<i>cetirizine hcl allergy ch soln 5mg/5ml</i>	OTC
<i>cetirizine hydrochloride soln 1mg/ml</i>	OTC
<i>childrens 24 hour allergy soln 1mg/ml</i>	OTC
<i>CLARITIN REDITABS TBDP 5MG</i>	OTC
<i>cvs allergy childrens soln 5mg/5ml</i>	OTC
<i>cvs allergy relief tabs 10mg, 180mg; tbdp 5mg, 10mg</i>	OTC
<i>cvs allergy relief childr susp 30mg/5ml</i>	OTC
<i>cvs indoor/outdoor allerg tabs 10mg</i>	OTC
<i>eq all day allergy relief tabs 10mg</i>	OTC
<i>eq allergy childrens soln 5mg/5ml</i>	OTC
<i>eq allergy relief soln 1mg/ml; tabs 10mg, 180mg</i>	OTC
<i>eq allergy relief childre soln 5mg/5ml; susp 30mg/5ml</i>	OTC
<i>eq cetirizine hydrochlori chew 10mg</i>	OTC
<i>eq loratadine childrens tbdp 10mg</i>	OTC
<i>eql all day allergy tabs 10mg</i>	OTC
<i>fexofenadine hcl tabs 60mg, 180mg</i>	OTC
<i>ft all day allergy childr soln 5mg/5ml</i>	OTC
<i>ft allergy childrens soln 5mg/5ml</i>	OTC
<i>ft allergy relief tabs 10mg, 180mg</i>	OTC
<i>ft allergy relief 12 hour tabs 60mg</i>	OTC
<i>ft allergy relief childre chew 5mg; soln 5mg/5ml</i>	OTC
<i>gnp all day allergy tabs 10mg</i>	OTC
<i>gnp all day allergy relie caps 10mg</i>	OTC
<i>gnp loratadine tbdp 10mg</i>	OTC
<i>goodsense aller-ease tabs 180mg</i>	OTC
<i>goodsense allergy relief caps 10mg; soln 5mg/5ml</i>	OTC
<i>12hr allergy relief tabs 60mg</i>	OTC
<i>24hr allergy relief tabs 180mg</i>	OTC
<i>kls aller-fex tabs 180mg</i>	OTC
<i>kls aller-tec tabs 10mg</i>	OTC
<i>kls aller-tec childrens soln 5mg/5ml</i>	OTC
<i>kls allerclear tabs 10mg</i>	OTC
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	
<i>levocetirizine dihydrochloride tabs 5mg</i>	OTC
<i>loradamed tabs 10mg</i>	OTC
<i>loratadine caps 10mg; soln 5mg/5ml; tabs 10mg</i>	OTC
<i>loratadine childrens chew 5mg</i>	OTC
<i>mm fexofenadine hydrochlo tabs 180mg</i>	OTC
<i>qc all day allergy tabs 10mg</i>	OTC
<i>qc all day allergy relief caps 10mg</i>	OTC
<i>qc allergy relief caps 10mg; tabs 10mg, 60mg</i>	OTC

Drug Name	Requirements/Limits
<i>qc allergy relief childre syrp 1mg/ml</i>	OTC
<i>qc loratadine allergy rel tabs 10mg</i>	OTC
<i>ra allergy relief caps 10mg</i>	OTC
<i>sb allergy tabs 10mg</i>	OTC
<i>triaminic allerchews tbdp 10mg</i>	OTC
<i>wal-fex tabs 180mg</i>	OTC
<i>wal-fex 24 hour allergy tabs 180mg</i>	OTC
<i>wal-fex allergy 12 hour tabs 60mg</i>	OTC
<i>wal-itin soln 5mg/5ml; tabs 10mg; tbdp 10mg</i>	OTC
<i>wal-itin allergy children chew 5mg</i>	OTC
<i>wal-itin childrens soln 5mg/5ml</i>	OTC
<i>wal-vert tbdp 10mg</i>	OTC
<i>wal-zyr caps 10mg; soln 5mg/5ml; tabs 10mg</i>	OTC
<i>wal-zyr all day allergy c soln 5mg/5ml</i>	OTC
<i>wal-zyr allergy dye-free soln 1mg/ml</i>	OTC
<i>wal-zyr childrens chew 5mg, 10mg; soln 5mg/5ml</i>	OTC
ZYRTEC CHEW 10MG	OTC
ZYRTEC ALLERGY CHILDRENS TBDP 10MG	OTC
ZYRTEC CHILDRENS ALLERGY CHEW 2.5MG, 10MG	OTC

ANTIHISTAMINES - PHENOTHIAZINES

<i>promethazine hcl soln 6.25mg/5ml, 12.5mg/10ml; 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>
PROMETHEGAN SUPP 50MG

ANTIHISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>
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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 (generic of TRICOR) tabs 48mg, 145mg</i>
<i>fenofibrate tabs 54mg, 160mg</i>
<i>fenofibrate micronized caps 67mg, 134mg, 200mg</i>
<i>gemfibrozil (generic of LOPID) tabs 600mg</i>

Drug Name	Requirements/Limits
HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium</i> (generic of LIPITOR) <i>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</i> (generic of CRESTOR) <i>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</i> (generic of ZOCOR) <i>tabs 10mg, 20mg, 40mg</i>	QL (1 tab every 1 day)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	
<i>ezetimibe</i> (generic of ZETIA) <i>tabs 10mg</i>	ST
ANTIHYPERTENSIVES	
ACE INHIBITORS	
<i>benazepril hcl tabs 5mg</i>	
<i>benazepril hcl</i> (generic of LOTENSIN) <i>tabs 10mg, 20mg, 40mg</i>	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	
<i>enalapril maleate</i> (generic of EPANED) <i>soln 1mg/ml</i>	
<i>enalapril maleate</i> (generic of VASOTEC) <i>tabs 2.5mg, 5mg, 10mg, 20mg</i>	
EPANED SOLN 1MG/ML	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	
<i>lisinopril</i> (generic of ZESTRIL) <i>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>	
<i>quinapril hcl</i> (generic of ACCUPRIL) <i>tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>ramipril caps 1.25mg, 5mg</i>	
<i>ramipril</i> (generic of ALTACE) <i>caps 2.5mg, 10mg</i>	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	
AGENTS FOR PHEOCHROMOCYTOMA	
<i>metyrosine</i> (generic of DEMSER) <i>caps 250mg</i>	PA
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>irbesartan tabs 75mg</i>	
<i>irbesartan</i> (generic of AVAPRO) <i>tabs 150mg, 300mg</i>	
<i>losartan potassium</i> (generic of COZAAR) <i>tabs 25mg, 50mg, 100mg</i>	
<i>telmisartan</i> (generic of MICARDIS) <i>tabs 20mg, 40mg, 80mg</i>	QL (1 tab every 1 day)
<i>valsartan</i> (generic of DIOVAN) <i>tabs 40mg, 80mg, 160mg, 320mg</i>	
ANTIADRENERGIC ANTIHYPERTENSIVES	
<i>clonidine</i> (generic of CATAPRES-TTS-1) <i>ptwk .1mg/24hr</i>	QL (4 patches every 28 days)
<i>clonidine</i> (generic of CATAPRES-TTS-2) <i>ptwk .2mg/24hr</i>	QL (4 patches every 28 days)
<i>clonidine</i> (generic of CATAPRES-TTS-3) <i>ptwk .3mg/24hr</i>	QL (4 patches every 28 days)

Drug Name	Requirements/Limits
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	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 Required for < 6 years of age
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>atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (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>	

Drug Name	Requirements/Limits
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<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 (generic of INSPRA) 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>	
<i>COARTEM TAB 20-120MG</i>	
ANTIMALARIALS	
<i>chloroquine phosphate tabs 250mg, 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 (generic of QUALAQUIN) 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 syrup 50mg/5ml; tabs 100mg, 300mg</i>	
<i>pyrazinamide tabs 500mg</i>	
<i>rifabutin caps 150mg</i>	QL (28 caps every 90 days)
<i>rifampin caps 150mg, 300mg</i>	

Drug Name	Requirements/Limits
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
MELPHALAN TABS 2MG	
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
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
ANTINEOPLASTIC - EGFR INHIBITORS	
<i>erlotinib hcl tabs 25mg, 150mg</i>	PA
<i>erlotinib hcl (generic of TARCEVA) tabs 100mg</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>anastrozole (generic of ARIMIDEX) tabs 1mg</i>	PA
<i>bicalutamide (generic of CASODEX) tabs 50mg</i>	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	PA
<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
<i>fulvestrant (generic of FASLODEX) sosy 250mg/5ml</i>	PA; Bill as Medical Claim Only
<i>letrozole (generic of FEMARA) tabs 2.5mg</i>	
<i>leuprolide acetate kit 1mg/0.2ml</i>	
<i>leuprolide acetate kit 1mg/0.2ml</i>	
LUPRON DEPOT (1-MONTH) KIT 3.75MG, 7.5MG	PA
LUPRON DEPOT (3-MONTH) KIT 11.25MG, 22.5MG	PA
LUPRON DEPOT (4-MONTH) KIT 30MG	PA
LUPRON DEPOT (6-MONTH) KIT 45MG	PA
LYSODREN TABS 500MG	
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	

Drug Name	Requirements/Limits
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
<i>toremifene citrate (generic of FARESTON) tabs 60mg</i>	PA
VANTAS KIT 50MG	PA; Bill as Medical Claim Only
ZOLADEX IMPL 3.6MG, 10.8MG	PA; Bill as Medical Claim Only
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS	
LARTRUVO SOLN 190MG/19ML, 500MG/50ML	PA; Bill as Medical Claim Only
ANTINEOPLASTIC ENZYME INHIBITORS	
ALIQOPA SOLR 60MG	PA; Bill as Medical Claim Only
CAPRELSA TABS 100MG, 300MG	PA
<i>everolimus (generic of AFINITOR) tabs 2.5mg, 5mg, 7.5mg</i>	PA
<i>everolimus (generic of AFINITOR) tabs 10mg</i>	PA
<i>everolimus (generic of AFINITOR DISPERZ) tbs 2mg, 3mg, 5mg</i>	PA
ICLUSIG TABS 10MG, 15MG, 30MG, 45MG	PA
<i>imatinib mesylate (generic of GLEEVEC) tabs 100mg, 400mg</i>	PA
IMBRUVICA CAPS 70MG, 140MG; SUSP 70MG/ML; TABS 140MG, 280MG, 420MG	PA
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	PA
<i>lapatinib ditosylate (generic of TYKERB) tabs 250mg</i>	PA
<i>pazopanib hcl (generic of VOTRIENT) tabs 200mg</i>	PA
<i>sorafenib tosylate (generic of NEXAVAR) 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
ANTINEOPLASTIC RADIOPHARMACEUTICALS	
AZEDRA DOSIMETRIC SOLN 15MCI/ML	PA; Bill as Medical Claim Only
AZEDRA THERAPEUTIC SOLN 15MCI/ML	PA; Bill as Medical Claim Only
ANTINEOPLASTICS MISC.	
ACTIMMUNE SOLN 100MCG/0.5ML	PA
<i>bexarotene (generic of TARGRETIN) caps 75mg</i>	PA
<i>hydroxyurea (generic of HYDREA) caps 500mg</i>	
MATULANE CAPS 50MG	
<i>tretinoin (chemotherapy) caps 10mg</i>	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	
<i>leucovorin calcium tabs 5mg</i>	QL (12 tabs every 84 days)
<i>leucovorin calcium tabs 10mg, 15mg, 25mg</i>	PA
MITOTIC INHIBITORS	
ETOPOSIDE CAPS 50MG	

Drug Name	Requirements/Limits
ANTIPARKINSON AND RELATED THERAPY AGENTS	
ANTIPARKINSON ANTICHOLINERGICS	
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	
TRIHEXYPHENIDYL 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 Required for < 6 years of age
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 450mg</i>	PA Required for < 6 years of age
<i>lithium carbonate (generic of LITHOBID) tbc 300mg</i>	PA Required for < 6 years of age
ANTIPSYCHOTICS - MISC.	
<i>lurasidone hcl (generic of LATUDA) tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	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>	QL (2 caps every 1 day); PA Required for < 6 years of age
BENZISOXAZOLES	
INVEGA HAFYERA SUSY 1092MG/3.5ML, 1560MG/5ML	QL (1 injection every 160 days); PA Required for < 18 years of age
INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	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	QL (1 injection every 82 days); PA Required for < 18 years of age
PERSERIS PRSY 90MG, 120MG	QL (1 injection every 30 days); PA Required for < 18 years of age
RISPERDAL CONSTA SRER 12.5MG, 25MG, 37.5MG, 50MG	QL (2 vials every 28 day); PA Required for < 18 years of age
<i>risperidone (generic of RISPERDAL) soln 1mg/ml</i>	QL (240 mL every 28 days); PA Required for < 6 years of age

Drug Name	Requirements/Limits
<i>risperidone</i> (generic of RISPERDAL) <i>tabs .5mg, 1mg, 2mg, 3mg, 4mg</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>risperidone tabs .25mg; tbdp .5mg, 1mg, 2mg, 3mg, 4mg</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age
RISPERIDONE ODT TBDP .25MG	

BUTYROPHENONES

<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	PA Required for < 12 years of age
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) <i>soln 50mg/ml</i>	PA Required for < 18 years of age
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) <i>soln 100mg/ml</i>	PA Required for < 18 years of age
<i>haloperidol lactate conc 2mg/ml</i>	PA Required for < 12 years of age

DIBENZAPINES

<i>clozapine</i> (generic of CLOZARIL) <i>tabs 25mg, 100mg</i>	QL (5 tabs every 1 day); PA Required for < 18 years of age
<i>clozapine tabs 50mg, 200mg; tbdp 25mg, 100mg, 150mg, 200mg</i>	QL (5 tabs every 1 day); PA Required for < 18 years of age
CLOZAPINE ODT TBDP 12.5MG	QL (5 tabs every 1 day); PA Required for < 18 years of age
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	PA Required for < 12 years of age
<i>olanzapine tabs 2.5mg, 7.5mg</i>	PA Required for < 6 years of age
<i>olanzapine tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age
<i>olanzapine tabs 15mg; tbdp 15mg, 20mg</i>	QL (1 tab every 1 day); PA Required for < 6 years of age
<i>olanzapine</i> (generic of ZYPREXA) <i>tabs 20mg</i>	QL (1 tab every 1 day); PA Required for < 6 years of age
<i>quetiapine fumarate</i> (generic of SEROQUEL) <i>tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i>	QL (2 tabs every 1 day); PA Required for < 6 years of age
QUETIAPINE FUMARATE TABS 150MG	QL (2 tabs every 1 day); PA Required for < 6 years of age

PHENOTHIAZINES

<i>chlorpromazine hcl soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	PA Required for < 6 years of age
<i>compro supp 25mg</i>	
<i>fluphenazine decanoate soln 25mg/ml</i>	PA Required for < 18 years of age
FLUPHENAZINE HCL CONC 5MG/ML	PA Required for < 6 years of age
<i>fluphenazine hcl tabs 1mg, 2.5mg, 5mg, 10mg</i>	PA Required for < 6 years of age
FLUPHENAZINE HYDROCHLORID ELIX 2.5MG/5ML	PA Required for < 6 years of age
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	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 Required for < 12 years of age
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	PA Required for < 12 years of age

Drug Name	Requirements/Limits
QUINOLINONE DERIVATIVES	
ABILIFY ASIMTUFI PRSY 720MG/2.4ML, 960MG/3.2ML	QL (1 injection every 60 days); PA Required for < 18 years of age
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	QL (1 injection every 30 days); PA Required for < 18 years of age
<i>aripiprazole soln 1mg/ml</i>	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>	QL (1 tab every 1 day); PA Required for < 6 years of age
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	QL (1 injection every 30 days); PA Required for < 18 years of age
ARISTADA PRSY 1064MG/3.9ML	QL (1 injection every 48 days); PA Required for < 18 years of age
ARISTADA INITIO PRSY 675MG/2.4ML	QL (1 injection every year); PA Required for < 18 years of age
THIOXANTHENES	
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	PA Required for < 12 years of age
ANTISEPTICS & DISINFECTANTS	
CHLORINE ANTISEPTICS	
<i>antiseptic skin cleanser soln 4%</i>	OTC
<i>betasept surgical scrub soln 4%</i>	OTC
<i>chlorhexidine gluconate soln 4%</i>	OTC
<i>cvs antiseptic skin clean soln 4%</i>	OTC
<i>dyna-hex 4 soln 4%</i>	OTC
<i>ft antiseptic skin cleans soln 4%</i>	OTC
<i>qc antiseptic skin cleans soln 4%</i>	OTC
IODINE ANTISEPTICS	
BETADINE SOLN 10%	OTC
<i>eq first aid antiseptic soln 10%</i>	OTC
<i>povidone-iodine soln 10%</i>	OTC
<i>qc povidone iodine soln 10%</i>	OTC
<i>ra antiseptic soln 10%</i>	OTC
<i>scrub care povidone-iodin 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)

Drug Name	Requirements/Limits
DOVATO TAB 50-300MG	QL (1 tab every 1 day)
EDURANT TABS 25MG	
<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>	
FUZEON SOLR 90MG	PA
GENVOYA TAB	
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG	
ISENTRESS HD TABS 600MG	
JULUCA TAB 50-25MG	
<i>lamivudine (generic of EPIVIR) soln 10mg/ml; tabs 150mg, 300mg</i>	
<i>lamivudine-zidovudine tab 150-300 mg</i>	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)</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>	PA
NEVIRAPINE SUSP 50MG/5ML	
<i>nevirapine tabs 200mg; tb24 400mg</i>	
NORVIR PACK 100MG	
ODEFSEY TAB	
PIFELTRO TABS 100MG	
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 LO TAB	QL (1 tab every 1 day)
SYMFI TAB	QL (1 tab every 1 day)
SYMTUZA TAB	
<i>tenofovir disoproxil fumarate (generic of VIREAD) tabs 300mg</i>	
TIVICAY TABS 50MG	

Drug Name	Requirements/Limits
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; syrp 50mg/5ml</i>	
<i>zidovudine tabs 300mg</i>	
ANTIVIRAL COMBINATIONS	
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 solr 500mg</i>	PA; Bill as Medical Claim Only
LIVTENCITY TABS 200MG	PA
<i>valganciclovir hcl (generic of VALCYTE) solr 50mg/ml</i>	PA
<i>valganciclovir hcl (generic of VALCYTE) 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	QL (56 days of therapy)
MAVYRET TAB 100-40MG	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	QL (168 days of therapy)
HERPES AGENTS	
<i>acyclovir caps 200mg; susp 200mg/5ml; 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 (generic of TAMIFLU) caps 30mg, 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)
RIMANTADINE HYDROCHLORIDE TABS 100MG	
TAMIFLU CAPS 30MG, 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)

Drug Name	Requirements/Limits
MISC. ANTIVIRALS	
LAGEVRIO CAPS 200MG	QL (80 caps every year)
BETA BLOCKERS	
ALPHA-BETA BLOCKERS	
<i>carvedilol</i> (generic of COREG) <i>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</i> (generic of TENORMIN) <i>tabs 25mg, 50mg, 100mg</i>	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	
<i>metoprolol succinate</i> (generic of TOPROL XL) <i>tb24 25mg, 50mg, 100mg, 200mg</i>	
<i>metoprolol tartrate tabs 25mg, 37.5mg, 75mg</i>	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) <i>tabs 50mg, 100mg</i>	
<i>nebivolol hcl</i> (generic of BYSTOLIC) <i>tabs 2.5mg, 5mg, 10mg, 20mg</i>	
BETA BLOCKERS NON-SELECTIVE	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	
<i>propranolol hcl</i> (generic of INDERAL LA) <i>cp24 60mg, 80mg, 120mg, 160mg</i>	
<i>propranolol hcl soln 20mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	
PROPRANOLOL HCL SOLN 40MG/5ML	
<i>sotalol hcl</i> (generic of BETAPACE) <i>tabs 80mg, 120mg, 160mg</i>	
<i>sotalol hcl tabs 240mg</i>	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) <i>tabs 80mg, 120mg, 160mg</i>	
CALCIUM CHANNEL BLOCKERS	
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate</i> (generic of NORVASC) <i>tabs 2.5mg, 5mg, 10mg</i>	QL (1 tab every 1 day)
<i>cartia xt</i> (generic of CARDIZEM CD) <i>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</i> (generic of CARDIZEM) <i>tabs 30mg, 60mg, 120mg</i>	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) <i>cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) <i>cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	
KATERZIA SUSP 1MG/ML	PA

Drug Name	Requirements/Limits
<i>nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg</i>	
<i>nifedipine (generic of PROCARDIA XL) tb24 30mg, 60mg, 90mg</i>	
<i>tiadylt er (generic of TIAZAC) cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>verapamil hcl (generic of VERELAN) cp24 120mg, 180mg, 240mg</i>	QL (1 cap every 1 day)
<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	
ENTRESTO TAB 24-26MG	QL (2 tabs every 1 day)
ENTRESTO TAB 49-51MG	QL (2 tabs every 1 day)
ENTRESTO TAB 97-103MG	QL (2 tabs every 1 day)
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic of BIDIL)</i>	

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

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

Drug Name	Requirements/Limits
CEPHALOSPORINS	
CEPHALOSPORINS - 1ST GENERATION	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml</i>	
CEFADROXIL TABS 1GM	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
CEPHALOSPORINS - 2ND GENERATION	
CEFACLOR CAPS 250MG, 500MG; SUSR 250MG/5ML	
CEFACLOR ER TB12 500MG	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	
CEPHALOSPORINS - 3RD GENERATION	
<i>cefdinir 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>cefepodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	
CONTRACEPTIVES	
COMBINATION CONTRACEPTIVES - ORAL	
<i>afirmelle 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>aranelle tab</i>	
<i>aubra eq tab 0.1-0.02</i>	
<i>aurovela 24 tab fe 1/20</i>	
<i>aurovela fe tab 1.5/30</i>	
<i>aurovela fe 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 fe 1/20</i>	
<i>blisovi fe tab 1.5/30</i>	
<i>blisovi fe 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-28 tab 28 tabs</i>	

Drug Name	Requirements/Limits
<i>dasetta tab 1/35</i>	
<i>dasetta tab 7/7/7</i>	
<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>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>enpresse-28 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>feirza tab 1.5/30</i>	
<i>feirza tab 1/20</i>	
FEMLYV TAB 1/0.02MG	
<i>finzala chw fe 1/20</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>	QL (1 tab every 1 day)
<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 1/50 tab</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>	
<i>levonest tab</i>	

Drug Name	Requirements/Limits
<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>levora-28 tab 0.15/30</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 & ethinyl estradiol-fe chew tab 0.8 mg-25 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>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (generic of TAYTULLA)	
<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>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)
<i>sprintec 28 tab 28 day</i>	
<i>sronyx tab</i>	
<i>syeda tab 3-0.03mg (generic of YASMIN 28)</i>	
<i>tarina 24 fe tab</i>	

Drug Name	Requirements/Limits
<i>tarina fe tab 1/20 eq</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>	
<i>trivora-28 tab</i>	
<i>valtya 1/50 tab</i>	
VELIVET PAK	
<i>vienva tab 0.1-20</i>	
<i>viorele tab</i>	
<i>volnea tab</i>	
<i>vyfemla 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>	
COMBINATION CONTRACEPTIVES - VAGINAL	
NUVARING MIS	
COPPER CONTRACEPTIVES - IUD	
PARAGARD IUD T380A	Bill as Medical Claim Only
EMERGENCY CONTRACEPTIVES	
<i>afterpill tabs 1.5mg</i>	OTC
ELLA TABS 30MG	QL (1 tab every 30 days)
<i>levonorgestrel (emergency oc) tabs 1.5mg</i>	OTC
<i>my choice tabs 1.5mg</i>	OTC
<i>my way tabs 1.5mg</i>	OTC
<i>new day tabs 1.5mg</i>	OTC
<i>option 2 tabs 1.5mg</i>	OTC
<i>react tabs 1.5mg</i>	OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS	
NEXPLANON IMPL 68MG	Bill as Medical Claim Only
PROGESTIN CONTRACEPTIVES - INJECTABLE	
<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) susp 150mg/ml</i>	QL (1 injection every 90 days)

Drug Name	Requirements/Limits
<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/24HR, 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>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
<i>prednisolone soln 15mg/5ml</i>	
PREDNISOLONE SODIUM PHOSP TBDP 10MG, 15MG, 30MG	
<i>prednisolone sodium phosphate (generic of PEDIAPRED) soln 5mg/5ml</i>	
<i>prednisolone sodium phosphate soln 15mg/5ml, 25mg/5ml</i>	
PREDNISON SOLN 5MG/5ML	
<i>prednisone tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	
PREDNISON INTENSOL CONC 5MG/ML	

Drug Name	Requirements/Limits
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
TRIAMCINOLONE DIACETATE SUSP 40MG/ML, 80MG/ML	PA; Bill as Medical Claim Only

MINERALOCORTICIDS

fludrocortisone acetate tabs .1mg

COUGH/COLD/ALLERGY

ANTITUSSIVES

benzonatate caps 100mg, 200mg

cough dm suer 30mg/5ml

OTC

cvs cough dm suer 30mg/5ml

OTC

dextromethorphan polistirex suer 30mg/5ml

OTC

eq cough dm suer 30mg/5ml

OTC

eql cough dm suer 30mg/5ml

OTC

ft 12 hour cough relief suer 30mg/5ml

OTC

gnp cough dm er suer 30mg/5ml

OTC

hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (generic of HYCODAN)

QL (30 mL every 1 day); PA
Required for < 18 years of age

hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (generic of HYCODAN)

PA Required for < 18 years of age

hydromet syp 5-1.5/5 (generic of HYCODAN)

QL (30 mL every 1 day); PA
Required for < 18 years of age

ra cough dm suer 30mg/5ml

OTC

robitussin 12 hour cough suer 30mg/5ml

OTC

COUGH/COLD/ALLERGY COMBINATIONS

ACTIDOM DMX LIQ

QL (30 mL every 1 day), OTC

alavert d-12 tab 5-120mg

OTC

all day alrg tab 5-120mg

OTC

aller-tec d tab 5-120mg

OTC

aller/conges tab 10-240mg

OTC

allerclear d tab 5-120mg

OTC

allerclear d tab 10-240mg

OTC

allergy d24 tab 180-240

OTC

allergy d tab 5-120mg

OTC

allergy d tab 60-120mg

OTC

allergy rel/ tab deconges

OTC

allergy relf tab 5-120mg

OTC

allergy relf tab 5/120mg

OTC

allergy relf tab 10-240mg

OTC

allergy relf tab /nsl dec

OTC

allergy relf tab d12

OTC

allergy relf tab d-24

OTC

allergy relf tab deconges

OTC

allergy reli tab 60-120mg

OTC

allergy reli tab d

OTC

Drug Name	Requirements/Limits
<i>allergy-d tab 5-120mg</i>	OTC
<i>allergy-d tab 12 hour</i>	OTC
<i>allergy/cong tab 5-120mg</i>	OTC
<i>allergy/cong tab 60-120mg</i>	OTC
<i>allrgy d-12 tab 5-120mg</i>	OTC
<i>allrgy rel d tab 4mg/60mg</i>	OTC
<i>allrgy relf tab 5-120mg</i>	OTC
<i>allrgy rlf d tab 10-240mg</i>	OTC
<i>allrgy rlf-d tab 5-120mg</i>	OTC
<i>allrgy rlf-d tab 10-240mg</i>	OTC
<i>allrgy/nasal tab 10-240mg</i>	OTC
<i>altarusn dm syp 100-10/5</i>	QL (30 mL every 1 day), OTC
AQUANAZ TAB	OTC
<i>bio-rytuss liq 5-2-10/5</i>	QL (30 mL every 1 day), OTC
<i>biocotron liq 100-10/5</i>	QL (30 mL every 1 day), OTC
BIODESP DM SYP	QL (30 mL every 1 day), OTC
<i>biogtuss liq</i>	QL (30 mL every 1 day), OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	OTC
<i>cgh cong dm liq 5-100/5</i>	QL (30 mL every 1 day), OTC
<i>chest conges syp rel dm</i>	QL (30 mL every 1 day), OTC
<i>chest conges tab 20-400mg</i>	OTC
<i>chest congst tab 10-400mg</i>	OTC
<i>chest congst tab rlf pe</i>	OTC
<i>chest/conges cap 10-200mg</i>	OTC
<i>chest/sinus tab relief</i>	OTC
<i>cold & cough liq children</i>	QL (30 mL every 1 day), OTC
<i>cold/allergy elx children</i>	OTC
<i>cold/cgh dm liq 2.5-1-5</i>	QL (30 mL every 1 day), OTC
<i>cold/cough liq child</i>	QL (30 mL every 1 day), OTC
<i>cold/cough liq dm child</i>	QL (30 mL every 1 day), OTC
<i>cong/cough liq 5-100/5</i>	QL (30 mL every 1 day), OTC
<i>coricidin cap cong/cgh</i>	OTC
<i>cough chest liq congest</i>	QL (30 mL every 1 day), OTC
<i>cough child liq 5-100/5</i>	QL (30 mL every 1 day), OTC
<i>cough cong liq 5-100/5</i>	QL (30 mL every 1 day), OTC
<i>cough/chest liq 20-400</i>	QL (30 mL every 1 day), OTC
<i>curanex dm tab 20-400mg</i>	OTC
<i>cvs allerg d tab 60-120mg</i>	OTC
<i>cvs allergy tab 5-120mg</i>	OTC
<i>cvs mucus d tab 60-600mg</i>	OTC
<i>cvs mucus dm tab 30-600mg</i>	OTC
<i>cvs mucus dm tab 60-1200</i>	OTC
<i>cvstussin dm liq 20-400mg</i>	QL (30 mL every 1 day), OTC
DECONEX DMX TAB	OTC
DECONEX IR TAB 10-385MG	OTC

