

# **ProCare Rx/Jai Medical Systems Managed Care Organization 2026 Therapeutic Formulary**

This formulary describes the circumstances under which pharmacies participating in a particular medical benefit program will be reimbursed for medications dispensed to patients covered by the program. This formulary does not:

- a) Require or prohibit the prescribing or dispensing of any medication.
- b) Substitute for the independent professional judgment of the physician or pharmacist.
- c) Relieve the physician or pharmacist of any obligation to the patient or others.

## **I. Non-Prescription Medication Policy**

The only over-the-counter (OTC) medications that are covered by Jai Medical Systems are listed within the program formulary. All OTC medications, with the exception of OTC emergency contraception, can be reimbursed only if it is written on a valid prescription form by a licensed prescriber. OTC emergency contraception may be obtained without a written prescription; see page 38 of the formulary for limitations. Latex condoms are also available without a prescription.

## **II. Unapproved Use of Formulary Medication**

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications, which are accepted as safe and effective by the balance of current medical opinion and available scientific evidence, may also be covered. The Pharmacy Benefits Manager (PBM), ProCare Rx, utilizing the procedures outlined in Section IV, will make decisions about reimbursement for these other indications. Experimental, investigational drugs and drugs used for cosmetic purposes are not eligible for coverage.

## **III. Prior Authorization Procedure**

To promote the most appropriate utilization of selected high risk and/or high-cost medication, a prior authorization procedure has been created. The criteria for this system have been established by the ProCare Rx/Jai Medical Systems Managed Care Organization program, with input from pharmacists and physician practitioners and in consideration of the available medical literature. The Pharmacy and Therapeutics Committee will have final approval responsibility for this list. In order for a dispensed prior authorization medication to be reimbursed to the pharmacy, the patient's prescribing physician must apply for pre- authorization for a specific patient and drug. The physician may phone or fax the PBM to initiate a request for prior authorization:

**ProCare Rx  
Prior Authorization Desk  
1267 Professional Parkway  
Gainesville, Georgia 30507 (800)  
555-8513  
(800) 583-6010 (fax)  
(866) 999-7736 (alternate fax)**

**Please have patient information, including member ID number, complete diagnosis, medication history, and current medications readily available. Special request forms are required for Hepatitis C treatments and for opioids. All forms can be found online at [www.jaimedicalsystems.com/providers/pharmacy/](http://www.jaimedicalsystems.com/providers/pharmacy/).**

A completed, signed prior authorization form is needed in order for a request to be reviewed, but providers may call the ProCare Rx Prior Authorization department to request forms and for help with the prior authorization request process. These phone lines are dedicated to physicians making requests for medications that require prior authorization and non-formulary items. Members cannot be assisted if they call the prior authorization toll-free number, but they may call the ProCare Rx Customer Service Department at 800-213-5640 for help getting a prior authorization form faxed to their provider. For all requests for drugs requiring prior authorization, a decision will be provided within 24 hours of receiving the completed request. That decision will be to either approve, not approve, or request more information. The requesting provider will receive a telecommunication response informing them of this decision. If the requested information is not received, this process could take up to 14 calendar days. If the request is approved, information in the online pharmacy claims processing system will be changed to allow the specific patient to receive the requested drug. A prior authorization number will be issued to the prescribing physician and may be clearly written on the top of the prescription to inform the dispensing pharmacist of the approval. This number is for identification purposes only and does not need to be submitted for adjudication to occur. If the request is denied, information about the denial will be provided to the prescribing physician along with the patient and the patient's PCP, when appropriate.

Additionally, most injectables (except Depo-Provera, enoxaparin sodium, insulin, Glucagon Kit, and formulary epinephrine products) require prior approval. Questions about injectable drugs administered by home health or healthcare providers should be directed to ProCare Rx at 800-555-8513. If the medication will be billed on a medical claim rather than through the pharmacy, the provider may contact the Provider Relations or Utilization Management Departments at 888-524-1999 with any questions.

Our prior authorization criteria can be found on our website, [www.jaimedicalsystems.com](http://www.jaimedicalsystems.com), as well as in this formulary. Any updates made to our criteria will be posted on the website above within 30 days.

#### **IV. Unique Patient Needs Non-Formulary Medication**

This formulary attempts to provide appropriate and cost effective drug therapy to all enrollees of the Jai Medical Systems Managed Care Organization program. If a patient requires medication that is not covered by the formulary, a request can be made for payment of the non-covered item. It is anticipated that such exceptions will be rare, and that formulary medications will be appropriate to treat the vast majority of medical conditions. Requests for non-formulary medications should be made in writing (on the prior authorization form) and mailed or faxed to:

**ProCare Rx  
Prior Authorization Desk  
1267 Professional Parkway  
Gainesville, Georgia 30507 (800)  
555-8513  
(800) 583-6010 (fax)  
(866) 999-7736 (alternate fax)**

Appropriate documentation must be provided to support the request. For all requests for drugs requiring prior authorization, a decision will be provided within 24 hours of receiving the request. That decision will be either to approve, not approve, or request more information. The requesting provider will receive a telecommunication response informing them of this decision. If the requested information is not received, this process could take up to 14 calendar days. Approval of non-formulary items will be considered based upon Maryland Medicaid HealthChoice Benefit Coverage, availability and appropriateness of alternative medications on the formulary, and any applicable criteria sourced or developed by the Pharmacy and Therapeutics Committee of Jai Medical Systems Managed Care Organization, Inc. and the PBM, including the FDA-approved prescribing information for the medication and other evidence-based scientific resources, such as peer reviewed clinical guidelines and databases (e.g. LexiComp).

Physicians are expected to comply with this formulary when prescribing medication for those patients covered by Jai Medical Systems Managed Care Organization, Inc. If a pharmacist receives a prescription for a non-formulary medication, the pharmacist should attempt to contact the prescribing physician to request a change to a product included in this formulary guide.

The pharmacy will not be reimbursed for non-formulary medications unless they received prior approval from Jai Medical Systems Managed Care Organization, Inc.

**In an emergency situation outside of the PBM's regular business hours where the physician cannot be contacted, the pharmacist is authorized to dispense a 72-hour emergency supply of a medication, unless the medication is classified as a DESI, LTE, or specifically excluded drug category (see Section VI) product or is one of the treatments for Hepatitis C, which should not be dispensed until the member has prior authorization to begin treatment.**

**The pharmacist should contact the PBM's Help Desk at (800) 213-5640 to arrange for reimbursement for the emergency supply.**

## **V. Newly Marketed Products**

Standard medications will be reviewed for coverage decisions within approximately 180 calendar days of FDA approval. Priority medications will be reviewed for coverage decisions within approximately 90 calendar days of FDA approval. Newly marketed drug products will not normally be placed on the formulary during their first year on the market. Exceptions to this rule will be made on a case-by-case basis using the medical necessity procedure.

## **VI. Specific Exclusions**

The following drug categories are not part of the Jai Medical Systems Managed Care Organization formulary and are not covered by the 72-hour emergency supply reimbursement policy:

- Antiobesity products
- Blood and blood plasma
- Cosmetic drugs
- Cough and cold products (except those listed in the formulary)
- DESI drugs
- Diagnostic products (except those listed in the formulary)
- Erectile/sexual dysfunction agents

Medical supplies and durable medical equipment (except certain diabetic supplies and specific Optichamber spacers)

Most vitamins (except those listed in the formulary)

Nutritional and dietary supplements

Research drugs

Most non-prescription medications, (except non-prescription medications listed in the formulary)

Fertility treatment medications, such as ovulation stimulants (except when covered as part of a pre-approved fertility preservation service for members at risk of iatrogenic infertility due to upcoming cancer treatment or gender affirming care)

## **VII. Fee-for-Service Carve-outs**

In addition to the above exclusions, the following are also excluded from the formulary and are covered by the Maryland Department of Health:

Mental health drugs (refer to Section VIII). A list of Mental Health medications can be found online at: <https://health.maryland.gov/mmcp/pap/pages/paphome.aspx> under the Mental Health Formulary link

Substance use disorder medications, including, but not limited to, buprenorphine, buprenorphine/naloxone, Campral®, Chantix®, Revia®, naloxone, Nicotrol®, nicotine patches, gum, and lozenges. (Refer to Section VIII). A list of substance use disorder medications is available online at: <https://health.maryland.gov/mmcp/pap/pages/paphome.aspx> under the Substance Use Disorder Medication Clinical Criteria Final link

## **VIII. Behavioral Health Medication Policy**

Please refer to the Maryland Department of Health's Mental Health Formulary for a complete listing of behavioral health medications. Any behavioral health medications that are covered by Jai Medical Systems Managed Care Organization are listed in the prescription formulary.

Kapvay – For recipients 6 -17 years old, extended-release clonidine (Kapvay) is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, extended-release clonidine continues to be a part of the MCO pharmacy benefit and would require prior authorization as a non-formulary medication.

Intuniv – For recipients 6 -17 years old, extended-release guanfacine (Intuniv) is part of the mental health formulary and billed fee-for-service. For individuals not in this age range, extended-release guanfacine continues to be a part of the MCO pharmacy benefit and would require prior authorization as a non-formulary medication.

## **IX. Mandatory Generic Substitution & Therapeutic Interchange**

Generic substitution is mandatory when a generic equivalent is available, unless the brand is specified as the preferred medication on the formulary. All branded products that have 3 or more generic equivalents available will be reimbursed at the maximum allowable cost. No other therapeutic interchange is permitted.

## **X. Gender Affirming Care**

Certain medications, including medications on the drug list with prior authorization requirements, such as Testosterone, Nafarelin, and Leuprolide and medications that are usually excluded like Clomiphene, may be covered for gender affirming care, in accordance with the Gender-Affirming Treatment Services Under the Maryland Medicaid Program document, available on our website at <https://www.jaimedicalsystems.com/providers/pharmacy/> under Gender Affirming Care. Please ensure that all necessary documentation required under the criteria is included to show consent for treatment and medical necessity (documentation requirements may vary depending on patient age, type of treatment requested, and specialty of requesting provider).

## **XI. Specialty Medications**

Specialty medications will be covered under the pharmacy benefit for Jai Medical Systems. All requests will undergo prior authorization review when available drug-specific prior authorization criteria will apply. When prior authorization criteria do not exist, the request will be reviewed for FDA approved indications according to Jai Medical Systems Managed Care Organization, Inc.'s approved medical necessity review process. All specialty drug requests should contain the following:

- Drug name, strength, dose, and quantity requested

- Diagnosis for use

- Any previous drug therapies tried and failed, or why medications on the drug list are not appropriate

- Any additional clinical information pertinent to the drug review

## **XII. High Cost, Low Utilization Medications**

In accordance with the Maryland Department of Health's High Cost, Low Volume Drug Risk Mitigation Policy and the Social Security Act 1927 (d)(5), Jai Medical Systems **will not pay** for any of the aforementioned high-cost drugs that are not appropriately pre-authorized by Jai Medical Systems. The current list of NDCs and J-Codes Covered by High Cost Low Volume Risk Mitigation Policy can be found on our website at <https://www.jaimedicalsystems.com/providers/pharmacy/> under the High Cost Low Volume Drugs heading and will be updated as Maryland Medicaid updates the list.

Our health plan will not conduct any retrospective review for these drugs; they must be pre-authorized and approved by our plan beforehand. **THERE WILL BE NO EXCEPTIONS TO THE REQUIREMENT FOR PRE-AUTHORIZATION.** Please be advised that this policy includes both Physician Administered Drugs and retail pharmacy drugs.

Please be advised that this list is subject to change. If you are unsure of whether or not a medication requires prior authorization and/or pre-certification, please contact our Utilization Management Department at 1-888-JAI-1999.

## **XIII. General Parameters**

- Members must be enrolled in Jai Medical Systems Managed Care Organization, Inc. at the time the medication is dispensed.

- Valid DEA and NPI numbers are required.

- Prescribers must be appropriately registered and active with Maryland Medicaid's ePREP system. Jai Medical Systems reserves the right to review the current ePREP status of a prescriber, in accordance with Section 6401 of the Affordable Care Act and Code of Federal Regulations section 42 CFR §

455.410(b). Jai Medical Systems may deny a prior authorization request if the prescriber is not registered and in an active status with Maryland Medicaid's ePREP system.

Refill too soon - 75% of the days supplied must elapse before the prescription can be refilled. For opioid medications, 85% of the days supplied must have elapsed before the prescription can be refilled.

The standard maximum allowable quantity is a 30-day supply. The allowed quantity limit for formulary asthma controller medications and certain statins on the drug list (which cost less than \$100 for a 90-day supply and when the member has already received a 30-day supply first) is a 90-day supply. The quantity limit on most medications is a 400-unit maximum limit per month. Most narcotics have individualized quantity and dosage form limitations.. If necessary, a healthcare provider may request a quantity override by contacting ProCare Rx's Prior Authorization Department. Even with an override, the quantity may not exceed a 100-day supply, except for contraceptives as described below. Opioid prescriptions have separate days' supply limits as described below.

If a member is new to opioid treatment (no pharmacy claims history of any opioid medication in the previous 90 days), their first fill is limited to no more than a 7-day supply. Effective November 1, 2021, after the initial fill, members are limited to 14-day supplies for their opioid medications unless their provider requests prior authorization, or unless they were already receiving greater than 14-day supplies when the change was implemented. If a member stops filling opioid medication for 90 days, they will be considered new to treatment and will lose their approval for greater than 14-day supplies and will need to follow the rules about initial fill limits. Opioid prescriptions cannot exceed a 30-day supply.

Oral contraceptives will be available in up to 12-month supplies when ordered by a qualified practitioner.

All generic oral contraceptives (including emergency contraceptives) and brand oral contraceptives that do not have a generic version available are formulary.

Latex condoms and emergency contraceptives on the formulary do not require a prescription.

Contraceptive implants and IUDs are covered under the medical benefit and should be billed for on a medical claim. If the provider is not able to obtain the implant/IUD except through the pharmacy benefit, they need to submit a Pharmacy Prior Authorization request explaining that in order to request an exception.

Jai Medical Systems covers most common vaccines through the medical benefit and pharmacy benefit, including all COVID-19 vaccines, most flu vaccines, and most other standard age-appropriate vaccines (as determined by Maryland Medicaid.)

A current listing of HIV medications covered by Jai Medical Systems are listed on page 27.

Requests for some medications require special forms. All pharmacy prior authorization request forms can be found online at:

<http://www.jaimedicalsystems.com/providers/pharmacy/>.

Prior authorization is required for all extended-release opioid products as well as methadone prescribed for pain and any other opioids prescribed for quantities greater than 90 MMEs per day. A specialized form is required for these requests and can be found online at <http://www.jaimedicalsystems.com/providers/pharmacy/>.

Prior authorization requests for medications for the treatment of Hepatitis C require a special prior authorization request form. While prior authorization is still required, Jai Medical Systems prefers Mavyret, generic Epclusa, generic Harvoni, and Zepatier, unless they are not medically appropriate. These forms and prior authorization criteria can be found at <http://www.jaimedicalsystems.com/providers/pharmacy/>.

Prior authorization renewal requests for high cost medications require a special Continuation of Therapy for High Cost Medication request form. These forms can be found at <http://www.jaimedicalsystems.com/providers/pharmacy/>.

Vacation fill overrides may be requested by contacting Jai Medical Systems at 1-800-524-1999. Information from the prescribing doctor or primary care provider may be required before the request can be approved. Requests for vacation overrides for opioids are not generally available.

Overrides for lost or stolen prescriptions may be requested by contacting Jai Medical Systems at 1-800-524-1999. Information from the prescribing doctor or primary care provider may be required before the request can be approved. Requests for override for lost or stolen opioids are not generally available.

QUANTITY LIMITS APPLY TO ALL NARCOTIC ANALGESICS. PLEASE SEE WEBSITE FOR FULL LIST OF QUANTITY LIMITS: [jaimedicalsystems.com/providers/pharmacy](http://jaimedicalsystems.com/providers/pharmacy).

The initial fill of an opioid (initial fill = no opioid fills in the last 90 days) is limited to no more than a 7-day supply. After that it is limited to no more than 14-day supplies unless PA is approved.

\*\*PA required for methadone for pain and all extended-release opioid formulations and for quantities greater than 90 MME or to exceed quantity limits. Special PA forms are available at [jaimedicalsystems.com/providers/pharmacy](http://jaimedicalsystems.com/providers/pharmacy).\*\*

**PHYSICIANS**

Formulary Questions: ProCare Rx (800) 555-8513

Medical Necessity: ProCare Rx (800) 555-8513

Prior Authorization: ProCare Rx (800) 555-8513

Provider Relations: Jai Medical Systems  
Managed Care Organization, Inc. (888) JAI-1999

**PHARMACISTS**

Provider Network Questions: ProCare Rx (800) 213-5640

Provider Relations: ProCare Rx (800) 213-5640

**XV. Reference**

The formulary is available online at Formulary Navigator. This is updated monthly and will have the most up-to-date information. Formulary access is free and available at:

<https://client.formularynavigator.com/Search.aspx?siteCode=9386334079>

Links to all Maryland Medicaid Managed Care Organization Formulary Navigator pages can be found on the website listed below:

<https://health.maryland.gov/mmcp/pap/pages/Weblinks-for-Providers.aspx>

A link to a pdf copy of the Jai Medical Systems formulary and copies of our recent formulary change notices is also available in the Providers section of our homepage:

<http://www.jaimedicalsystems.com/providers/pharmacy/>

**XVI. Copays**

Beginning on May 1, 2024, HealthChoice MCOs are required to charge the following pharmacy copays:

<b>Copayment Charge</b>	<b>New and Refill Drug Type</b>
\$3.00	Non-preferred and non-formulary brand name drugs
\$1.00	All generic drugs (preferred and non-preferred)
\$1.00	Preferred brand name drugs
\$1.00	HIV/AIDS drugs

Individuals under the age of 21, pregnant individuals, individuals in long-term care facilities, and Native Americans are not required to pay copayments for prescription drugs in HealthChoice because of other federal and state statutory requirements. Copayments also do not apply to family planning drugs and adult vaccines and their administration, provided that the vaccine is approved by the FDA for use by adults and is administered in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP). COVID-19 prescription drugs and vaccinations temporarily have copayments waived until further federal guidance is issued. Additionally, in alignment with Medicaid fee-for-service regulations, pharmacy providers are not permitted to deny prescriptions to any Medicaid participant who is unable to pay the copayments.

**XVII. Prior Authorization Auto-Renewal**

Jai Medical Systems offers automatic prior authorization renewals for generic Advair and Wixela. For members with a current approved prior authorization, claims will continue to process as long as the member has filled for that medication within the last 4 months. No yearly renewal will be needed for compliant members. Prior authorization will be required for members new to the plan, new to therapy, or with no claim history of that medication within the last 4 months.

**XVIII. Formulary List**

This Formulary List is a guide. It is not a comprehensive list of prescription drugs that are on formulary. Brand-name drugs may move higher co-pay level if a generic version becomes available during the year. Generics should be considered the first line of prescribing. If there is no generic available, there may be more than one brand name medication to treat your condition. The preferred brand name medications are listed to help identify products that are clinically appropriate and cost-effective. The List represents branded products in CAPS and preferred products in level 1. Non-preferred products are classified in level 2. Products that fall under more than one category will have a combination of these.

**XIX. Notice of Non-Discrimination**

**NON-DISCRIMINATION STATEMENT AND ACCESSIBILITY REQUIREMENTS**

Jai Medical Systems Managed Care Organization, Inc. and The Maryland Department of Health (the Department) comply with applicable Federal civil right laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, or sex.

Jai Medical Systems Managed Care Organization, upon request

- Provides free aids and services to people with disabilities to communicate effectively with Department staff, such as, but not limited to:
  - Qualified sign language interpreters

- Writing information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides **NO COST, FREE** language services to people whose primary language is not English, such as but not limited to:
  - Qualified interpreters
  - Information written in other languages.

**If you need these services, please contact the Department’s health program, service, local health department or health insurance marketplace directly.**

If you believe that the Department has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Jai Medical Systems Managed Care Organization, Inc., Non-Discrimination Compliance Coordinator, 301 International Circle, Hunt Valley, MD 21030, 410-433-2200 (voice), 1-888-524-1999 (TTY 711)(toll free), 410-433-4615 (fax), [customerservice@jaimedical.com](mailto:customerservice@jaimedical.com) (email)) or The Maryland Department of Health, Office of Equal Opportunity Programs, Equal Access Compliance Unit (EACU), 201 West Preston Street, Room 422, Baltimore, Maryland 21201, 410-767-6600 (Voice) 410-333-5337 (Fax), [mdh.oeop@maryland.gov](mailto:mdh.oeop@maryland.gov) (email). Deaf and hard of hearing individuals may use MD Relay 7-1-1.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, staff are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697(TDD).

Complaint forms are available at <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

**XX. Equal Employment Opportunity Statement**

Jai Medical Systems Managed Care Organization, Inc. provides equal employment opportunity for everyone regardless of language, age, sex, color, creed, national origin, pregnancy, ancestry, marital status, political belief, genetic information, and physical or mental disability that does not prohibit performance of essential job functions. In addition, Jai Medical Systems Managed Care Organization, Inc. complies with Section 1557 of the Affordable Care Act, all applicable federal, state, and local anti-discrimination laws. This policy is reflected in all of Jai Medical Systems Managed Care Organization, Inc.’s practices and policies regarding hiring, training, promotions, transfers, rates of pay, layoffs, and other forms of compensation. All matters relating to employment are based upon ability to perform the job, as well as dependability and reliability once hired.

If you believe that Jai Medical Systems Managed Care Organization, Inc. has failed to provide these services or discriminated on the basis of language, age, race, color, sex or sexual orientation, national origin, disability, medical condition, or religion, you can file a grievance with:

Non-Discrimination Compliance Coordinator  
 Jai Medical Systems Managed Care Organization, Inc.  
 301 International Circle, Hunt Valley, MD 21030  
 Phone: 410-433-2200 | Fax: 410-433-4615 | Email: <customerservice@jaimedical.com>

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Non-Discrimination Compliance Coordinator is available to help you. Grievances must be submitted to the Coordinator within sixty days of the date you become aware of the alleged discrimination.

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

U.S. Department of Health and Human Services,  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
Phone: 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>

## XXI. Language Accessibility Statement

**If you speak English, language assistance services, free of charge, are available to you.  
Call: 1-888-524-1999 (TTY: 1-800-735-2258).**

### Español/Spanish

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al: 1-888-524-1999 (TTY: 1-800-735-2258).

### አማርኛ/Amharic

የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያገለግሉዎት ይችላሉ። ወደ ማከተለው ቁጥር ይደውሉ፡ 1-888-524-1999 (መስማት ለተሳናቸው፡ TTY: 1-800-735-2258)።

### Arabic/العربية

إذا كنت تتحدث لغة أخرى، يمكنك الاتصال بالمجان لتتوافر اللغوية المساعدة خدمات فإن اللغة اذكر تتحدث كنت اذا ملحوظة (1-800-735-2258 TTY): والنك الصبح هاتف رقم) 1-888-524-1999

### Bàsàṅ' -wùdù-po-nyò (Bassa)

Dè dè nià kè dyédé gbo: ɔ jù ké m' [Bàsàṅ' -wùdù-po-nyò] jù ní, ní. à wudu kà kò dò po-poòbèin' m' gbo kpáa. Éá 1-888-524-1999 (TTY: 1-800-735-2258)

### 中文/Chinese

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-524-1999 (TTY: 1-800-735-2258)

### Farsi/فارسی

توجه: اگرچه زبان فارسی گفتگو می کند، در بسیاری از زبان‌ها بصورت رایگان برای شما دسترسی داریم. لطفاً با ما تماس بگیرید (1-800-735-2258 TTY) 1-888-524-1999

### Français/French

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le: 1-888-524-1999 (ATS: 1-800-735-2258).

