

**Medicare y Mucho Más**  
**MMM Supremo (HMO SNP)**  
**MMM Extra (HMO POS)**  
**MMM Advantage (PPO)**

**2019 Formulary**  
**(List of Covered Drugs)**

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

HPMS ID 19524, Version # 7

This formulary was updated on October 10, 2018. For more recent information or other questions, please contact MMM Healthcare, LLC Member Services, at 787-620-2397 (Metro Area), 1-866-333-5470 (Toll Free) or, for TTY users, 1-866-333-5469, Monday through Sunday from 8:00 a.m. to 8:00 p.m., or visit [www.mmmp.com](http://www.mmmp.com).

**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 MMM Healthcare, LLC. When it refers to “plan” or “our plan,” it means MMM Supremo / MMM Extra / MMM Advantage.

This document includes list of the drugs (formulary) for our plan which is current as of October 10, 2018. 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, 2019, and from time to time during the year.

## What is the Medicare y Mucho Más Formulary?

A formulary is a list of covered drugs selected by our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at our plan 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?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **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 the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Medicare y Mucho Más 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 or move a drug to a higher cost-sharing tier, 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 one month supply of the drug.

The enclosed formulary is current as of January 1, 2019. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, all affected members will be notified via mail (at least 60 days

before the change becomes effective). In addition, an updated version of our printed formulary will be updated the first week of the effective month and posted on our website at [www.mmmpr.com](http://www.mmmpr.com).

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 11. 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 9. 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 138. 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?

Our plan 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for *irbesartan*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 11. 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 our plan 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 Medicare y Mucho Más formulary?” on page 4 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 Member Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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 Medicare y Mucho Más Formulary?

You can ask our plan 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. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limit 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, our plan will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug 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, lower cost-sharing drug or utilization restriction exception. **When you request a formulary, lower cost-sharing drug 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 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. After your first 30-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.

For those members that are released from a hospital, or other care facility to their home, or if your ability to get your drugs is limited, our plan will cover a temporary 30-day supply for the drugs that are not in our formulary or have a utilization restriction, while you ask your physician to prescribe a similar drug that is covered by our plan.

### **For more information**

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

If you have questions about our plan, 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>.

### **MMM Supremo / MMM Extra / MMM Advantage Formulary**

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 138.

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

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

## Tier Level Structure

Before the total yearly drug costs (paid by you and our plan) reach \$3,820.00, you pay the following for prescription drugs:

<b>MMM Supremo (HMO SNP)</b>	Tier Level	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
	1	Preferred Generic	\$0.00	\$0.00	\$0.00
	2	Generic	\$0.00	\$0.00	\$0.00
	3	Preferred Brand	\$8.00	\$16.00	\$16.00
	4	Non-Preferred Brand	\$25.00	\$50.00	\$50.00
	5	Specialty	25%	Not Covered	Not Covered

After your total yearly drug costs reach \$3,820.00, you receive partial tier coverage (only some drugs on certain tiers) by the plan. You will also receive a discount on brand name drugs and generally pay no more than 25% for the plan's costs for brand drugs and 37% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$5,100.00.

The plan offers additional coverage in the gap for the following tiers:

<b>MMM Supremo (HMO SNP)</b>	Tier Level	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
	1	Preferred Generic	\$0.00	\$0.00	\$0.00
	2	Generic	\$0.00	\$0.00	\$0.00

After your yearly out-of-pocket drug costs reach \$5,100.00, you pay the greater of:

- 5% coinsurance, or
- \$3.40 for generic drugs (including brand drugs treated as generic) and \$8.50 for all other drugs

For more information on how the tier level is applied, please review your Evidence of Coverage.

## Tier Level Structure

Before the total yearly drug costs (paid by you and our plan) reach \$3,820.00, you pay the following for prescription drugs:

<b>MMM Extra (HMO POS)</b>	Tier Level	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
	1	Preferred Generic	\$2.00	\$4.00	\$4.00
	2	Generic	\$5.00	\$10.00	\$10.00
	3	Preferred Brand	\$30.00	\$60.00	\$60.00
	4	Non-Preferred Brand	\$50.00	\$100.00	\$100.00
	5	Specialty	25%	Not Covered	Not Covered

After your total yearly drug costs reach \$3,820.00, you receive partial tier coverage (only some drugs on certain tiers) by the plan. You will also receive a discount on brand name drugs and generally pay no more than 25% for the plan's costs for brand drugs and 37% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$5,100.00.

The plan offers additional coverage in the gap for the following tiers:

<b>MMM Extra (HMO POS)</b>	Tier Level	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
	1	Preferred Generic	\$2.00	\$4.00	\$4.00
	2	Generic	\$5.00	\$10.00	\$10.00

After your yearly out-of-pocket drug costs reach \$5,100.00, you pay the greater of:

- 5% coinsurance, or
- \$3.40 for generic drugs (including brand drugs treated as generic) and \$8.50 for all other drugs

For more information on how the tier level is applied, please review your Evidence of Coverage.

## Tier Level Structure

Before the total yearly drug costs (paid by you and our plan) reach \$3,820.00, you pay the following for prescription drugs:

<b>MMM Advantage (PPO)</b>	Tier Level	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
	1	Preferred Generic	\$0.00	\$0.00	\$0.00
	2	Generic	\$5.00	\$10.00	\$10.00
	3	Preferred Brand	\$35.00	\$70.00	\$70.00
	4	Non-Preferred Brand	\$50.00	\$100.00	\$100.00
	5	Specialty	25%	Not Covered	Not Covered

After your total yearly drug costs reach \$3,820.00, you receive partial tier coverage (only some drugs on certain tiers) by the plan. You will also receive a discount on brand name drugs and generally pay no more than 25% for the plan's costs for brand drugs and 37% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$5,100.00.

The plan offers additional coverage in the gap for the following tiers:

<b>MMM Advantage (PPO)</b>	Tier Level	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
	1	Preferred Generic	\$0.00	\$0.00	\$0.00
	2	Generic	\$5.00	\$10.00	\$10.00

After your yearly out-of-pocket drug costs reach \$5,100.00, you pay the greater of:

- 5% coinsurance, or
- \$3.40 for generic drugs (including brand drugs treated as generic) and \$8.50 for all other drugs

For more information on how the tier level is applied, please review your Evidence of Coverage.

## Symbols and abbreviations used in the formulary

PA - drugs that need prior authorization

QL (###/###) - drugs with quantity limit; the quantity in parenthesis specifies the quantity limit for the maximum days of supply]

ST - step therapy

LA - drugs with limited access (ex. Specialty Drugs)

MT - maintenance drugs (ex. Contracted pharmacies and Mail Order, 90 day supply)

CG – drugs covered during the coverage gap



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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<b>Analgesics</b>			
<b>Analgesics</b>			
acetaminophen-codeine #3 oral tablet 300-30 mg	TYLENOL WITH CODEINE #3	2	QL (42 EA per 7 days)
acetaminophen-codeine oral solution 120-12 mg/5ml		2	QL (1167 ML per 7 days)
acetaminophen-codeine oral tablet 300-15 mg		2	QL (42 EA per 7 days)
acetaminophen-codeine oral tablet 300-60 mg	TYLENOL WITH CODEINE #4	2	QL (42 EA per 7 days)
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG		4	PA; QL (42 EA per 7 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml		2	PA; QL (1260 ML per 7 days)
hydrocodone-acetaminophen oral tablet 10-325 mg	LORCET HD	2	PA; QL (42 EA per 7 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	LORCET	2	PA; QL (42 EA per 7 days)
hydrocodone-acetaminophen oral tablet 7.5-325 mg	LORCET PLUS	2	PA; QL (42 EA per 7 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg		2	PA; QL (28 EA per 7 days)
lorcet hd oral tablet 10-325 mg		2	PA; QL (42 EA per 7 days)
lorcet oral tablet 5-325 mg		2	PA; QL (42 EA per 7 days)
lorcet plus oral tablet 7.5-325 mg		2	PA; QL (42 EA per 7 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	ENDOCET	2	PA; QL (42 EA per 7 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	ULTRACET	2	PA; QL (56 EA per 7 days)
<b>Nonsteroidal Anti-Inflammatory Drugs</b>			
celecoxib oral capsule 100 mg, 200 mg, 50 mg	CELEBREX	2	PA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

CG- We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

LA- This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-866-333-5470, Monday through Sunday from 8:00 a.m. to 8:00 p.m. TTY users should call 1-866-333-5469.

<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
celecoxib oral capsule 400 mg	CELEBREX	2	PA; QL (30 EA per 30 days)
diclofenac potassium oral tablet 50 mg		2	
diclofenac sodium er oral tablet extended release 24 hour 100 mg		2	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg		2	
diflunisal oral tablet 500 mg		2	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg		2	
etodolac oral capsule 200 mg, 300 mg		2	
etodolac oral tablet 400 mg	LODINE	2	
etodolac oral tablet 500 mg		2	
flurbiprofen oral tablet 100 mg, 50 mg		2	
ibu oral tablet 600 mg, 800 mg		1	
ibuprofen oral suspension 100 mg/5ml		2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	IBU	1	
meloxicam oral tablet 15 mg, 7.5 mg	MOBIC	1	QL (30 EA per 30 days)
nabumetone oral tablet 500 mg, 750 mg		2	
naproxen dr oral tablet delayed release 375 mg, 500 mg	EC-NAPROSYN	2	
naproxen oral suspension 125 mg/5ml	NAPROSYN	2	
naproxen oral tablet 250 mg, 500 mg	NAPROSYN	1	
naproxen oral tablet 375 mg		1	
naproxen sodium oral tablet 275 mg		2	
naproxen sodium oral tablet 550 mg	ANAPROX DS	2	
oxaprozin oral tablet 600 mg	DAYPRO	2	
piroxicam oral capsule 10 mg, 20 mg	FELDENE	2	
sulindac oral tablet 150 mg, 200 mg		2	
<b>Opioid Analgesics, Long-Acting</b>			

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		2	
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		2	QL (60 EA per 30 days)
DURAMORPH INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML		4	PA
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	ACTIQ	5	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	DURAGESIC-100	2	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	DURAGESIC-12	2	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	DURAGESIC-25	2	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 50 mcg/hr</i>	DURAGESIC-50	2	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 75 mcg/hr</i>	DURAGESIC-75	2	PA; QL (10 EA per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		5	PA; QL (120 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>		2	PA
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>		2	QL (450 ML per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	DOLOPHINE	2	QL (180 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>		2	PA; QL (42 ML per 7 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>		2	PA; QL (14 EA per 7 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	KADIAN	2	PA; QL (14 EA per 7 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	KADIAN	5	PA; QL (14 EA per 7 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg</i>	MS CONTIN	2	PA; QL (21 EA per 7 days)
<i>morphine sulfate er oral tablet extended release 200 mg, 60 mg</i>	MS CONTIN	2	PA; QL (14 EA per 7 days)
<i>morphine sulfate injection solution 5 mg/ml</i>		2	PA
<i>morphine sulfate oral solution 10 mg/5ml</i>		2	PA; QL (420 ML per 7 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>		2	PA; QL (210 ML per 7 days)
<i>morphine sulfate oral tablet 15 mg</i>		2	PA; QL (42 EA per 7 days)
<i>morphine sulfate oral tablet 30 mg</i>		2	PA; QL (28 EA per 7 days)
<b>Opioid Analgesics, Short-Acting</b>			
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	ACTIQ	5	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	DURAGESIC-100	2	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	DURAGESIC-12	2	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	DURAGESIC-25	2	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 50 mcg/hr</i>	DURAGESIC-50	2	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 75 mcg/hr</i>	DURAGESIC-75	2	PA; QL (10 EA per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		5	PA; QL (120 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	DILAUDID	2	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	DILAUDID	2	QL (42 EA per 7 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	DILAUDID	2	QL (21 EA per 7 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>meperidine hcl injection solution 25 mg/ml, 50 mg/ml</i>	DEMEROL	2	PA; QL (720 ML per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>		2	PA; QL (42 ML per 7 days)
<i>morphine sulfate injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>		2	PA
<i>morphine sulfate oral solution 10 mg/5ml</i>		2	PA; QL (420 ML per 7 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>		2	PA; QL (210 ML per 7 days)
<i>morphine sulfate oral tablet 15 mg</i>		2	PA; QL (42 EA per 7 days)
<i>morphine sulfate oral tablet 30 mg</i>		2	PA; QL (28 EA per 7 days)
<i>oxycodone hcl oral capsule 5 mg</i>		2	PA; QL (42 EA per 7 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		2	PA
<i>oxycodone hcl oral solution 5 mg/5ml</i>		2	PA; QL (630 ML per 7 days)
<i>oxycodone hcl oral tablet 10 mg, 20 mg</i>		2	PA; QL (42 EA per 7 days)
<i>oxycodone hcl oral tablet 15 mg</i>	ROXICODONE	2	PA; QL (28 EA per 7 days)
<i>oxycodone hcl oral tablet 30 mg</i>	ROXICODONE	2	PA; QL (14 EA per 7 days)
<i>oxycodone hcl oral tablet 5 mg</i>	ROXICODONE	2	PA; QL (42 EA per 7 days)
<i>tramadol hcl oral tablet 50 mg</i>	ULTRAM	2	PA; QL (56 EA per 7 days)

## **Anesthetics**

### **Local Anesthetics**

<i>lidocaine external ointment 5 %</i>		2	PA
<i>lidocaine external patch 5 %</i>	LIDODERM	2	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external gel 2 %</i>	7T LIDO	2	PA
<i>lidocaine hcl external solution 4 %</i>		2	
<i>lidocaine viscous mouth/throat solution 2 %</i>		1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		2	PA

### **Anti Addiction/ Substance Abuse Treatment Agents**

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Drug	Brand Reference	Status	Requirements/ Limits
<b>Alcohol Deterrents/Anti-Craving</b>			
<i>acamprosate calcium oral tablet delayed release 333 mg</i>		2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	ANTABUSE	2	
<i>naltrexone hcl oral tablet 50 mg</i>		2	
<b>Opioid Dependence Treatments</b>			
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		2	
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		2	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		2	QL (120 EA per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>		2	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG		4	QL (60 EA per 30 days)
<b>Opioid Reversal Agents</b>			
<i>naloxone hcl injection solution 0.4 mg/ml</i>		2	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>		2	
<b>Smoking Cessation Agents</b>			
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	ZYBAN	2	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG		4	PA; QL (56 EA per 28 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG		4	PA; QL (60 EA per 30 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42		4	PA

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Drug	Brand Reference	Status	Requirements/ Limits
NICOTROL INHALATION INHALER 10 MG		3	
NICOTROL NS NASAL SOLUTION 10 MG/ML		3	
<b>Antibacterials</b>			
<b>Aminoglycosides</b>			
<i>amikacin sulfate injection solution 500 mg/2ml</i>		2	
<i>gentak ophthalmic ointment 0.3 %</i>		2	
<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>		2	
<i>gentamicin sulfate external cream 0.1 %</i>		2	
<i>gentamicin sulfate external ointment 0.1 %</i>		2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>		2	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		2	
<i>neomycin sulfate oral tablet 500 mg</i>		2	
<i>paromomycin sulfate oral capsule 250 mg</i>		2	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>		2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %		3	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	KITABIS PAK	5	PA; QL (280 ML per 28 days)
<i>tobramycin ophthalmic solution 0.3 %</i>	TOBREX	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>		2	PA
TOBREX OPHTHALMIC OINTMENT 0.3 %		3	
<b>Antibacterials</b>			
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	COLY-MYCIN M	2	PA

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<b>Antibacterials, Other</b>			
acetic acid otic solution 2 %		2	
bacitracin ophthalmic ointment 500 unit/gm		2	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	CLEOCIN	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	CLEOCIN	2	
clindamycin phosphate external gel 1 %	CLEOCIN-T	2	
clindamycin phosphate external lotion 1 %	CLEOCIN-T	2	
clindamycin phosphate external solution 1 %	CLEOCIN-T	2	
clindamycin phosphate external swab 1 %	CLEOCIN-T	2	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	CLEOCIN IN D5W	2	
clindamycin phosphate injection solution 300 mg/2ml, 900 mg/6ml	CLEOCIN PHOSPHATE	2	
clindamycin phosphate vaginal cream 2 %	CLEOCIN	2	
colistimethate sodium (cba) injection solution reconstituted 150 mg	COLY-MYCIN M	2	PA
daptomycin intravenous solution reconstituted 500 mg	CUBICIN	5	PA
GLOBAL ALCOHOL PREP EASE PAD 70 %		3	MT
linezolid intravenous solution 600 mg/300ml	ZYVOX	5	PA
linezolid oral suspension reconstituted 100 mg/5ml	ZYVOX	5	PA
linezolid oral tablet 600 mg	ZYVOX	5	PA
methenamine hippurate oral tablet 1 gm	HIPREX	2	
metronidazole external cream 0.75 %	METROCREAM	2	
metronidazole external gel 0.75 %	ROSADAN	2	
metronidazole external gel 1 %	METROGEL	2	
metronidazole external lotion 0.75 %	METROLOTION	2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>		2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	FLAGYL	2	
<i>metronidazole vaginal gel 0.75 %</i>	METROGEL-VAGINAL	2	
<i>mupirocin calcium external cream 2 %</i>	BACTROBAN	2	
<i>mupirocin external ointment 2 %</i>	CENTANY	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	MACRODANTIN	2	PA
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	MACROBID	2	PA
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>		2	PA
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG		5	PA; QL (6 EA per 15 days)
SIVEXTRO ORAL TABLET 200 MG		5	PA; QL (6 EA per 15 days)
SULFAMYLON EXTERNAL CREAM 85 MG/GM		4	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	TYGACIL	2	PA
<i>trimethoprim oral tablet 100 mg</i>		2	
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 1000 mg, 500 mg</i>		2	PA
<i>vancomycin hcl oral capsule 125 mg</i>	VANCOGIN HCL	2	
<i>vancomycin hcl oral capsule 250 mg</i>	VANCOGIN HCL	5	
<i>vandazole vaginal gel 0.75 %</i>	METROGEL-VAGINAL	2	
XIFAXAN ORAL TABLET 200 MG, 550 MG		5	PA
<b>Beta-Lactam, Cephalosporins</b>			
<i>ceftazidime oral tablet extended release 12 hour 500 mg</i>		2	
<i>ceftazidime oral capsule 250 mg, 500 mg</i>		2	
<i>ceftazidime oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>		2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
cefadroxil oral capsule 500 mg		2	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml		2	
cefadroxil oral tablet 1 gm		2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg		2	
cefdinir oral capsule 300 mg		2	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		2	
cefepime hcl injection solution reconstituted 1 gm, 2 gm	MAXIPIME	2	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	SUPRAX	2	
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg		2	
cefoxitin sodium injection solution reconstituted 10 gm		2	PA
cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm		2	PA
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml		2	
cefpodoxime proxetil oral tablet 100 mg, 200 mg		2	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		2	
cefprozil oral tablet 250 mg, 500 mg		2	
ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm	TAZICEF	2	
ceftriaxone sodium injection solution reconstituted 1 gm	ROCEPHIN	2	PA
ceftriaxone sodium injection solution reconstituted 2 gm, 250 mg, 500 mg		2	PA
ceftriaxone sodium intravenous solution reconstituted 10 gm		2	PA

