



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

KANSAS ACA MEMBER PRESCRIPTION DRUG LIST 2017

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Please see the benefit schedule in your member certificate for member cost sharing associated with Generic and Brand (Preferred and Non Preferred) drugs.

List of Abbreviations for Prescription Drugs

Drug Category:

- 1:** Generic Drug and Generic Specialty Drug
- 2:** Preferred Drug and Non Preferred Generic Drug
- 3:** Non Preferred Drug and Preferred Specialty Drug
- 4:** Non Preferred Specialty Drug
- 5:** Zero Cost Share Preventive Drug
- 6:** Medical Service Drugs
- 7:** Infertility Drug

ACA: Affordable Care Act is a zero cost share preventive drug.

M: Maintenance drug.

MSD: Medical Service Drug. This drug is only covered under the medical benefit.

OTC: Over the Counter drug.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

S: Specialty drug.

SLA: Specialty Limited Availability. This prescription may be available only at certain pharmacies.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first.

Drug Name	Drug Category	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
AMBISOME	6	MSD
<i>amphotericin b</i>	6	MSD
ANCOBON	3	
CANCIDAS	6	MSD
<i>clotrimazole mucous membrane</i>	1	
CRESEMBA INTRAVENOUS	6	MSD
CRESEMBA ORAL	2	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	3	
DIFLUCAN ORAL TABLET 150 MG	3	QL
ERAXIS(WATER DILUENT)	6	MSD
<i>fluconazole in dextrose(iso-o)</i>	6	MSD
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	6	MSD
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	

Drug Name	Drug Category	Requirements / Limits
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
GRIS-PEG (ULTRAMICROSIZED)	3	
<i>itraconazole</i>	1	QL
<i>ketoconazole oral</i>	1	
LAMISIL ORAL TABLET	3	
NOXAFIL ORAL	2	
<i>nystatin oral</i>	1	
ONMEL	3	QL
ORAVIG	3	
SPORANOX ORAL SOLUTION	2	
SPORANOX PULSEPAK	3	QL
<i>terbinafine hcl oral</i>	1	
VFEND	3	
VFEND IV	6	MSD
<i>voriconazole intravenous</i>	6	MSD
<i>voriconazole oral</i>	1	
ANTIVIRALS		
<i>abacavir</i>	1	S; QL
<i>abacavir-lamivudine</i>	1	S; QL
<i>abacavir-lamivudine-zidovudine</i>	1	S; QL

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Drug Name	Drug Category	Requirements / Limits
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	M
APTIVUS	3	S; QL
ATRIPLA	3	S; QL
BARACLUDE ORAL SOLUTION	2	
BARACLUDE ORAL TABLET	3	
<i>cidofovir</i>	6	MSD
COMBIVIR	4	S; QL
COMPLERA	3	S; QL
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	S; QL
DAKLINZA	4	PA; S; SLA
DESCOVY	3	S
<i>didanosine</i>	1	S; QL
EDURANT	3	S; QL
EMTRIVA	3	S; QL
<i>entecavir</i>	1	
EPCLUSA	3	ST; S; SLA
EPIVIR	4	S; QL
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	QL
EPZICOM	4	S; QL
EVOTAZ	4	S; QL

Drug Name	Drug Category	Requirements / Limits
<i>famciclovir</i>	1	QL
FLUMADINE ORAL TABLET	3	
<i>foscarnet</i>	6	MSD
FOSCAVIR	6	MSD
FUZEON SUBCUTANEOUS RECON SOLN	3	S; QL
GENVOYA	3	S
HARVONI	3	PA; S; SLA; QL
HEPSERA	3	
INTELENCE	3	S; QL
INVIRASE	3	S; QL
ISENTRESS	3	S; QL
KALETRA	3	S; QL
<i>lamivudine oral solution</i>	1	S; QL
<i>lamivudine oral tablet 100 mg</i>	1	QL
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	S; QL
<i>lamivudine-zidovudine</i>	1	S; QL
LEXIVA	3	S; QL
<i>lopinavir-ritonavir</i>	1	S; QL
<i>nevirapine</i>	1	S; QL
NORVIR	3	S; QL
ODEFSEY	3	S
OLYSIO	4	PA; ST; S; SLA; QL
<i>oseltamivir</i>	1	QL
PREZCOBIX	4	S

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Drug Name	Drug Category	Requirements / Limits
PREZISTA ORAL SUSPENSION	3	S; QL
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	3	S; QL
RELENZA DISKHALER	2	QL
RESCRIPTOR	3	S; QL
RETROVIR INTRAVENOUS	3	S
RETROVIR ORAL CAPSULE	4	S; QL
RETROVIR ORAL SYRUP	4	S; QL
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	S
REYATAZ ORAL POWDER IN PACKET	3	S
<i>ribavirin inhalation</i>	1	
<i>rimantadine</i>	1	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	PA; S; QL
SITAVIG	3	QL
SOVALDI	4	PA; ST; S; SLA; QL
<i>stavudine</i>	1	S; QL
STRIBILD	3	S; QL
SUSTIVA	3	S; QL
SYNAGIS	6	MSD
TAMIFLU ORAL CAPSULE	3	QL

Drug Name	Drug Category	Requirements / Limits
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	2	QL
TECHNIVIE	3	PA; S; SLA
TIVICAY ORAL TABLET 10 MG, 25 MG	3	S
TIVICAY ORAL TABLET 50 MG	3	S; QL
TRIUMEQ	3	S; QL
TRIZIVIR	4	S; QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	S
TRUVADA ORAL TABLET 200-300 MG	3	S; QL
TYBOST	4	S; QL
<i>valacyclovir</i>	1	QL
VALCYTE	3	
<i>valganciclovir</i>	1	
VALTREX	3	QL
VEMLIDY	3	
VIDEX 2 GRAM PEDIATRIC	3	S; QL
VIDEX EC	4	S; QL
VIEKIRA PAK	3	PA; S; SLA; QL
VIEKIRA XR	3	PA; S; SLA
VIRACEPT ORAL TABLET	3	S; QL
VIRAMUNE	4	S; QL
VIRAMUNE XR	4	S; QL

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Drug Name	Drug Category	Requirements / Limits
VIRAZOLE	4	S; SLA
VIREAD	3	S; QL
ZEPATIER	3	PA; S; SLA
ZERIT	4	S; QL
ZIAGEN ORAL SOLUTION	3	S; QL
ZIAGEN ORAL TABLET	4	S; QL
<i>zidovudine</i>	1	S; QL
ZOVIRAX ORAL	3	
CEPHALOSPORINS		
AVYCAZ	6	MSD
CEDAX	3	
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefazolin</i>	6	MSD
CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	6	MSD

Drug Name	Drug Category	Requirements / Limits
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	6	MSD
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	6	MSD
CEFAZOLIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	6	
<i>cefdinir</i>	1	
<i>cefditoren pivoxil</i>	1	
<i>cefepime</i>	6	MSD
<i>cefepime in dextrose, iso-osm</i>	6	MSD
<i>cefixime</i>	1	
CEFOTAN	6	MSD
<i>cefotaxime</i>	6	MSD
<i>cefotetan</i>	6	MSD
<i>cefoxitin</i>	6	MSD
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>ceftibuten</i>	1	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION	3	
<i>ceftriaxone in dextrose, iso-os</i>	6	MSD
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	6	MSD

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Drug Name	Drug Category	Requirements / Limits
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	6	MSD
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	6	MSD
<i>cefuroxime sodium intravenous</i>	6	MSD
<i>cephalexin</i>	1	
CLAFORAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	6	MSD
KEFLEX ORAL CAPSULE	3	
MAXIPIME	6	MSD
SPECTRACEF ORAL TABLET 400 MG	3	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	3	
SUPRAX ORAL TABLET,CHEWABLE	3	
TAZICEF INJECTION	6	MSD
TEFLARO	6	MSD
ZINACEF INJECTION RECON SOLN 750 MG	6	MSD

Drug Name	Drug Category	Requirements / Limits
ZINACEF INTRAVENOUS	6	MSD
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	1	
BIAXIN ORAL SUSPENSION FOR RECONSTITUTION 250 MG/5 ML	3	
BIAXIN ORAL TABLET	3	
<i>clarithromycin</i>	1	
DIFICID	3	
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES	2	
ERYPED 200	2	
ERYPED 400	2	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	

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Drug Name	Drug Category	Requirements / Limits
<i>erythromycin oral tablet</i>	1	
PCE	3	
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZMAX	3	
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	2	
ALINIA	2	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	6	MSD
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	
BETHKIS	6	MSD; QL
BILTRICIDE	2	
CAPASTAT	6	MSD
CAYSTON	3	S; QL
<i>chloramphenicol sod succinate</i>	6	MSD
<i>chloroquine phosphate oral</i>	1	
CLEOCIN INJECTION	6	MSD
<i>cleocin intravenous solution 300 mg/2 ml</i>	6	MSD

Drug Name	Drug Category	Requirements / Limits
CLEOCIN INTRAVENOUS SOLUTION 600 MG/4 ML, 900 MG/6 ML	6	MSD
CLEOCIN ORAL	3	
CLIN SINGLE USE	6	MSD
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin pediatric</i>	1	
<i>clindamycin phosphate injection</i>	6	MSD
<i>clindamycin phosphate intravenous</i>	6	MSD
COARTEM	2	
<i>colistin (colistimethate na)</i>	6	MSD
COLY-MYCIN M PARENTERAL	6	MSD
CUBICIN	6	MSD
CUBICIN RF	6	MSD
CYCLOSERINE	3	
<i>dapsone</i>	1	M
<i>daptomycin</i>	6	MSD
DARAPRIM	3	PA; S
DORIBAX	6	MSD
DORIPENEM	6	
EMVERM	2	
<i>ethambutol</i>	1	
FLAGYL	3	
FLAGYL ER	3	

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Drug Name	Drug Category	Requirements / Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	3	
<i>gentamicin injection</i>	6	MSD
<i>gentamicin sulfate (ped) (pf)</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	1	
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	3	
<i>hydroxychloroquine oral</i>	1	M
<i>imipenem-cilastatin</i>	6	MSD
IMPAVIDO	3	S
INVANZ	6	MSD
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	1	
KETEK	3	
KITABIS PAK	3	S; SLA
LINCOCIN	6	MSD
<i>lincomycin injection</i>	6	MSD
<i>linezolid intravenous</i>	6	MSD

Drug Name	Drug Category	Requirements / Limits
<i>linezolid oral</i>	1	PA
MALARONE	3	
MALARONE PEDIATRIC	3	
<i>mefloquine</i>	1	
MEPRON	3	
<i>meropenem</i>	6	MSD
MEROPENEM-0.9% SODIUM CHLORIDE	6	MSD
MERREM	6	MSD
<i>metro i.v.</i>	6	MSD
<i>metronidazole in nacl (iso-os)</i>	6	MSD
<i>metronidazole oral</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
NEBUPENT	2	QL
<i>neomycin</i>	1	
<i>paromomycin</i>	1	
PASER	3	
PLAQUENIL	3	M
<i>polymyxin b sulfate</i>	6	MSD
PRIFTIN	2	
PRIMAQUINE	3	M
PRIMAXIN IV	6	MSD
<i>pyrazinamide</i>	1	
QUALAQUIN	3	
<i>quinine sulfate</i>	1	
<i>rifabutin</i>	1	
RIFADIN ORAL	3	

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Drug Name	Drug Category	Requirements / Limits
RIFAMATE	3	
<i>rifampin oral</i>	1	
RIFATER	3	
SIRTURO	2	
SIVEXTRO ORAL	3	PA
STREPTOMYCIN INTRAMUSCULAR	6	MSD
STROMEKTOL	3	
TIGECYCLINE	6	
TINDAMAX ORAL TABLET 500 MG	3	
<i>tinidazole</i>	1	
TOBI	3	QL
TOBI PODHALER	3	QL
<i>tobramycin in 0.225 % nacl</i>	1	QL
<i>tobramycin sulfate</i>	6	MSD
TOBRAMYCIN WITH NEBULIZER	4	S
TRECTOR	3	
TYGACIL	6	MSD
XIFAXAN	2	
ZYVOX INTRAVENOUS	6	MSD
ZYVOX ORAL	3	PA
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	

