



Care Wisconsin Partnership

2020 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 20201, Version Number 8

This formulary was updated on 2/27/2020. For more recent information or other questions, please contact Care Wisconsin Partnership Customer Service at 1-800-963-0035 or, for TTY users, Wisconsin Relay 711, 8 a.m. – 8 p.m., 7 days a week, or visit www.carewisc.org/partnership/.

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 2/27/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the Care Wisconsin Partnership Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions.

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Care Wisconsin Partnership Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 2/27/2020. To get updated information about the drugs covered by Care Wisconsin Partnership, please contact us. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 71. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide

up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Current members with a change in where they receive care

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

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

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

For more information

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

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

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

Care Wisconsin Partnership's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Care Wisconsin Partnership. If you have trouble finding your drug in the list, turn to the Index that begins on page 71.

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

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

LEGEND

1: Covered Medications

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

HR: High Risk Medication (PA required for ages 65 or over).

LA: This prescription drug is limited to certain pharmacies.

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

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

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

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 20201, Ver. 8 Last updated 02/24/2020 Effective Date: 03/01/2020

Care Wisconsin (List of Covered Drugs)

Drug	Requirements/Limits
ANALGESICS	
OPIOID ANALGESICS, LONG-ACTING	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	PA; QL (11 EA per 33 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg</i>	QL (31 EA per 31 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	QL (500 ML per 31 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	QL (992 ML per 31 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	QL (248 EA per 31 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	QL (62 EA per 31 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	QL (62 EA per 31 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	QL (93 EA per 31 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	ST; QL (124 EA per 31 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 15 mg, 30 mg, 60 mg</i>	ST; QL (93 EA per 31 days)
OPIOID ANALGESICS, SHORT-ACTING	
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	QL (413 EA per 31 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	QL (5167 ML per 31 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	QL (413 EA per 31 days)
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	PA; HR; QL (382 EA per 31 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	PA; HR; QL (381 EA per 31 days)
<i>duramorph injection solution 0.5 mg/ml, 1 mg/ml</i>	BD
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	QL (382 EA per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	PA; QL (186 EA per 31 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	QL (5683 ML per 31 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	QL (381 EA per 31 days)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	QL (186 EA per 31 days)
<i>hydromorphone hcl injection solution 2 mg/ml</i>	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	QL (1984 ML per 31 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	QL (372 EA per 31 days)

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Drug	Requirements/Limits
<i>hydromorphone hcl oral tablet 8 mg</i>	QL (248 EA per 31 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	QL (186 EA per 31 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	QL (415 ML per 31 days)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	QL (1550 ML per 31 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	QL (186 EA per 31 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	QL (372 ML per 31 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	QL (5580 ML per 31 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	QL (186 EA per 31 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	QL (381 EA per 31 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	QL (372 EA per 31 days)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	QL (372 EA per 31 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	PA; HR; QL (372 EA per 31 days)
<i>tramadol hcl oral tablet 50 mg</i>	QL (248 EA per 31 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	QL (381 EA per 31 days)
ANESTHETICS	
LOCAL ANESTHETICS	
<i>lidocaine external patch 5 %</i>	PA; QL (93 EA per 31 days)
<i>lidocaine hcl external solution 4 %</i>	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	QL (31 GM per 31 days)
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	
ALCOHOL DETERRENTS/ANTI-CRAVING	
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	
<i>naltrexone hcl oral tablet 50 mg</i>	
OPIOID ANTAGONISTS	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	QL (4 EA per 28 days)
<i>naloxone hcl injection solution 0.4 mg/ml</i>	

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Drug	Requirements/Limits
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	
NARCAN NASAL LIQUID 4 MG/0.1ML	QL (2 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	
SMOKING CESSATION AGENTS	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	QL (93 EA per 31 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	PA; QL (56 EA per 28 days)
CHANTIX ORAL TABLET 0.5 MG	PA; QL (11 EA per 31 days)
CHANTIX ORAL TABLET 1 MG	PA; QL (174 EA per 84 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	PA; QL (53 EA per 28 days)
NICOTROL INHALATION INHALER 10 MG	PA
ANTIBACTERIALS	
AMINOGLYCOSIDES	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	PA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	
<i>gentamicin sulfate external cream 0.1 %</i>	
<i>gentamicin sulfate external ointment 0.1 %</i>	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	
<i>neomycin sulfate oral tablet 500 mg</i>	
<i>paromomycin sulfate oral capsule 250 mg</i>	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	
TOBI PODHALER INHALATION CAPSULE 28 MG	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	
ANTIBACTERIALS, OTHER	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	
<i>clindamycin phosphate external gel 1 %</i>	
<i>clindamycin phosphate external lotion 1 %</i>	
<i>clindamycin phosphate external solution 1 %</i>	
<i>clindamycin phosphate external swab 1 %</i>	

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Drug	Requirements/Limits
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	BD
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	
<i>linezolid intravenous solution 600 mg/300ml</i>	PA
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PA
<i>linezolid oral tablet 600 mg</i>	PA
<i>methenamine hippurate oral tablet 1 gm</i>	
<i>metronidazole external cream 0.75 %</i>	
<i>metronidazole external gel 0.75 %, 1 %</i>	
<i>metronidazole external lotion 0.75 %</i>	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	BD
<i>metronidazole oral tablet 250 mg, 500 mg</i>	
MONUROL ORAL PACKET 3 GM	QL (2 EA per 30 days)
<i>mupirocin external ointment 2 %</i>	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	QL (620 ML per 31 days)
<i>tigecycline intravenous solution reconstituted 50 mg</i>	BD
<i>trimethoprim oral tablet 100 mg</i>	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	BD
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	
XIFAXAN ORAL TABLET 200 MG	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	QL (62 EA per 31 days)
BETA-LACTAM, CEPHALOSPORINS	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	
<i>cefadroxil oral capsule 500 mg</i>	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	
<i>cefadroxil oral tablet 1 gm</i>	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	
<i>cefdinir oral capsule 300 mg</i>	

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Drug	Requirements/Limits
<i>cefдинир oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	
<i>cefixime oral capsule 400 mg</i>	
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	BD
BETA-LACTAM, OTHER	
<i>aztreonam injection solution reconstituted 1 gm</i>	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	PA
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	
BETA-LACTAM, PENICILLINS	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	

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Drug	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	
<i>ampicillin oral capsule 500 mg</i>	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	BD
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	BD
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	
<i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm</i>	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm</i>	BD
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	
MACROLIDES	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	
<i>azithromycin oral packet 1 gm</i>	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	

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Drug	Requirements/Limits
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	
<i>erythromycin external gel 2 %</i>	
<i>erythromycin external solution 2 %</i>	
QUINOLONES	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	
<i>levofloxacin intravenous solution 25 mg/ml</i>	
<i>levofloxacin oral solution 25 mg/ml</i>	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	
<i>moxifloxacin hcl oral tablet 400 mg</i>	
SULFONAMIDES	
PASER ORAL PACKET 4 GM	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	
<i>sulfadiazine oral tablet 500 mg</i>	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	
TETRACYCLINES	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	

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Drug	Requirements/Limits
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	
ANTICONVULSANTS	
ANTICONVULSANTS, OTHER	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	PA
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	
<i>levetiracetam oral solution 100 mg/ml</i>	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	
<i>oxcarbazepine oral tablet 150 mg</i>	
ROWEEPRA ORAL TABLET 1000 MG, 500 MG, 750 MG	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	
BENZODIAZEPINES	
<i>clobazam oral suspension 2.5 mg/ml</i>	QL (496 ML per 31 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	QL (62 EA per 31 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	QL (11 EA per 33 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	QL (62 EA per 31 days)
CALCIUM CHANNEL MODIFYING AGENTS	
CELONTIN ORAL CAPSULE 300 MG	
<i>ethosuximide oral capsule 250 mg</i>	
<i>ethosuximide oral solution 250 mg/5ml</i>	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	
<i>pregabalin oral solution 20 mg/ml</i>	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	
GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS	

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Drug	Requirements/Limits
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	QL (744 ML per 31 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	QL (31 EA per 31 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	
<i>gabapentin oral solution 250 mg/5ml</i>	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	
<i>phenobarbital oral elixir 20 mg/5ml</i>	PA; HR; QL (1550 ML per 31 days)
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	PA; HR; QL (93 EA per 31 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	PA; HR; QL (124 EA per 31 days)
<i>phenobarbital oral tablet 30 mg</i>	PA; HR; QL (310 EA per 31 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	
<i>valproic acid oral capsule 250 mg</i>	
<i>valproic acid oral solution 250 mg/5ml</i>	
<i>vigabatrin oral packet 500 mg</i>	LA; QL (186 EA per 31 days)
<i>vigabatrin oral tablet 500 mg</i>	QL (186 EA per 31 days)
VIGADRONE ORAL PACKET 500 MG	QL (186 EA per 31 days)
GLUTAMATE REDUCING AGENTS	
<i>felbamate oral suspension 600 mg/5ml</i>	
<i>felbamate oral tablet 400 mg, 600 mg</i>	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	
SODIUM CHANNEL AGENTS	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	
BANZEL ORAL SUSPENSION 40 MG/ML	