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
cefuroxime axetil oral tablet 250 mg, 500 mg		2	
cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg		2	PA
cefuroxime sodium intravenous solution reconstituted 1.5 gm		2	PA
cephalexin oral capsule 250 mg, 500 mg	KEFLEX	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		2	
SUPRAX ORAL CAPSULE 400 MG		3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML		3	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG		4	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG		5	PA
<b>Beta-Lactam, Other</b>			
aztreonam injection solution reconstituted 1 gm	AZACTAM	2	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		5	PA
imipenem-cilastatin intravenous solution reconstituted 250 mg		2	PA
imipenem-cilastatin intravenous solution reconstituted 500 mg	PRIMAXIN IV	2	PA
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM		4	PA
meropenem intravenous solution reconstituted 1 gm, 500 mg	MERREM	2	PA
<b>Beta-Lactam, Penicillins</b>			
amoxicillin oral capsule 250 mg, 500 mg		1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml		1	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
amoxicillin oral tablet 500 mg, 875 mg		1	
amoxicillin oral tablet chewable 125 mg, 250 mg		2	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	AUGMENTIN XR	2	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml		2	
amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml	AUGMENTIN	2	
amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml	AUGMENTIN ES-600	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg		2	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	AUGMENTIN	2	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg		2	
ampicillin oral capsule 500 mg		1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg		2	PA
ampicillin sodium intravenous solution reconstituted 10 gm		2	PA
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm	UNASYN	2	PA
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML		4	
dicloxacillin sodium oral capsule 250 mg, 500 mg		2	
nafcillin sodium injection solution reconstituted 1 gm		2	PA
nafcillin sodium intravenous solution reconstituted 10 gm		5	PA

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
oxacillin sodium injection solution reconstituted 1 gm		2	
oxacillin sodium injection solution reconstituted 10 gm		5	
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml		2	
penicillin g potassium injection solution reconstituted 20000000 unit	PFIZERPEN	2	
penicillin g procaine intramuscular suspension 600000 unit/ml		2	
penicillin g sodium injection solution reconstituted 5000000 unit		2	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml		2	
penicillin v potassium oral tablet 250 mg, 500 mg		1	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm	ZOSYN	2	
<b>Macrolides</b>			
AZASITE OPHTHALMIC SOLUTION 1 %		4	
azithromycin intravenous solution reconstituted 500 mg	ZITHROMAX	2	
azithromycin oral packet 1 gm	ZITHROMAX	2	
azithromycin oral suspension reconstituted 100 mg/5ml	ZITHROMAX	2	QL (75 ML per 30 days)
azithromycin oral suspension reconstituted 200 mg/5ml	ZITHROMAX	2	QL (68 ML per 30 days)
azithromycin oral tablet 250 mg	ZITHROMAX	1	QL (8 EA per 15 days)
azithromycin oral tablet 250 mg (6 pack)	ZITHROMAX	1	QL (6 EA per 15 days)
azithromycin oral tablet 500 mg	ZITHROMAX	1	QL (4 EA per 15 days)
azithromycin oral tablet 500 mg (3 pack)	ZITHROMAX	1	QL (3 EA per 15 days)
azithromycin oral tablet 600 mg	ZITHROMAX	1	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>		2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		2	
<i>clarithromycin oral tablet 250 mg</i>		2	
<i>clarithromycin oral tablet 500 mg</i>	BIAXIN	2	
DIFICID ORAL TABLET 200 MG		5	ST
<i>e.e.s. 400 oral tablet 400 mg</i>		2	
<i>ery external pad 2 %</i>		2	
<i>ery-tab oral tablet delayed release 250 mg, 333 mg, 500 mg</i>		2	
<i>erythrocin lactobionate intravenous solution reconstituted 500 mg</i>		2	PA
ERYTHROCIN STEARATE ORAL TABLET 250 MG		4	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>		2	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>		2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	E.E.S. 400	2	
<i>erythromycin external gel 2 %</i>	ERYGEL	2	
<i>erythromycin external solution 2 %</i>		2	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		2	
<b>Quinolones</b>			
CETRAXAL OTIC SOLUTION 0.2 %		3	
CILOXAN OPHTHALMIC OINTMENT 0.3 %		3	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	CILOXAN	2	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>		2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	CIPRO	2	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	CETRAXAL	2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>		2	
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	CIPRO	2	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	ZYMAXID	2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>		2	
<i>levofloxacin intravenous solution 25 mg/ml</i>		2	
<i>levofloxacin oral solution 25 mg/ml</i>		2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	LEVAQUIN	1	
MOXEZA OPHTHALMIC SOLUTION 0.5 %		3	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	VIGAMOX	2	
<i>ofloxacin ophthalmic solution 0.3 %</i>	OCUFLOX	2	
<i>ofloxacin otic solution 0.3 %</i>	FLOXIN OTIC	2	
<b>Sulfonamides</b>			
<i>silver sulfadiazine external cream 1 %</i>	SILVADENE	2	
<i>ssd external cream 1 %</i>	SILVADENE	2	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		2	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	BLEPH-10	2	
<i>sulfadiazine oral tablet 500 mg</i>		2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	SULFATRIM PEDIATRIC	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	BACTRIM	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	BACTRIM DS	1	
<b>Tetracyclines</b>			
<i>doxy 100 intravenous solution reconstituted 100 mg</i>		2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	MORGIDOX	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>		2	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	ACTICLATE	2	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		2	
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	MINOCIN	2	
<i>minocycline hcl oral capsule 75 mg</i>		2	
<i>tetracycline hcl oral capsule 250 mg</i>		1	
<i>tetracycline hcl oral capsule 500 mg</i>		2	
<b>Anticonvulsants</b>			
<b>Anticonvulsants, Other</b>			
BRIVIACT ORAL SOLUTION 10 MG/ML		5	PA; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		5	PA; QL (60 EA per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG		3	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG		3	
<i>diazepam intensol oral concentrate 5 mg/ml</i>		2	PA
<i>diazepam oral solution 5 mg/5ml</i>		2	PA; CG
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	VALIUM	1	PA; CG
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	KEPPRA XR	2	MT; CG
<i>levetiracetam oral solution 100 mg/ml</i>	KEPPRA	2	MT; CG
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	KEPPRA	2	MT; CG
<i>roweepra oral tablet 1000 mg, 500 mg, 750 mg</i>		2	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg</i>		1	MT; CG
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG		4	
<b>Calcium Channel Modifying Agents</b>			
CELONTIN ORAL CAPSULE 300 MG		4	MT
<i>ethosuximide oral capsule 250 mg</i>	ZARONTIN	2	MT; CG
<i>ethosuximide oral solution 250 mg/5ml</i>	ZARONTIN	2	MT; CG
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG		3	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG		3	
LYRICA ORAL SOLUTION 20 MG/ML		3	
<i>zonisamide oral capsule 100 mg, 25 mg</i>	ZONEGRAN	2	MT; CG
<i>zonisamide oral capsule 50 mg</i>		2	MT; CG
<b>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</b>			
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	KLONOPIN	1	CG
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		2	CG
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>		2	PA; CG
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	TRANXENE-T	2	PA; CG
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG		3	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG		3	
<i>diazepam intensol oral concentrate 5 mg/ml</i>		2	PA
<i>diazepam oral solution 5 mg/5ml</i>		2	PA; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
diazepam oral tablet 10 mg, 2 mg, 5 mg	VALIUM	1	PA; CG
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	DEPAKOTE ER	2	MT; CG
divalproex sodium oral capsule delayed release sprinkle 125 mg	DEPAKOTE SPRINKLES	2	MT; CG
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	DEPAKOTE	2	MT; CG
gabapentin oral capsule 100 mg, 300 mg, 400 mg	NEURONTIN	1	MT; CG
gabapentin oral solution 250 mg/5ml	NEURONTIN	2	MT; CG
gabapentin oral tablet 600 mg, 800 mg	NEURONTIN	1	MT; CG
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	LAMICTAL ODT	2	MT; CG
lorazepam oral concentrate 2 mg/ml	LORAZEPAM INTENSOL	2	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	ATIVAN	1	CG
ONFI ORAL SUSPENSION 2.5 MG/ML		5	
ONFI ORAL TABLET 10 MG, 20 MG		5	
phenobarbital oral elixir 20 mg/5ml		2	PA
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		2	PA
primidone oral tablet 250 mg, 50 mg	MYSOLINE	2	MT; CG
SABRIL ORAL TABLET 500 MG		5	PA
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	GABITRIL	2	MT; CG
valproate sodium oral solution 250 mg/5ml	DEPAKENE	2	MT; CG
valproic acid oral capsule 250 mg	DEPAKENE	2	MT; CG
vigabatrin oral packet 500 mg	SABRIL	5	PA
<b>Glutamate Reducing Agents</b>			
felbamate oral suspension 600 mg/5ml	FELBATOL	5	
felbamate oral tablet 400 mg, 600 mg	FELBATOL	2	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		5	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG		5	PA
FYCOMPA ORAL TABLET 2 MG		4	PA
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg</i>	LAMICTAL XR	2	MT; CG
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	LAMICTAL XR	2	MT
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	LAMICTAL	2	MT; CG
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	LAMICTAL	2	MT; CG
<i>lamotrigine starter kit-blue oral kit 25 (35) mg</i>	LAMICTAL STARTER	2	MT; CG
<i>lamotrigine starter kit-green oral kit 25 (84)-100(14) mg</i>	LAMICTAL STARTER	2	MT; CG
<i>lamotrigine starter kit-orange oral kit 25 (42)-100 (7) mg</i>	LAMICTAL STARTER	2	MT; CG
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	QUDEXY XR	2	MT; CG
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	TOPAMAX SPRINKLE	2	MT; CG
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	TOPAMAX	2	MT; CG
<b>Sodium Channel Agents</b>			
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG		5	PA; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG		5	PA; QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML		5	PA

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
BANZEL ORAL TABLET 200 MG, 400 MG		5	PA
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	TEGRETOL-XR	2	MT; CG
<i>carbamazepine oral suspension 100 mg/5ml</i>	TEGRETOL	2	MT; CG
<i>carbamazepine oral tablet 200 mg</i>		2	MT; CG
<i>carbamazepine oral tablet chewable 100 mg</i>		2	MT; CG
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG		4	MT
DILANTIN ORAL CAPSULE 100 MG		4	MT
DILANTIN ORAL CAPSULE 30 MG		4	MT
DILANTIN ORAL SUSPENSION 125 MG/5ML		4	MT
<i>epitol oral tablet 200 mg</i>		2	MT; CG
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	TRILEPTAL	2	MT; CG
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	TRILEPTAL	2	MT; CG
PEGANONE ORAL TABLET 250 MG		4	MT
PHENYTEK ORAL CAPSULE 200 MG, 300 MG		4	MT
<i>phenytoin oral suspension 125 mg/5ml</i>	DILANTIN	2	MT; CG
<i>phenytoin oral tablet chewable 50 mg</i>	DILANTIN INFATABS	2	MT; CG
<i>phenytoin sodium extended oral capsule 100 mg</i>	DILANTIN	2	MT; CG
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	PHENYTEK	2	MT; CG
TEGRETOL ORAL SUSPENSION 100 MG/5ML		4	MT
TEGRETOL ORAL TABLET 200 MG		4	MT
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG		4	MT
VIMPAT ORAL SOLUTION 10 MG/ML		5	QL (1200 ML per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG		5	QL (60 EA per 30 days)
VIMPAT ORAL TABLET 50 MG		4	MT; QL (60 EA per 30 days)
<b>Antidementia Agents</b>			
<b>Cholinesterase Inhibitors</b>			
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	ARICEPT	1	MT; CG; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		1	MT; CG; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	RAZADYNE ER	2	MT; CG; QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		2	MT; CG
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	RAZADYNE	2	MT; CG
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		2	MT; CG
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	EXELON	2	MT; CG; QL (30 EA per 30 days)
<b>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</b>			
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	NAMENDA XR	2	MT; CG; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>		2	MT; CG
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	NAMENDA	2	MT; CG
<i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>	NAMENDA TITRATION PAK	2	CG
<b>Antidepressants</b>			
<b>Antidepressants</b>			
<i>fluoxetine hcl oral tablet 60 mg</i>		2	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	SYMBYAX	2	MT; CG
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		2	PA; CG
<b>Antidepressants, Other</b>			
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 400 MG		5	PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		5	PA; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>		2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	ABILIFY	2	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>		5	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	WELLBUTRIN SR	2	MT; CG
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	WELLBUTRIN XL	2	MT; CG
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>		2	MT; CG
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>		2	CG
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	REMERON	2	MT; CG
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>		2	MT; CG
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	REMERON SOLTAB	2	MT; CG
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>		2	MT; CG
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		2	PA; CG
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	SEROQUEL XR	2	PA; MT; CG; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	SEROQUEL XR	2	PA; MT; CG; QL (60 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	SEROQUEL	I	MT; CG
quetiapine fumarate oral tablet 25 mg, 50 mg	SEROQUEL	I	PA; MT; CG
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg		I	MT; CG
<b>Monoamine Oxidase Inhibitors</b>			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR		5	QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG		4	MT
phenelzine sulfate oral tablet 15 mg	NARDIL	2	MT; CG
tranylcypromine sulfate oral tablet 10 mg	PARNATE	2	MT; CG
<b>Ssris/ Snris</b>			
citalopram hydrobromide oral solution 10 mg/5ml		I	MT; CG
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	CELEXA	I	MT; CG
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	KHEDEZLA	2	MT; CG
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	PRISTIQ	2	MT; CG; QL (30 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	CYMBALTA	2	MT; CG
duloxetine hcl oral capsule delayed release particles 40 mg		2	MT; CG
escitalopram oxalate oral solution 5 mg/5ml		2	MT; CG; QL (600 ML per 30 days)
escitalopram oxalate oral tablet 10 mg	LEXAPRO	2	MT; CG; QL (60 EA per 30 days)
escitalopram oxalate oral tablet 20 mg	LEXAPRO	2	MT; CG; QL (30 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>escitalopram oxalate oral tablet 5 mg</i>	LEXAPRO	2	MT; CG; QL (120 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG		3	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG		4	ST; QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	PROZAC	1	MT; CG
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>		2	MT; CG; QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		2	MT; CG
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>		2	MT; CG
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>		2	MT; CG
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>		2	MT; CG
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	PAXIL CR	2	PA; MT; CG
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PAXIL	2	PA; MT; CG
PAXIL ORAL SUSPENSION 10 MG/5ML		4	PA; ST
<i>sertraline hcl oral concentrate 20 mg/ml</i>	ZOLOFT	2	MT; CG
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	ZOLOFT	1	MT; CG
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		4	ST; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	EFFEXOR XR	2	MT; CG; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	EFFEXOR XR	2	MT; CG; QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		2	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG		4	ST; QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG		4	ST; QL (30 EA per 30 days)
<b>Tricyclics</b>			
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		2	PA; CG
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>		2	PA; MT; CG
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	ANAFRANIL	2	PA; CG
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	NORPRAMIN	2	PA; MT; CG
<i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		2	PA; MT; CG
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		2	PA; CG
<i>doxepin hcl oral concentrate 10 mg/ml</i>		2	PA; CG
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		2	PA; CG
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>		2	PA; CG
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	PAMELOR	2	PA; MT; CG
<i>nortriptyline hcl oral solution 10 mg/5ml</i>		2	PA; MT
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>		2	PA; MT; CG
SILENOR ORAL TABLET 3 MG, 6 MG		3	QL (30 EA per 30 days)
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	SURMONTIL	2	PA; CG
<b>Antiemetics</b>			
<b>Antiemetics, Other</b>			
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>		2	
<i>meclizine hcl oral tablet 12.5 mg</i>		2	PA