Drug Name	Drug Category	Requirements / Limits
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium injection</i>	6	MSD
<i>ampicillin-sulbactam injection</i>	6	MSD
<i>ampicillin-sulbactam intravenous reconstituted soln 1.5 gram</i>	6	MSD
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	3	
AUGMENTIN XR	3	
BICILLIN C-R	6	MSD
<i>dicloxacillin</i>	1	
MOXATAG	3	
<i>nafcillin injection</i>	6	MSD
<i>oxacillin</i>	6	MSD

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Drug Name	Drug Category	Requirements / Limits
<i>oxacillin in dextrose(iso-osm)</i>	6	MSD
<i>penicillin g potassium</i>	6	MSD
<i>penicillin v potassium</i>	1	
<i>pfizerpen-g</i>	6	MSD
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	6	MSD
UNASYN INJECTION	6	MSD
QUINOLONES		
AVELOX	3	
AVELOX ABC PACK	3	
CIPRO ORAL SUSPENSION,MIC ROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
CIPRO XR	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin (mixture)</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
FACTIVE	3	
LEVAQUIN ORAL TABLET	3	
<i>levofloxacin in d5w</i>	6	MSD

Drug Name	Drug Category	Requirements / Limits
<i>levofloxacin intravenous</i>	6	MSD
<i>levofloxacin oral</i>	1	
<i>moxifloxacin</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine oral</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
ACTICLATE	3	ST
<i>avidoxy</i>	1	
<i>demeclocycline</i>	1	
DORYX MPC	3	ST
DORYX ORAL TABLET,DELAYE D RELEASE (DR/EC) 200 MG, 50 MG	3	ST
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>	1	
<i>doxycycline monohydrate oral capsule</i>	1	

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Drug Name	Drug Category	Requirements / Limits
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
MINOCIN ORAL	3	ST
<i>minocycline oral</i>	1	
<i>mondoxylene nl</i>	1	
MONODOX	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
ORACEA	3	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
TARGADOX	3	ST
<i>tetracycline</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	
VIBRAMYCIN ORAL SYRUP	3	

Drug Name	Drug Category	Requirements / Limits
URINARY TRACT AGENTS		
FURADANTIN	3	
HIPREX	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
MONUROL	3	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	
VANCOMYCIN		
VANCOCIN	3	
VANCOMYCIN IN 0.9% SODIUM CL INTRAVENOUS PIGGYBACK	6	MSD
VANCOMYCIN IN 0.9% SODIUM CL INTRAVENOUS SOLUTION 1.5 GRAM/250 ML, 1.5 GRAM/500 ML, 1.75 GRAM/250 ML, 750 MG/150 ML	6	MSD
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	6	MSD

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Drug Name	Drug Category	Requirements / Limits
<i>vancomycin intravenous</i>	6	MSD
<i>vancomycin oral capsule</i>	1	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	6	MSD
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>amifostine crystalline</i>	6	MSD
<i>dexrazoxane hcl</i>	6	MSD
ELITEK	6	MSD
ETHYOL	6	MSD
FUSILEV	6	MSD
KEPIVANCE	6	MSD
<i>leucovorin calcium injection recon soln</i>	1	S
<i>leucovorin calcium oral</i>	1	
<i>levoleucovorin intravenous recon soln 50 mg</i>	6	MSD
<i>levoleucovorin intravenous solution</i>	6	MSD
<i>mesna</i>	6	MSD
MESNEX INTRAVENOUS	6	MSD
MESNEX ORAL	2	
VISTOGARD	2	
VORAXAZE	6	MSD
XGEVA	6	S; MSD

Drug Name	Drug Category	Requirements / Limits
ZINECARD (AS HCL)	6	MSD
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ABRAXANE	6	MSD
ADCETRIS	6	MSD
<i>adriamycin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	6	MSD
<i>adriamycin intravenous solution 2 mg/ml</i>	6	
<i>adrucil</i>	6	MSD
AFINITOR	2	QL
AFINITOR DISPERZ	2	QL
ALECENSA	4	S; SLA
ALKERAN INTRAVENOUS	6	MSD
ALKERAN ORAL	2	
<i>anastrozole</i>	1	
ARIMIDEX	3	
AROMASIN	3	
ARRANON	6	MSD
ARZERRA	6	MSD
ASTAGRAF XL	3	
AVASTIN	6	MSD
<i>azacitidine</i>	6	MSD
AZASAN	2	
<i>azathioprine</i>	1	
BELEODAQ	6	MSD
BENDEKA	6	MSD

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Drug Name	Drug Category	Requirements / Limits
<i>bexarotene</i>	1	
<i>bicalutamide</i>	1	
BICNU	6	MSD
<i>bleo 15k</i>	6	MSD
<i>bleomycin</i>	6	MSD
BOSULIF	3	S; SLA
BUSULFEX	6	MSD
CABOMETYX	3	QL
CAMPTOSAR	6	MSD
<i>capecitabine</i>	1	
CAPRELSA	2	QL
<i>carboplatin intravenous solution</i>	6	MSD
CASODEX	3	
CELLCEPT	3	
CELLCEPT INTRAVENOUS	6	S; MSD
<i>cisplatin</i>	6	MSD
<i>cladribine</i>	6	MSD
CLOLAR	6	MSD
COMETRIQ	3	QL
COSMEGEN	6	MSD
COTELLIC	3	S; SLA
<i>cyclophosphamide intravenous</i>	6	MSD
CYCLOPHOSPHAMIDE ORAL CAPSULE	2	
<i>cyclosporine intravenous</i>	1	S
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	

Drug Name	Drug Category	Requirements / Limits
CYRAMZA	6	MSD
<i>cytarabine</i>	6	MSD
<i>cytarabine (pf) injection solution</i>	6	MSD
<i>dacarbazine</i>	6	MSD
DACOGEN	6	MSD
DARZALEX	6	MSD
<i>daunorubicin</i>	6	MSD
<i>decitabine</i>	6	MSD
DOCEFREZ	6	MSD
<i>docetaxel intravenous solution 10 mg/ml, 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	6	MSD
DOXIL	6	MSD
<i>doxorubicin</i>	6	MSD
<i>doxorubicin, peg-liposomal</i>	6	MSD
DROXIA	2	
ELIGARD	3	S
ELIGARD (3 MONTH)	3	S
ELIGARD (4 MONTH)	3	S
ELIGARD (6 MONTH)	3	S
ELLENC	6	MSD
EMCYT	2	
EMPLICITI	6	MSD

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Drug Name	Drug Category	Requirements / Limits
ENVARBUS XR	3	
<i>epirubicin intravenous recon soln 200 mg</i>	6	MSD
<i>epirubicin intravenous solution</i>	6	MSD
ERBITUX	6	MSD
ERIVEDGE	3	S; SLA
ERWINAZE	6	MSD
<i>etoposide intravenous</i>	6	MSD
<i>etoposide oral</i>	1	
EVOMELA	6	MSD
<i>exemestane</i>	1	
FARESTON	2	
FARYDAK	3	
FASLODEX	6	MSD
FEMARA	3	
FIRMAGON KIT W DILUENT SYRINGE	4	S; SLA
<i>floxuridine</i>	6	MSD
<i>fludarabine</i>	6	MSD
<i>fluorouracil intravenous</i>	6	MSD
<i>flutamide</i>	1	
FOLOTYN	6	MSD
GAZYVA	6	MSD
<i>gemcitabine</i>	6	MSD
GEMZAR	6	MSD
<i>gengraf</i>	1	
GILOTRIF	2	
GLEEVEC	3	QL

Drug Name	Drug Category	Requirements / Limits
GLEOSTINE	2	
GLIADEL WAFER	3	
HALAVEN	6	MSD
HERCEPTIN	6	MSD
HEXALEN	2	
HYCANTIN INTRAVENOUS	6	MSD
HYCANTIN ORAL	3	S
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE	2	
ICLUSIG	3	S; SLA
IDAMYCIN PFS	6	MSD
<i>idarubicin</i>	6	MSD
IFEX	6	MSD
<i>ifosfamide</i>	6	MSD
<i>ifosfamide-mesna</i>	6	MSD
<i>imatinib</i>	1	QL
IMBRUVICA	3	S; SLA
IMURAN	3	
INLYTA	3	S; SLA; QL
IRESSA	3	S; SLA
<i>irinotecan</i>	6	MSD
ISTODAX	6	MSD
IXEMPRA	6	MSD
JAKAFI	3	S; SLA; QL
JEVTANA	6	MSD
KADCYLA	6	MSD
KYPROLIS	6	MSD
LARTRUVO	6	MSD
LENVIMA	2	

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Drug Name	Drug Category	Requirements / Limits
<i>letrozole</i>	1	
LEUKERAN	2	
<i>leuprolide subcutaneous kit</i>	1	S
<i>lipodox</i>	6	MSD
<i>lipodox 50</i>	6	MSD
LONSURF	2	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	3	S
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	4	S
LUPRON DEPOT (4 MONTH)	4	S
LUPRON DEPOT (6 MONTH)	4	S
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	3	S
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	4	S
LUPRON DEPOT-PED	3	S
LYNPARZA	3	S; SLA
LYSODREN	2	
MARQIBO	6	MSD
MATULANE	2	
MEGACE	3	
MEGACE ES	3	

Drug Name	Drug Category	Requirements / Limits
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST	2	
<i>melphalan hcl</i>	6	MSD
<i>mercaptopurine</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>methotrexate sodium injection</i>	1	MSD
<i>methotrexate sodium oral</i>	1	
<i>mitomycin</i>	6	MSD
<i>mitoxantrone</i>	6	MSD
MUSTARGEN	6	MSD
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate mofetil hcl</i>	6	
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYLERAN	3	S
NAVELBINE	6	MSD
NEORAL	3	
NEXAVAR	2	QL
NILANDRON	3	
<i>nilutamide</i>	1	
NINLARO	3	S; SLA
NIPENT	6	MSD
NULOJIX	6	MSD
<i>octreotide acetate</i>	1	S; SLA

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Drug Name	Drug Category	Requirements / Limits
ODOMZO	3	
ONCASPAR	6	MSD
ONIVYDE	6	MSD
OPDIVO	6	MSD
<i>oxaliplatin</i>	6	MSD
<i>paclitaxel</i>	6	MSD
PERJETA	6	MSD
PORTRAZZA	6	MSD
PROGRAF ORAL	3	
PURIXAN	3	S; SLA
RAPAMUNE ORAL SOLUTION	2	
RAPAMUNE ORAL TABLET	3	
RITUXAN	6	ST; MSD
RUBRACA	3	
SANDIMMUNE INTRAVENOUS	4	S
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	2	
SANDOSTATIN	4	S; SLA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	6	MSD
SIGNIFOR	6	MSD
SIGNIFOR LAR	6	MSD
SIMULECT	6	MSD
<i>sirolimus</i>	1	

Drug Name	Drug Category	Requirements / Limits
SOLTAMOX	3	
SOMATULINE DEPOT	4	S; SLA
SPRYCEL	2	QL
STIVARGA	2	
SUPPRELIN LA	6	MSD
SUTENT	2	QL
SYLVANT	6	MSD
SYNRIBO	6	MSD
TABLOID	2	
<i>tacrolimus oral</i>	1	
TAFINLAR	2	
TAGRISSE	2	
<i>tamoxifen</i>	1	
TARCEVA	2	QL
TARGRETIN ORAL	3	
TARGRETIN TOPICAL	2	
TASIGNA	2	QL
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)	6	MSD
TECENTRIQ	6	MSD
TEMODAR ORAL	3	
<i>temozolomide</i>	1	
TENIPOSIDE	6	MSD
THALOMID	2	
<i>thiotepa</i>	6	MSD
<i>toposar</i>	6	MSD
<i>topotecan</i>	6	MSD

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Drug Name	Drug Category	Requirements / Limits
TORISEL	6	MSD
TREANDA INTRAVENOUS RECON SOLN	6	MSD
TRELSTAR	6	MSD
<i>tretinoin (chemotherapy)</i>	1	
TREXALL	2	
TRISENOX	6	MSD
TYKERB	2	QL
VANTAS	6	MSD
VECTIBIX	6	MSD
VELCADE	6	MSD
VENCLEXTA ORAL TABLET 100 MG	2	
VENCLEXTA STARTING PACK	2	
VIDAZA	6	MSD
<i>vinblastine intravenous solution</i>	6	MSD
<i>vincasar pfs</i>	6	MSD
<i>vincristine</i>	6	MSD
<i>vinorelbine</i>	6	MSD
VOTRIENT	2	QL
XALKORI	2	QL
XELODA	3	
XTANDI	3	QL
YERVOY	6	MSD
YONDELIS	6	MSD
ZALTRAP	6	MSD
ZANOSAR	6	MSD
ZELBORAF	3	S; QL