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Drug	Requirements/Limits
BANZEL ORAL TABLET 200 MG, 400 MG	
BRIVIACT ORAL SOLUTION 10 MG/ML	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	
<i>carbamazepine oral suspension 100 mg/5ml</i>	
<i>carbamazepine oral tablet 200 mg</i>	
<i>carbamazepine oral tablet chewable 100 mg</i>	
DILANTIN ORAL CAPSULE 30 MG	
EPITOL ORAL TABLET 200 MG	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	
<i>oxcarbazepine oral tablet 300 mg, 600 mg</i>	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	
PEGANONE ORAL TABLET 250 MG	
<i>phenytoin oral suspension 125 mg/5ml</i>	
<i>phenytoin oral tablet chewable 50 mg</i>	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	
VIMPAT ORAL SOLUTION 10 MG/ML	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	
ANTIDEMENTIA AGENTS	
ANTIDEMENTIA AGENTS, OTHER	
<i>ergoloid mesylates oral tablet 1 mg</i>	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	
<i>memantine hcl oral solution 2 mg/ml</i>	QL (372 ML per 31 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	QL (62 EA per 31 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	QL (49 EA per 28 days)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	
CHOLINESTERASE INHIBITORS	
<i>donepezil hcl oral tablet 10 mg</i>	QL (62 EA per 31 days)
<i>donepezil hcl oral tablet 23 mg, 5 mg</i>	QL (31 EA per 31 days)

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Drug	Requirements/Limits
<i>donepezil hcl oral tablet dispersible 10 mg</i>	QL (62 EA per 31 days)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	QL (31 EA per 31 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	QL (31 EA per 31 days)
ANTIDEPRESSANTS	
ANTIDEPRESSANTS, OTHER	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	QL (124 EA per 31 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	QL (93 EA per 31 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	QL (62 EA per 31 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	QL (93 EA per 31 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	QL (186 EA per 31 days)
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	QL (31 EA per 31 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	QL (31 EA per 31 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	ST; QL (31 EA per 31 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	QL (31 EA per 31 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	QL (31 EA per 31 days)
MONOAMINE OXIDASE INHIBITORS	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	ST; QL (31 EA per 31 days)
MARPLAN ORAL TABLET 10 MG	ST
<i>phenelzine sulfate oral tablet 15 mg</i>	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	
SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	QL (620 ML per 31 days)
<i>citalopram hydrobromide oral tablet 10 mg, 40 mg</i>	QL (31 EA per 31 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	QL (186 EA per 31 days)

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Drug	Requirements/Limits
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg</i>	QL (124 EA per 31 days)
<i>desvenlafaxine er oral tablet extended release 24 hour 50 mg</i>	QL (31 EA per 31 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	QL (124 EA per 31 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	QL (31 EA per 31 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	QL (62 EA per 31 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg</i>	QL (62 EA per 31 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	QL (620 ML per 31 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	QL (47 EA per 31 days)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	QL (31 EA per 31 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	QL (31 EA per 31 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule 10 mg</i>	QL (186 EA per 31 days)
<i>fluoxetine hcl oral capsule 20 mg</i>	QL (124 EA per 31 days)
<i>fluoxetine hcl oral capsule 40 mg</i>	QL (62 EA per 31 days)
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	QL (620 ML per 31 days)
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	QL (31 EA per 31 days)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	QL (62 EA per 31 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	QL (93 EA per 31 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 37.5 mg</i>	QL (62 EA per 31 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg</i>	QL (93 EA per 31 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	QL (31 EA per 31 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	QL (62 EA per 31 days)
PAXIL ORAL SUSPENSION 10 MG/5ML	ST; QL (930 ML per 31 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	QL (310 ML per 31 days)
<i>sertraline hcl oral tablet 100 mg</i>	QL (62 EA per 31 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	QL (93 EA per 31 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	QL (62 EA per 31 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	QL (31 EA per 31 days)

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Drug	Requirements/Limits
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	QL (93 EA per 31 days)
TRICYCLICS	
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	
ANTIEMETICS	
ANTIEMETICS, OTHER	
<i>hydroxyzine hcl oral tablet 10 mg</i>	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	PA; HR
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PA; HR
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	
EMETOGENIC THERAPY ADJUNCTS	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	BD; QL (31 EA per 31 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	BD; QL (12 EA per 31 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	PA; QL (62 EA per 31 days)
<i>granisetron hcl oral tablet 1 mg</i>	BD; QL (62 EA per 31 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	BD; QL (465 ML per 31 days)
<i>ondansetron hcl oral tablet 24 mg</i>	BD; QL (31 EA per 31 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	BD; QL (62 EA per 31 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	BD; QL (62 EA per 31 days)
VARUBI ORAL TABLET 90 MG	BD; QL (4 EA per 28 days)
ANTIFUNGALS	

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Drug	Requirements/Limits
ANTIFUNGALS	
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	BD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	BD
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	BD
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	BD
<i>ciclopirox external shampoo 1 %</i>	
<i>ciclopirox external solution 8 %</i>	
<i>ciclopirox olamine external cream 0.77 %</i>	
<i>ciclopirox olamine external suspension 0.77 %</i>	
<i>clotrimazole external cream 1 %</i>	
<i>clotrimazole external solution 1 %</i>	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	
<i>econazole nitrate external cream 1 %</i>	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	BD
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	
<i>griseofulvin microsize oral tablet 500 mg</i>	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	
<i>itraconazole oral capsule 100 mg</i>	PA
<i>itraconazole oral solution 10 mg/ml</i>	PA
JUBLIA EXTERNAL SOLUTION 10 %	
<i>ketoconazole external cream 2 %</i>	
<i>ketoconazole external shampoo 2 %</i>	
<i>ketoconazole oral tablet 200 mg</i>	
NOXAFIL ORAL SUSPENSION 40 MG/ML	QL (992 ML per 31 days)
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	
<i>nystatin external cream 100000 unit/gm</i>	
<i>nystatin external ointment 100000 unit/gm</i>	
<i>nystatin external powder 100000 unit/gm</i>	

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Drug	Requirements/Limits
<i>nystatin oral tablet 500000 unit</i>	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	
<i>posaconazole oral tablet delayed release 100 mg</i>	QL (93 EA per 31 days)
<i>terbinafine hcl oral tablet 250 mg</i>	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	PA; QL (124 EA per 31 days)
ANTIGOUT AGENTS	
ANTIGOUT AGENTS	
<i>allopurinol oral tablet 100 mg</i>	
<i>colchicine oral capsule 0.6 mg</i>	
<i>colchicine oral tablet 0.6 mg</i>	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	ST
MITIGARE ORAL CAPSULE 0.6 MG	
<i>probenecid oral tablet 500 mg</i>	
ANTI-INFLAMMATORY AGENTS	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	
<i>diclofenac potassium oral tablet 50 mg</i>	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	
<i>diflunisal oral tablet 500 mg</i>	
<i>etodolac oral capsule 200 mg, 300 mg</i>	
<i>etodolac oral tablet 400 mg, 500 mg</i>	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	
IBU ORAL TABLET 600 MG, 800 MG	
<i>ibuprofen oral suspension 100 mg/5ml</i>	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	
<i>indomethacin er oral capsule extended release 75 mg</i>	PA; HR
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PA; HR
<i>ketorolac tromethamine oral tablet 10 mg</i>	PA; HR; QL (20 EA per 5 days)
<i>meloxicam oral tablet 15 mg</i>	QL (31 EA per 31 days)

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Drug	Requirements/Limits
<i>meloxicam oral tablet 7.5 mg</i>	QL (62 EA per 31 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	
<i>naproxen oral suspension 125 mg/5ml</i>	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	
<i>sulindac oral tablet 150 mg, 200 mg</i>	
ANTIMIGRAINE AGENTS	
ERGOT ALKALOIDS	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	
PROPHYLACTIC	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	PA
<i>timolol maleate oral tablet 10 mg</i>	
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	QL (9 EA per 28 days)
<i>sumatriptan nasal solution 20 mg/act</i>	QL (8 EA per 28 days)
<i>sumatriptan nasal solution 5 mg/act</i>	QL (32 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	QL (9 EA per 28 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	QL (6 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	QL (6 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	QL (6 ML per 28 days)
ANTIMYASTHENIC AGENTS	
PARASYMPATHOMIMETICS	
<i>guanidine hcl oral tablet 125 mg</i>	

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Drug	Requirements/Limits
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	
ANTIMYCOBACTERIALS	
ANTIMYCOBACTERIALS, OTHER	
<i>dapsone oral tablet 100 mg, 25 mg</i>	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	
ANTITUBERCULARS	
<i>isoniazid oral syrup 50 mg/5ml</i>	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	
PRIFTIN ORAL TABLET 150 MG	
<i>pyrazinamide oral tablet 500 mg</i>	
<i>rifabutin oral capsule 150 mg</i>	
<i>rifampin intravenous solution reconstituted 600 mg</i>	
<i>rifampin oral capsule 150 mg, 300 mg</i>	
RIFATER ORAL TABLET 50-120-300 MG	
SIRTURO ORAL TABLET 100 MG	
TRECTOR ORAL TABLET 250 MG	
ANTINEOPLASTICS	
ALKYLATING AGENTS	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	BD
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	
LEUKERAN ORAL TABLET 2 MG	
ANTIANGIOGENIC AGENTS	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	PA; LA; QL (31 EA per 31 days)
REVLIMID ORAL CAPSULE 20 MG	PA; QL (31 EA per 31 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	PA; QL (31 EA per 31 days)
THALOMID ORAL CAPSULE 150 MG	PA; QL (62 EA per 31 days)
ANTIMETABOLITES	
<i>mercaptopurine oral tablet 50 mg</i>	
<i>methotrexate oral tablet 2.5 mg</i>	BD
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	BD
<i>methotrexate sodium injection solution 50 mg/2ml</i>	BD
PURIXAN ORAL SUSPENSION 2000 MG/100ML	
TABLOID ORAL TABLET 40 MG	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	BD