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>meclizine hcl oral tablet 25 mg</i>		2	PA
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	REGLAN	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		2	
<i>phenadoz rectal suppository 12.5 mg</i>		2	PA
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		2	MT; CG
<i>prochlorperazine rectal suppository 25 mg</i>	COMPRO	2	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		2	PA
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	TRANSDERM-SCOP (1.5 MG)	2	PA; QL (10 EA per 30 days)
<b>Emetogenic Therapy Adjuncts</b>			
<i>aprepitant oral capsule 125 mg</i>	EMEND	2	PA; MT; QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	EMEND	2	PA; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	EMEND TRI-PACK	2	PA; QL (3 EA per 3 days)
<i>aprepitant oral capsule 80 mg</i>	EMEND	2	PA; QL (2 EA per 2 days)
<i>dronabinol oral capsule 10 mg</i>	MARINOL	5	PA; QL (60 EA per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	MARINOL	2	PA; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG		4	PA; QL (2 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>		2	PA; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	ZOFRAN	2	PA; QL (450 ML per 10 days)
<i>ondansetron hcl oral tablet 24 mg</i>		2	PA; QL (18 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	ZOFRAN	2	PA; QL (45 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	ZOFRAN ODT	2	PA; QL (45 EA per 30 days)
<b>Antifungals</b>			
<b>Antifungals</b>			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		5	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG		5	PA
<i>amphotericin b injection solution reconstituted 50 mg</i>		2	PA
<i>casposfungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	CANCIDAS	5	PA
<i>ciclopirox external gel 0.77 %</i>		2	
<i>ciclopirox external shampoo 1 %</i>	LOPROX	2	
<i>ciclopirox external solution 8 %</i>	CICLODAN	2	
<i>ciclopirox olamine external cream 0.77 %</i>	LOPROX	2	
<i>ciclopirox olamine external suspension 0.77 %</i>	LOPROX	2	
<i>clotrimazole external cream 1 %</i>		2	
<i>clotrimazole external solution 1 %</i>	FUNGICURE INTENSIVE/NAILGUARD	2	
<i>clotrimazole mouth/throat lozenge 10 mg</i>		2	
<i>econazole nitrate external cream 1 %</i>		2	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>		2	PA
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	DIFLUCAN	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	DIFLUCAN	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	ANCOBON	5	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		2	
<i>griseofulvin microsize oral tablet 500 mg</i>		2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		2	
<i>itraconazole oral capsule 100 mg</i>	SPORANOX	2	QL (120 EA per 30 days)
<i>ketoconazole external cream 2 %</i>		2	
<i>ketoconazole external shampoo 2 %</i>	NIZORAL	2	
<i>ketoconazole oral tablet 200 mg</i>		2	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG		5	PA
NATACYN OPHTHALMIC SUSPENSION 5 %		4	
NOXAFIL ORAL SUSPENSION 40 MG/ML		5	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG		5	
NYAMYC EXTERNAL POWDER 100000 UNIT/GM		4	
<i>nystatin external cream 100000 unit/gm</i>		2	
<i>nystatin external ointment 100000 unit/gm</i>		2	
<i>nystatin external powder 100000 unit/gm</i>	NYAMYC	2	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		2	
<i>nystatin oral tablet 500000 unit</i>		2	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM		4	
<i>terbinafine hcl oral tablet 250 mg</i>	LAMISIL	2	QL (90 EA per 365 days)
<i>terconazole vaginal cream 0.4 %</i>	TERAZOL 7	2	
<i>terconazole vaginal cream 0.8 %</i>		2	
<i>terconazole vaginal suppository 80 mg</i>		2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>voriconazole intravenous solution reconstituted 200 mg</i>	VFEND IV	2	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	VFEND	5	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	VFEND	5	
ZOLINZA ORAL CAPSULE 100 MG		5	PA
<b>Antigout Agents</b>			
<b>Antigout Agents</b>			
<i>allopurinol oral tablet 100 mg, 300 mg</i>	ZYLOPRIM	1	MT; CG
<i>colchicine oral capsule 0.6 mg</i>	MITIGARE	3	
<i>colchicine oral tablet 0.6 mg</i>	COLCRYS	2	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		2	MT; CG
<i>probenecid oral tablet 500 mg</i>		2	CG
ULORIC ORAL TABLET 40 MG, 80 MG		3	ST; MT
<b>Anti Inflammatory Agents</b>			
<b>Glucocorticoids</b>			
<i>betamethasone dipropionate aug external cream 0.05 %</i>	DIPROLENE AF	2	
<i>betamethasone dipropionate aug external gel 0.05 %</i>		2	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	DIPROLENE	2	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	DIPROLENE	2	
<i>betamethasone dipropionate external cream 0.05 %</i>		2	
<i>betamethasone dipropionate external lotion 0.05 %</i>		2	
<i>betamethasone dipropionate external ointment 0.05 %</i>		2	
<i>betamethasone valerate external cream 0.1 %</i>		2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>betamethasone valerate external lotion 0.1 %</i>		2	
<i>betamethasone valerate external ointment 0.1 %</i>		2	
<b>BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %</b>		4	
<i>cortisone acetate oral tablet 25 mg</i>		2	
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>		2	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	DECADRON	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i>	DECADRON	2	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>		2	
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	CORTEF	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	MEDROL	2	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	OMNIPRED	2	
<i>prednisolone oral solution 15 mg/5ml</i>		2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		2	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>		2	
<i>prednisone intensol oral concentrate 5 mg/ml</i>		2	
<i>prednisone oral solution 5 mg/5ml</i>		2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg, 50 mg</i>		1	
<i>prednisone oral tablet 20 mg</i>	DELTASONE	1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		2	
<b>Nonsteroidal Anti-Inflammatory Drugs</b>			

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
celecoxib oral capsule 100 mg, 200 mg, 50 mg	CELEBREX	2	PA; QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	CELEBREX	2	PA; QL (30 EA per 30 days)
diclofenac potassium oral tablet 50 mg		2	
diclofenac sodium er oral tablet extended release 24 hour 100 mg		2	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg		2	
diflunisal oral tablet 500 mg		2	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg		2	
etodolac oral capsule 200 mg		2	
etodolac oral tablet 400 mg	LODINE	2	
etodolac oral tablet 500 mg		2	
flurbiprofen oral tablet 100 mg, 50 mg		2	
ibu oral tablet 600 mg, 800 mg		1	
ibuprofen oral suspension 100 mg/5ml		2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	IBU	1	
meloxicam oral tablet 15 mg, 7.5 mg	MOBIC	1	QL (30 EA per 30 days)
nabumetone oral tablet 500 mg, 750 mg		2	
naproxen dr oral tablet delayed release 375 mg, 500 mg	EC-NAPROSYN	2	
naproxen oral suspension 125 mg/5ml	NAPROSYN	2	
naproxen oral tablet 250 mg, 500 mg	NAPROSYN	1	
naproxen oral tablet 375 mg		1	
naproxen sodium oral tablet 275 mg		2	
naproxen sodium oral tablet 550 mg	ANAPROX DS	2	
oxaprozin oral tablet 600 mg	DAYPRO	2	
piroxicam oral capsule 10 mg, 20 mg	FELDENE	2	
sulindac oral tablet 150 mg, 200 mg		2	

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Drug	Brand Reference	Status	Requirements/ Limits
<b>Antimigraine Agents</b>			
<b>Ergot Alkaloids</b>			
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	MIGRANAL	2	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG		5	
<b>Prophylactic</b>			
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	DEPAKOTE ER	2	MT; CG
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	DEPAKOTE SPRINKLES	2	MT; CG
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	DEPAKOTE	2	MT; CG
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		2	MT; CG
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	TOPAMAX SPRINKLE	2	MT; CG
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	TOPAMAX	2	MT; CG
<i>valproate sodium oral solution 250 mg/5ml</i>	DEPAKENE	2	MT; CG
<i>valproic acid oral capsule 250 mg</i>	DEPAKENE	2	MT; CG
<b>Serotonin (5-Ht) 1B/1D Receptor Agonists</b>			
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	RELPAK	2	QL (9 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	AMERGE	2	QL (12 EA per 28 days)
<i>rizatriptan benzoate oral tablet 10 mg</i>	MAXALT	2	QL (18 EA per 28 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>		2	QL (18 EA per 28 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	MAXALT-MLT	2	QL (18 EA per 28 days)
<i>sumatriptan nasal solution 20 mg/act</i>	IMITREX	2	QL (12 EA per 28 days)
<i>sumatriptan nasal solution 5 mg/act</i>	IMITREX	2	QL (24 EA per 28 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	IMITREX	2	QL (9 EA per 28 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	IMITREX STATDOSE REFILL	2	QL (9 ML per 28 days)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	IMITREX STATDOSE REFILL	2	QL (6 ML per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	IMITREX	2	QL (6 ML per 28 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	IMITREX STATDOSE SYSTEM	2	QL (6 ML per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	ZOMIG	2	QL (12 EA per 28 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	ZOMIG ZMT	2	QL (12 EA per 28 days)
<b>Antimyasthenic Agents</b>			
<b>Parasympathomimetics</b>			
guanidine hcl oral tablet 125 mg		2	CG
pyridostigmine bromide er oral tablet extended release 180 mg	MESTINON	2	CG
pyridostigmine bromide oral tablet 60 mg	MESTINON	2	CG
<b>Antimycobacterials</b>			
<b>Antimycobacterials, Other</b>			
dapsone oral tablet 100 mg, 25 mg		2	
PRIFTIN ORAL TABLET 150 MG		4	
rifabutin oral capsule 150 mg	MYCOBUTIN	2	
<b>Antituberculars</b>			
ethambutol hcl oral tablet 100 mg, 400 mg	MYAMBUTOL	2	
isoniazid oral syrup 50 mg/5ml		2	
isoniazid oral tablet 100 mg, 300 mg		1	
paser oral packet 4 gm		2	
pyrazinamide oral tablet 500 mg		2	
rifampin intravenous solution reconstituted 600 mg	RIFADIN	2	

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Drug	Brand Reference	Status	Requirements/ Limits
<i>rifampin oral capsule 150 mg, 300 mg</i>	RIFADIN	2	
RIFATER ORAL TABLET 50-120-300 MG		4	
SIRTURO ORAL TABLET 100 MG		5	PA
TRECTOR ORAL TABLET 250 MG		4	
<b>Antineoplastics</b>			
<b>Alkylating Agents</b>			
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		2	PA
HEXALEN ORAL CAPSULE 50 MG		5	PA
LEUKERAN ORAL TABLET 2 MG		4	
MATULANE ORAL CAPSULE 50 MG		5	PA
VALCHLOR EXTERNAL GEL 0.016 %		5	PA
<b>Antiandrogens</b>			
<i>bicalutamide oral tablet 50 mg</i>	CASODEX	2	
ERLEADA ORAL TABLET 60 MG		5	PA; QL (120 EA per 30 days)
<i>flutamide oral capsule 125 mg</i>		2	
<i>nilutamide oral tablet 150 mg</i>	NILANDRON	5	
XTANDI ORAL CAPSULE 40 MG		5	PA; QL (120 EA per 30 days)
YONSA ORAL TABLET 125 MG		5	PA; QL (120 EA per 30 days)
ZYTIGA ORAL TABLET 250 MG		5	PA; QL (120 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG		5	PA; QL (60 EA per 30 days)
<b>Antiangiogenic Agents</b>			
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		5	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG		5	PA

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Drug	Brand Reference	Status	Requirements/ Limits
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		5	PA
<b>Antiestrogens/Modifiers</b>			
EMCYT ORAL CAPSULE 140 MG		4	
FARESTON ORAL TABLET 60 MG		5	
SOLTAMOX ORAL SOLUTION 10 MG/5ML		4	PA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		1	MT; CG
<b>Antimetabolites</b>			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		3	
<i>hydroxyurea oral capsule 500 mg</i>	HYDREA	2	CG
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		5	
PURIXAN ORAL SUSPENSION 2000 MG/100ML		5	
TABLOID ORAL TABLET 40 MG		4	
<b>Antineoplastics</b>			
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG		4	
LYNPARZA ORAL CAPSULE 50 MG		5	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG		5	PA
MESNEX ORAL TABLET 400 MG		5	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		5	PA; QL (3 EA per 28 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG		5	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG		4	PA
VENCLEXTA ORAL TABLET 100 MG		5	PA

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		5	PA
ZEJULA ORAL CAPSULE 100 MG		5	PA; QL (90 EA per 30 days)
<b>Antineoplastics, Other</b>			
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		2	CG
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG		5	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG		5	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG		5	PA
<b>Aromatase Inhibitors, 3Rd Generation</b>			
<i>anastrozole oral tablet 1 mg</i>	ARIMIDEX	2	MT; CG
<i>exemestane oral tablet 25 mg</i>	AROMASIN	2	MT; CG
<i>letrozole oral tablet 2.5 mg</i>	FEMARA	2	MT; CG
<b>Enzyme Inhibitors</b>			
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG		5	PA; QL (6 EA per 21 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		5	PA; QL (21 EA per 28 days)
IDHIFA ORAL TABLET 100 MG, 50 MG		5	PA; QL (30 EA per 30 days)
KISQALI 200 DOSE ORAL TABLET 200 MG		5	PA; QL (21 EA per 28 days)
KISQALI 400 DOSE ORAL TABLET 200 MG		5	PA; QL (42 EA per 28 days)
KISQALI 600 DOSE ORAL TABLET 200 MG		5	PA; QL (63 EA per 28 days)
KISQALI FEMARA 200 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG		5	PA; QL (49 EA per 28 days)

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Drug	Brand Reference	Status	Requirements/ Limits
KISQALI FEMARA 400 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG		5	PA; QL (70 EA per 28 days)
KISQALI FEMARA 600 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG		5	PA; QL (91 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		5	PA; QL (60 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG		5	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG		5	PA; QL (60 EA per 30 days)
<b>Molecular Target Inhibitors</b>			
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG		5	PA
ALECENSA ORAL CAPSULE 150 MG		5	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG		5	PA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG		5	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG		5	PA; QL (30 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG		5	PA; LA; QL (30 EA per 30 days)
CABOMETYX ORAL TABLET 40 MG, 60 MG		5	PA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG		5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG		5	LA
CAPRELSA ORAL TABLET 300 MG		5	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG		5	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG		5	PA

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG		5	PA
COTELLIC ORAL TABLET 20 MG		5	PA; QL (63 EA per 28 days)
ERIVEDGE ORAL CAPSULE 150 MG		5	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		5	PA
ICLUSIG ORAL TABLET 15 MG		5	PA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG		5	PA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	GLEEVEC	5	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG		5	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG		5	PA
INLYTA ORAL TABLET 1 MG, 5 MG		5	PA
IRESSA ORAL TABLET 250 MG		5	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		5	PA
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG		5	PA; QL (30 EA per 30 days)
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG		5	PA; QL (60 EA per 30 days)
LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 (2) MG		5	PA; QL (90 EA per 30 days)
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG		5	PA; QL (60 EA per 30 days)
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) & 4 MG		5	PA; QL (90 EA per 30 days)
LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (2) MG		5	PA; QL (60 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
MEKINIST ORAL TABLET 0.5 MG, 2 MG		5	PA
NERLYNX ORAL TABLET 40 MG		5	PA; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG		5	PA
ODOMZO ORAL CAPSULE 200 MG		5	PA; QL (30 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG		5	PA; QL (60 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG		5	PA; QL (240 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG		5	PA
STIVARGA ORAL TABLET 40 MG		5	PA; QL (120 EA per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG		5	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		5	PA
TAGRISO ORAL TABLET 40 MG, 80 MG		5	PA; QL (30 EA per 30 days)
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG		5	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG		5	PA
TYKERB ORAL TABLET 250 MG		5	PA
VOTRIENT ORAL TABLET 200 MG		5	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG		5	PA
ZELBORAF ORAL TABLET 240 MG		5	PA
ZYKADIA ORAL CAPSULE 150 MG		5	PA
<b>Retinoids</b>			
AVITA EXTERNAL CREAM 0.025 %		4	PA
AVITA EXTERNAL GEL 0.025 %		4	PA