Drug Name	Requirements/Limits
<i>delsym cough liq congs dm</i>	QL (30 mL every 1 day), OTC
<i>desgen dm liq 5-10-100</i>	QL (30 mL every 1 day), OTC
<i>desgen ped dro 2.5-5-50</i>	QL (30 mL every 1 day), OTC
<i>despec dm syp 5-10-100</i>	QL (30 mL every 1 day), OTC
<i>despec dm-g syp 5-10-100</i>	QL (30 mL every 1 day), OTC
<i>despec eda dro 2.5-5-50</i>	QL (30 mL every 1 day), OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>dextromethorphan-guaifenesin tab 20-400 mg</i>	OTC
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>	OTC
<i>diabetic tus liq 20-400mg</i>	QL (30 mL every 1 day), OTC
<i>diabetic tus liq cough dm</i>	QL (30 mL every 1 day), OTC
<i>diabetic tus liq dm</i>	QL (30 mL every 1 day), OTC
<i>dimaphen dm liq 2.5-1-5</i>	QL (30 mL every 1 day), OTC
<i>dimetapp liq</i>	QL (30 mL every 1 day), OTC
<i>dimetapp liq cold/cgh</i>	QL (30 mL every 1 day), OTC
<i>dm max adult liq 20-400</i>	QL (30 mL every 1 day), OTC
DOMETUSS-DMX LIQ	QL (30 mL every 1 day), OTC
<i>ed a-hist dm liq</i>	QL (30 mL every 1 day), OTC
ED A-HIST DM TAB 10-4-10	OTC
ED BRON GP LIQ	OTC
<i>endacof-dm liq 2.5-1-5</i>	QL (30 mL every 1 day), OTC
<i>eq allerg d tab 60-120mg</i>	OTC
<i>eq allergy tab 5-120mg</i>	OTC
<i>eq alrg/cong tab 5-120mg</i>	OTC
<i>eq ms cold liq children</i>	QL (30 mL every 1 day), OTC
<i>eq mucus dm tab 60-1200</i>	OTC
<i>eq mucus rel liq dm</i>	QL (30 mL every 1 day), OTC
<i>eq mucus rel tab 30-600mg</i>	OTC
<i>eq mucus-d tab 60-600mg</i>	OTC
<i>eql allergy tab 10-240mg</i>	OTC
<i>eql cold/cgh liq children</i>	QL (30 mL every 1 day), OTC
<i>eql mucus-dm tab 30-600cr</i>	OTC
<i>eql tussin liq 20-200mg</i>	QL (30 mL every 1 day), OTC
<i>fenesin dm tab 20-400</i>	OTC
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	OTC
<i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i>	OTC
<i>ft allergy d tab 5-120mg</i>	OTC
<i>ft alrgy&con tab 60-120mg</i>	OTC
<i>ft chest con tab 20-400mg</i>	OTC
<i>ft chest con tab rlf pe</i>	OTC
<i>ft mucus rel tab 30-600mg</i>	OTC
<i>ft mucus rel tab 60-1200</i>	OTC
<i>ft mucus rlf tab 60-600mg</i>	OTC
<i>ft tussin cf liq adult</i>	QL (30 mL every 1 day), OTC
<i>ft tussin dm liq 20-200mg</i>	QL (30 mL every 1 day), OTC

Drug Name	Requirements/Limits
<i>ft tussin dm liq 20-400mg</i>	QL (30 mL every 1 day), OTC
<i>g tussin ac liq 100-10/5</i>	OTC
<i>g-supress dx dro pediatr</i>	QL (30 mL every 1 day), OTC
G-TRON PED LIQ	QL (30 mL every 1 day), OTC
GCON IR TAB 10-385MG	OTC
<i>gencontuss liq</i>	QL (30 mL every 1 day), OTC
<i>geri-tussin liq dm</i>	QL (30 mL every 1 day), OTC
<i>geri-tussin syp dm</i>	QL (30 mL every 1 day), OTC
<i>giltuss alrg liq cgh/cong</i>	QL (30 mL every 1 day), OTC
<i>giltuss cgh liq & chest</i>	QL (30 mL every 1 day), OTC
<i>giltuss cgh liq & cold</i>	QL (30 mL every 1 day), OTC
<i>giltuss cgh liq cld chld</i>	QL (30 mL every 1 day), OTC
GILTUSS CGH TAB & COLD	OTC
<i>giltuss chld liq 5-2-10/5</i>	QL (30 mL every 1 day), OTC
<i>giltuss diab liq cgh/cold</i>	QL (30 mL every 1 day), OTC
<i>giltuss hon liq chg/chst</i>	QL (30 mL every 1 day), OTC
GILTUSS TAB 10-388MG	OTC
GLENMAX PEB LIQ DM	OTC
<i>gnp cold/cgh liq child</i>	QL (30 mL every 1 day), OTC
<i>gnp tussi dm liq 20-200mg</i>	QL (30 mL every 1 day), OTC
<i>gnp tussin syp cf</i>	QL (30 mL every 1 day), OTC
<i>guaiaisorb dm liq</i>	QL (30 mL every 1 day), OTC
<i>guaiaisorb dm liq 100-10/5</i>	QL (30 mL every 1 day), OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	OTC
<i>24hr allergy tab</i>	OTC
<i>intense coug liq reliever</i>	QL (30 mL every 1 day), OTC
INTENSE COUG LIQ RELIEVER	QL (30 mL every 1 day), OTC
<i>kls mucus-dm tab 60-1200</i>	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-d tab 5-120mg</i>	OTC
<i>loratadine-d tab 10-240mg</i>	OTC
<i>maxi-tuss ac sol</i>	OTC
<i>maxi-tuss g liq</i>	QL (30 mL every 1 day), OTC
<i>maxi-tuss liq gmx</i>	QL (30 mL every 1 day), OTC
MAXI-TUSS PE LIQ JR	QL (30 mL every 1 day), OTC
MAXI-TUSS PE LIQ MAX	OTC
MAXICHLOR TAB PEH DM	OTC
<i>maxtussin dm liq 200-20mg</i>	QL (30 mL every 1 day), OTC
<i>medi-tuss dm liq dbl str</i>	QL (30 mL every 1 day), OTC
<i>medi-tussin syp dm</i>	QL (30 mL every 1 day), OTC
<i>mucinex cgh liq 5-100mg</i>	QL (30 mL every 1 day), OTC
<i>mucinex cong liq cough</i>	QL (30 mL every 1 day), OTC
MUCINEX D TAB 60-600MG	OTC
MUCINEX D TAB 120-1200	OTC

Drug Name	Requirements/Limits
<i>mucinex dm liq 20-400</i>	QL (30 mL every 1 day), OTC
<i>mucinex dm liq max str</i>	QL (30 mL every 1 day), OTC
<i>mucinex fast cap max</i>	OTC
MUCINEX FAST TAB 5-10-200	OTC
<i>mucus conges liq & cough</i>	QL (30 mL every 1 day), OTC
<i>mucus d max tab 120-1200</i>	OTC
<i>mucus d tab 120/1200</i>	OTC
<i>mucus dm max tab 60-1200</i>	OTC
<i>mucus dm tab 30-600mg</i>	OTC
<i>mucus dm tab 60-1200</i>	OTC
<i>mucus rel dm liq</i>	QL (30 mL every 1 day), OTC
<i>mucus rel dm liq 5-100/5</i>	QL (30 mL every 1 day), OTC
<i>mucus rel dm liq 20-400mg</i>	QL (30 mL every 1 day), OTC
<i>mucus relf d tab 60-600mg</i>	OTC
<i>mucus relief liq child</i>	QL (30 mL every 1 day), OTC
<i>mucus relief liq cong/cgh</i>	QL (30 mL every 1 day), OTC
<i>mucus relief liq multi sy</i>	QL (30 mL every 1 day), OTC
<i>mucus relief tab 10-400mg</i>	OTC
<i>mucus relief tab 20-400mg</i>	OTC
<i>mucus relief tab 30-600er</i>	OTC
<i>mucus relief tab 30-600mg</i>	OTC
<i>mucus relief tab 60-600mg</i>	OTC
<i>mucus relief tab 60-1200</i>	OTC
<i>mucus relief tab dm</i>	OTC
<i>mucus relief tab dm cough</i>	OTC
<i>mucus relief tab pe</i>	OTC
<i>mucus rlf d tab 60-600mg</i>	OTC
<i>mucus rlf d tab 120-1200</i>	OTC
<i>mucus rlf dm liq 5-100/5</i>	QL (30 mL every 1 day), OTC
<i>mucus rlf dm liq 20-400mg</i>	QL (30 mL every 1 day), OTC
<i>mucus rlf dm tab 20-400mg</i>	OTC
<i>mucus rlf dm tab 30-600er</i>	OTC
<i>mucus rlf pe tab 10-400mg</i>	OTC
<i>mucus-dm max tab 60-1200</i>	OTC
<i>mucus-dm tab 30-600mg</i>	OTC
<i>mucus/cough liq 5-100mg</i>	QL (30 mL every 1 day), OTC
<i>multsym cold liq childr +</i>	QL (30 mL every 1 day), OTC
<i>multsym cold liq childrns</i>	QL (30 mL every 1 day), OTC
<i>neotuss liq</i>	QL (30 mL every 1 day), OTC
NEOTUSS PLUS LIQ	QL (30 mL every 1 day)
NIVANEX DMX TAB	OTC
<i>nohist-dm liq</i>	QL (30 mL every 1 day), OTC
PEGGEN DMX LIQ 10-187MG	QL (30 mL every 1 day), OTC
<i>pharbinex-dm tab 20-400mg</i>	OTC
<i>pharbinex-pe tab 10-400mg</i>	OTC

Drug Name	Requirements/Limits
<i>phenylephrine-guaifenesin tab 10-400 mg</i>	OTC
<i>pres gen liq</i>	QL (30 mL every 1 day), OTC
<i>pres gen liq pediatic</i>	QL (30 mL every 1 day), OTC
<i>presgen b liq 10-4-20</i>	OTC
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	QL (30 mL every 1 day)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	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-guaifenesin tab er 12hr 60-600 mg</i>	OTC
<i>pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg</i>	OTC
<i>qc dibromm liq cld/cgh</i>	QL (30 mL every 1 day), OTC
<i>qc medifin tab dm</i>	OTC
<i>qc mucus rel liq cong/cgh</i>	QL (30 mL every 1 day), OTC
<i>ra cetiri-d tab 5-120mg</i>	OTC
<i>ra cold/cgh liq child</i>	QL (30 mL every 1 day), OTC
<i>ra cold/cgh liq dm</i>	QL (30 mL every 1 day), OTC
<i>ra lorata-d tab 24 hour</i>	OTC
<i>ra tussin dm liq 100-10/5</i>	QL (30 mL every 1 day), OTC
<i>ra tussin liq dm max</i>	QL (30 mL every 1 day), OTC
<i>refenesen dm tab 400-20mg</i>	OTC
<i>refenesen pe tab 10-400mg</i>	OTC
<i>robafen cf liq 5-10-100</i>	QL (30 mL every 1 day), OTC
<i>robafen dm liq 20-200mg</i>	QL (30 mL every 1 day), OTC
<i>robit cgh dm cap 10-200mg</i>	OTC
ROBIT CGH DM LIQ 20-200	QL (30 mL every 1 day), OTC
ROBIT CGH DM LIQ 20-200SF	QL (30 mL every 1 day), OTC
ROBIT HONEY LIQ CGH/CHST	QL (30 mL every 1 day), OTC
<i>robitussin liq 20-400</i>	QL (30 mL every 1 day), OTC
<i>robitussin liq 20-400mg</i>	QL (30 mL every 1 day), OTC
ROBITUSSIN LIQ CF	QL (30 mL every 1 day), OTC
<i>rynex dm liq</i>	QL (30 mL every 1 day), OTC
<i>rynex pse liq</i>	OTC
<i>safetussin liq dm</i>	QL (30 mL every 1 day), OTC
<i>sb cgh contr liq cf</i>	QL (30 mL every 1 day), OTC
<i>sb cold/cgh liq dm child</i>	QL (30 mL every 1 day), OTC
SCOT-TUSSIN LIQ SENIOR	QL (30 mL every 1 day), OTC
<i>severe cong liq cough</i>	QL (30 mL every 1 day), OTC
<i>sinus/allrgy tab max st</i>	OTC
<i>sm cold/cgh liq dm child</i>	QL (30 mL every 1 day), OTC
<i>sm tussin cf liq</i>	OTC
<i>sm tussin cf liq</i>	QL (30 mL every 1 day), OTC
<i>sm tussin dm liq 20-200mg</i>	QL (30 mL every 1 day), OTC
<i>sorbugen nr liq</i>	QL (30 mL every 1 day), OTC
<i>sorbutuss nr liq 10-100/5</i>	QL (30 mL every 1 day), OTC
<i>sudogest tab 4-60mg</i>	OTC

Drug Name	Requirements/Limits
SUPRESS DM DRO 5-50/ML	QL (30 mL every 1 day), OTC
<i>supress-dx dro pediatr</i>	QL (30 mL every 1 day), OTC
<i>tab tussin tab 20-400mg</i>	OTC
<i>tab tussin tab dm</i>	OTC
<i>teo-tus liq</i>	QL (30 mL every 1 day), OTC
TRIAMINIC LIQ CHST/NAS	QL (30 mL every 1 day), OTC
TUSICOF TAB	OTC
TUSNEL C SYP	PA, OTC
<i>tusnel diabt liq 10-100/5</i>	QL (30 mL every 1 day), OTC
<i>tusnel dm liq pediatr</i>	QL (30 mL every 1 day), OTC
<i>tussi-pres liq</i>	QL (30 mL every 1 day), OTC
<i>tussi-pres liq b</i>	OTC
<i>tussin cf liq</i>	QL (30 mL every 1 day), OTC
<i>tussin cf liq cgh/cold</i>	QL (30 mL every 1 day), OTC
<i>tussin cgh/ liq cold cf</i>	QL (30 mL every 1 day), OTC
<i>tussin cough liq 10-100/5</i>	QL (30 mL every 1 day), OTC
<i>tussin dm liq</i>	QL (30 mL every 1 day), OTC
<i>tussin dm liq 5-100mg</i>	QL (30 mL every 1 day), OTC
<i>tussin dm liq 10-100/5</i>	QL (30 mL every 1 day), OTC
<i>tussin dm liq 20-200mg</i>	QL (30 mL every 1 day), OTC
<i>tussin dm liq 20-400</i>	QL (30 mL every 1 day), OTC
<i>tussin dm liq 20-400mg</i>	QL (30 mL every 1 day), OTC
<i>tussin dm liq 20-400ml</i>	QL (30 mL every 1 day), OTC
<i>tussin dm liq 100-10/5</i>	QL (30 mL every 1 day), OTC
<i>tussin dm mx liq</i>	QL (30 mL every 1 day), OTC
<i>tussin dm mx liq 5-100/5</i>	QL (30 mL every 1 day), OTC
<i>tussin dm mx liq 5-100mg</i>	QL (30 mL every 1 day), OTC
<i>tussin dm syp 100-10/5</i>	QL (30 mL every 1 day), OTC
TUSSLIN LIQ PEDIATRI	QL (30 mL every 1 day), OTC
VANATAB DM TAB 5-9-198	OTC
VCKS DAYQUIL LIQ MUCUS DM	QL (30 mL every 1 day), OTC
<i>wal-fex d tab 12 hour</i>	OTC
<i>wal-fex d tab 24 hour</i>	OTC
<i>wal-itin d tab 5-120mg</i>	OTC
<i>wal-itin d tab 10-240mg</i>	OTC
<i>wal-itin d tab 24 hour</i>	OTC
<i>wal-tap elx cld/alle</i>	OTC
<i>wal-tuss cf liq 5-10-200</i>	QL (30 mL every 1 day), OTC
<i>wal-tussin liq 10-100/5</i>	QL (30 mL every 1 day), OTC
<i>wal-tussin liq cf</i>	OTC
<i>wal-zyr d tab 5-120mg</i>	OTC
EXPECTORANTS	
<i>altarussin liqd 100mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>buckleys chest congestion liqd 100mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>chest congestion relief liqd 100mg/5ml</i>	QL (30 mL every 1 day), OTC

Drug Name	Requirements/Limits
<i>chest congestion relief tabs 400mg</i>	OTC
<i>coughtab tabs 200mg</i>	OTC
<i>cvs mucus extended releas tb12 600mg, 1200mg</i>	OTC
<i>cvs tussin adult chest co liqd 100mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>diabetic tussin ex liqd 100mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>eq 12 hour mucus relief tb12 600mg</i>	OTC
<i>eq mucus er tb12 600mg, 1200mg</i>	OTC
<i>eq mucus relief tb12 600mg</i>	OTC
<i>ft chest congestion relie tabs 400mg</i>	OTC
<i>ft mucus relief 12hr tb12 600mg, 1200mg</i>	OTC
<i>ft tussin adult liqd 200mg/10ml</i>	QL (30 mL every 1 day), OTC
<i>geri-tussin liqd 100mg/5ml</i>	QL (30 mL every 1 day), OTC
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>gnp mucus er tb12 600mg, 1200mg</i>	OTC
<i>gnp tab tussin tabs 400mg</i>	OTC
<i>gnp tussin adult liqd 200mg/10ml</i>	QL (30 mL every 1 day), OTC
<i>goodsense mucus er tb12 600mg</i>	OTC
<i>guaifenesin liqd 100mg/5ml</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
<i>12 hour mucus relief er m tb12 1200mg</i>	OTC
<i>max tussin mucus & chest liqd 200mg/10ml</i>	QL (30 mL every 1 day), OTC
<i>mucinex fast-max chest co liqd 400mg/20ml</i>	QL (30 mL every 1 day), OTC
<i>mucosa tabs 400mg</i>	OTC
<i>mucus & chest congestion liqd 200mg/10ml</i>	QL (30 mL every 1 day), OTC
<i>mucus relief chest conges liqd 400mg/20ml</i>	QL (30 mL every 1 day), OTC
<i>pharbinex tabs 400mg</i>	OTC
<i>qc medifin 400 tabs 400mg</i>	OTC
<i>qc medifin mucus relief c liqd 100mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>qc mucus relief 12 hour tb12 600mg</i>	OTC
<i>qc mucus relief childrens liqd 100mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>qc mucus relief er 12 hou tb12 1200mg</i>	OTC
<i>qc mucus relief maximum s tb12 1200mg</i>	OTC
<i>ra mucus relief tb12 600mg</i>	OTC
<i>ra tussin chest congestio liqd 100mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>refenesen 400 tabs 400mg</i>	OTC
<i>sb cough control liqd 100mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>sb coughtab tabs 200mg</i>	OTC
<i>scot-tussin expectorant liqd 100mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>tusnel-ex liqd 100mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>tussin mucus & chest cong liqd 100mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>wal-tussin chest congesti liqd 100mg/5ml</i>	QL (30 mL every 1 day), OTC
<i>xpect tabs 400mg</i>	OTC

Drug Name	Requirements/Limits
MISC. RESPIRATORY INHALANTS	
HYPERSAL NEBU 3.5%	
<i>nebusal nebu 3%</i>	
NEBUSAL NEBU 6%	
<i>pulmosal nebu 7%</i>	
<i>simply saline baby aers .9%</i>	OTC
<i>sodium chloride (inhalant) aers .9%</i>	OTC
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	
MUCOLYTICS	
<i>acetylcysteine soln 10%, 20%</i>	
DERMATOLOGICALS	
ACNE PRODUCTS	
<i>acutane caps 10mg, 20mg, 30mg, 40mg</i>	
<i>acne foaming wash liqd 10%</i>	OTC
<i>acne maximum strength crea 10%</i>	OTC
<i>acne medication 5 gel 5%</i>	OTC
ACNE MEDICATION 5 LOTN 5%	OTC
<i>acne medication 10 gel 10%</i>	OTC
ACNE MEDICATION 10 LOTN 10%	OTC
<i>acne treatment cleansing bar 10%</i>	OTC
<i>acne-clear gel 10%</i>	OTC
<i>amnesteem caps 10mg, 20mg, 40mg</i>	
BENZEPRO CREAMY WASH LIQD 7%	
<i>benzoyl peroxide gel 2.5%, 5%, 10%</i>	OTC
<i>benzoyl peroxide topical liqd 10%</i>	OTC
<i>benzoyl peroxide wash liqd 5%</i>	OTC
<i>bp wash liqd 2.5%, 5%, 10%</i>	OTC
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	
<i>clean & clear persa-gel m gel 10%</i>	OTC
<i>clearasil daily clear van crea 10%</i>	OTC
<i>clearasil rapid rescue sp crea 10%</i>	OTC
<i>clearskin crea 10%</i>	OTC
<i>clindacin etz pledgets swab 1%</i>	
<i>clindacin-p swab 1%</i>	
<i>clindamycin phosph-benzoyl peroxide (refrig) 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>	
<i>cvs acne cleansing bar bar 10%</i>	OTC
<i>cvs acne control cleanser crea 10%</i>	OTC
<i>cvs acne treatment crea 10%</i>	OTC
<i>cvs acne treatment/maximu gel 10%</i>	OTC
<i>cvs advanced 3-in-1 exfol liqd 5%</i>	OTC
<i>cvs foaming acne face was liqd 10%</i>	OTC

Drug Name	Requirements/Limits
<i>cvs targeted acne spot tr crea 2.5%</i>	OTC
ERYGEL GEL 2%	
<i>erythromycin (acne aid) (generic of ERYGEL) gel 2%</i>	
<i>erythromycin (acne aid) soln 2%</i>	
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	
<i>medpura benzoyl peroxide liqd 5%, 10%</i>	OTC
NEUTROGENA CLEAR PORE CLE LIQD 3.5%	OTC
<i>panoxyl foaming wash liqd 10%</i>	OTC
PR BENZOYL PEROXIDE WASH LIQD 7%	
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	PA Required for > 26 years of age
<i>spot acne treatment crea 2.5%</i>	OTC
<i>zenatane caps 10mg, 20mg, 30mg, 40mg</i>	

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>aspercreme arthritis pain gel 1%</i>	QL (200 gm every 30 days), OTC
<i>diclofenac sodium (topical) gel 1%</i>	QL (200 gm every 30 days)
<i>diclofenac sodium (topical) gel 1%</i>	QL (200 gm every 30 days), OTC
<i>eq arthritis pain gel 1%</i>	QL (200 gm every 30 days), OTC
<i>eq arthritis pain relieve gel 1%</i>	QL (200 gm every 30 days), OTC
<i>ft arthritis pain gel 1%</i>	QL (200 gm every 30 days), OTC
<i>gnp diclofenac sodium gel 1%</i>	QL (200 gm every 30 days), OTC
<i>goodsense arthritis pain gel 1%</i>	QL (200 gm every 30 days), OTC
<i>kls arthritis pain relief gel 1%</i>	QL (200 gm every 30 days), OTC
<i>kls diclofenac sodium gel 1%</i>	QL (200 gm every 30 days), OTC
<i>motrin arthritis pain gel 1%</i>	QL (200 gm every 30 days), OTC
<i>qc diclofenac sodium gel 1%</i>	QL (200 gm every 30 days), OTC

ANTIBIOTICS - TOPICAL

<i>antib + pain cre relief</i>	OTC
<i>antibiotic + cre pain rlf</i>	OTC
<i>antibiotic oin</i>	OTC
<i>antibiotic oin pain rlf</i>	OTC
<i>antibiotic ointment oint 500unit/gm</i>	OTC
<i>bacitracin (topical) oint 500unit/gm</i>	OTC
<i>bacitracin zinc oint 500unit/gm</i>	OTC
<i>bacitraycin plus oint 500unit/gm</i>	OTC
<i>cvs antibiot cre pain rel</i>	OTC
<i>cvs antibiot oin 1%</i>	OTC
<i>double antib oin</i>	OTC
<i>double oin antibiot</i>	OTC
<i>eq triple oin antibiot</i>	OTC
<i>eq1 firstaid oin antibiot</i>	OTC
<i>first aid oin antibiot</i>	OTC
<i>ft antibiotic ointment oint 500unit/gm</i>	OTC
<i>ft double oin antibiot</i>	OTC
<i>ft triple oin antibiot</i>	OTC
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	

Drug Name	Requirements/Limits
<i>gnp triple oin antibiot</i>	OTC
<i>lanabiotic oin</i>	OTC
<i>multi antibi cre plus</i>	OTC
<i>mupirocin oint 2%</i>	
<i>mupirocin calcium (topical) crea 2%</i>	
<i>neosporin + oin lidocain</i>	OTC
<i>neosporin oin</i>	OTC
<i>neosporin oin burn rlf</i>	OTC
<i>neosporin+pn oin relf max</i>	OTC
<i>poly bacitra oin</i>	OTC
<i>qc triple oin antibiot</i>	OTC
<i>ra antibiot+ oin pain rlf</i>	OTC
<i>ra antibioti cre plus</i>	OTC
<i>ra triple oin antibiot</i>	OTC
<i>sb triple oin antibiot</i>	OTC
<i>triple antib oin</i>	OTC
<i>triple antib oin frst aid</i>	OTC
<i>triple antib oin max st</i>	OTC
<i>triple antib oin multi 1%</i>	OTC
<i>triple antib oin pain rlf</i>	OTC
<i>triple antib oin plus</i>	OTC
<i>triple antib oin plus max</i>	OTC
<i>wal-sporin oin</i>	OTC

ANTIFUNGALS - TOPICAL

<i>ALOE VESTA ANTIFUNGAL OINT 2%</i>	OTC
<i>antifungal crea 1%, 2%</i>	OTC
<i>antifungal maximum streng soln 1%</i>	OTC
<i>antifungal powder powd 2%</i>	OTC
<i>athletes foot crea 1%; powd 2%</i>	OTC
<i>athletes foot antifungal aerp 1%</i>	OTC
<i>baza antifungal crea 2%</i>	OTC
<i>blis-to-sol liqd 1%</i>	OTC
<i>butenafine hcl crea 1%</i>	OTC
<i>ciclodan soln 8%</i>	
<i>ciclopirox soln 8%</i>	
<i>ciclopirox olamine crea .77%</i>	
<i>clotrimazole (topical) crea 1%; soln 1%</i>	
<i>clotrimazole antifungal crea 1%</i>	OTC
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	
<i>cvs athletes foot aerp 1%; crea 1%</i>	OTC
<i>cvs foot & sneaker powder aerp 1%</i>	OTC
<i>cvs itch relief antifunga crea 1%</i>	OTC
<i>cvs jock itch crea 1%</i>	OTC
<i>cvs ringworm crea 1%</i>	OTC
<i>cvs toe area treatment ma soln 1%</i>	OTC