Drug Name	Drug Category	Requirements / Limits
ZOLADEX	6	MSD
ZOLINZA	2	QL
ZORTRESS	2	
ZYDELIG	2	
ZYKADIA	3	S; SLA
ZYTIGA	2	QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM	3	
BANZEL	2	
BRIVIACT ORAL	3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL	3	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clonazepam</i>	1	
DEPACON	6	MSD
DEPAKENE	3	ST
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST

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Drug Name	Drug Category	Requirements / Limits
DEPAKOTE SPRINKLES	3	ST
DIASTAT	3	
DIASTAT ACUDIAL	3	
<i>diazepam rectal</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>divalproex</i>	1	
<i>epitol</i>	1	
EQUETRO	3	
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	
<i>fosphenytoin</i>	6	MSD
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET	3	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GABITRIL ORAL TABLET 12 MG, 16 MG	2	

Drug Name	Drug Category	Requirements / Limits
GABITRIL ORAL TABLET 2 MG, 4 MG	3	
GRALISE	3	ST; QL
GRALISE 30-DAY STARTER PACK	3	ST; QL
KEPPRA INTRAVENOUS	6	MSD
KEPPRA ORAL	3	ST
KEPPRA XR	3	ST
KLONOPIN	3	
LAMICTAL ODT	3	ST
LAMICTAL ODT STARTER (BLUE)	3	ST
LAMICTAL ODT STARTER (GREEN)	3	ST
LAMICTAL ODT STARTER (ORANGE)	3	ST
LAMICTAL ORAL TABLET	3	ST
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	ST
LAMICTAL STARTER (BLUE) KIT	3	ST
LAMICTAL STARTER (GREEN) KIT	3	ST
LAMICTAL STARTER (ORANGE) KIT	3	ST
LAMICTAL XR	3	ST

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Drug Name	Drug Category	Requirements / Limits
LAMICTAL XR STARTER (BLUE)	3	ST
LAMICTAL XR STARTER (GREEN)	3	ST
LAMICTAL XR STARTER (ORANGE)	3	ST
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet, disintegrating</i>	1	
<i>levetiracetam intravenous</i>	6	MSD
<i>levetiracetam oral</i>	1	
LYRICA	2	ST
MYSOLINE	3	
NEURONTIN	3	ST
ONFI ORAL SUSPENSION	2	
ONFI ORAL TABLET 10 MG, 20 MG	2	
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	ST
PEGANONE	2	
<i>phenobarbital</i>	1	

Drug Name	Drug Category	Requirements / Limits
PHENYTEK	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
POTIGA	2	
<i>primidone</i>	1	
QUDEXY XR	3	
<i>roweepra</i>	1	
SABRIL	3	S; SLA
SPRITAM	3	ST
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR	3	
<i>tiagabine</i>	1	
TOPAMAX	3	
<i>topiramate oral capsule, sprinkle</i>	1	
TOPIRAMATE ORAL CAPSULE, SPRINKLE, ER 24HR	3	
<i>topiramate oral tablet</i>	1	
TRILEPTAL	3	ST
TROKENDI XR	3	
<i>valproate sodium</i>	6	MSD
<i>valproic acid</i>	1	

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Drug Name	Drug Category	Requirements / Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
VIMPAT ORAL SOLUTION	2	
VIMPAT ORAL TABLET	2	
ZARONTIN	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
<i>zonisamide</i>	1	
ANTIPARKINSONISM AGENTS		
APOKYN	3	S; SLA
AZILECT	3	M
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	M
<i>carbidopa-levodopa</i>	1	M
<i>carbidopa-levodopa-entacapone</i>	1	M
COMTAN	3	M
DUOPA	6	MSD; M
ELDEPRYL	3	M
<i>entacapone</i>	1	M
LODOSYN	3	M
MIRAPEX	3	M
MIRAPEX ER	3	M
NEUPRO	3	M
PARLODEL	3	
<i>pramipexole</i>	1	M
<i>rasagiline</i>	1	M
REQUIP	3	M

Drug Name	Drug Category	Requirements / Limits
REQUIP XL	3	M
<i>ropinirole</i>	1	M
RYTARY	3	M
<i>selegiline hcl</i>	1	M
SINEMET	3	M
SINEMET CR	3	M
STALEVO 100	3	M
STALEVO 125	3	M
STALEVO 150	3	M
STALEVO 200	3	M
STALEVO 50	3	M
STALEVO 75	3	M
TASMAR ORAL TABLET 100 MG	3	M
<i>tolcapone</i>	1	M
<i>trihexyphenidyl</i>	1	
ZELAPAR	3	M
MIGRAINE & CLUSTER HEADACHE THERAPY		
<i>almotriptan malate</i>	1	QL
ALSUMA	3	QL
AMERGE	3	ST; QL
AXERT	3	ST; QL
CAFERGOT	3	
D.H.E.45	3	
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	QL
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
FROVA	3	ST; QL

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Drug Name	Drug Category	Requirements / Limits
<i>frovatriptan</i>	1	QL
IMITREX NASAL	3	QL
IMITREX ORAL	3	ST; QL
IMITREX STATDOSE KIT REFILL	3	QL
IMITREX STATDOSE PEN	3	QL
IMITREX SUBCUTANEOUS	3	QL
<i>isometh-dichloral-acetaminophn</i>	1	
<i>isomethepten-caf-acetaminophen oral tablet 65-20-325 mg</i>	1	
MAXALT	3	ST; QL
MAXALT-MLT	3	ST; QL
<i>migergot</i>	1	
MIGRANAL	3	QL
<i>naratriptan</i>	1	QL
<i>nodolor</i>	1	
ONZETRA XSAIL	3	QL
PRODRIN ORAL TABLET 65-20-325 MG	3	
RELPAX	3	ST; QL
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate oral</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL

Drug Name	Drug Category	Requirements / Limits
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL
SUMAVEL DOSEPRO	3	QL
TREXIMET ORAL TABLET 10-60 MG	3	ST
TREXIMET ORAL TABLET 85-500 MG	3	ST; QL
ZEMBRACE SYMTOUCH	3	QL
<i>zolmitriptan</i>	1	QL
ZOMIG NASAL	2	QL
ZOMIG ORAL	3	ST; QL
ZOMIG ZMT	3	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	3	PA; S; SLA; QL
ARICEPT	3	ST; M
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	M
<i>donepezil oral tablet 23 mg</i>	1	ST; M
<i>donepezil oral tablet, disintegrating</i>	1	M

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Drug Name	Drug Category	Requirements / Limits
EXELON TRANSDERMAL	3	ST; M; QL
EXONDYS 51	6	MSD
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	M; QL
<i>galantamine oral solution</i>	1	M; QL
<i>galantamine oral tablet 12 mg</i>	1	M
<i>galantamine oral tablet 4 mg, 8 mg</i>	1	M; QL
HORIZANT	3	ST; QL
KEVEYIS	3	PA
<i>memantine oral solution</i>	1	M
<i>memantine oral tablet</i>	1	M
MEMANTINE ORAL TABLETS, DOSE PACK	3	M; QL
NAMENDA	3	ST; M
NAMENDA TITRATION PAK	3	M; QL
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	M; QL
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR	3	ST; M; QL
NAMZARIC	3	ST
NUEDEXTA	2	PA
RAZADYNE ER	3	ST; M; QL

Drug Name	Drug Category	Requirements / Limits
RAZADYNE ORAL TABLET 12 MG	3	ST; M
RAZADYNE ORAL TABLET 4 MG, 8 MG	3	ST; M; QL
<i>rivastigmine</i>	1	M; QL
<i>rivastigmine tartrate</i>	1	M; QL
<i>tetrabenazine</i>	1	PA
TYSABRI	6	MSD
XENAZINE	3	PA
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX	3	
<i>baclofen</i>	1	M
BRIDION	6	MSD
<i>carisoprodol</i>	1	
<i>carisoprodol-asa-codeine</i>	1	
<i>carisoprodol-aspirin</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine oral tablet</i>	1	
DANTRUM ORAL CAPSULE 25 MG, 50 MG	3	M
<i>dantrolene</i>	1	M
FEXMID	3	
LORZONE	3	
<i>meprobamate</i>	1	
MESTINON ORAL SYRUP	2	M
MESTINON ORAL TABLET	3	M

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Drug Name	Drug Category	Requirements / Limits
MESTINON TIMESPAN	3	M
<i>metaxall</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol injection</i>	6	MSD
<i>methocarbamol oral</i>	1	
<i>orphenadrine citrate oral</i>	1	
PARAFON FORTE DSC	3	
<i>pyridostigmine bromide</i>	1	M
ROBAXIN INJECTION	6	MSD
ROBAXIN ORAL	3	
ROBAXIN-750	3	
SKELAXIN	3	
SOMA	3	
<i>tizanidine</i>	1	M
ZANAFLEX	3	M
NARCOTIC ANALGESICS		
ABSTRAL	3	PA; QL
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	
<i>acetaminophen-codeine oral tablet</i>	1	
ACTIQ	3	PA; QL
ALLZITAL	3	
<i>ascomp with codeine</i>	1	

Drug Name	Drug Category	Requirements / Limits
<i>aspirin-caffeine-dihydrocodein</i>	1	
BELBUCA	3	PA
BUPAP ORAL TABLET 50-300 MG	3	
<i>buprenorphine hcl sublingual</i>	1	PA
<i>butalbital compound w/codeine</i>	1	
<i>butalbital-acetaminop-caf-cod</i>	1	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
BUTRANS	3	
<i>capacet</i>	1	
CAPITAL WITH CODEINE	3	
<i>codeine sulfate oral tablet</i>	1	
<i>codeine-bitalbital-asa-caff</i>	1	
DEMEROL ORAL TABLET 100 MG	3	
DILAUDID	3	
<i>diskets</i>	1	

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Drug Name	Drug Category	Requirements / Limits
DOLOPHINE ORAL	3	
DURAGESIC	3	
EMBEDA ORAL CAPSULE, ORAL ONLY, EXT. REL PELL	3	ST; QL
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
ESGIC	3	
EXALGO ER	3	ST; QL
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 2 MCG/ML- 0.1 %	6	
<i>fentanyl citrate</i>	1	PA; QL
FENTANYL CITRATE- 0.9% NACL (PF) INTRAVENOUS SOLUTION 20 MCG/ML	6	
<i>fentanyl citrate- 0.9% nacl (pf) intravenous solution 5 mcg/ml</i>	6	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	
FENTANYL TRANSDERMAL PATCH 72 HOUR 37.5 MCG/HOUR, 62.5 MCG/HOUR, 87.5 MCG/HOUR	3	

Drug Name	Drug Category	Requirements / Limits
FENTORA	3	PA; QL
FIORICET ORAL CAPSULE	3	
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	
FIORINAL	3	
FIORINAL-CODEINE #3	3	
HYCET	3	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 5 MG/25 ML (0.2 MG/ML)	6	MSD
<i>hydromorphone oral liquid</i>	1	
<i>hydromorphone oral tablet</i>	1	
<i>hydromorphone oral tablet extended release 24 hr</i>	1	QL

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Drug Name	Drug Category	Requirements / Limits
<i>hydromorphone rectal</i>	1	
HYSINGLA ER	3	ST; QL
IBUDONE	3	
<i>ibuprofen-oxycodone</i>	1	
IONSYS	3	
KADIAN ORAL CAPSULE,EXTENDED.RELEASE PELLETS 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	3	ST; QL
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	3	PA; QL
LAZANDA NASAL SPRAY,NON-AEROSOL 300 MCG/SPRAY	3	QL
<i>levorphanol tartrate</i>	1	
<i>lorcet (hydrocodone)</i>	1	
<i>lorcet hd</i>	1	
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	
<i>lortab 10-325</i>	1	
<i>lortab 5-325</i>	1	
<i>lortab 7.5-325</i>	1	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	
<i>marten-tab</i>	1	
<i>meperidine oral</i>	1	