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>bexarotene oral capsule 75 mg</i>	TARGRETIN	5	PA
PANRETIN EXTERNAL GEL 0.1 %		5	PA
TARGRETIN EXTERNAL GEL 1 %		5	PA
<i>tretinoin external cream 0.025 %</i>		2	PA
<i>tretinoin external cream 0.05 %, 0.1 %</i>	RETIN-A	2	PA
<i>tretinoin external gel 0.01 %</i>	RETIN-A	2	PA
<i>tretinoin external gel 0.025 %</i>		2	PA
<i>tretinoin oral capsule 10 mg</i>		5	
<b>Treatment Adjuncts</b>			
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		2	CG
<b>Antiparasitics</b>			
<b>Anthelmintics</b>			
ALBENZA ORAL TABLET 200 MG		5	
BILTRICIDE ORAL TABLET 600 MG		3	
<i>ivermectin oral tablet 3 mg</i>	STROMECTOL	2	
<b>Antiprotozoals</b>			
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML		5	
ALINIA ORAL TABLET 500 MG		5	
<i>atovaquone oral suspension 750 mg/5ml</i>	MEPRON	5	PA
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	MALARONE	2	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG		3	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		2	
COARTEM ORAL TABLET 20-120 MG		4	QL (24 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PLAQUENIL	2	
<i>mefloquine hcl oral tablet 250 mg</i>		2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG		4	PA
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG		4	PA
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 MG		3	
<i>quinine sulfate oral capsule 324 mg</i>	QUALAQUIN	2	
<b>Pediculicides/Scabicides</b>			
EURAX EXTERNAL CREAM 10 %		3	
EURAX EXTERNAL LOTION 10 %		3	
<i>lindane external shampoo 1 %</i>		2	
<i>malathion external lotion 0.5 %</i>	OVIDE	2	
<i>permethrin external cream 5 %</i>	ELIMITE	2	
<b>Antiparkinson Agents</b>			
<b>Anticholinergics</b>			
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		2	PA; CG
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>		2	PA; CG
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		2	PA; CG
<b>Antiparkinson Agents</b>			
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i>	STALEVO 50	2	MT; CG
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i>	STALEVO 75	2	MT; CG
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i>	STALEVO 100	2	MT; CG
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i>	STALEVO 125	2	MT; CG
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	STALEVO 150	2	MT; CG
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	STALEVO 200	2	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<b>Antiparkinson Agents, Other</b>			
<i>amantadine hcl oral capsule 100 mg</i>		2	CG
<i>amantadine hcl oral syrup 50 mg/5ml</i>		2	MT; CG
<i>amantadine hcl oral tablet 100 mg</i>		2	CG
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i>	STALEVO 50	2	MT; CG
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i>	STALEVO 75	2	MT; CG
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i>	STALEVO 100	2	MT; CG
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i>	STALEVO 125	2	MT; CG
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	STALEVO 150	2	MT; CG
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	STALEVO 200	2	MT; CG
<i>entacapone oral tablet 200 mg</i>	COMTAN	2	CG
<b>Dopamine Agonists</b>			
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML		5	
<i>bromocriptine mesylate oral capsule 5 mg</i>	PARLODEL	2	MT; CG
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PARLODEL	2	MT; CG
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR		4	QL (30 EA per 30 days)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	MIRAPEX ER	2	MT; CG
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	MIRAPEX	2	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	REQUIP XL	2	MT; CG
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	REQUIP	2	MT; CG
<b>Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors</b>			
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	SINEMET CR	2	MT; CG
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	SINEMET	2	MT; CG
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		2	MT; CG
<b>Monoamine Oxidase B (Mao-B) Inhibitors</b>			
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	AZILECT	2	MT; CG
<i>selegiline hcl oral capsule 5 mg</i>	ELDEPRYL	2	MT; CG
<i>selegiline hcl oral tablet 5 mg</i>		2	MT; CG
<b>Antipsychotics</b>			
<b>I St Generation/Typical</b>			
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>		2	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>		2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>		2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>		2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>		2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>		2	MT
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml</i>	HALDOL DECANOATE	2	
<i>haloperidol lactate injection solution 5 mg/ml, 5 mg/ml(1 ml prefilled syringe)</i>	HALDOL	2	CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		2	MT; CG
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>		2	MT; CG
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>		2	MT; CG
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	ORAP	2	CG
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		2	MT; CG
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		2	PA
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		2	PA; MT; CG
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>		2	MT; CG
<b>2Nd Generation/Atypical</b>			
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 400 MG		5	PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		5	PA; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>		2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	ABILIFY	2	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>		5	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML		5	PA; QL (4 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML		5	PA; QL (2 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML		5	PA; QL (2.4 ML per 28 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML		5	PA; QL (3 ML per 28 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG		4	PA
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG		5	PA
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG		4	PA
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG		4	PA; QL (6 EA per 3 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 78 MG/0.5ML		5	PA; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 234 MG/1.5ML		5	PA; QL (2 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 39 MG/0.25ML		4	PA; QL (1 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML, 410 MG/1.315ML		5	PA; MT; QL (1 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 546 MG/1.75ML		5	PA; MT; QL (2 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 819 MG/2.625ML		5	PA; MT; QL (3 ML per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG		5	PA
NUPLAZID ORAL TABLET 17 MG		5	PA; QL (60 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	ZYPREXA	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	ZYPREXA	2	MT; CG
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	ZYPREXA ZYDIS	2	MT

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	INVEGA	5	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	SEROQUEL XR	2	PA; MT; CG; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	SEROQUEL XR	2	PA; MT; CG; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	SEROQUEL	1	MT; CG
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	SEROQUEL	1	PA; MT; CG
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		5	PA; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG		4	PA; QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 37.5 MG, 50 MG		5	PA; QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	RISPERDAL	2	CG
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	RISPERDAL	2	MT; CG
<i>risperidone oral tablet dispersible 0.25 mg, 3 mg, 4 mg</i>		2	MT; CG
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg</i>		2	MT; CG
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG		4	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		5	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG		4	PA; QL (14 EA per 365 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	GEODON	2	CG
<b>Treatment-Resistant</b>			

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
clozapine oral tablet 100 mg, 25 mg	CLOZARIL	2	CG
clozapine oral tablet 200 mg, 50 mg		2	CG
clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg	FAZACLO	2	CG
clozapine oral tablet dispersible 150 mg	FAZACLO	2	
clozapine oral tablet dispersible 200 mg	FAZACLO	5	
VERSACLOZ ORAL SUSPENSION 50 MG/ML		5	
<b>Antispasticity Agents</b>			
<b>Antispasticity Agents</b>			
baclofen oral tablet 10 mg, 20 mg, 5 mg		2	
dantrolene sodium oral capsule 100 mg		2	
dantrolene sodium oral capsule 25 mg, 50 mg	DANTRIUM	2	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	ZANAFLEX	2	
tizanidine hcl oral tablet 2 mg		2	
tizanidine hcl oral tablet 4 mg	ZANAFLEX	2	
<b>Antivirals</b>			
<b>Anti-Cytomegalovirus (Cmv) Agents</b>			
PREVYMIS ORAL TABLET 240 MG, 480 MG		5	PA; QL (30 EA per 30 days)
valganciclovir hcl oral solution reconstituted 50 mg/ml	VALCYTE	5	
valganciclovir hcl oral tablet 450 mg	VALCYTE	5	
ZIRGAN OPHTHALMIC GEL 0.15 %		4	
<b>Anti-Hepatitis B (Hbv) Agents</b>			
adefovir dipivoxil oral tablet 10 mg	HEPSERA	5	PA
BARACLUDE ORAL SOLUTION 0.05 MG/ML		5	PA
entecavir oral tablet 0.5 mg, 1 mg	BARACLUDE	5	PA

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
EPIVIR HBV ORAL SOLUTION 5 MG/ML		4	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML		5	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT		5	PA
<i>lamivudine oral solution 10 mg/ml</i>	EPIVIR	2	CG
<i>lamivudine oral tablet 100 mg</i>	EPIVIR HBV	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	EPIVIR	2	CG
REBETOL ORAL SOLUTION 40 MG/ML		5	PA
RIBASPHERE ORAL CAPSULE 200 MG		4	PA
<i>ribasphere oral tablet 200 mg</i>		2	PA
RIBASPHERE ORAL TABLET 400 MG, 600 MG		5	PA
<i>ribavirin oral capsule 200 mg</i>		2	PA
<i>ribavirin oral tablet 200 mg</i>		2	PA
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	VIREAD	5	
VEMLIDY ORAL TABLET 25 MG		5	PA; QL (28 EA per 28 days)
VIREAD ORAL POWDER 40 MG/GM		5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		5	
<b>Anti-Hepatitis C (Hcv) Agents, Direct Acting</b>			
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG		5	PA; QL (28 EA per 28 days)
EPCLUSA ORAL TABLET 400-100 MG		5	PA; QL (84 EA per 365 days)
HARVONI ORAL TABLET 90-400 MG		5	PA; QL (168 EA per 365 days)
MAVYRET ORAL TABLET 100-40 MG		5	PA; QL (336 EA per 365 days)

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Drug	Brand Reference	Status	Requirements/ Limits
SOVALDI ORAL TABLET 400 MG		5	PA; QL (28 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG		5	PA; QL (84 EA per 365 days)
<b>Anti-Hepatitis C (Hcv) Agents, Others</b>			
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG		5	PA; QL (28 EA per 28 days)
EPCLUSA ORAL TABLET 400-100 MG		5	PA; QL (84 EA per 365 days)
HARVONI ORAL TABLET 90-400 MG		5	PA; QL (168 EA per 365 days)
INTRON A INJECTION SOLUTION 6000000 UNIT/ML		5	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT		5	PA
<i>moderiba oral tablet 200 mg</i>		2	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML		5	PA
REBETOL ORAL SOLUTION 40 MG/ML		5	PA
RIBASPHERE ORAL CAPSULE 200 MG		4	PA
<i>ribasphere oral tablet 200 mg</i>		2	PA
RIBASPHERE ORAL TABLET 400 MG, 600 MG		5	PA
<i>ribavirin oral capsule 200 mg</i>		2	PA
<i>ribavirin oral tablet 200 mg</i>		2	PA
SOVALDI ORAL TABLET 400 MG		5	PA; QL (28 EA per 28 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG		5	PA
<b>Antiherpetic Agents</b>			
<i>acyclovir external ointment 5 %</i>	ZOVIRAX	2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>acyclovir oral capsule 200 mg</i>	ZOVIRAX	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	ZOVIRAX	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	ZOVIRAX	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>		2	PA
<i>famciclovir oral tablet 125 mg, 500 mg</i>		2	QL (21 EA per 30 days)
<i>famciclovir oral tablet 250 mg</i>		2	QL (60 EA per 30 days)
<i>trifluridine ophthalmic solution 1 %</i>	VIROPTIC	2	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	VALTREX	2	QL (30 EA per 30 days)
<b>Anti-Hiv Agents, Integrase Inhibitors (Insti)</b>			
BIKTARVY ORAL TABLET 50-200-25 MG		5	
GENVOYA ORAL TABLET 150-150-200-10 MG		5	
ISENTRESS HD ORAL TABLET 600 MG		5	
ISENTRESS ORAL PACKET 100 MG		5	
ISENTRESS ORAL TABLET 400 MG		5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG		5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG		3	
STRIBILD ORAL TABLET 150-150-200-300 MG		5	
TIVICAY ORAL TABLET 10 MG		3	
TIVICAY ORAL TABLET 25 MG, 50 MG		5	
<b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</b>			
COMPLERA ORAL TABLET 200-25-300 MG		5	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
EDURANT ORAL TABLET 25 MG		5	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	SUSTIVA	2	
<i>efavirenz oral tablet 600 mg</i>	SUSTIVA	2	
INTELENCE ORAL TABLET 100 MG, 200 MG		5	
INTELENCE ORAL TABLET 25 MG		4	
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	VIRAMUNE XR	2	CG
<i>nevirapine oral tablet 200 mg</i>	VIRAMUNE	2	CG
RESCRIPTOR ORAL TABLET 100 MG, 200 MG		4	
VIRAMUNE ORAL SUSPENSION 50 MG/5ML		3	
VIRAMUNE ORAL TABLET 200 MG		3	
<b>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</b>			
<i>abacavir sulfate oral solution 20 mg/ml</i>	ZIAGEN	2	
<i>abacavir sulfate oral tablet 300 mg</i>	ZIAGEN	2	
<i>abacavir sulfate-lamivudine oral tablet 600- 300 mg</i>	EPZICOM	5	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	TRIZIVIR	5	
ATRIPLA ORAL TABLET 600-200-300 MG		5	
CIMDUO ORAL TABLET 300-300 MG		5	
DESCOVY ORAL TABLET 200-25 MG		5	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	VIDEX EC	2	
EMTRIVA ORAL CAPSULE 200 MG		3	
EMTRIVA ORAL SOLUTION 10 MG/ML		3	
JULUCA ORAL TABLET 50-25 MG		5	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>lamivudine oral solution 10 mg/ml</i>	EPIVIR	2	CG
<i>lamivudine oral tablet 100 mg</i>	EPIVIR HBV	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	EPIVIR	2	CG
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	COMBIVIR	2	
ODEFSEY ORAL TABLET 200-25-25 MG		5	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	ZERIT	2	
SYMFI LO ORAL TABLET 400-300-300 MG		5	
SYMFI ORAL TABLET 600-300-300 MG		5	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	VIREAD	5	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG		5	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG		4	
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM		4	
VIREAD ORAL POWDER 40 MG/GM		5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		5	
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML		5	
<i>zidovudine oral capsule 100 mg</i>	RETROVIR	2	CG
<i>zidovudine oral syrup 50 mg/5ml</i>	RETROVIR	2	CG
<i>zidovudine oral tablet 300 mg</i>		2	CG
<b>Anti-Hiv Agents, Other</b>			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		5	
SELZENTRY ORAL SOLUTION 20 MG/ML		4	

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Drug	Brand Reference	Status	Requirements/ Limits
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG		5	
SELZENTRY ORAL TABLET 25 MG		4	
TRIUMEQ ORAL TABLET 600-50-300 MG		5	
TYBOST ORAL TABLET 150 MG		3	
<b>Anti-Hiv Agents, Protease Inhibitors</b>			
APTIVUS ORAL CAPSULE 250 MG		5	
APTIVUS ORAL SOLUTION 100 MG/ML		5	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	REYATAZ	2	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG		4	
EVOTAZ ORAL TABLET 300-150 MG		5	
<i>fosamprenavir calcium oral tablet 700 mg</i>	LEXIVA	2	
INVIRASE ORAL CAPSULE 200 MG		5	
INVIRASE ORAL TABLET 500 MG		5	
KALETRA ORAL TABLET 100-25 MG		4	
KALETRA ORAL TABLET 200-50 MG		5	
LEXIVA ORAL SUSPENSION 50 MG/ML		4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	KALETRA	5	
NORVIR ORAL CAPSULE 100 MG		3	
NORVIR ORAL PACKET 100 MG		3	
NORVIR ORAL SOLUTION 80 MG/ML		3	
PREZCOBIX ORAL TABLET 800-150 MG		5	
PREZISTA ORAL SUSPENSION 100 MG/ML		5	
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG		5	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
PREZISTA ORAL TABLET 75 MG		3	
REYATAZ ORAL PACKET 50 MG		5	
ritonavir oral tablet 100 mg	NORVIR	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG		5	
<b>Anti-Influenza Agents</b>			
amantadine hcl oral capsule 100 mg		2	CG
amantadine hcl oral syrup 50 mg/5ml		2	MT; CG
amantadine hcl oral tablet 100 mg		2	CG
oseltamivir phosphate oral capsule 30 mg	TAMIFLU	2	QL (168 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	TAMIFLU	2	QL (84 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	TAMIFLU	2	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER		3	QL (120 EA per 365 days)
rimantadine hcl oral tablet 100 mg	FLUMADINE	2	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML		3	QL (1080 ML per 365 days)
<b>Anxiolytics</b>			
<b>Anxiolytics, Other</b>			
bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		2	CG
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	PA; CG
doxepin hcl oral concentrate 10 mg/ml		2	PA; CG
SILENOR ORAL TABLET 3 MG, 6 MG		3	QL (30 EA per 30 days)
<b>Benzodiazepines</b>			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	XANAX	I	CG
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	KLONOPIN	I	CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		2	CG
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>		2	PA; CG
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	TRANXENE-T	2	PA; CG
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG		3	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG		3	
<i>diazepam intensol oral concentrate 5 mg/ml</i>		2	PA
<i>diazepam oral solution 5 mg/5ml</i>		2	PA; CG
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	VALIUM	1	PA; CG
<i>lorazepam oral concentrate 2 mg/ml</i>	LORAZEPAM INTENSOL	2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	ATIVAN	1	CG
<b>Ssris/ Snris</b>			
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	CYMBALTA	2	MT; CG
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>		2	MT; CG
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		2	MT; CG; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	LEXAPRO	2	MT; CG; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	LEXAPRO	2	MT; CG; QL (30 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	LEXAPRO	2	MT; CG; QL (120 EA per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	PAXIL CR	2	PA; MT; CG
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PAXIL	2	PA; MT; CG
PAXIL ORAL SUSPENSION 10 MG/5ML		4	PA; ST