Drug Name	Requirements/Limits
<i>desenex crea 1%; powd 2%</i>	OTC
<i>dr gs clear nail soln 1%</i>	OTC
<i>eq athletes foot crea 1%</i>	OTC
<i>eq athletes foot ultra crea 1%</i>	OTC
<i>eq jock itch crea 1%</i>	OTC
<i>foot repair serum soln 1%</i>	OTC
<i>formula 3 the treatment soln 1%</i>	OTC
<i>formula 7 the solution soln 1%</i>	OTC
<i>ft antifungal cream crea 1%, 2%</i>	OTC
<i>ft athletes foot cream crea 1%</i>	OTC
<i>fungai nail eraser soln 1%</i>	OTC
<i>fungi nail maximum streng soln 1%</i>	OTC
<i>fungi-guard crea 1%</i>	OTC
<i>fungicure soln 1%</i>	OTC
<i>gnp miconazorb af powd 2%</i>	OTC
<i>gnp terbinafine hydrochlo crea 1%</i>	OTC
<i>ketoconazole (topical) crea 2%; sham 2%</i>	
<i>klayesta powd 100000unit/gm</i>	
<i>lotrimin af powd 1%</i>	OTC
<i>medicated anti-fungal soln 1%</i>	OTC
<i>micaderm crea 2%</i>	OTC
<i>miconazole nitrate (topical) crea 2%</i>	OTC
<i>micotrin ap powd 2%</i>	OTC
<i>micro guard powd 2%</i>	OTC
<i>mycocide clinical ns anti soln 1%</i>	OTC
<i>mycozyl ap 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>odor control foot & sneak aerp 1%</i>	OTC
<i>odor eaters antifungal powd 1%</i>	OTC
<i>odor eaters foot & sneake aerp 1%</i>	OTC
<i>pro-ex antifungal crea 1%</i>	OTC
<i>qc antifungal cream crea 1%</i>	OTC
<i>ra antifungal foot care crea 1%</i>	OTC
<i>ra foot care antifungal crea 1%</i>	OTC
<i>ra jock itch maximum stre aerp 1%</i>	OTC
<i>sb anti-fungal crea 1%</i>	OTC
<i>tinactin crea 1%</i>	OTC
<i>tinaspore soln 1%</i>	OTC
<i>tineacide crea 2%</i>	OTC
<i>tolnaftate aerp 1%; crea 1%; powd 1%</i>	OTC
<i>zeasorb-af powd 2%</i>	OTC

Drug Name	Requirements/Limits
ANTIHISTAMINES-TOPICAL	
<i>benadryl itch stopping gel 2%</i>	OTC
<i>cvs itch relief gel 2%</i>	OTC
ITCH RELIEF CREA 2%	OTC
<i>qc itch stopping extra st gel 2%</i>	OTC
<i>sb itch relief maximum st soln 2%</i>	OTC
<i>tecnu rash relief soln 2%</i>	OTC
<i>the itch eraser gel 2%; soln 2%</i>	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	
FLUOROURACIL SOLN 2%	
<i>fluorouracil (topical) crea 5%; soln 5%</i>	
ANTIPSORIATICS	
<i>calcipotriene crea .005%; oint .005%</i>	
CALCIPOTRIENE SOLN .005%	
<i>calcitrene oint .005%</i>	
CALCITRIOL OINT 3MCG/GM	
ILUMYA SOSY 100MG/ML	PA; Bill as Medical Claim Only
ANTISEBORRHEIC PRODUCTS	
<i>cvs anti-dandruff lotn 1%</i>	OTC
<i>goodsense dandruff shampo lotn 1%</i>	OTC
<i>selenium sulfide lotn 2.5%; sham 2.25%</i>	
ANTIVIRALS - TOPICAL	
<i>docosanol crea 10%</i>	OTC
<i>eq docosanol crea 10%</i>	OTC
<i>ft docosanol crea 10%</i>	OTC
ZOVIRAX CREA 5%; OINT 5%	
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>aquanil hc lotn 1%</i>	OTC
<i>aquaphor itch relief maxi oint 1%</i>	OTC
<i>aveeno anti-itch maximum crea 1%</i>	OTC
<i>beta hc lotn 1%</i>	OTC
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	
<i>betamethasone dipropionate augmented crea .05%</i>	
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	
<i>clobetasol propionate crea .05%; soln .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 emollient base crea .05%</i>	QL (100 gm every 30 days)

Drug Name	Requirements/Limits
<i>clodan (generic of CLOBEX) sham .05%</i>	
<i>cortizone-10 gel 1%</i>	OTC
<i>cortizone-10 cooling maxi gel 1%</i>	OTC
<i>cortizone-10 diabetics sk lotn 1%</i>	OTC
<i>cortizone-10 eczema lotn 1%</i>	OTC
<i>cortizone-10 hydratensive lotn 1%</i>	OTC
<i>cortizone-10 intensive he crea 1%</i>	OTC
<i>cortizone-10 intensive mo crea 1%</i>	OTC
<i>cortizone-10 overnight ma crea 1%</i>	OTC
<i>cortizone-10 psoriasis lotn 1%</i>	OTC
<i>cortizone-10 sensitive sk crea 1%</i>	OTC
<i>cortizone-10 soothing alo crea 1%</i>	OTC
<i>cortizone-10 ultra soothi crea 1%</i>	OTC
<i>cortizone-10 water resist oint 1%</i>	OTC
<i>cortizone-10/aloe crea 1%</i>	OTC
<i>cvs cortisone maximum str crea 1%; gel 1%; lotn 1%; oint 1%</i>	OTC
<i>cvs hydrocortisone anti-i crea .5%</i>	OTC
DERMA-SMOOTH/FS BODY OIL .01%	
DERMA-SMOOTH/FS SCALP OIL .01%	
<i>dermarest eczema lotn 1%</i>	OTC
<i>eq 1% hydrocortisone crea 1%</i>	OTC
<i>eq hydrocortisone maximu crea 1%</i>	OTC
<i>eql anti-itch maximum str crea 1%</i>	OTC
<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>ft itch relief maximum st crea 1%; oint 1%</i>	OTC
<i>ft itch relief/aloe maxim crea 1%</i>	OTC
<i>gnp hydrocortisone plus crea 1%</i>	OTC
<i>gnp hydrocortisone/aloe crea 1%</i>	OTC
<i>goodsense anti-itch maxim crea 1%; oint 1%</i>	OTC
<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 1%; lotn 1%; oint .5%, 1%</i>	OTC
<i>hydrocortisone acetate (topical) oint 1%</i>	OTC
<i>hydrocortisone maximum st crea 1%</i>	OTC
<i>hydrocortisone plus crea 1%</i>	OTC
<i>instacort 5 crea .5%</i>	OTC
<i>medi-first hydrocortisone crea 1%</i>	OTC
<i>mg217 psoriasis anti-itch gel 1%</i>	OTC
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	
<i>qc anti-itch/aloe crea 1%</i>	OTC

Drug Name	Requirements/Limits
<i>ra anti-itch maximum stre crea 1%</i>	OTC
<i>ra anti-itch/maximum stre oint 1%</i>	OTC
<i>sarnol-hc lotn 1%</i>	OTC
<i>sb hydrocortisone maximum oint 1%</i>	OTC
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .05%, .1%, .5%</i>	
<i>triderm crea .5%</i>	

ECZEMA AGENTS

ADBRY SOAJ 300MG/2ML; SOSY 150MG/ML	PA
OPZELURA CREA 1.5%	PA

EMOLLIENT/KERATOLYTIC AGENTS

<i>aqua care crea 10%</i>	QL (85 gm every 30 days), OTC
<i>aqua care lotn 10%</i>	OTC
<i>beta care betamide lotn 25%</i>	OTC
<i>gormel 10 lotn 10%</i>	OTC
<i>gormel creme crea 20%</i>	QL (85 gm every 30 days), OTC
<i>nutraplus crea 10%</i>	QL (85 gm every 30 days), OTC
<i>nutraplus lotn 10%</i>	OTC
<i>urea crea 20%</i>	QL (85 gm every 30 days)
UREA CREA 45%	
<i>urea lotn 40%</i>	
<i>urea 10 hydrating crea 10%</i>	QL (85 gm every 30 days), OTC
<i>urea 20 intensive hydrati crea 20%</i>	QL (85 gm every 30 days), OTC
<i>urea nail gel 45%</i>	
<i>ureacin-10 lotn 10%</i>	OTC
<i>ureacin-20 crea 20%</i>	QL (85 gm every 30 days), OTC

EMOLLIENTS

<i>advanced healing ointment oint 41%</i>	OTC
<i>al12 lotn 12%</i>	OTC
<i>amlactin daily lotn 12%</i>	OTC
<i>amlactin daily nourish lotn 12%</i>	OTC
AQUA GLYCOL CRE FACE	OTC
<i>aqua-cerin cre</i>	OTC
<i>aqua-nu oint 42%</i>	OTC
AQUAPHILIC OIN	OTC
AQUAPHOR OINT 41%	OTC
AQUAPHOR ADVANCED PROTECT OINT 41%	OTC
AQUAPHOR ADVANCED THERAPY OINT 41%	OTC
AVEENO DAILY CRE FACE	OTC
AVEENO INTEN CRE RELIEF	OTC
AVEENO POSIT CRE RADIANT	OTC
AVEENO SKIN CRE RELIEF	OTC
BAG BALM OIN	OTC
BALMBARR CRE MOIST	OTC
BALMBARR HND CRE & BODY	OTC

Drug Name	Requirements/Limits
BETA CARE CRE	OTC
BETA XMA CRE	OTC
BOUDREAUXS OIN BABY BUT	OTC
CERAVE CRE MOISTURI	OTC
CERAVE DIABE CRE DRY SKIN	OTC
CERAVE HEALING OINT 46.5%	OTC
CERAVE SA CRE RGH/BMP	OTC
CETAPHIL CRE HAND	OTC
CETAPHIL CRE MOISTURE	OTC
CICAPLAST CRE BAUME B5	OTC
<i>cocoa butter cre skin</i>	OTC
COCONUT OIL CRE BEAUTY	OTC
<i>cv's advanced healing oint 41%</i>	OTC
CVS DRY SKIN CRE THERAPY	OTC
CVS MOISTURE CRE	OTC
CVS MOISTURI CRE	OTC
<i>cv's skin treatment body l lotn 12%</i>	OTC
D-CERIN CREA 33%	OTC
DERMABASE CRE	OTC
DERMAIDE ALOE CREA 70%	OTC
DIABETIDERM CRE	OTC
DIABETIDERM CRE FOOT	OTC
DML FORTE CRE	OTC
<i>dry skin treatment oint 41%</i>	OTC
<i>dry skin treatment advanc oint 41%</i>	OTC
<i>e-ointment oin</i>	OTC
ELON SKIN CRE REPAIR	OTC
EMOLLIA-CREM CRE	OTC
<i>emollient - cream</i>	OTC
EQ THERAPEUT CRE MOISTURI	OTC
<i>eq'l advanced healing oint oint 41%</i>	OTC
EUCERIN ADV CRE REPAIR	OTC
EUCERIN CALM CRE MOISTURE	OTC
EUCERIN HAND CRE ADV REPA	OTC
EUCERIN INT OIN REPAIR	OTC
EUCERIN PLUS CRE	OTC
EUCERIN SKIN CRE CALMING	OTC
GB DIABETICS CRE DRY SKIN	OTC
GB HEALING CRE HAND	OTC
GOLD BOND ADVANCED HEALIN OINT 45%	OTC
GOLD BOND CRE CREPE	OTC
GOLD BOND CRE HEALING	OTC
GOLD BOND CRE MENS	OTC
GOLD BOND CRE RADIANCE	OTC
GOLD BOND CRE ROUGH	OTC

Drug Name	Requirements/Limits
GOLD BOND CRE SOOTHING	OTC
HYDRASYN25 CRE	OTC
<i>hydrolatum oin</i>	OTC
<i>hydrophor oint 42%</i>	OTC
J&J BURN CRE	OTC
LACTIC ACID LOTN 10%	
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	OTC
LACTINOL HX CRE VANILLA	OTC
LANAPHILIC OIN	OTC
LEADER FINGE CRE	OTC
MEDERMA AG CRE FACE	OTC
<i>moisturizing cre</i>	OTC
MOISTURIZING CRE	OTC
NEUTROGENA CRE HAND	OTC
NIVEA CRE	OTC
NIVEA CRE LIGHT	OTC
NIVEA VISAGE CRE	OTC
NIVEA VISAGE CRE NIGHTTIM	OTC
NUTRADERM CRE	OTC
OINTMENT OIN BASE	OTC
OKEEFFES CRE WORKING	OTC
PALMERS CRE COCOA	OTC
PALMERS CRE NIGHT	OTC
PALMERS HAND CRE INTENSIV	OTC
PALMERS STRE CRE MARKS	OTC
PEN-KERA CRE	OTC
PRETTY FEET CRE & HANDS	OTC
RA ADVANCED HEALING OINT 41%	OTC
RESTA CRE	OTC
RESTORATIVE CRE SKIN	OTC
ROUGHNESS CRE RELIEF	OTC
STUDIO 35 CRE MOIST	OTC
THERAPEUTIC CRE DRY SKIN	OTC
THERAPEUTIC CRE MOISTUR	OTC
UDDERLY CRE SMOOTH	OTC
VANICREAM CRE	OTC
VANICREAM OIN	OTC
VITAMIN E W/ CRE PANTHENO	OTC
IMMUNOMODULATING AGENTS - TOPICAL	
<i>imiquimod crea 5%</i>	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
ELIDEL CREA 1%	QL (1 gm every 1 day)
<i>pimecrolimus (generic of ELIDEL) crea 1%</i>	QL (1 gm every 1 day)
<i>tacrolimus (topical) oint .03%, .1%</i>	QL (1 gm every 1 day)

Drug Name	Requirements/Limits
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS	
<i>acne pads pads 2%</i>	OTC
<i>atrix medicated formula crea 2%</i>	OTC
<i>cerave psoriasis crea 2%</i>	OTC
<i>clean & clear acne triple gel 2%</i>	OTC
<i>clean & clear advantage a gel 2%</i>	OTC
<i>clean & clear blackhead e crea 2%</i>	OTC
<i>clean & clear deep cleani liqd 2%</i>	OTC
<i>clearasil rapid rescue de liqd 2%; pads 2%</i>	OTC
<i>compound w one step pads/ pads 40%</i>	OTC
<i>compound w one step strip strp 40%</i>	OTC
<i>corn and callus remover liqd 17%</i>	OTC
<i>corn remover one-step str strp 40%</i>	OTC
<i>cvs acne control cleanser liqd 2%</i>	OTC
<i>cvs advanced acne spot tr gel 2%; liqd 2%</i>	OTC
<i>cvs callus removers pads 40%</i>	OTC
<i>cvs corn removers pads 40%</i>	OTC
<i>cvs daily acne wash liqd 2%</i>	OTC
<i>cvs medicated spot gel 2%</i>	OTC
<i>cvs scalp relief liqd 3%</i>	OTC
<i>cvs wart remover pads 40%</i>	OTC
<i>cvs wart remover gel pen gel 17%</i>	OTC
<i>cvs wart remover one step strp 40%</i>	OTC
<i>daily face wash liqd 2%</i>	OTC
<i>DERMAREST PSORIASIS GEL 3%</i>	OTC
<i>doctors choice corn/callu pads 40%</i>	OTC
<i>dr scholls corn removers pads 40%</i>	OTC
<i>eq liquid corn & callus r liqd 17%</i>	OTC
<i>eq liquid wart remover ma liqd 17%</i>	OTC
<i>eql acne scrub pink grape liqd 2%</i>	OTC
<i>eql apricot scrub liqd 2%</i>	OTC
<i>eql callus remover pads/e pads 40%</i>	OTC
<i>ft medicated corn remover pads 40%</i>	OTC
<i>gel callus removers pads 40%</i>	OTC
<i>gets-it corn and callus r liqd 17%</i>	OTC
<i>gnp corn removers pads 40%</i>	OTC
<i>GOLD BOND PSORIASIS RELIE CREA 3%</i>	OTC
<i>goodsense liquid wart rem liqd 17%</i>	OTC
<i>KERALYT GEL 3%</i>	OTC
<i>keralyt sham 6%</i>	
<i>liquid corn & callus remo liqd 17%</i>	OTC
<i>MG217 PSORIASIS MULTI-SYM CREA 3%</i>	OTC
<i>neutrogena body clear acn liqd 2%</i>	OTC
<i>neutrogena oil-free acne liqd 2%</i>	OTC
<i>neutrogena rapid clear tr pads 2%</i>	OTC

Drug Name	Requirements/Limits
PODOFILOX SOLN .5%	
<i>qc corn and callus remove liqd 17%</i>	OTC
<i>qc liquid wart remover liqd 17%</i>	OTC
<i>ra wart remover gel 17%</i>	OTC
<i>salicylic acid foam 6%; gel 6%; liqd 27.5%; sham 6%</i>	
SALICYLIC ACID SOLN 26%	
<i>salicylic acid w/ cleanser kit 6%</i>	PA
<i>scalpicin liqd 3%</i>	OTC
<i>selsun blue 3-in-1 treatm liqd 2%</i>	OTC
<i>ultra thin corn removers pads 40%</i>	OTC
<i>wart remover gel 17%</i>	OTC

LOCAL ANESTHETICS - TOPICAL

<i>anecream crea 4%</i>	OTC
<i>aspercreme lidocaine max ptch 4%</i>	OTC
<i>aspercreme lidocaine w/eu crea 4%</i>	QL (278 gm every 30 days), OTC
<i>aspercreme w/lidocaine crea 4%</i>	QL (278 gm every 30 days), OTC
<i>aspercreme/lidocaine crea 4%</i>	QL (278 gm every 30 days), OTC
<i>asperflex lidocaine topic crea 4%</i>	OTC
<i>asperflex pain relieving ptch 4%</i>	OTC
<i>bengay lidocaine crea 4%</i>	QL (278 gm every 30 days), OTC
<i>burn gel gel 2%</i>	QL (2 mL every 1 day), OTC
<i>cvs lidocaine maximum str crea 4%</i>	QL (278 gm every 30 days), OTC
<i>cvs lidocaine pain relief crea 4%</i>	QL (278 gm every 30 days), OTC
<i>cvs lidocaine pain relief ptch 4%</i>	OTC
<i>cvs lidocaine pain-reliev ptch 4%</i>	OTC
<i>cvs pain relief maximum s ptch 4%</i>	OTC
<i>eq lidocaine pain relievi crea 4%</i>	QL (278 gm every 30 days), OTC
<i>eq lidocaine pain relievi ptch 4%</i>	OTC
<i>ft pain relief maximum st ptch 4%</i>	OTC
<i>glydo prsy 2%</i>	QL (2 injections every 1 day)
<i>gnp lidocaine pain relief ptch 4%</i>	OTC
<i>gnp lidocaine pain reliev crea 4%</i>	QL (278 gm every 30 days), OTC
<i>gold bond multi-symptom/i crea 4%</i>	QL (278 gm every 30 days), OTC
<i>gold bond pain & itch rel crea 4%</i>	QL (278 gm every 30 days), OTC
<i>goodsense pain relief max ptch 4%</i>	OTC
<i>healthwise pain relief ptch 4%</i>	OTC
LIDAFLEX PTCH 4%	OTC
<i>lido king ptch 4%</i>	OTC
<i>lido-sorb lotn 3%</i>	PA
<i>lidocaine crea 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 lotn 3%</i>	PA
<i>lidocaine hcl prsy 2%</i>	QL (2 injections every 1 day)
<i>lidocaine hcl soln 4%</i>	

Drug Name	Requirements/Limits
LIDOCAINE HCL JELLY GEL 2%	
<i>lidocaine pain relief ptch 4%</i>	OTC
<i>lidocaine pain relief max crea 4%</i>	QL (278 gm every 30 days), OTC
<i>lidocaine pain relief max ptch 4%</i>	OTC
<i>lidocaine pain relief pat ptch 4%</i>	OTC
<i>lidocaine pain relieving ptch 4%</i>	OTC
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	QL (30 gm every 30 days)
<i>lidocore crea 4%</i>	QL (278 gm every 30 days), OTC
<i>lidotrode ptch 4%</i>	OTC
<i>lidozall plus crea 4%</i>	OTC
<i>pain relieving lidocaine ptch 4%</i>	OTC
<i>pain relieving/lidocaine crea 4%</i>	QL (278 gm every 30 days), OTC
<i>qc lidocaine pain relief ptch 4%</i>	OTC
<i>qc pain relieving/lidocai crea 4%</i>	QL (278 gm every 30 days), OTC
<i>ra lidocaine pain relievi ptch 4%</i>	OTC
<i>ra pain relief crea 4%</i>	QL (278 gm every 30 days), OTC
<i>ra pain relieving patch m ptch 4%</i>	OTC
<i>regenecare ha gel 2%</i>	QL (2 mL every 1 day), OTC
<i>salonpas pain relieving f ptch 4%</i>	OTC
<i>salonpas pain relieving g ptch 4%</i>	OTC
<i>theracare lidocaine maxim ptch 4%</i>	OTC
<i>ultra lido crea 4%</i>	OTC
<i>ultra lido gel-patch ptch 4%</i>	OTC
<i>welmate lidocaine pain re ptch 4%</i>	OTC
<i>xeroburn gel 2%</i>	QL (2 mL every 1 day), OTC
<i>zionodil lotn 3%</i>	PA
<i>zionodil 100 lotn 3%</i>	PA
MISC. TOPICAL	
BOUDREAUXS BUTT PASTE OINT 16%	OTC
BOUDREAUXS KIT RASH	OTC
DRYSOL SOLN 20%	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	
EUCRISA OINT 2%	PA
ROSACEA AGENTS	
<i>metronidazole (topical) (generic of METROCREAM) crea .75%</i>	
<i>metronidazole (topical) gel .75%</i>	
<i>metronidazole (topical) (generic of METROLOTION) lotn .75%</i>	
SCABICIDES & PEDICULICIDES	
<i>bedding spray lice treatm aero .5%</i>	OTC
CROTAN LOTN 10%	
<i>cvs ivermectin lice treat lotn .5%</i>	OTC
<i>cvs lice kil sha 0.33-4%</i>	OTC
<i>cvs lice kit solution</i>	OTC
<i>cvs lice treatment liqd 1%</i>	OTC

Drug Name	Requirements/Limits
<i>cvs lice/bedbug/mite aero .5%</i>	OTC
<i>eq ivermectin lotn .5%</i>	OTC
<i>ft lice/bedbug/mite spray aero .5%</i>	OTC
<i>gnp home lice/bedbug/dust aero .5%</i>	OTC
<i>gnp lice kil sha 0.33-4%</i>	OTC
<i>goodsense lice killing cr liqd 1%</i>	OTC
<i>ivermectin (pediculicide) lotn .5%</i>	OTC
<i>lice killing sha</i>	OTC
<i>lice killing sha 0.33-4%</i>	OTC
<i>lice md gel</i>	OTC
<i>lice shampoo sha max str</i>	OTC
<i>lice treatment liqd 1%</i>	OTC
<i>lice trtmnt liq</i>	OTC
<i>liceout gel</i>	OTC
<i>liceout gel /comb</i>	OTC
<i>malathion lotn .5%</i>	
<i>med-lice gel combing</i>	OTC
NATROBA SUSP .9%	PA
<i>permethrin (generic of ELIMITE) crea 5%</i>	
<i>ra lice solu kit</i>	OTC
<i>ra lice treatment liqd 1%</i>	OTC
<i>rid lice kil sha 0.33-4%</i>	OTC
SKLICE LOTN .5%	PA, OTC
<i>stop lice gel step 2</i>	OTC
<i>stop lice kit complete</i>	OTC
<i>stop lice liq max st</i>	OTC
VANALICE GEL 0.3-3.5%	OTC

TAR PRODUCTS

BETA CARE BETATAR GEL SHAM 2.5%	OTC
<i>cvs therapeutic sham .5%</i>	OTC
<i>cvs therapeutic dandruff sham 1%</i>	OTC
<i>eql therapeutic sham .5%</i>	OTC
MG217 PSORIASIS MULTI-SYM GEL 2%	OTC
<i>mg217 psoriasis multi-sym oint 2%</i>	OTC
PSORIASIN DEEP MOISTURIZI OINT 2%	OTC
<i>sm anti-dandruff coal tar sham .5%</i>	OTC
<i>therapeutic t+plus sham .5%</i>	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

Drug Name	Requirements/Limits
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
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 RAP KIT 1-PACK	QL (2 kits every 30 days), OTC
COVID-19 RAP KIT 2-PACK	QL (2 kits every 30 days), OTC
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)

Drug Name	Requirements/Limits
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)
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 SOLN 40MG/5ML

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

furosemide tab 80 mg (generic of LASIX)

torseamide 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

DIURIL SUSP 250MG/5ML

hydrochlorothiazide caps 12.5mg; tabs 25mg, 50mg

indapamide tabs 1.25mg, 2.5mg

metolazone tabs 2.5mg, 5mg, 10mg

Drug Name	Requirements/Limits
ENDOCRINE AND METABOLIC AGENTS - MISC.	
BONE DENSITY REGULATORS	
<i>alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg</i>	
ALENDRONATE SODIUM TABS 5MG	
<i>alendronate sodium (generic of FOSAMAX) tabs 70mg</i>	
BONIVA SOLN 3MG/3ML	PA; Bill as Medical Claim Only
<i>calcitonin (salmon) soln 200unit/act</i>	
FORTEO SOPN 600MCG/2.4ML	PA
<i>ibandronate sodium soln 3mg/3ml</i>	PA; Bill as Medical Claim Only
<i>ibandronate sodium tabs 150mg</i>	
MIACALCIN SOLN 200UNIT/ML	
PAMIDRONATE DISODIUM SOLR 30MG, 90MG	PA; Bill as Medical Claim Only
PROLIA SOSY 60MG/ML	PA; Bill as Medical Claim Only
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
GNRH/LHRH ANTAGONISTS	
ORLISSA TABS 150MG, 200MG	PA
GROWTH HORMONES	
GENOTROPIN MINIQUICK PRSY .2MG, .4MG, .6MG, .8MG, 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 2MG	PA
NORDITROPIN FLEXPLO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	PA
HORMONE RECEPTOR MODULATORS	
<i>raloxifene hcl (generic of EVISTA) tabs 60mg</i>	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)	
INCRELEX SOLN 40MG/4ML	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG	PA
TRIPTODUR SRER 22.5MG	PA; Bill as Medical Claim Only
METABOLIC MODIFIERS	
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
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	
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

Drug Name	Requirements/Limits
<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
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
KERENDIA TABS 10MG, 20MG	PA
POSTERIOR PITUITARY HORMONES	
DESMOPRESSIN ACETATE SOLN 1.5MG/ML	PA
<i>desmopressin acetate (generic of DDAVP) tabs .1mg, .2mg</i>	
<i>desmopressin acetate spray soln .01%</i>	
<i>desmopressin acetate spray refrigerated 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/ml</i>	
<i>octreotide acetate soln 1000mcg/5ml, 1000mcg/ml</i>	
OCTREOTIDE ACETATE SOSY 50MCG/ML, 100MCG/ML, 500MCG/ML	
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	
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>fyavolv tab 0.5-2.5</i>	
<i>fyavolv 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	

Drug Name	Requirements/Limits
<i>dotti</i> (generic of VIVELLE-DOT) <i>pttw</i> .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	
<i>estradiol</i> (generic of VIVELLE-DOT) <i>pttw</i> .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	
<i>estradiol</i> (generic of CLIMARA) <i>ptwk</i> .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	
<i>estradiol</i> (generic of ESTRACE) <i>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</i> <i>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	
MENEST TABS .3MG, .625MG, 1.25MG, 2.5MG	
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

CIPROFLOXACIN HCL TABS 100MG	
<i>ciprofloxacin hcl</i> (generic of CIPRO) <i>tabs</i> 250mg, 500mg	
<i>ciprofloxacin hcl</i> <i>tabs</i> 750mg	
<i>levofloxacin soln</i> 25mg/ml; <i>tabs</i> 250mg, 500mg, 750mg	
<i>moxifloxacin hcl</i> <i>tabs</i> 400mg	QL (14 tabs every 180 days)
OFLOXACIN TABS 300MG	
<i>ofloxacin</i> <i>tabs</i> 400mg	

GASTROINTESTINAL AGENTS - MISC.