Drug Name	Drug Category	Requirements / Limits
<i>methadone oral concentrate</i>	1	
<i>methadone oral solution</i>	1	
<i>methadone oral tablet</i>	1	
<i>methadone oral tablet,soluble</i>	1	
<i>methadose oral concentrate</i>	1	
<i>methadose oral tablet,soluble</i>	1	
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	6	MSD
<i>morphine (pf) intravenous patient control.analgesia soln</i>	6	MSD
<i>morphine concentrate oral solution</i>	1	
<i>morphine injection solution 15 mg/ml, 8 mg/ml</i>	6	MSD
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	6	MSD
MORPHINE INTRAMUSCULAR	6	MSD
<i>morphine intravenous cartridge 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	6	MSD

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Drug Name	Drug Category	Requirements / Limits
MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML	6	MSD
<i>morphine intravenous pt controlled analgesia syring</i>	6	MSD
<i>morphine intravenous solution 10 mg/ml, 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml, 50 mg/ml</i>	6	MSD
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	6	MSD
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	6	MSD
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	6	MSD
<i>morphine oral capsule, er multiphase 24 hr</i>	1	QL
<i>morphine oral capsule, extend. release pellets</i>	1	QL
<i>morphine oral solution</i>	1	
<i>morphine oral tablet</i>	1	
<i>morphine oral tablet extended release</i>	1	QL
<i>morphine rectal</i>	1	
MS CONTIN	3	ST; QL
NORCO	3	

Drug Name	Drug Category	Requirements / Limits
OPANA ER ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	3	ST; QL
OPANA ORAL	3	
OXAYDO	3	
<i>oxycodone oral capsule</i>	1	
<i>oxycodone oral concentrate</i>	1	
<i>oxycodone oral solution</i>	1	
<i>oxycodone oral tablet</i>	1	
OXYCODONE ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	3	ST; QL
<i>oxycodone-acetaminophen oral solution</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxycodone-aspirin</i>	1	
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	3	ST; QL
<i>oxymorphone oral tablet</i>	1	
<i>oxymorphone oral tablet extended release 12 hr</i>	1	QL

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Drug Name	Drug Category	Requirements / Limits
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	
PRIMLEV	3	
PROBUPHINE	6	MSD
<i>reprexain</i>	1	
ROXICODONE	3	
SUBSYS	3	PA; QL
SYNALGOS-DC	3	
<i>tencon oral tablet 50-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	
TYLENOL-CODEINE #3	3	
TYLENOL-CODEINE #4	3	
VANATOL LQ	3	
<i>verdrocet</i>	1	
<i>vicodin</i>	1	
<i>vicodin es</i>	1	
<i>vicodin hp</i>	1	
XARTEMIS XR	3	
XODOL 10/300	3	
XODOL 5/300	3	
XODOL 7.5/300	3	
XTAMPZA ER	3	ST; QL
<i>xylon 10</i>	1	
<i>zamicet</i>	1	
<i>zebutal oral capsule 50-325-40 mg</i>	1	

Drug Name	Drug Category	Requirements / Limits
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	ST; QL
NON-NARCOTIC ANALGESICS		
ANAPROX DS	3	ST; M
ARTHROTEC 50	3	ST; M
ARTHROTEC 75	3	ST; M
<i>aspir-81</i>	5	ACA; OTC
<i>aspirin low dose</i>	5	ACA; OTC
<i>aspirin oral tablet</i>	5	ACA; OTC
<i>aspirin oral tablet, chewable</i>	5	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	5	ACA; OTC
<i>aspir-low</i>	5	ACA; OTC
<i>aspir-trin</i>	5	ACA; OTC
<i>bayer aspirin</i>	5	ACA; OTC
BUNAVAIL	3	PA; QL
<i>buprenorphine-naloxone</i>	1	PA; QL
<i>butorphanol tartrate injection</i>	6	MSD
<i>butorphanol tartrate nasal</i>	1	QL
CAMBIA	3	ST; QL
CELEBREX	3	ST; M; QL
<i>celecoxib</i>	1	ST; M; QL
<i>children's aspirin</i>	5	ACA; OTC
<i>choline, magnesium salicylate</i>	1	
CONZIP	3	ST; QL

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Drug Name	Drug Category	Requirements / Limits
DAYPRO	3	ST; M
DICLO GEL-XRYLIX SHEET	3	ST; M
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium oral</i>	1	M
<i>diclofenac sodium topical drops</i>	1	M; QL
<i>diclofenac sodium topical gel 1 %</i>	1	ST; M; QL
<i>diclofenac-misoprostol</i>	1	M
<i>diflunisal</i>	1	M
DISALCID	3	
DUEXIS	3	ST; M; QL
<i>e.c. prin</i>	5	ACA; OTC
EC-NAPROSYN	3	ST; M
<i>ecotrin</i>	5	ACA; OTC
<i>ecotrin low strength</i>	5	ACA; OTC
<i>enteric coated aspirin</i>	5	ACA; OTC
<i>etodolac</i>	1	M
EVZIO INJECTION AUTO-INJECTOR 0.4 MG/0.4 ML	3	QL
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	3	
FELDENE	3	ST; M
FENOPROFEN ORAL CAPSULE	3	ST; M
<i>fenoprofen oral tablet</i>	1	M
FENORTHO	3	ST; M
FLECTOR	3	ST; QL

Drug Name	Drug Category	Requirements / Limits
<i>flurbiprofen</i>	1	M
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	M
INDOCIN	3	ST
<i>indomethacin oral</i>	1	
<i>ketoprofen oral capsule</i>	1	M
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	M
<i>ketorolac injection</i>	6	MSD
<i>ketorolac intramuscular</i>	6	MSD
<i>ketorolac oral</i>	1	QL
<i>klofensaid ii</i>	1	ST; M; QL
<i>lite coat aspirin</i>	5	ACA; OTC
LODINE ORAL TABLET	3	ST; M
<i>meclofenamate oral</i>	1	M
<i>mefenamic acid</i>	1	
<i>meloxicam oral suspension</i>	1	M
<i>meloxicam oral tablet 15 mg</i>	1	M
<i>meloxicam oral tablet 7.5 mg</i>	1	M; QL
MOBIC ORAL TABLET 15 MG	3	ST; M
MOBIC ORAL TABLET 7.5 MG	3	ST; M; QL
<i>nabumetone</i>	1	M
<i>nalbuphine</i>	6	MSD
NALFON ORAL CAPSULE 400 MG	3	ST; M

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Drug Name	Drug Category	Requirements / Limits
<i>naloxone</i>	6	MSD
<i>naltrexone</i>	1	
NAPRELAN CR	3	ST; M
NAPROSYN ORAL SUSPENSION	3	ST; M
NAPROSYN ORAL TABLET 500 MG	3	ST; M
<i>naproxen</i>	1	M
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	M
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	M
NARCAN	2	
NUCYNTA	3	QL
NUCYNTA ER	3	ST; QL
<i>oxaprozin</i>	1	M
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	ST; M; QL
<i>pentazocine-naloxone</i>	1	
<i>piroxicam</i>	1	M
PONSTEL	3	ST
READYSHARP KETOROLAC	6	
REVIA	3	
<i>salsalate</i>	1	
SPRIX	3	ST; QL
SUBOXONE	2	PA; QL
<i>sulindac oral</i>	1	M
TALWIN	6	MSD

Drug Name	Drug Category	Requirements / Limits
TIVORBEX	3	ST; M
<i>tolmetin</i>	1	M
TORONOVA II SUIK	6	MSD
TORONOVA SUIK	6	MSD
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	ST; QL
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	ST; QL
<i>tramadol oral tablet</i>	1	QL
<i>tramadol oral tablet extended release 24 hr</i>	1	QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	QL
<i>tramadol-acetaminophen</i>	1	QL
ULTRACET	3	ST; QL
ULTRAM	3	ST; QL
ULTRAM ER ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	ST; QL
VIMOVO	3	ST; M; QL
VIVITROL	6	MSD
VIVLODEX	3	ST; M
VOLTAREN TOPICAL	3	ST; M; QL
VOLTAREN-XR	3	ST; M
ZIPSOR	3	ST; QL

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Drug Name	Drug Category	Requirements / Limits
ZORVOLEX	3	ST; M; QL
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 5.7-1.4 MG	2	PA; QL
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	6	MSD
ABILIFY ORAL TABLET	3	QL
ADASUVE	3	
ADDERALL	3	QL
ADDERALL XR	3	ST; QL
ADDYI	3	PA
ADZENYS XR- ODT	3	ST
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	
AMBIEN	3	ST; QL
AMBIEN CR	3	ST; QL
<i>amitriptyline</i>	1	
<i>amitriptyline- chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	3	
APLENZIN	3	ST; M; QL
APTENSIO XR	3	ST
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet, disintegrating</i>	1	QL
ARISTADA	6	MSD

Drug Name	Drug Category	Requirements / Limits
<i>armodafinil oral tablet 150 mg, 250 mg, 50 mg</i>	1	ST
<i>armodafinil oral tablet 200 mg</i>	1	PA
ATIVAN ORAL	3	
BELSOMRA	3	ST
BRISDELLE	3	ST; M; QL
<i>bupropion hcl oral tablet</i>	1	M
<i>bupropion hcl oral tablet extended release</i>	1	M; QL
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	M
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	M; QL
<i>buspirone</i>	1	M
BUTISOL ORAL TABLET 30 MG	3	
CELEXA ORAL TABLET	3	ST; M; QL
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
<i>citalopram</i>	1	M
<i>clomipramine</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	QL
<i>clorazepate dipotassium</i>	1	
<i>clozapine oral tablet</i>	1	

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Drug Name	Drug Category	Requirements / Limits
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	3	
CLOZARIL	3	
CONCERTA	3	ST; QL
CYMBALTA	3	ST; M; QL
DAYTRANA	3	ST; QL
<i>desipramine oral</i>	1	
DESOXYN	3	QL
DESVENLAFAXIN E	3	ST; M; QL
DESVENLAFAXIN E FUMARATE	3	ST; M
<i>dexedrine</i>	1	QL
DEXEDRINE SPANSULE	3	ST; QL
<i>dexmethylphenidate</i>	1	QL
<i>dextroamphetamine</i>	1	QL
<i>dextroamphetamine-amphetamine</i>	1	QL
<i>diazepam injection</i>	6	MSD
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
DORAL	3	
<i>doxepin oral</i>	1	

Drug Name	Drug Category	Requirements / Limits
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	M; QL
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	M
DYANAVEL XR	3	ST
EDLUAR	3	ST; QL
EFFEXOR XR	3	ST; M; QL
EMSAM	3	M; QL
<i>ergoloid</i>	1	M
<i>escitalopram oxalate</i>	1	M
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL
EVEKEO	3	PA
FANAPT	3	QL
FAZACLO	3	
FETZIMA	3	ST; M; QL
<i>flumazenil</i>	6	MSD
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	M; QL
<i>fluoxetine oral capsule 20 mg</i>	1	M
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	M; QL
<i>fluoxetine oral solution</i>	1	M
<i>fluoxetine oral tablet 10 mg</i>	1	M; QL
<i>fluoxetine oral tablet 20 mg</i>	1	M

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Drug Name	Drug Category	Requirements / Limits
FLUOXETINE ORAL TABLET 60 MG	3	ST
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	
<i>fluvoxamine</i>	1	M; QL
FOCALIN	3	QL
FOCALIN XR	3	ST; QL
FORFIVO XL	3	ST; M; QL
GEODON INTRAMUSCULAR	3	
GEODON ORAL	3	QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	QL
<i>guanidine</i>	1	
HALCION ORAL TABLET 0.25 MG	3	
HALDOL	3	
HALDOL DECANOATE	3	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
HETLIOZ	4	S; SLA; QL
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INTERMEZZO	3	ST; QL
INTUNIV ER	3	ST; QL

Drug Name	Drug Category	Requirements / Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG	3	QL
IRENKA	3	ST; M
KAPVAY	3	ST; QL
KHEDEZLA	3	ST; M; QL
LATUDA	3	QL
LEXAPRO ORAL SOLUTION	3	ST; M
LEXAPRO ORAL TABLET	3	ST; M; QL
<i>lithium carbonate</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID	3	
<i>lorazepam intensol</i>	1	
<i>lorazepam oral</i>	1	
<i>loxapine succinate</i>	1	
LUNESTA	3	ST; QL
<i>maprotiline</i>	1	
MARPLAN	3	M
METADATE CD	3	ST
<i>metadate er</i>	1	
<i>methamphetamine</i>	1	QL
METHYLIN ORAL SOLUTION	3	QL
METHYLIN ORAL TABLET,CHEWABLE	3	QL
<i>methylphenidate oral capsule, er biphasic 30-70</i>	1	