### ગુજરાતી/Gujarati

જો તમે ગુજરાતી બોલો છો તો તમારા માટે ભાષા સહાય સેવાઓ મફતમાં ઉપલબ્ધ છે કોલ કરો: 1-888-524-1999 (TTY: 1-800-735-2258).

### kreyòl ayisyen/Haitian Creole

Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-524-1999 (TTY: 1-800-735-2258).

### Igbo

O buru na asu lbo asusu, enyemaka diri gi site na call 1-888-524-1999 (TTY: 1-800-735-2258)

**한국어/Korean**

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-524-1999 (TTY: 1-800-735-2258) 번으로 전화해 주십시오.

**Português/Portuguese**

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-524-1999 (TTY: 1-800-735-2258)

**Русский/Russian**

Помощь доступна на вашем языке: 1-888-524-1999 (TTY: 1-800-735-2258). Эти услуги предоставляются бесплатно.

**Tagalog**

Makakakuha kayo ng tulong sa iyong wika: 1-888-524-1999 (TTY: 1-800-735-2258). Ang mga serbisyonang ito ay libre.

**Urdu/اردو**

1-888-524-1999 (1-800-735-2258: TTY) ن کری کال - ن ی ہ اب ی دیت ن می مفت خدمات کی مدد کی زبان کو اب تو س ی د بولتے اردو اب آگر: خیر دار

**Tiếng Việt/Vietnamese**

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-524-1999 (TTY: 1-800-735-2258).

**Yorùbá/Yoruba**

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Drug	Level	Instruction
<b>ANALGESICS &amp; ANESTHETICS</b>		
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>Antirheumatic - Enzyme Inhibitors</b>		
RINVOQ TAB ER 24H 45 MG, 15 MG, 30 MG	2	PA
RINVOQ LQ SOLUTION 1 MG/ML	2	PA
<b>Anti-TNF-alpha - Monoclonal Antibodies (Humira biosimilars)</b>		
adalimumab-adaz(cf) syringe 40mg/0.4ml, 20mg/0.2ml	2	PA
adalimumab-adaz(cf) pen pen injctr 80mg/0.8ml, 40mg/0.4ml	2	PA
adalimumab-ryvk(cf) autoinject autoinjkit 40mg/0.4ml	2	PA
HADLIMA SYRINGE 40MG/0.8ML	2	PA
HADLIMA PUSH TOUCH AUTO INJECT 40MG/0.8ML	2	PA
HADLIMA(CF) SYRINGE 40MG/0.4ML	2	PA
HADLIMA(CF) PUSH TOUCH AUTO INJECT 40MG/0.4ML	2	PA
SIMLANDI(CF) AUTOINJECTOR AUTOINJKIT 40MG/0.4ML, 80MG/0.8ML	2	PA
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
ALL DAY PAIN RELIEF TABLET 220 MG	1	
ALL DAY RELIEF TABLET 220 MG	1	
celecoxib capsule 100 mg, 200 mg, 400 mg, 50 mg	1	ST, QL=60 cap/30 days
CHILDREN'S IBUPROFEN ORAL SUSP 100 MG/5ML	1	
diclofenac potassium capsule 25 mg	1	
diclofenac potassium tablet 50 mg, 25 mg	1	
diclofenac sodium tablet dr 50 mg, 75 mg, 25 mg	1	
etodolac capsule 300 mg, 200 mg	1	
etodolac tablet 400 mg, 500 mg	1	
etodolac er tab er 24h 600 mg, 400 mg, 500 mg	1	
fenoprofen calcium capsule 200 mg, 400 mg	1	
fenoprofen calcium tablet 600 mg	1	
flurbiprofen tablet 100 mg	1	
IBU TABLET 400 MG, 600 MG, 800 MG	1	
ibu-200 tablet 200 mg	1	
ibuprofen capsule 200 mg	1	
ibuprofen oral susp 100 mg/5ml	1	
IBUPROFEN TAB CHEW 100 MG	1	
ibuprofen tablet 200 mg, 800 mg, 400 mg, 600 mg, 300 mg	1	
indomethacin capsule 25 mg, 50 mg	1	
indomethacin oral susp 25 mg/5 ml	1	
indomethacin supp.rect 50 mg, 100 mg	1	
indomethacin er capsule er 75 mg	1	
INFANTS IBUPROFEN DROPS SUSP 50 MG/1.25	1	
INFANT'S IBUPROFEN DROPS SUSP 50 MG/1.25	1	
INFANTS' IBUPROFEN DROPS SUSP 50 MG/1.25	1	
meloxicam oral susp 7.5 mg/5ml	1	
meloxicam tablet 7.5 mg, 15 mg	1	
naproxen oral susp 125 mg/5ml	1	
naproxen tablet 250 mg, 375 mg, 500 mg	1	
naproxen tablet dr 375 mg, 500 mg	1	
naproxen sodium capsule 220 mg	1	
naproxen sodium tablet 275 mg, 550 mg, 220 mg	1	
naproxen sodium cr tbmp 24hr 375 mg, 500 mg	1	
naproxen sodium er tbmp 24hr 375 mg, 500 mg, 750 mg	1	
piroxicam capsule 10 mg, 20 mg	1	
sulindac tablet 150 mg, 200 mg	1	

Drug	Level	Instruction
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL SYRINGE 50MG/ML(1), 25MG/0.5ML	2	PA
ENBREL VIAL 25MG/0.5ML	2	PA
ENBREL MINI CARTRIDGE 50MG/ML(1)	2	PA
ENBREL SURECLICK PEN INJCTR 50MG/ML(1)	2	PA
<b>ANALGESICS - NonNarcotic</b>		
<b>Analgesic Combinations</b>		
butalbital-acetaminophen-caffeine capsule 50-325-40	1	
butalbital-acetaminophen-caffeine tablet 50-325-40	1	
butalbital-aspirin-caffeine capsule 50-325-40	1	
<b>Analgesics Other</b>		
ACETAMINOPHEN CAPSULE 325 MG	1	
acetaminophen liquid 500mg/15ml, 160 mg/5ml	1	
acetaminophen oral susp 325/10.15, 650mg/20.3, 160 mg/5ml	1	
acetaminophen solution 160 mg/5ml, 325/10.15, 650mg/20.3	1	
acetaminophen supp.rect 650 mg, 120 mg	1	
acetaminophen syringe 100mg/10ml	1	
acetaminophen tablet 325 mg, 500 mg	1	
acetaminophen vial 1000mg/100ml	1	
acetaminophen er tablet er 650 mg	1	
CHILD PAIN REL-FEVER REDUCER SUPP.RECT 120 MG	1	
children's acetaminophen liquid 160 mg/5ml	1	
children's acetaminophen oral susp 160 mg/5ml	1	
children's acetaminophen tab chew 80 mg, 160 mg	1	
CHILDREN'S MAPAP TAB CHEW 80 MG, 160 MG	1	
CHILDREN'S NON-ASPIRIN ORAL SUSP 160 MG/5ML	1	
CHILDREN'S NON-ASPIRIN TAB CHEW 160 MG	1	
CHILDREN'S PAIN AND FEVER LIQUID 160 MG/5ML	1	
CHILDREN'S PAIN RELIEF ELIXIR 160 MG/5ML	2	
CHILDREN'S PAIN RELIEF ORAL SUSP 160 MG/5ML	1	
CHILDREN'S PAIN RELIEF TAB CHEW 160 MG	1	
CHILDREN'S PAIN RELIEVER SUPP.RECT 120 MG	1	
CHILDREN'S PAIN-FEVER ORAL SUSP 160 MG/5ML	1	
CHILDREN'S PAIN-FEVER TAB CHEW 160 MG	1	
MAPAP CAPSULE 500 MG	1	
MAPAP LIQUID 500MG/15ML	1	
NON-ASPIRIN EXTRA STRENGTH TABLET 500 MG	1	
NON-ASPIRIN PAIN RELIEF TABLET 500 MG	1	
PAIN RELIEF LIQUID 160 MG/5ML	1	
PAIN RELIEF TABLET 500 MG, 325 MG	1	
PAIN RELIEF ADULT LIQUID 500MG/15ML	1	
PAIN RELIEF EXTRA STRENGTH TABLET 500 MG	1	
PAIN RELIEVER SUPP.RECT 650 MG	1	
pain reliever tablet 325 mg, 500 mg	1	
pain reliever tablet er 650 mg	1	
<b>Salicylates</b>		
aspirin supp.rect 300 mg	1	
aspirin tab chew 81 mg	1	
aspirin tablet 325 mg	1	
aspirin ec tablet dr 81 mg, 325 mg	1	
Aspirin 500 mg delayed-release tablet	1	
Aspirin 650 mg delayed-release tablet	1	
BUFFERED ASPIRIN TABLET 325 MG	1	
CHILDREN'S ASPIRIN TAB CHEW 81 MG	1	

Drug	Level	Instruction
LOW DOSE ASPIRIN EC TABLET DR 81 MG	1	
salsalate tablet 500 mg, 750 mg	1	
<b>ANALGESICS - OPIOID</b>		
<b>*For all opioids: Initial fill for naïve patients limited to &lt;=7 days and &lt;=14 day supplies thereafter without a PA. PA also required to exceed cumulative QL of 90mme per day. Opioid PA Form needed for requests. Opioid medications without a lower quantity limit may also need PA for excessive pill count prescriptions exceeding 180/30 days. PA required to receive opioids in combination with multiple potentiators or MAT.</b>		
<b>Opioid Agonists</b>		
codeine sulfate tablet 15 mg, 30 mg, 60 mg	1	QL*
fentanyl patch td72 25 mcg/hr, 50mcg/hr, 75mcg/hr, 100 mcg/hr, 12 mcg/hr, 37.5mcg/hr, 62.5mcg/hr, 87.5mcg/hr	1	PA, QL*
hydromorphone hcl tablet 4 mg, 8 mg, 2 mg	1	QL*
hydromorphone hcl vial 10 mg/ml, 2 mg/ml, 1 mg/ml, 4 mg/ml	1	QL*
meperidine hcl solution 50 mg/5 ml	1	QL*
meperidine hcl tablet 50 mg	1	QL*
methadone hcl oral conc 10 mg/ml	1	PA, QL*
methadone hcl solution 5 mg/5 ml, 10 mg/5 ml	1	PA, QL*
methadone hcl tablet 5 mg, 10 mg	1	PA, QL*
methadone hcl tablet sol 40 mg	1	PA, QL*
morphine sulfate solution 10 mg/5 ml	1	QL*
morphine sulfate tablet 15 mg, 30 mg	1	QL*
morphine sulfate er cap er pel 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg, 10 mg	1	PA, QL*
morphine sulfate er tablet er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg	1	PA, QL*
oxycodone hcl capsule 5 mg	1	QL*
oxycodone hcl oral conc 20 mg/ml	1	QL*
oxycodone hcl solution 5 mg/5 ml	1	QL*
oxycodone hcl tablet 5 mg, 15 mg, 30 mg, 10 mg, 20 mg	1	QL*
oxycodone hcl er tab er 12h 20 mg, 40 mg	1	PA, QL*
tramadol hcl tablet 50 mg, 100 mg, 25 mg, 75 mg	1	QL*
tramadol hcl er tab er 24h 100 mg, 200 mg, 300 mg	1	PA, QL*
<b>Opioid Combinations</b>		
acetaminophen-codeine solution 120-12mg/5, 300mg/12.5	1	QL*
acetaminophen-codeine tablet 300mg-15mg, 300mg-30mg, 300mg-60mg	1	QL*
hydrocodone-acetaminophen tablet 5 mg-325mg, 10mg-325mg, 7.5-325 mg, 5 mg-300mg	1	QL*
oxycodone-acetaminophen solution 10-300mg/5ml, 5-325mg/5 ml	1	QL*
oxycodone-acetaminophen tablet 5 mg-325mg	1	QL*
tramadol hcl-acetaminophen tablet 37.5-325mg	1	QL*
<b>GOUT AGENTS</b>		
<b>Gout Agents</b>		
allopurinol tablet 300 mg, 100 mg, 200 mg	1	
colchicine capsule 0.6 mg	1	
colchicine tablet 0.6 mg	1	
<b>Uricosurics</b>		
probenecid tablet 500 mg	1	
<b>MIGRAINE PRODUCTS</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antag</b>		
AJOVY AUTOINJECTOR AUTO INJCT 225 MG/1.5	2	PA
AJOVY AUTOINJECTOR (3 PACK) AUTO INJCT 225 MG/1.5	2	PA
AJOVY SYRINGE 225 MG/1.5	2	PA
EMGALITY PEN INJCTR 120 MG/ML	2	PA
EMGALITY SYRINGE 120 MG/ML, 300 MG/3ML	2	PA
<b>Migraine Combinations</b>		
sumatriptan succ-naproxen sod tablet 85mg-500mg	1	QL=9/30 days

Drug	Level	Instruction
<b>Serotonin Agonists</b>		
rizatriptan tablet 5 mg, 10 mg	1	PA; QL=6/30 days
sumatriptan spray 5 mg, 20 mg	1	QL=6/30 days
sumatriptan succinate cartridge 4 mg/0.5ml, 6 mg/0.5ml	1	QL=2/30 days
sumatriptan succinate pen injctr 4 mg/0.5ml, 6 mg/0.5ml	1	QL=2/30 days
sumatriptan succinate tablet 25 mg, 50 mg, 100 mg	1	QL=9/30 days
sumatriptan succinate vial 6 mg/0.5ml	1	QL=2/30 days
zolmitriptan tablet 2.5 mg, 5 mg	1	PA; QL=6/30 days
<b>ANTI-INFECTIVE AGENTS</b>		
<b>AMINOGLYCOSIDES</b>		
<b>Aminoglycosides</b>		
gentamicin sulfate vial 40 mg/ml	1	
neomycin sulfate tablet 500 mg	1	
<b>ANTHELMINTICS</b>		
<b>Anthelmintics</b>		
albendazole tablet 200 mg	1	
ivermectin tablet 3 mg, 6 mg	1	
REESE'S PINWORM ORAL SUSP 50 MG/ML	1	
<b>ANTIFUNGALS</b>		
<b>Antifungals</b>		
griseofulvin oral susp 125 mg/5ml	1	
griseofulvin tablet 500 mg	1	
griseofulvin ultramicrosize tablet 125 mg, 250 mg	1	
nystatin tablet 500k unit	1	
terbinafine hcl tablet 250 mg	1	
<b>Imidazole-Related Antifungals</b>		
fluconazole susp recon 10 mg/ml, 40 mg/ml	1	PA
fluconazole tablet 150 mg	1	QL=2/30 days, PA needed to exceed QL
fluconazole 50 mg, 100 mg, 200 mg	1	PA
itraconazole capsule 100 mg	1	PA
itraconazole solution 10 mg/ml	1	PA
ketoconazole tablet 200 mg	1	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>Anti-infective Agents - Misc.</b>		
metronidazole capsule 375 mg	1	
metronidazole tablet 250 mg, 500 mg	1	
trimethoprim tablet 100 mg	1	
XIFAXAN TABLET 550 MG	1	PA
<b>Anti-infective Misc. - Combinations</b>		
sulfamethoxazole-trimethoprim oral susp 200-40mg/5, 800-160/20	1	
sulfamethoxazole-trimethoprim tablet 800-160 mg, 400mg-80mg	1	
SULFATRIM ORAL SUSP 200-40MG/5	1	
<b>Antiprotozoal Agents</b>		
atovaquone oral susp 750 mg/5ml	1	
<b>Leprostatics</b>		
dapsone tablet 100 mg, 25 mg	1	
<b>Lincosamides</b>		
clindamycin (pediatric) soln recon 75 mg/5 ml	1	
clindamycin hcl capsule 150 mg, 300 mg, 75 mg	1	
clindamycin phosphate vial 150 mg/ml	1	
<b>Urinary Anti-infectives</b>		
methenamine mandelate tablet 1 g, 500 mg	1	

Drug	Level	Instruction
nitrofurantoin capsule 50 mg, 100 mg, 25 mg	1	
nitrofurantoin oral susp 25 mg/5 ml, 50 mg/5 ml	1	
nitrofurantoin mono-macro capsule 100 mg	1	
<b>ANTIMALARIALS</b>		
<b>Antimalarial Combinations</b>		
atovaquone-proguanil hcl tablet 62.5-25 mg, 250-100 mg	1	
COARTEM TABLET 20MG-120MG	1	PA; QL=24/3 days
<b>Antimalarials</b>		
chloroquine phosphate tablet 250 mg, 500 mg	1	
hydroxychloroquine sulfate tablet 200 mg, 100 mg, 300 mg, 400 mg	1	
mefloquine hcl tablet 250 mg	1	
pyrimethamine tablet 25 mg	1	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>Antimycobacterial Agents</b>		
cycloserine capsule 250 mg	1	
ethambutol hcl tablet 400 mg, 100 mg	1	
isoniazid solution 50 mg/5 ml	1	
isoniazid tablet 100 mg, 300 mg	1	
isoniazid vial 100 mg/ml	1	
pyrazinamide tablet 500 mg	1	
rifabutin capsule 150 mg	1	
rifampin capsule 300 mg, 150 mg	1	
rifampin vial 600 mg	1	
Trecator 250 mg tablet	1	
<b>ANTIVIRALS</b>		
<b>Antiretrovirals *\$1 copay for HIV/AIDS medications and PrEP medications</b>		
BIKTARVY TABLET 50-200-25	1*	QL=30/30 days
darunavir tablet 600 mg, 800 mg	1*	QL=60/30 days
DESCOVY TABLET 200MG-25MG	1*	QL=30/30 days
DOVATO TABLET 50MG-300MG	1*	QL=30/30 days
emtricitabine-tenofovir disop tablet 200-300 mg, 100-150 mg, 133-200 mg, 167-250 mg	1*	QL=30/30 days
GENVOYA TABLET 150-200-10	1*	QL=30/30 days
JULUCA TABLET 50 MG-25MG	1*	QL=30/30 days
lamivudine tablet 150 mg, 300 mg	1*	QL=30/30 days
ODEFSEY TABLET 200-25-25	1*	QL=30/30 days
PREZCOBIX TABLET 800-150 MG	1*	QL=30/30 days
PREZISTA TABLET 75 MG	1*	QL=60/30 days
ritonavir tablet 100 mg	1*	QL=30/30 days
SYMTUZA TABLET 800-150 MG	1*	QL=30/30 days
tenofovir disoproxil fumarate tablet 300 mg	1*	QL=30/30 days
TIVICAY TABLET 50 MG	1*	QL=30/30 days
TRIUMEQ TABLET 600-50-300	1*	QL=30/30 days
<b>CMV Agents</b>		
ganciclovir sodium vial 500 mg, 500mg/10ml	1	
<b>Hepatitis Agents *Special PA Forms for Hepatitis C Treatment</b>		
entecavir tablet 0.5 mg, 1 mg	1	
lamivudine hbv tablet 100 mg	1	
ledipasvir-sofosbuvir tablet 90mg-400mg	1	PA*
MAVYRET TABLET 100MG-40MG	2	PA*
PEGASYS SYRINGE 180MCG/0.5	2	PA
PEGASYS VIAL 180MCG/ML	2	PA
ribavirin capsule 200 mg	1	PA
ribavirin tablet 200 mg	1	PA

Drug	Level	Instruction
sofosbuvir-velpatasvir tablet 400-100 mg	1	PA*
VOSEVI TABLET 400-100 MG	2	PA*
ZEPATIER TABLET 50MG-100MG	2	PA*
<b>Herpes Agents</b>		
acyclovir capsule 200 mg	1	
acyclovir oral susp 200 mg/5ml	1	PA
acyclovir tablet 400 mg, 800 mg	1	
valacyclovir tablet 500 mg, 1000 mg	1	PA
<b>Influenza Agents</b>		
oseltamivir phosphate capsule 30 mg, 45 mg, 75 mg	1	QL = 1 course of treatment per calendar year
oseltamivir phosphate susp recon 6 mg/ml	1	QL = 1 course of treatment per calendar year
RELENZA BLST W/DEV 5 MG	1	QL = 1 course of treatment per calendar year
<b>Antiviral Combinations – COVID-19</b>		
PAXLOVID (150/100) TAB DS PK 150-100 MG	1	QL = 30/5 Days
PAXLOVID (300/100) TAB DS PK 300-100 MG	1	QL = 30/5 days
<b>Respiratory Syncytial Virus (RSV) Agents</b>		
ribavirin vial-neb 6 g	1	PA
<b>CEPHALOSPORINS</b>		
<b>Cephalosporins - 1st Generation</b>		
cephalexin capsule 250 mg, 500 mg, 750 mg	1	
cephalexin susp recon 125 mg/5ml, 250 mg/5ml	1	
cephalexin tablet 250 mg, 500 mg	1	
<b>Cephalosporins - 2nd Generation</b>		
cefaclor capsule 250 mg, 500 mg	1	
cefaclor susp recon 250 mg/5ml, 125 mg/5ml, 375 mg/5ml	1	
cefaclor er tab er 12h 500 mg	1	
cefprozil susp recon 125 mg/5ml, 250 mg/5ml	1	
cefprozil tablet 250 mg, 500 mg	1	
cefuroxime tablet 250 mg, 500 mg	1	
<b>Cephalosporins - 3rd Generation</b>		
cefdinir capsule 300 mg	1	
cefdinir susp recon 125 mg/5ml, 250 mg/5ml	1	
cefixime capsule 400 mg	1	
cefixime susp recon 100 mg/5ml, 200 mg/5ml	1	
cefixime tablet 400 mg	1	
ceftriaxone bulkbaginj 100 g	1	
ceftriaxone vial 250 mg, 500 mg, 1 g, 2 g, 10 g	1	
<b>FLUOROQUINOLONES</b>		
<b>Fluoroquinolones</b>		
ciprofloxacin sus mc rec 250 mg/5ml, 500 mg/5ml	1	
ciprofloxacin hcl tablet 500 mg, 250 mg, 750 mg, 100 mg	1	
levofloxacin solution 250mg/10ml	1	
levofloxacin tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl tablet 400 mg	1	PA; QL=30/30 days
ofloxacin tablet 300 mg, 400 mg	1	
<b>MACROLIDES</b>		