ANTIFLATULENTS

<i>cvs gas relief chew</i> 80mg	OTC
<i>cvs gas relief extra stre chew</i> 125mg	OTC
<i>cvs gas relief infants susp</i> 20mg/0.3ml	OTC
<i>eq gas relief caps</i> 125mg	OTC
<i>eq gas relief extra stren caps</i> 125mg	OTC
<i>eq gas relief infants susp</i> 20mg/0.3ml	OTC
<i>eq gas relief ultra stren caps</i> 180mg	OTC
<i>eql gas gone extra streng chew</i> 125mg	OTC
<i>ft gas relief chew</i> 80mg	OTC
<i>ft gas relief drops infan susp</i> 20mg/0.3ml	OTC
<i>ft gas relief extra stren caps</i> 125mg; <i>chew</i> 125mg	OTC
<i>ft gas relief ultra stren caps</i> 180mg	OTC
<i>gas relief extra strength chew</i> 125mg	OTC
<i>gas relief infants liqd</i> 20mg/0.3ml; <i>susp</i> 20mg/0.3ml	OTC

Drug Name	Requirements/Limits
<i>gas-x extra strength caps 125mg</i>	OTC
<i>gas-x infant drops liqd 20mg/0.3ml</i>	OTC
<i>gas-x ultra strength caps 180mg</i>	OTC
<i>gnp anti-gas caps 180mg</i>	OTC
<i>gnp anti-gas ultra streng caps 180mg</i>	OTC
<i>gnp gas relief chew 80mg</i>	OTC
<i>gnp gas relief extra stre chew 125mg</i>	OTC
<i>heartland gas relief chew 80mg</i>	OTC
<i>infants gas relief susp 40mg/0.6ml</i>	OTC
<i>little remedies gas relie susp 20mg/0.3ml</i>	OTC
<i>phazyme chew 125mg</i>	OTC
<i>qc gas relief chew 80mg</i>	OTC
<i>qc gas relief extra stren chew 125mg</i>	OTC
<i>ra gas relief chew 80mg</i>	OTC
<i>ra gas relief extra stren chew 125mg</i>	OTC
<i>sb gas relief chew 125mg</i>	OTC
<i>simeped susp 40mg/0.6ml</i>	OTC
<i>simethicone caps 125mg, 180mg; chew 80mg, 125mg; susp 40mg/0.6ml</i>	OTC
<i>simethicone drops infants susp 20mg/0.3ml</i>	OTC
<i>sm gas relief chew 80mg</i>	OTC
<i>teeny tummy gas relief dr susp 20mg/0.3ml</i>	OTC

GALLSTONE SOLUBILIZING AGENTS

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

GASTROINTESTINAL ANTIALLERGY AGENTS

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

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

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

INFLAMMATORY BOWEL AGENTS

APRISO CP24 .375GM	
DELZICOL CPDR 400MG	
ENTYVIO SOLR 300MG	PA; Bill as Medical Claim Only
INFLIXIMAB SOLR 100MG	PA; Bill as Medical Claim Only
<i>mesalamine cpdr 400mg</i>	
<i>mesalamine (generic of CANASA) supp 1000mg</i>	
<i>mesalamine (generic of LIALDA) tbec 1.2gm</i>	
PENTASA CPCR 250MG, 500MG	
REMICADE SOLR 100MG	PA; Bill as Medical Claim Only

Drug Name	Requirements/Limits
RENFLXIS 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>	
INTESTINAL ACIDIFIERS	
<i>enulose soln 10gm/15ml</i>	
<i>generlac 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	
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	
<i>calcium acetate (phosphate binder) tabs 667mg</i>	OTC
<i>sevelamer carbonate (generic of RENVELA) tabs 800mg</i>	
GENITOURINARY AGENTS - MISCELLANEOUS	
ALKALINIZERS	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	
<i>potassium citrate (alkalinizer) (generic of UROCIT-K 10) tbc</i> <i>10meq</i>	
<i>potassium citrate (alkalinizer) (generic of UROCIT-K 15) tbc</i> <i>15meq</i>	
<i>potassium citrate (alkalinizer) tbc 540mg</i>	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	
<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>	
<i>tamsulosin hcl caps .4mg</i>	
URINARY ANALGESICS	
<i>azo tabs tabs 95mg</i>	OTC
<i>azo urinary pain relief tabs 95mg</i>	OTC
<i>cvs urinary pain relief tabs 95mg</i>	OTC
<i>cvs urinary pain relief m tabs 97.5mg</i>	OTC
<i>eq urinary pain relief ma tabs 97.5mg</i>	OTC
<i>ft urinary pain relief tabs 95mg</i>	OTC
<i>gnp urinary pain relief tabs 95mg, 97.5mg</i>	OTC
<i>phenazo tabs 95mg</i>	OTC
<i>phenazopyridine hcl tabs 95mg</i>	OTC
<i>phenazopyridine hcl tabs 100mg, 200mg</i>	
<i>qc azo tabs 95mg</i>	OTC

Drug Name	Requirements/Limits
<i>qc urinary pain relief ma tabs 97.5mg</i>	OTC
<i>ra urinary pain relief tabs 95mg</i>	OTC
<i>sb urinary pain relief ma tabs 97.5mg</i>	OTC
<i>sm urinary pain relief ma tabs 97.5mg</i>	OTC
<i>urinary pain relief tabs 95mg</i>	OTC
<i>urinary pain relief maxim tabs 97.5mg</i>	OTC
<i>uro-pain tabs 95mg</i>	OTC
VH ESSENTIALS UTI RELIEF TABS 97.2MG	OTC

GOUT AGENTS

GOUT AGENT COMBINATIONS

colchicine w/ probenecid tab 0.5-500 mg

GOUT AGENTS

allopurinol tabs 100mg, 300mg

colchicine (generic of MITIGARE) caps .6mg

colchicine tabs .6mg

febuxostat (generic of ULORIC) tabs 40mg, 80mg PA

MITIGARE CAPS .6MG

URICOSURICS

probenecid tabs 500mg

HEMATOLOGICAL AGENTS - MISC.

ANTIHEMOPHILIC PRODUCTS

ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT,
2000UNIT, 3000UNIT, 4000UNIT

ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, PA
1500UNIT, 2000UNIT, 3000UNIT

AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, PA
2000UNIT, 2500UNIT, 3000UNIT

ALPHANATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT,
2000UNIT

ALPHANINE SD SOLR 500UNIT, 1000UNIT, 1500UNIT

ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, PA
3000UNIT, 4000UNIT

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, PA
150MG/ML

HEMOPIL M SOLR 250UNIT, 500UNIT, 1000UNIT, 1700UNIT PA

HUMATE-P SOL 250-600

HUMATE-P SOL 500-1200

Drug Name	Requirements/Limits
HUMATE-P SOL 2400UNIT	
IDELVION SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	PA
IDELVION SOLR 3500UNIT	
IXINITY SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	PA
KOATE SOLR 250UNIT, 500UNIT, 1000UNIT	
KOATE-DVI SOLR 500UNIT, 1000UNIT	
KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	
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
SOLIRIS SOLN 300MG/30ML	PA; Bill as Medical Claim Only
ULTOMIRIS SOLN 300MG/30ML	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

Drug Name	Requirements/Limits
PLATELET AGGREGATION INHIBITORS	
<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>	
HEMATOPOIETIC AGENTS	
AGENTS FOR GAUCHER DISEASE	
ELELYSO SOLR 200UNIT	PA; Bill as Medical Claim Only
<i>miglustat (generic of ZAVESCA) caps 100mg</i>	PA
<i>yargesa (generic of ZAVESCA) caps 100mg</i>	PA
AGENTS FOR SICKLE CELL DISEASE	
DROXIA CAPS 300MG	
COBALAMINS	
B-12 TABS 2000MCG, 2500MCG	OTC
<i>b-12 tr tbc 1000mcg</i>	OTC
<i>cvs b-12 tabs 500mcg</i>	OTC
<i>cvs vitamin b12 tabs 1000mcg</i>	OTC
<i>cvs vitamin b12 tr tbc 1000mcg</i>	OTC
<i>cvs vitamin b-12 tr tbc 1000mcg</i>	OTC
<i>cyanocobalamin soln 1000mcg/ml</i>	
<i>cyanocobalamin tabs 50mcg, 100mcg, 250mcg, 500mcg, 1000mcg; tbc 1000mcg</i>	OTC
<i>eql b-12 tabs 1000mcg</i>	OTC
<i>ft vitamin b-12 tabs 500mcg</i>	OTC
<i>ft vitamin b-12 extra str chew 1500mcg</i>	OTC
<i>ft vitamin b-12 prolonged tbc 1000mcg</i>	OTC
<i>gnp vitamin b-12 tabs 500mcg</i>	OTC
<i>gnp vitamin b-12 prolonge tbc 1000mcg</i>	OTC
<i>gnp vitamin health b12 chew 1500mcg</i>	OTC
<i>qc vitamin b12 tabs 500mcg; tbc 1000mcg</i>	OTC
<i>ra vitamin b-12 tabs 100mcg</i>	OTC
<i>ra vitamin b-12 tr tbc 1000mcg</i>	OTC
<i>sm vitamin b12 tabs 500mcg</i>	OTC
<i>sm vitamin b12 tr tbc 1000mcg</i>	OTC
<i>sm vitamin b-12 tabs 100mcg, 500mcg</i>	OTC
<i>sv vitamin b12 tr tbc 1000mcg</i>	OTC
FOLIC ACID/FOLATES	
<i>cvs folic acid tabs 800mcg</i>	OTC
<i>fa-8 caps .8mg</i>	OTC
<i>folate tabs 400mcg</i>	OTC
<i>folic acid caps 800mcg; tabs 400mcg</i>	OTC

Drug Name	Requirements/Limits
<i>folic acid tabs 1mg</i>	
<i>ft folic acid tabs 400mcg</i>	OTC
<i>kp folic acid tabs 1mg</i>	OTC
<i>sm folic acid tabs 400mcg</i>	OTC
<i>yl folic acid tabs 400mcg</i>	OTC

HEMATOPOIETIC GROWTH FACTORS

EPOGEN SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML	PA
FYLNETRA SOSY 6MG/0.6ML	PA
NEUPOGEN SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	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
NYVEPRIA SOSY 6MG/0.6ML	PA
PROMACTA TABS 12.5MG, 25MG, 50MG, 75MG	PA
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/2ML, 40000UNIT/ML	PA
RETACRIT SOLN 20000UNIT/ML	PA
UDENYCA SOAJ 6MG/0.6ML	PA
ZIEXTENZO SOSY 6MG/0.6ML	PA

HEMATOPOIETIC MIXTURES

<i>airavite tab</i>	
<i>fe c plus tab</i>	OTC
<i>ferrex 150 cap forte</i>	OTC
<i>folbee tab</i>	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	
FOLITAB 500 TAB	OTC
<i>folplex 2.2 tab</i>	
FOLTABS 800 TAB	OTC
<i>hematogen cap forte</i>	OTC
<i>iron 100 tab plus</i>	OTC
<i>k-tan plus cap</i>	
<i>nufol tab</i>	
<i>poly-iron cap 150 fort</i>	
<i>polysacchari cap iron</i>	
<i>purevit dual cap fe plus</i>	
<i>se-tan plus cap</i>	
<i>tandem plus cap</i>	
<i>trigels-f cap forte</i>	
VITRON-C TAB 65-125MG	OTC
<i>westab one tab 2.5-25-1</i>	OTC

IRON

<i>bprotected pedia iron soln 15mg/ml</i>	OTC
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Drug Name	Requirements/Limits
<i>cvs iron tabs 27mg, 325mg</i>	OTC
<i>cvs slow release iron tbc 45mg</i>	OTC
<i>eql iron supplement thera tabs 325mg</i>	OTC
<i>fe-vite iron soln 15mg/ml</i>	OTC
FEOSOL TABS 200MG	OTC
FER-IN-SOL SOLN 15MG/ML	OTC
FERAHEME SOLN 510MG/17ML	PA; Bill as Medical Claim Only
<i>ferate tabs 27mg</i>	OTC
<i>fergon tabs 240mg</i>	OTC
<i>ferosul tabs 325mg</i>	OTC
FERRLECIT SOLN 12.5MG/ML	PA; Bill as Medical Claim Only
<i>ferrotabs tabs 240mg</i>	OTC
<i>ferrous gluconate tabs 27mg, 240mg</i>	OTC
<i>ferrous sulfate soln 15mg/ml, 220mg/5ml, 300mg/5ml; tabs 27mg, 325mg; tbc 45mg, 50mg; tbc 325mg</i>	OTC
<i>ft iron tabs 325mg</i>	OTC
<i>ft iron slow release tbc 45mg</i>	OTC
<i>gnp iron tabs 200mg; tbc 45mg</i>	OTC
INFED SOLN 50MG/ML	PA; Bill as Medical Claim Only
INJECTAFER SOLN 750MG/15ML	PA; Bill as Medical Claim Only
<i>iron infant & toddler soln 15mg/ml</i>	OTC
<i>iron infant/toddler soln 15mg/ml</i>	OTC
<i>iron slow release tbc 45mg</i>	OTC
<i>iron supplement soln 15mg/ml, 220mg/5ml</i>	OTC
<i>kp ferrous gluconate tabs 324mg</i>	OTC
<i>nat-rul iron tabs 325mg</i>	OTC
<i>one vite ferrous sulfate soln 220mg/5ml</i>	OTC
<i>pc pediatric iron drops soln 15mg/ml</i>	OTC
<i>ra high potency iron tabs 27mg</i>	OTC
<i>ra iron tabs 27mg, 65mg</i>	OTC
SLOW FE TBC 45MG	OTC
SLOW RELEASE IRON TBC 47.5MG	OTC
<i>slow release iron tbc 50mg</i>	OTC
<i>sm iron tabs 325mg</i>	OTC
<i>sm iron slow release tbc 45mg</i>	OTC
<i>sm slow release iron tbc 45mg</i>	OTC
<i>sodium ferric gluconate complex in sucrose (generic of FERRLECIT) soln 12.5mg/ml</i>	PA; Bill as Medical Claim Only
<i>sv iron tabs 325mg</i>	OTC
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>

Drug Name	Requirements/Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
ANTIHISTAMINE HYPNOTICS	
<i>cvs ultra sleep tabs 25mg</i>	OTC
<i>diphenhydramine hcl (sleep) tabs 50mg</i>	OTC
<i>eq sleep-aid tabs 25mg</i>	OTC
<i>eq sleep-aid nighttime caps 25mg</i>	OTC
<i>eql nighttime sleep aid caps 25mg; tabs 25mg</i>	OTC
<i>eql sleep aid maximum str caps 50mg</i>	OTC
<i>eql sleep aid nighttime liqd 50mg/30ml</i>	OTC
<i>ft nighttime sleep aid tabs 25mg</i>	OTC
<i>ft sleep aid tabs 25mg</i>	OTC
<i>ft sleep-aid maximum stre caps 50mg</i>	OTC
<i>gnp nighttime sleep-aid m caps 50mg</i>	OTC
<i>gnp sleep aid liqd 50mg/30ml</i>	OTC
<i>gnp sleep aid nighttime tabs 25mg</i>	OTC
<i>goodsense sleep-aid maxim caps 50mg</i>	OTC
<i>goodsense sleeptime caps 25mg; liqd 50mg/30ml</i>	OTC
<i>night time sleep aid tabs 25mg</i>	OTC
<i>nighttime sleep-aid tabs 25mg</i>	OTC
<i>qc rest simply tabs 25mg</i>	OTC
<i>qc sleep aid maximum stre caps 50mg</i>	OTC
<i>qc sleep-aid nighttime caps 25mg</i>	OTC
<i>ra nighttime sleep aid tabs 25mg</i>	OTC
<i>ra sleep aid tabs 25mg</i>	OTC
<i>ra sleep aid maximum stre caps 50mg</i>	OTC
<i>sb sleep tabs 25mg</i>	OTC
<i>simply sleep tabs 25mg</i>	OTC
<i>sleep aid liqd 50mg/30ml; tabs 25mg</i>	OTC
<i>sleep tabs tabs 25mg</i>	OTC
<i>sleep-aid caps 25mg; tabs 25mg</i>	OTC
<i>sleep-tabs tabs 25mg</i>	OTC
<i>sominex tabs 25mg</i>	OTC
<i>sominex maximum strength tabs 50mg</i>	OTC
<i>sominex nighttime sleep-a tabs 25mg</i>	OTC
<i>unisom sleepminis caps 25mg</i>	OTC
<i>wal-sleep z caps 25mg; liqd 50mg/30ml; tbdp 25mg</i>	OTC
<i>wal-som tabs 25mg; tbdp 25mg</i>	OTC
<i>wal-som maximum strength caps 50mg</i>	OTC
BARBITURATE HYPNOTICS	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	
NON-BARBITURATE HYPNOTICS	
<i>eszopiclone (generic of LUNESTA) tabs 1mg, 2mg, 3mg</i>	QL (1 tab every 1 day); PA Required for < 6 years of age; PA Required for > 1 Hypnotic Drug

Drug Name	Requirements/Limits
<i>temazepam</i> (generic of RESTORIL) <i>caps 15mg, 30mg</i>	QL (1 cap 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 5mg</i>	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>	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>	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	QL (1 tab every 1 day); PA Required for < 6 years of age
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LAXATIVES

BULK LAXATIVES

CVS NATURAL FIBER SUPPLEM PACK 58.6%	OTC
<i>geri-mucil powd 68%</i>	OTC
HYDROCIL INSTANT PACK 95%	OTC
<i>konsyl caps 520mg; powd 30.9%</i>	OTC
KONSYL PACK 60.3%; POWD 60.3%, 71.67%	OTC
KONSYL DAILY FIBER PACK 100%	OTC
<i>konsyl daily fiber powd 28.3%</i>	OTC
KONSYL-D POWD 52.3%	OTC
METAMUCIL 4-IN-1 FIBER PACK 51.7%	OTC
METAMUCIL WAF	OTC
<i>natural fiber powd 58.6%</i>	OTC
<i>qc psyllium fiber powd 43%</i>	OTC
<i>sb natural fiber laxative powd 49%</i>	OTC
<i>wal-mucil powd 43%</i>	OTC
<i>wal-mucil pow 100%</i>	OTC

LAXATIVE COMBINATIONS

<i>colace 2in1 tab 8.6-50mg</i>	OTC
<i>cvs senna pl tab 8.6-50mg</i>	OTC
<i>easy-lax pls tab 8.6-50mg</i>	OTC
<i>eq senna-s tab 8.6-50mg</i>	OTC
<i>ft senna-s tab 8.6-50mg</i>	OTC
<i>ft stl soft tab 8.6-50mg</i>	OTC
GAVILYTE-C SOL	
<i>gavilyte-g sol</i> (generic of GOLYTELY)	
<i>gavilyte-n sol flav pk</i>	
<i>hm stool sof tab 8.6-50mg</i>	OTC
<i>lax/stl soft tab 8.6-50mg</i>	OTC
<i>laxative pls tab 8.6-50mg</i>	OTC

Drug Name	Requirements/Limits
<i>medi-natural tab 8.6-50mg</i>	OTC
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	
<i>peg/nasul/c/ sol nacl/pot (generic of MOVIPREP)</i>	
<i>ra p col-rit tab 8.6-50mg</i>	OTC
<i>sb docusate tab 8.6-50mg</i>	OTC
<i>senexon-s tab 8.6-50mg</i>	OTC
<i>senna plus tab 8.6-50mg</i>	OTC
<i>senna s tab 8.6-50mg</i>	OTC
<i>senna-plus tab 8.6-50mg</i>	OTC
<i>senna-s tab 8.6-50mg</i>	OTC
<i>senna-time s tab 8.6-50mg</i>	OTC
<i>senna/dss tab 8.6-50mg</i>	OTC
<i>stimulant lx tab 8.6-50mg</i>	OTC
<i>stool softnr tab 8.6-50mg</i>	OTC

LAXATIVES - MISCELLANEOUS

<i>avedana glycerin (adult) supp 2gm</i>	OTC
<i>clearlax powd 17gm/scoop</i>	OTC
<i>constulose soln 10gm/15ml</i>	
<i>cvs glycerin adult supp 2gm</i>	OTC
<i>cvs purelax pack 17gm; powd 17gm/scoop</i>	OTC
<i>eq clearlax powd 17gm/scoop</i>	OTC
<i>eq laxative pack 17gm</i>	OTC
<i>eql clearlax powd 17gm/scoop</i>	OTC
<i>ft clearlax powd 17gm/scoop</i>	OTC
<i>gavilax powd 17gm/scoop</i>	OTC
<i>glycerin (laxative) supp 1gm, 1.2gm, 2.1gm</i>	OTC
<i>glycerin adult supp 2gm</i>	OTC
GLYCERIN ADULT SUPP 2GM	OTC
<i>glycerin childrens supp 1gm</i>	OTC
<i>glycolax powd 17gm/scoop</i>	OTC
<i>gnp clearlax pack 17gm; powd 17gm/scoop</i>	OTC
<i>gnp glycerin adult supp 2.1gm</i>	OTC
<i>gnp glycerin child supp 1.2gm</i>	OTC
<i>healthylax pack 17gm</i>	OTC
<i>kls laxaclear powd 17gm/scoop</i>	OTC
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	
<i>mm clearlax powd 17gm/scoop</i>	OTC
PEDIA-LAX SUPP 2.8GM	OTC
<i>polyethylene glycol 3350 pack 17gm; powd 17gm/scoop</i>	OTC
<i>qc glycerin supp 2.1gm</i>	OTC
<i>qc natura-lax powd 17gm/scoop</i>	OTC
<i>ra glycerin child supp 80.7%</i>	OTC
<i>ra laxative powd 17gm/scoop</i>	OTC

Drug Name	Requirements/Limits
<i>sb glycerin adult supp 2.1gm</i>	OTC
<i>sb glycerin pediatric supp 1.2gm</i>	OTC
<i>sm glycerin laxative pedi supp 1.2gm</i>	OTC
<i>sm glycerin pediatric supp 80.7%</i>	OTC
<i>smooth lax pack 17gm; powd 17gm/scoop</i>	OTC
<i>true laxative powd 17gm/scoop</i>	OTC

SALINE LAXATIVES

<i>citroma soln 1.745gm/30ml</i>	OTC
<i>cvs enema ene disposab</i>	OTC
<i>cvs epsom salt gran 100%</i>	OTC
<i>cvs milk of magnesia susp 1200mg/15ml</i>	OTC
<i>disposable ene single</i>	OTC
<i>dulcolax liquid susp 1200mg/15ml</i>	OTC
<i>dulcolax milk of magnesia susp 400mg/5ml</i>	OTC
<i>enema ready- ene to-use</i>	OTC
<i>epsom salt gran 100%</i>	OTC
<i>eq enema ene double</i>	OTC
<i>eq magnesium citrate soln 1.745gm/30ml</i>	OTC
<i>eql enema ene rtu</i>	OTC
<i>freskaro magnesium citrat soln 1.745gm/30ml</i>	OTC
<i>ft epsom salt gran 100%</i>	OTC
<i>ft magnesium citrate soln 1.745gm/30ml</i>	OTC
<i>gentle laxative susp 1200mg/15ml</i>	OTC
<i>gnp epsom gra salt</i>	OTC
<i>gnp magnesium citrate soln 1.745gm/30ml</i>	OTC
<i>gnp milk of magnesia susp 1200mg/15ml</i>	OTC
<i>hm enema ene r-t-u</i>	OTC
<i>magnesium citrate soln 1.745gm/30ml</i>	OTC
<i>milk of magnesia susp 400mg/5ml, 1200mg/15ml, 2400mg/30ml</i>	OTC
<i>onelax magnesium citrate soln 1.745gm/30ml</i>	OTC
<i>pediatric ene enema</i>	OTC
<i>phillips milk of magnesia susp 400mg/5ml</i>	OTC
<i>qc enema ene</i>	OTC
<i>qc epsom gra salt</i>	OTC
<i>ra enema ene</i>	OTC
<i>ra epsom gra salt</i>	OTC
<i>ra milk of magnesia susp 400mg/5ml</i>	OTC
<i>ready to use ene</i>	OTC
<i>sb milk of magnesia susp 400mg/5ml</i>	OTC
<i>sm enema ene</i>	OTC
<i>sodium phosphates - enema</i>	OTC

STIMULANT LAXATIVES

<i>alophen tbec 5mg</i>	OTC
<i>bisacodyl supp 10mg</i>	OTC

Drug Name	Requirements/Limits
<i>black-draught lax-senna tabs 8.6mg</i>	OTC
<i>chocolated laxative chew 15mg</i>	OTC
<i>cvs c-lax laxative tbec 5mg</i>	OTC
<i>cvs chocolate laxative pi chew 15mg</i>	OTC
<i>cvs gentle laxative supp 10mg</i>	OTC
<i>cvs gentle laxative women tbec 5mg</i>	OTC
<i>cvs laxative pills maximu tabs 25mg</i>	OTC
<i>cvs senna caps 8.6mg; tabs 8.6mg</i>	OTC
<i>cvs senna-extra tabs 17.2mg</i>	OTC
<i>eq chocolate laxative chew 15mg</i>	OTC
<i>eq natural vegetable laxa tabs 8.6mg</i>	OTC
<i>eq vegetable laxative tabs 8.6mg</i>	OTC
<i>eql gentle laxative tbec 5mg</i>	OTC
<i>eql laxative tbec 5mg</i>	OTC
<i>eql laxative eql laxative chew 15mg</i>	OTC
<i>eql laxative maximum stre tabs 25mg</i>	OTC
<i>evac-u-gen tabs 8.6mg</i>	OTC
<i>ex-lax maximum strength tabs 25mg</i>	OTC
<i>ex-lax ultra tbec 5mg</i>	OTC
<i>fleet stimulant tbec 5mg</i>	OTC
<i>ft gentle laxative supp 10mg</i>	OTC
<i>ft laxative tbec 5mg</i>	OTC
<i>ft senna laxative tabs 8.6mg</i>	OTC
<i>geri-kot tabs 8.6mg</i>	OTC
<i>gnp gentle laxative tbec 5mg</i>	OTC
<i>gnp senna lax tabs 8.6mg</i>	OTC
<i>gnp womens gentle laxativ tbec 5mg</i>	OTC
<i>goodsense bisacodyl laxat tbec 5mg</i>	OTC
<i>goodsense laxative pills tabs 25mg</i>	OTC
<i>goodsense senna laxative tabs 8.6mg</i>	OTC
<i>kp bisacodyl tbec 5mg</i>	OTC
<i>kp senna tabs 8.6mg</i>	OTC
<i>laxative supp 10mg; tbec 5mg</i>	OTC
<i>laxative maximum strength tabs 25mg</i>	OTC
<i>laxative regular strength tabs 15mg</i>	OTC
<i>medi-lax tabs 15mg</i>	OTC
<i>medi-natural tabs 8.6mg</i>	OTC
<i>natural senna laxative tabs 8.6mg</i>	OTC
<i>onelax supp 10mg</i>	OTC
<i>onelax senna syrp 8.8mg/5ml</i>	OTC
<i>perdiem overnight relief tabs 15mg</i>	OTC
<i>qc chocolated laxative chew 15mg</i>	OTC
<i>qc gentle laxative supp 10mg</i>	OTC
<i>qc laxative tbec 5mg</i>	OTC
<i>qc senna tabs 8.6mg</i>	OTC

Drug Name	Requirements/Limits
<i>qc vegetable laxative tabs 8.6mg</i>	OTC
<i>ra fast relief laxative supp 10mg</i>	OTC
<i>ra laxative chew 15mg; tbec 5mg</i>	OTC
<i>sb bisacodyl laxative ec tbec 5mg</i>	OTC
<i>sb laxative supp 10mg</i>	OTC
<i>sb senna-lax tabs 8.6mg</i>	OTC
<i>senna smooth tabs 15mg</i>	OTC
<i>senna-lax tabs 8.6mg</i>	OTC
<i>senna-tabs tabs 8.6mg</i>	OTC
<i>senna-time tabs 8.6mg</i>	OTC
<i>sennazon syrup 8.8mg/5ml</i>	OTC
<i>sennosides caps 8.6mg; liqd 8.8mg/5ml; syrup 8.8mg/5ml; tabs 8.6mg</i>	OTC
<i>senokot extra strength tabs 17.2mg</i>	OTC
<i>sm gentle laxative tbec 5mg</i>	OTC
<i>sm laxative supp 10mg</i>	OTC
<i>the magic bullet supp 10mg</i>	OTC
<i>womans laxative tbec 5mg</i>	OTC
<i>womens laxative tbec 5mg</i>	OTC