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Drug Name	Drug Category	Requirements / Limits
<i>methylphenidate oral capsule,er biphasic 50-50</i>	1	
<i>methylphenidate oral solution</i>	1	QL
<i>methylphenidate oral tablet</i>	1	QL
<i>methylphenidate oral tablet extended release</i>	1	
<i>methylphenidate oral tablet extended release 24hr</i>	1	QL
<i>methylphenidate oral tablet,chewable</i>	1	QL
<i>mirtazapine</i>	1	QL
<i>modafinil</i>	1	PA; QL
<i>molindone</i>	1	
NARDIL	3	M
<i>nefazodone</i>	1	M
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline</i>	1	
NUPLAZID	4	S; SLA
NUVIGIL	3	PA
<i>olanzapine intramuscular</i>	6	MSD
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	QL
<i>olanzapine oral tablet 20 mg</i>	1	
<i>olanzapine oral tablet,disintegrating</i>	1	QL

Drug Name	Drug Category	Requirements / Limits
<i>olanzapine-fluoxetine</i>	1	
ORAP	3	
<i>oxazepam</i>	1	
<i>paliperidone</i>	1	QL
PAMELOR	3	
PARNATE	3	M
<i>paroxetine hcl oral tablet</i>	1	M; QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	M; QL
PAXIL CR	3	ST; M; QL
PAXIL ORAL SUSPENSION	3	ST; M
PAXIL ORAL TABLET	3	ST; M; QL
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
PEXEVA	3	ST; M; QL
<i>phenelzine</i>	1	M
<i>pimozide</i>	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	ST; M; QL
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	ST; M
<i>procentra</i>	1	QL
<i>protriptyline</i>	1	
PROVIGIL	3	PA; QL

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Drug Name	Drug Category	Requirements / Limits
PROZAC ORAL CAPSULE 10 MG, 40 MG	3	ST; M; QL
PROZAC ORAL CAPSULE 20 MG	3	ST; M
PROZAC WEEKLY	3	ST; M; QL
<i>quazepam</i>	1	
<i>quetiapine</i>	1	QL
QUILLICHEW ER	3	ST
QUILLIVANT XR	3	ST; QL
REMERON	3	QL
REMERON SOLTAB	3	QL
RESTORIL	3	
REXULTI	3	
RISPERDAL M-TAB	3	QL
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET	3	QL
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet, disintegrating</i>	1	QL
RITALIN	3	QL
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	ST
ROZEREM	2	ST; QL

Drug Name	Drug Category	Requirements / Limits
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	3	
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	3	QL
SARAFEM ORAL TABLET 10 MG	3	ST; M; QL
SARAFEM ORAL TABLET 20 MG	3	ST; M
<i>seconal sodium</i>	1	
SEROQUEL	3	QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	QL
<i>sertraline oral concentrate</i>	1	M
<i>sertraline oral tablet</i>	1	M; QL
SILENOR	3	ST; QL
SONATA	3	ST; QL
STRATTERA	2	ST; QL
SURMONTIL	3	
SYMBYAX	3	
<i>temazepam</i>	1	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
TOFRANIL	3	
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	
<i>tranylcypromine</i>	1	M
<i>trazodone</i>	1	

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Drug Name	Drug Category	Requirements / Limits
<i>triazolam</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	ST; QL
VALIUM	3	
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	1	M
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg</i>	1	M; QL
<i>venlafaxine oral tablet</i>	1	M; QL
<i>venlafaxine oral tablet extended release 24hr</i>	1	M; QL
VERSACLOZ	3	
VIIBRYD ORAL TABLET	3	ST; M; QL
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	ST; QL
VRAYLAR	3	
VYVANSE	2	ST; QL
WELLBUTRIN SR	3	ST; M; QL
WELLBUTRIN XL	3	ST; M; QL
XANAX	3	
XANAX XR	3	
XYREM	3	S; SLA; QL
<i>zaleplon</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	QL

Drug Name	Drug Category	Requirements / Limits
ZENZEDI ORAL TABLET 15 MG	3	QL
ZENZEDI ORAL TABLET 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl</i>	1	QL
ZOLOFT ORAL CONCENTRATE	3	ST; M
ZOLOFT ORAL TABLET	3	ST; M; QL
<i>zolpidem oral tablet 10 mg</i>	1	QL
<i>zolpidem oral tablet,ext release multiphase</i>	1	QL
<i>zolpidem sublingual</i>	1	QL
ZOLPIMIST	3	ST
ZYPREXA INTRAMUSCULAR	6	MSD
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 5 MG, 7.5 MG	3	QL
ZYPREXA ORAL TABLET 20 MG	3	
ZYPREXA ZYDIS	3	QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral</i>	1	M
BETAPACE	3	M
BETAPACE AF	3	M

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Drug Name	Drug Category	Requirements / Limits
<i>disopyramide phosphate oral capsule</i>	1	M
<i>dofetilide</i>	1	
<i>flecainide</i>	1	M
<i>mexiletine</i>	1	M
MULTAQ	3	M
NORPACE	3	M
NORPACE CR	3	M
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	M
<i>procainamide injection</i>	6	MSD
<i>propafenone</i>	1	M
<i>quinidine gluconate oral</i>	1	M
<i>quinidine sulfate oral tablet</i>	1	M
RYTHMOL SR	3	M
<i>sotalol af</i>	1	M
<i>sotalol oral</i>	1	M
SOTYLIZE	2	M
TIKOSYN	3	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	M
ACCURETIC	3	M
<i>acebutolol</i>	1	M
ADALAT CC	3	ST; M
<i>afeditab cr</i>	1	M
ALDACTAZIDE	3	M
ALDACTONE	3	M
ALTACE	3	M

Drug Name	Drug Category	Requirements / Limits
<i>amiloride</i>	1	M
<i>amiloride-hydrochlorothiazide</i>	1	M
<i>amlodipine</i>	1	M
<i>amlodipine-benazepril</i>	1	M
<i>amlodipine-olmesartan</i>	1	M
<i>amlodipine-valsartan</i>	1	M
<i>amlodipine-valsartan-hcthiiazid</i>	1	M
ATACAND	3	ST; M
ATACAND HCT	3	ST; M
<i>atenolol</i>	1	M
<i>atenolol-chlorthalidone</i>	1	M
AVALIDE	3	ST; M
AVAPRO	3	ST; M
AZOR	3	ST; M
<i>benazepril</i>	1	M
<i>benazepril-hydrochlorothiazide</i>	1	M
BENICAR	3	ST; M
BENICAR HCT	3	ST; M
<i>betaxolol oral</i>	1	M
BIDIL	3	M
<i>bisoprolol fumarate</i>	1	M
<i>bisoprolol-hydrochlorothiazide</i>	1	M
BREVIBLOC IN NACL (ISO-OSM)	6	MSD

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Drug Name	Drug Category	Requirements / Limits
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	6	MSD
<i>bumetanide oral</i>	1	M
BYSTOLIC	3	ST; M
BYVALSON	3	ST; M
CALAN	3	ST; M
CALAN SR	3	ST; M
<i>candesartan</i>	1	M
<i>candesartan-hydrochlorothiazid</i>	1	M
<i>captopril</i>	1	M
<i>captopril-hydrochlorothiazide</i>	1	M
CARDENE IV	6	MSD
CARDENE IV IN DEXTROSE	6	MSD
CARDENE IV IN SODIUM CHLORIDE	6	MSD
CARDIZEM CD	3	M
CARDIZEM LA	3	M
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	M
CARDURA	3	ST; M; QL
CARDURA XL	3	ST; M; QL
<i>carvedilol</i>	1	M
CATAPRES	3	M
CATAPRES-TTS-1	3	M; QL
CATAPRES-TTS-2	3	M; QL
CATAPRES-TTS-3	3	M; QL

Drug Name	Drug Category	Requirements / Limits
<i>chlorothiazide</i>	1	M
<i>chlorothiazide sodium</i>	6	MSD
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	M
<i>clonidine</i>	1	M; QL
<i>clonidine hcl oral tablet</i>	1	M
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg</i>	1	M
CLOPRES ORAL TABLET 0.3-15 MG	3	M
COREG	3	ST; M
COREG CR	3	ST; M
CORGARD	3	ST; M
CORZIDE	3	ST; M
COZAAR	3	ST; M
DEMADEX ORAL TABLET 10 MG, 20 MG	3	M
DEMSEER	2	
DIBENZYLINE	3	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg</i>	1	M
DIOVAN	3	ST; M
DIOVAN HCT	3	ST; M
DIURIL	3	M
DIURIL IV	6	MSD
<i>doxazosin</i>	1	M; QL
DUTOPROL	2	ST; M
DYAZIDE	3	M

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Drug Name	Drug Category	Requirements / Limits
DYRENIUM	3	M
EDARBI	3	ST; M
EDARBYCLOR	3	ST; M
EDECIN	3	M
<i>enalapril maleate</i>	1	M
<i>enalapril-hydrochlorothiazide</i>	1	M
EPANED	3	M
<i>eplerenone</i>	1	M
<i>epoprostenol (glycine)</i>	6	MSD
<i>eprosartan</i>	1	M
<i>esmolol intravenous solution</i>	6	MSD
<i>ethacrynate sodium</i>	6	MSD
<i>ethacrynic acid</i>	1	M
EXFORGE	3	ST; M
EXFORGE HCT	3	ST; M
<i>felodipine</i>	1	M
FLOLAN	6	MSD
<i>fosinopril</i>	1	M
<i>fosinopril-hydrochlorothiazide</i>	1	M
<i>furosemide injection</i>	6	MSD
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	M
<i>furosemide oral tablet</i>	1	M
<i>guanfacine oral tablet</i>	1	M
HEMANGEOL	3	
<i>hydralazine injection</i>	6	MSD

Drug Name	Drug Category	Requirements / Limits
<i>hydralazine oral</i>	1	M
<i>hydrochlorothiazide</i>	1	M
HYZAAR	3	ST; M
<i>indapamide</i>	1	M
INDERAL LA	3	ST; M
INDERAL XL	3	ST; M
INNOPRAN XL	3	ST; M
INSPIRA	3	M
<i>irbesartan</i>	1	M
<i>irbesartan-hydrochlorothiazide</i>	1	M
<i>isradipine</i>	1	M
<i>labetalol oral</i>	1	M
LASIX	3	M
LEVATOL	3	ST; M
<i>lisinopril</i>	1	M
<i>lisinopril-hydrochlorothiazide</i>	1	M
LOPRESSOR HCT	3	ST; M
LOPRESSOR ORAL	3	ST; M
<i>losartan</i>	1	M
<i>losartan-hydrochlorothiazide</i>	1	M
LOTENSIN HCT	3	M
LOTENSIN ORAL TABLET 20 MG, 40 MG	3	M
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	M

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Drug Name	Drug Category	Requirements / Limits
MAVIK ORAL TABLET 1 MG, 2 MG	3	M
MAXZIDE	3	M
MAXZIDE-25MG	3	M
<i>methyclothiazide</i>	1	M
<i>methyldopa</i>	1	M
<i>methyldopa-hydrochlorothiazide</i>	1	M
<i>methyldopate</i>	6	MSD
<i>metolazone</i>	1	M
<i>metoprolol succinate</i>	1	M
METOPROLOL SU-HYDROCHLOROTHIAZ	3	ST; M
<i>metoprolol tartrate hydrochlorothiaz</i>	1	M
<i>metoprolol tartrate oral</i>	1	M
MICARDIS	3	ST; M
MICARDIS HCT	3	ST; M
MICROZIDE	3	M
MINIPRESS	3	M
<i>minoxidil oral</i>	1	M
<i>moexipril</i>	1	M
<i>moexipril-hydrochlorothiazide</i>	1	M
<i>nadolol</i>	1	M
<i>nadolol-bendroflumethiazide</i>	1	M
<i>nicardipine intravenous solution</i>	6	MSD
<i>nicardipine oral</i>	1	M