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Drug	Requirements/Limits
XATMEP ORAL SOLUTION 2.5 MG/ML	BD
ANTINEOPLASTICS	
<i>abiraterone acetate oral tablet 250 mg</i>	QL (124 EA per 31 days)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	PA; LA
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	PA; QL (31 EA per 31 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	PA; QL (62 EA per 31 days)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	PA; QL (31 EA per 31 days)
ALECENSA ORAL CAPSULE 150 MG	
ALUNBRIG ORAL TABLET 180 MG	PA; QL (31 EA per 31 days)
ALUNBRIG ORAL TABLET 30 MG	PA; QL (186 EA per 31 days)
ALUNBRIG ORAL TABLET 90 MG	PA; QL (62 EA per 31 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	PA; QL (31 EA per 31 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	PA
<i>bexarotene oral capsule 75 mg</i>	
<i>bicalutamide oral tablet 50 mg</i>	QL (31 EA per 31 days)
BOSULIF ORAL TABLET 100 MG	PA; QL (124 EA per 31 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	PA; QL (31 EA per 31 days)
BRAFTOVI ORAL CAPSULE 75 MG	PA; LA; QL (186 EA per 31 days)
BRUKINSA ORAL CAPSULE 80 MG	PA; QL (124 EA per 31 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	
CALQUENCE ORAL CAPSULE 100 MG	PA; LA; QL (62 EA per 31 days)
CAPRELSA ORAL TABLET 100 MG	PA; QL (62 EA per 31 days)
CAPRELSA ORAL TABLET 300 MG	PA; QL (31 EA per 31 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	PA; QL (62 EA per 31 days)
COTELLIC ORAL TABLET 20 MG	PA; LA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	BD
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	PA
EMCYT ORAL CAPSULE 140 MG	
ERIVEDGE ORAL CAPSULE 150 MG	QL (31 EA per 31 days)

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Drug	Requirements/Limits
ERLEADA ORAL TABLET 60 MG	LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	PA; QL (31 EA per 31 days)
<i>erlotinib hcl oral tablet 25 mg</i>	PA; QL (93 EA per 31 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	PA; QL (31 EA per 31 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	PA
<i>flutamide oral capsule 125 mg</i>	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	PA; QL (31 EA per 31 days)
<i>hydroxyurea oral capsule 500 mg</i>	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	PA
ICLUSIG ORAL TABLET 15 MG	PA; QL (62 EA per 31 days)
ICLUSIG ORAL TABLET 45 MG	PA; QL (31 EA per 31 days)
IDHIFA ORAL TABLET 100 MG	PA; QL (31 EA per 31 days)
IDHIFA ORAL TABLET 50 MG	PA; QL (62 EA per 31 days)
<i>imatinib mesylate oral tablet 100 mg</i>	PA; QL (186 EA per 31 days)
<i>imatinib mesylate oral tablet 400 mg</i>	PA; QL (62 EA per 31 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	PA; QL (124 EA per 31 days)
IMBRUVICA ORAL TABLET 140 MG	PA; QL (124 EA per 31 days)
IMBRUVICA ORAL TABLET 280 MG	PA; QL (62 EA per 31 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	PA; QL (31 EA per 31 days)
INLYTA ORAL TABLET 1 MG	QL (186 EA per 31 days)
INLYTA ORAL TABLET 5 MG	QL (62 EA per 31 days)
INREBIC ORAL CAPSULE 100 MG	PA
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	BD
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	BD
IRESSA ORAL TABLET 250 MG	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	PA; QL (62 EA per 31 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	PA

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Drug	Requirements/Limits
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	PA
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	PA
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	PA
LORBRENA ORAL TABLET 100 MG	PA; QL (31 EA per 31 days)
LORBRENA ORAL TABLET 25 MG	PA; QL (124 EA per 31 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	PA; LA
LYSODREN ORAL TABLET 500 MG	
MATULANE ORAL CAPSULE 50 MG	
<i>megestrol acetate oral suspension 40 mg/ml</i>	PA; HR
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	PA; HR
MEKINIST ORAL TABLET 0.5 MG	PA; LA; QL (124 EA per 31 days)
MEKINIST ORAL TABLET 2 MG	PA; LA; QL (31 EA per 31 days)
MEKTOVI ORAL TABLET 15 MG	PA; LA; QL (186 EA per 31 days)

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Drug	Requirements/Limits
NERLYNX ORAL TABLET 40 MG	PA; LA; QL (186 EA per 31 days)
NEXAVAR ORAL TABLET 200 MG	PA; LA; QL (124 EA per 31 days)
<i>nilutamide oral tablet 150 mg</i>	QL (62 EA per 31 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	PA
NUBEQA ORAL TABLET 300 MG	PA; LA; QL (124 EA per 31 days)
ODOMZO ORAL CAPSULE 200 MG	PA; LA
PANRETIN EXTERNAL GEL 0.1 %	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	PA
ROZLYTREK ORAL CAPSULE 100 MG	PA; QL (186 EA per 31 days)
ROZLYTREK ORAL CAPSULE 200 MG	PA; QL (93 EA per 31 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	PA
RYDAPT ORAL CAPSULE 25 MG	PA; QL (248 EA per 31 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	PA; QL (62 EA per 31 days)
SPRYCEL ORAL TABLET 140 MG	PA; QL (31 EA per 31 days)
SPRYCEL ORAL TABLET 20 MG	PA; QL (93 EA per 31 days)
STIVARGA ORAL TABLET 40 MG	PA; QL (84 EA per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	PA; QL (31 EA per 31 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	
TAFINLAR ORAL CAPSULE 50 MG	PA; LA; QL (186 EA per 31 days)
TAFINLAR ORAL CAPSULE 75 MG	PA; LA; QL (124 EA per 31 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG	PA; QL (124 EA per 31 days)
TALZENNA ORAL CAPSULE 1 MG	PA; QL (31 EA per 31 days)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	
TARGRETIN EXTERNAL GEL 1 %	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	PA; QL (124 EA per 31 days)
TIBSOVO ORAL TABLET 250 MG	PA; LA; QL (62 EA per 31 days)

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Drug	Requirements/Limits
<i>toremifene citrate oral tablet 60 mg</i>	QL (31 EA per 31 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	
<i>tretinoin oral capsule 10 mg</i>	
TURALIO ORAL CAPSULE 200 MG	PA; QL (124 EA per 31 days)
TYKERB ORAL TABLET 250 MG	QL (186 EA per 31 days)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PA; LA
VITRAKVI ORAL CAPSULE 100 MG	PA; QL (62 EA per 31 days)
VITRAKVI ORAL CAPSULE 25 MG	PA; QL (186 EA per 31 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	PA; QL (310 ML per 31 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	PA; QL (31 EA per 31 days)
VOTRIENT ORAL TABLET 200 MG	PA; QL (124 EA per 31 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	PA; QL (62 EA per 31 days)
XOSPATA ORAL TABLET 40 MG	PA; LA; QL (93 EA per 31 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	PA
XTANDI ORAL CAPSULE 40 MG	PA; QL (124 EA per 31 days)
YONSA ORAL TABLET 125 MG	PA; QL (124 EA per 31 days)
ZEJULA ORAL CAPSULE 100 MG	PA; QL (93 EA per 31 days)
ZELBORAF ORAL TABLET 240 MG	QL (248 EA per 31 days)
ZOLINZA ORAL CAPSULE 100 MG	QL (124 EA per 31 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	
ZYKADIA ORAL TABLET 150 MG	QL (155 EA per 31 days)
ZYTIGA ORAL TABLET 500 MG	QL (124 EA per 31 days)
AROMATASE INHIBITORS, 3RD GENERATION	
<i>anastrozole oral tablet 1 mg</i>	QL (31 EA per 31 days)
<i>exemestane oral tablet 25 mg</i>	QL (62 EA per 31 days)
<i>letrozole oral tablet 2.5 mg</i>	QL (31 EA per 31 days)