SURFACTANT LAXATIVES

<i>cvs stool softener caps 50mg</i>	OTC
<i>docusate calcium caps 240mg</i>	OTC
<i>docusate mini enem 283mg/5ml</i>	OTC
<i>docusate sodium caps 100mg, 250mg; liqd 50mg/5ml, 100mg/10ml</i>	OTC
<i>dok tabs 100mg</i>	OTC
<i>dulcolax pink stool softener caps 100mg</i>	OTC
<i>dulcolax stool softener caps 100mg</i>	OTC
<i>easy-lax caps 100mg</i>	OTC
<i>enemeez mini enem 283mg/5ml</i>	OTC
<i>eq stool softener caps 100mg, 250mg</i>	OTC
<i>fleet stool softener caps 100mg</i>	OTC
<i>ft stool softener caps 100mg, 250mg; tabs 100mg</i>	OTC
<i>gnp stool softener caps 240mg, 250mg</i>	OTC
<i>healthy mama move it alon tabs 100mg</i>	OTC
<i>qc stool softener caps 100mg</i>	OTC
<i>ra col-rite caps 100mg, 250mg</i>	OTC
<i>sb stool softener caps 240mg</i>	OTC
<i>stool softener liqd 50mg/5ml</i>	OTC
<i>stool softener extra stre caps 250mg</i>	OTC
<i>surfak caps 240mg</i>	OTC

MACROLIDES

AZITHROMYCIN

<i>azithromycin (generic of ZITHROMAX) susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg</i>	
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Drug Name	Requirements/Limits
<i>azithromycin tabs 600mg</i>	
ZITHROMAX PACK 1GM	

CLARITHROMYCIN

CLARITHROMYCIN SUSR 125MG/5ML, 250MG/5ML

clarithromycin tabs 250mg, 500mg

clarithromycin (generic of BIAXIN XL) tb24 500mg

ERYTHROMYCINS

*erythromycin ethylsuccinate (generic of ERYPED 400) susr
400mg/5ml*

FIDAXOMICIN

DIFICID TABS 200MG

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
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 SENS 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

Drug Name	Requirements/Limits
REALITY ULTR MIS TEXTURED	OTC
REALITY ULTR MIS THIN	OTC
TROJAN MAGN MIS	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
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
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

Drug Name	Requirements/Limits
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
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 21G	OTC
CVS LANCETS MIS 30G	OTC
CVS LANCETS MIS 33G	OTC
CVS LANCETS MIS ORIGINAL	OTC
CVS LANCETS MIS THIN 26G	OTC
CVS LANCETS MIS THIN 30G	OTC
CVS LANCETS MIS THIN 33G	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)

Drug Name	Requirements/Limits
DEXCOM G7 MIS RECEIVER	PA, QL (1 receiver every year)
DEXCOM G7 MIS SENSOR	PA, QL (3 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
E-Z JECT MIS 21G	OTC
E-Z JECT MIS 21G COLR	OTC
E-Z JECT MIS 30G	OTC
E-Z JECT MIS 32G COLR	OTC
E-Z JECT MIS LANC 21G	OTC
E-Z JECT MIS THIN 26G	OTC
E-ZJECT LANC MIS 33G	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 LANC/33G	OTC
EMBRACE LANC MIS 21G	OTC
EMBRACE LANC MIS 28G	OTC
EMBRACE LANC MIS THIN 30G	OTC
EQL LANCETS MIS 21G COLR	OTC
EQL LANCETS MIS 33G COLR	OTC
EQL LANCETS MIS THIN 26G	OTC
EQL LANCETS MIS THIN 30G	OTC
EZ-LETS 21G MIS LANCETS	OTC
EZ-LETS 26G MIS LANCETS	OTC
EZ-LETS 28G MIS LANCETS	OTC
EZ-LETS 30G MIS LANCETS	OTC
FASTCLIX MIS LANCETS	OTC
FIFTY50 SAFE MIS LANCETS	OTC
FINGERSTIX MIS LANCETS	OTC
FORA LANCETS MIS 30G	OTC
FORA MIS LANCETS	OTC
FREE LIBRE2 KIT PLUS/SEN	PA, QL (2 boxes every 28 days)
FREE LIBRE3 KIT PLUS/SEN	PA, QL (2 boxes every 28 days)
FREESTY LIBR KIT 2 SENSOR	PA, QL (2 boxes every 28 days)
FREESTY LIBR KIT 3 SENSOR	PA, QL (2 boxes every 28 days)
FREESTY LIBR KIT SENSOR	PA, QL (2 boxes every 28 days)
FREESTY LIBR MIS 2 READER	PA, QL (1 reader every year)
FREESTY LIBR MIS 3 READER	PA, QL (1 reader every year)
FREESTY LIBR MIS READER	PA, QL (1 reader every year)

Drug Name	Requirements/Limits
FREESTYLE MIS LANCETS	OTC
FREESTYLE MIS READER	PA, QL (1 reader every year)
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 21G	OTC
GNP LANCETS MIS 28G	OTC
GNP LANCETS MIS 30G	OTC
GNP LANCETS MIS 33G	OTC
GNP LANCETS MIS THIN 26G	OTC
GOJJI LANCET MIS 30G	OTC
GOODSENSE MIS LANC 26G	OTC
GOODSENSE MIS LANC 30G	OTC
GOODSENSE MIS LANC 33G	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
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 MICRO MIS THIN 33G	OTC
LANCET STAND MIS 21G	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 21G COLR	OTC

Drug Name	Requirements/Limits
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 MIS THIN 26G	OTC
LANCETS MIS THIN 30G	OTC
LANCETS SUPR MIS THIN 28G	OTC
LANCETS THIN MIS	OTC
LANCETS THIN MIS 26G	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
LONGS LANCET MIS STANDARD	OTC
LONGS LANCET MIS THIN	OTC
LONGS LANCET MIS ULTRA TH	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 LANCE MIS UNIVERSA	OTC
MEIJER MIS LANCETS	OTC
MICRO THIN MIS LANC 33G	OTC
MICROLET MIS LANCETS	OTC
MM TWIST MIS LANCETS	OTC
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

Drug Name	Requirements/Limits
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
PHARMACY COU MIS LANCETS	OTC
PIP LANCETS MIS 28G	OTC
PIP LANCETS MIS 30G	OTC
PRODIGY MIS 26G	OTC
PRODIGY MIS 28G	OTC
PX LANCETS MIS 28G	OTC
PX LANCETS MIS 33G	OTC
QC LANCETS MIS 28G	OTC
QC LANCETS MIS 30G	OTC
RA E-ZJECT MIS 28G	OTC
RA E-ZJECT MIS THIN 26G	OTC
RA E-ZJECT MIS THIN 28G	OTC
RA E-ZJECT MIS ULT THIN	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 KIT LANCING	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
RELION ULTRA MIS THIN PLS	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
SB LANCETS MIS THIN	OTC
SB LANCETS MIS ULTR THN	OTC
SELECT-LITE KIT DEV/LANC	OTC
SINGLE-LET MIS 23G	OTC
SM LANCETS MIS 33G	OTC

Drug Name	Requirements/Limits
SMART SENSE MIS LANC 21G	OTC
SMART SENSE MIS LANC 26G	OTC
SMART SENSE MIS LANC 30G	OTC
SMART SENSE MIS LANC 33G	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 LANC 28G	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
TGT LANCET MIS 26G	OTC
TGT LANCET MIS 30G	OTC
TGT LANCET MIS 33G	OTC
THIN LANCETS MIS 26G	OTC
THIN LANCETS MIS 30G	OTC
TOPCARE MIS LANC 33G	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

Drug Name	Requirements/Limits
ULTRA THIN MIS 30G	OTC
ULTRA THIN MIS 33G	OTC
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

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
UNIVERSAL 1 MIS 33G	OTC
UNIVERSAL 1 MIS LANC 26G	OTC
UNIVERSAL 1 MIS LANC 30G	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
ZEVX TWIST MIS LANC 30G	OTC

MISC. DEVICES

ALCOHOL PREP PAD	OTC
ALCOHOL SWABS PADS 70%	OTC
ALCOHOL SWABSTICKS PADS 70%	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
HM STERILE ALCOHOL PREP P PADS 70%	OTC
INCONTROL PAD ALCOHOL	OTC
MEIJER ALCOHOL SWABS EXTR PADS 70%	OTC
QC ALCOHOL SWABS PADS 70%	OTC
RA ALCOHOL SWABS PADS 70%	OTC
REALITY SWAB PAD	OTC
SB ALCOHOL PREP PADS PADS 70%	OTC
SM 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

Drug Name	Requirements/Limits
ASSURE ID MIS 30GX5MM	OTC
ASSURE ID MIS 31GX5MM	OTC
AUM MINI PEN MIS 32GX4MM	OTC
AUM MINI PEN MIS 32GX5MM	OTC
AUM MINI PEN MIS 32GX6MM	OTC
AUTOSHIELD MIS DUO	OTC
BD NEEDLES MIS 21GX1.5"	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
CLICKFINE MIS 31GX1/4"	OTC
CLICKFINE MIS 31GX3/16	OTC
CLICKFINE MIS 31GX5/16	OTC
CLICKFINE MIS 31GX8MM	OTC
CLICKFINE MIS 32GX5/32	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

Drug Name	Requirements/Limits
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 30GX1/2"	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
INS SYR .3ML MIS 30GX1/2"	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/30	OTC
INSULIN SYRG MIS 0.3ML/31	OTC
INSULIN SYRG MIS 0.5/27G	OTC
INSULIN SYRG MIS 0.5/28G	
INSULIN SYRG MIS 0.5/28G	OTC

Drug Name	Requirements/Limits
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 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 31GX5/16	
INSULIN SYRG MIS 31GX5/16	OTC
INSULIN SYRG MIS 31GX6MM	OTC
INSULIN SYRI MIS 0.3/31G	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
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	

Drug Name	Requirements/Limits
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 29GX12.7	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
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	

Drug Name	Requirements/Limits
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 31GX8MM	
PRO COMFORT MIS 32GX4MM	
PRO COMFORT MIS 32GX5MM	
PURE COMFORT MIS 32GX4MM	OTC
PURE COMFORT MIS 32GX5MM	OTC
QUICK TOUCH MIS 32GX4MM	OTC
QUICK TOUCH MIS 32GX5MM	OTC
QUICK TOUCH MIS 32GX6MM	OTC
RA PEN NEEDL MIS 31GX3/16	OTC
RELION PEN MIS 29GX12MM	OTC
RELION PEN MIS 31GX1/4"	OTC
RELION PEN MIS 31GX5/16	OTC
RELION PEN MIS 31GX6MM	OTC
RELION PEN MIS 31GX8MM	OTC
RELION PEN MIS 32GX4MM	OTC
RELION PEN MIS 32GX5/32	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
1ST TIER UNI MIS 31GX6MM	OTC
1ST TIER UNI MIS 31GX8MM	OTC
1ST TIER UNI MIS 32GX4MM	OTC

Drug Name	Requirements/Limits
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
UNFINE PNTP MIS 32GX4MM	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
UNIFINE ULTR MIS 32GX4MM	OTC
VERIFINE PEN MIS 31GX5MM	OTC
VERIFINE PEN MIS 31GX8MM	OTC
VERIFINE PEN MIS 32GX4MM	OTC

Drug Name	Requirements/Limits
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 CHAMBER	
AEROCHAMBER MIS FLO SIGNA	
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 DISPOSABLE MIS NEBULIZER	QL (1 box every year), OTC
AURA MIS PORTANE B	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	
BREATHRITE MIS MDI CHMB	
CAPTAIN MIS EAGLE	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 NEBULIZER	QL (1 box every year), OTC
EASIVENT MIS	
EASIVENT MIS MASK LG	
EASIVENT MIS MASK MED	
EASIVENT MIS MASK SM	
ELITE COMPRES MIS NEBULIZER	QL (1 box every year), OTC
FLEXICHAMBER MIS	
FLEXICHAMBER MIS MASK LRG	
FLEXICHAMBER MIS MASK SM	

Drug Name	Requirements/Limits
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 COMXP 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
MASK VORTEX/ MIS FROG	OTC
MASK VORTEX/ MIS LADY BUG	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
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)

Drug Name	Requirements/Limits
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 DELUXE	QL (1 box every year)
VIOS LC PLUS MIS PEDIATRC	QL (1 box every year)
VIOS MIS SYSTEM	QL (1 box every year)
VIOS PRO LC MIS SPRINT	QL (1 box every year)
VIOS PRO LC+ MIS SYSTEM	QL (1 box every year)
VORTEX CHAMB MIS PEDI MAS	
VORTEX VALVD MIS CHAMBER	
VORTEX VALVE MIS CHAMBER	
VORTEX/MASK MIS CHILDS	
VORTEX/MASK MIS TODDLER	
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

Drug Name	Requirements/Limits
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	
MIGRAINE PRODUCTS	
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) <i>soln</i> 4mg/ml	
SEROTONIN AGONISTS	
<i>eletriptan hydrobromide</i> (generic of RELPAX) <i>tabs</i> 20mg, 40mg	QL (9 tabs every 30 days)
<i>naratriptan hcl</i> <i>tabs</i> 1mg, 2.5mg	QL (9 tabs every 30 days)
<i>rizatriptan benzoate</i> <i>tabs</i> 5mg; <i>tdbp</i> 5mg	QL (9 tabs every 30 days)
<i>rizatriptan benzoate</i> (generic of MAXALT) <i>tabs</i> 10mg	QL (9 tabs every 30 days)
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) <i>tdbp</i> 10mg	QL (9 tabs every 30 days)
<i>sumatriptan</i> <i>soln</i> 5mg/act, 20mg/act	QL (6 inhalations every 30 days)
<i>sumatriptan succinate</i> <i>soaj</i> 4mg/0.5ml; <i>soln</i> 6mg/0.5ml	QL (2 injections every 30 days)
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) <i>soaj</i> 6mg/0.5ml	QL (2 injections every 30 days)
<i>sumatriptan succinate</i> (generic of IMITREX) <i>tabs</i> 25mg, 50mg, 100mg	QL (9 tabs every 30 days)
<i>zolmitriptan</i> <i>tabs</i> 2.5mg, 5mg; <i>tdbp</i> 2.5mg, 5mg	QL (9 tabs every 30 days)
ZOMIG SOLN 2.5MG, 5MG	ST, QL (6 inhalers every 30 days)
MINERALS & ELECTROLYTES	
CALCIUM	
<i>calc</i> 600+d3 <i>tab</i> <i>minerals</i>	OTC
<i>calc</i> 600+d <i>tab</i> 600-800	OTC
<i>calc</i> 600+d+ <i>tab</i> <i>minerals</i>	OTC
<i>calc+vit</i> d3 <i>tab</i> 500-5	OTC
<i>calcium</i> 500 <i>tab</i> +d	OTC
<i>calcium</i> 500 <i>tab</i> /vit d	OTC
<i>calcium</i> 600 <i>tabs</i> 600mg	OTC
<i>calcium</i> 600 <i>tab</i> + d	OTC
<i>calcium</i> 600 <i>tab</i> + min	OTC
<i>calcium</i> 600 <i>tab</i> +d	OTC
CALCIUM 600 TAB +D	OTC
<i>calcium</i> 600 <i>tab</i> +d3	OTC
<i>calcium</i> 600 <i>tab</i> +d/mnrsl	OTC
<i>calcium</i> 600 <i>tab</i> vit d/mi	OTC
<i>calcium</i> 600/ <i>tab</i> vit d	OTC

Drug Name	Requirements/Limits
<i>calcium + d3 tab 600-10</i>	OTC
<i>calcium + d tab 600-200</i>	OTC
<i>calcium + d tab 600mg</i>	OTC
CALCIUM ACETATE TABS 668MG	OTC
<i>calcium carb-cholecalciferol tab 250 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 600 mg-10 mcg (400 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 250MG, 333MG	OTC
<i>calcium pls tab 500-200</i>	OTC
<i>calcium tab 500+d</i>	OTC
<i>calcium tab 500/d</i>	OTC
<i>calcium tab vit d</i>	OTC
<i>calcium+d3 tab 600-20</i>	OTC
<i>calcium+d3 tab 600-400</i>	OTC
<i>calcium+d3 tab 600-800</i>	OTC
<i>calcium+d tab 600-400</i>	OTC
<i>calcium/d3 tab</i>	OTC
<i>calcium/d3 tab 500-600</i>	OTC
<i>calcium/d3 tab 600-5</i>	OTC
<i>calcium/d3 tab 600-20</i>	OTC
<i>calcium/d3 tab 600-800</i>	OTC
<i>calcium/d tab 500-200</i>	OTC
<i>calcium/d tab 500-400</i>	OTC
<i>calcium/d tab 500/200</i>	OTC
<i>calcium/d tab 500mg</i>	OTC
<i>calcium/d tab 600-200</i>	OTC
<i>calcium/d tab 600-800</i>	OTC
<i>calcium/vita tab d3</i>	OTC
<i>cvs calcium carbonate tabs 1250mg</i>	OTC
<i>cvs calcium tab 600mg</i>	OTC
<i>600+d3 tab cal/vitd</i>	OTC
<i>eql calcium tab w/vit d</i>	OTC
<i>ft cal/d3 tab 600-20</i>	OTC
<i>ft calcium tabs 600mg</i>	OTC
<i>hm calcium tab d/minera</i>	OTC
<i>kp calcium tab 600+d</i>	OTC
<i>kp calcium tab +d</i>	OTC
<i>liq ca/vit d cap 600mg</i>	OTC
<i>nat-rul cal tab /d 500mg</i>	OTC

Drug Name	Requirements/Limits
NEOFLEX TAB CAL+ D	OTC
<i>os calcium tab /vit d</i>	OTC
<i>os-cal + d3 tab 500-200</i>	OTC
<i>os-cal extra tab d3</i>	OTC
<i>oys shell ca tab /d3</i>	OTC
<i>oysco 500+d tab</i>	OTC
<i>oyst ca/d3 tab 500-200</i>	OTC
<i>oyst shell/d tab 250-125</i>	OTC
<i>oyst shell/d tab 500-125</i>	OTC
<i>oyst shell/d tab 500-200</i>	OTC
<i>oyst shell/d tab 500-400</i>	OTC
<i>oyst shell/d tab 500mg</i>	OTC
<i>oyster shell tabs 500mg</i>	OTC
<i>pure calcium carbonate tabs 600mg</i>	OTC
<i>qc calcium tab 600mg</i>	OTC
<i>ra ca/vit d3 tab 600-400</i>	OTC
RA CALCIUM TABS 500MG	OTC
<i>ra calcium high potency tabs 600mg</i>	OTC
<i>ra calcium tab 600mg</i>	OTC
<i>ra calcium tab vit d</i>	OTC
<i>ra calcium+d tab 600mg</i>	OTC
<i>ra hi cal tab 500-200</i>	OTC
<i>sm ca/vit d3 tab 600-400</i>	OTC
<i>sm calcium tab /vit d3</i>	OTC
<i>sm calcium/d tab 500-200</i>	OTC
<i>sm calcium/d tab 600-400</i>	OTC
<i>super calcium tabs 600mg</i>	OTC
ELECTROLYTE MIXTURES	
<i>ceralyte 70 sol</i>	OTC
<i>cvs electrol sol</i>	OTC
<i>gnp electrol sol</i>	OTC
<i>gnp pediatri sol electrol</i>	OTC
<i>goodsense sol electrol</i>	OTC
<i>oral electro sol cherry</i>	OTC
<i>oral electro sol freezer</i>	OTC
<i>oral electro sol h-e-b</i>	OTC
<i>oral electrolyte solution</i>	OTC
<i>oralyte sol fruit</i>	OTC
<i>oralyte sol grape</i>	OTC
<i>oralyte sol strawbry</i>	OTC
<i>oralyte sol unflavor</i>	OTC
<i>ped elctrlyt sol</i>	OTC
<i>ped elctrlyt sol apple</i>	OTC
<i>ped elctrlyt sol freeze</i>	OTC
<i>ped elctrlyt sol freezer</i>	OTC

Drug Name	Requirements/Limits
<i>ped elctrlyt sol freezpop</i>	OTC
<i>ped elctrlyt sol fruit</i>	OTC
<i>ped elctrlyt sol grape</i>	OTC
<i>ped elctrlyt sol pineappl</i>	OTC
<i>ped elctrlyt sol strawbry</i>	OTC
<i>ped elctrlyt sol unflavor</i>	OTC
<i>ped elctrlyt sol unflavrd</i>	OTC
<i>pedia vance sol apple</i>	OTC
<i>pedia vance sol grape</i>	OTC
<i>ra pediatric sol electrol</i>	OTC
<i>rehydralyte sol</i>	OTC

FLUORIDE

<i>sodium fluoride chew .25mg, .5mg, 1mg</i>	
SODIUM FLUORIDE SOLN .5MG/ML; TABS .5MG, 1MG	
SOLUVITA SOLN .5MG/ML	OTC

MAGNESIUM

<i>cvs magnesium tabs 500mg</i>	OTC
<i>cvs magnesium oxide tabs 250mg</i>	OTC
<i>ft magnesium tabs 250mg</i>	OTC
<i>ft magnesium oxide tabs 241.5mg</i>	OTC
<i>kp mag-oxide magnesium tabs 200mg</i>	OTC
MAG-200 TABS 200MG	OTC
MAG-G TABS 500MG	OTC
<i>mag-oxide tabs 200mg</i>	OTC
MAGNESIUM CHEW 200MG	OTC
<i>magnesium gluconate tabs 27.5mg</i>	OTC
MAGNESIUM GLUCONATE TABS 250MG, 550MG	OTC
<i>magnesium oxide (mg supplement) caps 500mg; tabs 250mg, 400mg</i>	OTC
<i>magnesium-oxide tabs 400mg</i>	OTC
<i>mgo tabs 400mg</i>	OTC
<i>ra magnesium caps 500mg</i>	OTC
SLOW MAG/CA TAB 64-106MG	OTC
<i>sm magnesium tabs 250mg</i>	OTC
<i>sv magnesium tabs 250mg</i>	OTC

PHOSPHATE

K-PHOS TAB NEUTRAL	
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POTASSIUM

<i>effer-k tbef 25meq</i>	
<i>k-prime tbef 25meq</i>	
<i>klor-con pack 20meq</i>	
<i>klor-con 8 tbc 8meq</i>	
<i>klor-con 10 tbc 10meq</i>	
<i>klor-con m10 tbc 10meq</i>	

Drug Name	Requirements/Limits
<i>klor-con m20 tbc</i> 20meq	
<i>klor-con/ef tbc</i> 25meq	
<i>potassium chloride cpcr</i> 8meq, 10meq; <i>pack</i> 20meq; <i>soln</i> 10%, 20%; <i>tbc</i> 8meq, 10meq, 20meq	
<i>potassium chloride microencapsulated crystals er tbc</i> 10meq, 20meq	

SODIUM

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

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

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

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

CVS COLD CHW REMEDY	OTC
T-RELIEF CHW ARNICA	OTC
T-RELIEF CHW MOBILITY	OTC
T-RELIEF CHW SAFE	OTC
ZINC COLD CHW 11MG	OTC

IMMUNOMODULATORS

<i>lenalidomide caps</i> 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	PA
REZUROCK TABS 200MG	PA
THALOMID CAPS 50MG, 100MG	PA

IMMUNOSUPPRESSIVE AGENTS

ASTAGRAF XL CP24 .5MG, 1MG, 5MG	
<i>azasan tabs</i> 75mg, 100mg	
<i>azathioprine (generic of IMURAN) tabs</i> 50mg	
<i>azathioprine tabs</i> 75mg, 100mg	
<i>cyclosporine (generic of SANDIMMUNE) caps</i> 25mg, 100mg	
<i>cyclosporine modified (for microemulsion) (generic of NEORAL) caps</i> 25mg, 100mg; <i>soln</i> 100mg/ml	
<i>cyclosporine modified (for microemulsion) caps</i> 50mg	
GAMIFANT SOLN 10MG/2ML, 50MG/10ML	PA; Bill as Medical Claim Only

Drug Name	Requirements/Limits
<i>gengraf</i> (generic of NEORAL) caps 25mg, 100mg; soln 100mg/ml	
<i>mycophenolate mofetil</i> (generic of CELLCEPT) caps 250mg; susr 200mg/ml; tabs 500mg	
<i>mycophenolate sodium</i> (generic of MYFORTIC) tbec 180mg, 360mg	
NULOJIX SOLR 250MG	PA; Bill as Medical Claim Only
SIMULECT SOLR 10MG, 20MG	PA; Bill as Medical Claim Only
<i>sirolimus</i> soln 1mg/ml; tabs .5mg, 1mg, 2mg	
<i>tacrolimus</i> caps .5mg, 1mg, 5mg	
<i>tacrolimus</i> (generic of PROGRAF) caps .5mg, 1mg, 5mg	
ZORTRESS TABS .25MG, .5MG, .75MG, 1MG	PA
IRRIGATION SOLUTIONS	
<i>argyl saline sol</i> 100ml	
<i>water for irrigation, sterile irrigation soln</i>	
POTASSIUM REMOVING AGENTS	
<i>kionex susp</i> 15gm/60ml	
<i>sodium polystyrene sulfonate powder</i>	
<i>sps susp</i> 15gm/60ml	
SPS SUSP 15GM/60ML	
MOUTH/THROAT/DENTAL AGENTS	
ANESTHETICS TOPICAL ORAL	
<i>lidocaine hcl</i> (mouth-throat) soln 2%	QL (100 mL every 30 days)
ANTI-INFECTIVES - THROAT	
<i>clotrimazole troc</i> 10mg	
GLY-OXIDE SOLN 10%	OTC
<i>nystatin</i> (mouth-throat) (generic of NYSTATIN) susp 100000unit/ml	
ANTISEPTICS - MOUTH/THROAT	
<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX) soln .12%	
<i>periogard</i> (generic of PERIDEX) soln .12%	
DENTAL PRODUCTS	
<i>act anticavity fluoride r</i> soln .05%	OTC
<i>act kids anticavity fluor</i> soln .05%	OTC
<i>act total care</i> soln .05%	OTC
<i>clinpro 5000 pste</i> 1.1%	
<i>crest pro-health complete</i> soln .022%	OTC
<i>denta 5000 plus crea</i> 1.1%	
<i>dentagel gel</i> 1.1%	
<i>easygel gel</i> .4%	
<i>easygel gel</i> .4%	OTC
<i>eql anticavity mouthwash/</i> soln .022%	OTC
<i>fluoride mouth rinse</i> soln .022%	OTC

Drug Name	Requirements/Limits
<i>fluoridex daily renewal conc .63%</i>	
<i>fluoridex enhanced whiten pste 1.1%</i>	
<i>fluorimax 5000 pste 1.1%</i>	
<i>just for kids gel .4%</i>	OTC
<i>just right 5000 pste 1.1%</i>	
<i>periomed conc .63%</i>	OTC
PREVIDENT RINSE SOLN .2%	
<i>ra anticavity fluoride ri soln .05%</i>	OTC
<i>sf gel 1.1%</i>	
<i>sf 5000 plus crea 1.1%</i>	
<i>sm anticavity fluoride ri soln .05%</i>	OTC
<i>sodium fluoride 5000 plus crea 1.1%</i>	
<i>sodium fluoride 5000 ppm crea 1.1%; gel 1.1%; pste 1.1%</i>	
<i>sodium fluoride (dental) crea 1.1%; gel 1.1%; soln .2%</i>	
<i>therabreath oral rinse/he soln .05%</i>	OTC
MOUTHWASHES	
BIOTENE LIQ DRY MTH	OTC
BIOTENE PBF LIQ DRY MTH	OTC
DRY MOUTH LIQ MOUTHWAS	OTC
<i>ft antisepti liq mouthwsh</i>	OTC
STEROIDS - 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.	
BIOTENE DRY SPR MOIST	OTC
CAPHOSOL SOL	
<i>cevimeline hcl (generic of EVOXAC) caps 30mg</i>	
CVS DRY SPR MOUTH	OTC
DRY MOUTH SOL ORAL RIN	OTC
MOI-STIR SOL	OTC
MOUTH KOTE SOL	OTC
MOUTH KOTE SOL REMINT	OTC
NUMOISYN LIQ	
ORAL RELIEF SPR DRY MOUT	OTC
<i>pilocarpine hcl (oral) (generic of SALAGEN) tabs 5mg, 7.5mg</i>	
RA DRY MOUTH SPR	OTC
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