Drug	Level	Instruction
<b>Azithromycin</b>		
azithromycin packet 1 g	1	QL=1 dose packet
azithromycin susp recon 200 mg/5ml, 100 mg/5ml	1	
azithromycin tablet 250 mg, 600 mg, 500 mg	1	
azithromycin vial 500 mg	1	
azithromycin vial port 500 mg	1	
<b>Clarithromycin</b>		
clarithromycin susp recon 125 mg/5ml, 250 mg/5ml	1	
clarithromycin tablet 250 mg, 500 mg	1	
clarithromycin er tab er 24h 500 mg	1	
<b>Erythromycins</b>		
ERY-TAB TABLET DR 250 MG, 333 MG, 500 MG	2	
ERYTHROCIN STEARATE TABLET 250 MG	1	
erythromycin capsule dr 250 mg	1	
erythromycin tablet 250 mg, 500 mg	1	
erythromycin tablet dr 250 mg, 333 mg, 500 mg	1	
erythromycin ethylsuccinate susp recon 200 mg/5ml, 400 mg/5ml	1	
erythromycin ethylsuccinate tablet 400 mg	1	
<b>PENICILLINS</b>		
<b>Aminopenicillins</b>		
amoxicillin capsule 250 mg, 500 mg	1	
amoxicillin susp recon 125 mg/5ml, 250 mg/5ml, 200 mg/5ml, 400 mg/5ml	1	
amoxicillin tablet 500 mg, 875 mg	1	
ampicillin trihydrate capsule 500 mg	1	
<b>Natural Penicillins</b>		
BICILLIN L-A SYRINGE 1.2MM/2 ML, 600000/ML, 2.4MM/4ML	1	
penicillin v potassium soln recon 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium tablet 250 mg, 500 mg	1	
<b>Penicillin Combinations</b>		
amoxicillin-clavulanate pot er tab er 12h 1000-62.5	1	
amoxicillin-clavulanate potass susp recon 200-28.5/5, 400-57mg/5, 600-42.9/5, 250-62.5/5	1	
amoxicillin-clavulanate potass tablet 500-125 mg, 875-125 mg, 250-125 mg	1	
<b>Penicillinase-Resistant Penicillins</b>		
dicloxacillin sodium capsule 250 mg, 500 mg	1	
oxacillin sodium vial 1 g, 2 g, 10 g	1	
<b>SULFONAMIDES</b>		
<b>Sulfonamides</b>		
sulfadiazine tablet 500 mg	1	
<b>TETRACYCLINES</b>		
<b>Tetracyclines</b>		
doxycycline hyclate capsule 50 mg, 100 mg	1	
doxycycline hyclate tablet 100 mg, 20 mg, 75 mg, 150 mg, 50 mg	1	
doxycycline hyclate tablet dr 75 mg, 100 mg, 150 mg, 200 mg, 50 mg, 80 mg	1	
doxycycline hyclate vial 100 mg	1	
doxycycline monohydrate capsule 150 mg, 50 mg, 100 mg, 75 mg	1	
doxycycline monohydrate susp recon 25 mg/5 ml	1	
doxycycline monohydrate tablet 100 mg, 50 mg, 75 mg, 150 mg	1	
tetracycline hcl capsule 500 mg, 250 mg	1	
<b>ANTINEOPLASTICS</b>		
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>Alkylating Agents</b>		
cyclophosphamide capsule 25 mg, 50 mg	1	
cyclophosphamide tablet 50 mg	1	
cyclophosphamide vial 200 mg/ml, 500 mg, 1 g, 2 g, 100 mg/ml	1	

Drug	Level	Instruction
LEUKERAN TABLET 2 MG	2	
lomustine capsule 10 mg, 40 mg, 100 mg	1	
melphalan hcl vial 50 mg	1	
Melphalan tablet 2mg	1	
MYLERAN TABLET 2 MG	2	
<b>Antimetabolites</b>		
capecitabine tablet 150 mg, 500 mg	1	
fluorouracil vial 500mg/10ml, 1 g/20 ml, 2.5 g/50ml, 5 g/100 ml	1	
mercaptopurine oral susp 20 mg/ml	1	
mercaptopurine tablet 50 mg	1	
methotrexate tablet 2.5 mg	1	
methotrexate vial 25 mg/ml, 1 g	1	
methotrexate sodium vial 25 mg/ml	1	
<b>Antineoplastic - EGFR Inhibitors</b>		
erlotinib hcl tablet 25 mg, 100 mg, 150 mg	1	
GILOTRIF TABLET 30 MG, 40 MG, 20 MG	2	
<b>Antineoplastic - Hormonal and Related Agents</b>		
abiraterone acetate tablet 250 mg	1	PA; QL=120/30 days
anastrozole tablet 1 mg	1	
bicalutamide tablet 50 mg	1	
ELIGARD SYRINGE 22.5 MG, 45 MG, 30 MG, 7.5 MG	1	PA
exemestane tablet 25 mg	1	
flutamide capsule 125 mg	1	
letrozole tablet 2.5 mg	1	
LUPRON DEPOT SYRINGEKIT 3.75 MG, 11.25 MG	2	PA
LUPRON DEPOT 22.5 MG, 45 MG, 7.5 MG, 30 MG	2	PA
megestrol acetate oral susp 400mg/10ml	1	
megestrol acetate tablet 20 mg, 40 mg	1	
tamoxifen citrate tablet 20 mg, 10 mg	1	
<b>Antineoplastic Enzyme Inhibitors</b>		
imatinib mesylate tablet 100 mg, 400 mg	1	QL=90/30 days
sorafenib tablet 200 mg	1	
<b>Antineoplastics Misc.</b>		
ALFERON N VIAL 5MMUNIT/ML	2	PA
hydroxyurea capsule 500 mg	1	
MATULANE CAPSULE 50 MG	2	
<b>Chemotherapy Rescue/Antidote/Protective Agents</b>		
leucovorin calcium tablet 5 mg, 10 mg, 15 mg, 25 mg	1	
leucovorin calcium vial 200 mg, 350 mg, 100 mg, 50 mg, 500 mg, 10 mg/ml	1	
<b>Mitotic Inhibitors</b>		
etoposide capsule 50 mg	1	
etoposide vial 20 mg/ml	1	
<b>CARDIOVASCULAR AGENTS</b>		
<b>ANTIANGINAL AGENTS</b>		
<b>Nitrates</b>		
isosorbide dinitrate tablet 5 mg, 10 mg, 20 mg, 30 mg	1	
isosorbide mononitrate tablet 20 mg, 10 mg	1	
isosorbide mononitrate er tab er 24h 30 mg, 60 mg, 120 mg	1	
nitroglycerin spray 400mcg/spr	1	
nitroglycerin tab subl 0.4 mg, 0.3 mg, 0.6 mg	1	
nitroglycerin vial 50 mg/10ml	1	
nitroglycerin patch patch td24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	1	
<b>ANTIARRHYTHMICS</b>		

Drug	Level	Instruction
<b>Antiarrhythmics Type I-A</b>		
disopyramide phosphate capsule 100 mg, 150 mg	1	
procainamide hcl syringe 100 mg/ml	1	
procainamide hcl vial 100 mg/ml, 500 mg/ml	1	
quinidine sulfate tablet 300 mg, 200 mg	1	
<b>Antiarrhythmics Type I-B</b>		
mexiletine hcl capsule 150 mg, 200 mg, 250 mg	1	
<b>Antiarrhythmics Type I-C</b>		
flecainide acetate tablet 50 mg, 100 mg, 150 mg	1	
propafenone hcl tablet 150 mg, 225 mg, 300 mg	1	
propafenone hcl er cap er 12h 225 mg, 325 mg, 425 mg	1	
<b>Antiarrhythmics Type III</b>		
amiodarone hcl tablet 200 mg, 100 mg, 400 mg	1	
amiodarone hcl vial 50 mg/ml	1	
PACERONE TABLET 100 MG, 200 MG	2	
<b>ANTIHYPERLIPIDEMICS</b>		
<b>Antihyperlipidemics - Combinations</b>		
ezetimibe-simvastatin tablet 10 mg-10mg, 10 mg-20mg, 10 mg-40mg, 10 mg-80mg	1	PA
<b>Antihyperlipidemics - Misc.</b>		
omega-3 acid ethyl esters capsule 1 g	1	OTC
<b>Bile Acid Sequestrants</b>		
cholestyramine powd pack 4 g	1	
cholestyramine powder 4 g	1	
cholestyramine light powd pack 4 g	1	
cholestyramine light powder 4 g	1	
colestipol hcl granules 5 g	1	
colestipol hcl packet 5 g	1	
colestipol hcl tablet 1 g	1	
<b>Fibric Acid Derivatives</b>		
Fenofibrate (micronized) capsule 134 mg, 200 mg	1	
fenofibrate tablet 145 mg, 48 mg, 54 mg, 160 mg	1	
fenofibric acid (Choline) 135 mg, 45 mg DR capsules	1	ST
fenofibric acid tablet 35 mg, 105 mg	1	ST
gemfibrozil tablet 600 mg	1	
<b>HMG CoA Reductase Inhibitors *=90 day supplies allowed after 30 day fill with \$200 cost limit for formulary statins</b>		
atorvastatin calcium tablet 10 mg, 80 mg, 40 mg, 20 mg	1	*
fluvastatin er tab er 24h 80 mg	1	*
fluvastatin sodium capsule 20 mg, 40 mg	1	*
lovastatin tablet 20 mg, 10 mg, 40 mg	1	*
pravastatin sodium tablet 10 mg, 20 mg, 40 mg, 80 mg	1	*
rosuvastatin calcium tablet 5 mg, 10 mg, 20 mg, 40 mg	1	*
simvastatin tablet 5 mg, 10 mg, 20 mg, 40 mg	1	*
simvastatin 80 mg	1	PA*
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
ezetimibe tablet 10 mg	1	QL=30/30 days
<b>Nicotinic Acid Derivatives</b>		
niacin tablet 500 mg	1	OTC
niacin er tab er 24h 500 mg, 750 mg, 1000 mg	1	OTC
<b>Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors</b>		
REPATHA SURECLICK PEN INJCTR 140 MG/ML	2	PA
REPATHA SYRINGE 140 MG/ML	2	PA
<b>ANTIHYPERTENSIVES 90 day supply may be eligible for some medications/strengths (\$300 max cost limit) after 30 day fill</b>		
<b>ACE Inhibitors *=90 day supply eligible for some strengths (\$300 max cost limit) after 30 day fill</b>		

Drug	Level	Instruction
benazepril hcl tablet 5 mg, 10 mg, 20 mg, 40 mg	1	*
captopril tablet 12.5 mg, 25 mg, 50 mg, 100 mg	1	*
enalapril maleate solution 1 mg/ml	1	*
enalapril maleate tablet 2.5 mg, 5 mg, 10 mg, 20 mg	1	*
fosinopril sodium tablet 10 mg, 20 mg, 40 mg	1	*
lisinopril tablet 2.5 mg, 5 mg, 10 mg, 20 mg, 40 mg, 30 mg	1	*
quinapril hcl tablet 20 mg, 5 mg, 10 mg, 40 mg	1	*
ramipril capsule 1.25 mg, 2.5 mg, 5 mg, 10 mg	1	*
<b>Angiotensin II Receptor Antagonists *=90 day supply eligible for some strengths (\$300 max cost limit) after 30 day fill</b>		
irbesartan tablet 75 mg, 150 mg, 300 mg	1	*QL=30/30 days
losartan potassium tablet 25 mg, 50 mg, 100 mg	1	*QL=30/30 days
valsartan 40 mg, 80 mg, 160 mg, 320 mg	1	*PA; QL=30/30 days
<b>Antiadrenergic Antihypertensives *=90 day supply eligible for some strengths (\$300 max cost limit) after 30 day fill</b>		
clonidine hcl tablet 0.1 mg, 0.2 mg, 0.3 mg	1	AL >=18 years
doxazosin mesylate tablet 8 mg, 4 mg, 2 mg, 1 mg	1	*
guanfacine hcl tablet 1 mg, 2 mg	1	*AL >=18 years
methyldopa tablet 250 mg, 500 mg	1	*
prazosin hcl capsule 1 mg, 2 mg, 5 mg	1	*
terazosin hcl capsule 1 mg, 2 mg, 5 mg, 10 mg	1	*
<b>Antihypertensive Combinations *=90 day supply eligible for some strengths (\$300 max cost limit) after 30 day fill</b>		
amlodipine besylate-benazepril capsule 2.5mg-10mg, 5 mg-10 mg, 5 mg-20 mg, 10 mg-20mg, 5 mg-40 mg, 10 mg-40mg	1	*
atenolol-chlorthalidone tablet 50 mg-25mg, 100mg-25mg	1	*
irbesartan-hydrochlorothiazide tablet 150-12.5mg, 300-12.5mg	1	*QL=30/30 days
lisinopril-hydrochlorothiazide tablet 10-12.5 mg, 20-12.5 mg, 20 mg-25mg	1	*
losartan-hydrochlorothiazide tablet 50-12.5 mg, 100mg-25mg, 100-12.5mg	1	*QL=30/30 days
metoprolol-hydrochlorothiazide tablet 50 mg-25mg, 100mg-25mg, 100mg-50mg	1	*
valsartan-hydrochlorothiazide tablet 80-12.5mg, 160-12.5mg, 160mg-25mg, 320-12.5mg, 320mg-25mg	1	*PA; QL=30/30 days
<b>Vasodilators *=90 day supply eligible for some strengths (\$300 max cost limit) after 30 day fill</b>		
hydralazine hcl tablet 25 mg, 50 mg, 10 mg, 100 mg	1	*
hydralazine hcl vial 20 mg/ml	1	
minoxidil tablet 2.5 mg, 10 mg	1	*
<b>BETA BLOCKERS</b>		
<b>Alpha-Beta Blockers *=90 day supply eligible for some strengths (\$300 max cost limit) after 30 day fill</b>		
carvedilol tablet 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	1	*
labetalol hcl tablet 100 mg, 200 mg, 300 mg, 400 mg	1	*
<b>Beta Blockers Cardio-Selective *=90 day supply eligible for some strengths (\$300 max cost limit) after 30 day fill</b>		
atenolol tablet 50 mg, 100 mg, 25 mg	1	*
betaxolol hcl tablet 10 mg, 20 mg	1	
metoprolol succinate tab er 24h 25 mg, 50 mg, 100 mg, 200 mg	1	*
metoprolol tartrate tablet 50 mg, 100 mg, 25 mg, 37.5 mg, 75 mg, 12.5 mg	1	*
metoprolol tartrate vial 5 mg/5 ml	1	
<b>Beta Blockers Non-Selective *=90 day supply eligible for some strengths (\$300 max cost limit) after 30 day fill</b>		
propranolol hcl solution 20 mg/5 ml, 40mg/5ml	1	
propranolol hcl tablet 10 mg, 20 mg, 40 mg, 80 mg, 60 mg	1	*
propranolol hcl vial 1 mg/ml	1	
propranolol hcl er cap sa 24h 60 mg, 80 mg, 120 mg, 160 mg	1	*
sotalol tablet 120 mg, 80 mg, 160 mg, 240 mg	1	*
sotalol af tablet 80 mg, 120 mg, 160 mg	1	
sotalol hcl vial 150mg/10ml	1	
timolol maleate tablet 5 mg, 10 mg, 20 mg	1	
<b>CALCIUM CHANNEL BLOCKERS</b>		

Drug	Level	Instruction
<b>Calcium Channel Blockers *=90 day supply eligible for some strengths (\$300 max cost limit) after 30 day fill</b>		
amlodipine besylate tablet 2.5 mg, 5 mg, 10 mg	1	*
diltiazem 12hr er cap er 12h 60 mg, 90 mg, 120 mg	1	*
diltiazem 24hr er cap sa 24h 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	*
diltiazem 24hr er (cd) cap er 24h 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	*
diltiazem 24hr er (la) tab er 24h 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	*
diltiazem 24hr er (xr) cap er deg 120 mg, 180 mg, 240 mg	1	*
diltiazem hcl tablet 30 mg, 60 mg, 90 mg, 120 mg	1	*
diltiazem hcl vial 5 mg/ml	1	
diltiazem hcl vial port 100 mg	1	
DILT-XR CAP ER DEG 120 MG, 180 MG, 240 MG	1	*
felodipine er tab er 24h 2.5 mg, 5 mg, 10 mg	1	
nifedipine capsule 10 mg, 20 mg	1	*
nifedipine er tab er 24 30 mg, 60 mg, 90 mg	1	*
nifedipine er tablet er 30 mg, 60 mg, 90 mg	1	
verapamil er cap24h pel 120 mg, 180 mg, 240 mg	1	*
verapamil er tablet er 120 mg, 180 mg, 240 mg	1	*
verapamil er pm cap24h pct 100 mg, 200 mg, 300 mg	1	
verapamil hcl ampul 2.5 mg/ml	1	
verapamil hcl syringe 2.5 mg/ml	1	
verapamil hcl tablet 80 mg, 120 mg, 40 mg	1	*
verapamil hcl vial 2.5 mg/ml	1	
verapamil sr cap24h pel 120 mg, 180 mg, 240 mg, 360 mg	1	*
<b>CARDIOTONICS</b>		
<b>Cardiac Glycosides</b>		
digoxin ampul 250 mcg/ml	1	
digoxin solution 50 mcg/ml	1	
digoxin tablet 125 mcg, 250 mcg, 62.5 mcg	1	
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
amlodipine-atorvastatin tablet 2.5mg-10mg, 2.5mg-20mg, 2.5mg-40mg, 5 mg-10 mg, 5 mg-20 mg, 5 mg-40 mg, 5 mg-80 mg, 10 mg-10mg, 10 mg-20mg, 10 mg-40mg, 10 mg-80mg	1	
sacubitril-valsartan tablet 24 mg-26mg, 97mg-103mg, 49 mg-51mg	1	
<b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>		
ambrisentan tablet 5 mg, 10 mg	1	PA
<b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>		
sildenafil citrate tablet 20 mg	1	PA
Sildenafil (Pulm.Hypertension) Oral Suspension For Reconstitution 10mg/ml	1	PA
<b>DIURETICS</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
acetazolamide tablet 250 mg, 125 mg	1	
acetazolamide er capsule er 500 mg	1	
methazolamide tablet 25 mg, 50 mg	1	
<b>Diuretic Combinations</b>		
spironolactone-hctz tablet 25 mg-25mg	1	
triamterene-hydrochlorothiazid capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid tablet 75 mg-50mg, 37.5-25 mg	1	
<b>Loop Diuretics</b>		
furosemide solution 10 mg/ml, 40mg/5ml	1	
furosemide tablet 20 mg, 40 mg, 80 mg	1	
furosemide vial 10 mg/ml	1	
<b>Potassium Sparing Diuretics</b>		
spironolactone oral susp 25 mg/5 ml	1	
spironolactone tablet 50 mg, 100 mg, 25 mg	1	

Drug	Level	Instruction
<b>Thiazides and Thiazide-Like Diuretics</b>		
chlorthalidone tablet 50 mg, 25 mg	1	
DIURIL ORAL SUSP 250 MG/5ML	1	
hydrochlorothiazide capsule 12.5 mg	1	
hydrochlorothiazide tablet 25 mg, 50 mg, 12.5 mg	1	
indapamide tablet 2.5 mg, 1.25 mg	1	
metolazone tablet 5 mg, 2.5 mg, 10 mg	1	
<b>VASOPRESSORS</b>		
<b>Anaphylaxis Therapy Agents</b>		
epinephrine auto injct 0.15/0.15, 0.15mg/0.3, 0.3mg/0.3	1	
<b>Vasopressors</b>		
midodrine hcl tablet 2.5 mg, 5 mg, 10 mg	1	
phenylephrine hcl ampul 0.1 mg/ml	1	
phenylephrine hcl vial 10 mg/ml	1	
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>		
<b>GLP1s *Limited FDA approved indications allowed. Use for weight loss not covered under HealthChoice Program</b>		
WEGOVY PEN INJCTR 1 MG/0.5ML, 0.5MG/.5ML, 1.7MG/0.75, 2.4MG/0.75, 0.25MG/0.5	2	PA*
WEGOY TABLET 1.5MG, 4MG, 9MG, 25MG	2	PA*
ZEPBOUND PEN INJCTR 15MG/0.5ML, 12.5MG/0.5, 10MG/0.5ML, 7.5 MG/0.5, 5 MG/0.5ML, 2.5 MG/0.5	2	PA*
ZEPBOUND VIAL 2.5 MG/0.5, 5 MG/0.5ML	2	PA*
<b>Phenothiazines</b>		
prochlorperazine supp.rect 25 mg	1	
prochlorperazine maleate tablet 5 mg, 10 mg	1	
<b>Barbiturate Hypnotics</b>		
phenobarbital elixir 20 mg/5 ml	1	
phenobarbital tablet 15 mg, 30 mg, 60 mg, 100 mg, 32.4 mg, 16.2 mg, 64.8 mg, 97.2mg	1	
phenobarbital sodium vial 65 mg/ml, 130mg/ml	1	
<b>ENDOCRINE AND METABOLIC AGENTS</b>		
<b>ANDROGENS-ANABOLIC</b>		
<b>Androgens</b>		
danazol capsule 100 mg, 200 mg, 50 mg	1	
testosterone gel (gram) 50 mg (1%)	1	PA
testosterone gel md pmp 10 mg (2%), 12.5/1.25g, 20.25/1.25	1	PA
testosterone gel packet 1.25g-1.62, 2.5g-1.62%, 25mg(1%), 50 mg (1%)	1	PA
testosterone sol md pmp 30mg/1.5ml	1	PA
testosterone cypionate vial 200 mg/ml, 100 mg/ml	1	PA
<b>ANTIDIABETICS</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
acarbose tablet 25 mg, 50 mg, 100 mg	1	PA; QL=90/30 days
<b>Antidiabetic Combinations</b>		
GLYXAMBI TABLET 25 MG-5 MG, 10 MG-5 MG	2	PA
pioglitazone-glimepiride tablet 30 mg-2 mg, 30 mg-4 mg	1	QL=30/30 days
pioglitazone-metformin tablet 15mg-500mg, 15mg-850mg	1	QL=30/30 days
<b>Biguanides</b>		
metformin hcl tablet 500 mg, 850 mg, 1000 mg	1	
metformin hcl er tab er 24h 750 mg, 500 mg	1	
<b>Diabetic Other</b>		
glucagon emergency kit vial 1 mg	1	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
alogliptin tablet 6.25 mg, 12.5 mg, 25 mg	1	ST
JANUVIA TABLET 50 MG, 25 MG, 100 MG	2	ST
<b>Incretin Mimetic Agents – GLP1s for diabetes – see page 34 for GLP1s for other indications</b>		