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Drug	Requirements/Limits
TREATMENT ADJUNCTS	
<i>allopurinol oral tablet 300 mg</i>	
MESNEX ORAL TABLET 400 MG	
ANTIPARASITICS	
ANTHELMINTICS	
<i>albendazole oral tablet 200 mg</i>	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	
EMVERM ORAL TABLET CHEWABLE 100 MG	
<i>ivermectin oral tablet 3 mg</i>	
ANTIPROTOZOALS	
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	QL (155 ML per 31 days)
ALINIA ORAL TABLET 500 MG	QL (41 EA per 31 days)
<i>atovaquone oral suspension 750 mg/5ml</i>	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	
COARTEM ORAL TABLET 20-120 MG	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	
<i>mefloquine hcl oral tablet 250 mg</i>	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	BD
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	BD
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	
<i>primaquine phosphate oral tablet 26.3 mg</i>	
<i>quinine sulfate oral capsule 324 mg</i>	PA; QL (44 EA per 7 days)
PEDICULICIDES/SCABICIDES	
EURAX EXTERNAL CREAM 10 %	
<i>lindane external shampoo 1 %</i>	
<i>malathion external lotion 0.5 %</i>	
<i>permethrin external cream 5 %</i>	
ANTIPARKINSON AGENTS	
ANTICHOLINERGICS	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	

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Drug	Requirements/Limits
ANTIPARKINSON AGENTS, OTHER	
<i>amantadine hcl oral capsule 100 mg</i>	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	
<i>amantadine hcl oral tablet 100 mg</i>	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	
<i>entacapone oral tablet 200 mg</i>	QL (310 EA per 31 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	
DOPAMINE AGONISTS	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	PA; QL (62 ML per 28 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	QL (31 EA per 31 days)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	QL (31 EA per 31 days)
<i>selegiline hcl oral capsule 5 mg</i>	
<i>selegiline hcl oral tablet 5 mg</i>	
ANTIPSYCHOTICS	
1ST GENERATION/TYPICAL	
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i>	BD
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg, 50 mg</i>	
COMPRO RECTAL SUPPOSITORY 25 MG	

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Drug	Requirements/Limits
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml</i>	
<i>haloperidol lactate injection solution 5 mg/ml</i>	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	
<i>pimozide oral tablet 1 mg, 2 mg</i>	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	
<i>prochlorperazine rectal suppository 25 mg</i>	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PA; HR
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	
2ND GENERATION/ATYPICAL	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	QL (1 EA per 26 days)
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	QL (31 EA per 31 days)
ABILIFY MYCITE ORAL TABLET 2 MG	QL (62 EA per 31 days)
<i>aripiprazole oral solution 1 mg/ml</i>	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	ST; QL (62 EA per 31 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	ST; QL (62 EA per 31 days)

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Drug	Requirements/Limits
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	QL (18 EA per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 39 MG/0.25ML, 78 MG/0.5ML	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	QL (2 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	QL (0.875 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	QL (1.315 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	QL (2.625 ML per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	QL (31 EA per 31 days)
LATUDA ORAL TABLET 80 MG	QL (62 EA per 31 days)
NUPLAZID ORAL CAPSULE 34 MG	PA; LA
NUPLAZID ORAL TABLET 10 MG	PA; LA
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	QL (62 EA per 31 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	QL (31 EA per 31 days)
<i>olanzapine oral tablet 20 mg</i>	QL (62 EA per 31 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	QL (31 EA per 31 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	QL (31 EA per 31 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	QL (62 EA per 31 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	QL (93 EA per 31 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	QL (31 EA per 31 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	QL (62 EA per 31 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	QL (124 EA per 31 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	QL (31 EA per 31 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	QL (2 EA per 28 days)

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Drug	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	QL (4 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	QL (62 EA per 31 days)
<i>risperidone oral tablet 0.5 mg</i>	QL (124 EA per 31 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	QL (62 EA per 31 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	ST; QL (558 ML per 31 days)
VRAYLAR ORAL CAPSULE 1.5 MG	ST; QL (124 EA per 31 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	ST; QL (62 EA per 31 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	ST; QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	QL (62 EA per 31 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	QL (2 EA per 28 days)
ANTIVIRALS	
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	
<i>valganciclovir hcl oral tablet 450 mg</i>	
ZIRGAN OPHTHALMIC GEL 0.15 %	
ANTI-HEPATITIS B (HBV) AGENTS	
<i>adefovir dipivoxil oral tablet 10 mg</i>	
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	PA
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PA
EPIVIR HBV ORAL SOLUTION 5 MG/ML	
<i>lamivudine oral tablet 100 mg</i>	
ANTI-HEPATITIS C (HCV) AGENTS, OTHER	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	PA
<i>ribavirin oral capsule 200 mg</i>	
<i>ribavirin oral tablet 200 mg</i>	
ANTI-HEPATITIS C(HCV) AGENTS, DIRECT ACTING	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	PA

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Drug	Requirements/Limits
VOSEVI ORAL TABLET 400-100-100 MG	PA
ANTIHERPETIC AGENTS	
<i>acyclovir oral capsule 200 mg</i>	
<i>acyclovir oral suspension 200 mg/5ml</i>	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	BD
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	
<i>valacyclovir hcl oral tablet 1 gm</i>	QL (93 EA per 31 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	QL (62 EA per 31 days)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS	
EDURANT ORAL TABLET 25 MG	QL (31 EA per 31 days)
<i>efavirenz oral capsule 200 mg</i>	QL (124 EA per 31 days)
<i>efavirenz oral capsule 50 mg</i>	QL (496 EA per 31 days)
<i>efavirenz oral tablet 600 mg</i>	QL (31 EA per 31 days)
INTELENCE ORAL TABLET 100 MG, 25 MG	QL (124 EA per 31 days)
INTELENCE ORAL TABLET 200 MG	QL (62 EA per 31 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	QL (93 EA per 31 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	QL (31 EA per 31 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	QL (1240 ML per 31 days)
<i>nevirapine oral tablet 200 mg</i>	QL (62 EA per 31 days)
PIFELTRO ORAL TABLET 100 MG	QL (31 EA per 31 days)
RESCRIPTOR ORAL TABLET 200 MG	QL (186 EA per 31 days)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS	
<i>abacavir sulfate oral solution 20 mg/ml</i>	QL (995 ML per 31 days)
<i>abacavir sulfate oral tablet 300 mg</i>	QL (62 EA per 31 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	QL (31 EA per 31 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	QL (62 EA per 31 days)
CIMDUO ORAL TABLET 300-300 MG	QL (31 EA per 31 days)
DESCOVY ORAL TABLET 200-25 MG	
<i>didanosine oral capsule delayed release 200 mg</i>	QL (62 EA per 31 days)
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	QL (31 EA per 31 days)
DOVATO ORAL TABLET 50-300 MG	QL (31 EA per 31 days)
EMTRIVA ORAL CAPSULE 200 MG	QL (31 EA per 31 days)

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Drug	Requirements/Limits
EMTRIVA ORAL SOLUTION 10 MG/ML	QL (780 ML per 31 days)
EVOTAZ ORAL TABLET 300-150 MG	
JULUCA ORAL TABLET 50-25 MG	QL (31 EA per 31 days)
<i>lamivudine oral solution 10 mg/ml</i>	QL (992 ML per 31 days)
<i>lamivudine oral tablet 150 mg</i>	QL (62 EA per 31 days)
<i>lamivudine oral tablet 300 mg</i>	QL (31 EA per 31 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	QL (62 EA per 31 days)
PREZCOBIX ORAL TABLET 800-150 MG	
<i>stavudine oral capsule 15 mg, 20 mg</i>	QL (124 EA per 31 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	QL (62 EA per 31 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	QL (31 EA per 31 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	QL (31 EA per 31 days)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	QL (93 EA per 31 days)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	QL (1240 ML per 31 days)
VIREAD ORAL POWDER 40 MG/GM	QL (248 GM per 31 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	QL (31 EA per 31 days)
<i>zidovudine oral capsule 100 mg</i>	QL (186 EA per 31 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	QL (1925 ML per 31 days)
<i>zidovudine oral tablet 300 mg</i>	QL (62 EA per 31 days)
ANTI-HIV AGENTS, OTHER	
ATRIPLA ORAL TABLET 600-200-300 MG	QL (31 EA per 31 days)
BIKTARVY ORAL TABLET 50-200-25 MG	QL (31 EA per 31 days)
COMPLERA ORAL TABLET 200-25-300 MG	QL (31 EA per 31 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	QL (31 EA per 31 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	QL (62 EA per 31 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	
ISENTRESS HD ORAL TABLET 600 MG	QL (62 EA per 31 days)
ISENTRESS ORAL PACKET 100 MG	QL (62 EA per 31 days)
ISENTRESS ORAL TABLET 400 MG	QL (124 EA per 31 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	QL (186 EA per 31 days)
ODEFSEY ORAL TABLET 200-25-25 MG	
SELZENTRY ORAL SOLUTION 20 MG/ML	QL (1860 ML per 31 days)
SELZENTRY ORAL TABLET 150 MG	QL (248 EA per 31 days)
SELZENTRY ORAL TABLET 25 MG, 300 MG	QL (124 EA per 31 days)