Drug Name	Drug Category	Requirements / Limits
<i>nifedipine</i>	1	M
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	M
NORVASC	3	ST; M
NYMALIZE	3	
<i>olmesartan</i>	1	M
<i>olmesartan-amlodipin-hcthiazid</i>	1	M
<i>olmesartan-hydrochlorothiazide</i>	1	M
ORENITRAM	4	S; M; SLA
<i>perindopril erbumine</i>	1	M
<i>phenoxybenzamine</i>	1	
<i>phentolamine injection recon soln</i>	6	MSD
<i>pindolol</i>	1	M
<i>prazosin oral</i>	1	M
PRESTALIA	3	ST; M
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	M
PROCARDIA	3	ST; M
PROCARDIA XL	3	ST; M
<i>propranolol oral</i>	1	M
<i>propranolol-hydrochlorothiazid</i>	1	M
QBRELIS	3	M
<i>quinapril</i>	1	M
<i>quinapril-hydrochlorothiazide</i>	1	M
<i>ramipril</i>	1	M
REMODULIN	6	MSD
<i>reserpine</i>	1	M

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Drug Name	Drug Category	Requirements / Limits
SODIUM EDECIN	6	MSD
<i>spironolactone</i>	1	M
<i>spironolactone-hydrochlorothiaz</i>	1	M
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST; M
TARKA	3	M
TEKTURNA	3	M
TEKTURNA HCT	3	M
<i>telmisartan</i>	1	M
<i>telmisartan-amlodipine</i>	1	M
<i>telmisartan-hydrochlorothiazid</i>	1	M
TENORETIC 100	3	ST; M
TENORETIC 50	3	ST; M
TENORMIN	3	ST; M
<i>terazosin</i>	1	M; QL
TIAZAC	3	M
<i>timolol maleate oral</i>	1	M
TOPROL XL	3	ST; M
<i>torsemide oral</i>	1	M
<i>trandolapril</i>	1	M
<i>trandolapril-verapamil</i>	1	M
<i>triamterene-hydrochlorothiazid</i>	1	M
TRIBENZOR	3	ST; M
TWYNSTA	3	ST; M

Drug Name	Drug Category	Requirements / Limits
UPTRAVI	3	S; M; SLA
<i>valsartan</i>	1	M
<i>valsartan-hydrochlorothiazide</i>	1	M
VASERETIC	3	M
VASOTEC	3	M
<i>veletri</i>	6	MSD
<i>verapamil oral</i>	1	M
VERELAN	3	ST; M
VERELAN PM	3	ST; M
ZEBETA ORAL TABLET 10 MG	3	ST; M
ZESTORETIC	3	M
ZESTRIL	3	M
ZIAC	3	ST; M
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	M
<i>digox</i>	1	M
<i>digoxin injection</i>	6	MSD
<i>digoxin oral solution 50 mcg/ml</i>	1	M
<i>digoxin oral tablet</i>	1	M
LANOXIN INJECTION	6	MSD
LANOXIN ORAL	3	M
LANOXIN PEDIATRIC	6	MSD
COAGULATION THERAPY		
ADVATE	6	MSD

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Drug Name	Drug Category	Requirements / Limits
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	6	MSD
AFSTYLA	6	MSD
AGGRENOX	3	M
ALPHANATE	6	MSD
ALPHANINE SD	6	MSD
ALPROLIX	6	MSD
AMICAR	2	
ANGIOMAX	6	MSD
ARGATROBAN	6	MSD
ARGATROBAN IN 0.9 % SOD CHLOR	6	MSD
ARGATROBAN IN NACL (ISO-OS)	6	MSD
ARIXTRA	3	
<i>aspirin-dipyridamole</i>	1	M
BEBULIN	6	MSD
BENEFIX	6	MSD
<i>bivalirudin</i>	6	MSD
BRILINTA	2	M
CEPROTIN (BLUE BAR)	6	MSD
CEPROTIN (GREEN BAR)	6	MSD
<i>cilostazol</i>	1	M
<i>clopidogrel oral tablet 300 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	M
COAGADEX	6	MSD

Drug Name	Drug Category	Requirements / Limits
CORIFACT	6	MSD
COUMADIN ORAL	3	
<i>dipyridamole oral</i>	1	M
DURLAZA	3	M
EFFIENT	3	M
ELIQUIS	2	PA
ELOCTATE	6	MSD
<i>enoxaparin subcutaneous solution</i>	6	MSD
<i>enoxaparin subcutaneous syringe</i>	1	
FEIBA NF	6	MSD
<i>fondaparinux</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION	3	
FRAGMIN SUBCUTANEOUS SYRINGE	3	
HELIXATE FS	6	MSD
HEMOFIL M HIGH	6	MSD
HEMOFIL M LOW	6	MSD
HEMOFIL M MID	6	MSD
HEMOFIL M SUPER HIGH	6	MSD
<i>hep flush-10 (pf)</i>	1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 4000 UNIT/1000 ML (4 UNIT/ML)	6	MSD

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Drug Name	Drug Category	Requirements / Limits
<i>heparin (porcine) in 5 % dex</i>	6	MSD
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin flush</i>	6	MSD
<i>heparin flush(porcine)-0.9nacl</i>	6	MSD
<i>heparin lock flush</i>	1	
<i>heparin lock flush (porcine) intravenous solution 100 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous syringe</i>	1	
<i>heparin lockflush(porcine)(pf)</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection</i>	1	

Drug Name	Drug Category	Requirements / Limits
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe</i>	1	
HUMATE-P	6	MSD
IDELVION	6	MSD
IPRIVASK	6	MSD
IXINITY	6	MSD
<i>jantoven</i>	1	
KOATE-DVI INTRAVENOUS RECON SOLN	6	MSD
KOGENATE FS	6	MSD
KOVALTRY	6	MSD
LOVENOX SUBCUTANEOUS SOLUTION	6	MSD
LOVENOX SUBCUTANEOUS SYRINGE	3	
MEPHYTON	2	
MONOCLATE-P	6	MSD
<i>monoject prefill (pf)</i>	1	
MONONINE	6	MSD
NOVOEIGHT	6	MSD
NOVOSEVEN RT	6	MSD
NPLATE	6	MSD
NUWIK	6	MSD
OBIZUR	6	MSD
<i>pentoxifylline</i>	1	M
PLAVIX ORAL TABLET 300 MG	3	

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Drug Name	Drug Category	Requirements / Limits
PLAVIX ORAL TABLET 75 MG	3	M
PRADAXA ORAL CAPSULE 150 MG, 75 MG	3	PA; M
PRAXBIND	6	MSD
PROFILNINE	6	MSD
PROMACTA	2	PA
RECOMBINATE	6	MSD
RIASTAP	6	MSD
RIXUBIS	6	MSD
SAVAYSA	3	PA
<i>ticlopidine</i>	1	M
<i>tranexamic acid intravenous</i>	6	MSD
TRETTEN	6	MSD
VONVENDI	6	MSD
<i>warfarin</i>	1	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	6	MSD
XARELTO ORAL TABLET 10 MG	2	
XARELTO ORAL TABLET 15 MG, 20 MG	2	PA
XARELTO ORAL TABLETS,DOSE PACK	2	PA
XYNTHA	6	MSD
XYNTHA SOLOFUSE	6	MSD
YOSPRALA	3	M

Drug Name	Drug Category	Requirements / Limits
ZONTIVITY	3	PA; M
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	3	ST; M; QL
<i>amlodipine-atorvastatin</i>	1	M; QL
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST; M; QL
<i>atorvastatin</i>	1	M; QL
CADUET	3	ST; M; QL
<i>cholestyramine (with sugar)</i>	1	M
<i>cholestyramine light</i>	1	M
COLESTID	3	ST; M
COLESTID FLAVORED ORAL PACKET	3	ST; M
<i>colestipol</i>	1	M
CRESTOR	3	ST; M; QL
<i>ezetimibe</i>	1	ST; M
<i>fenofibrate micronized</i>	1	M; QL
<i>fenofibrate nanocrystallized</i>	1	M; QL
FENOFIBRATE ORAL CAPSULE	3	ST; M; QL
<i>fenofibrate oral tablet</i>	1	M; QL
<i>fenofibric acid</i>	1	M; QL
<i>fenofibric acid (choline)</i>	1	M; QL
FENOGLIDE	3	ST; M; QL
FIBRICOR	3	ST; M; QL
<i>fluvastatin</i>	1	M; QL

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Drug Name	Drug Category	Requirements / Limits
<i>gemfibrozil oral</i>	1	M; QL
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	3	PA; S; SLA; QL
JUXTAPID ORAL CAPSULE 30 MG, 40 MG, 60 MG	3	PA; S; SLA
KYNAMRO	4	PA; S; SLA; QL
LESCOL	3	ST; M; QL
LESCOL XL	3	ST; M; QL
LIPITOR	3	ST; M; QL
LIPOFEN	3	ST; M; QL
LIVALO	3	ST; M; QL
LOFIBRA	3	ST; M; QL
LOPID	3	M; QL
<i>lovastatin</i>	1	M; QL
LOVAZA	3	PA; M
<i>niacin oral tablet extended release 24 hr</i>	1	M
NIACOR	3	M
NIASPAN EXTENDED-RELEASE	3	M
<i>omega-3 acid ethyl esters</i>	1	PA; M
PRALUENT PEN	3	PA; S; SLA
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 75 MG/ML	3	PA; S; SLA
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	ST; M; QL

Drug Name	Drug Category	Requirements / Limits
<i>pravastatin</i>	1	M; QL
<i>prevalite</i>	1	M
QUESTRAN	3	ST; M
QUESTRAN LIGHT ORAL POWDER	3	ST; M
REPATHA PUSHTRONEX	3	PA; S; SLA
REPATHA SURECLICK	3	PA; S; SLA
REPATHA SYRINGE	3	PA; S; SLA
<i>rosuvastatin</i>	1	M; QL
<i>simvastatin</i>	1	M; QL
TRICOR	3	ST; M; QL
TRIGLIDE ORAL TABLET 160 MG	3	ST; M; QL
TRILIPIX	3	ST; M; QL
VASCEPA	2	PA; M
VYTORIN 10-10	3	ST; M; QL
VYTORIN 10-20	3	ST; M; QL
VYTORIN 10-40	3	ST; M; QL
VYTORIN 10-80	3	ST; M; QL
WELCHOL	3	ST; M
ZETIA	2	ST; M
ZOCOR	3	ST; M; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	2	PA; M
ENTRESTO	2	PA; M
RANEXA	3	M
VECAMYL	3	
NITRATES		

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Drug Name	Drug Category	Requirements / Limits
DILATRATE-SR	3	M
GONITRO	3	
ISOCHRON	3	M
ISORDIL	3	M
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	M
<i>isosorbide dinitrate oral</i>	1	M
<i>isosorbide mononitrate</i>	1	M
MINITRAN	3	M
<i>nitro-bid</i>	1	M
NITRO-DUR	3	M
<i>nitroglycerin oral</i>	1	M
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	M
<i>nitroglycerin translingual</i>	1	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
<i>nitro-time</i>	1	M
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	
ANALPRAM-HC TOPICAL	3	ST

Drug Name	Drug Category	Requirements / Limits
<i>calcipotriene</i>	1	QL
<i>calcipotriene- betamethasone</i>	1	QL
<i>calcitrene</i>	1	QL
<i>calcitriol topical</i>	1	QL
COAL TAR	2	
COSENTYX	4	PA; S; SLA; QL
COSENTYX (2 SYRINGES)	4	PA; S; SLA; QL
COSENTYX PEN	4	PA; S; SLA; QL
COSENTYX PEN (2 PENS)	4	PA; S; SLA; QL
DOVONEX TOPICAL	3	QL
<i>drithocrema hp</i>	1	
ENSTILAR	3	
EPIFOAM	3	ST
<i>hydrocortisone- pramoxine topical</i>	1	
OVACE	3	
OVACE PLUS SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER, EXTE NDED RELEASE	3	
OVACE PLUS TOPICAL CREAM	3	ST
OVACE PLUS TOPICAL FOAM	3	
OVACE PLUS TOPICAL LOTION	3	ST
OVACE PLUS WASH	3	

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Drug Name	Drug Category	Requirements / Limits
PRAMOSONE	3	ST
PRAMOSONE E	3	ST
<i>seb-prev</i>	1	
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
SELRX	3	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	3	
SORILUX	3	QL
STELARA INTRAVENOUS	6	MSD
STELARA SUBCUTANEOUS SYRINGE	6	MSD
<i>sulfacetamide sodium topical</i>	1	
TACLONEX TOPICAL OINTMENT	3	QL
TACLONEX TOPICAL SUSPENSION	3	
TALTZ AUTOINJECTOR	4	ST; S; SLA
TALTZ AUTOINJECTOR (2 PACK)	4	ST; S; SLA
TALTZ AUTOINJECTOR (3 PACK)	4	ST; S; SLA
TALTZ SYRINGE	4	ST; S; SLA