Drug	Level	Instruction
liraglutide pen injctr 0.6 mg/0.1	1	PA
OZEMPIC PEN INJCTR 1/0.75 (3), .25 OR 0.5, 2MG/0.75ML	2	PA
TRULICITY PEN INJCTR 0.75MG/0.5, 1.5 MG/0.5, 3 MG/0.5ML, 4.5 MG/0.5	2	PA
<b>Insulin</b>		
ADMELOG VIAL 100/ML	1	
ADMELOG SOLOSTAR INSULN PEN 100/ML	1	
BASAGLAR KWIKPEN U-100 INSULN PEN 100/ML (3)	2	
HUMALOG CARTRIDGE 100/ML	1	
HUMALOG VIAL 100/ML	1	
HUMALOG KWIKPEN U-100 INSULN PEN 100/ML	1	
HUMALOG KWIKPEN U-200 INSULN PEN 200/ML (3)	1	
HUMALOG MIX 50-50 KWIKPEN INSULN PEN 50-50/ML	1	
HUMALOG MIX 75-25 VIAL 75-25/ML	1	
HUMALOG MIX 75-25 KWIKPEN INSULN PEN 75-25/ML	1	
HUMULIN 70/30 KWIKPEN INSULN PEN 70-30/ML	1	
HUMULIN 70-30 VIAL 70-30/ML	1	
HUMULIN N VIAL 100/ML	1	
HUMULIN N KWIKPEN INSULN PEN 100/ML (3)	1	
HUMULIN R VIAL 100/ML	1	
HUMULIN R U-500 (CONCENTRATED) VIAL 500/ML	1	
insulin glargine max solostar insuln pen 300/ml (3)	1	QL=13.5 ml/30 days
insulin glargine solostar insuln pen 300/ml	1	QL=13.5 ml/30 days
insulin glargine-yfgn insuln pen 100/ml (3)	1	
insulin glargine-yfgn vial 100/ml	1	
insulin lispro vial 100/ml	1	
insulin lispro kwikpen u-100 insuln pen 100/ml	1	
insulin lispro protamine mix insuln pen 75-25/ml	1	
LANTUS VIAL 100/ML	1	QL=30mL/30 days
LANTUS SOLOSTAR INSULN PEN 100/ML (3)	1	QL=30mL/30 days
NOVOLIN 70-30 VIAL 70-30/ML	1	
NOVOLIN 70-30 FLEXPEN INSULN PEN 70-30/ML	1	
NOVOLIN N VIAL 100/ML	1	
NOVOLIN R VIAL 100/ML	1	
NOVOLOG VIAL 100/ML	1	
NOVOLOG FLEXPEN INSULN PEN 100/ML (3)	1	
NOVOLOG MIX 70-30 VIAL 70-30/ML	1	
NOVOLOG MIX 70-30 FLEXPEN INSULN PEN 70-30/ML	1	
NOVOLOG PENFILL CARTRIDGE 100/ML	1	
REZVOGLAR KWIKPEN INSULN PEN 100/ML (3)	1	
<b>Insulin Sensitizing Agents</b>		
pioglitazone hcl tablet 45 mg, 30 mg, 15 mg	1	QL=30/30 days
<b>Meglitinide Analogues</b>		
repaglinide tablet 0.5 mg, 1 mg, 2 mg	1	PA
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>		
dapagliflozin tablet 5 mg, 10 mg	1	ST
JARDIANCE TABLET 10 MG, 25 MG	2	ST
<b>Sulfonylureas</b>		
glimepiride tablet 1 mg, 2 mg, 4 mg, 3 mg	1	
glipizide tablet 5 mg, 10 mg, 2.5 mg	1	
glipizide er tab er 24 2.5 mg, 5 mg, 10 mg	1	
GLIPIZIDE XL TAB ER 24 5 MG, 2.5 MG, 10 MG	1	
glyburide tablet 1.25 mg, 2.5 mg, 5 mg	1	

Drug	Level	Instruction
<b>CONTRACEPTIVES</b>		
<b>*Most generic (as well as brand-only) oral contraceptives are covered, but a partial list of covered oral contraceptives is included below as an example. There is no copay for family planning medications. Oral Contraceptives allowed to fill more than a 30 day supply at a time with prescription.</b>		
<b>Combination Contraceptives - Oral</b>		
AFIRMELLE TABLET 0.1-0.02MG	1*	GL=Females Only
ALTAVERA TABLET 0.15-0.03	1*	GL=Females Only
ALYACEN TABLET 1 MG-35MCG, 7 DAYS X 3	1*	GL=Females Only
AMETHIA TBDSPK 3MO 150-30(84)	1*	GL=Females Only
AMETHYST TABLET 90-20 MCG	1*	GL=Females Only
APRI TABLET 0.15-0.03	1*	GL=Females Only
ASHLYNA TBDSPK 3MO 150-30(84)	1*	GL=Females Only
AUBRA TABLET 0.1-0.02MG	1*	GL=Females Only
AUBRA EQ TABLET 0.1-0.02MG	1*	GL=Females Only
AUROVELA TABLET 1.5-0.03MG, 1MG-20MCG	1*	GL=Females Only
AUROVELA 24 FE TABLET 1MG-20(24)	1*	GL=Females Only
AUROVELA FE TABLET 1MG-20(21), 1.5-30(21)	1*	GL=Females Only
AVIANE TABLET 0.1-0.02MG	1*	GL=Females Only
AYUNA TABLET 0.15-0.03	1*	GL=Females Only
AZURETTE TABLET 21-5 (28)	1*	GL=Females Only
BALZIVA TABLET 0.4-0.035	1*	GL=Females Only
BLISOVI 24 FE TABLET 1MG-20(24)	1*	GL=Females Only
BLISOVI FE TABLET 1MG-20(21), 1.5-30(21)	1*	GL=Females Only
BRIELLYN TABLET 0.4-0.035	1*	GL=Females Only
CAZIAN TABLET 7 DAYS X 3	1*	GL=Females Only
CHARLOTTE 24 FE TAB CHEW 1MG-20(24)	1*	GL=Females Only
CHATEAL EQ TABLET 0.15-0.03	1*	GL=Females Only
CRYSSELLE TABLET 0.3-0.03MG	1*	GL=Females Only
CYRED TABLET 0.15-0.03	1*	GL=Females Only
CYRED EQ TABLET 0.15-0.03	1*	GL=Females Only
DASETTE TABLET 7 DAYS X 3, 1 MG-35MCG	1*	GL=Females Only
DAYSEE TBDSPK 3MO 150-30(84)	1*	GL=Females Only
desogestr-eth estrad eth estra tablet 21-5 (28)	1*	GL=Females Only
DOLISHALE TABLET 90-20 MCG	1*	GL=Females Only
drosiprenone-eth estra-levomef tablet 3-0.02(24), 3-0.03(21)	1*	GL=Females Only
drosiprenone-ethinyl estradiol tablet 0.02-3(28), 0.03mg-3mg	1*	GL=Females Only
ELINEST TABLET 0.3-0.03MG	1*	GL=Females Only
ENPRESSE TABLET 6-5-10	1*	GL=Females Only
ENSKYCE TABLET 0.15-0.03	1*	GL=Females Only
ESTARYLLA TABLET 0.25-0.035	1*	GL=Females Only
ethynodiol-ethinyl estradiol tablet 1 mg-50mcg, 1 mg-35mcg	1*	GL=Females Only
FALMINA TABLET 0.1-0.02MG	1*	GL=Females Only
FEIRZA TABLET 1MG-20(21), 1.5-30(21)	1*	GL=Females Only
FINZALA TAB CHEW 1MG-20(24)	1*	GL=Females Only
GALBRIELA TAB CHEW 0.8-25(24)	1*	GL=Females Only
GEMMILY CAPSULE 1MG-20(24)	1*	GL=Females Only
HAILEY TABLET 1.5-0.03MG	1*	GL=Females Only
HAILEY 24 FE TABLET 1MG-20(24)	1*	GL=Females Only
HAILEY FE TABLET 1MG-20(21), 1.5-30(21)	1*	GL=Females Only
ICLEVIA TBDSPK 3MO 0.15-0.03	1*	GL=Females Only
INTROVALE TBDSPK 3MO 0.15-0.03	1*	GL=Females Only
ISIBLOOM TABLET 0.15-0.03	1*	GL=Females Only
JAIMIESS TBDSPK 3MO 150-30(84)	1*	GL=Females Only
JASMIEL TABLET 0.02-3(28)	1*	GL=Females Only

Drug	Level	Instruction
JOYEAUX TABLET 0.1-0.02MG	1*	GL=Females Only
JULEBER TABLET 0.15-0.03	1*	GL=Females Only
JUNEL TABLET 1MG-20MCG, 1.5-0.03MG	1*	GL=Females Only
JUNEL FE TABLET 1MG-20(21), 1.5-30(21)	1*	GL=Females Only
JUNEL FE 24 TABLET 1MG-20(24)	1*	GL=Females Only
KAITLIB FE TAB CHEW 0.8-25(24)	1*	GL=Females Only
KALLIGA TABLET 0.15-0.03	1*	GL=Females Only
KARIVA TABLET 21-5 (28)	1*	GL=Females Only
KELNOR 1-35 TABLET 1 MG-35MCG	1*	GL=Females Only
KURVELO TABLET 0.15-0.03	1*	GL=Females Only
LARIN TABLET 1.5-0.03MG, 1MG-20MCG	1*	GL=Females Only
LARIN 24 FE TABLET 1MG-20(24)	1*	GL=Females Only
LARIN FE TABLET 1.5-30(21), 1MG-20(21)	1*	GL=Females Only
LESSINA TABLET 0.1-0.02MG	1*	GL=Females Only
LEVONEST TABLET 6-5-10	1*	GL=Females Only
levonorgestrel-eth estradiol tablet 0.15-0.03, 0.1-0.02mg, 6-5-10, 90-20 mcg	1*	GL=Females Only
levonorgestrel-eth estradiol tbdspk 3mo 0.15-0.03	1*	GL=Females Only
levonorg-eth estrad eth estrad tbdspk 3mo 100-20(84)	1*	GL=Females Only
levonorg-eth estrad-fe bisglyc tablet 0.1-0.02mg	1*	GL=Females Only
LOESTRIN TABLET 1MG-20MCG, 1.5-0.03MG	1*	GL=Females Only
LOESTRIN FE TABLET 1MG-20(21), 1.5-30(21)	1*	GL=Females Only
LOJAIMIESS TBDSK 3MO 100-20(84)	1*	GL=Females Only
LORYNA TABLET 0.02-3(28)	1*	GL=Females Only
LOW-OGESTREL TABLET 0.3-0.03MG	1*	GL=Females Only
LO-ZUMANDIMINE TABLET 0.02-3(28)	1*	GL=Females Only
LUIZZA TABLET 1MG-20MCG, 1.5-0.03MG	1*	GL=Females Only
LUTERA TABLET 0.1-0.02MG	1*	GL=Females Only
MARLISSA TABLET 0.15-0.03	1*	GL=Females Only
MIBELAS 24 FE TAB CHEW 1MG-20(24)	1*	GL=Females Only
MICROGESTIN TABLET 1MG-20MCG, 1.5-0.03MG	1*	GL=Females Only
MICROGESTIN FE TABLET 1MG-20(21), 1.5-30(21)	1*	GL=Females Only
MILI TABLET 0.25-0.035	1*	GL=Females Only
MINZOYA TABLET 0.1-0.02MG	1*	GL=Females Only
MONO-LINYAH TABLET 0.25-0.035	1*	GL=Females Only
NATAZIA TABLET 3-2-1(28)	1*	GL=Females Only
NECON TABLET 0.5-0.035	1*	GL=Females Only
NIKKI TABLET 0.02-3(28)	1*	GL=Females Only
norethindrone-e.estradiol-iron capsule 1mg-20(24)	1*	GL=Females Only
norethindrone-e.estradiol-iron tab chew 1mg-20(24)	1*	GL=Females Only
norethindrone-e.estradiol-iron tablet 1.5-30(21)	1*	GL=Females Only
norethindron-ethinyl estradiol tablet 1.5-0.03mg, 1mg-20mcg	1*	GL=Females Only
norethin-eth estra-ferrous fum tab chew 0.8-25(24)	1*	GL=Females Only
norgestimate-ethinyl estradiol tablet 7daysx3 lo, 0.25-0.035, 7daysx3 28	1*	GL=Females Only
NORTREL TABLET 0.5-0.035, 1 MG-35MCG, 7 DAYS X 3	1*	GL=Females Only
NYLIA TABLET 7 DAYS X 3, 1 MG-35MCG	1*	GL=Females Only
PHILITH TABLET 0.4-0.035	1*	GL=Females Only
PIMTREA TABLET 21-5 (28)	1*	GL=Females Only
PORTIA TABLET 0.15-0.03	1*	GL=Females Only
RECLIPSEN TABLET 0.15-0.03	1*	GL=Females Only
ROSYRAH TBDSK 3MO 0.15MG(84)	1*	GL=Females Only
SETLAKIN TBDSK 3MO 0.15-0.03	1*	GL=Females Only
SIMLIYA TABLET 21-5 (28)	1*	GL=Females Only
SIMPESSE TBDSK 3MO 150-30(84)	1*	GL=Females Only
SPRINTEC TABLET 0.25-0.035	1*	GL=Females Only

Drug	Level	Instruction
SYEDA TABLET 0.03MG-3MG	1*	GL=Females Only
TARINA 24 FE TABLET 1MG-20(24)	1*	GL=Females Only
TARINA FE TABLET 1MG-20(21)	1*	GL=Females Only
TARINA FE 1-20 EQ TABLET 1MG-20(21)	1*	GL=Females Only
TILIA FE TABLET 5-7-9-7	1*	GL=Females Only
TRI-ESTARYLLA TABLET 7DAYSX3 28	1*	GL=Females Only
TRI-LEGEST FE TABLET 5-7-9-7	1*	GL=Females Only
TRI-LINYAH TABLET 7DAYSX3 28	1*	GL=Females Only
TRI-LO-ESTARYLLA TABLET 7DAYSX3 LO	1*	GL=Females Only
TRI-LO-MARZIA TABLET 7DAYSX3 LO	1*	GL=Females Only
TRI-LO-MILI TABLET 7DAYSX3 LO	1*	GL=Females Only
TRI-LO-SPRINTEC TABLET 7DAYSX3 LO	1*	GL=Females Only
TRI-MILI TABLET 7DAYSX3 28	1*	GL=Females Only
TRI-SPRINTEC TABLET 7DAYSX3 28	1*	GL=Females Only
TRI-VYLIBRA TABLET 7DAYSX3 28	1*	GL=Females Only
TRI-VYLIBRA LO TABLET 7DAYSX3 LO	1*	GL=Females Only
TURQOZ TABLET 0.3-0.03MG	1*	GL=Females Only
TYDEMY TABLET 3-0.03(21)	1*	GL=Females Only
VALTYA TABLET 1 MG-35MCG, 1 MG-50MCG	1*	GL=Females Only
VELIVET TABLET 7 DAYS X 3	1*	GL=Females Only
VESTURA TABLET 0.02-3(28)	1*	GL=Females Only
VIENVA TABLET 0.1-0.02MG	1*	GL=Females Only
VIORELE TABLET 21-5 (28)	1*	GL=Females Only
VOLNEA TABLET 21-5 (28)	1*	GL=Females Only
VYFEMLA TABLET 0.4-0.035	1*	GL=Females Only
VYLIBRA TABLET 0.25-0.035	1*	GL=Females Only
WERA TABLET 0.5-0.035	1*	GL=Females Only
WYMZYA FE TAB CHEW 0.4-35(21)	1*	GL=Females Only
XARAH FE TABLET 5-7-9-7	1*	GL=Females Only
XELRIA FE TAB CHEW 0.4-35(21)	1*	GL=Females Only
ZOVIA 1-35 TABLET 1 MG-35MCG	1*	GL=Females Only
ZUMANDIMINE TABLET 0.03MG-3MG	1*	GL=Females Only
<b>Combination Contraceptives – Transdermal</b>		
norelgestromin-eth estradiol patch tdwk 150-35/24h	1*	GL=Females Only
XULANE PATCH TDWK 150-35/24H	1*	GL=Females Only
ZAFEMY PATCH TDWK 150-35/24H	1*	GL=Females Only
<b>Combination Contraceptives – Vaginal</b>		
etonogestrel-ethinyl estradiol vag ring .12-.015mg	1*	QL=1 ring/30 days / GL=Females Only
<b>Emergency Contraceptives</b>		
levonorgestrel tablet 1.5 mg	1*	GL=Females Only; No prescription needed for OTC product; Q=1 kit /30 days, 3 kits/year
<b>Progestin Contraceptives - Injectable</b>		
medroxyprogesterone acetate syringe 150 mg/ml	1	GL=Females Only
medroxyprogesterone acetate vial 150 mg/ml	1	GL=Females Only
<b>Progestin Contraceptives - Oral</b>		
CAMILA TABLET 0.35 MG	1	GL=Females Only
DEBLITANE TABLET 0.35 MG	1	GL=Females Only
EMZAHH TABLET 0.35 MG	1	GL=Females Only

Drug	Level	Instruction
ERRIN TABLET 0.35 MG	1	GL=Females Only
HEATHER TABLET 0.35 MG	1	GL=Females Only
INCASSIA TABLET 0.35 MG	1	GL=Females Only
JENCYCLA TABLET 0.35 MG	1	GL=Females Only
LYLEQ TABLET 0.35 MG	1	GL=Females Only
LYZA TABLET 0.35 MG	1	GL=Females Only
MELEYA TABLET 0.35 MG	1	GL=Females Only
norethindrone tablet 0.35 mg	1	GL=Females Only
ORQUIDEA TABLET 0.35 MG	1	GL=Females Only
SHAROBEL TABLET 0.35 MG	1	GL=Females Only
TULANA TABLET 0.35 MG	1	GL=Females Only
<b>CORTICOSTEROIDS</b>		
<b>Glucocorticosteroids</b>		
cortisone acetate tablet 25 mg	1	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone solution 0.5 mg/5ml	1	
dexamethasone tab ds pk 1.5mg (21), 1.5mg (35)	1	
dexamethasone tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone sod phos-water vial 10 mg/ml, 4 mg/ml	1	
dexamethasone sodium phosphate syringe 4 mg/ml, 10 mg/ml	1	
dexamethasone sodium phosphate vial 10 mg/ml, 4 mg/ml	1	
hydrocortisone tablet 5 mg, 10 mg, 20 mg	1	
methylprednisolone tab ds pk 4 mg	1	
methylprednisolone tablet 4 mg, 8 mg, 16 mg, 32 mg	1	
prednisolone solution 15 mg/5 ml	1	
prednisolone tablet 5 mg	1	
prednisolone sodium phos odt tab rapdis 10 mg, 15 mg, 30 mg	1	
prednisolone sodium phosphate solution 15 mg/5 ml, 10 mg/5 ml, 20 mg/5 ml, 5 mg/5 ml, 25 mg/5 ml	1	
prednisone solution 5 mg/5 ml	1	
prednisone tab ds pk 5 mg, 10 mg	1	
prednisone tablet 10 mg, 20 mg, 50 mg, 5 mg, 1 mg, 2.5 mg	1	
triamcinolone acetonide vial 40 mg/ml, 10 mg/ml	1	
<b>Mineralocorticoids</b>		
fludrocortisone acetate tablet 0.1 mg	1	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>Bone Density Regulators</b>		
alendronate sodium solution 70 mg/75ml	1	
alendronate sodium tablet 10 mg, 70 mg, 35 mg	1	
calcitonin-salmon spray/pump 200/spray	1	PA
calcitonin-salmon vial 200/ml	1	PA
FOSAMAX PLUS D TABLET 70 MG-5600, 70 MG-2800	2	
ibandronate sodium syringe 3 mg/3 ml	1	
ibandronate sodium tablet 150 mg	1	
ibandronate sodium vial 3 mg/3 ml	1	
risedronate sodium tablet 35 mg, 5 mg, 30 mg, 150 mg	1	
risedronate sodium dr tablet dr 35 mg	1	
teriparatide pen injctr 20mcg/dose	1	
<b>Growth Hormones</b>		
HUMATROPE CARTRIDGE 6 MG, 12 MG, 24 MG	2	PA
<b>Hormone Receptor Modulators</b>		
raloxifene hcl tablet 60 mg	1	PA
<b>LHRH/GnRH Agonist Analog Pituitary Suppressants</b>		
SYNAREL SPRAY 2 MG/ML	2	PA

Drug	Level	Instruction
<b>Posterior Pituitary Hormones</b>		
desmopressin acetate ampul 4 mcg/ml	1	PA
desmopressin acetate spray/pump 10/spray, 150/spray	1	PA
desmopressin acetate tablet 0.1 mg, 0.2 mg	1	PA
desmopressin acetate vial 4 mcg/ml	1	PA
<b>Somatostatic Agents</b>		
octreotide acetate syringe 50 mcg/ml, 100 mcg/ml, 500 mcg/ml	1	PA
octreotide acetate vial 50 mcg/ml, 100 mcg/ml, 500 mcg/ml, 200 mcg/ml, 1000mcg/ml	1	PA
<b>ESTROGENS</b>		
<b>Estrogen Combinations</b>		
PREMPHASE TABLET 0.625 (14)	2	
PREMPRO TABLET 0.625-2.5, 0.45-1.5MG, 0.3-1.5MG, 0.625-5 MG	2	
<b>Estrogens</b>		
conjugated estrogens tablet 0.3 mg, 0.45mg, 0.625 mg, 0.9 mg, 1.25 mg	1	
estradiol gel md pmp 1.25 g	1	
estradiol gel packet 0.25/0.25g, 0.5mg/0.5g, 0.75/0.75g, 1 mg/gram, 1.25/1.25g	1	
estradiol tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol (once weekly) patch tdwk .025mg/24h, 0.05mg/24h, .075mg/24h, 0.1mg/24hr, .0375mg/24, 0.06mg/24h	1	
estradiol (twice weekly) patch tds .025mg/24h, .0375mg/24, 0.05mg/24h, .075mg/24h, 0.1mg/24hr	1	
MENEST TABLET 1.25 MG, 2.5 MG	2	
PREMARIN TABLET 0.3 MG, 0.45MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VIAL 25 MG	1	
<b>OXYTOCICS</b>		
<b>Oxytocics</b>		
methylergonovine maleate ampul .2mg/ml(1)	1	
methylergonovine maleate tablet 0.2 mg	1	
methylergonovine maleate vial .2mg/ml(1)	1	
<b>PROGESTINS</b>		
<b>Progestins</b>		
GALLIFREY TABLET 5 MG	1	
medroxyprogesterone acetate tablet 10 mg, 2.5 mg, 5 mg	1	GL=Females Only
megestrol acetate oral susp 625mg/5ml	1	
norethindrone acetate tablet 5 mg	1	
<b>THYROID AGENTS</b>		
<b>Antithyroid Agents</b>		
methimazole tablet 5 mg, 10 mg	1	
propylthiouracil tablet 50 mg	1	
<b>Thyroid Hormones</b>		
ARMOUR THYROID TABLET 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	2	
levothyroxine sodium capsule 13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	1	
levothyroxine sodium tablet 25 mcg, 50 mcg, 75 mcg, 100 mcg, 150 mcg, 200 mcg, 300 mcg, 125 mcg, 88 mcg, 112 mcg, 175 mcg, 137 mcg	1	
levothyroxine sodium vial 100 mcg/ml, 100 mcg, 200 mcg, 500 mcg, 100mcg/5ml, 200mcg/5ml, 500mcg/5ml	1	
liothyronine sodium tablet 25 mcg, 5 mcg, 50 mcg	1	
liothyronine sodium vial 10 mcg/ml	1	
NP THYROID TABLET 15 MG, 120 MG, 30 MG, 60 MG, 90 MG	1	
SYNTHROID TABLET 137 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 300 MCG, 112 MCG	1	
<b>GASTROINTESTINAL AGENTS</b>		
<b>ANTACIDS</b>		