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Drug	Requirements/Limits
SELZENTRY ORAL TABLET 75 MG	QL (62 EA per 31 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	QL (31 EA per 31 days)
SYMFI LO ORAL TABLET 400-300-300 MG	QL (31 EA per 31 days)
SYMFI ORAL TABLET 600-300-300 MG	QL (31 EA per 31 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	QL (31 EA per 31 days)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	QL (62 EA per 31 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	
TYBOST ORAL TABLET 150 MG	
ANTI-HIV AGENTS, PROTEASE INHIBITORS	
APTIVUS ORAL CAPSULE 250 MG	QL (124 EA per 31 days)
APTIVUS ORAL SOLUTION 100 MG/ML	QL (330 ML per 31 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	QL (62 EA per 31 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	QL (31 EA per 31 days)
CRIVAN ORAL CAPSULE 200 MG	QL (465 EA per 31 days)
CRIVAN ORAL CAPSULE 400 MG	QL (279 EA per 31 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	QL (124 EA per 31 days)
INVIRASE ORAL TABLET 500 MG	QL (124 EA per 31 days)
KALETRA ORAL TABLET 100-25 MG	QL (310 EA per 31 days)
KALETRA ORAL TABLET 200-50 MG	QL (155 EA per 31 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	QL (1800 ML per 31 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	
NORVIR ORAL PACKET 100 MG	QL (372 EA per 31 days)
NORVIR ORAL SOLUTION 80 MG/ML	QL (496 ML per 31 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	QL (372 ML per 31 days)
PREZISTA ORAL TABLET 150 MG	QL (248 EA per 31 days)
PREZISTA ORAL TABLET 600 MG	QL (62 EA per 31 days)
PREZISTA ORAL TABLET 75 MG	QL (496 EA per 31 days)
PREZISTA ORAL TABLET 800 MG	QL (31 EA per 31 days)
REYATAZ ORAL PACKET 50 MG	QL (186 EA per 31 days)
<i>ritonavir oral tablet 100 mg</i>	QL (372 EA per 31 days)
VIRACEPT ORAL TABLET 250 MG	QL (310 EA per 31 days)
VIRACEPT ORAL TABLET 625 MG	QL (124 EA per 31 days)
ANTI-INFLUENZA AGENTS	
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	

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Drug	Requirements/Limits
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	
<i>rimantadine hcl oral tablet 100 mg</i>	
XOFLUZA ORAL TABLET THERAPY PACK 2 X 20 MG, 2 X 40 MG	
ANXIOLYTICS	
ANXIOLYTICS, OTHER	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	
<i>hydroxyzine hcl oral tablet 25 mg, 50 mg</i>	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	
BENZODIAZEPINES	
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	QL (124 EA per 31 days)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	QL (310 ML per 31 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	QL (124 EA per 31 days)
<i>alprazolam oral tablet 1 mg</i>	QL (248 EA per 31 days)
<i>alprazolam oral tablet 2 mg</i>	QL (155 EA per 31 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	QL (186 EA per 31 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	QL (124 EA per 31 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	QL (186 EA per 31 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	QL (744 EA per 31 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	QL (372 EA per 31 days)
<i>diazepam oral concentrate 5 mg/ml</i>	QL (248 ML per 31 days)
<i>diazepam oral solution 5 mg/5ml</i>	QL (1240 ML per 31 days)
<i>diazepam oral tablet 10 mg</i>	QL (124 EA per 31 days)
<i>diazepam oral tablet 2 mg</i>	QL (620 EA per 31 days)
<i>diazepam oral tablet 5 mg</i>	QL (248 EA per 31 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	QL (248 ML per 31 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	QL (155 EA per 31 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	QL (124 EA per 31 days)
BIPOLAR AGENTS	
MOOD STABILIZERS	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	

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Drug	Requirements/Limits
<i>lithium carbonate oral tablet 300 mg</i>	
<i>lithium oral solution 8 meq/5ml</i>	
BLOOD GLUCOSE REGULATORS	
ANTIDIABETIC AGENTS	
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	QL (93 EA per 31 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	
<i>glipizide oral tablet 10 mg, 5 mg</i>	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	
<i>global alcohol prep ease pad 70 %</i>	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	QL (62 EA per 31 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	QL (62 EA per 31 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	QL (31 EA per 31 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	QL (62 EA per 31 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	QL (62 EA per 31 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	QL (31 EA per 31 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	QL (31 EA per 31 days)
KORLYM ORAL TABLET 300 MG	PA
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	QL (124 EA per 31 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	QL (62 EA per 31 days)
<i>metformin hcl oral tablet 1000 mg, 850 mg</i>	QL (62 EA per 31 days)
<i>metformin hcl oral tablet 500 mg</i>	QL (124 EA per 31 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	QL (31 EA per 31 days)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	

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Drug	Requirements/Limits
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	QL (62 EA per 31 days)
SYNJARDY ORAL TABLET 5-500 MG	QL (124 EA per 31 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	QL (31 EA per 31 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	QL (62 EA per 31 days)
<i>tolbutamide oral tablet 500 mg</i>	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100- 3.6 UNIT-MG/ML	
GLYCEMIC AGENTS	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	
INSULINS	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	

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Drug	Requirements/Limits
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	
BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS	
ANTICOAGULANTS	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	QL (31 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	QL (24 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	QL (9 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	QL (12 ML per 31 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	QL (18 ML per 31 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	

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Drug	Requirements/Limits
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	
BLOOD FORMATION MODIFIERS	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	
PROMACTA ORAL PACKET 12.5 MG	PA; QL (360 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG	PA; QL (62 EA per 31 days)
PROMACTA ORAL TABLET 25 MG, 50 MG, 75 MG	PA; QL (31 EA per 31 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	PA
<i>tranexamic acid oral tablet 650 mg</i>	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	PA
PLATELET MODIFYING AGENTS	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	
BRILINTA ORAL TABLET 60 MG, 90 MG	
CABLIVI INJECTION KIT 11 MG	PA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	
CARDIOVASCULAR AGENTS	
ALPHA-ADRENERGIC AGONISTS	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	QL (4 EA per 28 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	
ALPHA-ADRENERGIC BLOCKING AGENTS	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	QL (62 EA per 31 days)

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Drug	Requirements/Limits
<i>candesartan cilexetil oral tablet 32 mg</i>	QL (31 EA per 31 days)
<i>eprosartan mesylate oral tablet 600 mg</i>	QL (31 EA per 31 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	QL (31 EA per 31 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	QL (31 EA per 31 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	QL (31 EA per 31 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	QL (31 EA per 31 days)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	
ANTIARRHYTHMICS	
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	
MULTAQ ORAL TABLET 400 MG	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	
ANTIHYPERTENSIVE COMBINATIONS	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	

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Drug	Requirements/Limits
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	QL (31 EA per 31 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	QL (31 EA per 31 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	QL (31 EA per 31 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	QL (31 EA per 31 days)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	QL (31 EA per 31 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	QL (62 EA per 31 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	QL (31 EA per 31 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	QL (31 EA per 31 days)
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	QL (31 EA per 31 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	QL (31 EA per 31 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	QL (31 EA per 31 days)

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Drug	Requirements/Limits
BETA-ADRENERGIC BLOCKING AGENTS	
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	QL (62 EA per 31 days)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	
<i>pindolol oral tablet 10 mg, 5 mg</i>	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	
<i>timolol maleate oral tablet 20 mg, 5 mg</i>	
CALCIUM CHANNEL BLOCKING AGENTS	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	QL (31 EA per 31 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	QL (31 EA per 31 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	
KATERZIA ORAL SUSPENSION 1 MG/ML	QL (310 ML per 31 days)

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Drug	Requirements/Limits
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	QL (62 EA per 31 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	QL (62 EA per 31 days)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	
<i>nimodipine oral capsule 30 mg</i>	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg</i>	QL (31 EA per 31 days)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg, 360 mg</i>	QL (62 EA per 31 days)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	
CARDIOVASCULAR AGENTS, OTHER	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	PA
CORLANOR ORAL SOLUTION 5 MG/5ML	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	PA
DEMSEER ORAL CAPSULE 250 MG	
DIGITEK ORAL TABLET 125 MCG, 250 MCG	QL (31 EA per 31 days)
DIGOX ORAL TABLET 125 MCG, 250 MCG	QL (31 EA per 31 days)
<i>digoxin oral solution 0.05 mg/ml</i>	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	QL (31 EA per 31 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	PA
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	PA
<i>pentoxifylline er oral tablet extended release 400 mg</i>	

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Drug	Requirements/Limits
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	PA; LA
VYNDAMAX ORAL CAPSULE 61 MG	PA
DIURETICS, CARBONIC ANHYDRASE INHIBITORS	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	
DIURETICS, LOOP	
<i>bumetanide injection solution 0.25 mg/ml</i>	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	
DIURETICS, POTASSIUM-SPARING	
<i>amiloride hcl oral tablet 5 mg</i>	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	
DIURETICS, THIAZIDE	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	QL (31 EA per 31 days)
<i>fenofibrate oral capsule 150 mg</i>	QL (31 EA per 31 days)
<i>fenofibrate oral capsule 50 mg</i>	QL (62 EA per 31 days)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>	QL (31 EA per 31 days)
<i>fenofibrate oral tablet 48 mg, 54 mg</i>	QL (62 EA per 31 days)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	QL (31 EA per 31 days)
<i>gemfibrozil oral tablet 600 mg</i>	QL (62 EA per 31 days)
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	