Drug Name	Requirements/Limits
<i>ra b-complex tab</i>	OTC
<i>ra b-complex tab w/b-12</i>	OTC
B-COMPLEX W/ C	
<i>bec/zinc tab</i>	OTC
<i>cvs stress tab form/zn</i>	OTC
<i>stress b com tab vit c/zn</i>	OTC
<i>stress b/ tab zinc</i>	OTC
<i>stress form/ tab zinc</i>	OTC
<i>stress plus tab zinc</i>	OTC
<i>zinc-vites tab</i>	OTC
B-COMPLEX W/ FOLIC ACID	
<i>b-complex tab balanced</i>	OTC
<i>b-complex w/ c & folic acid tab</i>	OTC
<i>b-plex tab</i>	
<i>dexifol tab</i>	
<i>dialyvite tab</i>	
<i>dialyvite tab 800</i>	OTC
<i>folbee plus tab</i>	
<i>full spect tab b/ vit c</i>	OTC
<i>kp b complex tab /c</i>	OTC
<i>mynephron cap</i>	
<i>nephro tab vitamins</i>	OTC
<i>nephro-vite tab</i>	OTC
NEPHROCAPS CAP	
<i>rena-vite rx tab</i>	OTC
<i>rena-vite tab</i>	OTC
<i>renal cap</i>	
<i>renal vitamn tab</i>	OTC
<i>reno cap</i>	OTC
<i>sm b super tab vita com</i>	OTC
SM B-COMPLEX TAB /VIT C	OTC
<i>stress form tab</i>	OTC
<i>super b comp tab /vit c</i>	OTC
<i>super b comp tab vit c</i>	OTC
<i>super b-comp tab /fa/vitc</i>	OTC
<i>super b-comp tab vit c/fa</i>	OTC
<i>triphrocaps cap</i>	
<i>wescaps cap</i>	
MULTIPLE VITAMINS W/ MINERALS	
<i>a thru z adv tab adult</i>	OTC
<i>a thru z chw select</i>	OTC
<i>a thru z sel tab 50+ adva</i>	OTC
<i>a thru z sel tab 50+ mens</i>	OTC
<i>a thru z sel tab advanced</i>	OTC

Drug Name	Requirements/Limits
<i>a thru z tab advanced</i>	OTC
<i>a thru z tab high pot</i>	OTC
<i>a thru z tab select</i>	OTC
<i>a thru z tab ultimate</i>	OTC
<i>a thru z ult tab mens</i>	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
<i>actical cap</i>	OTC
ACTIVE 55 LIQ PLUS	OTC
ACTIVNUTRIEN CAP	OTC
ACTIVNUTRIEN CAP PERFORMA	OTC
ACTIVNUTRIEN CAP W/O IRON	OTC
ADEK CHW PLUS ZN	OTC
<i>adlt multivi chw gummies</i>	OTC
ADLT ONE DLY CHW GUMMIES	OTC
ADULT 50+ CAP EYE HLTH	OTC
ADULT 50+ CAP OCUVITE	OTC
<i>50+ adult cap eye hlth</i>	OTC
<i>advanced chw multi ea</i>	OTC
<i>advanced eye cap health</i>	OTC
<i>advanced tab formula</i>	OTC
<i>airborne chw</i>	OTC
AIRBORNE CHW	OTC
<i>airborne chw citrus</i>	OTC
AIRBORNE CHW CITRUS	OTC
AIRBORNE CHW ELDERBER	OTC
<i>airborne chw gummies</i>	OTC
<i>airborne chw immune</i>	OTC
<i>airborne chw kids</i>	OTC
AIRBORNE CHW KIDS	OTC
AIRBORNE CHW VERY BER	OTC
<i>airshield chw</i>	OTC
AIRSHIELD CHW IMMUNITY	OTC
ALIVE 50+ TAB ENERGY	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

Drug Name	Requirements/Limits
ALIVE HAIR/ CAP SKN/NAIL	OTC
ALIVE IMMUNE CAP HEALTH	OTC
ALIVE LIQ MULT-VIT	OTC
ALIVE MENS CHW 50+	OTC
ALIVE MENS CHW GUMMY	OTC
ALIVE MENS TAB	OTC
ALIVE MENS TAB COMPLETE	OTC
ALIVE MENS TAB ULTRA	OTC
ALIVE MULTI CHW VITAMIN	OTC
ALIVE ULTRA TAB POTENCY	OTC
ALIVE WOMENS CHW 50+	OTC
ALIVE WOMENS CHW GUMMY	OTC
ALIVE WOMENS TAB 50+ COMP	OTC
<i>amoryn mood cap booster</i>	OTC
<i>antiox form/ cap minerals</i>	OTC
<i>antioxidant cap</i>	OTC
ANTIOXIDANT TAB FORMULA	OTC
<i>antioxidant tab vitamins</i>	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
<i>bdy/hair/skn cap nails</i>	OTC
BIO-35 GLUTE CAP FREE	OTC
BIO-35 IRON CAP FREE	OTC
BIOCAL CAP	OTC
BIOTECT PLUS CAP	OTC
BONEUP 3 PER CAP DAY	OTC
BONEUP CAP	OTC
BONEUP VEG TAB	OTC
BOOSTNOW CAP IMM SUPP	OTC
<i>bprotected liq multi-vi</i>	OTC
CELEBRATE CAP 18	OTC
CELEBRATE CAP 36	OTC
CELEBRATE CAP 45	OTC
CELEBRATE CAP 60	OTC
CELEBRATE CHW 18	OTC
CELEBRATE CHW 36	OTC
CELEBRATE CHW 45	OTC

Drug Name	Requirements/Limits
CELEBRATE CHW 60	OTC
CENT MATURE TAB ADLT 50+	OTC
<i>cent mature tab womn 50+</i>	OTC
<i>centavite az tab minerals</i>	OTC
CENTRAL-VITE TAB	OTC
<i>central-vite tab mens mat</i>	OTC
<i>central-vite tab wmns mat</i>	OTC
<i>centravites tab</i>	OTC
<i>centravites tab 50 plus</i>	OTC
CENTRAVITES TAB 50 PLUS	OTC
CENTRAVITES TAB ADULTS	OTC
CENTRUM 50+ CHW ADULTS	OTC
CENTRUM 50+ CHW FRSH/FRU	OTC
CENTRUM CHW ADULTS	OTC
CENTRUM CHW FLAV BST	OTC
CENTRUM CHW SILVER	OTC
CENTRUM CHW VITAMINT	OTC
CENTRUM LIQ	OTC
CENTRUM LIQ ADULT	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 POW DRINK	OTC
CENTRUM SILV TAB 50+MEN	OTC
CENTRUM SILV TAB 50+WOMEN	OTC
CENTRUM SILV TAB ADULT 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
CENTRUM TAB CARDIO	OTC
CENTRUM TAB MEN	OTC
CENTRUM TAB SILVER	OTC
CENTRUM TAB ULTRA	OTC
CENTRUM TAB WOMEN	OTC
<i>century tab</i>	OTC
<i>century tab mature</i>	OTC
<i>cerovite tab senior</i>	OTC
CERTAVITE TAB SENIOR	OTC
<i>certavite/ tab antioxid</i>	OTC
CERTAVITE/ TAB ANTIOXID	OTC
CHOICEFUL CAP MULTIVIT	OTC

Drug Name	Requirements/Limits
CHOICEFUL CHW MULTIVIT	OTC
CITRACAL +D3 TAB MAX PLUS	OTC
<i>comp multivi liq mineral</i>	OTC
<i>companion tab</i>	OTC
<i>compete tab</i>	OTC
<i>comple multi tab adlt 50+</i>	OTC
<i>coral calciu cap plus</i>	OTC
CULTURELLE CAP MENS DAI	OTC
CULTURELLE CHW MULTIVIT	OTC
CVS ADULT CHW MULTIVIT	OTC
<i>cvs daily chw gummies</i>	OTC
CVS IMMUNE CAP SUPPORT	OTC
CVS MULTIVIT TAB MINERAL	OTC
CVS VISION CAP HEALTH	OTC
<i>daily betic tab</i>	OTC
<i>daily combo tab</i>	OTC
<i>daily diet tab support</i>	OTC
<i>daily multi tab men</i>	OTC
<i>daily multi tab minerals</i>	OTC
<i>daily multi tab vit/mens</i>	OTC
<i>daily multi tab vit/min</i>	OTC
<i>daily multi tab womn 50+</i>	OTC
DECUBI-VITE CAP	OTC
DEKAS CHW BARIATRI	OTC
DEKAS PLUS CAP	OTC
DEKAS PLUS CAP OCEAN	OTC
DEKAS PLUS CHW	OTC
DERMAVITE TAB	OTC
<i>diabets hlth tab formula</i>	OTC
<i>dialyvite tab 800/d</i>	OTC
<i>dry eye cap formula</i>	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 BLUE	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

Drug Name	Requirements/Limits
EMERGEN-C PAK MSM LITE	OTC
EMERGEN-C PAK PINK	OTC
EMERGEN-C PAK SUPER FR	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
<i>eq one daily tab womens</i>	OTC
EQ ONE DAILY TAB WOMENS	OTC
<i>eql century tab</i>	OTC
<i>eql century tab mature</i>	OTC
EQL CENTURY TAB MENS	OTC
EQL CENTURY TAB WOMENS	OTC
<i>eql vision tab formula</i>	OTC
<i>essentia tab</i>	OTC
<i>essential tab balance</i>	OTC
EVOLUTION60 POW	OTC
<i>eye health & tab lutein</i>	OTC
EYE HEALTH CAP	OTC
EYE HEALTH CAP ADLT 50+	OTC
EYE HEALTH TAB LUTEIN	OTC
EYE MULTIVIT TAB SODIUM	OTC
<i>eye vitamins cap</i>	OTC
<i>eye-vites tab</i>	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 50+	OTC
FT CENTURY TAB WOMEN	OTC
FT CENTURY TAB WOMEN 50	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 WOMENS	OTC
GENADEK CAP STEP 1	OTC
GENADEK CAP STEP 2	OTC
GERI-FREEDA TAB SENIOR	OTC
<i>gerivite tab complete</i>	OTC

Drug Name	Requirements/Limits
<i>glucoten cap</i>	OTC
<i>gnp century tab adult</i>	OTC
GNP CENTURY TAB ADULT	OTC
<i>gnp healthy tab eyes</i>	OTC
GNP IMMUNE PAK	OTC
GNP IMMUNE PAK SUPPORT	OTC
HAIR SKIN & TAB NAILS AD	OTC
<i>hair skin tab nails</i>	OTC
HAIR SKIN TAB NAILS	OTC
<i>hair/skin cap nails</i>	OTC
HAIR/SKIN/ CAP NAILS	OTC
<i>hair/skin/ tab nails</i>	OTC
HEAD CARE TAB PROACTIV	OTC
<i>healthy eyes cap</i>	OTC
<i>healthy eyes cap superv 2</i>	OTC
HEALTHY EYES CAP SUPERVIS	OTC
<i>healthy eyes tab</i>	OTC
<i>hi-kovite tab 2-part</i>	OTC
HIGH POTENCY TAB MV/FA	OTC
HM COMPLETE TAB MEN	OTC
<i>hm complete tab women</i>	OTC
<i>i-vite tab</i>	OTC
ICAPS AREDS TAB FORMULA	OTC
<i>icaps cap</i>	OTC
<i>icaps lutein cap /omega-3</i>	OTC
<i>icaps mv tab</i>	OTC
IMMUBLAST-C POW ORANGE	OTC
IMMUNE CHW SUPPORT	OTC
IMMUNE ESSEN CAP DAILY	OTC
IMMUNE SUPP POW VIT C	OTC
K-PAX TAB PROF ST	OTC
<i>kp adult 50+ tab daily</i>	OTC
<i>kp adults tab daily</i>	OTC
<i>kp mens 50+ tab daily</i>	OTC
<i>kp mens tab daily</i>	OTC
<i>kp vision tab for/ltm</i>	OTC
<i>kp vision tab formula</i>	OTC
<i>kp women 50+ tab daily</i>	OTC
<i>kp womens tab daily</i>	OTC
<i>life pack tab mens</i>	OTC
<i>life pack tab womens</i>	OTC
LUTEIN PLUS TAB ZEAXANTH	OTC
LYSIPILEX LIQ PLUS	OTC
<i>macular hlth cap formula</i>	OTC
<i>macuvite tab</i>	OTC

Drug Name	Requirements/Limits
<i>macuvite tab eye care</i>	OTC
<i>macuvite tab lutein</i>	OTC
<i>max daily tab green</i>	OTC
MAXIMIN PAK	OTC
<i>mega multi tab men</i>	OTC
MEGA MULTI TAB MEN	OTC
<i>mega multi tab women</i>	OTC
MEGA MULTI TAB WOMEN	OTC
<i>mega-maratho tab 100 tr</i>	OTC
MEGAVITE TAB FRT/VEG	OTC
MENS 50+ CAP ADVANCED	OTC
MENS 50+ TAB MULTIVIT	OTC
<i>mens daily chw gummies</i>	OTC
MENS DAILY PAK PACK	OTC
<i>mens daily tab formula</i>	OTC
MENS MULTI CHW	OTC
MENS MULTIPL TAB	OTC
MENS MULTIVI TAB HEALTH	OTC
MOOD FOOD CAP	OTC
MOOD FOOD ES CAP	OTC
<i>mult vitamin tab no iron</i>	OTC
<i>mult vitamin tab womens</i>	OTC
<i>multi 50+ cap for her</i>	OTC
<i>multi 50+ tab for her</i>	OTC
<i>multi 50+ tab for him</i>	OTC
<i>multi 50+ wm tab advanced</i>	OTC
<i>multi adult chw gummies</i>	OTC
<i>multi cap complete</i>	OTC
<i>multi cap for her</i>	OTC
<i>multi cap for him</i>	OTC
<i>multi complt tab /iron</i>	OTC
MULTI FOR POW HER	OTC
MULTI FOR POW HIM	OTC
<i>multi gummie chw mens</i>	OTC
<i>multi gummie chw womens</i>	OTC
<i>multi tab for her</i>	OTC
<i>multi tab for him</i>	OTC
MULTI VITAMN TAB MINERALS	OTC
<i>multi+omega3 chw adult</i>	OTC
<i>multi-vit/ tab minerals</i>	OTC
<i>multi-vitami chw gummies</i>	OTC
MULTI-VITAMI TAB MONOCAPS	OTC
MULTI-VITE LIQ	OTC
<i>multi-vite tab</i>	OTC
<i>multi-vite tab 50&over</i>	OTC

Drug Name	Requirements/Limits
MULTIA CAP	OTC
<i>multiple vitamins w/ minerals liquid</i>	OTC
<i>multiple vitamins w/ minerals tab</i>	OTC
<i>multiv women tab 50+</i>	OTC
<i>multivi adlt chw gummies</i>	OTC
<i>multivitamin cap daily</i>	OTC
MULTIVITAMIN CHW ADLT GUM	OTC
MULTIVITAMIN TAB	OTC
<i>multivitamin tab adlt 50+</i>	OTC
MULTIVITAMIN TAB ADULT	OTC
<i>multivitamin tab adults</i>	OTC
MULTIVITAMIN TAB ADULTS	OTC
MULTIVITAMIN TAB MEN	OTC
<i>multivitamin tab men 50+</i>	OTC
<i>multivitamin tab women</i>	OTC
MULTIVITAMIN TAB WOMEN	OTC
<i>multivitamin tab womens</i>	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 HI-D CHW ADEK	OTC
MVW MODULAT CAP FORMULAT	OTC
MVW ORANGE CHW CHEWABLE	OTC
<i>myamulti tab</i>	OTC
NAT-RUL THER TAB M	OTC
<i>natrul-100 tab super</i>	OTC
NATRUL-VITES TAB	OTC
<i>nutritional tab support</i>	OTC
OCUHEALTH CAP VISION 2	OTC
OCULAR TAB VITAMINS	OTC
<i>ocutabs tab</i>	OTC
<i>ocutabs tab lutein</i>	OTC
OCUVITE CAP ADULT	OTC
<i>ocuvite eye cap health</i>	OTC
<i>ocuvite eye chw heatlh</i>	OTC
<i>ocuvite eye tab + multi</i>	OTC
OCUVITE LUTE CAP	OTC
<i>ocuvite tab lutein</i>	OTC
<i>ocuvite xtra tab</i>	OTC
ONCOVITE TAB	OTC
ONE A DAY CHW WOMENS	OTC
ONE A DAY TAB MENS 50+	OTC
ONE A DAY TAB WOMENS	OTC

Drug Name	Requirements/Limits
ONE DAILY CHW ADLT GUM	OTC
ONE DAILY MN TAB W/O IRON	OTC
ONE DAILY MV TAB WOMENS	OTC
<i>one daily tab 50 plus</i>	OTC
<i>one daily tab 50+</i>	OTC
<i>one daily tab 50+ adv</i>	OTC
<i>one daily tab /mineral</i>	OTC
<i>one daily tab complete</i>	OTC
<i>one daily tab essentl</i>	OTC
<i>one daily tab fe/ca</i>	OTC
<i>one daily tab healthy</i>	OTC
<i>one daily tab iron-fre</i>	OTC
<i>one daily tab maximum</i>	OTC
<i>one daily tab men</i>	OTC
<i>one daily tab men 50+</i>	OTC
<i>one daily tab mens</i>	OTC
ONE DAILY TAB MENS	OTC
<i>one daily tab mens 50+</i>	OTC
ONE DAILY TAB MENS 50+	OTC
<i>one daily tab multi-vi</i>	OTC
ONE DAILY TAB WMNS 50+	OTC
<i>one daily tab wom 50+</i>	OTC
<i>one daily tab women</i>	OTC
<i>one daily tab women 50</i>	OTC
<i>one daily tab womens</i>	OTC
ONE DAILY TAB WOMENS	OTC
<i>one dly hlth tab wght adv</i>	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
<i>optic-vites tab</i>	OTC
<i>optic-vites tab lutein</i>	OTC
OPTIFAST POS CHW BARIATRI	OTC
OPTIMUM CHW AIRVITES	OTC
<i>optimum pms tab</i>	OTC
OPTISOURCE CHW BARIATRC	OTC
OPTIVITE TAB P.M.T.	OTC

Drug Name	Requirements/Limits
OPURITY CHW BYPASS	OTC
OPURITY TAB	OTC
OSTEOPRIME TAB PLUS	OTC
<i>osteoprime tab ultra</i>	OTC
PARVLEX TAB	OTC
PHYTOMULTI TAB	OTC
PORENAL+D CAP OMEGA 3	OTC
PRESCRIPTION CAP SUPPORT	OTC
PRESERVISION CAP AREDS	OTC
PRESERVISION CAP AREDS 2	OTC
PRESERVISION CAP LUTEIN	OTC
PRESERVISION CHW AREDS 2	OTC
PRESERVISION TAB AREDS	OTC
<i>prevent cap</i>	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 TAB	OTC
<i>prosght tab</i>	OTC
PROTEGRA CAP	OTC
PROVIT TAB	OTC
<i>qc hair/skin tab nails</i>	OTC
QC MULTI-VIT TAB	OTC
<i>qc therin-m tab</i>	OTC
QUIN B TAB STRONG	OTC
<i>quintabs-m tab</i>	OTC
QUINTABS-M TAB	OTC
RA ESSENCE-C POW ORANGE	OTC
RA ESSENCE-C POW RASPBRY	OTC
RA ESSENCE-C POW TNGERINE	OTC
<i>ra one daily tab maximum</i>	OTC
<i>ra one daily tab mens</i>	OTC
<i>ra one daily tab mens 50+</i>	OTC
<i>ra one daily tab mens/d3</i>	OTC
<i>renaplex tab</i>	OTC
RENAPLEX-D TAB	OTC
<i>senior tabs tab</i>	OTC
SENTRY SENIO TAB LUTEIN	OTC
SENTRY SENIO TAB MENS 50+	OTC
<i>sentry tab</i>	OTC
SENTRY TAB	OTC
<i>sentry tab senior</i>	OTC
SKIN BEAUTY/ PAK WELLNESS	OTC

Drug Name	Requirements/Limits
SKIN/HAIR/ CAP NAILS	OTC
<i>sm complete tab</i>	OTC
<i>sm complete tab 50+</i>	OTC
<i>sm complete tab 50+ mens</i>	OTC
<i>sm complete tab 50+ wmn</i>	OTC
<i>sm complete tab adv form</i>	OTC
<i>sm complete tab senior</i>	OTC
<i>sm hair/skin tab /nails</i>	OTC
SM ONE DAILY TAB MENS	OTC
SM ONE DAILY TAB WOMENS	OTC
<i>sm opti-vita tab</i>	OTC
SOLO TAB	OTC
<i>spectr women tab hlth sen</i>	OTC
<i>spectra ultr tab hlth men</i>	OTC
SPECTRAVITE CHW ADLT 50+	OTC
SPECTRAVITE CHW WOMEN	OTC
SPECTRAVITE TAB	OTC
SPECTRAVITE TAB ADLT 50+	OTC
SPECTRAVITE TAB ADULTS	OTC
<i>spectravite tab advanced</i>	OTC
<i>spectravite tab men</i>	OTC
<i>spectravite tab men 50+</i>	OTC
SPECTRAVITE TAB MEN 50+	OTC
<i>spectravite tab senior</i>	OTC
SPECTRAVITE TAB ULT MEN	OTC
SPECTRAVITE TAB ULT WMN	OTC
<i>spectravite tab women</i>	OTC
<i>spectravite tab women 50</i>	OTC
<i>stress b-com tab antio/zn</i>	OTC
<i>stresstabs tab advanced</i>	OTC
SUPER ANTIOX CAP	OTC
<i>super antiox cap protect</i>	OTC
<i>super antiox tab a/c/e/se</i>	OTC
SUPER D/ZINC TAB SELENIUM	OTC
<i>super thera tab vite m</i>	OTC
SUPERIOR TAB MENS	OTC
SUPPORT LIQ	
<i>supr aytinal tab</i>	OTC
<i>supr aytinal tab 50 plus</i>	OTC
<i>supr vitamin tab</i>	OTC
<i>systane icap cap areds2</i>	OTC
SYSTANE ICAP CHW AREDS2	OTC
SYSTANE ICAP TAB AREDS2	OTC
T-VITES TAB	OTC
<i>thera form/ tab hematin</i>	OTC

Drug Name	Requirements/Limits
<i>thera tab vital-m</i>	OTC
<i>thera vital tab m</i>	OTC
THERA-TABS M TAB	OTC
THERA-VITE TAB MAX-M	OTC
<i>therabasic-m tab</i>	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
<i>therapeutic tab -m</i>	OTC
<i>therapeutic- tab m</i>	OTC
THERAPEUTIC- TAB M	OTC
<i>theratrum co tab 50 plus</i>	OTC
<i>theratrum tab complete</i>	OTC
<i>thrive for tab women</i>	OTC
<i>totalday mul tab tr</i>	OTC
<i>tropical liq nutritio</i>	OTC
ULTRA BONEUP TAB	OTC
<i>ultra freeda tab</i>	OTC
<i>ultra freeda tab /iron</i>	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
<i>ultra multi cap /iron</i>	OTC
ULTRA POTENC TAB WOMEN 50	OTC
<i>ultra-mega tab cr</i>	OTC
<i>ultrachoice tab advanced</i>	OTC
VISION CAP OPTIMIZE	OTC
<i>vision form cap 2</i>	OTC
<i>vision form/ tab lutein</i>	OTC
<i>vision formu cap 50+</i>	OTC
VISION HEALT CAP	OTC
<i>vision plus cap</i>	OTC
<i>vision tab vitamins</i>	OTC
VISTA ADVAN CAP AREDS2	OTC
VISTA ADVAN CAP DRY EYE	OTC
<i>vita hair tab</i>	OTC
<i>vita-min cap</i>	OTC
VITABASIC TAB COMPLETE	OTC
VITABASIC TAB SENIOR	OTC
VITABEX CAP	OTC
VITABEX PLUS CAP	OTC

Drug Name	Requirements/Limits
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 CAP CLASSIC	OTC
<i>viteyes cap complete</i>	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
WAL-BORN CHW VIT C	OTC
WMNS MULTIVI CHW +COLLAGE	OTC
<i>womens 50+ cap advanced</i>	OTC
<i>womens 50+ tab advanced</i>	OTC
WOMENS 50+ TAB MULTIVIT	OTC
<i>womens cap multi</i>	OTC
<i>womens daily chw gummies</i>	OTC
WOMENS DAILY PAK PACK	OTC
<i>womens daily tab formula</i>	OTC
WOMENS MULT CHW GUMMIES	OTC
<i>womens mult tab</i>	OTC
WOMENS MULTI TAB	OTC
<i>womns active tab daily</i>	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	
<i>anti-oxidant tab</i>	OTC
<i>antioxidant cap formula</i>	OTC
<i>chlorocaps cap</i>	OTC
<i>daily multi tab vitamins</i>	OTC
DAILY STRESS TAB RELIEF	OTC
<i>daily value tab multivit</i>	OTC
<i>daily vit tab</i>	OTC
<i>daily vite tab</i>	OTC
<i>daily-vite tab</i>	OTC
DEKAS CAP ESSENTIA	OTC

Drug Name	Requirements/Limits
<i>essentl one tab daily</i>	OTC
ESTROFACTORS TAB	OTC
<i>healthy hair tab skn/nail</i>	OTC
HIGH POTENCY TAB MULTIVIT	OTC
<i>mult vitamin tab essent</i>	OTC
MULTI VITAMI TAB	OTC
MULTI VITAMI TAB D-3	OTC
<i>multi-vitamn tab</i>	OTC
<i>multiple vitamin tab</i>	OTC
MULTIVITAMIN TAB	OTC
<i>multivitamin tab adult</i>	OTC
MULTIVITAMIN TAB ADULT	OTC
<i>multivitamin tab iron-fre</i>	OTC
<i>mv-one cap</i>	OTC
NEOMULTIVITE TAB	OTC
<i>once daily tab</i>	OTC
<i>one daily tab</i>	OTC
<i>one daily tab essentl</i>	OTC
ONE DAILY TAB ESSENTL	OTC
<i>one daily tab multivit</i>	OTC
ONE VITE TAB DAILY MV	OTC
<i>one-daily tab mult vit</i>	OTC
<i>one-daily tab mult-vit</i>	OTC
<i>qc essential tab</i>	OTC
QUINTABS TAB	OTC
<i>sm multiple tab vitamins</i>	OTC
<i>stress form tab</i>	OTC
<i>stress formu tab</i>	OTC
STRESS FORMU TAB ZINC/ENE	OTC
<i>stresstabs tab</i>	OTC
<i>stresstabs tab energy</i>	OTC
<i>tab-a-vite tab</i>	OTC
<i>tab-a-vite tab beta car</i>	OTC
THERA TAB	OTC
<i>thera-tabs tab</i>	OTC
THEREMS TAB MULTIVIT	OTC
<i>viteyes clas cap zinc fre</i>	OTC
ZE-PLUS CAP	OTC
PED MULTI VITAMINS W/FL & FE	
<i>multi-vit/fe dro /fl 0.25</i>	OTC
<i>multi-vit/fl dro /fe 0.25</i>	
PED MULTIPLE VITAMINS W/ MINERALS	
ALIVE GUMMIE CHW CHILDREN	OTC
ALIVE MULTI CHW CHILDRNS	OTC
BABY IRON DRO IMMUNITY	OTC