Drug	Level	Instruction
<b>Antacid Combinations</b>		
ANTACID ORAL SUSP 200-200-20	1	
<b>Antacids - Aluminum Salts</b>		
aluminum hydroxide oral susp 320 mg/5ml	1	
<b>Antacids - Calcium Salts</b>		
calcium carbonate oral susp 500 mg/5ml	1	
calcium carbonate tab chew 200(500)mg, 400(1000)	1	
calcium carbonate tablet 260mg(648)	1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>Antidiarrheal/Probiotic Agents - Misc.</b>		
ANTI-DIARRHEAL ORAL SUSP 262MG/15ML	1	
bismuth tab chew 262 mg	1	
DIARRHEA RELIEF ORAL SUSP 262MG/15ML	1	
PINK BISMUTH ORAL SUSP 525MG/15ML	1	
PINK BISMUTH TAB CHEW 262 MG	1	
PINK BISMUTH TABLET 262 MG	1	
STOMACH RELIEF ORAL SUSP 262MG/15ML, 525MG/15ML	1	
STOMACH RELIEF TAB CHEW 262 MG	1	
STOMACH RELIEF TABLET 262 MG	1	
<b>Antiperistaltic Agents</b>		
ANTI-DIARRHEAL CAPSULE 2 MG	1	
ANTI-DIARRHEAL LIQUID 1MG/7.5ML	1	
anti-diarrheal tablet 2 mg	1	
diphenoxylate-atropine liquid 2.5-.025/5	1	
diphenoxylate-atropine tablet 2.5-.025mg	1	
loperamide capsule 2 mg	1	
loperamide liquid 1mg/7.5ml	1	
loperamide tablet 2 mg	1	
<b>ANTIEMETICS</b>		
<b>5-HT3 Receptor Antagonists</b>		
ondansetron hcl solution 4 mg/5 ml	1	QL=50 mls/fill
ondansetron hcl tablet 4 mg, 8 mg	1	QL=10 tabs/fill
ondansetron odt tab rapdis 4 mg, 8 mg, 16 mg	1	QL=10 tabs/fill
<b>Antiemetics - Anticholinergic</b>		
meclizine hcl tab chew 25 mg	1	
meclizine hcl tablet 25 mg, 12.5 mg, 50 mg	1	
<b>Antiemetics - Miscellaneous</b>		
doxylamine succ-pyridoxine hcl tablet dr 10 mg-10mg	1	Q=40/10 days
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
aprepitant cap ds pk 125mg-80mg	1	PA
aprepitant capsule 40 mg, 80 mg, 125 mg	1	PA
EMEND SUSP RECON 125 MG	2	PA
<b>DIGESTIVE AIDS</b>		
<b>Digestive Enzymes</b>		
CREON CAPSULE DR 3-9.5-15K, 6K-19K-30K, 12K-38K-60, 24-76-120K, 36K-114K	1	QL=28 caps/day; approval needed to exceed \$2,000/claim
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>Gastrointestinal Antiallergy Agents</b>		
cromolyn sodium oral conc 20 mg/ml	1	
<b>Gastrointestinal Chloride Channel Activators</b>		
lubiprostone capsule 8 mcg, 24mcg	1	PA
<b>Gastrointestinal Stimulants</b>		

Drug	Level	Instruction
metoclopramide hcl solution 5 mg/5 ml, 10 mg/10ml	1	
metoclopramide hcl syringe 10 mg/2 ml	1	
metoclopramide hcl tablet 10 mg	1	
metoclopramide hcl vial 5 mg/ml	1	
<b>Inflammatory Bowel Agents</b>		
mesalamine enema 4 g/60 ml	1	
mesalamine supp.rect 1000 mg	1	
mesalamine tablet dr 1.2 g, 800 mg	1	
mesalamine dr cap(drtab) 400 mg	1	
mesalamine er cap er 24h 0.375g	1	
mesalamine er capsule er 500 mg	1	
sulfasalazine tablet 500 mg	1	
<b>Intestinal Acidifiers</b>		
ENULOSE SOLUTION 10 G/15 ML	1	
GENERLAC SOLUTION 10 G/15 ML	1	
lactulose solution 10 g/15 ml	1	
<b>Phosphate Binder Agents</b>		
calcium acetate capsule 667 mg	1	
calcium acetate tablet 667 mg	1	
sevelamer carbonate powd pack 0.8 g, 2.4 g	1	PA; QL=180/30 days
sevelamer carbonate tablet 800 mg	1	QL=270/30 days
<b>LAXATIVES</b>		
<b>Bulk Laxatives</b>		
FIBER CAPSULE 0.52G	1	
fiber tablet 625 mg	1	
FIBER TABS TABLET 625 MG	1	
FIBER THERAPY POWDER 3.4 G/7 G	2	
FIBER-LAX TABLET 625 MG	1	
NATURAL FIBER CAPSULE 0.52G	1	
PSYLLIUM SEED POWDER 2.6 G/4.1G	2	
REGULOID CAPSULE 0.4 G	2	
REGULOID POWDER 3 G/7 G, 3 G/12 G, 3 G/5.4 G	2	
<b>Laxative Combinations</b>		
GAVILYTE-C SOLN RECON 240-22.72G	1	
GAVILYTE-N SOLN RECON 420G	1	
GOLYTELY SOLN RECON 236-22.74G	2	
peg 3350-electrolyte soln recon 420g	1	
peg-3350 and electrolytes soln recon 236-22.74g	1	
peg3350-sod sul-nacl-kcl-asb-c powd pack 7.5-2.691g	1	
PLENVU POWD PK SQ 140-9-5.2G	1	
SENEXON-S TABLET 8.6MG-50MG	1	
SENNAPLUS TABLET 8.6MG-50MG	1	
SENNAPLUS TABLET 8.6MG-50MG	1	
SENNAPLUS-TIME S TABLET 8.6MG-50MG	1	
sennosides-docusate sodium tablet 8.6mg-50mg	1	
sod sulf-potass sulf-mag sulf soln recon 17.5-3.13g	1	
STIMULANT LAXATIVE PLUS TABLET 8.6MG-50MG	1	
STOOL SOFTENER-LAXATIVE TABLET 8.6MG-50MG	1	
STOOL SOFTENER-STIMULANT LAX TABLET 8.6MG-50MG	1	
SUFLAVE SOLN RECON 178.7-7.3G	1	
SUTAB TABLET 1.479 G	2	
<b>Laxatives - Miscellaneous</b>		
adult glycerin supp.rect adult	1	

Drug	Level	Instruction
CONSTULOSE SOLUTION 10 G/15 ML	1	
glycerin supp.rect adult, pediatric	1	
lactulose packet 10 g, 20 g	1	
lactulose solution 10 g/15 ml	1	
polyethylene glycol 3350 powd pack 17 g	1	
polyethylene glycol 3350 powder 17 g/dose	1	
<b>Saline Laxatives</b>		
enema 19g-7g/197, 19g-7g/118	1	
magnesium citrate solution	1	
PEDIATRIC ENEMA 9.5-3.5/59	1	
<b>Stimulant Laxatives</b>		
bisacodyl supp.rect 10 mg	1	
bisacodyl tablet dr 5 mg	1	
GENTLE LAXATIVE SUPP.RECT 10 MG	1	
GENTLE LAXATIVE TABLET 5 MG	1	
GENTLE LAXATIVE TABLET DR 5 MG	1	
LAXATIVE TABLET DR 5 MG	1	
LAXATIVE SUPPOSITORY SUPP.RECT 10 MG	1	
SENNA CAPSULE 8.6 MG	1	
senna syrup 176mg/5ml, 8.8mg/5ml	1	
senna tablet 8.6 mg	1	
SENNA LAX TABLET 8.6 MG	1	
senna laxative tablet 8.6 mg	1	
WOMEN'S GENTLE LAXATIVE TABLET DR 5 MG	1	
<b>Surfactant Laxatives</b>		
docusate calcium capsule 240 mg	1	
docusate sodium capsule 100 mg, 250 mg	1	
DOCUSATE SODIUM ENEMA 283 MG/5ML	1	
docusate sodium liquid 50 mg/5 ml	1	
docusate sodium tablet 100 mg	1	
DOK TABLET 100 MG	1	
stool softener capsule 100 mg, 240 mg, 250 mg, 50 mg	1	
STOOL SOFTENER TABLET 100 MG	1	
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>Antispasmodics</b>		
dicyclomine hcl ampul 10 mg/ml	1	
dicyclomine hcl capsule 10 mg	1	
dicyclomine hcl solution 10 mg/5 ml	1	
dicyclomine hcl tablet 20 mg	1	
dicyclomine hcl vial 10 mg/ml	1	
hyoscyamine sulfate tab subl 0.125 mg	1	
hyoscyamine sulfate tablet 0.125 mg	1	
<b>H-2 Antagonists</b>		
ACID REDUCER TABLET 10 MG, 20 MG	1	
famotidine susp recon 40mg/5ml	1	
famotidine tablet 10 mg, 20 mg, 40 mg	1	
famotidine vial 10 mg/ml, 4 mg/ml	1	
HEARTBURN RELIEF TABLET 10 MG, 20 MG	1	
<b>Misc. Anti-Ulcer</b>		
sucralfate tablet 1 g	1	
<b>Proton Pump Inhibitors</b>		
lansoprazole capsule dr 15 mg, 30 mg	1	
lansoprazole tab rap dr 15 mg, 30 mg	1	PA
NEXIUM 24HR OTC TABLET DR 20 MG	2	

Drug	Level	Instruction
omeprazole capsule dr 10 mg, 20 mg, 40 mg	1	
omeprazole tab rap dr 20 mg	1	
omeprazole tablet dr 20 mg	1	
omeprazole magnesium capsule dr 20 mg	1	
omeprazole magnesium tablet dr 20 mg	1	
pantoprazole sodium tablet dr 20 mg, 40 mg	1	
PRILOSEC OTC TABLET DR 20 MG	1	
<b>GENITOURINARY AGENTS</b>		
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>Alkalinizers</b>		
ORAL CITRATE SOLUTION 640-490MG	1	
sodium citrate-citric acid solution 334-500mg	1	
<b>Prostatic Hypertrophy Agents</b>		
finasteride tablet 5 mg	1	
tamsulosin hcl capsule 0.4 mg	1	
<b>Urinary Analgesics</b>		
phenazopyridine hcl tablet 200 mg, 100 mg, 95 mg	1	
<b>URINARY ANTISPASMODICS</b>		
<b>Urinary Antispasmodic - Antimuscarinics (Anticholinergic)</b>		
darifenacin er tab er 24h 7.5 mg, 15 mg	1	PA
fesoterodine fumarate er tab er 24h 4 mg, 8 mg	1	ST
oxybutynin chloride syrup 5 mg/5 ml	1	
oxybutynin chloride tablet 5 mg, 2.5 mg	1	
oxybutynin chloride er tab er 24 5 mg, 10 mg, 15 mg	1	QL=30/30 days
solifenacin succinate tablet 5 mg, 10 mg	1	ST
tolterodine tartrate tablet 1 mg, 2 mg	1	ST
tolterodine tartrate er cap er 24h 4 mg, 2 mg	1	ST
tropium chloride tablet 20 mg	1	ST
tropium chloride er cap er 24h 60 mg	1	ST
<b>Urinary Antispasmodics - Beta-3 Adrenergic Agonists</b>		
mirabegron er tab er 24h 25 mg, 50 mg	1	PA
MYRBETRIQ SUS ER REC 8 MG/ML	2	PA
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
bethanechol chloride tablet 5 mg, 10 mg, 25 mg, 50 mg	1	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
flavoxate hcl tablet 100 mg	1	
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Vaginal Anti-infectives</b>		
1-DAY OIN/PF APP 6.5 %	1	
3-DAY VAGINAL CREAM CREAM/APPL 2 %	1	
clindamycin phosphate cream/appl 2 %	1	
clotrimazole cream/appl 1 %	1	
CLOTRIMAZOLE-3 CREAM/APPL 2 %	1	
CLOTRIMAZOLE-7 CREAM/APPL 1 %	1	
GYNAZOLE 1 CRM/PF APP 2 %	2	
metronidazole gel w/appl 0.75%	1	PA
miconazole 1 kit 1200mg-2%	1	
MICONAZOLE 3 CMB PF CRM 200 MG-2 %	1	
MICONAZOLE 3 CREAM/APPL 4 %	1	
MICONAZOLE 3 KIT 200 MG-2 %	1	
MICONAZOLE 3 SUPP.VAG 200 MG	2	
MICONAZOLE 7 CREAM/APPL 2 %	1	
MICONAZOLE NITRATE CREAM/APPL 2 %	1	
miconazole nitrate kit 200 mg-2 %	1	

Drug	Level	Instruction
MICONAZOLE-7 CREAM/APPL 2 %	1	
<b>Vaginal Estrogens</b>		
estradiol cream/appl 0.01 %	1	
estradiol tablet 10 mcg	1	
PREMARIN CREAM/APPL 0.625 MG/G	2	
<b>HEMATOLOGICAL AGENTS</b>		
<b>ANTICOAGULANTS</b>		
<b>Coumarin Anticoagulants</b>		
JANTOVEN TABLET 1 MG	2	
warfarin sodium tablet 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg, 10 mg, 5 mg	1	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS TAB DS PK 5 MG (74)	2	
ELIQUIS TABLET 2.5 MG, 5 MG	2	
rivaroxaban tablet 2.5 mg	1	
XARELTO TAB DS PK 15 MG-20MG	2	
XARELTO TABLET 20 MG, 10 MG, 2.5 MG, 15 MG	2	
<b>Heparins And Heparinoid-Like Agents</b>		
enoxaparin sodium syringe 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100 mg/ml, 120mg/.8ml, 150 mg/ml	1	
enoxaparin sodium vial 300 mg/3ml	1	
<b>Thrombin Inhibitors</b>		
dabigatran etexilate capsule 75 mg, 150 mg, 110 mg	1	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>Antihemophilic Products</b>		
FEIBA VIAL 700-1300, 1750-3250, 350-650	2	PA
HEMOFIL M VIAL 220-400, 401-800, 801-1500, 1501-2000	2	PA
HUMATE-P VIAL 250-600, 500-1200, 1000-2400	2	PA
KOATE VIAL 250 (+/-), 500 (+/-), 1000 (+/-)	2	PA
<b>Hematorheologic Agents</b>		
pentoxifylline tablet er 400 mg	1	PA
<b>Plasma Proteins</b>		
THROMBATE III VIAL 500 (+/-)	2	PA
<b>Platelet Aggregation Inhibitors</b>		
cilostazol tablet 50 mg, 100 mg	1	
clopidogrel tablet 75 mg, 300 mg	1	
dipyridamole tablet 25 mg, 50 mg, 75 mg	1	
<b>HEMATOPOIETIC AGENTS</b>		
<b>Cobalamins</b>		
b-12 tablet 1000 mcg	1	
cyanocobalamin injection vial 1000mcg/ml	1	PA
hydroxocobalamin vial 1000mcg/ml	1	PA
vitamin b-12 tablet 1000 mcg	1	
<b>Folic Acid/Folates</b>		
folic acid capsule 5 mg, 0.8 mg, 20 mg	1	
folic acid tablet 1 mg, 0.8 mg, 0.4 mg	1	
<b>Hematopoietic Growth Factors</b>		
ARANESP SYRINGE 200MCG/0.4, 300MCG/0.6, 500 MCG/ML, 40 MCG/0.4, 60 MCG/0.3, 100MCG/0.5, 150MCG/0.3, 25MCG/0.42, 10MCG/0.4	2	PA; QL=4 injections/30 days
ARANESP VIAL 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	2	PA; QL=4 injections/30 days
EPOGEN VIAL 2000/ML, 10000/ML, 4000/ML, 3000/ML	2	PA; QL=12 injections/30 days
EPOGEN VIAL 20000/2ML, 20000/ML	2	PA; QL=4 injections/30 days

Drug	Level	Instruction
FYLNETRA SYRINGE 6 MG/0.6ML	2	PA
RELEUKO SYRINGE 300MCG/0.5, 480MCG/0.8	2	PA
<b>Iron *Cost limit of \$50/30 days for most vitamins - more products than those listed here may also be covered</b>		
FEROSUL TABLET 325(65) MG	1	
ferro-time tablet 325(65) mg	1	
ferrous gluconate tablet 324(37.5), 324(38)mg, 240(27)mg	1	
ferrous sulfate drops 15 mg/ml	1	
ferrous sulfate elixir 220 (44)/5	1	
ferrous sulfate liquid 300 mg/5 mL	1	
ferrous sulfate solution 220 (44)/5	1	
ferrous sulfate tablet 325(65) mg	1	
ferrous sulfate tablet dr 325(65) mg, 324(65)mg	1	
<b>HEMOSTATICS</b>		
<b>Hemostatics - Topical</b>		
THROMBIN-JMI NAS SP SYR 5000 UNIT	2	PA
THROMBIN-JMI SPRAY 20000 UNIT	2	PA
THROMBIN-JMI SPRAY SYRN 20000 UNIT, 5000 UNIT	2	PA
THROMBIN-JMI VIAL 5000 UNIT, 20000 UNIT	2	PA
<b>MISCELLANEOUS PRODUCTS</b>		
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET CAPSULE 100 MG	1	PA
<b>Antidotes and Specific Antagonists</b>		
acetylcysteine vial 200 mg/ml	1	
ACTIVATED CHARCOAL CAPSULE 260 MG	1	
charcoal, activated capsule 260 mg, 280 mg	1	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Contraceptives – Condoms* Prescription not required for latex condoms</b>		
AIMSCO EACH	1	*
DUREX AVANTI BARE REAL FEEL EACH	1	*
DUREX EXTRA SENSITIVE EACH	1	*
DUREX TROPICAL EACH	1	*
FANTASY EACH	1	*
FC2 FEMALE CONDOM EACH	1	*
KIMONO EACH	1	*
KIMONO MICROTHIN EACH	1	*
KIMONO MICROTHIN AQUA LUBE EACH	1	*
KIMONO TEXTURED EACH	1	*
KIMONO THIN EACH	1	*
TROJAN BARESKIN EACH	1	*
TROJAN ENZ EACH	1	*
TROJAN MAGNUM EACH	1	*
TROJAN ULTRA RIBBED EACH	1	*
TROJAN ULTRA THIN EACH	1	*
TROJAN ULTRA THIN-SPERMICIDAL EACH	1	*
TRUE COVER EACH	1	*
TRUSTEX EACH	1	*
TRUSTEX CONDOM EACH	1	*
TRUSTEX LATEX CONDOM EACH	1	*
TRUSTEX-RIA EACH	1	*
<b>Diabetic Supplies *other of lancets, control solution, alcohol pads, pentips, and needles may also be covered</b>		
alcohol pads med. pad	1	
alcohol prep pads med. pad	1	
alcohol swabs med. pad	1	

Drug	Level	Instruction
CONTOUR NEXT TEST STRIP	1	
CONTOUR TEST STRIP	1	
CONTOUR NEXT EZ TEST STRIP	1	
CONTOUR METER EACH	1	
CONTOUR NEXT EACH	1	
CONTOUR NEXT CONTROL SOLUTION EACH	1	
CONTOUR NEXT EZ EACH	1	
CONTOUR NEXT GLUCOSE METER KIT	1	
CONTROL SOLUTION EACH	2	
CONTOUR NEXT GEN EACH	1	
CONTOUR NEXT GEN KIT	1	
CONTROL SOLUTION EACH	2	
FREESTYLE CONTROL SOLUTION EACH	2	
FREESTYLE LANCETS EACH 28 GAUGE	2	
FREESTYLE LIBRE 14 DAY READER EACH	2	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA
FREESTYLE LIBRE 2 PLUS SENSOR EACH	2	PA
FREESTYLE LIBRE 2 READER EACH	2	PA
FREESTYLE LIBRE 2 SENSOR KIT	2	PA
FREESTYLE LIBRE 3 PLUS SENSOR EACH	2	PA
FREESTYLE LIBRE 3 READER EACH	2	PA
FREESTYLE LIBRE 3 SENSOR EACH	2	PA
lancets each 28 gauge, 26 gauge, 33 gauge	1	
lancets 30 gauge	2	
lancing device each	1	
lancing device	2	
LANCING DEVICE KIT	2	
LANCING SYSTEM EACH	2	
MICROLET LANCETS	2	
TRUEPLUS 33G LANCETS	2	
ULTRA THIN LANCETS	2	
1ST TIER UNIFINE PENTIPS DIS NEEDLE 29 G X1/2", 31 GX5/16", 32GX 5/32", 31 GX3/16", 31 G X1/4"	1	
1ST TIER UNIFINE PENTIPS PLUS DIS NEEDLE 31 GX5/16", 32GX 5/32", 31 GX3/16"	1	
CAREFINE PEN NEEDLE DIS NEEDLE 31 G X1/4", 30 GX5/16", 29 G X1/2", 32GX 5/32", 32 GX3/16", 32 GX 1/4", 31 GX5/16"	2	
DROPLET INSULIN SYRINGE DISP SYRIN 31GX15/64", 31 GX5/16", 30 G X1/2", 30 GX5/16", 29 G X1/2"	1	
DROPLET INSULIN SYRINGE 31GX15/64", 31 GX5/16", 30 G X1/2", 30 GX5/16", 30GX15/64", 29 G X1/2"	2	
DROPLET MICRON PEN NEEDLE DIS NEEDLE 34 GX9/64"	2	
DROPLET PEN NEEDLE DIS NEEDLE 32GX 5/32", 31 GX3/16", 31 GX5/16", 29 G X1/2", 30 GX5/16", 29G X 3/8", 31 G X1/4", 32 GX5/16", 32 GX 1/4", 32 GX3/16"	2	
EASY COMFORT INSULIN SYRINGE DISP SYRIN 31 GX5/16", 31GX1/2", 29GX 5/16", 32 GX5/16", 30 G X1/2", 30 GX5/16"	1	
EASY COMFORT PEN NEEDLE DIS NEEDLE 29 GX5/32", 29G X3/16", 32GX 5/32", 33 GX5/32", 33 GX3/16", 33 G X1/4", 31 GX3/16", 31 GX5/16"	1	
EASY COMFORT PEN NEEDLES DIS NEEDLE 31 G X1/4", 32GX 5/32"	1	
EASY COMFORT SAFETY PEN NEEDLE DIS NEEDLE 32GX 5/32", 31 GX3/16", 31 G X1/4"	1	
EASY TOUCH DISP SYRIN 25GX5/8", 25GX1", 20GX1", 21 G X 1", 22GX1", 22GX1 1/2", 23GX1", 28GX1/2", 29 G X1/2", 30 GX5/16", 31 GX5/16"	2	