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Drug	Requirements/Limits
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (31 EA per 31 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	ST; QL (31 EA per 31 days)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	QL (31 EA per 31 days)
<i>lovastatin oral tablet 40 mg</i>	QL (62 EA per 31 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (31 EA per 31 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	QL (31 EA per 31 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	QL (31 EA per 31 days)
DYSLIPIDEMICS, OTHER	
<i>cholestyramine light oral powder 4 gm/dose</i>	
<i>cholestyramine oral packet 4 gm</i>	
<i>colestipol hcl oral packet 5 gm</i>	
<i>colestipol hcl oral tablet 1 gm</i>	
<i>ezetimibe oral tablet 10 mg</i>	QL (31 EA per 31 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	
NIACOR ORAL TABLET 500 MG	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	PA
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	PA
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	PA
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	
WELCHOL ORAL TABLET 625 MG	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	
NITRO-BID TRANSDERMAL OINTMENT 2 %	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	

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Drug	Requirements/Limits
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i>	QL (31 EA per 31 days)
<i>nitroglycerin transdermal patch 24 hour 0.4 mg/hr</i>	QL (62 EA per 31 days)
VASODILATORS, DIRECT-ACTING ARTERIAL	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	
CENTRAL NERVOUS SYSTEM AGENTS	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	QL (31 EA per 31 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	QL (93 EA per 31 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	QL (62 EA per 31 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	QL (186 EA per 31 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	QL (124 EA per 31 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	QL (372 EA per 31 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	QL (186 EA per 31 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	QL (155 EA per 31 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	QL (93 EA per 31 days)
<i>atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg</i>	QL (31 EA per 31 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	QL (62 EA per 31 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	QL (248 EA per 31 days)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	QL (124 EA per 31 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	PA
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	QL (93 EA per 31 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	QL (93 EA per 31 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	QL (930 ML per 31 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	QL (1860 ML per 31 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	QL (93 EA per 31 days)
CENTRAL NERVOUS SYSTEM, OTHER	

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Drug	Requirements/Limits
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	PA; QL (124 EA per 31 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	PA; QL (62 EA per 31 days)
<i>riluzole oral tablet 50 mg</i>	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	PA; LA; QL (6 ML per 28 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	QL (248 EA per 31 days)
<i>tetrabenazine oral tablet 25 mg</i>	QL (124 EA per 31 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	PA
FIBROMYALGIA AGENTS	
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	QL (62 EA per 31 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	
MULTIPLE SCLEROSIS AGENTS	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	PA
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PA; QL (62 EA per 31 days)
GILENYA ORAL CAPSULE 0.5 MG	PA
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	PA
MAYZENT ORAL TABLET 0.25 MG, 2 MG	PA
TECFIDERA ORAL 120 & 240 MG	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	PA
DENTAL AND ORAL AGENTS	
DENTAL AND ORAL AGENTS	
<i>cevimeline hcl oral capsule 30 mg</i>	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	
<i>clotrimazole mouth/throat lozenge 10 mg</i>	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	
ORAVIG BUCCAL TABLET 50 MG	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	

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Drug	Requirements/Limits
DERMATOLOGICAL AGENTS	
DERMATOLOGICAL AGENTS	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	
<i>acyclovir external ointment 5 %</i>	
<i>adapalene external cream 0.1 %</i>	
<i>adapalene external gel 0.1 %, 0.3 %</i>	
<i>alclometasone dipropionate external cream 0.05 %</i>	
<i>alclometasone dipropionate external ointment 0.05 %</i>	
<i>amcinonide external cream 0.1 %</i>	
<i>amcinonide external lotion 0.1 %</i>	
<i>amcinonide external ointment 0.1 %</i>	
<i>ammonium lactate external cream 12 %</i>	
<i>ammonium lactate external lotion 12 %</i>	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	
<i>betamethasone dipropionate external cream 0.05 %</i>	
<i>betamethasone dipropionate external lotion 0.05 %</i>	
<i>betamethasone dipropionate external ointment 0.05 %</i>	
<i>betamethasone valerate external cream 0.1 %</i>	
<i>betamethasone valerate external lotion 0.1 %</i>	
<i>betamethasone valerate external ointment 0.1 %</i>	
<i>calcipotriene external cream 0.005 %</i>	
<i>calcipotriene external ointment 0.005 %</i>	
<i>calcipotriene external solution 0.005 %</i>	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	
<i>clobetasol propionate e external cream 0.05 %</i>	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	
<i>clobetasol propionate external gel 0.05 %</i>	
<i>clobetasol propionate external lotion 0.05 %</i>	
<i>clobetasol propionate external ointment 0.05 %</i>	
<i>clobetasol propionate external shampoo 0.05 %</i>	

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Drug	Requirements/Limits
<i>clobetasol propionate external solution 0.05 %</i>	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	PA
<i>desonide external ointment 0.05 %</i>	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	
<i>desoximetasone external gel 0.05 %</i>	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	
<i>diclofenac sodium transdermal gel 1 %</i>	
<i>diclofenac sodium transdermal gel 3 %</i>	PA; QL (100 GM per 31 days)
<i>diflorasone diacetate external cream 0.05 %</i>	
<i>diflorasone diacetate external ointment 0.05 %</i>	
EUCRISA EXTERNAL OINTMENT 2 %	ST
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	
<i>fluocinolone acetonide external ointment 0.025 %</i>	
<i>fluocinolone acetonide external solution 0.01 %</i>	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	
<i>fluocinonide external cream 0.1 %</i>	
<i>fluocinonide external gel 0.05 %</i>	
<i>fluocinonide external ointment 0.05 %</i>	
<i>fluocinonide external solution 0.05 %</i>	
<i>fluorouracil external cream 5 %</i>	
<i>fluorouracil external solution 2 %, 5 %</i>	
<i>fluticasone propionate external cream 0.05 %</i>	
<i>fluticasone propionate external ointment 0.005 %</i>	
<i>halcinonide external cream 0.1 %</i>	
HALOG EXTERNAL OINTMENT 0.1 %	
<i>hydrocortisone butyrate external cream 0.1 %</i>	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	
<i>hydrocortisone butyrate external solution 0.1 %</i>	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	
<i>hydrocortisone external lotion 2.5 %</i>	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	
<i>hydrocortisone valerate external cream 0.2 %</i>	

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Drug	Requirements/Limits
<i>hydrocortisone valerate external ointment 0.2 %</i>	
<i>imiquimod external cream 5 %</i>	
<i>methoxsalen rapid oral capsule 10 mg</i>	
<i>mometasone furoate external cream 0.1 %</i>	
<i>mometasone furoate external ointment 0.1 %</i>	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	
<i>pimecrolimus external cream 1 %</i>	ST
<i>podofilox external solution 0.5 %</i>	
<i>prednicarbate external cream 0.1 %</i>	
<i>prednicarbate external ointment 0.1 %</i>	
PROCTO-MED HC RECTAL CREAM 2.5 %	
PROCTO-PAK RECTAL CREAM 1 %	
PROCTOSOL HC RECTAL CREAM 2.5 %	
PROCTOZONE-HC RECTAL CREAM 2.5 %	
RECTIV RECTAL OINTMENT 0.4 %	
REGRANEX EXTERNAL GEL 0.01 %	PA; QL (31 GM per 31 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	
<i>selenium sulfide external lotion 2.5 %</i>	
<i>silver sulfadiazine external cream 1 %</i>	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	PA
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	ST
<i>tazarotene external cream 0.1 %</i>	PA
TAZORAC EXTERNAL CREAM 0.05 %	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	PA
TOLAK EXTERNAL CREAM 4 %	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	
VALCHLOR EXTERNAL GEL 0.016 %	
ELECTROLYTES/MINERALS/METALS/VITAMINS	
ELECTROLYTE/MINERAL REPLACEMENT	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.45 %, 5-0.9 %</i>	

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Drug	Requirements/Limits
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	
TPN ELECTROLYTES INTRAVENOUS SOLUTION	
ELECTROLYTE/MINERAL/METAL MODIFIERS	
<i>deferasirox oral tablet 360 mg, 90 mg</i>	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	
FERRIPROX ORAL TABLET 1000 MG, 500 MG	
KIONEX ORAL SUSPENSION 15 GM/60ML	
LOKELMA ORAL PACKET 10 GM, 5 GM	
SAMSCA ORAL TABLET 15 MG, 30 MG	PA; QL (62 EA per 31 days)
<i>sodium polystyrene sulfonate oral powder</i>	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	

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Drug	Requirements/Limits
SPS ORAL SUSPENSION 15 GM/60ML	
NUTRIENTS	
AMINOSYN II INTRAVENOUS SOLUTION 10 %	BD
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	BD
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	BD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	BD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	BD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	BD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	BD
<i>dextrose intravenous solution 10 %, 5 %</i>	
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	BD
HEPATAMINE INTRAVENOUS SOLUTION 8 %	BD
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	BD
<i>nutrilipid intravenous emulsion 20 %</i>	BD
PREMASOL INTRAVENOUS SOLUTION 10 %, 6 %	BD
PROCALAMINE INTRAVENOUS SOLUTION 3 %	BD
PROSOL INTRAVENOUS SOLUTION 20 %	BD
TRAVASOL INTRAVENOUS SOLUTION 10 %	BD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	BD
GASTROINTESTINAL AGENTS	
ANTISPASMODICS, GASTROINTESTINAL	
<i>dicyclomine hcl oral capsule 10 mg</i>	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	
<i>dicyclomine hcl oral tablet 20 mg</i>	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	
<i>propantheline bromide oral tablet 15 mg</i>	