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
sertraline hcl oral concentrate 20 mg/ml	ZOLOFT	2	MT; CG
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	ZOLOFT	1	MT; CG
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	EFFEXOR XR	2	MT; CG; QL (60 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg	EFFEXOR XR	2	MT; CG; QL (30 EA per 30 days)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		2	MT; CG
<b>Bipolar Agents</b>			
<b>Bipolar Agents, Other</b>			
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG		4	PA; QL (6 EA per 3 days)
olanzapine intramuscular solution reconstituted 10 mg	ZYPREXA	2	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	ZYPREXA	2	MT; CG
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	ZYPREXA ZYDIS	2	MT
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	SEROQUEL XR	2	PA; MT; CG; QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	SEROQUEL XR	2	PA; MT; CG; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	SEROQUEL	1	MT; CG
quetiapine fumarate oral tablet 25 mg, 50 mg	SEROQUEL	1	PA; MT; CG
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG		4	PA; QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 37.5 MG, 50 MG		5	PA; QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	RISPERDAL	2	CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	RISPERDAL	2	MT; CG
<i>risperidone oral tablet dispersible 0.25 mg, 3 mg, 4 mg</i>		2	MT; CG
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg</i>		2	MT; CG
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG		4	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		5	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG		4	PA; QL (14 EA per 365 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	GEODON	2	CG
<b>Mood Stabilizers</b>			
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	CARBATROL	2	MT; CG
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	TEGRETOL-XR	2	MT; CG
<i>carbamazepine oral suspension 100 mg/5ml</i>	TEGRETOL	2	MT; CG
<i>carbamazepine oral tablet 200 mg</i>		2	MT; CG
<i>carbamazepine oral tablet chewable 100 mg</i>		2	MT; CG
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	DEPAKOTE ER	2	MT; CG
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	DEPAKOTE SPRINKLES	2	MT; CG
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	DEPAKOTE	2	MT; CG
<i>epitol oral tablet 200 mg</i>		2	MT; CG
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	LAMICTAL XR	2	MT
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	LAMICTAL	2	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	LAMICTAL	2	MT; CG
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	LAMICTAL ODT	2	MT; CG
<i>lamotrigine starter kit-blue oral kit 25 (35) mg</i>	LAMICTAL STARTER	2	MT; CG
<i>lamotrigine starter kit-green oral kit 25 (84)-100(14) mg</i>	LAMICTAL STARTER	2	MT; CG; LA
<i>lamotrigine starter kit-orange oral kit 25 (42)-100 (7) mg</i>	LAMICTAL STARTER	2	MT; CG
<i>lithium carbonate er oral tablet extended release 300 mg</i>	LITHOBID	2	MT; CG
<i>lithium carbonate er oral tablet extended release 450 mg</i>		2	MT; CG
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>		1	MT; CG
<i>lithium carbonate oral tablet 300 mg</i>		2	MT; CG
<i>lithium oral solution 8 meq/5ml</i>		2	MT
TEGRETOL ORAL SUSPENSION 100 MG/5ML		4	MT
TEGRETOL ORAL TABLET 200 MG		4	MT
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG		4	MT
<i>valproate sodium oral solution 250 mg/5ml</i>	DEPAKENE	2	MT; CG
<i>valproic acid oral capsule 250 mg</i>	DEPAKENE	2	MT; CG
<b>Blood Glucose Regulators</b>			
<b>Antidiabetic Agents</b>			
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PRECOSE	2	MT; CG; QL (90 EA per 30 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML		3	MT; QL (3 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG		3	MT; QL (4 EA per 28 days)

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BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG		3	MT; QL (4 EA per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML		4	MT; QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML		4	MT; QL (1.2 ML per 30 days)
colesevelam hcl oral tablet 625 mg	WELCHOL	2	MT
glimepiride oral tablet 1 mg, 2 mg, 4 mg	AMARYL	1	MT; CG; QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	GLUCOTROL XL	1	MT; CG; QL (60 EA per 30 days)
glipizide oral tablet 10 mg, 5 mg	GLUCOTROL	1	MT; CG; QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		3	ST; MT; QL (30 EA per 30 days)
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG		3	ST; MT; QL (60 EA per 30 days)
INVOKAMET ORAL TABLET 50-500 MG		3	ST; MT; QL (120 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG		3	ST; MT; QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG		3	ST; MT; QL (90 EA per 30 days)
INVOKANA ORAL TABLET 300 MG		3	ST; MT; QL (30 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		3	ST; MT; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		3	ST; MT; QL (30 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG		3	ST; MT; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG		3	ST; MT; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG		3	ST; MT; QL (30 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	GLUCOPHAGE XR	1	MT; CG; QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	GLUCOPHAGE XR	1	MT; CG; QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	GLUCOPHAGE	1	MT; CG; QL (60 EA per 30 days)
<i>metformin hcl oral tablet 500 mg, 850 mg</i>	GLUCOPHAGE	1	MT; CG; QL (90 EA per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	GLYSET	2	MT; CG; QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	STARLIX	1	MT; CG; QL (90 EA per 30 days)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG		3	ST; MT; QL (30 EA per 30 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE, 1 MG/DOSE		3	MT; QL (6 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	ACTOS	1	MT; CG; QL (30 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>		1	MT; CG; QL (120 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	PRANDIN	1	MT; CG; QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	PRANDIN	1	MT; CG; QL (240 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML		5	PA; QL (11 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML		5	PA; QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG		3	ST; MT; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG		3	ST; MT; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG		3	ST; MT; QL (30 EA per 30 days)
<i>tolazamide oral tablet 250 mg</i>		1	MT; CG; QL (120 EA per 30 days)
<i>tolazamide oral tablet 500 mg</i>		1	MT; CG; QL (60 EA per 30 days)
<i>tolbutamide oral tablet 500 mg</i>		1	MT; CG; QL (180 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG		3	ST; MT; QL (30 EA per 30 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML		3	MT; QL (9 ML per 30 days)
WELCHOL ORAL PACKET 3.75 GM		3	MT
<b>Blood Glucose Regulators</b>			
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>		1	MT; CG; QL (120 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		3	ST; MT; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG		3	ST; MT; QL (30 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG		3	ST; MT; QL (60 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG		3	ST; MT; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5- 1000 MG		3	ST; MT; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG		3	ST; MT; QL (30 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5- 1000 MG		3	ST; MT; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG		3	ST; MT; QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	DUETACT	1	MT; CG; QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15- 500 mg, 15-850 mg</i>	ACTOPLUS MET	1	MT; CG; QL (90 EA per 30 days)
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>		1	MT; CG; QL (150 EA per 30 days)
<b>Glycemic Agents</b>			
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG		3	
GLUCAGON EMERGENCY INJECTION KIT 1 MG		3	
KORLYM ORAL TABLET 300 MG		5	PA; QL (120 EA per 30 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML		4	
<b>Insulins</b>			
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML		3	MT; QL (100 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML		3	MT
CVS GAUZE STERILE PAD 2"X2"	BAND-AID GAUZE SMALL	3	MT
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM		3	MT
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML, 200 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (50-50) 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (75-25) 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (70-30) 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML		3	MT; QL (30 ML per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		5	PA; QL (30 ML per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		5	PA; QL (30 ML per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	MT; QL (30 ML per 30 days)
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	BD INSULIN SYRINGE MICROFINE	3	MT
RELI-ON INSULIN SYRINGE 29G 0.3 ML		3	MT
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		3	MT; QL (30 ML per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		3	MT; QL (30 ML per 30 days)
<b>Blood Products/ Modifiers/ Volume Expanders</b>			
<b>Anticoagulants</b>			
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG		3	MT
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		3	MT
ELIQUIS STARTER PACK ORAL TABLET 5 MG		3	MT

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>enoxaparin sodium subcutaneous solution 100 mg/ml</i>	LOVENOX	2	QL (30 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	LOVENOX	2	QL (24 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 150 mg/ml</i>	LOVENOX	2	MT; QL (30 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	LOVENOX	2	QL (9 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	LOVENOX	2	QL (12 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	LOVENOX	2	QL (18 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	ARIXTRA	5	PA; QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	ARIXTRA	2	PA; QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	ARIXTRA	5	PA; QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	ARIXTRA	5	PA; QL (18 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		2	PA
<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>		1	MT; CG
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG		4	MT
<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>	COUMADIN	1	MT; CG
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG		3	MT
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		3	
<b>Blood Formation Modifiers</b>			

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>anagrelide hcl oral capsule 0.5 mg</i>	AGRYLIN	2	CG
<i>anagrelide hcl oral capsule 1 mg</i>		2	CG
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		5	PA
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG		5	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML		5	PA; QL (16 ML per 30 days)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML		5	PA; QL (26 ML per 30 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML		5	PA; QL (5 ML per 30 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML		5	PA; QL (8 ML per 30 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		3	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML		5	PA
PROMACTA ORAL TABLET 12.5 MG		5	PA; QL (360 EA per 30 days)
PROMACTA ORAL TABLET 25 MG		5	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 50 MG		5	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 75 MG		5	PA; QL (60 EA per 30 days)
<b>Hemostasis Agents</b>			
<i>tranexamic acid oral tablet 650 mg</i>	LYSTEDA	2	
<b>Platelet Modifying Agents</b>			
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	AGGRENEX	2	MT
BRILINTA ORAL TABLET 60 MG, 90 MG		3	MT

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>cilostazol oral tablet 100 mg, 50 mg</i>		1	MT; CG
<i>clopidogrel bisulfate oral tablet 75 mg</i>	PLAVIX	1	MT; CG
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	EFFIENT	2	MT; CG
ZONTIVITY ORAL TABLET 2.08 MG		4	
<b>Cardiovascular Agents</b>			
<b>Alpha-Adrenergic Agonists</b>			
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	CATAPRES	1	MT; CG
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr</i>	CATAPRES-TTS-1	1	MT; CG
<i>clonidine hcl transdermal patch weekly 0.2 mg/24hr</i>	CATAPRES-TTS-2	1	MT; CG
<i>clonidine hcl transdermal patch weekly 0.3 mg/24hr</i>	CATAPRES-TTS-3	1	MT; CG
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>		2	PA; MT
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG		5	PA
<b>Alpha-Adrenergic Blocking Agents</b>			
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	CARDURA	1	MT; CG; QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	CARDURA	1	MT; CG
<i>prazosin hcl oral capsule 1 mg</i>	MINIPRESS	1	MT; CG
<i>prazosin hcl oral capsule 2 mg, 5 mg</i>	MINIPRESS	2	MT; CG
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		1	MT; CG
<b>Angiotensin II Receptor Antagonists</b>			
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	ATACAND	1	MT; CG; QL (30 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		4	PA; MT; QL (60 EA per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	AVAPRO	I	MT; CG; QL (30 EA per 30 days)
losartan potassium oral tablet 100 mg	COZAAR	I	MT; CG; QL (30 EA per 30 days)
losartan potassium oral tablet 25 mg, 50 mg	COZAAR	I	MT; CG; QL (60 EA per 30 days)
olmesartan medoxomil oral tablet 20 mg, 40 mg	BENICAR	I	MT; CG; QL (30 EA per 30 days)
olmesartan medoxomil oral tablet 5 mg	BENICAR	I	MT; CG; QL (60 EA per 30 days)
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	BENICAR HCT	I	MT; CG; QL (30 EA per 30 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	DIOVAN	I	MT; CG; QL (60 EA per 30 days)
valsartan oral tablet 320 mg	DIOVAN	I	MT; CG; QL (30 EA per 30 days)
<b>Angiotensin-Converting Enzyme (Ace) Inhibitors</b>			
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg	LOTENSIN	I	MT; CG
benazepril hcl oral tablet 5 mg		I	MT; CG
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		I	MT; CG
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	VASOTEC	I	MT; CG
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg		I	MT; CG
lisinopril oral tablet 10 mg, 20 mg, 5 mg	PRINIVIL	I	MT; CG
lisinopril oral tablet 2.5 mg, 30 mg, 40 mg	ZESTRIL	I	MT; CG
moexipril hcl oral tablet 15 mg, 7.5 mg		I	MT; CG
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		I	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	ACCUPRIL	I	MT; CG
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	ALTACE	I	MT; CG
trandolapril oral tablet 1 mg, 2 mg		I	MT; CG
trandolapril oral tablet 4 mg	MAVIK	I	MT; CG
<b>Antiarrhythmics</b>			
amiodarone hcl oral tablet 100 mg, 200 mg	PACERONE	I	MT; CG
amiodarone hcl oral tablet 400 mg	PACERONE	2	MT; CG
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	TIKOSYN	2	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg		2	MT; CG
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg		2	MT; CG
MULTAQ ORAL TABLET 400 MG		4	MT; QL (60 EA per 30 days)
pacerone oral tablet 100 mg, 400 mg		2	MT; CG
pacerone oral tablet 200 mg		I	MT; CG
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	RYTHMOL SR	2	MT; CG
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg		2	MT; CG
quinidine gluconate er oral tablet extended release 324 mg		2	MT; CG
quinidine sulfate oral tablet 200 mg, 300 mg		2	MT; CG
sorine oral tablet 120 mg		2	MT; CG
sorine oral tablet 160 mg, 80 mg		2	MT; CG
sorine oral tablet 240 mg		2	MT; CG
sotalol hcl (af) oral tablet 120 mg	BETAPACE AF	2	MT; CG
sotalol hcl oral tablet 160 mg, 80 mg	BETAPACE	2	MT; CG
sotalol hcl oral tablet 240 mg		2	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<b>Beta-Adrenergic Blocking Agents</b>			
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		1	MT; CG
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	TENORMIN	1	MT; CG
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>		1	MT; CG
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>		1	MT; CG
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	COREG	1	MT; CG
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg</i>	COREG CR	2	MT; CG
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		1	MT; CG
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg</i>	TOPROL XL	1	MT; CG; QL (120 EA per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg, 25 mg, 50 mg</i>	TOPROL XL	1	MT; CG; QL (60 EA per 30 days)
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	LOPRESSOR	1	MT; CG
<i>metoprolol tartrate oral tablet 25 mg</i>		1	MT; CG
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	CORGARD	2	MT; CG
<i>pindolol oral tablet 10 mg, 5 mg</i>		2	MT; CG
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	INDERAL LA	2	MT; CG
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		2	MT; CG
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		1	MT; CG
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		2	MT; CG
<b>Calcium Channel Blocking Agents</b>			

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>afeditab cr oral tablet extended release 24 hour 30 mg, 60 mg</i>		I	MT; CG
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	NORVASC	I	MT; CG
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		I	MT; CG
<i>cartia xt oral capsule extended release 24 hour 300 mg</i>		I	MT; CG
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg</i>	TAZTIA XT	I	MT; CG
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	TIAZAC	I	MT; CG
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	CARDIZEM CD	I	MT; CG
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>		I	MT; CG
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	CARDIZEM	I	MT; CG
<i>diltiazem hcl oral tablet 90 mg</i>		I	MT; CG
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		I	MT; CG
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		I	MT; CG
<i>isradipine oral capsule 2.5 mg, 5 mg</i>		I	MT; CG
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>		2	MT; CG
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>		I	MT; CG
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>		I	MT; CG
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg</i>	PROCARDIA XL	I	MT; CG
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	NIFEDICAL XL	I	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>nimodipine oral capsule 30 mg</i>		5	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	SULAR	1	MT; CG
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>		1	MT; CG
<i>taztia xt oral capsule extended release 24 hour 360 mg</i>		1	MT; CG
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	VERELAN PM	2	MT; CG
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	VERELAN	2	MT; CG
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	CALAN SR	1	MT; CG
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	CALAN	1	MT; CG
<i>verapamil hcl oral tablet 40 mg</i>		1	MT; CG
<b>Cardiovascular Agents</b>			
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>		1	MT; CG
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	LOTREL	1	MT; CG
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg</i>		1	MT; CG
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	EXFORGE	1	MT; CG; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	AZOR	1	MT; CG; QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	EXFORGE HCT	1	MT; CG; QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	TENORETIC 100	2	MT; CG
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	TENORETIC 50	2	MT; CG
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	LOTENSIN HCT	1	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>		I	MT; CG
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	ZIAC	I	MT; CG
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	ATACAND HCT	I	MT; CG; QL (30 EA per 30 days)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>		I	MT; CG
DEMSER ORAL CAPSULE 250 MG		5	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	VASERETIC	I	MT; CG
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>		I	MT; CG
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	VYTORIN	2	MT; CG; QL (30 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>		I	MT; CG
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	AVALIDE	I	MT; CG; QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	ZESTORETIC	I	MT; CG
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	HYZAAR	I	MT; CG; QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	HYZAAR	I	MT; CG; QL (60 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg</i>		I	MT; CG
<i>metoprolol-hydrochlorothiazide oral tablet 50-25 mg</i>	LOPRESSOR HCT	I	MT; CG
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>		I	MT; CG
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	BENICAR HCT	I	MT; CG; QL (30 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<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>	TRIBENZOR	1	MT; CG; QL (30 EA per 30 days)
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>		2	MT; CG
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	ACCURETIC	1	MT; CG
<i>spironolactone-hctz oral tablet 25-25 mg</i>	ALDACTAZIDE	2	MT; CG
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	MICARDIS HCT	1	MT; CG; QL (30 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	DYAZIDE	1	MT; CG
<i>triamterene-hctz oral tablet 37.5-25 mg</i>	MAXZIDE-25	1	MT; CG
<i>triamterene-hctz oral tablet 75-50 mg</i>	MAXZIDE	1	MT; CG
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	DIOVAN HCT	1	MT; CG; QL (30 EA per 30 days)
<b>Cardiovascular Agents, Other</b>			
CORLANOR ORAL TABLET 5 MG, 7.5 MG		4	PA; QL (60 EA per 30 days)
<i>digitek oral tablet 125 mcg</i>		2	QL (30 EA per 30 days)
<i>digitek oral tablet 250 mcg</i>		2	PA
<i>digox oral tablet 125 mcg</i>		2	QL (30 EA per 30 days)
<i>digox oral tablet 250 mcg</i>		2	PA
<i>digoxin oral solution 0.05 mg/ml</i>		2	PA
<i>digoxin oral tablet 125 mcg</i>		2	QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>		2	PA
<i>pentoxifylline er oral tablet extended release 400 mg</i>		2	MT; CG
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG		3	PA; MT; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		5	PA; QL (60 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG		5	PA; QL (200 EA per 30 days)
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>			
acetazolamide er oral capsule extended release 12 hour 500 mg		2	MT; CG
acetazolamide oral tablet 125 mg, 250 mg		2	MT; CG
methazolamide oral tablet 25 mg, 50 mg		2	MT; CG
<b>Diuretics, Loop</b>			
bumetanide injection solution 0.25 mg/ml		2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	BUMEX	2	MT; CG
furosemide injection solution 10 mg/ml		1	MT; CG
furosemide oral solution 10 mg/ml, 8 mg/ml		1	MT; CG
furosemide oral tablet 20 mg, 40 mg, 80 mg	LASIX	1	MT; CG
toremide oral tablet 10 mg, 20 mg	DEMADEX	1	MT; CG
toremide oral tablet 100 mg, 5 mg		1	MT; CG
<b>Diuretics, Potassium-Sparing</b>			
amiloride hcl oral tablet 5 mg		2	MT; CG
eplerenone oral tablet 25 mg, 50 mg	INSPIRA	2	MT; CG
spironolactone oral tablet 100 mg, 25 mg, 50 mg	ALDACTONE	1	MT; CG
<b>Diuretics, Thiazide</b>			
chlorothiazide oral tablet 250 mg, 500 mg		2	MT; CG
chlorthalidone oral tablet 25 mg, 50 mg		2	MT; CG
hydrochlorothiazide oral capsule 12.5 mg	MICROZIDE	1	MT; CG
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	MT; CG
indapamide oral tablet 1.25 mg, 2.5 mg		1	MT; CG
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	AVALIDE	1	MT; CG; QL (30 EA per 30 days)
methyclothiazide oral tablet 5 mg		2	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		2	MT; CG
<b>Dyslipidemics, Fibric Acid Derivatives</b>			
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>		1	MT; CG
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	TRICOR	1	MT; CG; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	TRIGLIDE	1	MT; CG; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 54 mg</i>		1	MT; CG; QL (30 EA per 30 days)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	TRILIPIX	2	MT; CG; QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	LOPID	1	MT; CG
<b>Dyslipidemics, Hmg Coa Reductase Inhibitors</b>			
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	LIPITOR	1	MT; CG; QL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 20 mg</i>	LESCOL	1	MT; CG; QL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 40 mg</i>		1	MT; CG; QL (60 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>		1	MT; CG; QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg</i>		1	MT; CG; QL (60 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	MEVACOR	1	MT; CG; QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg</i>		1	MT; CG; QL (30 EA per 30 days)
<i>pravastatin sodium oral tablet 20 mg, 40 mg, 80 mg</i>	PRAVACHOL	1	MT; CG; QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CRESTOR	2	MT; CG; QL (30 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	ZOCOR	1	MT; CG; QL (30 EA per 30 days)
<b>Dyslipidemics, Other</b>			
<i>cholestyramine light oral powder 4 gm/dose</i>	PREVALITE	2	MT; CG
<i>colestipol hcl oral packet 5 gm</i>	COLESTID	2	MT; CG
<i>colestipol hcl oral tablet 1 gm</i>	COLESTID	2	MT; CG
<i>ezetimibe oral tablet 10 mg</i>	ZETIA	1	ST; MT; CG; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 5 MG, 60 MG		5	PA; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG		5	PA; QL (90 EA per 30 days)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML		5	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	NIASPAN	2	MT; QL (60 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	NIASPAN	2	MT; QL (90 EA per 30 days)
<i>niacor oral tablet 500 mg</i>		2	CG
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	LOVAZA	2	MT; CG; QL (120 EA per 30 days)
<i>prevalite oral packet 4 gm</i>		2	MT; CG
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		5	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		5	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		5	PA
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM		4	MT; QL (120 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
WELCHOL ORAL PACKET 3.75 GM		3	MT
<b>Vasodilators, Direct-Acting Arterial</b>			
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		2	MT; CG
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		2	CG
<b>Vasodilators, Direct-Acting Arterial/ Venous</b>			
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>		2	MT; CG
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		2	MT; CG
<i>isosorbide dinitrate oral tablet 5 mg</i>	ISORDIL TITRADOSE	2	MT; CG
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>		1	MT; CG
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		1	MT; CG
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>		2	MT; CG
<i>nitro-bid transdermal ointment 2 %</i>		2	MT; CG
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		4	MT
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	NITROSTAT	2	MT; CG
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	MINITRAN	2	MT; CG
<b>Central Nervous System Agents</b>			
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>			