Drug	Level	Instruction
EASY TOUCH FLIPLOCK SYRINGES DISP SYRIN 26GX3/8", 27GX1/2", 18GX1", 18GX1 1/2", 20GX1", 20GX1 1/2", 21 G X 1", 21GX1 1/2", 22GX1 1/2", 25GX1"	2	
EASY TOUCH FLIPLOCK SYRINGES SYRINGE 25GX1"	2	
EASY TOUCH FLURINGE DISP SYRIN 25GX5/8", 25GX1"	2	
EASY TOUCH HYPODERMIC NEEDLE DIS NEEDLE 16 G X 1", 16GX1.5", 18GX1", 18GX1 1/2", 18GX1 1/4", 19GX1", 19GX1 1/2", 20GX1", 20GX1 1/2", 21 G X 1", 21GX1 1/2", 22GX1", 22GX1 1/2", 23GX3/4", 23GX1", 23GX1.25", 23GX1 1/2", 24GX1", 24 GX1.25", 25GX5/8", 25GX1", 25GX1 1/2", 26GX1/2", 26GX3/8", 26 G X5/8", 27GX1/2", 27GX1.25", 27GX1.5", 30 G X1/2", 30GX1", 31 GX5/16", 32 GX5/16"	2	
EASY TOUCH INSULIN SAFETY DISP SYRIN 29 G X1/2", 30 GX5/16", 30 G X1/2"	2	
EASY TOUCH INSULIN SYRINGE DISP SYRIN 30 G X1/2", 27GX1/2", 28GX1/2", 29 G X1/2", 27GX5/8"	2	
EASY TOUCH LUER LOCK INSULIN DISP SYRIN	2	
EASY TOUCH LUER LOCK SYRINGE DISP SYRIN	2	
EASY TOUCH PEN NEEDLE DIS NEEDLE 29 G X1/2", 30 GX5/16", 31 GX3/16", 31 G X1/4", 31 GX5/16", 32 GX3/16", 32 GX 1/4", 32GX 5/32"	2	
EASY TOUCH SAFETY PEN NEEDLE DIS NEEDLE 29G X3/16", 29GX 5/16", 30 GX3/16", 30 G X1/4", 30 GX5/16"	2	
EASY TOUCH SHEATHLOCK INSULIN DISP SYRIN 31 GX5/16", 30 GX5/16", 29 G X1/2", 30 G X1/2"	2	
EASY TOUCH SHEATHLOCK SYRG-NDL DISP SYRIN 21 G X 1", 21GX1 1/2", 22GX1 1/2", 22GX1", 23GX1", 25GX1", 25GX5/8"	2	
EASY TOUCH SHEATHLOCK SYRINGE DISP SYRIN	2	
exel hypodermic needle dis needle 27gx1/2", 26gx3/8", 26gx1/2", 25gx5/8", 25gx1", 25gx1 1/2", 23gx3/4", 23gx1", 22gx3/4", 22gx1", 22gx1 1/2", 21 g x 1", 21gx1 1/2", 20gx1", 20gx1 1/2", 18gx1", 18gx1 1/2", 19gx1", 25gx3/4", 26gx1.5", 20gx3/4", 30 g x1/2", 19gx1 1/2", 26 g x5/8"	1	
exel syringe disp syrin 23gx1", 22gx1", 22gx1 1/2", 21 g x 1", 21gx1 1/2", 20gx1", 20gx1 1/2", 25gx1", 22gx3/4", 27gx1.25",	1	
NANO 2ND GEN PEN NEEDLE DIS NEEDLE 32GX 5/32"	1	
NANO PEN NEEDLE DIS NEEDLE 32GX 5/32"	1	
pen needle dis needle 33 gx5/32", 30 gx3/16", 30 gx5/16"	1	
pen needle 31 gx5/16", 32gx 5/32", 31 gx3/16", 31 g x1/4", 29 g x1/2", 32 gx 1/4", 31gx15/64"	2	
PEN NEEDLES DIS NEEDLE 32GX 5/32"	1	
PEN NEEDLES 29 G X1/2", 31 GX5/16", 31 G X1/4", 31 GX3/16"	2	
PENTIPS PEN NEEDLE DIS NEEDLE 29 G X1/2", 31 GX5/16", 32GX 5/32", 31 GX3/16", 31 G X1/4", 32 GX 1/4"	2	
ULTICARE DISP SYRIN 30 G X1/2", 31 GX5/16", 25GX1", 25GX5/8"	2	
ULTICARE INSULIN SYRINGE DISP SYRIN 31 G X1/4"	2	
ULTICARE LOW DEAD SPACE SYRING DISP SYRIN 22GX1 1/2"	2	
ULTICARE PEN NEEDLE DIS NEEDLE 32GX 5/32", 31 G X1/4", 31 GX5/16", 29 G X1/2", 31 GX3/16", 32 GX 1/4"		
ULTICARE SAFETY PEN NEEDLE DIS NEEDLE 30 GX3/16", 30 GX5/16"	2	
ULTICARE SAFETY SYRINGE DISP SYRIN 21GX1 1/2", 22GX1", 22GX1 1/2", 23GX1", 25GX5/8", 25GX1",	2	
ULTICARE TB SAFETY SYRINGE DISP SYRIN 27GX5/8", 27GX1/2", 28GX1/2"	2	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 30 G X1/2", 31 GX5/16"	2	
ULTIGUARD SAFEPACK-PEN NEEDLE DIS NEEDLE 32GX 5/32", 31 GX3/16", 31 G X1/4", 31 GX5/16", 32 GX 1/4", 29 G X1/2"	2	
ULTILET PEN NEEDLE DIS NEEDLE 32GX 5/32"	2	
ULTRA COMFORT DISP SYRIN 28 GAUGE, 29 GAUGE, 30 GAUGE	1	
ULTRA COMFORT 29 G X1/2", 30 GX5/16", 28 GAUGE, 28GX1/2"	2	

Drug	Level	Instruction
ULTRA FLO INSULIN SYRINGE DISP SYRIN 29 G X1/2", 30 G X1/2", 30 GX5/16", 31 GX5/16"	2	
ULTRA FLO PEN NEEDLE DIS NEEDLE 29 G X1/2", 31 GX3/16", 31 GX5/16", 32GX 5/32", 33 GX5/32"	2	
ULTRA THIN DIS NEEDLE 32GX 5/32"	2	
ULTRACARE INSULIN SYRINGE DISP SYRIN 30 G X1/2", 30 GX5/16", 31 GX5/16"	1	
ULTRACARE PEN NEEDLE DIS NEEDLE 31 G X1/4", 31 GX3/16", 31 GX5/16", 32 GX 1/4", 32 GX3/16", 32GX 5/32", 33 GX5/32"	1	
ULTRA-FINE INSULIN SYRINGE DISP SYRIN 31GX15/64", 30 G X1/2", 31 GX5/16"	1	
ULTRA-FINE PEN NEEDLE DIS NEEDLE 31 GX5/16", 31 GX3/16", 32 GX 1/4", 29 G X1/2"	1	
ULTRA-THIN II DIS NEEDLE 29 G X1/2", 31 GX5/16"	2	
ULTRA-THIN II DISP SYRIN 29 G X1/2", 30 GX5/16", 31 GX5/16"	2	
UNIFINE PENTIPS DIS NEEDLE 29 G X1/2", 31 GX5/16", 32GX 5/32", 31 GX3/16", 31 G X1/4", 33 GX5/32", 32 GX 1/4"	2	
UNIFINE PENTIPS MAXFLOW DIS NEEDLE 30 GX3/16"	2	
UNIFINE PENTIPS PLUS DIS NEEDLE 31 GX5/16", 32GX 5/32", 31 GX3/16", 29 G X1/2", 33 GX5/32", 31 G X1/4"	2	
UNIFINE PENTIPS PLUS MAXFLOW DIS NEEDLE 30 GX3/16"	2	
UNIFINE PROTECT DIS NEEDLE 30 GX5/16", 32GX 5/32", 30 GX3/16"	1	
UNIFINE SAFECONTROL PEN NEEDLE DIS NEEDLE 31 GX5/16", 31 GX3/16", 31 G X1/4"	1	
UNIFINE SAFECONTROL PEN NEEDLE 30 GX5/16", 32GX 5/32", 30 GX3/16"	2	
UNIFINE ULTRA PEN NEEDLE DIS NEEDLE 31 GX5/16", 32GX 5/32", 31 GX3/16", 31 G X1/4"	2	
<b>Respiratory Therapy Supplies</b>		
OPTICHAMBER DIAMOND SPACER	1	QL=1/180 days
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
CUPRIMINE CAPSULE 250 MG	2	
<b>Immunosuppressive Agents</b>		
azathioprine tablet 50 mg, 100 mg	1	
cyclosporine capsule 100 mg, 25 mg	1	
cyclosporine modified capsule 25 mg, 50 mg, 100 mg	1	
cyclosporine modified solution 100 mg/ml	1	
mycophenolate mofetil capsule 250 mg	1	
mycophenolate mofetil susp recon 200 mg/ml	1	
mycophenolate mofetil tablet 500 mg	1	
mycophenolic acid tablet dr 180 mg, 360 mg	1	
sirolimus solution 1 mg/ml	1	
sirolimus tablet 1 mg, 0.5 mg, 2 mg	1	
tacrolimus capsule 0.5 mg, 1 mg, 5 mg	1	
<b>Potassium Removing Agents</b>		
sodium polystyrene sulfonate oral susp 15 g/60 ml	1	
sodium polystyrene sulfonate powder 15 g	1	
<b>NEUROMUSCULAR AGENTS</b>		
<b>ANTICONVULSANTS</b>		
<b>Anticonvulsants - Misc.</b>		
primidone tablet 50 mg, 250 mg, 125 mg	1	
<b>Hydantoins</b>		
DILANTIN CAPSULE 30 MG	1	
phenytoin oral susp 125 mg/5ml	1	
phenytoin tab chew 50 mg	1	
phenytoin sodium extended capsule 100 mg, 200 mg, 300 mg	1	
<b>Succinimides</b>		
ethosuximide capsule 250 mg	1	
ethosuximide solution 250 mg/5ml	1	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		

Drug	Level	Instruction
pyridostigmine bromide solution 60 mg/5 ml	1	
pyridostigmine bromide tablet 60 mg, 30 mg	1	
pyridostigmine bromide er tablet er 180 mg	1	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>Antiparkinson COMT Inhibitors</b>		
entacapone tablet 200 mg	1	PA
<b>Antiparkinson Dopaminergics</b>		
amantadine capsule 100 mg	1	
amantadine solution 50 mg/5 ml	1	
amantadine tablet 100 mg	1	
bromocriptine mesylate capsule 5 mg	1	No postpartum use
bromocriptine mesylate tablet 2.5 mg	1	No postpartum use
carbidopa-levodopa tab rapdis 10mg-100mg, 25mg-100mg, 25mg-250mg	1	
carbidopa-levodopa tablet 10mg-100mg, 25mg-100mg, 25mg-250mg	1	
carbidopa-levodopa er capsule er 23.75-95mg, 36.25-145, 48.75-195, 61.25-245	1	
carbidopa-levodopa er tablet er 50mg-200mg, 25mg-100mg	1	
ropinirole er tab er 24h 6 mg, 2 mg, 4 mg, 8 mg, 12 mg	1	PA; QL=90/30 day
ropinirole hcl tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	PA; QL=90/30 day
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
selegiline hcl capsule 5 mg	1	
selegiline hcl tablet 5 mg	1	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>Central Muscle Relaxants</b>		
baclofen oral susp 25 mg/5 ml	1	
baclofen solution 5 mg/5 ml, 10 mg/5 ml	1	
baclofen syringe 50 mcg/ml	1	
baclofen tablet 10 mg, 5 mg, 20 mg, 15 mg	1	
baclofen vial 40000/20ml, 10000/20ml, 20k mcg/20	1	
cyclobenzaprine hcl tablet 10 mg, 5 mg, 7.5 mg	1	
metaxalone tablet 400 mg, 800 mg	1	
methocarbamol tablet 500 mg, 750 mg, 1000 mg	1	
methocarbamol vial 100 mg/ml	1	
<b>Direct Muscle Relaxants</b>		
dantrolene sodium capsule 25 mg, 50 mg, 100 mg	1	PA
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS Agents</b>		
riluzole tablet 50 mg	1	PA
<b>NUTRITIONAL PRODUCTS</b>		
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>Infant Foods *other products from these brands may also be covered</b>		
ENFAMIL INFANT LIQUID 2-5.3G/100	2	
ENFAMIL INFANT ORAL CONC 2-5.3G/100	2	
ENFAMIL INFANT POWDER 2-5.3G/100	2	
ENFAMIL NEURO GENTLEASE NONGMO POWD PACK 2.3 G/100	2	
ENFAMIL NEURO GENTLEASE NONGMO POWDER 2.3 G/100	2	
ENFAMIL PROSOBEE LIPIL LIQUID	2	
PHENYL-FREE 1 POWDER 16.2G-500	2	
SIMILAC NEOSURE POWDER 2.8 G/100	2	
<b>Nutritional Supplements *other products from these brands may also be covered</b>		
BOOST LIQUID 0.04G-1/ML	2	PA; For those without enteral access, follow DME auth. process

Drug	Level	Instruction
ENSURE LIQUID	1	PA; For those without enteral access, follow DME auth. process
ENSURE POWDER	2	PA; For those without enteral access, follow DME auth. process
PEDIASURE ENTERAL LIQUID 0.03G-1/ML	1	PA; For those without enteral access, follow DME auth. process
PHENYL-FREE 2 POWDER 22G-410	2	
PHENYL-FREE 2HP POWDER 40G-390	2	OTC
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Calcium *Cost limit of \$50/30 days for most vitamins - more products than those listed here may also be covered</b>		
calcium tab chew 500 mg-2.5, 500(1250)	1	
calcium tablet 500(1250), 600 mg	1	
CALCIUM 1,000-VIT D3 TABLET 1000 MG-20	1	
calcium 250-vit d3 tablet 250mg-3mcg	1	
calcium 500-vit d3 tab chew 500 mg-10	1	
calcium 500-vit d3 tablet 500mg-5mcg, 500 mg-10, 500-3.125, 500-15 mcg	1	
calcium 600-vit d3 capsule 600mg-12.5, 600mg-5mcg, 600 mg-10, 600mg-62.5	1	
calcium 600-vit d3 tablet 600 mg-20, 600 mg-10, 600mg-5mcg	1	
calcium acetate tablet 668 mg	1	
calcium carbonate powder 800 mg/2 g	1	
calcium carbonate tab chew 260mg(650)	1	
LIQUID CALCIUM-VIT D CAPSULE 600 MG-25	1	
ONEVITE CALCIUM 500-VIT D3 TABLET 500MG-5MCG, 500 MG-2.5	1	
ONEVITE CALCIUM 600-VIT D3 TABLET 600 MG-10, 600MG-5MCG	1	
OYSCO 500-VIT D3 TABLET 500MG-5MCG	1	
oyster shell calcium tablet 500(1250)	1	
oyster shell calcium-vit d3 tablet 500mg-5mcg, 250-3.125	1	
OYSTER SHELL CALCIUM-VITAMIN D TABLET 500 MG-10	1	
OYSTER SHELL-D TABLET 250-3.125	1	
ULTRA CALCIUM 600-VIT D3 TABLET 600 MG-10	1	
<b>Electrolyte Mixtures *more products than those listed here may also be covered</b>		
ELECTROLYTE SOLUTION	1	
ELECTROLYTE POWDER PACKET	1	
ENFAMIL ENFALYTE SOLUTION	1	
pediatric electrolyte powd pack 10.6-4.7	1	
pediatric electrolyte solution	1	
<b>Fluoride *Cost limit of \$50/30 days for most vitamins - more products than those listed here may also be covered</b>		
fluoride tab chew 0.5(1.1)mg, 1mg(2.2mg), 0.25(0.55)	1	
sodium fluoride drops 0.5 mg/ml	1	
sodium fluoride tab chew 0.5(1.1)mg, 1mg(2.2mg), 0.25(0.55)	1	
<b>Magnesium *Cost limit of \$50/30 days for most vitamins - more products than those listed here may also be covered</b>		
magnesium citrate capsule 125 mg, 100 mg	1	
MAGNESIUM CITRATE TAB CHEW 83.3 MG	1	
magnesium citrate tablet 100 mg	1	
<b>Mineral Combinations *Cost limit of \$50/30 days for most vitamins - more products than those listed here may also be covered</b>		
CALCIUM CITRATE PLUS TABLET 250-40-125	1	

Drug	Level	Instruction
<b>Potassium *Cost limit of \$50/30 days for most vitamins - more products than those listed here may also be covered</b>		
potassium chloride capsule er 8 meq	1	
potassium chloride liquid 20meq/15ml, 40meq/15ml	1	
potassium chloride packet 20 meq	1	
potassium chloride tablet er 20 meq, 8 meq, 15 meq	1	
<b>MULTIVITAMINS *Cost Limit of \$50 / 30 day supply</b>		
<b>B-Complex w/ C *Cost limit of \$50 for most vitamins - more products than those listed here may also be covered</b>		
B-COMPLEX PLUS VITAMIN C TABLET, 300-150 MG	2	
b-complex with c tablet	2	
b-complex with vitamin c tablet 400 mcg	1	
vitamin b complex-vitamin c tablet 400 mcg	1	
vitamin b complex-vitamin c	2	
vitamin b-complex with vit c capsule	2	
vitamin b-complex with vit c tablet	2	
<b>B-Complex w/ Folic Acid *Cost limit of \$50/30 days for most vitamins - more products than those listed here may also be covered</b>		
balanced b-complex tablet 400 mcg	1	
B-COMPLEX PLUS VITAMIN C TABLET 400 MCG	1	
b-complex with vitamin c tablet 400 mcg	1	
B-COMPLEX WITH VITAMIN C TABLET ER 400 MCG	1	
DIALYVITE TABLET 1 MG-100MG	1	
DIALYVITE 5000 TABLET 5 MG	1	
DIALYVITE 800 WITH IRON TABLET 29MG-0.8MG	1	
DIALYVITE ZINC TABLET 1 MG-100MG	1	
NUTRIVIT LIQUID 800-1MG/15	2	
RENAL CAPS CAPSULE 1 MG	1	
RENA-VITE TABLET 0.8 MG	1	
RENO CAPS CAPSULE 1 MG	1	
SUPER B COMPLEX TABLET 400 MCG	1	
TRIPHROCAPS CAPSULE 1 MG	1	
<b>Multiple Vitamins w/ Calcium *Cost limit of \$50/30 days for most vitamins - more products than those listed here may also be covered</b>		
ONE DAILY MULTIVITAMIN TABLET 400 MCG	1	
ONE DAILY WOMEN'S HEALTH TABLET 450-18-0.4	1	
ONE-A-DAY WOMEN'S TABLET 18-400-500, 500-18-0.4	2	
<b>Multiple Vitamins w/ Iron *Cost limit of \$50/30 days for most vitamins - more products than those listed here may also be covered</b>		
DAILY VITAMIN + IRON TABLET	2	
DAILY VITAMIN FORMULA-IRON TABLET 18MG-0.4MG	1	
DAILY VITE WITH IRON TABLET	2	
GERITOL COMPLETE TABLET 16-0.38 MG	1	
GERITOL TONIC LIQUID 2.5-18/15	1	
mini multivitamins-iron tablet 18mg-0.4mg	1	
MULTIVITAMIN WITH IRON TABLET 18MG-0.4MG	1	
multivitamins with iron tablet	1	
ONE DAILY MULTIVITAMIN-IRON TABLET 18MG-0.4MG	1	
ONE-DAILY MULTI-VITAMIN-IRON TABLET 18 MG	1	
PROTECT IRON LIQUID 100-250/5	2	
TAB-A-VITE MULTIVIT WITH IRON TABLET 15MG-0.4MG	1	
TAB-A-VITE MULTIVIT WITH IRON 18MG-0.4MG	2	
<b>Multiple Vitamins w/ Minerals *Cost limit of \$50/30 days for most vitamins - more products than those listed here may also be covered</b>		
ALIVE MEN'S 50 PLUS GUMMY TAB CHEW 120 MCG-50	1	
ALIVE MEN'S 50 PLUS MULTIVIT TABLET 240-120MCG	1	
ALIVE MEN'S 50 PLUS ULTRA TABLET 240-120MCG, 800-120MCG	1	

Drug	Level	Instruction
ALIVE MEN'S GUMMY TAB CHEW 120 MCG-50	1	
ALIVE PREMIUM ADULT TAB CHEW 80MCG-66.7	1	
ALIVE PREMIUM MEN'S TAB CHEW 80MCG-66.7	1	
ALIVE PREMIUM WOMEN'S TAB CHEW 80MCG-66.7	1	
ALIVE PREMIUM WOMEN'S 50 PLUS TAB CHEW 80-166.7	1	
ALIVE WOMEN'S 50 PLUS TAB CHEW 120-150MCG	1	
ALIVE WOMEN'S 50 PLUS COMPLETE TABLET 240-120MCG	1	
ALIVE WOMEN'S 50 PLUS ULTRA TABLET 800-150MCG	1	
ALIVE WOMEN'S GUMMY VITAMIN TAB CHEW 120-37.5	1	
ALIVE WOMEN'S MULTIVITAMIN TABLET 4.5 MG-120	1	
CENTRUM LIQUID 9 MG/15 ML	2	
CENTRUM ADULT 50 PLUS TAB CHEW 80 MCG	1	
CENTRUM ADULTS TAB CHEW 12 MCG	1	
CENTRUM ADULTS TABLET 18MG-0.4MG	2	
CENTRUM ADULTS 50 PLUS MINIS TABLET 200-15 MCG	1	
CENTRUM CHEWABLES TAB CHEW 8MG-400-80	1	
CENTRUM COMPLETE TABLET 18MG-0.4MG	2	
CENTRUM MEN TAB CHEW 12 MCG, 42 MCG	1	
CENTRUM MEN TABLET 8-200-600	2	
CENTRUM MEN 50 PLUS TAB CHEW 80 MCG	1	
CENTRUM MEN 50 PLUS MINIS TABLET 150-30 MCG	1	
CENTRUM MENOPAUSE MULTIVITAMIN TABLET 400-30 MCG	1	
CENTRUM MULTI MENTAL FOCUS TAB CHEW 80MCG-25MG	1	
CENTRUM MULTI PLUS OMEGA-3 TAB CHEW 80-12.5MCG	1	
CENTRUM POSTNATAL TAB CHEW 115 MCG-35	1	
CENTRUM SILVER TAB CHEW 400-250MCG	1	
CENTRUM SILVER TABLET .4-300-250	2	
CENTRUM SILVER MEN TABLET 300-60 MCG	2	
CENTRUM SILVER WOMEN TABLET 8MG-400MCG	2	
CENTRUM SPECIALIST HEART TABLET 3-200-400	1	
CENTRUM ULTRA MEN'S TABLET 8-200-600	2	
CENTRUM WOMEN TAB CHEW 42 MCG, 80 MCG	1	
CENTRUM WOMEN TABLET 18MG-0.4MG	2	
CENTRUM WOMEN 50 PLUS TAB CHEW 80 MCG	1	
CENTRUM WOMEN 50 PLUS MINIS TABLET 4MG-200MCG	1	
CENTRUM WOMEN IMMUNE MINIS TABLET 9MG-200MCG	1	
COMPLETE MULTIVITAMIN TABLET 18MG-0.4MG	1	
COMPLETE MULTIVITAMIN-MINERAL LIQUID 9 MG/15 ML	1	
COMPLETE MV ADULT 50 PLUS TABLET .4-300-250	1	
MULTI VITAMIN TAB CHEW 200 MCG	1	
MULTIPLE VITAMIN TABLET	1	
MULTIVITAMIN LIQUID 9 MG/15 ML	1	
MULTI-VITAMIN TAB CHEW 200-137.5	1	
MULTIVITAMIN 50 PLUS TABLET	1	
MULTIVITAMIN GUMMIES TAB CHEW 200 MCG	1	
MULTIVITAMIN WITH MINERALS TABLET 15 MG	1	
MULTIVITAMIN WOMEN 50 PLUS TABLET 8MG-400MCG	1	
MULTIVITAMIN-MINERAL TAB CHEW 120 MCG	1	
MULTIVITAMINS WITH MINERALS TABLET 7.5 MG-400	1	
MULTI-VITE LIQUID 9 MG/15 ML	1	
ONE DAILY TABLET 0.4 MG-600	1	
ONE DAILY 400MCG-120	2	
ONE DAILY COMPLETE TABLET 0.4MG-18MG	2	
ONE DAILY ESSENTIAL TABLET 400 MCG	1	