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Drug	Requirements/Limits
DIGESTIVE ENZYMES	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	
<i>ursodiol oral capsule 300 mg</i>	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000- 79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	
GASTROINTESTINAL AGENTS, OTHER	
<i>amoxicill-clarithro-lansopraz oral</i>	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	
<i>enulose oral solution 10 gm/15ml</i>	
GATTEX SUBCUTANEOUS KIT 5 MG	
<i>generlac oral solution 10 gm/15ml</i>	
<i>loperamide hcl oral capsule 2 mg</i>	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	QL (31 EA per 31 days)
<i>ursodiol oral tablet 250 mg, 500 mg</i>	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	
<i>famotidine oral tablet 20 mg, 40 mg</i>	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	
IRRITABLE BOWEL SYNDROME AGENTS	
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	QL (62 EA per 31 days)
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	QL (62 EA per 31 days)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	
<i>balsalazide disodium oral capsule 750 mg</i>	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	QL (31 EA per 31 days)
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	

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Drug	Requirements/Limits
<i>mesalamine oral tablet delayed release 800 mg</i>	
<i>mesalamine rectal enema 4 gm</i>	
<i>sulfasalazine oral tablet 500 mg</i>	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	
LAXATIVES	
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	
<i>lactulose oral solution 10 gm/15ml</i>	
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	
PROTECTANTS	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	
<i>sucralfate oral tablet 1 gm</i>	
PROTON PUMP INHIBITORS	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	ST
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	
ENZYME REPLACEMENT/ MODIFIERS	
CARBAGLU ORAL TABLET 200 MG	
CYSTADANE ORAL POWDER	
GALAFOLD ORAL CAPSULE 123 MG	PA; LA; QL (15 EA per 30 days)
KUVAN ORAL PACKET 100 MG, 500 MG	PA
KUVAN ORAL TABLET SOLUBLE 100 MG	PA
<i>levocarnitine oral solution 1 gm/10ml</i>	
<i>levocarnitine oral tablet 330 mg</i>	
<i>miglustat oral capsule 100 mg</i>	PA; QL (93 EA per 31 days)

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Drug	Requirements/Limits
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	
ORFADIN ORAL SUSPENSION 4 MG/ML	LA
RAVICTI ORAL LIQUID 1.1 GM/ML	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	
XURIDEN ORAL PACKET 2 GM	PA
GENITOURINARY AGENTS	
ANTISPASMODICS, URINARY	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	QL (62 EA per 31 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	
<i>oxybutynin chloride oral tablet 5 mg</i>	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	
<i>trospium chloride oral tablet 20 mg</i>	
BENIGN PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	QL (31 EA per 31 days)
<i>dutasteride oral capsule 0.5 mg</i>	QL (31 EA per 31 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	QL (31 EA per 31 days)
<i>finasteride oral tablet 5 mg</i>	QL (31 EA per 31 days)
<i>silodosin oral capsule 4 mg, 8 mg</i>	QL (31 EA per 31 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	QL (62 EA per 31 days)
GENITOURINARY AGENTS, OTHER	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	
<i>sodium chloride irrigation solution 0.9 %</i>	
PHOSPHATE BINDERS	
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	PA
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	

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Drug	Requirements/Limits
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	
<i>sevelamer carbonate oral tablet 800 mg</i>	
VELPHORO ORAL TABLET CHEWABLE 500 MG	
VAGINAL PRODUCTS	
<i>clindamycin phosphate vaginal cream 2 %</i>	
<i>estradiol vaginal cream 0.1 mg/gm</i>	
<i>estradiol vaginal tablet 10 mcg</i>	
ESTRING VAGINAL RING 2 MG	
INTRAROSA VAGINAL INSERT 6.5 MG	PA
<i>metronidazole vaginal gel 0.75 %</i>	
<i>miconazole 3 vaginal suppository 200 mg</i>	
PREMARIN VAGINAL CREAM 0.625 MG/GM	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	
<i>terconazole vaginal suppository 80 mg</i>	
YUVAFEM VAGINAL TABLET 10 MCG	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	
GLUCOCORTICOIDS/MINERALOCORTICOIDS	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	
<i>budesonide oral capsule delayed release particles 3 mg</i>	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	
<i>prednisolone oral solution 15 mg/5ml</i>	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	
PREDNISONNE INTENSOL ORAL CONCENTRATE 5 MG/ML	
<i>prednisone oral solution 5 mg/5ml</i>	

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Drug	Requirements/Limits
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	
ANABOLIC STEROIDS	
ANADROL-50 ORAL TABLET 50 MG	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	PA; QL (62 EA per 31 days)
ANDROGENS	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	PA
CONTRACEPTIVES	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	
AMETHIA LO ORAL TABLET 0.1-0.02 & 0.01 MG	
AMETHIA ORAL TABLET 0.15-0.03 & 0.01 MG	
APRI ORAL TABLET 0.15-30 MG-MCG	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	
AUBRA ORAL TABLET 0.1-20 MG-MCG	
AVIANE ORAL TABLET 0.1-20 MG-MCG	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	
CAMILA ORAL TABLET 0.35 MG	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	
CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG	
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	

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Drug	Requirements/Limits
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	
CYRED ORAL TABLET 0.15-30 MG-MCG	
DEBLITANE ORAL TABLET 0.35 MG	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	
<i>drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	
<i>drosiprenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	
ERRIN ORAL TABLET 0.35 MG	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	
FALMINA ORAL TABLET 0.1-20 MG-MCG	
FAYOSIM ORAL TABLET 42-21-21-7 DAYS	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	
GIANVI ORAL TABLET 3-0.02 MG	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	
INCASSIA ORAL TABLET 0.35 MG	
INTROVALE ORAL TABLET 0.15-0.03 MG	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	
JASMIEL ORAL TABLET 3-0.02 MG	
JULEBER ORAL TABLET 0.15-30 MG-MCG	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	
KURVELO ORAL TABLET 0.15-30 MG-MCG	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	

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Drug	Requirements/Limits
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	
LESSINA ORAL TABLET 0.1-20 MG-MCG	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	
LORYNA ORAL TABLET 3-0.02 MG	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	
LUTERA ORAL TABLET 0.1-20 MG-MCG	
LYZA ORAL TABLET 0.35 MG	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	
MELODETTA 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	
MILI ORAL TABLET 0.25-35 MG-MCG	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	
NIKKI ORAL TABLET 3-0.02 MG	
NORA-BE ORAL TABLET 0.35 MG	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	
<i>norethindrone oral tablet 0.35 mg</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 20201, Ver. 8 Last updated 02/24/2020 Effective Date: 03/01/2020

Drug	Requirements/Limits
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	
OCELLA ORAL TABLET 3-0.03 MG	
OGESTREL ORAL TABLET 0.5-50 MG-MCG	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	
RIVELSA ORAL TABLET 42-21-21-7 DAYS	
SETLAKIN ORAL TABLET 0.15-0.03 MG	
SHAROBEL ORAL TABLET 0.35 MG	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	
SRONYX ORAL TABLET 0.1-20 MG-MCG	
SYEDA ORAL TABLET 3-0.03 MG	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	
TYDEMY ORAL TABLET 3-0.03-0.451 MG	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	

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Drug	Requirements/Limits
VIENVA ORAL TABLET 0.1-20 MG-MCG	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	
ZARAH ORAL TABLET 3-0.03 MG	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	
ESTROGENS	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PA; HR
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PA; HR
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	PA; HR
JINTELI ORAL TABLET 1-5 MG-MCG	PA; HR
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	PA; HR
MIMVEY ORAL TABLET 1-0.5 MG	PA; HR
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	PA; HR
OSPHENA ORAL TABLET 60 MG	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	PA; HR
PREMPHASE ORAL TABLET 0.625-5 MG	PA; HR
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	PA; HR
PROGESTINS	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	PA; HR
<i>norethindrone acetate oral tablet 5 mg</i>	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)	
<i>cabergoline oral tablet 0.5 mg</i>	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	

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Drug	Requirements/Limits
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	PA
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	PA; LA; QL (62 ML per 31 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	PA; QL (62 EA per 31 days)
SYNAREL NASAL SOLUTION 2 MG/ML	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)	
ANTITHYROID AGENTS	
<i>methimazole oral tablet 10 mg, 5 mg</i>	
<i>propylthiouracil oral tablet 50 mg</i>	