Drug Name	Requirements/Limits
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
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
<i>PED MV W/ FLUORIDE</i>	
FLORIVA DRO PLUS	
MULTI VIT/FL DRO 0.5MG/ML	OTC
MULTI-VIT/FL DRO 0.5MG/ML	
MULTIVIT/FL CHW 0.5MG	OTC
MULTIVIT/FL CHW 0.25MG	OTC
MULTIVIT/FL CHW 1MG	OTC
MULTIVIT/FL DRO 0.25MG	
MULTIVIT/FL DRO 0.25MG	OTC
POLY-VI-FLOR CHW 0.25MG	
POLY-VI-FLOR CHW 1MG	
QUFLORA PED DRO 0.5MG/ML	
QUFLORA PED DRO 0.25MG	
SOLUVITA SOL 0.5MG/ML	OTC
SOLUVITA SOL 0.25/ML	OTC
TRI-VIT/FLUO DRO 0.5MG	
TRI-VIT/FLUO DRO 0.25MG	

Drug Name	Requirements/Limits
VIT A/C/D/FL DRO 0.5MG	OTC
VIT A/C/D/FL DRO 0.25MG	OTC

PED MV W/ IRON

<i>animal shape chw complete</i>	OTC
<i>cerovite jr chw</i>	OTC
<i>chewable chw children</i>	OTC
<i>childrens chw /iron</i>	OTC
<i>childrens chw complete</i>	OTC
<i>chld mltivit chw /mineral</i>	OTC
<i>compl multiv chw childrns</i>	OTC
<i>cvs children chw complete</i>	OTC
DALYVITE/FE LIQ	OTC
<i>flintstones chw ext iron</i>	OTC
<i>fruity chews chw /iron</i>	OTC
HONEY BEARS CHW IRON-ZIN	OTC
<i>land bfr tim chw vit/iron</i>	OTC
MULTI/IRON/ DRO 11MG/ML	OTC
MULTI/IRON/ DRO INF/TODD	OTC
MULTIVITAMIN CHW IRON	OTC
PED POLY-VIT DRO /IRON	OTC
POLY-VI-SOL SOL IRON	OTC
POLY-VITA/FE DRO	OTC
POLY-VITE SOL /IRON	OTC
POLY-VITE SOL IRON	OTC
<i>qc childrens chw complete</i>	OTC
<i>qc childrens chw iron</i>	OTC
<i>sm animal sh chw complete</i>	OTC
<i>ultra choice chw kids</i>	OTC

PEDIATRIC MULTIPLE VITAMINS

<i>child chew chw vitamins</i>	OTC
<i>child chew/ chw extra c</i>	OTC
<i>children vit chw</i>	OTC
<i>childrens chw multivit</i>	OTC
<i>childrens chw vitamins</i>	OTC
<i>culturelle chw</i>	OTC
<i>culturelle chw kids</i>	OTC
<i>flintstones chw my first</i>	OTC
<i>fruity chews chw</i>	OTC
FT CHILDRENS CHW MULTI	OTC
<i>gnp little chw ones</i>	OTC
<i>land bfr tim chw vit/c</i>	OTC
<i>little chw animals</i>	OTC
MULTIV INFAN DRO /TODDLER	OTC
<i>multivitamin chw children</i>	OTC
MULTIVITAMIN DRO INFANT	OTC

Drug Name	Requirements/Limits
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
<i>qc childrens chw extra c</i>	OTC
<i>zoo friends chw extra c</i>	OTC
PEDIATRIC VITAMINS	
BPROTECT PED DRO TRI-VITE	OTC
HONEY BEARS CHW	OTC
MULTIVITAMIN CHW CHILD	OTC
<i>ped tri-vit dro</i>	OTC
TRI-VI-SOL SOL A/C/D	OTC
TRI-VITAMIN DRO	OTC
<i>tri-vite dro pediatri</i>	OTC
VITAMI A-C-D DRO INF/TODD	OTC
VITAMI A-C-D DRO INFANT	OTC
PRENATAL VITAMINS	
CENTRUM SPEC PAK PRENATAL	OTC
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
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
PRENATABS FA TAB 29-1MG	OTC

Drug Name	Requirements/Limits
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 FORTE	OTC
PRENATAL TAB IRON	OTC
PRENATAL TAB MULTIVIT	OTC
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
RA PRENATAL TAB 28-0.8MG	OTC
RA PRENATAL TAB FORMULA	OTC
SE-NATAL 19 CHW	
SE-NATAL 19 TAB	
SIMILAC PREN PAK EARLY SH	OTC
SM ONE DAILY MIS PRENATAL	OTC
SM PRENATAL TAB VITAMINS	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	
SPECIALTY VITAMINS PRODUCTS	
ADRENAL CAP MANAGER	OTC
ADRENALIV CAP	OTC
BILBERRY CAP PLUS	OTC
COGNIUM CHW COMPLETE	OTC
COLLAGEN CAP ULTRA	OTC
CORTICARE B CAP	OTC
FEMQUIL CAP	OTC

Drug Name	Requirements/Limits
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
MM BIOTIN CAP KERATIN	OTC
RETAIN CAP VISION	OTC
VITAMINS FOR CAP HAIR	OTC

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

baclofen tabs 5mg, 10mg, 15mg, 20mg

chlorzoxazone tabs 500mg

cyclobenzaprine hcl tabs 5mg, 10mg

methocarbamol tabs 500mg, 750mg

orphenadrine citrate tb12 100mg

QL (2 tabs every 1 day)

tizanidine hcl tabs 2mg

tizanidine hcl (generic of ZANAFLEX) tabs 4mg

DIRECT MUSCLE RELAXANTS

dantrolene sodium (generic of DANTRIUM) caps 25mg

dantrolene sodium caps 50mg, 100mg

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

SODIUM HYALURONATE SOSY 20MG/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

Drug Name	Requirements/Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL	
NASAL AGENTS - MISC.	
<i>altamist soln .65%</i>	OTC
<i>ayr soln .65%</i>	OTC
<i>baby ayr saline soln .65%</i>	OTC
<i>deep sea nasal spray soln .65%</i>	OTC
<i>nasal moisturizing spray soln .65%</i>	OTC
NOZIN NASAL SANITIZER SWAB 62%	OTC
<i>ocean for kids soln .65%</i>	OTC
<i>qc saline nasal spray soln .65%</i>	OTC
<i>saline mist soln .65%</i>	OTC
<i>sb saline nose soln .65%</i>	OTC
<i>sm nasal spray saline soln .65%</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>	
NASAL STEROIDS	
<i>allergy nasal spray 24 ho aero 55mcg/act</i>	QL (1 bottle every 30 days), OTC
<i>cvs budesonide nasal spra susp 32mcg/act</i>	QL (1 bottle every 30 days), OTC
<i>eq allergy relief susp 50mcg/act</i>	QL (1 bottle every 30 days), OTC
<i>eq nasal allergy spray aero 55mcg/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
<i>ft 24 hour nasal allergy aero 55mcg/act</i>	QL (1 bottle every 30 days), OTC
<i>ft allergy relief 24 hr susp 50mcg/act</i>	QL (1 bottle every 30 days), OTC
<i>gnp 24 hour nasal allerg aero 55mcg/act</i>	QL (1 bottle every 30 days), OTC
<i>gnp fluticasone propionat susp 50mcg/act</i>	QL (1 bottle every 30 days), OTC
<i>goodsense 24-hour allergy susp 50mcg/act</i>	QL (1 bottle every 30 days), OTC
<i>kls aller-flo susp 50mcg/act</i>	QL (1 bottle every 30 days), OTC
NASACORT ALLERGY 24HR AERO 55MCG/ACT	QL (1 bottle every 30 days), OTC
<i>ra budesonide nasal spray susp 32mcg/act</i>	QL (1 bottle every 30 days), OTC
<i>ra nasal allergy spray aero 55mcg/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>anefrin nasal spray/no dr soln .05%</i>	OTC
<i>cvs allergy nasal mist no soln .05%</i>	OTC
<i>cvs nasal spray soln .05%, 1%</i>	OTC
<i>cvs sinus nasal spray soln .05%</i>	OTC
<i>decongestant tabs 30mg</i>	OTC
<i>dristan nasal spray 12hr soln .05%</i>	OTC

Drug Name	Requirements/Limits
<i>eq nasal spray soln .05%</i>	OTC
<i>eq nasal spray fast actin soln 1%</i>	OTC
<i>eq sinus 12-hour maximum tb12 120mg</i>	OTC
<i>eq sinus & congestion max tabs 30mg</i>	OTC
<i>eql nasal spray fast acti soln 1%</i>	OTC
<i>eql nasal spray no drip soln .05%</i>	OTC
<i>eql nasal spray no drip 1 soln .05%</i>	OTC
<i>ft nasal soln .05%</i>	OTC
<i>ft nasal decongestant max tabs 30mg; tb12 120mg</i>	OTC
<i>giltuss severe sinus soln .05%</i>	OTC
<i>gnp nasal decongestant ma tb12 120mg</i>	OTC
<i>gnp nasal decongestant/ma tabs 30mg</i>	OTC
<i>gnp nasal spray soln .05%</i>	OTC
<i>gnp nasal spray fast acti soln 1%</i>	OTC
<i>12 hour decongestant nasa soln .05%</i>	OTC
<i>12 hour nasal decongestan tb12 120mg</i>	OTC
<i>long acting nasal spray soln .05%</i>	OTC
<i>long lasting nasal spray soln .05%</i>	OTC
<i>mucinex sinus-max clear & soln .05%</i>	OTC
<i>nasal decongestant tabs 30mg</i>	OTC
<i>nasal decongestant 12 hou tb12 120mg</i>	OTC
<i>nasal decongestant d tabs 30mg</i>	OTC
<i>nasal decongestant spray soln .05%</i>	OTC
<i>nasal four soln 1%</i>	OTC
<i>nasal spray soln .05%</i>	OTC
<i>nasal spray 12 hour soln .05%</i>	OTC
<i>nasal spray maximum stren soln .05%</i>	OTC
<i>nasal spray no drip soln .05%</i>	OTC
<i>no drip nasal spray soln .05%</i>	OTC
<i>nostrilla soln .05%</i>	OTC
<i>oxymetazoline hcl soln .05%</i>	OTC
<i>pseudoephedrine hcl tabs 30mg, 60mg; tb12 120mg</i>	OTC
<i>qc nasal decongestant max tabs 30mg</i>	OTC
<i>qc nasal mist no drip max soln .05%</i>	OTC
<i>qc nasal spray soln .05%, 1%</i>	OTC
<i>qc no drip original 12 ho soln .05%</i>	OTC
<i>qc suphedrine maximum str tb12 120mg</i>	OTC
<i>qlearquil soln .05%</i>	OTC
<i>ra 12 hour nasal spray soln .05%</i>	OTC
<i>ra nose drops extra stren soln 1%</i>	OTC
<i>ra sinus pressure/congest tabs 30mg; tb12 120mg</i>	OTC
<i>ra suphedrine tabs 30mg; tb12 120mg</i>	OTC
<i>sb nasal spray no-drip soln .05%</i>	OTC
<i>sb sinus relief soln .05%</i>	OTC
<i>sinus relief soln .05%</i>	OTC

Drug Name	Requirements/Limits
<i>sinus relief extra streng soln 1%</i>	OTC
<i>sinus relief mist soln .05%</i>	OTC
<i>sudafed sinus congestion tb12 120mg</i>	OTC
SUDAFED SINUS CONGESTION TB24 240MG	OTC
<i>sudogest tabs 30mg, 60mg</i>	OTC
<i>sudogest maximum strength tabs 30mg</i>	OTC
<i>suphedrine 12hour maximum tb12 120mg</i>	OTC
<i>wal-phed 12 hour tb12 120mg</i>	OTC
<i>wal-phed d tb12 120mg</i>	OTC
<i>4-way fast acting soln 1%</i>	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
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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>cvs fish oil cap 1/2 size</i>	OTC
<i>cvs fish oil cap 500mg</i>	OTC
<i>cvs fish oil cap 1000mg</i>	OTC
<i>cvs fish oil cap 1200mg</i>	OTC
<i>eql fish oil cap 1000mg</i>	OTC
<i>eql fish oil cap 1200mg</i>	OTC
<i>fish oil cap 435mg</i>	OTC
<i>fish oil cap 645mg</i>	OTC
<i>fish oil cap 1200mg</i>	OTC
FISH OIL CAP 1200MG	OTC
<i>fish oil cap minis</i>	OTC
<i>fish oil con cap 300mg</i>	OTC
<i>fish oil con cap 1000mg</i>	OTC
<i>ft fish oil cap 300mg</i>	OTC
<i>gnp fish oil cap 1000mg</i>	OTC
<i>hm fish oil cap 1000mg</i>	OTC
<i>kp fish oil cap 1200mg</i>	OTC
MEGARED OMG3 CAP 800MG	OTC
MINI FISH CAP 415MG	OTC

Drug Name	Requirements/Limits
MINI OMEGA-3 CAP 540MG	OTC
<i>omega 3 cap 1000mg</i>	OTC
OMEGA-3 CAP 1400MG	OTC
<i>omega-3 cf cap 1000mg</i>	OTC
<i>omega-3 fatty acids cap 300 mg</i>	OTC
<i>omega-3 fatty acids cap 435 mg</i>	OTC
<i>omega-3 fatty acids cap 500 mg</i>	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	OTC
<i>omega-3 fatty acids cap delayed release 1000 mg</i>	OTC
<i>omega-3 fish cap 1000 mg</i>	OTC
<i>omega-3 fish cap 1000mg</i>	OTC
<i>omega-3 fish cap 1200mg</i>	OTC
<i>omega-3 fish cap oil conc</i>	OTC
<i>prenatal dha caps 200mg</i>	QL (1 cap every 1 day), OTC
<i>qc fish oil cap 1000mg</i>	OTC
<i>ra fish oil cap 1000mg</i>	OTC
<i>salmon oil cap 1000mg</i>	OTC
<i>sam-e.p.a. cap 500mg</i>	OTC
<i>sea-omega 50 cap 1000mg</i>	OTC
<i>sm fish oil cap</i>	OTC
<i>sm fish oil cap 1000mg</i>	OTC
<i>sm fish oil cap 1200mg</i>	OTC
<i>super dha cap gems</i>	OTC
<i>super omega cap -3</i>	OTC
<i>superior cap omega3</i>	OTC
<i>sv fish oil cap 500mg</i>	OTC
<i>theromega cap 1000mg</i>	OTC
VITEYES OMEG CAP TG	OTC
<i>viteyes omeg cap vis supp</i>	OTC

PROTEINS

L-THEANINE CAPS 100MG	OTC
<i>nac caps 600mg</i>	OTC
<i>nac 600 caps 600mg</i>	OTC
<i>theanine caps 100mg</i>	OTC
<i>theanine 100 caps 100mg</i>	OTC
THEANINE GUMMIES CHEW 100MG	OTC

OPHTHALMIC AGENTS

ARTIFICIAL TEARS AND LUBRICANTS

<i>altalube oin</i>	OTC
<i>artifi tears dro 1-0.3%</i>	OTC
<i>artificial dro tears</i>	OTC
<i>artificial sol 0.5-0.6%</i>	OTC
<i>artificial sol tears</i>	OTC

Drug Name	Requirements/Limits
<i>biolle tears soln .5%</i>	OTC
BLINK TEARS LUBRICATING E SOLN .25%	OTC
<i>carboxymethylcellulose sodium (ophth) soln .5%</i>	OTC
<i>clear eyes dro 0.5-0.6%</i>	OTC
<i>cvs dry eye dro relief</i>	OTC
<i>cvs lubricant eye drops soln .5%, .6%</i>	OTC
<i>cvs lubricant eye drops p soln .5%</i>	OTC
<i>cvs lubricant gel drops gel 1%</i>	OTC
<i>cvs lubricat oin</i>	OTC
<i>cvs natural dro tears</i>	OTC
<i>dry eye relf oin night</i>	OTC
<i>dry eye rlf dro</i>	OTC
<i>dry-eye relf oin nighttim</i>	OTC
<i>eq artificia sol tears</i>	OTC
<i>eq lubricant dro eye drop</i>	OTC
<i>eq lubricant eye drops soln .6%</i>	OTC
<i>eq restore oin pm</i>	OTC
<i>eq restore plus lubricant soln .5%</i>	OTC
<i>eq restore tears soln .5%</i>	OTC
<i>eye drops dro 0.5-0.9%</i>	OTC
<i>eye drops sol relief</i>	OTC
<i>eye lubrican oin op</i>	OTC
<i>eyes alive soln .5%</i>	OTC
<i>for sty reli oin</i>	OTC
<i>ft lubricant eye drops soln .5%</i>	OTC
GENTEAL TEAR GEL SEV D/N	OTC
<i>genteal tear oin nt-time</i>	OTC
<i>genteal tear sol moderate</i>	OTC
<i>gnp eye drop dro 0.4-0.3%</i>	OTC
<i>gnp lubricant eye drops soln .5%</i>	OTC
<i>goodsense lubricating plu soln .5%</i>	OTC
<i>hypotears oin op</i>	OTC
<i>just tears sol eye drop</i>	OTC
<i>lubricant dro eye</i>	OTC
<i>lubricant eye drops soln .5%, .6%</i>	OTC
<i>lubricant oin eye</i>	OTC
<i>lubricant oin eye pm</i>	OTC
<i>lubricant sol eye drop</i>	OTC
<i>lubricat eye dro 0.4-0.3%</i>	OTC
<i>lubricating tears soln .5%</i>	OTC
<i>lubricnt eye dro</i>	OTC
<i>lubricnt eye dro 0.1-0.3%</i>	OTC
<i>lubricnt eye dro 0.4-0.3%</i>	OTC
<i>lubricnt eye oin fast act</i>	OTC
<i>lubricnt eye oin nighttim</i>	OTC

Drug Name	Requirements/Limits
LUBRICANT GEL DRO 0.25-0.3	OTC
<i>lubrifresh oin p.m.</i>	OTC
<i>nighttime eye oin relief</i>	OTC
<i>polyvinyl alcohol soln 1.4%</i>	OTC
PURE & GENTLE LUBRICANT SOLN 3MG/ML	OTC
<i>qc lubricant eye drops soln .6%</i>	OTC
<i>ra lubricant dro 0.4-0.3%</i>	OTC
<i>refresh lacr oin op</i>	OTC
<i>refresh p.m. oin op</i>	OTC
REFRESH TEARS SOLN .5%	OTC
<i>retaine pm oin</i>	OTC
<i>sm artificia sol tears</i>	OTC
SOOTHE DRO 0.6-0.6%	OTC
<i>soothe hydration soln 1.25%</i>	OTC
<i>soothe night oin op</i>	OTC
<i>soothe xp dro</i>	OTC
<i>soothe xp dro 1%-4.5%</i>	OTC
<i>soothe xp sol</i>	OTC
STERILE LUBRICANT DROPS LIQD .7%	OTC
<i>stye dro 0.5-0.6%</i>	OTC
<i>stye oin</i>	OTC
<i>systane dro contacts</i>	OTC
SYSTANE GEL DRO 0.4-0.3%	OTC
<i>systane oin</i>	OTC
THERATEARS SOLN .25%	OTC
THERATEARS EXTRA SOLN .25%	OTC
<i>ult lub eye dro 0.4-0.3%</i>	OTC
<i>ultra eye dro 0.4-0.3%</i>	OTC
<i>ultra fresh soln .5%</i>	OTC
<i>ultra fresh oin pm</i>	OTC
BETA-BLOCKERS - OPHTHALMIC	
BETAXOLOL HCL SOLN .5%	
CARTEOLOL HCL SOLN 1%	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)</i>	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (generic of COSOPT PF)</i>	
LEVOBUNOLOL HCL SOLN .5%	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	
CYCLOPLEGIC MYDRIATICS	
<i>altafrin soln 2.5%, 10%</i>	
ATROPINE SULFATE SOLN 1%	
<i>atropine sulfate (ophthalmic) soln 1%</i>	
<i>cyclopentolate hcl (generic of CYCLOGYL) soln 1%</i>	
HOMATROPAIRE SOLN 5%	

Drug Name	Requirements/Limits
<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>	
MIOTICS	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	
OPHTHALMIC - ANGIOGENESIS INHIBITORS	
EYLEA SOLN 2MG/0.05ML	PA; Bill as Medical Claim Only
OPHTHALMIC ADRENERGIC AGENTS	
ALPHAGAN P SOLN .1%	
APRACLONIDINE SOLN .5%	
<i>brimonidine tartrate (generic of ALPHAGAN P) soln .1%, .15%</i>	
<i>brimonidine tartrate soln .2%</i>	
OPHTHALMIC ANTI-INFECTIVES	
<i>bacitracin-polymyxin b ophth oint</i>	
CILOXAN OINT .3%	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	
<i>erythromycin (ophth) oint 5mg/gm</i>	
<i>gentamicin sulfate (ophth) soln .3%</i>	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) soln .5%</i>	
NATACYN SUSP 5%	
<i>neo-polycin oin op</i>	
NEO/POLY/GRA SOL OP	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>ofloxacin (ophth) (generic of OCUFLOX) soln .3%</i>	
<i>polycin oin op</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
SULFACETAMIDE SODIUM OINT 10%	
<i>sulfacetamide sodium (ophth) soln 10%</i>	
<i>tobramycin (ophth) soln .3%</i>	
TRIFLURIDINE SOLN 1%	
OPHTHALMIC DECONGESTANTS	
<i>allergy eye dro op</i>	OTC
<i>eye allergy sol relief</i>	OTC
<i>visine sol</i>	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%	

Drug Name	Requirements/Limits
OPHTHALMIC LOCAL ANESTHETICS	
<i>altacaine soln .5%</i>	
<i>proparacaine hcl (generic of ALCAINE) soln .5%</i>	
<i>tetracaine hcl (ophth) soln .5%</i>	
OPHTHALMIC PHOTOENHANCERS	
PHOTREXA VIS SOL 0.146-20	PA; Bill as Medical Claim Only
OPHTHALMIC STEROIDS	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
DEXAMETHASONE SODIUM PHOS SOLN .1%	
<i>fluorometholone (ophth) (generic of FML LIQUIFILM) susp .1%</i>	
<i>loteprednol etabonate (generic of LOTEMAX) susp .5%</i>	
MAXIDEX SUSP .1%	
<i>neo-polycin oin hc 1%op</i>	
NEO/POLY/HC SUS OP	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	
OZURDEX IMPL .7MG	PA; Bill as Medical Claim Only
PRED MILD SUSP .12%	
<i>prednisolone acetate (ophth) (generic of PRED FORTE) susp 1%</i>	
PREDNISOLONE SODIUM PHOSP SOLN 1%	
SULF/PRED NA SOL OP	
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>alaway soln .035%</i>	OTC
<i>alaway childrens allergy soln .035%</i>	OTC
<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>cvs allergy eye drops soln .035%</i>	OTC
<i>cvs olopatadine hydrochlor soln .1%, .2%</i>	OTC
<i>diclofenac sodium (ophth) soln .1%</i>	
<i>dorzolamide hcl soln 2%</i>	
<i>epinastine hcl (ophth) soln .05%</i>	
<i>eq olopatadine hydrochlor soln .1%, .2%</i>	OTC
<i>eye allergy itch relief soln .2%</i>	OTC
<i>eye allergy itch/redness soln .1%</i>	OTC
<i>eye itch relief soln .035%</i>	OTC
FLURBIPROFEN SODIUM SOLN .03%	
<i>ft eye allergy itch & red soln .1%</i>	OTC
<i>ft eye allergy itch relie soln .2%</i>	OTC

Drug Name	Requirements/Limits
<i>gnp olopatadine hydrochlo soln .1%, .2%</i>	OTC
<i>goodsense eye itch relief soln .035%</i>	OTC
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) soln .4%</i>	
<i>ketorolac tromethamine (ophth) (generic of ACULAR) soln .5%</i>	
<i>ketotifen fumarate (ophth) soln .035%</i>	OTC
<i>olopatadine hcl soln .1%, .2%</i>	OTC
PATADAY SOLN .1%, .2%	OTC
PATADAY EXTRA STRENGTH SOLN .7%	OTC

PROSTAGLANDINS - OPHTHALMIC

<i>latanoprost (generic of XALATAN) soln .005%</i>	
<i>tafluprost (generic of ZIOPTAN) soln .015mg/ml</i>	QL (30 single use containers every 30 days)
<i>travoprost (generic of TRAVATAN Z) soln .004%</i>	QL (1 bottle every 30 days)
ZIOPTAN SOLN .015MG/ML	QL (30 single use containers every 30 days)

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid (otic) soln 2%</i>	
<i>clearcanal earwax softene soln 6.5%</i>	OTC
<i>clinere earwax removal ki soln 6.5%</i>	OTC
<i>cvs ear drops soln 6.5%</i>	OTC
<i>cvs earwax removal kit soln 6.5%</i>	OTC
<i>cvs earwax removal system soln 6.5%</i>	OTC
<i>ear drops soln 6.5%</i>	OTC
<i>ear wax removal kit soln 6.5%</i>	OTC
<i>ear wax removal system soln 6.5%</i>	OTC
<i>earwax removal soln 6.5%</i>	OTC
<i>eq ear wax removal aid soln 6.5%</i>	OTC
<i>eq earwax removal aid soln 6.5%</i>	OTC
<i>ft earwax removal kit soln 6.5%</i>	OTC
<i>gnp earwax removal drops soln 6.5%</i>	OTC
<i>gnp earwax removal kit soln 6.5%</i>	OTC
<i>goodsense ear wax removal soln 6.5%</i>	OTC
<i>murine ear soln 6.5%</i>	OTC
<i>murine for ear wax remova soln 6.5%</i>	OTC
<i>qc ear wax removal drops soln 6.5%</i>	OTC
<i>qc earwax removal kit soln 6.5%</i>	OTC
<i>ra ear drops soln 6.5%</i>	OTC
<i>ra earwax removal kit soln 6.5%</i>	OTC
<i>sm ear drops soln 6.5%</i>	OTC

OTIC ANTI-INFECTIVES

<i>ciprofloxacin hcl (otic) (generic of CETRAXAL) soln .2%</i>	
<i>ofloxacin (otic) soln .3%</i>	

Drug Name	Requirements/Limits
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 unit/ml-1%</i>	
OTIC STEROIDS	
<i>flac (generic of DERMOTIC) oil .01%</i>	
<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
FLEBOGAMMA DIF SOLN 5GM/100ML, 5GM/50ML, 10GM/100ML, 10GM/200ML, 20GM/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 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
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	
SYNAGIS SOLN 50MG/0.5ML, 100MG/ML	PA; Bill as Medical Claim Only
ZINPLAVA SOLN 1000MG/40ML	PA; Bill as Medical Claim Only
PENICILLINS	
AMINOPENICILLINS	
<i>amoxicillin caps 250mg, 500mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml; tabs 500mg, 875mg</i>	
AMOXICILLIN CHEW 125MG, 250MG	
<i>amoxicillin (generic of AMOXICILLIN) susr 400mg/5ml</i>	
<i>ampicillin caps 500mg</i>	

Drug Name	Requirements/Limits
NATURAL PENICILLINS	
PENICILLIN V POTASSIUM SOLR 125MG/5ML, 250MG/5ML	
<i>penicillin v potassium tabs 250mg, 500mg</i>	
PENICILLIN COMBINATIONS	
AMOX-POT CLA TAB ER	
AMOX/K CLAV CHW 200MG	
AMOX/K CLAV CHW 400MG	
<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 (generic of AUGMENTIN ES-600)</i>	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
AUGMENTIN SUS 125/5ML	
PENICILLINASE-RESISTANT PENICILLINS	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	
PROGESTINS	
PROGESTINS	
<i>gallifrey tabs 5mg</i>	
<i>medroxyprogesterone acetate (generic of PROVERA) tabs 2.5mg, 5mg, 10mg</i>	
<i>norethindrone acetate tabs 5mg</i>	
<i>progesterone (generic of PROMETRIUM) caps 100mg, 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, 10mg, PA 23mg</i>	
<i>donepezil hydrochloride tbdp 5mg, 10mg</i>	PA
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; tabs 4mg, PA 8mg, 12mg</i>	
GALANTAMINE HYDROBROMIDE SOLN 4MG/ML	PA
<i>memantine hcl soln 2mg/ml; tabs 5mg, 10mg</i>	PA
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)</i>	PA
<i>rivastigmine (generic of EXELON) pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	PA
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	PA