Drug	Level	Instruction
ONE DAILY FOR MEN TABLET 0.4 MG-600	1	
ONE DAILY FOR MEN 50+ ADVANCED TABLET 400-600MCG	1	
ONE DAILY FOR WOMEN TABLET 0.4MG-18MG	1	
ONE DAILY FOR WOMEN 50+ ADV TABLET 400MCG-120	1	
ONE DAILY MAXIMUM TABLET 0.4MG-18MG, 18-400-25	1	
ONE DAILY MEN'S TABLET 400-300MCG	1	
ONE DAILY MEN'S 240-30 MCG	2	
ONE DAILY MEN'S 50 PLUS TABLET 400-20-370	1	
ONE DAILY MEN'S 50 PLUS 400-20-370	2	
ONE DAILY MEN'S 50 PLUS D3 TABLET 400-20-370	1	
ONE DAILY MEN'S 50+ TABLET 400-600MCG	1	
ONE DAILY MEN'S HEALTH TABLET 240-30 MCG, 400-300MCG	1	
ONE DAILY MEN'S HEALTH 0.4 MG-600	2	
ONE DAILY MEN'S MULTIVITAMIN TABLET 240-30 MCG	1	
ONE DAILY MULTIVITAMIN WOMEN TABLET 18MG-0.4MG	1	
ONE DAILY MULTIVITAMIN-MINERAL TABLET 4.5 MG	1	
ONE DAILY WITH CALCIUM-IRON TABLET	1	
ONE DAILY WOMEN'S TABLET 18MG-0.4MG, 500-18-0.4	1	
ONE DAILY WOMENS 50 PLUS TABLET 0.4 MG	1	
ONE DAILY WOMEN'S 50 PLUS TABLET 400-500-20	2	
ONE DAILY WOMEN'S 50 PLUS ADV TABLET 400-500-20	1	
ONE DAILY WOMEN'S 50+ TABLET 400MCG-120	1	
ONE DAILY WOMEN'S FORMULA TABLET 18-400-25	1	
ONE DAILY WOMEN'S HEALTH TABLET 500-18-0.4	1	
ONE DAILY WOMEN'S MULTIVITAMIN TABLET 18-400-25	1	
ONE-A-DAY ENERGY TABLET 9-400-200	2	
ONE-A-DAY MEN VITACRAVES TAB CHEW 200 MCG	2	
ONE-A-DAY MENOPAUSE FORMULA TABLET 0.4MG-60MG	1	
ONE-A-DAY MEN'S TABLET 400-300MCG	2	
ONE-A-DAY MEN'S 50 PLUS TABLET 400-300MCG	1	
ONE-A-DAY MEN'S 50 PLUS 400-370MCG	2	
ONE-A-DAY MEN'S COMPLETE TABLET 240-25 MCG	1	
ONE-A-DAY MEN'S COMPLETE 240-30 MCG	2	
ONE-A-DAY MEN'S PRO EDGE TABLET 0.4 MG	2	
ONE-A-DAY POSTNATAL CAPSULE 3MG-500MCG	1	
ONE-A-DAY PROACTIVE 65 PLUS TABLET 200 MCG	1	
ONE-A-DAY TEEN ADVANTAGE TABLET 9MG-400MCG, 18MG-0.4MG	2	
ONE-A-DAY TEEN HER VITACRAVES TAB CHEW 300-37.5	1	
ONE-A-DAY TEEN HIM VITACRAVES TAB CHEW 300-37.5	1	
ONE-A-DAY VITACRAVES TAB CHEW 200 MCG	2	
ONE-A-DAY VITACRAVES IMMUNITY TAB CHEW 200 MCG	2	
ONE-A-DAY VITACRAVES SOUR TAB CHEW 200 MCG	2	
ONE-A-DAY WOMEN VITACRAVES TAB CHEW 200 MCG	2	
ONE-A-DAY WOMEN'S TABLET 18MG-0.4MG	1	
ONE-A-DAY WOMEN'S 50 PLUS TABLET 0.4 MG	2	
ONE-A-DAY WOMEN'S COMPLETE TABLET 18MG-0.4MG	1	
ONE-A-DAY WOMEN'S PETITES TABLET 9MG-200MCG	1	
ONE-DAILY MULTI CAPSULE 800MCG-1MG	1	
ONEVITE TABLET 1 MG-100MG	1	
OPURITY MULTIVITAMIN TAB CHEW 30-0.8MG	1	
PARVLEX TABLET 29MG-0.4MG	2	
PRESERVISION AREDS CAPSULE 4296-226	1	
PRESERVISION AREDS 2 CO Q-10 CAPSULE 250MG-90MG	1	
PRESERVISION AREDS 2 PLUS MV CAPSULE 200MCG-5MG	2	

Drug	Level	Instruction
PRESERVISION LUTEIN CAPSULE 226-90-0.8	2	
QUINTABS-M TABLET 10MG-0.4MG	1	
QUINTABS-M IRON FREE TABLET 0.4 MG	1	
SENIOR TABS TABLET .4-300-250	1	
SENTRY TABLET 18MG-0.4MG	1	
SENTRY SENIOR TABLET .4-300-250	1	
SENTRY SENIOR 500-300MCG	2	
<b>Ped Multiple Vitamins w/ Minerals *Cost limit of \$50/30 days for most vitamins - more products than those listed here may also be covered</b>		
ALIVE KIDS CHEWABLE TAB CHEW 2.5MG-75MG	1	
ALIVE KIDS MULTIVITAMIN TAB CHEW 50 MG	1	
ALIVE PREMIUM KIDS TAB CHEW 66.5 MG	1	
CENTRUM KIDS TAB CHEW 8 MG-10MCG,	1	
CHILDREN MULTIVITAMIN TAB CHEW	1	
CHILDREN'S MULTI TAB CHEW	1	
CHILDREN'S MULTI-VIT GUMMIES TAB CHEW 200 MCG	1	
CHILDREN'S MULTIVITAMIN TAB CHEW	1	
CHILDREN'S MULTIVITAMIN GUMMY TAB CHEW	1	
EMERGEN-C KIDZ DAILY IMMUNE TAB CHEW	1	
FLINTSTONES TAB CHEW 100 MCG	1	
FLINTSTONES	2	
FLINTSTONES COMPLETE TAB CHEW 10 MG	1	
FLINTSTONES COMPLETE	2	
FLINTSTONES GUMMIES TAB CHEW	1	
FLINTSTONES IMMUNITY SUPPORT TAB CHEW 10 MG	1	
FLINTSTONES MULTI-VIT GUMMIES TAB CHEW 100 MCG	1	
FLINTSTONES MULTI-VIT GUMMIES 200 MCG	2	
FLINTSTONES WITH EXTRA C TAB CHEW 100 MCG	1	
FLINTSTONES WITH EXTRA IRON TAB CHEW 18 MG	1	
GUMMI BEAR MULTIVITAMIN TAB CHEW	1	
GUMMY TAB CHEW	1	
GUMMY DINOS TAB CHEW	1	
HI-D DROP DROPS 76-1000/ML	1	
KIDS MULTI ZERO TAB CHEW	1	
MVW COMPLETE FORMLTN PEDIATRIC DROPS 750-500/.5	1	
MVW COMPLETE FORMULATION D3000 TAB CHEW 3000-1000	1	
MVW COMPLETE FORMULATION D5000 TAB CHEW 5000-1000	1	
MVW COMPLETE FORMULTN MULTIVIT TAB CHEW 1500-1000	1	
ONE-A-DAY KID'S TAB CHEW	1	
SCOOBY-DOO TAB CHEW	1	
VITALET'S TAB CHEW 10 MG	1	
VITALET'S	2	
<b>Ped MV w/ Fluoride *Cost limit of \$50/30 days for most vitamins - more products than those listed here may also be covered</b>		
SOLUVITA A,C,D WITH FLUORIDE DROPS 0.25 MG/ML	1	
SOLUVITA MULTIVITAMIN FLUORIDE DROPS 0.25 MG/ML, 0.5 MG/ML	1	
TRI-VITE WITH FLUORIDE DROPS 0.25 MG/ML, 0.5 MG/ML	1	
<b>Ped MV w/ Iron *Cost limit of \$50 for most vitamins - more products than those listed here may also be covered</b>		
CEROVITE JR TAB CHEW 18MG-10MCG	1	
CHILD MULTIVITAMIN PLUS IRON TAB CHEW 18 MG	1	
FLINTSTONES WITH EXTRA IRON TAB CHEW 18 MG	1	
FLINTSTONES WITH IRON TAB CHEW 18 MG	1	
NOVAFERRUM YUM PEDIATR MV-IRON DROPS 10 MG/ML	1	
PEDIATRIC POLY-VITAMIN-IRON DROPS 10 MG/ML	1	
PEDIATRIC POLY-VITE WITH IRON DROPS 11 MG/ML	1	

Drug	Level	Instruction
POLY-VI-SOL WITH IRON DROPS 11 MG/ML	1	
POLY-VITA WITH IRON DROPS 10 MG/ML	1	
<b>Pediatric Multiple Vitamins *Cost limit of \$50/30 days for most vitamins - more products than those listed here may also be covered</b>		
ANIMAL CHEWS TAB CHEW	1	
CHILDREN'S CHEW MULTIVITAMIN TAB CHEW	1	
CHILDREN'S MULTIVITAMIN TAB CHEW	1	
CHILDREN'S MULTIVITAMIN-IMMUNE TAB CHEW	2	
FLINTSTONES TAB CHEW 16 MG	1	
FLINTSTONES	2	
FLINTSTONES PLUS CALCIUM TAB CHEW	1	
FLINTSTONES WITH EXTRA C TAB CHEW	2	
INFANT-TODDLER MULTIVITAMIN DROPS 250-50/ML	1	
NOVAMV MMM PEDIATRIC MULTIVIT DROPS 750-35/ML	1	
PEDIA POLY-VITE DROPS 250-50/ML	1	
PEDIATRIC POLY-VITE DROPS 250-50/ML	1	
POLY-VI-SOL DROPS 250-50/ML	2	
POLY-VITA DROPS 750-35/ML	1	
ZOO FRIENDS TAB CHEW	2	
<b>Pediatric Vitamins *Cost limit of \$50/30 days for most vitamins - more products than those listed here may also be covered</b>		
CHILD'S OMEGA-3 DHA MULTIVITAMIN TAB CHEW 250-3-50	1	
INFANT VITAMIN A-C-D DROPS 250-50/ML	1	
INFANT-TODDLER VITAMIN A-C-D DROPS 250-50/ML	1	
PEDIA TRI-VITE DROPS 250-50/ML	1	
PEDIATRIC TRI-VITE DROPS 750-35/ML	1	
TRI-VI-SOL DROPS 250-50/ML	2	
<b>Prenatal Vitamins *Cost limit of \$50/30 days for most vitamins - more products than those listed here may also be covered</b>		
ALIVE DAILY SUPPORT PRENATAL TAB CHEW 180 MCG-25	1	
ALIVE PREMIUM PRENATAL TAB CHEW 120 MCG-25	1	
CLASSIC PRENATAL TABLET 28MG-0.8MG	1	
CVS PRENATAL VITAMINS TABLET	1	
CVS PRENATAL MULTI-DHA SOFTGEL	1	
CVS PRENATAL GUMMIES	1	
M-NATAL PLUS TABLET 27 MG-1 MG	1	
ONE A DAY WOMEN'S PRENATAL DHA COMBO. PKG 28-800-223	1	
ONE-A-DAY PRENATAL TAB CHEW 0.4MG-25MG	1	
ONE-A-DAY PRENATAL ADVANCED COMBO. PKG 27-800-110	1	
ONE-A-DAY PRENATAL-1 CAPSULE 27-800-235	1	
PRENATABS FA TABLET 29 MG-1 MG	1	
PRENATABS RX TABLET 29 MG-1 MG	2	
PRENATAL 19 TAB CHEW 29 MG-1 MG	1	
PRENATAL 19 TABLET 29 MG-1 MG	1	
PRENATAL COMPLETE TABLET 14 MG-400	1	
PRENATAL ESSENTIALS CAPSULE 6MG-272MCG	1	
PRENATAL GUMMIES TAB CHEW 180-35-25, 400-35-25	1	
PRENATAL MULTI TABLET 27MG-0.8MG	1	
PRENATAL MULTI-DHA CAPSULE 27-0.8-250, 27-800-260	1	
PRENATAL MULTIVITAMIN TABLET 28MG-0.8MG	1	
PRENATAL MULTIVITAMIN-DHA CAPSULE 27-0.8-250	1	
PRENATAL PLUS VITAMIN-MINERAL TABLET 27 MG-1 MG	1	
PRENATAL PLUS-DHA COMBO. PKG 27-1-250MG	1	
prenatal vitamin tablet 27mg-0.8mg	1	
PRENATAL VITAMIN + DHA COMBO. PKG 28-800-200	1	
PRENATAL VITAMIN PLUS LOW IRON TABLET 27 MG-1 MG	1	

Drug	Level	Instruction
prenatal vitamins tablet 28mg-0.8mg, 27mg-0.8mg	1	
SE-NATAL 19 TAB CHEW 29 MG-1 MG	1	
SE-NATAL 19 TABLET 29 MG-1 MG	2	
THRIVITE RX TABLET 29 MG-1 MG	1	
TRINATE TABLET 28 MG-1 MG	1	
WESTAB PLUS TABLET 27 MG-1 MG	1	
WOMEN'S PRENATAL PLUS DHA COMBO. PKG 28-975-200	1	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins *Cost limit of \$50/30 days for most vitamins - more products than those listed here may also be covered</b>		
D3-50 CAPSULE 1250 MCG	1	
ergocalciferol drops 200 mcg/ml	1	
INFANT VITAMIN D DROPS 10(400)/ML	1	
phytonadione tablet 5 mg	1	QL=5/30 days
vitamin d2 capsule 1250 mcg, 50 mcg	1	
vitamin d2 tablet 10 mcg, 50 mcg	1	
vitamin d3 capsule 50 mcg, 25 mcg, 125 mcg, 10 mcg, 250 mcg, 1250 mcg, 62.5 mcg	1	
vitamin d3 drops 10(400)/ml, 125 mcg/ml, 125mcg/0.5	1	
vitamin d3 liquid 10mcg/5ml, 12.5 mcg/5	1	
vitamin d3 syringe 10(400)/ml	1	
vitamin d3 tab chew 25 mcg, 62.5 mcg, 10 mcg, 50 mcg	1	
vitamin d3 tab rapdis 50 mcg, 125 mcg	1	
vitamin d3 tablet 25 mcg, 10 mcg, 50 mcg, 125 mcg, 250 mcg, 75 mcg, 1250 mcg	1	
VITAMIN D3 MAX CAPSULE 125 MCG	1	
VITAMIN D-400 TABLET 10 MCG	1	
<b>Water Soluble Vitamins *Cost limit of \$50/30 days for most vitamins - more products than those listed here may also be covered</b>		
B-1 TABLET 100 MG	1	
b-6 tablet 500 mg	1	
niacin capsule 100 mg	1	
niacin capsule er 250 mg	1	
niacin tablet 500 mg, 100 mg, 50 mg, 250 mg	1	
niacin tablet er 500 mg, 1000 mg, 250 mg	1	
plain niacin tablet 250 mg, 500 mg	1	
pyridoxine hcl tablet 50 mg	1	
thiamine hcl tablet 100 mg	1	
thiamine hcl vial 100 mg/ml	1	
vitamin b-1 capsule 100 mg	1	
vitamin b-1 tablet 50 mg, 100 mg, 250 mg	1	
vitamin b-6 tablet 100 mg, 50 mg, 25 mg, 250 mg	1	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS</b>		
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>Antidementia Agents</b>		
donepezil hcl tablet 5 mg, 10 mg, 23 mg	1	PA
galantamine er cap24h pel 8 mg, 16 mg, 24 mg	1	PA
galantamine hbr tablet 4 mg, 8 mg, 12 mg	1	PA
memantine hcl solution 2 mg/ml	1	PA
memantine hcl tab ds pk 5 mg-10 mg	1	PA
memantine hcl tablet 5 mg, 10 mg	1	PA
memantine hcl er cap spr 24 7 mg, 14 mg, 21 mg, 28 mg	1	PA
rivastigmine capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	PA
rivastigmine patch td24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24h	1	PA
<b>Fibromyalgia Agents</b>		
SAVELLA TAB DS PK 12.5-25-50	1	PA
SAVELLA TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	PA
<b>Multiple Sclerosis Agents</b>		

Drug	Level	Instruction
AVONEX (4 PACK) SYRINGEKIT 30MCG/.5ML	2	PA
AVONEX PEN (4 PACK) PEN IJ KIT 30MCG/.5ML	2	PA
BETASERON KIT 0.3 MG	2	PA
dalfampridine er tab er 12h 10 mg	1	PA; QL=60/30 days
dimethyl fumarate capsule dr 120 mg, 240 mg, 120-240 mg	1	PA; QL=60/30 days
fingolimod capsule 0.5 mg	1	PA
glatiramer acetate syringe 20 mg/ml, 40 mg/ml	1	PA
REBIF SYRINGE 22MCG/.5ML, 44MCG/.5ML, 8.8-22(6)	2	PA
REBIF REBIDOSE PEN INJCTR 8.8-22(6), 22MCG/.5ML, 44MCG/.5ML	2	PA
teriflunomide tablet 14 mg, 7 mg	1	PA; QL=60 tabs/ 30 days
<b>Psychotherapeutic and Neurological Agents - Misc.</b>		
ergoloid mesylates tablet 1 mg	1	
<b>RESPIRATORY AGENTS</b>		
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>Antiasthmatic - Monoclonal Antibodies</b>		
XOLAIR AUTO INJCT 75MG/0.5ML, 150 MG/ML, 300 MG/2ML	2	PA
XOLAIR SYRINGE 75MG/0.5ML, 150 MG/ML, 300 MG/2ML	2	PA
XOLAIR VIAL 150 MG	2	PA
<b>Anti-Inflammatory Agents</b>		
cromolyn sodium ampul-neb 20 mg/2 ml	1	
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA HFA AER AD 17MCG	2	
ipratropium bromide solution 0.2 mg/ml	1	
SPIRIVA RESPIMAT MIST INHAL 2.5 MCG, 1.25 MCG	2	
tiotropium bromide cap w/dev 18 mcg	1	
TUDORZA PRESSAIR AER POW BA 400 MCG	2	PA; QL 1 inhaler/30 days
<b>Leukotriene Modulators</b>		
montelukast sodium gran pack 4 mg	1	
montelukast sodium tab chew 4 mg, 5 mg	1	
montelukast sodium tablet 10 mg	1	
<b>Steroid Inhalants</b>		
budesonide ampul-neb 0.25mg/2ml, 0.5 mg/2ml, 1 mg/2 ml	1	AL<=8; QL=30mL/ 30 days
fluticasone propionate blst w/dev 50 mcg, 100 mcg, 250 mcg	1	
fluticasone propionate hfa aer w/adap 44 mcg, 220 mcg, 110 mcg	1	
PULMICORT FLEXHALER AER POW BA 180 MCG, 90 MCG	2	
QVAR REDHALER HFA AEROBA 80 MCG, 40 MCG	2	
<b>Sympathomimetics</b>		
albuterol sulfate solution 5 mg/ml	1	
albuterol sulfate syrup 2 mg/5 ml	1	
albuterol sulfate tablet 2 mg, 4 mg	1	
albuterol sulfate vial-neb 2.5 mg/3ml, 1.25mg/3ml, 2.5 mg/0.5	1	
albuterol sulfate hfa hfa aer ad 90 mcg	1	
BREYNA HFA AER AD 80-4.5 MCG, 160-4.5MCG	1	QL=6 inhalers/90 days
budesonide-formoterol fumarate hfa aer ad 160-4.5mcg, 80-4.5 mcg	1	QL=6 inhalers/90 days
COMBIVENT RESPIMAT MIST INHAL 20-100 MCG	2	
fluticasone-salmeterol aer pow ba 55-14 mcg, 113-14 mcg, 232-14 mcg	1	PA
fluticasone-salmeterol blst w/dev 100-50 mcg, 250-50 mcg, 500-50 mcg	1	PA
fluticasone-salmeterol hfa hfa aer ad 45-21 mcg, 115-21mcg, 230-21mcg	1	PA
ipratropium-albuterol ampul-neb 0.5-3mg/3	1	

Drug	Level	Instruction
SEREVENT DISKUS BLST W/DEV 50 MCG	2	PA
STIOLTO RESPIMAT MIST INHAL 2.5-2.5MCG	2	
STRIVERDI RESPIMAT MIST INHAL 2.5 MCG	2	PA
TRELEGY ELLIPTA BLST W/DEV 100-62.5, 200-62.5	2	PA
umeclidinium-vilanterol blst w/dev 62.5-25mcg	1	PA
WIXELA INHUB BLST W/DEV 100-50 MCG, 250-50 MCG, 500-50 MCG	1	PA
<b>Xanthines</b>		
aminophylline vial 250mg/10ml, 500mg/20ml	1	
THEO-24 CAP ER 24H 100 MG, 200 MG, 300 MG, 400 MG	2	
theophylline elixir 80 mg/15ml	1	
theophylline solution 80 mg/15ml	1	
theophylline er tab er 12h 200 mg, 100 mg, 450 mg, 300 mg	1	
theophylline er tab er 24h 400 mg, 600 mg	1	
<b>ANTI-HISTAMINES</b>		
<b>Antihistamines - Alkylamines</b>		
chlorpheniramine maleate tablet 4 mg	1	
chlorpheniramine maleate tablet er 12 mg	1	
<b>Antihistamines - Ethanolamines</b>		
ALLERGY CAPSULE 25 MG	1	
ALLERGY LIQUID 12.5MG/5ML	1	
ALLERGY TABLET 25 MG	1	
ALLERGY RELIEF CAPSULE 25 MG	1	
ALLERGY RELIEF 25 MG	2	
ALLERGY RELIEF LIQUID 12.5MG/5ML	2	
ALLERGY RELIEF TAB CHEW 25 MG	2	
ALLERGY RELIEF TABLET 25 MG	2	
BANOPHEN TABLET 25 MG	1	
CHILDREN'S ALLERGY LIQUID 12.5MG/5ML	2	
CHILDREN'S ALLERGY RELIEF LIQUID 12.5MG/5ML	2	
CHILDREN'S ALLERGY RELIEF TAB CHEW 12.5 MG	2	
CHILDREN'S WAL-DRYL ALLERGY LIQUID 12.5MG/5ML	2	
CHILDREN'S WAL-DRYL ALLERGY PRFL SPOON 12.5MG/5ML	2	
CHILDREN'S WAL-DRYL ALLERGY TAB RAPDIS 12.5 MG	2	
clemastine fumarate syrup 0.5 mg/5ml	1	
clemastine fumarate tablet 2.68 mg	1	
DIPHEDRYL LIQUID 12.5MG/5ML	1	
diphenhydramine hcl capsule 25 mg, 50 mg	1	
diphenhydramine hcl elixir 12.5mg/5ml	1	
diphenhydramine hcl liquid 12.5mg/5ml	1	
diphenhydramine hcl syringe 50 mg/ml	1	
diphenhydramine hcl tablet 25 mg	1	
diphenhydramine hcl vial 50 mg/ml	1	
WAL-DRYL CAPSULE 25 MG	1	
WAL-DRYL ALLERGY LIQUID 12.5MG/5ML	1	
WAL-DRYL ALLERGY TABLET 25 MG	1	
<b>Antihistamines - Non-Sedating *Age Limit of 18 or younger for cetirizine pediatric liquid and chewables</b>		
ALL DAY ALLERGY TABLET 10 MG	1	
ALL DAY ALLERGY RELIEF CAPSULE 10 MG	1	
ALL DAY ALLERGY RELIEF TABLET 10 MG	1	
ALLER-EASE TABLET 180 MG	1	QL=30/30 days
ALLER-FEX TABLET 180 MG	1	QL=30/30 days
ALLERGY TABLET 10 MG	1	
ALLERGY RELIEF CAPSULE 10 MG	1	
ALLERGY RELIEF SOLUTION 5 MG/5 ML, 1 MG/ML	1	