Drug Name	Drug Category	Requirements / Limits
TALTZ SYRINGE (2 PACK)	4	ST; S; SLA
TALTZ SYRINGE (3 PACK)	4	ST; S; SLA
TERSI FOAM	3	
VECTICAL	3	QL
ZITHRANOL	3	
ZITHRANOL-RR	3	
BURN THERAPY		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<i>thermazene</i>	1	
KERATOLYTICS		
BENSAL HP TOPICAL OINTMENT 3 %	3	
INOVA 4-1	3	ST
KERALYT RX	3	
PODOCON	3	
POTASSIUM HYDROXIDE	3	
<i>salacyn</i>	1	
SALEX TOPICAL COMBO PACK	3	
SALEX TOPICAL SHAMPOO	3	
<i>salicylic acid er-ceramides topical combo pack</i>	1	
<i>salicylic acid topical cream</i>	1	
<i>salicylic acid topical cream,extended release</i>	1	

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Drug Name	Drug Category	Requirements / Limits
<i>salicylic acid topical film forming liquid w/appl</i>	1	
<i>salicylic acid topical film-forming soln er w/ appl</i>	1	
<i>salicylic acid topical foam</i>	1	
<i>salicylic acid topical gel</i>	1	
<i>salicylic acid topical liquid 26 %</i>	1	
<i>salicylic acid topical lotion</i>	1	
<i>salicylic acid topical lotion,extended release</i>	1	
<i>salicylic acid topical shampoo</i>	1	
SALKERA	3	
salvax	1	
SALVAX DUO PLUS	3	
ULTRASAL-ER	3	
VIRASAL	3	
MISCELLANEOUS DERMATOLOGICALS		
ALEVICYN ANTIPRURITIC	3	
AMELUZ	6	MSD
ATOPICLAIR	3	
ATRAPRO CP	3	
ATRAPRO HYDROGEL	3	
<i>avo cream</i>	1	

Drug Name	Drug Category	Requirements / Limits
BIAFINE EMULSION	3	
<i>bp-50% urea</i>	1	
CARAC	3	
<i>celacyn</i>	1	
CERACADE	3	
CONDYLOX	3	
CORTANE-B TOPICAL	3	
DERMASORB XM COMPLETE KIT	3	
DEXERYL	3	
<i>diclofenac sodium topical gel 3 %</i>	1	PA
<i>doxepin topical</i>	1	
EFUDEX TOPICAL CREAM	3	
<i>eletone</i>	1	
ELIDEL	3	ST; QL
EPICERAM	3	
FLUOROPLEX	3	
FLUOROURACIL TOPICAL CREAM 0.5 %	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
GORDONS UREA TOPICAL OINTMENT 40 %	3	
<i>hpr</i>	1	
<i>hpr plus</i>	1	
<i>hpr plus hydrogel</i>	1	

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Drug Name	Drug Category	Requirements / Limits
HPR PLUS-MB HYDROGEL	3	
HYDRO 35	3	
HYDRO 40	3	
HYLATOPIC	3	
HYLATOPICPLUS	3	
KERAFOAM	3	
KERALAC	3	
<i>lactic acid</i>	1	
<i>lactic acid e</i>	1	
<i>latrix</i>	1	
LEVULAN	6	MSD
LOUTREX	3	
<i>luxamend</i>	1	
<i>methoxsalen oral</i>	1	
NEOSALUS	3	
<i>nivatopic plus</i>	1	
OXSORALEN ULTRA	3	
PANRETIN	3	
PICATO	3	QL
<i>podofilox</i>	1	
PRESERA	3	
PROMISEB	3	
PROTOPIC	3	ST; QL
<i>pruclair</i>	1	
<i>prudoxin</i>	1	
<i>prumyx</i>	1	
<i>prutect</i>	1	
QUTENZA	6	MSD
<i>rea lo 39</i>	1	
<i>rea lo 40</i>	1	

Drug Name	Drug Category	Requirements / Limits
REGRANEX	2	QL
<i>remeven</i>	1	
RESTIZAN	3	
<i>silver nitrate applicators</i>	1	
<i>silver nitrate topical solution 10 %</i>	1	
SOLARAZE	3	PA
<i>sonafine</i>	1	
<i>sp antipruritic</i>	1	
<i>sp scar management</i>	1	
<i>tacrolimus topical</i>	1	ST; QL
TOLAK	3	
UMECTA TOPICAL EMULSION	3	
<i>umecta topical foam</i>	1	
<i>urea nail stick</i>	1	
<i>urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %</i>	1	
<i>urea topical foam</i>	1	
<i>urea topical gel</i>	1	
<i>urea topical lotion 40 %</i>	1	
UTOPIC	3	
VALCHLOR	3	S; SLA
VEREGEN	3	
XCLAIR	3	
ZANABIN	3	
ZONALON	3	
THERAPY FOR ACNE		
ABSORICA	3	QL

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Drug Name	Drug Category	Requirements / Limits
ACANYA TOPICAL GEL WITH PUMP	3	ST; QL
ACZONE	3	ST
<i>adapalene topical cream</i>	1	QL
<i>adapalene topical gel</i>	1	QL
<i>adapalene topical gel with pump</i>	1	QL
ADAPALENE TOPICAL LOTION	3	ST; QL
ATRALIN	3	QL
AVAR LS	3	ST
<i>avar topical cleanser</i>	1	
AVAR TOPICAL FOAM	3	ST
AVAR TOPICAL PADS, MEDICATED	3	ST
AVAR-E GREEN	3	ST
AVAR-E LS	3	ST
<i>avita topical cream</i>	1	QL
AVITA TOPICAL GEL	3	QL
AZELEX	3	ST; QL
BENZACLIN	3	ST
BENZACLIN PUMP	3	ST; QL
BENZAMYCIN	3	ST
BENZEFOAM	3	ST
BENZEFOAM ULTRA	3	ST
<i>benzepro topical towelette</i>	1	

Drug Name	Drug Category	Requirements / Limits
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>bp 10-1</i>	1	
<i>bpo topical gel</i>	1	
<i>bpo topical towelette 6 %</i>	1	
<i>claravis</i>	1	QL
<i>cleansing wash topical cleanser</i>	1	
CLEOCIN T	3	ST
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin p</i>	1	
CLINDACIN PAC	3	ST
CLINDAGEL	3	ST
<i>clindamycin phosphate topical</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	1	QL
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	1	QL
<i>clindamycin-tretinoin</i>	1	
DIFFERIN	3	ST; QL
DUAC	3	ST; QL
EPIDUO	3	ST; QL
EPIDUO FORTE	3	ST
<i>ery pads</i>	1	
<i>erygel</i>	1	

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Drug Name	Drug Category	Requirements / Limits
<i>erythromycin with ethanol</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
EVOCLIN	3	ST
FABIOR	3	PA; QL
FINACEA	3	ST
INOVA TOPICAL COMBO PACK 4-5 %	3	ST
METROCREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
METROGEL TOPICAL GEL WITH PUMP	3	ST
METROLOTION	3	ST
<i>metronidazole topical</i>	1	
MIRVASO	3	
<i>myorisan</i>	1	QL
<i>neuac</i>	1	QL
NEUAC KIT	3	ST
NORITATE	3	ST
NUOX	3	ST
ONEXTON TOPICAL GEL WITH PUMP	3	ST; QL
PLEXION	3	ST
PLEXION CLEANSING CLOTHS	3	ST
RETIN-A MICRO	3	
RETIN-A MICRO PUMP	3	

Drug Name	Drug Category	Requirements / Limits
RETIN-A TOPICAL CREAM 0.025 %	3	QL
RETIN-A TOPICAL CREAM 0.05 %, 0.1 %	3	
RETIN-A TOPICAL GEL 0.01 %	3	
RETIN-A TOPICAL GEL 0.025 %	3	QL
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	3	ST
ROSANIL	3	ST
ROSULA	3	ST
<i>rosula cleansing cloths</i>	1	
SOOLANTRA	3	ST
<i>ss 10-2</i>	1	
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser</i>	1	
<i>sulfacetamide sodium-sulfur topical cream</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	

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Drug Name	Drug Category	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension</i>	1	
<i>sulfacetamide sod-sulfur-urea topical cleanser</i>	1	
<i>sulfacleanse 8-4</i>	1	
SUMADAN TOPICAL CLEANSER	3	ST
SUMAXIN	3	ST
SUMAXIN TS	3	ST
TAZORAC	2	PA; QL
<i>tretinoin microspheres</i>	1	
<i>tretinoin topical cream 0.025 %</i>	1	QL
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	1	
<i>tretinoin topical gel 0.01 %</i>	1	
<i>tretinoin topical gel 0.025 %, 0.05 %</i>	1	QL
TRETIN-X CREAM KIT	3	
TRETIN-X TOPICAL CREAM 0.075 %	3	
VANOXIDE-HC	3	ST
VELTIN	3	ST
<i>zenatane</i>	1	QL
<i>zencia</i>	1	

Drug Name	Drug Category	Requirements / Limits
ZIANA	3	ST
TOPICAL ANESTHETICS		
ANASTIA	3	
ASTERO	3	
BUCALSEP	3	
DERMACINRX EMPRICAINE	3	
<i>ethyl chloride</i>	1	
<i>glydo</i>	1	
LDO PLUS	3	
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl topical cream 3 %</i>	1	
<i>lidocaine hcl topical lotion</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch,medicated</i>	1	PA
<i>lidocaine topical ointment</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine</i>	1	
LIDOCAINE-TETRACAINE	3	

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Drug Name	Drug Category	Requirements / Limits
LIDODERM	3	
<i>lidopin topical cream 3 %</i>	1	
LIDOPIN TOPICAL CREAM 3.25 %	3	
LIDORX	3	
LIDOTRAL	3	
LIPROZONEPAK	3	
<i>lta pre-attached</i>	1	
MEDOLOR PAK	3	
NOVACORT (WITH ALOE)	3	
NUMBONEX	3	
PLIAGLIS	3	
PRILOLID	3	
READYSHARP LIDOCAINE (PF)	6	
<i>relador pak</i>	1	
<i>relador pak plus</i>	1	
SYNERA	3	
ZINGO	6	MSD
TOPICAL ANTIBACTERIALS		
ALTABAX	3	
BACTROBAN TOPICAL CREAM	3	
CENTANY	3	
CENTANY AT	3	
CORTISPORIN TOPICAL	3	
<i>gentamicin topical</i>	1	
KLARON	3	ST
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	

Drug Name	Drug Category	Requirements / Limits
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON	2	
TOPICAL ANTIFUNGALS		
<i>ciclodan</i>	1	
CICLODAN KIT	3	
<i>ciclopirox</i>	1	
<i>clotrimazole-betamethasone</i>	1	
<i>econazole topical</i>	1	
ECOZA	3	
ERTACZO	3	
EXELDERM	3	
EXODERM	3	
EXTINA	3	
JUBLIA	3	QL
KERYDIN	3	QL
<i>ketoconazole topical</i>	1	
LOPROX (AS OLAMINE)	3	
LOPROX KIT	3	
LOPROX TOPICAL SHAMPOO	3	
LOTRISONE TOPICAL CREAM	3	
LUZU	3	QL
<i>naftifine topical cream 1 %</i>	2	
<i>naftifine topical cream 2 %</i>	1	

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Drug Name	Drug Category	Requirements / Limits
NAFTIN TOPICAL CREAM 2 %	3	
NAFTIN TOPICAL GEL	3	
NIZORAL TOPICAL SHAMPOO	3	
<i>nyamyc</i>	1	
<i>nyata</i>	1	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole</i>	1	
OXISTAT	3	
PENLAC	3	
TRIACETIN	2	
TRIPLE DYE	3	
VUSION	3	
XOLEGEL	3	
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	1	QL
DENAVIR	3	
XERESE	3	
ZOVIRAX TOPICAL CREAM	2	QL
ZOVIRAX TOPICAL OINTMENT	3	QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 2.5 %</i>	1	
ALA-SCALP	3	ST
<i>alclometasone</i>	1	