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 5 mg</i>	ADDERALL XR	2	PA; CG; QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	ADDERALL XR	2	PA; CG; QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg</i>	ADDERALL	2	PA; CG; QL (180 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg</i>	ADDERALL	2	PA; CG; QL (144 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	ADDERALL	2	PA; CG; QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	ADDERALL	2	PA; CG; QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	ADDERALL	2	PA; CG; QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 5 mg</i>	ADDERALL	2	PA; CG; QL (360 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 7.5 mg</i>	ADDERALL	2	PA; CG; QL (240 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	ZENZEDI	2	PA; CG
<b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</b>			
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	STRATTERA	2	CG; QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	STRATTERA	2	CG; QL (30 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	INTUNIV	2	PA
<i>metadate er oral tablet extended release 20 mg</i>		2	CG; QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>		2	CG; QL (90 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	METADATE ER	2	CG; QL (90 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	METHYLIN	2	CG; QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	METHYLIN	2	CG; QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	RITALIN	2	CG; QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	RITALIN	2	CG; QL (90 EA per 30 days)
<b>Central Nervous System, Other</b>			
<i>estazolam oral tablet 1 mg, 2 mg</i>		1	CG; QL (30 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG		4	PA
<i>riluzole oral tablet 50 mg</i>	RILUTEK	2	PA; CG
<i>tetrabenazine oral tablet 12.5 mg</i>	XENAZINE	5	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	XENAZINE	5	PA; QL (120 EA per 30 days)
<b>Fibromyalgia Agents</b>			
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	CYMBALTA	2	MT; CG
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>		2	MT; CG
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG		3	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG		3	
LYRICA ORAL SOLUTION 20 MG/ML		3	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		3	PA

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Drug	Brand Reference	Status	Requirements/ Limits
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		3	PA
<b>Multiple Sclerosis Agents</b>			
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG		5	PA; LA; QL (60 EA per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG		5	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG		5	PA; QL (14 EA per 28 days)
GILENYA ORAL CAPSULE 0.5 MG		5	PA; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	COPAXONE	5	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	COPAXONE	5	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML		5	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML		5	PA; QL (12 ML per 28 days)
<b>Dental And Oral Agents</b>			
<b>Dental And Oral Agents</b>			
<i>cevimeline hcl oral capsule 30 mg</i>	EVOXAC	2	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PAROEX	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	MORGIDOX	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>		2	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	ACTICLATE	2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>		2	
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	MINOCIN	2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>minocycline hcl oral capsule 75 mg</i>		2	
<i>periogard mouth/throat solution 0.12 %</i>	PAROEX	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	SALAGEN	2	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	ORALONE	2	
<b>Dermatological Agents</b>			
<b>Dermatological Agents</b>			
<i>acitretin oral capsule 10 mg, 25 mg</i>	SORIATANE	5	PA
<i>acitretin oral capsule 17.5 mg</i>		5	PA
<i>adapalene external cream 0.1 %</i>	DIFFERIN	2	PA
<i>adapalene external gel 0.1 %, 0.3 %</i>	DIFFERIN	2	PA
<i>ammonium lactate external cream 12 %</i>	GERI-HYDROLAC 12	2	
<i>ammonium lactate external lotion 12 %</i>	AL12	1	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>		2	
AVITA EXTERNAL CREAM 0.025 %		4	PA
AVITA EXTERNAL GEL 0.025 %		4	PA
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	BENZAMYCIN	2	
<i>betamethasone dipropionate external lotion 0.05 %</i>		2	
<i>calcipotriene external cream 0.005 %</i>	DOVONEX	2	
<i>calcipotriene external ointment 0.005 %</i>	CALCITRENE	2	
<i>calcipotriene external solution 0.005 %</i>		2	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		4	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	LOTRISONE	1	
<i>diclofenac sodium transdermal gel 1 %</i>	VOLTAREN	2	
<i>doxepin hcl external cream 5 %</i>	PRUDOXIN	2	
<i>doxycycline hyclate oral capsule 50 mg</i>	MORGIDOX	2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>		2	
<i>fluocinonide external cream 0.1 %</i>	VANOS	2	
<i>fluorouracil external cream 0.5 %</i>	CARAC	3	
<i>fluorouracil external cream 5 %</i>	EFUDEX	2	
<i>fluorouracil external solution 2 %, 5 %</i>		2	
<i>fluticasone propionate external cream 0.05 %</i>		2	
<i>fluticasone propionate external lotion 0.05 %</i>	CUTIVATE	2	
<i>fluticasone propionate external ointment 0.005 %</i>		2	
<i>imiquimod external cream 5 %</i>	ALDARA	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>		2	
<i>methoxsalen rapid oral capsule 10 mg</i>	OXSORALEN ULTRA	5	PA
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		4	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>		2	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>		2	
<i>podofilox external solution 0.5 %</i>		2	
REGRANEX EXTERNAL GEL 0.01 %		5	PA; QL (30 GM per 30 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		4	
<i>selenium sulfide external lotion 2.5 %</i>		2	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	PROTOPIC	2	PA
<i>tazarotene external cream 0.1 %</i>	TAZORAC	2	PA
TAZORAC EXTERNAL CREAM 0.05 %		4	PA
<i>tretinoin external cream 0.025 %</i>		2	PA
<i>tretinoin external cream 0.05 %, 0.1 %</i>	RETIN-A	2	PA
<i>tretinoin external gel 0.01 %</i>	RETIN-A	2	PA

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
tretinoin external gel 0.025 %		2	PA
VALCHLOR EXTERNAL GEL 0.016 %		5	PA
zenatane oral capsule 10 mg, 20 mg, 40 mg		2	
zenatane oral capsule 30 mg		4	
<b>Electrolytes/Minerals/Metals/Vitamins</b>			
<b>Electrolyte/ Mineral Replacement</b>			
CARBAGLU ORAL TABLET 200 MG		5	PA
ISOLYTE-S INTRAVENOUS SOLUTION		4	
klor-con 10 oral tablet extended release 10 meq	K-TAB	2	MT; CG
klor-con m10 oral tablet extended release 10 meq		2	MT; CG
klor-con m15 oral tablet extended release 15 meq		2	MT; CG
klor-con m20 oral tablet extended release 20 meq		2	MT; CG
klor-con oral tablet extended release 8 meq	K-TAB	2	MT; CG
klor-con sprinkle oral capsule extended release 10 meq, 8 meq		2	MT
magnesium sulfate injection solution 50 %		2	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION		4	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION		4	
PLASMA-LYTE A INTRAVENOUS SOLUTION		4	
potassium chloride crystal oral tablet extended release 10 meq	KLOR-CON M10	2	MT; CG
potassium chloride crystal oral tablet extended release 20 meq	KLOR-CON M20	2	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
potassium chloride er oral capsule extended release 10 meq, 8 meq	KLOR-CON SPRINKLE	2	MT
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	K-TAB	2	MT; CG
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%		2	
potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml		2	
potassium chloride intravenous solution 2 meq/ml		2	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		2	MT
sodium chloride injection solution 2.5 meq/ml		2	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %		2	
sodium chloride irrigation solution 0.9 %	ARGYLE STERILE SALINE	2	
sodium fluoride oral tablet 2.2 (1 f) mg		2	MT
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/180ML		4	
<b>Electrolyte/Mineral/Metal Modifiers</b>			
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %		4	PA
AMINOSYN-RF INTRAVENOUS SOLUTION 5.2 %		4	PA
CHEMET ORAL CAPSULE 100 MG		4	
DEPEN TITRATABS ORAL TABLET 250 MG		5	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG		5	PA
EXJADE ORAL TABLET SOLUBLE 500 MG		5	PA; LA

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
FERRIPROX ORAL SOLUTION 100 MG/ML		5	PA
FERRIPROX ORAL TABLET 500 MG		5	PA
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %		4	PA
<i>kionex oral suspension 15 gm/60ml</i>		2	
<i>klor-con oral packet 20 meq</i>		2	MT; CG
<i>sodium polystyrene sulfonate oral powder</i>		2	CG
<i>sps oral suspension 15 gm/60ml</i>		2	CG
<i>trientine hcl oral capsule 250 mg</i>	SYPRINE	5	
<b>Electrolytes/Minerals/Metals/Vitamins</b>			
AMINOSYN II INTRAVENOUS SOLUTION 10 %		4	PA
AMINOSYN II INTRAVENOUS SOLUTION 8.5 %		4	PA
AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %		4	PA
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %		4	PA
AMINOSYN-HBC INTRAVENOUS SOLUTION 7 %		4	PA
<i>aminosyn-pf intravenous solution 10 %</i>		2	PA
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %		4	PA
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %		4	PA
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %		4	PA
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION 4.25 %		4	PA
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %		4	PA

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %		4	PA
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %		4	PA
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %		4	PA
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %		4	PA
<i>dextrose intravenous solution 10 %, 5 %</i>		2	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>		2	
<i>hepatamine intravenous solution 8 %</i>		2	PA
<i>intralipid intravenous emulsion 20 %</i>		2	PA
INTRALIPID INTRAVENOUS EMULSION 30 %		4	PA
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION		4	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION		4	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.33 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>		2	
<i>levocarnitine oral solution 1 gm/10ml</i>	CARNITOR	2	PA; MT
<i>levocarnitine oral tablet 330 mg</i>	CARNITOR	2	MT
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %		4	PA
<i>normosol-m in d5w intravenous solution</i>		2	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION		4	
<i>nutrilipid intravenous emulsion 20 %</i>	INTRALIPID	4	PA