Drug	Level	Instruction
ALLERGY RELIEF TAB RAPDIS 5 MG, 10 MG	1	
ALLERGY RELIEF TABLET 10 MG, 180 MG, 5 MG, 60 MG	1	
ALLERGY RELIEF TABLET 60 MG	1	QL=60/30 days
ALLERGY RELIEF TABLET 180 MG	1	QL=30/30 days
ALLERGY-HIVES RELIEF TABLET 180 MG	1	QL=30/30 days
cetirizine hcl solution 1 mg/ml	1	
cetirizine hcl tab chew 5 mg, 10 mg	1	
cetirizine hcl 5 mg, 10 mg	2	
cetirizine hcl tablet 10 mg, 5 mg	1	
CHILDREN'S ALL DAY ALLERGY SOLUTION 1 MG/ML	1	*AL=18 or younger
CHILDREN'S ALL DAY ALLERGY 1 MG/ML	2	*AL=18 or younger
CHILDREN'S ALLERGY ORAL SUSP 30 MG/5 ML	1	
CHILDREN'S ALLERGY SOLUTION 1 MG/ML, 5 MG/5 ML	1	*AL=18 or younger
CHILDREN'S ALLERGY RELIEF ORAL SUSP 30 MG/5 ML	1	
CHILDREN'S ALLERGY RELIEF SOLUTION 5 MG/5 ML, 1 MG/ML	1	*AL=18 or younger
CHILDREN'S ALLERGY RELIEF TAB CHEW 5 MG	1	*AL=18 or younger
CHILDREN'S ALLER-TEC SOLUTION 1 MG/ML	1	*AL=18 or younger
CHILDREN'S CETIRIZINE HCL SOLUTION 1 MG/ML	1	*AL=18 or younger
children's cetirizine hcl tab chew 5 mg, 10 mg	1	*AL=18 or younger
CHILDREN'S LORATADINE SOLUTION 5 MG/5 ML	1	
CHILDREN'S WAL-ZYR SOLUTION 1 MG/ML	1	*AL=18 or younger
CHILDREN'S WAL-ZYR TAB CHEW 10 MG	1	*AL=18 or younger
fexofenadine hcl tablet 60 mg	1	QL=60/30 days
fexofenadine hcl tablet 180 mg	1	QL=30/30 days
loratadine solution 5 mg/5 ml	1	
loratadine tab rapdis 10 mg	1	
loratadine tablet 10 mg	1	
WAL-FEX ALLERGY TABLET 60 MG	1	QL=60/30 days
WAL-FEX ALLERGY TABLET 180 MG	1	QL=30/30 days
WAL-ZYR SOLUTION 1 MG/ML	2	*AL=18 or younger
<b>Antihistamines - Phenothiazines</b>		
promethazine hcl syrup 6.25mg/5ml	1	AL > 2 years
promethazine hcl tablet 12.5 mg, 25 mg, 50 mg	1	AL > 2 years
<b>COUGH/COLD/ALLERGY</b>		
<b>Antitussives</b>		
benzonatate capsule 100 mg, 200 mg	1	
<b>Cough/Cold/Allergy Combinations</b>		
ADULT DM MAXIMUM LIQUID 100-5 MG/5	1	
ADULT WAL-TUSSIN DM SYRUP 100-10MG/5	1	
ALLERCLEAR D-12HR TAB ER 12H 5 MG-120MG	1	
ALLERCLEAR D-24HR TAB ER 24H 10MG-240MG	1	
ALLERGY D-12 HOUR TAB ER 12H 5 MG-120MG	1	
ALLERGY D-24 HOUR TAB ER 24H 10MG-240MG	1	
ALLERGY RELIEF D TAB ER 12H 5 MG-120MG	1	
ALLERGY RELIEF D-12 TAB ER 12H 5 MG-120MG	1	
ALLERGY RELIEF D-24HR TAB ER 24H 10MG-240MG	1	
ALLERGY RELIEF NASAL DECONGEST TAB ER 12H 5 MG-120MG	1	
ALLERGY RELIEF-D TAB ER 12H 5 MG-120MG	1	
ALLERGY RELIEF-D12 TAB ER 12H 5 MG-120MG	1	
ALLERGY-CONGESTION RELIEF TAB ER 24H 10MG-240MG	1	
ALLERGY-CONGESTION RELIEF 12HR TAB ER 12H 5 MG-120MG	1	
BROMFED DM SYRUP 2-30-10/5	1	
brompheniramine-pseudoephed-dm syrup 2-30-10/5	1	
CHEST CONGESTION RELIEF DM SYRUP 100-10MG/5	1	

Drug	Level	Instruction
CHEST CONGESTION RELIEF DM TABLET 400MG-20MG	1	
CHEST CONGESTION-COUGH RELIEF TABLET 400MG-20MG	1	
CHILD CHEST CONGESTION-COUGH LIQUID 100-5 MG/5	1	
CHILD MUCUS RELIEF COUGH LIQUID 100-5 MG/5	1	
codeine-guaifenesin liquid 10-100mg/5	1	
COUGH DM SYRUP 50-5MG/5ML	2	
COUGH-CHEST CONGEST DM LIQUID 100-5 MG/5	1	
COUGH-CHEST CONGESTION DM LIQUID 100-5 MG/5	1	
dextromethorphan-guaifenesin liquid 100-5 mg/5	1	
dextromethorph-guaif-phenyleph liquid 18-10mg/15	1	
DIABETIC TUSSIN DM LIQUID 100-10MG/5, 200-10MG/5	1	
fexofenadine-pse er tab er 12h 60mg-120mg	1	
fexofenadine-pse er tab er 24h 180-240mg	1	
GUAIASORB DM LIQUID 100-10MG/5	1	
GUAIFENESIN AC LIQUID 10-100MG/5	1	
guaifenesin-codeine liquid 10-100mg/5, 20-200/10	1	
guaifenesin-dextromethorphan liquid 100-10mg/5	1	
guaifenesin-dextromethorphan syrup 100-10mg/5	1	
guaifenesin-dextromethorphan tablet 400mg-20mg	1	
guaifenesin-dm er tab er 12h 1200-60mg	1	
LORATADINE-D TAB ER 12H 5 MG-120MG	1	OTC
LORATADINE-D TAB ER 24H 10MG-240MG	1	OTC
MAPAP COLD FORMULA TABLET 10-5-325MG	1	
MUCUS RELIEF CONGEST-COUGH LIQUID 5-2.5 MG/5	1	
MUCUS RELIEF DM TABLET 400MG-20MG	1	
MUCUS RELIEF DM MAX LIQUID 100-5 MG/5	1	
ROBAFEN DM LIQUID 50-5MG/5ML	1	
TUSSIN DM LIQUID 50-5MG/5ML, 100-10MG/5, 100-5 MG/5	1	
TUSSIN DM SYRUP 100-10MG/5	1	
TUSSIN DM TABLET 400MG-20MG	1	
TUSSIN DM CLEAR LIQUID 100-10MG/5	1	
TUSSIN DM MAX LIQUID 100-5 MG/5	1	
WAL-ITIN D TAB ER 24H 10MG-240MG	1	
WAL-ITIN D 12 HOUR TAB ER 12H 5 MG-120MG	1	
WAL-PHED TABLET 4 MG-60 MG	1	
<b>Expectorants</b>		
ADULT WAL-TUSSIN LIQUID 100 MG/5ML	1	
guaifenesin liquid 100 mg/5ml	1	
guaifenesin tablet 200 mg, 400 mg	1	
TUSSIN LIQUID 100 MG/5ML	1	
TUSSIN MUCUS-CHEST CONGESTION LIQUID 100 MG/5ML	1	
<b>Mucolytics</b>		
acetylcysteine vial 100 mg/ml, 200 mg/ml	1	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>Nasal Antiallergy</b>		
azelastine hcl spray/pump 137 mcg	1	PA
cromolyn sodium spray/pump 5.2 mg	1	
<b>Nasal Anticholinergics</b>		
ipratropium bromide spray 21 mcg, 42 mcg	1	
<b>Nasal Steroids</b>		
ALLERGY RELIEF SPRAY SUSP 50 MCG	1	
flunisolide spray 25 mcg	1	
fluticasone propionate spray susp 50 mcg	1	
mometasone furoate spray/pump 50 mcg	1	

Drug	Level	Instruction
triamcinolone acetonide spray 55 mcg	1	
<b>Sympathomimetic Decongestants</b>		
12 HOUR DECONGESTANT TABLET ER 120 MG	1	OTC
pseudoephedrine er tablet er 120 mg	1	OTC
pseudoephedrine hcl tablet 30 mg, 60 mg	1	OTC
SUDOGEST TABLET 60 MG	2	OTC
SUPHEDRINE 12 HOUR TABLET ER 120 MG	1	OTC
WAL-PHED TABLET 30 MG	1	OTC
<b>TOPICAL AGENTS</b>		
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>Intra-rectal Steroids</b>		
hydrocortisone enema 100mg/60ml	1	
<b>Rectal Steroids</b>		
hydrocortisone crm/pe app 1 %, 2.5%	1	
PROCTOZONE-HC cream with perineal applicator 2.5%	1	
<b>Vasodilating Agents</b>		
nitroglycerin oint. (g) 0.4% (w/w)	1	
<b>DERMATOLOGICALS</b>		
<b>Acne Products</b>		
adapalene cream (g) 0.1 %	1	AL < 21 years
adapalene gel (gram) 0.1 %, 0.3%	1	AL < 21 years
BENZOYL PEROXIDE CLEANSER 10 %, 5 %, 7 %	1	
benzoyl peroxide foam 9.8 %	1	
benzoyl peroxide gel (gram) 5 %, 10 %, 2.5%	1	
clindamycin phosphate foam 1 %	1	
clindamycin phosphate gel (gram) 1 %	1	
clindamycin phosphate gel daily 1 %	1	
clindamycin phosphate lotion 1 %	1	
clindamycin phosphate med. swab 1 %	1	
clindamycin phosphate solution 1 %	1	
erythromycin gel (gram) 2 %	1	
sulfacetamide sodium suspension 10 %	1	
tretinoin cream (g) 0.025 %, 0.05%, 0.1 %	1	AL ≤ 32 years
tretinoin gel (gram) 0.01 %, 0.025 %, 0.05%	1	AL ≤ 32 years
<b>Antibiotics - Topical</b>		
ANTIBIOTIC OINT. (G) 500 UNIT/G, 3.5-400-5K	1	
bacitracin oint. (g) 500 unit/g	1	
bacitracin packet 500 unit/g	1	
bacitracin zinc oint pack 500 unit/g	1	
bacitracin zinc oint. (g) 500 unit/g	1	
gentamicin sulfate cream (g) 0.1 %	1	
gentamicin sulfate oint. (g) 0.1 %	1	
mupirocin cream (g) 2 %	1	
mupirocin oint. (g) 2 %	1	
TRIPLE ANTIBIOTIC OINT. (G) 3.5-400-5K	1	
<b>Antifungals - Topical</b>		
ANTIFUNGAL CREAM (G) 1 %	1	OTC
antifungal cream cream (g) 2 %	1	OTC
ANTIFUNGAL POWDER POWDER 2 %	1	OTC
ATHLETE'S FOOT CREAM (G) 1 %	1	OTC
ATHLETE'S FOOT SOLUTION 1 %	1	OTC
ATHLETIC FOOT CREAM CREAM (G) 1 %	1	OTC
clotrimazole cream (g) 1 %	1	OTC
ITCH RELIEF CREAM (G) 1 %	1	OTC

Drug	Level	Instruction
JOCK ITCH CREAM (G) 1 %	1	OTC
JOCK ITCH RELIEF CREAM (G) 1 %	1	OTC
ketoconazole cream (g) 2 %	1	
ketoconazole foam 2 %	1	
ketoconazole shampoo 2 %	1	
LOTRIMIN AF CREAM (G) 1 %	2	OTC
miconazole nitrate cream (g) 2 %	1	OTC
miconazole nitrate sol w/appl 2 %	1	OTC
nystatin cream (g) 100000/g	1	OTC
nystatin oint. (g) 100000/g	1	OTC
nystatin-triamcinolone cream (g) 100000-0.1	1	OTC
nystatin-triamcinolone oint. (g) 100000-0.1	1	OTC
terbinafine cream (g) 1 %	1	OTC
<b>Anti-inflammatory Agents - Topical</b>		
diclofenac sodium gel (gram) 1 %	1	OTC; QL=100 gm/ 30 days and High Dollar Limit of \$60
<b>Antineoplastic or Premalignant Lesion Agents – Topical</b>		
fluorouracil cream (g) 5 %	1	
<b>Antipsoriatics</b>		
calcipotriene cream (g) 0.005 %	1	
calcipotriene foam 0.005 %	1	
calcipotriene oint. (g) 0.005 %	1	
calcipotriene solution 0.005 %	1	
SKYRIZI SYRINGE 150 MG/ML	2	PA
SKYRIZI PEN INJCTR 150 MG/ML	2	PA
TALTZ AUTOINJECTOR AUTO INJCT 80 MG/ML	2	PA
TALTZ AUTOINJECTOR (2 PACK) AUTO INJCT 80 MG/ML	2	PA
TALTZ AUTOINJECTOR (3 PACK) AUTO INJCT 80 MG/ML	2	PA
TALTZ SYRINGE SYRINGE 80 MG/ML	2	PA
YESINTEK SYRINGE 45MG/0.5ML, 90 MG/ML	1	PA
YESINTEK VIAL 45MG/0.5ML	1	PA
<b>Antiseborrheic Products</b>		
sodium sulfacetamide cleanser 10 %	1	
sodium sulfacetamide clnsr gel 10 %	1	
sodium sulfacetamide shampoo 10 %, 9.8 %	1	
<b>Antivirals - Topical</b>		
acyclovir cream (g) 5 %	1	PA
acyclovir oint. (g) 5 %	1	PA
<b>Burn Products</b>		
silver sulfadiazine cream (g) 1 %	1	
<b>Corticosteroids - Topical</b>		
ANTI-ITCH CREAM (G) 1 %	1	
ANTI-ITCH OINT. (G) 1 %	1	
betamethasone dipropionate cream (g) 0.05%	1	
betamethasone dipropionate lotion 0.05%	1	
betamethasone dipropionate oint. (g) 0.05%	1	
betamethasone valerate cream (g) 0.1 %	1	
betamethasone valerate foam 0.12 %	1	
betamethasone valerate lotion 0.1 %	1	
betamethasone valerate oint. (g) 0.1 %	1	
clobetasol emollient cream (g) 0.05%	1	
clobetasol propionate cream (g) 0.05%	1	
clobetasol propionate foam 0.05%	1	

Drug	Level	Instruction
clobetasol propionate gel (gram) 0.05%	1	
clobetasol propionate lotion 0.05%	1	
clobetasol propionate oint. (g) 0.05%	1	
clobetasol propionate shampoo 0.05%	1	
clobetasol propionate solution 0.05%	1	
clobetasol propionate spray 0.05%	1	
desonide cream (g) 0.05%	1	
desonide gel (gram) 0.05%	1	
desonide lotion 0.05%	1	
desonide oint. (g) 0.05%	1	
fluocinolone acetonide cream (g) 0.01 %, 0.025 %	1	
fluocinolone acetonide oint. (g) 0.025 %	1	
fluocinolone acetonide solution 0.01 %	1	
fluocinonide cream (g) 0.05%, 0.1 %	1	
fluocinonide gel (gram) 0.05%	1	
fluocinonide oint. (g) 0.05%	1	
fluocinonide solution 0.05%	1	
hydrocortisone cream (g) 0.5 %, 1 %, 2.5%	1	
hydrocortisone cream pack 1 %	1	
hydrocortisone lotion 1 %, 2.5%, 2 %	1	
hydrocortisone oint. (g) 0.5 %, 1 %, 2.5%	1	
triamcinolone acetonide aerosol 0.147mg/g	1	
triamcinolone acetonide cream (g) 0.5 %, 0.025 %, 0.1 %	1	
triamcinolone acetonide lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide oint. (g) 0.025 %, 0.1 %, 0.5 %, 0.05%	1	
<b>Eczema Agents</b>		
DUPIXENT PEN PEN INJCTR 300 MG/2ML, 200MG/1.14	2	PA
DUPIXENT SYRINGE SYRINGE 300 MG/2ML, 200MG/1.14	2	PA
<b>Emollient/Keratolytic Agents</b>		
urea cream (g) 40 %, 20 %, 10 %, 41 %, 39 %, 45 %, 47 %, 39.5 %	1	
UREA GEL (ML) 45 %	1	
<b>Emollients</b>		
ammonium lactate cream (g) 12 %	1	
ammonium lactate lotion 12 %	1	
<b>Enzymes - Topical</b>		
SANTYL OINT. (G) 250 UNIT/G	1	QL=90g/30 days
<b>Type II 5-Alpha Reductase Inhibitors</b>		
finasteride tablet 1 mg	1	
<b>Immunosuppressive Agents - Topical</b>		
pimecrolimus cream (g) 1 %	1	PA
tacrolimus oint. (g) 0.03 %, 0.1 %	1	PA
<b>Keratolytic/Antimitotic/Vesicant Agents</b>		
podofilox gel (gram) 0.5 %	1	
podofilox solution 0.5 %	1	
<b>Local Anesthetics - Topical</b>		
lidocaine adh. patch 5 %	1	PA; QL=90/30 days
lidocaine oint. (g) 5 %	1	QL = 50gm / 30 days
lidocaine hcl cream (g) 3 %	1	QL= 60gm / 30 days
lidocaine hcl jelly(ml) 2 %	1	
lidocaine-prilocaine cream (g) 2.5 %-2.5%	1	QL= 60gm / 30 days

Drug	Level	Instruction
<b>Rosacea Agents</b>		
doxycycline ir-dr cap ir dr 40 mg	1	
metronidazole cream (g) 0.75%	1	
metronidazole gel (gram) 0.75%, 1 %	1	
metronidazole lotion 0.75%	1	
<b>Scabicides &amp; Pediculicides</b>		
LICE KILLING LIQUID 1 %	1	
LICE TREATMENT LIQUID 1 %	1	
permethrin cream (g) 5 %	1	
<b>Tar Products</b>		
THERAPEUTIC SHAMPOO 1 %	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
lidocaine hcl viscous solution 2 %	1	
<b>Anti-infectives - Throat</b>		
clotrimazole troche 10 mg	1	OTC
nystatin oral susp 100000/ml	1	
<b>Antiseptics - Mouth/Throat</b>		
chlorhexidine gluconate mouthwash 0.12 %	1	
<b>Dental Products</b>		
SF GEL (GRAM) 1.1 %	1	
SF 5000 PLUS CREAM (G) 1.1 %	1	
sodium fluoride cream (g) 1.1 %	1	
sodium fluoride gel (gram) 1.1 %	1	
SODIUM FLUORIDE PASTE (ML) 1.1 %	1	
sodium fluoride solution 0.2%	1	
SODIUM FLUORIDE 5000 DRY MOUTH PASTE (ML) 1.1 %	1	
<b>Steroids - Mouth/Throat/Dental</b>		
triamcinolone acetonide paste (g) 0.1 %	1	
<b>OPHTHALMIC AGENTS</b>		
<b>Beta-blockers - Ophthalmic</b>		
betaxolol hcl drops 0.5 %	1	
BETOPTIC S DROPS SUSP 0.25%	2	
dorzolamide-timolol drops 22.3-6.8/1	1	
timolol maleate drop daily 0.5 %	1	
timolol maleate drops 0.5 %, 0.25%	1	
<b>Cycloplegic Mydriatics</b>		
atropine sulfate drops 1 %, 0.01 %, 0.025 %, 0.05%	1	
phenylephrine hcl drops 10 %, 2.5%	1	
<b>Miotics</b>		
pilocarpine hcl drops 1 %, 2 %, 4 %, 1.25 %	1	
<b>Ophthalmic Adrenergic Agents</b>		
brimonidine tartrate drops 0.1 %, 0.2%, 0.15 %	1	QL=10mls/30 days
<b>Ophthalmic Anti-infectives</b>		
bacitracin oint. (g) 500 unit/g	1	
bacitracin-polymyxin oint. (g) 500-10k/g	1	
CILOXAN OINT. (G) 0.3%	2	
ciprofloxacin hcl drops 0.3%	1	
erythromycin oint. (g) 5 mg/gram	1	
gatifloxacin drops 0.5 %	1	PA
gentamicin sulfate drops 0.3%	1	
levofloxacin drops 1.5 %, 0.5 %	1	
moxifloxacin drops 0.5 %	1	AL <= 18 years
neomycin-bacitracin-polymyxin oint. (g) 3.5mg-400	1	

Drug	Level	Instruction
neomycin-polymyxin-gramicidin drops 1.75mg-10k	1	
NEO-POLYCIN OINT. (G) 3.5MG-400	1	
ofloxacin drops 0.3%	1	
POLYCIN OINT. (G) 500-10K/G	1	
polymyxin b sul-trimethoprim drops 10000-1/ml	1	
sulfacetamide sodium drops 10 %	1	
sulfacetamide sodium oint. (g) 10 %	1	
trifluridine drops 1 %	1	
<b>Ophthalmic Immunomodulators</b>		
cyclosporine dropperette 0.05%	1	PA
<b>Ophthalmic Steroids</b>		
dexamethasone sodium phosphate drops 0.1 %	1	
neomycin-bacitracin-poly-hc oint. (g) 3.5-10k-1	1	
neomycin-polymyxin-dexameth drops susp 0.1 %	1	
neomycin-polymyxin-dexameth oint. (g) 3.5-10k-.1	1	
neomycin-polymyxin-hc drops susp 3.5-10k-10	1	
prednisolone acetate drops susp 1 %	1	
prednisolone sodium phosphate drops 1 %	1	
sulfacetamide-prednisolone drops 10 %-0.23%	1	
tobramycin-dexamethasone drops susp 0.3 %-0.1%	1	
<b>Ophthalmics - Misc.</b>		
azelastine hcl drops 0.05%	1	QL=12ml/30 days
diclofenac sodium drops 0.1 %	1	
dorzolamide hcl drops 2 %	1	
EYE ITCH RELIEF DROPS 0.025 %	1	
flurbiprofen sodium drops 0.03 %	1	
ketotifen fumarate drops 0.025 %	1	
olopatadine hcl drops 0.2%, 0.1 %, 0.7 %	1	QL=10 mls/30 days
<b>Prostaglandins - Ophthalmic</b>		
latanoprost drops 0.005 %	1	
<b>OTIC AGENTS</b>		
<b>Otic Agents - Miscellaneous</b>		
EAR DROPS DROPS 6.5 %	1	
EAR WAX REMOVAL DROPS 6.5 %	1	
<b>Otic Anti-infectives</b>		
ciprofloxacin hcl dropperette 0.2%	1	
ofloxacin drops 0.3%	1	QL=20mL/30 days
<b>Otic Combinations</b>		
neomycin-polymyxin-hc drops susp 3.5-10k-1	1	QL=20ml/30 days
neomycin-polymyxin-hydrocort solution 3.5-10k-1	1	QL=20ml/30 days
<b>Otic Steroids</b>		
hydrocortisone-acetic acid drops 1 %-2 %	1	QL=20mL/30 days