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Drug	Requirements/Limits
IMMUNOLOGICAL AGENTS	
IMMUNE SUPPRESSANTS	
AZASAN ORAL TABLET 100 MG, 75 MG	BD
<i>azathioprine oral tablet 50 mg</i>	BD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	BD
<i>cyclosporine modified oral solution 100 mg/ml</i>	BD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	BD
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	BD
GENGRAF ORAL CAPSULE 100 MG, 25 MG	BD
GENGRAF ORAL SOLUTION 100 MG/ML	BD
<i>mycophenolate mofetil oral capsule 250 mg</i>	BD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	BD
<i>mycophenolate mofetil oral tablet 500 mg</i>	BD
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	BD
PROGRAF ORAL PACKET 0.2 MG, 1 MG	BD
SANDIMMUNE ORAL SOLUTION 100 MG/ML	BD
<i>sirolimus oral solution 1 mg/ml</i>	BD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	BD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	BD
ZORTRESS ORAL TABLET 0.25 MG, 0.75 MG, 1 MG	BD; QL (62 EA per 31 days)
ZORTRESS ORAL TABLET 0.5 MG	BD; QL (124 EA per 31 days)
IMMUNOMODULATORS	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	PA

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Drug	Requirements/Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	BD
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	BD
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	BD
GAMMAKED INJECTION SOLUTION 1 GM/10ML	BD
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	BD
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	BD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK), 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	QL (31 EA per 31 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	PA
VACCINES	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	
<i>bcg vaccine injection injectable</i>	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	BD

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Drug	Requirements/Limits
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	BD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	BD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	
IPOL INJECTION INJECTABLE	
IXIARO INTRAMUSCULAR SUSPENSION	
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	
MENACTRA INTRAMUSCULAR INJECTABLE	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	
M-M-R II INJECTION SOLUTION RECONSTITUTED	
PEDIARIX INTRAMUSCULAR SUSPENSION	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	
QUADRACEL INTRAMUSCULAR SUSPENSION	
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	BD
ROTARIX ORAL SUSPENSION RECONSTITUTED	
ROTATEQ ORAL SOLUTION	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	BD
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	BD
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	

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Drug	Requirements/Limits
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	
YF-VAX SUBCUTANEOUS INJECTABLE	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	
METABOLIC BONE DISEASE AGENTS	
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	BD
METABOLIC BONE DISEASE AGENTS	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	BD; QL (4 ML per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	BD
<i>calcitriol oral solution 1 mcg/ml</i>	BD
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	PA
<i>ibandronate sodium oral tablet 150 mg</i>	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	BD
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	ST
<i>raloxifene hcl oral tablet 60 mg</i>	
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	ST; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	ST; QL (4 EA per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	PA
MISCELLANEOUS	
MISCELLANEOUS	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	
<i>cvs gauze sterile pad 2"x2"</i>	
DEPEN TITRATABS ORAL TABLET 250 MG	

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Drug	Requirements/Limits
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	
ENDARI ORAL PACKET 5 GM	PA; LA; QL (186 EA per 31 days)
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	
FIRDAPSE ORAL TABLET 10 MG	PA
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	
<i>trientine hcl oral capsule 250 mg</i>	PA
OPHTHALMIC AGENTS	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
<i>latanoprost ophthalmic solution 0.005 %</i>	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	
OPHTHALMIC AGENTS, OTHER	
<i>atropine sulfate ophthalmic solution 1 %</i>	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	
RESTASIS OPHTHALMIC EMULSION 0.05 %	QL (62 EA per 31 days)
OPHTHALMIC ANTI INFECTIVES	
AZASITE OPHTHALMIC SOLUTION 1 %	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	
<i>levofloxacin ophthalmic solution 0.5 %</i>	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	
NATACYN OPHTHALMIC SUSPENSION 5 %	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	
<i>ofloxacin ophthalmic solution 0.3 %</i>	

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Drug	Requirements/Limits
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	
<i>tobramycin ophthalmic solution 0.3 %</i>	
<i>trifluridine ophthalmic solution 1 %</i>	
OPHTHALMIC ANTI-ALLERGY AGENTS	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	
<i>cromolyn sodium ophthalmic solution 4 %</i>	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	
PAZEO OPHTHALMIC SOLUTION 0.7 %	
OPHTHALMIC ANTIGLAUCOMA AGENTS	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	
AZOPT OPHTHALMIC SUSPENSION 1 %	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	
<i>carteolol hcl ophthalmic solution 1 %</i>	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	
OPHTHALMIC ANTI-INFLAMMATORIES	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	

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Drug	Requirements/Limits
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	PA
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	
DUREZOL OPHTHALMIC EMULSION 0.05 %	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	
LOTEMAX OPHTHALMIC GEL 0.5 %	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	
OTIC AGENTS	
OTIC AGENTS	
<i>acetic acid otic solution 2 %</i>	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	
<i>fluocinolone acetonide otic oil 0.01 %</i>	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	
<i>ofloxacin otic solution 0.3 %</i>	
RESPIRATORY TRACT AGENTS	
ANTI-HISTAMINES	
<i>cetirizine hcl oral solution 1 mg/ml</i>	QL (310 ML per 31 days)

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Drug	Requirements/Limits
<i>clemastine fumarate oral tablet 2.68 mg</i>	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	PA; HR
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	QL (31 EA per 28 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	BD
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	QL (62 EA per 28 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	QL (24 GM per 28 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	QL (11 GM per 28 days)
ANTILEUKOTRIENES	
<i>montelukast sodium oral packet 4 mg</i>	QL (31 EA per 31 days)
<i>montelukast sodium oral tablet 10 mg</i>	QL (31 EA per 31 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	QL (31 EA per 31 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	QL (62 EA per 31 days)
BRONCHODILATORS, ANTICHOLINERGIC	
<i>ipratropium bromide inhalation solution 0.02 %</i>	BD
SPIRIVA HANDHALER INHALATION CAPSULE 18 MCG	QL (31 EA per 28 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	QL (4 GM per 28 days)
BRONCHODILATORS, SYMPATHOMIMETIC	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	QL (62 EA per 28 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	QL (12 GM per 28 days)
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	QL (36 GM per 31 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	BD
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	

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Drug	Requirements/Limits
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	QL (62 EA per 28 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	QL (62 EA per 28 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	QL (4 GM per 28 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	QL (62 EA per 28 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	BD
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	QL (62 EA per 28 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	QL (62 EA per 28 days)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	QL (36 GM per 31 days)
NASAL AGENTS	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	QL (50 ML per 31 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	QL (32 GM per 30 days)
<i>ipratropium bromide nasal solution 0.03 %</i>	QL (62 ML per 31 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	QL (31 ML per 31 days)
<i>olopatadine hcl nasal solution 0.6 %</i>	
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	QL (31 EA per 31 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	
<i>theophylline oral solution 80 mg/15ml</i>	
PULMONARY ANTIHYPERTENSIVES	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	PA
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PA
OPSUMIT ORAL TABLET 10 MG	PA

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Drug	Requirements/Limits
<i>sildenafil citrate oral tablet 20 mg</i>	PA; QL (93 EA per 31 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	PA; LA
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	PA; LA
PULMONARY FIBROSIS AGENTS	
ESBRIET ORAL CAPSULE 267 MG	PA
ESBRIET ORAL TABLET 801 MG	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	PA
RESPIRATORY TRACT AGENTS, OTHER	
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	BD
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	QL (13 EA per 28 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	QL (13 EA per 28 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	QL (13 EA per 28 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	QL (26 GM per 28 days)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	BD
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	PA
KALYDECO ORAL TABLET 150 MG	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	PA; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	BD
PULMOZYME INHALATION SOLUTION 1 MG/ML	BD; QL (155 ML per 31 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	PA; LA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	BD
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	PA
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SKELETAL MUSCLE RELAXANTS	

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Drug	Requirements/Limits
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	PA; HR
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	PA; HR; QL (93 EA per 31 days)
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	PA; HR
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	
SLEEP DISORDER AGENTS	
BENZODIAZEPINES	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	QL (31 EA per 31 days)
<i>temazepam oral capsule 7.5 mg</i>	QL (124 EA per 31 days)
<i>triazolam oral tablet 0.125 mg</i>	QL (31 EA per 31 days)
<i>triazolam oral tablet 0.25 mg</i>	QL (62 EA per 31 days)
GABA RECEPTOR MODULATORS	
<i>zaleplon oral capsule 10 mg</i>	QL (62 EA per 31 days)
<i>zaleplon oral capsule 5 mg</i>	QL (31 EA per 31 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	QL (31 EA per 31 days)
SLEEP DISORDERS, OTHER	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	QL (31 EA per 31 days)
HETLIOZ ORAL CAPSULE 20 MG	PA; QL (31 EA per 31 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	PA; QL (62 EA per 31 days)
SILENOR ORAL TABLET 3 MG, 6 MG	QL (31 EA per 31 days)
XYREM ORAL SOLUTION 500 MG/ML	LA; QL (558 ML per 31 days)

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ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-800-963-0035 (TTY: Wisconsin Relay System at 711).

Spanish

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-800-963-0035 (TTY: Wisconsin Relay System at 711).

Hmong

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

Chinese Mandarin

注意：如果您说中文，您可获得免费的语言协助服务。请致电 1-800-963-0035 (TTY 文字电话: Wisconsin Relay System at 711).

Laotian

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

Russian

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

Care Wisconsin:

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

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

This formulary was updated on 2/27/2020. For more recent information or other questions, please contact Care Wisconsin Partnership Customer Service at 1-800-963-0035 or, for TTY users, Wisconsin Relay 711, 8 a.m. – 8 p.m., 7 days a week, or visit www.carewisc.org/partnership/.



Health Plan

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