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>		2	
<i>premasol intravenous solution 10 %</i>		2	PA
<i>premasol intravenous solution 6 %</i>		2	PA
<i>prenatal oral tablet 27-1 mg</i>		2	MT
PROCALAMINE INTRAVENOUS SOLUTION 3 %		4	PA
PROSOL INTRAVENOUS SOLUTION 20 %		4	PA
<i>tpn electrolytes intravenous solution</i>		2	PA
TRAVASOL INTRAVENOUS SOLUTION 10 %		4	PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %		4	PA
<b>Vitamins</b>			
<i>klor-con 10 oral tablet extended release 10 meq</i>	K-TAB	2	MT; CG
<i>klor-con m10 oral tablet extended release 10 meq</i>		2	MT; CG
<i>klor-con m15 oral tablet extended release 15 meq</i>		2	MT; CG
<i>klor-con m20 oral tablet extended release 20 meq</i>		2	MT; CG
<i>klor-con oral tablet extended release 8 meq</i>	K-TAB	2	MT; CG
<i>klor-con sprinkle oral capsule extended release 10 meq, 8 meq</i>		2	MT
<b>Gastrointestinal Agents</b>			
<b>Antispasmodics, Gastrointestinal</b>			
<i>dicyclomine hcl oral capsule 10 mg</i>		2	PA
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		2	PA
<i>dicyclomine hcl oral tablet 20 mg</i>		2	PA
<i>glycopyrrolate oral tablet 1 mg</i>	ROBINUL	2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>glycopyrrolate oral tablet 2 mg</i>	ROBINUL-FORTE	2	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	TRANSDERM-SCOP (1.5 MG)	2	PA; QL (10 EA per 30 days)
<b>Gastrointestinal Agents, Other</b>			
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		5	PA
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>		2	PA
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	LOMOTIL	2	PA
GATTEX SUBCUTANEOUS KIT 5 MG		5	PA
<i>loperamide hcl oral capsule 2 mg</i>		2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	REGLAN	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	
PROCTOZONE-HC RECTAL CREAM 2.5 %		4	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML		5	PA
<i>ursodiol oral capsule 300 mg</i>	ACTIGALL	2	MT
<i>ursodiol oral tablet 250 mg</i>	URSO 250	2	MT
<i>ursodiol oral tablet 500 mg</i>	URSO FORTE	2	MT
XIFAXAN ORAL TABLET 200 MG		5	PA
<b>Histamine2 (H2) Receptor Antagonists</b>			
<i>cimetidine hcl oral solution 300 mg/5ml</i>		2	
<i>cimetidine oral tablet 200 mg</i>	TAGAMET HB	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		2	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	PEPCID	2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>famotidine oral tablet 20 mg, 40 mg</i>	PEPCID	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>		2	
<i>nizatidine oral solution 15 mg/ml</i>		2	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>		1	
<i>ranitidine hcl oral tablet 150 mg</i>		1	
<i>ranitidine hcl oral tablet 300 mg</i>	ZANTAC	1	
<b>Irritable Bowel Syndrome Agents</b>			
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	LOTROXEX	5	PA
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG		3	QL (60 EA per 30 days)
<i>budesonide oral capsule delayed release particles 3 mg</i>	ENTOCORT EC	5	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG		4	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		4	PA; MT; QL (30 EA per 30 days)
<b>Laxatives</b>			
<i>constulose oral solution 10 gm/15ml</i>		2	
<i>enulose oral solution 10 gm/15ml</i>		2	
<i>gavilyte-c oral solution reconstituted 240 gm</i>		2	
<i>gavilyte-g oral solution reconstituted 236 gm</i>		2	
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>		2	
<i>generlac oral solution 10 gm/15ml</i>		2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM		3	
<i>lactulose oral solution 10 gm/15ml</i>		2	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM		4	
<i>nulytely with flavor packs oral solution reconstituted 420 gm</i>		2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	COLYTE WITH FLAVOR PACKS	2	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	GAVILYTE-N WITH FLAVOR PACK	2	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GAVILYTE-G	2	
<i>polyethylene glycol 3350 oral powder</i>	CLEARLAX	2	
<i>trilyte oral solution reconstituted 420 gm</i>		2	
<b>Protectants</b>			
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	CYTOTEC	2	CG
<i>sucalfate oral tablet 1 gm</i>	CARAFATE	2	CG
<b>Proton Pump Inhibitors</b>			
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG		4	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>		2	CG; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NEXIUM	2	CG; QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	PREVACID	1	CG; QL (30 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>		1	CG; QL (30 EA per 30 days)
<i>omeprazole oral capsule delayed release 20 mg</i>		1	CG; QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	PROTONIX	2	CG; QL (30 EA per 30 days)
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>			
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>			
CERDELGA ORAL CAPSULE 84 MG		5	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT		3	MT
CYSTADANE ORAL POWDER		5	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		3	
KUVAN ORAL PACKET 100 MG, 500 MG		5	PA
KUVAN ORAL TABLET SOLUBLE 100 MG		5	PA
<i>miglustat oral capsule 100 mg</i>	ZAVESCA	5	PA; LA; QL (90 EA per 30 days)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG		5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML		5	PA
RAVICTI ORAL LIQUID 1.1 GM/ML		5	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	BUPHENYL	5	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML		5	
XURIDEN ORAL PACKET 2 GM		5	PA; QL (120 EA per 30 days)
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		4	MT
<b>Genitourinary Agents</b>			
<b>Antispasmodics, Urinary</b>			
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG		4	ST; QL (30 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg</i>	DITROPAN XL	2	MT; CG; QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>		2	MT; CG; QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	DITROPAN XL	1	MT; CG; QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>		1	MT; CG
<i>oxybutynin chloride oral tablet 5 mg</i>		1	MT; CG
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	DETROL LA	2	QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	DETROL	2	
<i>tropium chloride oral tablet 20 mg</i>		2	CG; QL (60 EA per 30 days)
VESICARE ORAL TABLET 10 MG, 5 MG		4	ST; QL (30 EA per 30 days)
<b>Benign Prostatic Hypertrophy Agents</b>			
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	UROXATRAL	2	MT; CG; QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	CARDURA	1	MT; CG; QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	CARDURA	1	MT; CG
<i>dutasteride oral capsule 0.5 mg</i>	AVODART	2	MT; CG
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	JALYN	2	MT; CG
<i>finasteride oral tablet 5 mg</i>	PROSCAR	2	MT; CG
<i>prazosin hcl oral capsule 1 mg</i>	MINIPRESS	1	MT; CG
<i>prazosin hcl oral capsule 2 mg, 5 mg</i>	MINIPRESS	2	MT; CG
<i>tamsulosin hcl oral capsule 0.4 mg</i>	FLOMAX	1	MT; CG
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		1	MT; CG
<b>Genitourinary Agents, Other</b>			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	URECHOLINE	2	CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
DEPEN TITRATABS ORAL TABLET 250 MG		5	
ELMIRON ORAL CAPSULE 100 MG		3	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	UROCIT-K 10	2	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	UROCIT-K 15	2	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	UROCIT-K 5	2	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	BUPHENYL	5	PA
<b>Phosphate Binders</b>			
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PHOSLO	2	CG
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	CALPHRON	2	CG; QL (360 EA per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	FOSRENOL	2	CG
<i>sevelamer carbonate oral packet 0.8 gm</i>	REVELA	2	QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	REVELA	2	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	REVELA	2	QL (540 EA per 30 days)
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>			
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>			
<i>ala-cort external cream 1 %</i>		1	
<i>ala-cort external cream 2.5 %</i>		1	
<i>alclometasone dipropionate external cream 0.05 %</i>		2	
<i>alclometasone dipropionate external ointment 0.05 %</i>		2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>betamethasone dipropionate aug external cream 0.05 %</i>	DIPROLENE AF	2	
<i>betamethasone dipropionate aug external gel 0.05 %</i>		2	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	DIPROLENE	2	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	DIPROLENE	2	
<i>betamethasone dipropionate external cream 0.05 %</i>		2	
<i>betamethasone dipropionate external ointment 0.05 %</i>		2	
<i>betamethasone valerate external cream 0.1 %</i>		2	
<i>betamethasone valerate external lotion 0.1 %</i>		2	
<i>betamethasone valerate external ointment 0.1 %</i>		2	
<i>cortisone acetate oral tablet 25 mg</i>		2	
<i>desonide external cream 0.05 %</i>	DESOWEN	2	
<i>desonide external lotion 0.05 %</i>	DESOWEN	2	
<i>desonide external ointment 0.05 %</i>		2	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	TOPICORT	2	
<i>desoximetasone external gel 0.05 %</i>	TOPICORT	2	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	TOPICORT	2	
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>		2	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	DECADRON	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i>	DECADRON	2	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>		2	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>fluocinolone acetonide external cream 0.01 %</i>		2	
<i>fluocinolone acetonide external cream 0.025 %</i>	SYNALAR	2	
<i>fluocinolone acetonide external ointment 0.025 %</i>	SYNALAR	2	
<i>fluocinolone acetonide external solution 0.01 %</i>	SYNALAR	2	
<i>fluocinolone acetonide otic oil 0.01 %</i>	DERMOTIC	2	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	DERMA-SMOOTH/FS SCALP	2	
<i>fluocinonide emulsified base external cream 0.05 %</i>		2	
<i>fluocinonide external cream 0.1 %</i>	VANOS	2	
<i>fluocinonide external gel 0.05 %</i>		2	
<i>fluocinonide external ointment 0.05 %</i>		2	
<i>fluocinonide external solution 0.05 %</i>		2	
<i>fluticasone propionate external cream 0.05 %</i>		2	
<i>fluticasone propionate external lotion 0.05 %</i>	CUTIVATE	2	
<i>fluticasone propionate external ointment 0.005 %</i>		2	
<i>halobetasol propionate external cream 0.05 %</i>	ULTRAVATE	2	
<i>halobetasol propionate external ointment 0.05 %</i>	ULTRAVATE	2	
<i>hydrocortisone butyrate external cream 0.1 %</i>	LOCOID	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>		2	
<i>hydrocortisone butyrate external solution 0.1 %</i>	LOCOID	2	
<i>hydrocortisone external cream 1 %</i>		1	
<i>hydrocortisone external cream 2.5 %</i>		1	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
hydrocortisone external lotion 2.5 %		2	
hydrocortisone external ointment 1 %		1	
hydrocortisone external ointment 2.5 %		1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	CORTEF	2	
hydrocortisone valerate external cream 0.2 %		2	
hydrocortisone valerate external ointment 0.2 %		2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	MEDROL	2	
methylprednisolone oral tablet therapy pack 4 mg	MEDROL	2	
mometasone furoate external cream 0.1 %	ELOCON	2	
mometasone furoate external ointment 0.1 %	ELOCON	2	
mometasone furoate external solution 0.1 %		2	
prednisolone oral solution 15 mg/5ml		2	
prednisolone sodium phosphate oral solution 10 mg/5ml	MILLIPRED	2	
prednisolone sodium phosphate oral solution 20 mg/5ml	VERIPRED 20	2	
prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml		2	
prednisone intensol oral concentrate 5 mg/ml		2	
prednisone oral solution 5 mg/5ml		2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg, 50 mg		1	
prednisone oral tablet 20 mg	DELTASONE	1	
PROCTO-PAK RECTAL CREAM 1 %		4	
PROCTOZONE-HC RECTAL CREAM 2.5 %		4	
triamcinolone acetonide external cream 0.025 %		2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>triamcinolone acetonide external cream 0.1 % , 0.5 %</i>	TRIDERM	2	
<i>triamcinolone acetonide external lotion 0.025 % , 0.1 %</i>		2	
<i>triamcinolone acetonide external ointment 0.025 % , 0.1 % , 0.5 %</i>		2	
<i>triderm external cream 0.1 %</i>		2	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>			
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>			
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>		2	
<i>desmopressin acetate oral tablet 0.1 mg , 0.2 mg</i>	DDAVP	2	MT; CG
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML		5	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML		5	PA
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</b>			
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</b>			
<i>misoprostol oral tablet 200 mcg</i>	CYTOTEC	2	CG
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>			
<b>Anabolic Steroids</b>			

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
ANADROL-50 ORAL TABLET 50 MG		5	PA
<i>oxandrolone oral tablet 10 mg</i>	OXANDRIN	5	PA; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>		2	PA; QL (60 EA per 30 days)
<b>Androgens</b>			
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR		4	PA; QL (30 EA per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		2	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	DEPO-TESTOSTERONE	2	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		2	
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	VOGELXO PUMP	2	PA; MT; QL (300 GM per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	ANDROGEL	2	PA; MT; QL (300 GM per 30 days)
<b>Estrogens</b>			
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	ESTRACE	2	PA
<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>	CLIMARA	2	PA
<i>estradiol vaginal cream 0.1 mg/gm</i>	ESTRACE	2	
<i>estradiol vaginal tablet 10 mcg</i>	VAGIFEM	2	
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	DELESTROGEN	2	
<i>estropipate oral tablet 0.75 mg</i>		2	PA
<i>marlissa oral tablet 0.15-30 mg-mcg</i>		2	MT; CG
<i>menest oral tablet 0.3 mg, 0.625 mg, 1.25 mg</i>		2	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		3	PA

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Drug	Brand Reference	Status	Requirements/ Limits
PREMARIN VAGINAL CREAM 0.625 MG/GM		3	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>			
<i>altavera oral tablet 0.15-30 mg-mcg</i>		2	MT; CG
<i>apri oral tablet 0.15-30 mg-mcg</i>		2	MT; CG
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>		2	MT; CG
<i>aubra oral tablet 0.1-20 mg-mcg</i>		2	MT; CG
<i>aviane oral tablet 0.1-20 mg-mcg</i>		2	MT; CG
BALZIVA ORAL TABLET 0.4-35 MG-MCG		4	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		4	
<i>budesonide oral capsule delayed release particles 3 mg</i>	ENTOCORT EC	5	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>		2	MT; CG
<i>cyclafem 1/35 oral tablet 1-35 mg-mcg</i>		2	MT; CG
<i>cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>		2	MT; CG
<i>deblitane oral tablet 0.35 mg</i>	CAMILA	2	MT; CG
<i>delyla oral tablet 0.1-20 mg-mcg</i>		2	MT; CG
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	AZURETTE	2	MT; CG
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	APRI	2	MT; CG
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	OCELLA	2	MT; CG
<i>emoquette oral tablet 0.15-30 mg-mcg</i>		2	MT; CG
<i>enpresse-28 oral tablet</i>		2	MT; CG
<i>enskyce oral tablet 0.15-30 mg-mcg</i>		2	MT; CG
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	DELESTROGEN	2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	KELNOR 1/35	2	MT; CG
falmina oral tablet 0.1-20 mg-mcg		2	MT; CG
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg		2	PA
gianvi oral tablet 3-0.02 mg		2	MT; CG
incassia oral tablet 0.35 mg		2	MT; CG
INTROVALE ORAL TABLET 0.15-0.03 MG		4	
isibloom oral tablet 0.15-30 mg-mcg		2	MT; CG
junel 1.5/30 oral tablet 1.5-30 mg-mcg		2	MT; CG
junel 1/20 oral tablet 1-20 mg-mcg		2	MT; CG
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg		2	MT; CG
junel fe 1/20 oral tablet 1-20 mg-mcg		2	MT; CG
kariva oral tablet 0.15-0.02/0.01 mg (2/1/5)		2	MT; CG
kelnor 1/35 oral tablet 1-35 mg-mcg		2	MT; CG
kelnor 1/50 oral tablet 1-50 mg-mcg		2	MT; CG
kurvelo oral tablet 0.15-30 mg-mcg		2	MT; CG
larin 1.5/30 oral tablet 1.5-30 mg-mcg		2	MT; CG
larin 1/20 oral tablet 1-20 mg-mcg		2	MT; CG
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg		2	MT; CG
larin fe 1/20 oral tablet 1-20 mg-mcg		2	MT; CG
leena oral tablet 0.5/1/0.5-35 mg-mcg		2	MT; CG
lessina oral tablet 0.1-20 mg-mcg		2	MT; CG
levonest oral tablet		2	MT; CG
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg		2	
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg		2	MT; CG
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg		2	MT; CG
loryna oral tablet 3-0.02 mg		2	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>		2	MT; CG
<i>lutera oral tablet 0.1-20 mg-mcg</i>		2	MT; CG
<i>marlissa oral tablet 0.15-30 mg-mcg</i>		2	MT; CG
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>		2	MT; CG
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>		2	MT; CG
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>		2	MT; CG
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>		2	MT; CG
<i>mononessa oral tablet 0.25-35 mg-mcg</i>		2	MT; CG
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		2	MT; CG
<i>necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>		2	MT; CG
<i>nikki oral tablet 3-0.02 mg</i>		2	MT; CG
<i>nora-be oral tablet 0.35 mg</i>		2	MT; CG
<i>norlyroc oral tablet 0.35 mg</i>		2	MT; CG
<b>NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>		4	MT
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>		2	MT; CG
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>		2	MT; CG
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>		2	MT; CG
<b>NUVARING VAGINAL RING 0.12-0.015 MG/24HR</b>		4	
<i>ocella oral tablet 3-0.03 mg</i>		2	MT; CG
<i>orsythia oral tablet 0.1-20 mg-mcg</i>		2	MT; CG
<b>OSPHENA ORAL TABLET 60 MG</b>		4	
<i>pimtrex oral tablet 0.15-0.02/0.01 mg (21/5)</i>		2	MT; CG
<i>pirmella 1/35 oral tablet 1-35 mg-mcg</i>		2	MT; CG
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>		2	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	PA
<i>previfem oral tablet 0.25-35 mg-mcg</i>		2	MT; CG
QUASENSE ORAL TABLET 0.15-0.03 MG		4	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>		2	MT; CG
<i>sharobel oral tablet 0.35 mg</i>		2	MT; CG
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>		2	MT; CG
<i>sronyx oral tablet 0.1-20 mg-mcg</i>		2	MT; CG
<i>tarina fe 1/20 oral tablet 1-20 mg-mcg</i>		2	MT; CG
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		4	
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg</i>		2	MT; CG
<i>tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg</i>		2	MT; CG
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>		2	MT; CG
<i>trivora (28) oral tablet</i>		2	MT; CG
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG		4	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG		4	
ZENCHENT ORAL TABLET 0.4-35 MG-MCG		4	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>		2	MT; CG
<b>Progestins</b>			
<i>camila oral tablet 0.35 mg</i>		2	MT; CG
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML		4	PA
<i>errin oral tablet 0.35 mg</i>		2	MT; CG
<i>jolivette oral tablet 0.35 mg</i>		2	MT; CG
<i>lyza oral tablet 0.35 mg</i>		2	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>marlissa oral tablet 0.15-30 mg-mcg</i>		2	MT; CG
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	DEPO-PROVERA	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	DEPO-PROVERA	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PROVERA	1	MT; CG
<i>megestrol acetate oral suspension 40 mg/ml</i>		2	PA
<i>megestrol acetate oral suspension 625 mg/5ml</i>	MEGACE ES	2	PA; MT
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		2	PA
<i>norethindrone acetate oral tablet 5 mg</i>	AYGESTIN	2	MT; CG
<i>norethindrone oral tablet 0.35 mg</i>		2	MT; CG
<i>progesterone micronized oral capsule 100 mg</i>	PROMETRIUM	2	MT; CG
<i>progesterone micronized oral capsule 200 mg</i>	PROMETRIUM	1	MT; CG
<b>Selective Estrogen Receptor Modifying Agents</b>			
OSPHENA ORAL TABLET 60 MG		4	
<i>raloxifene hcl oral tablet 60 mg</i>	EVISTA	2	MT; CG
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>			
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>			
<i>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>		1	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<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>		1	MT; CG
<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>		2	MT; CG
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	CYTOMEL	2	MT; CG
SYNTHROID 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		3	MT
<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</i>		2	MT; CG
<b>Hormonal Agents, Suppressant (Adrenal)</b>			
<b>Hormonal Agents, Suppressant (Adrenal)</b>			
LYSODREN ORAL TABLET 500 MG		3	
<b>Hormonal Agents, Suppressant (Pituitary)</b>			
<b>Hormonal Agents, Suppressant (Pituitary)</b>			
<i>bromocriptine mesylate oral capsule 5 mg</i>	PARLODEL	2	MT; CG
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PARLODEL	2	MT; CG
<i>cabergoline oral tablet 0.5 mg</i>		2	QL (20 EA per 30 days)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		2	PA
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG		5	PA; QL (1 EA per 84 days)
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG		5	PA; QL (1 EA per 28 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG		5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG		5	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG		5	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG		5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	SANDOSTATIN	2	PA
<i>octreotide acetate injection solution 1000 mcg/ml</i>		5	PA
<i>octreotide acetate injection solution 200 mcg/ml</i>		2	PA
<i>octreotide acetate injection solution 500 mcg/ml</i>	SANDOSTATIN	5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML		5	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML		5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA
SYNAREL NASAL SOLUTION 2 MG/ML		5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG		5	PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>			
<b>Antithyroid Agents</b>			
<i>methimazole oral tablet 10 mg, 5 mg</i>	TAPAZOLE	2	MT; CG