Drug Name	Requirements/Limits
FIBROMYALGIA AGENTS	
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	QL (2 tabs every 1 day)
SAVELLA MIS TITR PAK	
MOVEMENT DISORDER DRUG THERAPY	
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
COPAXONE SOSY 20MG/ML	PA
COPAXONE SOSY 40MG/ML	PA
<i>dalfampridine</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> fingolimod 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
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	
GRALISE TABS 300MG, 450MG, 600MG, 750MG, 900MG	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	
ERGOLOID MESYLATES TABS 1MG	
PIMOZIDE TABS 1MG, 2MG	PA Required for < 12 years of age
RESTLESS LEG SYNDROME (RLS) AGENTS	
HORIZANT TBCR 300MG, 600MG	PA
SMOKING DETERRENTS	
<i>bupropion hcl</i> (smoking deterrent) <i>tb12 150mg</i>	QL (84 days supply in 180 days)
<i>cvs nicotine gum 2mg, 4mg</i>	QL (84 days supply in 180 days), OTC
<i>cvs nicotine gum gum 4mg</i>	QL (84 days supply in 180 days), OTC
<i>cvs nicotine lozenge lozg 2mg, 4mg</i>	QL (84 days supply in 180 days), OTC

Drug Name	Requirements/Limits
<i>cvs nicotine polacrilex gum 2mg, 4mg; lozg 2mg</i>	QL (84 days supply in 180 days), OTC
<i>cvs nicotine transdermal pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	QL (84 days supply in 180 days), OTC
<i>eq nicotine pt24 14mg/24hr, 21mg/24hr</i>	QL (84 days supply in 180 days), OTC
<i>eq nicotine lozenges lozg 4mg</i>	QL (84 days supply in 180 days), OTC
<i>eq nicotine polacrilex gum 2mg, 4mg; lozg 2mg</i>	QL (84 days supply in 180 days), OTC
<i>eq nicotine step 3 pt24 7mg/24hr</i>	QL (84 days supply in 180 days), OTC
<i>ft nicotine gum 2mg</i>	QL (84 days supply in 180 days), OTC
<i>ft nicotine gum 4mg</i>	OTC
<i>ft nicotine mini lozg 2mg, 4mg</i>	OTC
<i>ft nicotine transdermal s pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	OTC
<i>gnp nicotine gum gum 4mg</i>	QL (84 days supply in 180 days), OTC
<i>gnp nicotine mini lozenge lozg 2mg, 4mg</i>	QL (84 days supply in 180 days), OTC
<i>gnp nicotine polacrilex gum 2mg, 4mg; lozg 2mg, 4mg</i>	QL (84 days supply in 180 days), OTC
<i>gnp nicotine transdermal pt24 7mg/24hr, 14mg/24hr</i>	QL (84 days supply in 180 days), OTC
<i>goodsense nicotine polacr gum 2mg, 4mg</i>	QL (84 days supply in 180 days), OTC
<i>habitrol pt24 21mg/24hr</i>	OTC
<i>kls quit2 gum 2mg; lozg 2mg</i>	QL (84 days supply in 180 days), OTC
<i>kls quit4 gum 4mg; lozg 4mg</i>	QL (84 days supply in 180 days), OTC
NICODERM CQ PT24 7MG/24HR, 14MG/24HR, 21MG/24HR	QL (84 days supply in 180 days), OTC
NICORETTE GUM 2MG, 4MG; LOZG 2MG, 4MG	QL (84 days supply in 180 days), OTC
NICORETTE MINI LOZG 2MG	OTC; 84 days supply in 180 days
NICORETTE MINI LOZG 4MG	QL (84 days supply in 180 days), OTC
NICORETTE STARTER KIT GUM 2MG, 4MG	QL (84 days supply in 180 days), OTC
<i>nicotine pt24 14mg/24hr, 21mg/24hr</i>	QL (84 days supply in 180 days), OTC
<i>nicotine mini lozenge lozg 2mg</i>	QL (84 days supply in 180 days), OTC

Drug Name	Requirements/Limits
<i>nicotine polacrilex gum 2mg, 4mg; lozg 2mg, 4mg</i>	QL (84 days supply in 180 days), OTC
<i>nicotine polacrilex mini lozg 2mg</i>	QL (84 days supply in 180 days), OTC
<i>nicotine step 1 pt24 21mg/24hr</i>	QL (84 days supply in 180 days), OTC
<i>nicotine step 3 pt24 7mg/24hr</i>	QL (84 days supply in 180 days), OTC
<i>nicotine transdermal syst pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	QL (84 days supply in 180 days), OTC
NICOTROL INHALER INHA 10MG	QL (84 days supply in 180 days)
NICOTROL NS SOLN 10MG/ML	QL (84 days supply in 180 days)
<i>qc nicotine transdermal s pt24 14mg/24hr, 21mg/24hr</i>	QL (84 days supply in 180 days), OTC
<i>ra mini nicotine lozg 2mg, 4mg</i>	QL (84 days supply in 180 days), OTC
<i>ra nicotine gum 2mg, 4mg; pt24 14mg/24hr, 21mg/24hr</i>	QL (84 days supply in 180 days), OTC
<i>ra nicotine gum gum 4mg</i>	QL (84 days supply in 180 days), OTC
<i>sm nicotine polacrilex gum 4mg</i>	QL (84 days supply in 180 days), OTC
<i>sm nicotine transdermal s pt24 14mg/24hr</i>	QL (84 days supply in 180 days), OTC
<i>thrive gum 2mg</i>	QL (84 days supply in 180 days), OTC
<i>varenicline tartrate 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
TEGSEDI SOSY 284MG/1.5ML	PA; Bill as Medical Claim Only

RESPIRATORY AGENTS - MISC.

ALPHA-PROTEINASE INHIBITOR (HUMAN)

ARALAST NP SOLR 1000MG	PA; Bill as Medical Claim Only
GLASSIA SOLN 1000MG/50ML	PA; Bill as Medical Claim Only
PROLASTIN-C SOLR 1000MG	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
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PULMONARY FIBROSIS AGENTS

ESBRIET CAPS 267MG; TABS 267MG, 801MG	PA
<i>pirfenidone (generic of ESBRIET) caps 267mg</i>	
<i>pirfenidone (generic of ESBRIET) tabs 267mg, 801mg</i>	PA

Drug Name	Requirements/Limits
TETRACYCLINES	
GLYCYLCYCLINES	
TIGECYCLINE SOLR 50MG	PA; Bill as Medical Claim Only
<i>tigecycline</i> (generic of TYGACIL) <i>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	
ADTHYZA TABS 15MG, 30MG, 60MG, 90MG, 120MG	
ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG	
<i>euthyrox</i> (generic of SYNTHROID) <i>tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	
<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>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	
THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	

Drug Name	Requirements/Limits
<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>	
<i>glycopyrrolate tabs 1mg, 2mg</i>	
<i>hyoscyamine sulfate sub1 .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	
<i>nulev tbdp .125mg</i>	
<i>oscimin sub1 .125mg; tabs .125mg</i>	

H-2 ANTAGONISTS

<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	
<i>cimetidine 200 tabs 200mg</i>	OTC
<i>cimetidine hcl soln 300mg/5ml</i>	
<i>cvs acid controller tabs 10mg</i>	OTC
<i>cvs acid controller maxim tabs 20mg</i>	OTC
<i>cvs heartburn relief tabs 200mg</i>	OTC
<i>eq acid reducer tabs 200mg</i>	OTC
<i>eq cimetidine acid reduce tabs 200mg</i>	OTC
<i>eq famotidine tabs 10mg</i>	OTC
<i>eq famotidine maximum str tabs 20mg</i>	OTC
<i>eq1 heartburn prevention tabs 10mg</i>	OTC
<i>eq1 heartburn prevention/ tabs 20mg</i>	OTC
<i>famotidine susr 40mg/5ml</i>	
<i>famotidine tabs 10mg, 20mg</i>	OTC
<i>famotidine</i> (generic of PEPCID) <i>tabs 20mg, 40mg</i>	
<i>ft acid reducer tabs 10mg</i>	OTC
<i>gnp acid reducer maximum tabs 20mg</i>	OTC
<i>heartburn relief tabs 10mg</i>	OTC
<i>mm acid-pep maximum stren tabs 20mg</i>	OTC
<i>qc famotidine acid reduce tabs 10mg, 20mg</i>	OTC
<i>zantac 360 tabs 10mg</i>	OTC
<i>zantac 360 maximum streng tabs 20mg</i>	OTC

Drug Name	Requirements/Limits
MISC. ANTI-ULCER	
CARAFATE SUSP 1GM/10ML	
<i>sucralfate (generic of CARAFATE) tabs 1gm</i>	
PROTON PUMP INHIBITORS	
<i>acid reducer cpdr 20.6mg; tbec 20mg</i>	OTC
<i>cvs lansoprazole tbdd 15mg</i>	PA, OTC
<i>cvs omeprazole cpdr 20mg</i>	OTC
<i>cvs omeprazole odt tbdd 20mg</i>	OTC
<i>eq esomeprazole magnesium cpdr 20mg</i>	OTC
<i>esomeprazole magnesium cpdr 20mg</i>	OTC
<i>esomeprazole magnesium (generic of NEXIUM) cpdr 40mg</i>	
<i>esomeprazole magnesium (generic of NEXIUM) pack 2.5mg, 5mg, 10mg, 20mg, 40mg</i>	PA Required for > 18 years old
FIRST-LANSOPRAZOLE SUSP 3MG/ML	
FIRST-OMEPRAZOLE SUSP 2MG/ML	
<i>ft acid reducer cpdr 20mg</i>	OTC
<i>gnp esomeprazole magnesium cpdr 20mg</i>	OTC
<i>gnp omeprazole cpdr 20.6mg</i>	OTC
<i>gnp omeprazole odt tbdd 20mg</i>	OTC
<i>goodsense lansoprazole tbdd 15mg</i>	PA, OTC
<i>lansoprazole cpdr 15mg</i>	
<i>lansoprazole (generic of PREVACID) cpdr 30mg</i>	
<i>lansoprazole (generic of PREVACID SOLUTAB) tbdd 15mg, 30mg</i>	PA
<i>lansoprazole (generic of PREVACID SOLUTAB) tbdd 30mg</i>	PA Required for > 18 years old
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	
<i>omeprazole tbdd 20mg</i>	OTC
OMEPRAZOLE + SYRSPEND SF SUSP 2MG/ML	
<i>omeprazole magnesium cpdr 20.6mg; tbec 20mg</i>	OTC
<i>pantoprazole sodium (generic of PROTONIX) tbec 20mg, 40mg</i>	
PROTONIX PACK 40MG	PA Required for > 18 years old
<i>qc esomeprazole magnesium cpdr 20mg</i>	OTC
ULCER DRUGS - PROSTAGLANDINS	
<i>misoprostol (generic of CYTOTEC) tabs 100mcg, 200mcg</i>	
URINARY ANTISPASMODICS	
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	
DETROL TABS 2MG	
DETROL LA CP24 4MG	
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	
TOVIAZ TB24 4MG, 8MG	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	

Drug Name	Requirements/Limits
VACCINES	
BACTERIAL VACCINES	
BCG VACCINE SOLR 50MG	PA; Bill as Medical Claim Only
CAPVAXIVE SOSY .5ML	QL (1 per Lifetime)
MENACTRA INJ	QL (2 per Lifetime); Covered for ages 19 to 55
PENBRAYA INJ	QL (1 per Lifetime); Covered for ages 19 to 25
PNEUMOVAX 23 SOSY 25MCG/0.5ML	
PNEUMOVAX 23/1 DOSE SOLN 25MCG/0.5ML	
PREVNAR 13 INJ	
TRUMENBA INJ	QL; Covered for ages 19 to 25
VIRAL VACCINES	
AFLURIA QUAD INJ 2020-21	
COMIRNATY 2024-25 SUSY 30MCG/0.3ML	Covered for ages 19 and older
ENGERIX-B SUSP 20MCG/ML; SUSY 20MCG/ML	
FLUCLVX QUAD INJ 2020-21	
FLUMIST QUAD SUS 2020-21	
FLUZONE QUAD INJ 2020-21	
GARDASIL 9 INJ	Covered for ages 11 to 45
HAVRIX SUSP 1440ELU/ML	
IXCHIQ INJ	QL (1 per Lifetime)
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
PFIZER-BIONTECH COVID-19 SUSP 3MCG/0.3ML, 10MCG/0.3ML	
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 SUSP 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 (generic of CLEOCIN) crea 2%</i>	
<i>clotrimazole crea 1%</i>	OTC
<i>cvs clotrimazole 3 crea 2%</i>	OTC
<i>cvs miconazole 7 crea 2%</i>	OTC
<i>3 day vaginal crea 2%</i>	OTC
<i>eq miconazole 7 crea 2%</i>	OTC

Drug Name	Requirements/Limits
<i>ft clotrimazole crea 1%</i>	OTC
<i>ft clotrimazole 3 crea 2%</i>	OTC
<i>ft miconaz 3 kit combo pk</i>	OTC
<i>ft miconazole 7 crea 2%</i>	OTC
<i>gnp clotrimazole 3 crea 2%</i>	OTC
<i>metronidazole vaginal gel .75%</i>	
<i>miconazole 1 kit</i>	OTC
<i>miconazole 1 kit 1200-2%</i>	OTC
MICONAZOLE 3 SUPP 200MG	
<i>miconazole 3 kit combinat</i>	OTC
<i>miconazole 3 kit combo</i>	OTC
<i>miconazole 3 kit combo pk</i>	OTC
<i>miconazole 7 crea 2%; supp 100mg</i>	OTC
<i>miconazole nitrate vaginal crea 2%</i>	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	OTC
MONISTAT 3 CREA 4%	OTC
MONISTAT 3 KIT COMBO PK	OTC
<i>qc clotrimazole crea 1%</i>	OTC
<i>qc miconazole 7 crea 2%</i>	OTC
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
<i>vagistat-3 kit combo pk</i>	OTC
VANDAZOLE GEL .75%	
VAGINAL ANTI-INFLAMMATORY AGENTS	
<i>cortizone-10 feminine itc crea 1%</i>	OTC
VAGINAL ESTROGENS	
<i>estradiol vaginal (generic of ESTRACE) crea .1mg/gm</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>yuvafem (generic of VAGIFEM) tabs 10mcg</i>	
VAGINAL PROGESTINS	
FIRST-PROGESTERONE VGS 10 SUPP 100MG	
FIRST-PROGESTERONE VGS 20 SUPP 200MG	
VASOPRESSORS	
ANAPHYLAXIS THERAPY AGENTS	
<i>epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) soaj .3mg/0.3ml</i>	QL (2 injections every 30 days)
<i>epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) soaj .15mg/0.3ml</i>	QL (2 injections every 30 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS	
<i>droxidopa (generic of NORTHERA) caps 100mg, 200mg, 300mg</i>	PA

Drug Name	Requirements/Limits
VASOPRESSORS	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	
VITAMINS	
OIL SOLUBLE VITAMINS	
<i>aqueous vitamin d infants liqd 10mcg/ml</i>	OTC
<i>aqueous vitamin e soln 15mg/0.67ml</i>	OTC
<i>bprotected pedia d-vite liqd 400unit/ml</i>	OTC
<i>cholecalciferol caps 1.25mg, 25mcg, 50mcg, 250mcg, 400unit, 1000unit, 2000unit, 5000unit, 10000unit, 50000unit; liqd 400unit/ml; tabs 25mcg, 50mcg, 125mcg, 250mcg, 400unit, 1000unit, 2000unit</i>	OTC
<i>cvs d3 caps 125mcg, 250mcg, 400unit, 1000unit, 2000unit</i>	OTC
<i>cvs e caps 200unit</i>	OTC
<i>cvs e oil oil 45mg/0.25ml</i>	OTC
<i>cvs vitamin d3 caps 10000unit</i>	OTC
<i>cvs vitamin e caps 180mg, 400unit, 1000unit</i>	OTC
<i>D3 CHEW 62.5MCG</i>	OTC
<i>d3 2000 caps 50mcg</i>	OTC
<i>d3 5000 caps 5000unit</i>	OTC
<i>d3 high potency caps 50mcg, 250mcg, 1000unit, 2000unit, 5000unit; tabs 400unit</i>	OTC
<i>D3 LIQUID LIQD 25MCG/0.04ML</i>	OTC
<i>d3 maximum strength caps 250mcg, 5000unit</i>	OTC
<i>d3 super strength caps 2000unit</i>	OTC
<i>d3-50 caps 50000unit</i>	OTC
<i>d3-1000 caps 1000unit</i>	OTC
<i>d 1000 caps 1000unit</i>	OTC
<i>D-VI-SOL LIQD 400UNIT/ML</i>	OTC
<i>d-vite pediatric liqd 400unit/ml</i>	OTC
<i>DECARA CAPS 25000UNIT</i>	OTC
<i>decara caps 50000unit</i>	OTC
<i>delta d3 tabs 400unit</i>	OTC
<i>dialyvite vitamin d 5000 caps 5000unit</i>	OTC
<i>DRISDOL CAPS 50000UNIT</i>	
<i>e200 caps 200unit</i>	OTC
<i>e400 caps 400unit</i>	OTC
<i>e 1000 caps 1000unit</i>	OTC
<i>e-200 caps 200unit</i>	OTC
<i>e-400 caps 400unit</i>	OTC
<i>e-400-clear caps 400unit</i>	OTC
<i>e-oil oil 45mg/0.25ml, 100unt/0.25ml</i>	OTC
<i>eql vitamin d3 caps 400unit, 5000unit</i>	OTC
<i>eql vitamin e caps 400unit</i>	OTC
<i>ergocalciferol (generic of DRISDOL) caps 1.25mg, 50000unit</i>	
<i>finest nutrition vitamin caps 25mcg</i>	OTC

Drug Name	Requirements/Limits
<i>ft vitamin d3 caps 25mcg, 50mcg; tabs 25mcg, 50mcg, 125mcg, 250mcg</i>	OTC
<i>ft vitamin d3 rapid relea caps 125mcg, 250mcg</i>	OTC
<i>ft vitamin e caps 180mg</i>	OTC
<i>gnp d3 caps 50mcg, 1000unit</i>	OTC
<i>gnp d 1000 caps 1000unit</i>	OTC
<i>gnp vitamin d tabs 1000unit</i>	OTC
<i>gnp vitamin d3 tabs 400unit</i>	OTC
<i>gnp vitamin d3 extra stre tabs 1000unit</i>	OTC
<i>gnp vitamin d super stren tabs 5000unit</i>	OTC
<i>gnp vitamin e caps 200unit, 400unit, 1000unit</i>	OTC
<i>high potency e caps 1000unit</i>	OTC
<i>kls d3 caps 2000unit</i>	OTC
<i>kp vitamin d caps 1000unit</i>	OTC
<i>kp vitamin d3 caps 2000unit</i>	OTC
<i>kp vitamin e caps 100unit</i>	OTC
<i>nat-rul vitamin d tabs 5000unit</i>	OTC
<i>natural vitamin d-3 tabs 5000unit</i>	OTC
<i>natural vitamin e caps 1000unit</i>	OTC
NATURAL VITAMIN E TABS 200UNIT, 400UNIT	OTC
<i>optimal d3 pack caps 50000unit</i>	OTC
<i>pharmacist choice d-vitam liqd 400unit/ml</i>	OTC
<i>qc vitamin d3 caps 1000unit, 2000unit; tabs 25mcg, 400unit, 1000unit, 2000unit, 5000unit</i>	OTC
<i>qc vitamin e caps 400unit</i>	OTC
<i>ra natural vitamin e caps 400unit</i>	OTC
<i>ra vitamin d-3 caps 2000unit, 5000unit; tabs 1000unit</i>	OTC
<i>ra vitamin e caps 200unit, 400unit</i>	OTC
<i>ra vitamin e natural caps 1000unit</i>	OTC
<i>radiance platinum vitamin tabs 5000unit</i>	OTC
REPLESTA WAFR 50000UNIT	QL (4 wafers every 30 days), OTC
<i>sm vitamin d tabs 400unit</i>	OTC
<i>sm vitamin d3 caps 50mcg</i>	OTC
SM VITAMIN D3 MAXIMUM STR CAPS 4000UNIT	OTC
<i>sm vitamin e caps 200unit, 400unit, 1000unit</i>	OTC
<i>sv vitamin d3 caps 25mcg, 50mcg</i>	OTC
<i>thera-d 2000 tabs 2000unit</i>	OTC
THERA-D 4000 TABS 4000UNIT	OTC
TOCO-SORB CAP 13MG	OTC
<i>vitamin d tabs 1000unit</i>	OTC
VITAMIN D3 CAPS 62.5MCG; LIQD 1200UNIT/15ML, 5000UNIT/ML; TABS 3000UNIT, 10000UNIT	OTC
<i>vitamin d3 high potency caps 2000unit</i>	OTC
<i>vitamin d infant liqd 10mcg/ml</i>	OTC

Drug Name	Requirements/Limits
<i>vitamin e caps 45mg, 90mg, 100unit, 180mg, 200unit, 268mg, 400unit, 450mg, 1000unit; oil 100unt/0.25ml; soln 15mg/0.67ml</i>	OTC
VITAMIN E CAPS 200UNIT; TABS 200UNIT, 400UNIT	OTC
<i>weekly-d caps 1.25mg</i>	OTC
YUMVS VITAMIN D3 ZERO CHEW 62.5MCG	OTC

WATER SOLUBLE VITAMINS

ACEROLA C 500 WAFR 500MG	OTC
<i>acerola c-500 chew 500mg</i>	OTC
ASCORBIC ACD POW	OTC
<i>ascorbic acid chew 100mg, 125mg, 250mg, 500mg; cpcr 500mg; liqd 500mg/5ml; tabs 250mg, 500mg, 1000mg; tbc 500mg</i>	OTC
<i>ascorbic acid tab 1000 mg</i>	OTC
<i>b6 natural tabs 100mg</i>	OTC
B-6 TABS 500MG	OTC
B-NATAL LOZG 25MG; LPOP 25MG	OTC
BUFFERED VIT CAP C 1000MG	OTC
<i>c 500 chw 500mg</i>	OTC
<i>c 500/rose tab 500mg</i>	OTC
<i>c 1000 tabs 1000mg</i>	OTC
<i>c-250 chew 250mg; tabs 250mg</i>	OTC
<i>c-500 chew 500mg; tabs 500mg</i>	OTC
<i>c-500 prolonged release tbc 500mg</i>	OTC
<i>c-1000 tabs 1000mg</i>	OTC
<i>c-1000 prolonged release tbc 1000mg</i>	OTC
<i>c-1000/rh tab 1000mg</i>	OTC
<i>c-chewable chew 500mg</i>	OTC
<i>c/rose hips chw 500mg</i>	OTC
<i>c/rose hips tab 500mg</i>	OTC
<i>chewable c chw 500mg</i>	OTC
<i>chewable c chw rose hip</i>	OTC
<i>crush vitamin c drops lozg 60mg</i>	OTC
<i>cvs b1 tabs 100mg</i>	OTC
<i>cvs b6 tabs 100mg</i>	OTC
<i>cvs b-1 tabs 100mg</i>	OTC
<i>cvs c/rose tab 500mg</i>	OTC
<i>cvs vitamin c tabs 1000mg</i>	OTC
CYTO C POWD 500MG/GM	OTC
<i>easy-c immune health tabs 500mg</i>	OTC
<i>endur-acin tbc 250mg, 500mg, 750mg</i>	OTC
<i>endur-c/rose hips tbc 500mg, 1000mg</i>	OTC
<i>eql b-6 tabs 100mg</i>	OTC
<i>eql vitamin c tabs 1000mg</i>	OTC
EQL VITAMIN C DROPS LOZG 53MG	OTC

Drug Name	Requirements/Limits
<i>eql vitamin c gummies chew 125mg</i>	OTC
<i>eql vitamin c/rose hips tabs 1000mg</i>	OTC
<i>fruit c chw 500mg</i>	OTC
<i>fruit c-100 chew 100mg</i>	OTC
<i>fruity c chew 250mg</i>	OTC
<i>ft vitamin b-1 tabs 100mg</i>	OTC
<i>ft vitamin b-6 tabs 100mg</i>	OTC
<i>ft vitamin c chew 500mg; tabs 1000mg</i>	OTC
<i>ft vitamin c tab 500mg</i>	OTC
<i>gnp vit c chw 500mg</i>	OTC
<i>gnp vit c loz 60mg</i>	OTC
<i>gnp vit c/rh tab 1000mg</i>	OTC
<i>gnp vitamin b-6 tabs 100mg</i>	OTC
<i>gnp vitamin c chew 125mg; tabs 250mg, 1000mg</i>	OTC
<i>gnp vitamin c pr tbc 500mg</i>	OTC
<i>liquid c liq 500/5ml</i>	OTC
<i>niacin cpcr 250mg; tabs 50mg, 100mg, 250mg; tbc 250mg, 500mg</i>	OTC
NIACIN TR CPCR 500MG; TBC 1000MG	OTC
<i>niavasc tbc 500mg</i>	OTC
<i>pyridoxine hcl tabs 25mg, 50mg, 100mg, 250mg</i>	OTC
PYRIDOXINE HYDROCHLORIDE SOLN 100MG/ML	
<i>qc vitamin b1 tabs 100mg</i>	OTC
<i>qc vitamin b6 tabs 100mg</i>	OTC
<i>qc vitamin c tabs 500mg, 1000mg</i>	OTC
<i>qc vitamin c chw 500mg</i>	OTC
<i>ra niacin tabs 100mg</i>	OTC
<i>ra vitamin b-1 tabs 100mg</i>	OTC
<i>ra vitamin b-6 tabs 50mg, 100mg</i>	OTC
<i>ra vitamin c chew 250mg; tabs 250mg</i>	OTC
<i>ra vitamin c chw 500mg</i>	OTC
RA VITAMIN C DROPS LOZG 53MG	OTC
<i>ra vitamin c tr tbc 500mg</i>	OTC
<i>ra vitamin c/acerola chew 500mg</i>	OTC
<i>ra vitamin c/rose hips tabs 1000mg</i>	OTC
<i>sm chewable c chew 500mg</i>	OTC
<i>sm niacin cr tbc 250mg</i>	OTC
<i>sm vit c/rose hips tabs 1000mg</i>	OTC
<i>sm vitamin b1 tabs 100mg</i>	OTC
<i>sm vitamin b6 tabs 100mg</i>	OTC
<i>sm vitamin b-6 tabs 100mg</i>	OTC
<i>sm vitamin c chew 500mg; tabs 250mg, 500mg, 1000mg</i>	OTC
<i>sm vitamin c tr tbc 500mg</i>	OTC
<i>sunkst vit c chw 500mg</i>	OTC
<i>thiamine hcl tabs 50mg, 100mg, 250mg</i>	OTC

Drug Name	Requirements/Limits
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<i>vit c biof/r tab 500mg</i>	OTC
<i>vit c immune waf 500mg</i>	OTC
VIT C/R HIPS CAP 500MG	OTC
<i>vit c/rose tab 500mg</i>	OTC
<i>vit c/rose tab 1000mg</i>	OTC
VITA-C CRY	OTC
<i>vitachew vitamin c citrus chew 125mg</i>	OTC
<i>vitajoy daily c gummies chew 125mg</i>	OTC
VITAMELTS C TAB 60MG	OTC
<i>vitamin b-6 tabs 100mg</i>	OTC
VITAMIN B-6 TR TBCR 200MG	OTC
VITAMIN C CAPS 500MG; TABS 100MG	OTC
<i>vitamin c tabs 1000mg</i>	OTC
VITAMIN C CHW GUMMIE	OTC
<i>vitamin c loz 60mg</i>	OTC
VITAMIN C POW	OTC
VITAMIN C TR TBCR 1500MG	OTC
<i>vitamin c/rose hips tr tbc 500mg, 1000mg</i>	OTC
<i>yl vitamin b-6 tabs 100mg</i>	OTC
<i>yl vitamin c tabs 1000mg</i>	OTC
<i>yl vitamin c/rose hips tabs 1000mg</i>	OTC
<i>yumvs vitamin c zero chew 125mg</i>	OTC

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<i>sm magnesium</i>	125	<i>sodium ferric gluconate complex in sucrose</i>	95
<i>sm megakrill cap 300mg</i>	3	<i>sodium fluoride</i>	125
<i>sm melatonin</i>	4	SODIUM FLUORIDE	125
<i>sm multiple tab vitamins</i>	144		

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IMPORTANT INFORMATION

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