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Drug	Brand Reference	Status	Requirements/ Limits
<i>propylthiouracil oral tablet 50 mg</i>		2	MT; CG
<b>Immunological Agents</b>			
<b>Angioedema Agents</b>			
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		5	PA
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML		5	PA; QL (18 ML per 30 days)
<b>Immune Suppressants</b>			
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG		5	PA
AFINITOR ORAL TABLET 2.5 MG		5	PA
<i>azathioprine oral tablet 50 mg</i>	IMURAN	2	PA; MT
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML		5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML		5	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	GENGRAF	2	PA; MT; CG
<i>cyclosporine modified oral capsule 50 mg</i>		2	PA; MT; CG
<i>cyclosporine modified oral solution 100 mg/ml</i>	GENGRAF	2	PA; MT; CG
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SANDIMMUNE	2	PA; MT; CG
DEPEN TITRATABS ORAL TABLET 250 MG		5	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML		5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML		5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG		5	PA; QL (8 EA per 28 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		5	PA; QL (8 ML per 28 days)
<i>gengraf oral capsule 100 mg, 25 mg</i>		2	PA; MT; CG
<i>gengraf oral solution 100 mg/ml</i>		2	PA; MT; CG
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML		5	PA; QL (3 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML		5	PA; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML		5	PA; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML		5	PA; QL (6 EA per 30 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML		5	PA; QL (3 EA per 28 days)
HUMIRA PEN-PS/UV STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML		5	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 40 MG/0.4ML, 40 MG/0.8ML		5	PA; QL (6 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML		5	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML		5	PA; QL (12 EA per 28 days)
<i>mercaptopurine oral tablet 50 mg</i>		2	CG
<i>methotrexate oral tablet 2.5 mg</i>		2	PA; MT; CG
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>		2	PA

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
methotrexate sodium injection solution 250 mg/10ml		2	PA
mycophenolate mofetil oral capsule 250 mg	CELLCEPT	2	PA; MT; CG
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	CELLCEPT	5	PA
mycophenolate mofetil oral tablet 500 mg	CELLCEPT	2	PA; MT; CG
mycophenolate sodium oral tablet delayed release 180 mg	MYFORTIC	2	PA; MT
mycophenolate sodium oral tablet delayed release 360 mg	MYFORTIC	2	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG		3	PA; MT
NEORAL ORAL SOLUTION 100 MG/ML		3	PA; MT
RAPAMUNE ORAL SOLUTION 1 MG/ML		5	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML		3	PA; MT
sirolimus oral tablet 0.5 mg, 1 mg	RAPAMUNE	2	PA; CG
sirolimus oral tablet 2 mg	RAPAMUNE	5	PA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	PROGRAF	2	PA
XATMEP ORAL SOLUTION 2.5 MG/ML		4	PA
XELJANZ ORAL TABLET 10 MG, 5 MG		5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG		5	PA; QL (30 EA per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG		5	PA
<b>Immunizing Agents, Passive</b>			
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML		5	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML		5	PA

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM		5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML		5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML		5	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML		5	PA
<b>Immunological Agents</b>			
<i>leflunomide oral tablet 10 mg, 20 mg</i>	ARAVA	2	CG; QL (30 EA per 30 days)
<b>Immunomodulators</b>			
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML		5	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG		5	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	ARAVA	2	CG; QL (30 EA per 30 days)
<b>Vaccines</b>			
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED		3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5		3	
BCG VACCINE INJECTION INJECTABLE		3	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)		3	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
DAPTACEL INTRAMUSCULAR SUSPENSION 15-23-5 LF-MCG/0.5		3	
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML		3	PA
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML		3	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION		3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		3	
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		3	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG		3	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML		3	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10		3	
IPOL INJECTION INJECTABLE		3	
IXIARO INTRAMUSCULAR SUSPENSION		3	
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML		3	
MENACTRA INTRAMUSCULAR INJECTABLE		3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED		3	
M-M-R II SUBCUTANEOUS INJECTABLE		3	
PEDIARIX INTRAMUSCULAR SUSPENSION		3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML		3	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
PROQUAD SUBCUTANEOUS INJECTABLE		3	
QUADRACEL INTRAMUSCULAR SUSPENSION		3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED		3	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML		3	PA
ROTARIX ORAL SUSPENSION RECONSTITUTED		3	
ROTATEQ ORAL SOLUTION		3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG		3	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU		3	PA
TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML		3	PA
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		3	
TWINRIX INTRAMUSCULAR SUSPENSION 720-20		3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)		3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML		3	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML		3	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML		3	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
YF-VAX SUBCUTANEOUS INJECTABLE		3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML		3	QL (1 EA per 999 days)
<b>Inflammatory Bowel Disease Agents</b>			
<b>Aminosalicylates</b>			
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM		4	MT
<i>balsalazide disodium oral capsule 750 mg</i>	COLAZAL	2	
CANASA RECTAL SUPPOSITORY 1000 MG		5	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG		4	
DIPENTUM ORAL CAPSULE 250 MG		5	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	LIALDA	2	
<i>mesalamine oral tablet delayed release 800 mg</i>	ASACOL HD	2	
<i>mesalamine rectal enema 4 gm</i>		2	
<b>Glucocorticoids</b>			
<i>budesonide oral capsule delayed release particles 3 mg</i>	ENTOCORT EC	5	
<i>colocort rectal enema 100 mg/60ml</i>	COLOCORT	2	
<i>cortisone acetate oral tablet 25 mg</i>		2	
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>		2	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	DECADRON	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i>	DECADRON	2	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>		2	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	CORTEF	2	
hydrocortisone rectal enema 100 mg/60ml	COLOCORT	2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	MEDROL	2	
methylprednisolone oral tablet therapy pack 4 mg	MEDROL	2	
prednisolone acetate ophthalmic suspension 1 %	OMNIPRED	2	
prednisolone oral solution 15 mg/5ml		2	
prednisolone sodium phosphate oral solution 10 mg/5ml	MILLIPRED	2	
prednisolone sodium phosphate oral solution 20 mg/5ml	VERIPRED 20	2	
prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml		2	
prednisone intensol oral concentrate 5 mg/ml		2	
prednisone oral solution 5 mg/5ml		2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg, 50 mg		1	
prednisone oral tablet 20 mg	DELTASONE	1	
proctosol hc rectal cream 2.5 %		2	
<b>Sulfonamides</b>			
sulfasalazine oral tablet 500 mg	AZULFIDINE	2	MT
sulfasalazine oral tablet delayed release 500 mg	AZULFIDINE EN-TABS	2	MT
<b>Metabolic Bone Disease Agents</b>			
<b>Metabolic Bone Disease Agents</b>			
alendronate sodium oral tablet 10 mg, 5 mg		1	MT; CG; QL (30 EA per 30 days)
alendronate sodium oral tablet 35 mg		1	MT; CG; QL (4 EA per 28 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>alendronate sodium oral tablet 40 mg</i>		1	CG; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 70 mg</i>	FOSAMAX	1	MT; CG; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	MIACALCIN	2	MT; CG
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	ROCALTROL	2	MT; CG
<i>calcitriol oral solution 1 mcg/ml</i>	ROCALTROL	2	PA; MT; CG
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>		2	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML		5	PA; QL (2.4 ML per 28 days)
<i>ibandronate sodium oral tablet 150 mg</i>	BONIVA	2	MT; CG; QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG		5	PA; QL (2 EA per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	ZEMPLAR	2	PA; MT; CG
<i>paricalcitol oral capsule 4 mcg</i>		2	PA; MT; CG
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML		4	PA; QL (1 ML per 180 days)
<i>risedronate sodium oral tablet 150 mg</i>	ACTONEL	2	MT; CG; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 35 mg</i>	ACTONEL	2	MT; CG; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	ATELVIA	2	MT; CG; QL (4 EA per 28 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG		5	PA; QL (60 EA per 30 days)
SENSIPAR ORAL TABLET 90 MG		5	PA; QL (120 EA per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML		5	PA; QL (2 ML per 28 days)

## Ophthalmic Agents

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<b>Ophthalmic Agents</b>			
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	POLYCIN	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	NEO-POLYCIN HC	2	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %		4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	NEO-POLYCIN	2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	MAXITROL	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	MAXITROL	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	NEOSPORIN	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	POLYTRIM	2	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		2	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		2	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	TOBRADEX	2	
<b>Ophthalmic Agents, Other</b>			
<i>atropine sulfate ophthalmic solution 1 %</i>	ISOPTO ATROPINE	1	CG
CYSTARAN OPHTHALMIC SOLUTION 0.44 %		5	QL (60 ML per 30 days)
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	ALCAINE	2	
RESTASIS OPHTHALMIC EMULSION 0.05 %		3	PA; MT; QL (60 EA per 30 days)
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		2	

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Drug	Brand Reference	Status	Requirements/ Limits
<b>Ophthalmic Anti-Allergy Agents</b>			
<i>azelastine hcl ophthalmic solution 0.05 %</i>		2	
BEPREVE OPHTHALMIC SOLUTION 1.5 %		3	
<i>cromolyn sodium ophthalmic solution 4 %</i>		1	
LASTACAPT OPHTHALMIC SOLUTION 0.25 %		4	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	PATADAY	2	
PAZEO OPHTHALMIC SOLUTION 0.7 %		3	
<b>Ophthalmic Antiglaucoma Agents</b>			
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		2	MT; CG
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %		3	MT
AZOPT OPHTHALMIC SUSPENSION 1 %		3	MT
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		2	MT; CG
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %		3	MT
<i>bimatoprost ophthalmic solution 0.03 %</i>		2	MT; CG; QL (5 ML per 30 days)
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	ALPHAGAN P	2	MT
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		2	MT; CG
<i>carteolol hcl ophthalmic solution 1 %</i>		2	MT; CG
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %		3	MT
<i>dorzolamide hcl ophthalmic solution 2 %</i>	TRUSOPT	2	MT; CG
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	COSOPT	2	MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	BETAGAN	2	MT; CG
<i>methazolamide oral tablet 25 mg, 50 mg</i>		2	MT; CG
<i>metipranolol ophthalmic solution 0.3 %</i>		2	MT; CG
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %		4	MT
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	ISOPTO CARPINE	2	MT
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		3	MT
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	TIMOPTIC-XE	2	CG
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	TIMOPTIC	1	MT; CG
<b>Ophthalmic Anti-Inflammatories</b>			
ALREX OPHTHALMIC SUSPENSION 0.2 %		3	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		2	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		2	
DUREZOL OPHTHALMIC EMULSION 0.05 %		3	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML LIQUIFILM	2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		2	
FML OPHTHALMIC OINTMENT 0.1 %		3	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		3	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	ACULAR LS	2	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	ACULAR	2	
LOTEMAX OPHTHALMIC GEL 0.5 %		3	

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %		3	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %		3	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %		3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	OMNIPRED	2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		2	
<b>Ophthalmic Prostaglandin And Prostanoid Analogs</b>			
<i>bimatoprost ophthalmic solution 0.03 %</i>		2	MT; CG; QL (5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	XALATAN	1	MT; CG; QL (3 ML per 25 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		3	MT; QL (3 ML per 25 days)
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %		3	MT; QL (3 ML per 25 days)
<b>Otic Agents</b>			
<b>Otic Agents</b>			
CIPRODEX OTIC SUSPENSION 0.3-0.1 %		3	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	ACETASOL HC	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>		2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		2	
<b>Respiratory Tract/ Pulmonary Agents</b>			
<b>Antihistamines</b>			
<i>azelastine hcl nasal solution 0.1 %</i>		2	QL (30 ML per 25 days)
<i>azelastine hcl nasal solution 0.15 %</i>	ASTEPRO	2	QL (60 ML per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>cetirizine hcl oral solution 1 mg/ml</i>		2	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		2	PA
<i>cyproheptadine hcl oral tablet 4 mg</i>		2	PA
<i>desloratadine oral tablet 5 mg</i>	CLARINEX	2	QL (30 EA per 30 days)
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	XYZAL ALLERGY 24HR CHILDRENS	2	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	XYZAL ALLERGY 24HR	2	QL (30 EA per 30 days)
<i>olopatadine hcl nasal solution 0.6 %</i>	PATANASE	2	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		2	PA
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>			
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE		3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT		3	QL (12 GM per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		3	QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	PULMICORT	2	PA
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST		3	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST		3	QL (240 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT		3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT		3	QL (21 GM per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		2	QL (50 ML per 25 days)
<i>fluticasone propionate external lotion 0.05 %</i>	CUTIVATE	2	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	CLARISPRAY	2	QL (16 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT		4	QL (2 EA per 30 days)
<b>Antileukotrienes</b>			
<i>montelukast sodium oral packet 4 mg</i>	SINGULAIR	1	MT; CG; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	SINGULAIR	1	MT; CG; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	SINGULAIR	1	MT; CG; QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg</i>	ACCOLATE	2	MT
<i>zafirlukast oral tablet 20 mg</i>	ACCOLATE	2	
<b>Bronchodilators, Anticholinergic</b>			
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		3	QL (26 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH		4	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>		2	PA; MT; CG
<i>ipratropium bromide nasal solution 0.03 %</i>		2	QL (30 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>		2	QL (15 ML per 30 days)

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Drug	Brand Reference	Status	Requirements/ Limits
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG		3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT		3	QL (4 GM per 30 days)
<b>Bronchodilators, Sympathomimetic</b>			
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE		3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT		3	QL (12 GM per 30 days)
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>		2	CG
<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</i>		2	PA; CG
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		2	CG
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>		2	CG
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH		3	QL (60 EA per 30 days)
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML		3	QL (6 EA per 30 days)
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	AUVI-Q	3	QL (6 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	EPIPEN JR 2-PAK	2	QL (6 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	AUVI-Q	2	QL (6 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act</i>	AIRDUO RESPICLICK 113/14	2	MT; QL (1 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 232-14 mcg/act</i>	AIRDUO RESPICLICK 232/14	2	MT; QL (1 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 55-14 mcg/act</i>	AIRDUO RESPICLICK 55/14	2	MT; QL (1 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	XOPENEX	2	PA; CG
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	XOPENEX CONCENTRATE	2	PA; CG
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	XOPENEX HFA	2	CG; QL (30 GM per 30 days)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML		5	PA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE		3	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>		2	CG
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT		3	QL (36 GM per 30 days)
<b>Cystic Fibrosis Agents</b>			
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		5	PA
KALYDECO ORAL PACKET 50 MG, 75 MG		5	PA; QL (60 EA per 30 days)
KALYDECO ORAL TABLET 150 MG		5	PA; QL (60 EA per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		5	PA; QL (120 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML		5	PA
<b>Mast Cell Stabilizers</b>			
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		2	PA; MT; CG

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	GASTROCROM	5	
<b>Phosphodiesterase Inhibitors, Airways Disease</b>			
DALIRESP ORAL TABLET 250 MCG, 500 MCG		4	
<i>theo-24 oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 400 mg</i>		2	MT
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	THEOCHRON	2	MT
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		2	MT
<i>theophylline oral solution 80 mg/15ml</i>		2	MT
<b>Pulmonary Antihypertensives</b>			
ADCIRCA ORAL TABLET 20 MG		5	PA; QL (60 EA per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		5	PA; QL (90 EA per 30 days)
LETAIRIS ORAL TABLET 10 MG, 5 MG		5	PA; QL (30 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG		5	PA; QL (30 EA per 30 days)
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML		5	PA
<i>sildenafil citrate oral tablet 20 mg</i>	REVATIO	2	PA; MT; CG; QL (90 EA per 30 days)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML		5	PA; QL (270 ML per 30 days)
<b>Pulmonary Fibrosis Agents</b>			
ESBRIET ORAL CAPSULE 267 MG		5	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG		5	PA; QL (270 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
ESBRIET ORAL TABLET 801 MG		5	PA; QL (90 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG		5	PA; QL (60 EA per 30 days)
<b>Respiratory Tract Agents, Other</b>			
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		2	PA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH		3	QL (60 EA per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH		4	QL (30 EA per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG		5	PA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT		3	QL (4 GM per 30 days)
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG		5	PA
<b>Respiratory Tract/ Pulmonary Agents</b>			
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE		3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT		3	QL (12 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		3	QL (8 GM per 30 days)
ESBRIET ORAL CAPSULE 267 MG		5	PA; QL (270 EA per 30 days)

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Drug	Brand Reference	Status	Requirements/ Limits
ESBRIET ORAL TABLET 267 MG		5	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG		5	PA; QL (90 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		2	PA; CG
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG		5	PA; QL (1 EA per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG		5	PA; QL (60 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML		5	PA
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT		3	QL (10.2 GM per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		5	PA; QL (6 EA per 28 days)

### Skeletal Muscle Relaxants

#### Skeletal Muscle Relaxants

<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		2	PA
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	FEXMID	2	PA
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	ZANAFLEX	2	
<i>tizanidine hcl oral tablet 2 mg</i>		2	
<i>tizanidine hcl oral tablet 4 mg</i>	ZANAFLEX	2	

### Sleep Disorder Agents

#### Gaba Receptor Modulators

<i>temazepam oral capsule 15 mg, 7.5 mg</i>	RESTORIL	2	CG; QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg, 30 mg</i>	RESTORIL	1	CG; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	SONATA	2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	AMBIEN CR	4	PA; QL (30 EA per 30 days)

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<b>Drug</b>	<b>Brand Reference</b>	<b>Status</b>	<b>Requirements/ Limits</b>
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	AMBIEN	2	PA; QL (30 EA per 30 days)
<b>Sleep Disorders, Other</b>			
<i>armodafinil oral tablet 150 mg</i>	NUVIGIL	2	PA; QL (60 EA per 30 days)
<i>armodafinil oral tablet 200 mg, 250 mg</i>	NUVIGIL	2	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	NUVIGIL	2	PA; QL (150 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>		2	PA; CG
<i>doxepin hcl oral concentrate 10 mg/ml</i>		2	PA; CG
HETLIOZ ORAL CAPSULE 20 MG		5	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	PROVIGIL	2	PA; CG; QL (30 EA per 30 days)
ROZEREM ORAL TABLET 8 MG		3	QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML		5	PA; QL (540 ML per 30 days)

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