Drug Name	Drug Category	Requirements / Limits
<i>amcinonide</i>	1	
ANUSOL-HC TOPICAL	3	ST
<i>apexicon e</i>	1	QL
AQUA GLYCOLIC HC	3	ST
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>betamethasone, augmented</i>	1	
CAPEX	3	ST; QL
<i>clobetasol</i>	1	
<i>clobetasol-emollient</i>	1	
CLOBEX	3	ST
CLOCORTOLONE PIVALATE	3	ST; QL
<i>clodan</i>	1	
CLODAN KIT	3	ST
CLODERM	3	ST; QL
CORDRAN TAPE LARGE ROLL	3	ST
CORDRAN TOPICAL CREAM	3	ST
CORDRAN TOPICAL LOTION	3	ST
CORDRAN TOPICAL OINTMENT	3	ST
<i>cormax scalp</i>	1	
CUTIVATE TOPICAL CREAM	3	ST
CUTIVATE TOPICAL LOTION	3	ST

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Drug Name	Drug Category	Requirements / Limits
DERMA-SMOOTH/FS BODY OIL	3	ST; QL
DERMA-SMOOTH/FS SCALP OIL	3	ST; QL
DERMASORB HC COMPLETE KIT	3	ST
DERMASORB TA COMPLETE KIT	3	ST
DERMATOP	3	ST
DESONATE	3	ST
<i>desonide</i>	1	QL
DESOWEN	3	ST; QL
<i>desoximetasone</i>	1	QL
<i>diflorasone</i>	1	QL
DIPROLENE	3	ST
DIPROLENE AF	3	ST
ELOCON	3	ST
<i>fluocinolone</i>	1	QL
<i>fluocinolone and shower cap</i>	1	QL
<i>fluocinonide</i>	1	
<i>fluocinonide-e</i>	1	
<i>flurandrenolide topical cream</i>	1	
<i>flurandrenolide topical lotion</i>	1	
<i>fluticasone topical</i>	1	
<i>halobetasol propionate</i>	1	QL
HALOG	3	ST
<i>hydrocortisone butyrate</i>	1	

Drug Name	Drug Category	Requirements / Limits
<i>hydrocortisone butyr-emollient</i>	1	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone-min oil-wht pet</i>	1	
KENALOG TOPICAL	3	ST
LOCOID	3	ST
LOCOID LIPOCREAM	3	ST
LUXIQ	3	ST
<i>mometasone topical</i>	1	
OLUX	3	ST
OLUX-E	3	ST
PANDEL	3	ST
<i>prednicarbate</i>	1	
PSORCON	3	ST; QL
<i>scalacort</i>	1	
SERNIVO	3	ST
SYNALAR	3	ST; QL
SYNALAR CREAM KIT	3	ST
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST
TEMOVATE TOPICAL CREAM	3	ST

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Drug Name	Drug Category	Requirements / Limits
TEMOVATE TOPICAL OINTMENT	3	ST
TEXACORT	3	ST
TOPICORT TOPICAL CREAM	3	ST; QL
TOPICORT TOPICAL GEL	3	ST; QL
TOPICORT TOPICAL OINTMENT	3	ST; QL
TOPICORT TOPICAL SPRAY, NON-AEROSOL	3	ST
<i>triamcinolone acetonide topical aerosol</i>	1	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>trianex</i>	1	
<i>triderm topical cream</i>	1	
TRIDESILON	3	ST; QL
ULTRAVATE TOPICAL CREAM	3	ST; QL
ULTRAVATE TOPICAL LOTION	3	ST

Drug Name	Drug Category	Requirements / Limits
ULTRAVATE TOPICAL OINTMENT	3	ST; QL
ULTRAVATE X	3	ST
VANOS	3	ST
VERDESO	3	ST
TOPICAL ENZYMES		
SANTYL	2	
TOPICAL SCABICIDES / PEDICULICIDES		
ELIMITE	3	
EURAX	3	
<i>lindane topical shampoo</i>	1	
<i>malathion</i>	1	
NATROBA	3	QL
OVIDE	3	
<i>permethrin topical cream</i>	1	
SKLICE	3	
<i>spinosad</i>	1	QL
ULESFIA	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringers irrigation</i>	1	
SORBITOL-MANNITOL	3	

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Drug Name	Drug Category	Requirements / Limits
<i>tis-u-sol pentalyte</i>	1	
VASHE WOUND THERAPY	3	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
ACTONEL ORAL TABLET 30 MG	3	ST; QL
ADAGEN	6	MSD
AGRYLIN	3	M
<i>alendronate oral tablet 40 mg</i>	1	M; QL
AMMONUL	6	MSD
AMPHADASE	6	MSD
<i>anagrelide</i>	1	M
ANTABUSE	3	
ARALAST NP	6	MSD
<i>bd posiflush saline blunt cann</i>	6	MSD
<i>bd pre-filled normal saline</i>	6	MSD
BUPHENYL ORAL POWDER	3	
BUPHENYL ORAL TABLET	2	
<i>caffeine citrate oral</i>	1	
CARBAGLU	3	S; SLA
CARNITOR (SUGAR-FREE)	3	M
CARNITOR ORAL	3	M
<i>cevimeline</i>	1	M
CHEMET	2	
<i>disulfiram</i>	1	
<i>etidronate disodium</i>	1	M

Drug Name	Drug Category	Requirements / Limits
EVOXAC	3	M
EXJADE	3	S; SLA
FERRIPROX	3	S
FERRLECIT	6	MSD
GLASSIA	6	MSD
<i>ic green</i>	6	MSD
INCRELEX	3	PA; S; SLA
<i>indocyanine green</i>	6	MSD
INFASURF	3	
JADENU	3	S
KIT PREP OF TC-99M-MEBROFENIN	6	MSD
<i>levocarnitine (with sugar)</i>	1	M
<i>levocarnitine oral tablet</i>	1	M
LIPOCHOL PLUS	3	
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
<i>monoject 0.9% sodium chloride</i>	6	MSD
<i>monoject prefill advanced ns</i>	6	MSD
<i>monoject prefill saline flush</i>	6	MSD
<i>normal saline flush</i>	6	MSD
NORTHERA	4	S; SLA
ORFADIN	3	S; SLA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PROLASTIN-C	6	MSD
RADIOGARDASE	3	

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Drug Name	Drug Category	Requirements / Limits
RAVICTI	3	S; SLA
RECLAST	6	MSD
RILUTEK	3	
<i>riluzole</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<i>sodium benzoate-sodium phenylacet</i>	6	MSD
<i>sodium chlor 0.9% bacteriostat</i>	6	MSD
<i>sodium chloride 0.9 % injection solution</i>	6	MSD
<i>sodium chloride 0.9 % injection syringe</i>	6	MSD
SODIUM CHLORIDE 0.9 % INJECTION SYRINGE, WITH SWAB CAP	6	MSD
<i>sodium chloride 0.9 % intravenous</i>	6	MSD
<i>sodium ferric gluconat-sucrose</i>	6	MSD
<i>sodium phenylbutyrate</i>	1	
SOLIRIS	6	MSD
SURVANTA	3	
SWABFLUSH	6	MSD
SYPRINE	3	PA
<i>syrex sodium chloride 0.9%</i>	6	MSD
THIOLA	3	

Drug Name	Drug Category	Requirements / Limits
<i>water for irrigation, sterile</i>	1	
XURIDEN	2	
ZEMAIRA	6	MSD
ZOLEDRONIC ACID-MANNITOL-WATER INTRAVENOUS PIGGYBACK 5 MG/100 ML	6	MSD
<i>zoledronic acid-mannitol-water intravenous solution</i>	6	MSD
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	5	M; ACA
CHANTIX	5	ACA
CHANTIX CONTINUING MONTH BOX	5	ACA
CHANTIX STARTING MONTH BOX	5	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 7 MG/24 HR	5	ACA; OTC
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 21 MG/24 HR	5	M; ACA; OTC
<i>nicorelief</i>	5	ACA; OTC
NICORETTE BUCCAL GUM 2 MG	5	ACA; OTC
<i>nicorette buccal gum 4 mg</i>	5	ACA; OTC

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Drug Name	Drug Category	Requirements / Limits
NICORETTE BUCCAL LOZENGE	5	ACA; OTC
<i>nicotine (polacrilex)</i>	5	ACA; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 7 mg/24 hr</i>	5	ACA; OTC
<i>nicotine transdermal patch 24 hour 21 mg/24 hr</i>	5	M; ACA; OTC
<i>nicotine transdermal patch, td daily, sequential</i>	5	ACA; OTC
NICOTROL	5	ACA
NICOTROL NS	5	ACA
<i>nts step 1</i>	5	M; ACA; OTC
<i>quit 2 buccal gum</i>	5	ACA; OTC
QUIT 2 BUCCAL LOZENGE	5	ACA; OTC
<i>quit 4 buccal gum</i>	5	ACA; OTC
QUIT 4 BUCCAL LOZENGE	5	ACA; OTC
<i>stop smoking aid</i>	5	ACA; OTC
ZYBAN	5	M; ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

ARESTIN	4	S; SLA
ASTEPRO NASAL SPRAY, NON-AEROSOL	3	
<i>azelastine nasal aerosol, spray</i>	1	QL
<i>azelastine nasal spray, non-aerosol</i>	1	

Drug Name	Drug Category	Requirements / Limits
BACTROBAN NASAL	2	
<i>chlorhexidine gluconate mucous membrane</i>	1	
CLINPRO 5000	3	M
DEBACTEROL	2	
<i>denta 5000 plus</i>	1	M
<i>dentagel</i>	1	M
EPISIL	3	
<i>fluoridex daily defense</i>	1	M
FLUORIDEX SENSITIVITY RELIEF	3	M
GELCLAIR	3	
GELX	3	
<i>ipratropium bromide nasal</i>	1	QL
MUGARD	3	
<i>olopatadine nasal</i>	1	QL
<i>oralone</i>	1	
ORAMAGICRX	3	
<i>paroex oral rinse</i>	1	
PATANASE	3	QL
PERIDEX	3	
<i>periogard</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT	3	M
PREVIDENT 5000 BOOSTER PLUS	3	M
PREVIDENT 5000 DRY MOUTH	3	M

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Drug Name	Drug Category	Requirements / Limits
PREVIDENT 5000 ENAMEL PROTECT	3	M
PREVIDENT 5000 PLUS	3	M
PREVIDENT 5000 SENSITIVE	3	M
Q-CARE RX Q4	3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf</i>	1	M
<i>sf 5000 plus</i>	1	M
<i>sodium fluoride dental</i>	1	M
<i>triamcinolone acetonide dental</i>	1	
TYZINE NASAL DROPS 0.1 %	3	
TYZINE NASAL SPRAY, NON-AEROSOL	3	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetasol hc</i>	1	
<i>acetic acid otic</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
CETRAXAL	3	
<i>ciprofloxacin hcl otic</i>	1	
DERMOTIC OIL	3	
<i>floxin otic drops</i>	1	
<i>fluocinolone acetonide oil</i>	1	

Drug Name	Drug Category	Requirements / Limits
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic</i>	1	
OTIPRIO	3	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
CIPRODEX	2	
COLY-MYCIN S	3	
<i>neomycin-polymyxin-hc otic</i>	1	
OTOVEL	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR H.P.	6	MSD
CORTEF	3	M
<i>cortisone</i>	1	
CORTROSYN	6	MSD
<i>cosyntropin injection</i>	6	MSD
<i>deltasone oral tablet 20 mg</i>	1	
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
DEXPAK 10 DAY	3	
DEXPAK 13 DAY	3	
DEXPAK 6 DAY	3	
<i>fludrocortisone</i>	1	M
<i>hydrocortisone oral</i>	1	M
MEDROL	3	
MEDROL (PAK)	3	
<i>methylprednisolone</i>	1	
<i>millipred dp</i>	1	

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Drug Name	Drug Category	Requirements / Limits
MILLIPRED ORAL SOLUTION	3	
<i>millipred oral tablet</i>	1	
ORAPRED ODT	3	
PEDIAPRED	3	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral</i>	1	
RAYOS	3	
<i>veripred 20</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	M
<i>propylthiouracil</i>	1	M
SSKI	3	M
TAPAZOLE	3	M
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRIP	3	OTC
ACCU-CHEK COMPACT TEST	3	OTC

Drug Name	Drug Category	Requirements / Limits
ACCU-CHEK SMARTVIEW TEST STRIP	3	OTC
ACCUTREND GLUCOSE	3	OTC
ADVANCED GLUC METER TEST STRIP	3	OTC
ADVOCATE REDI-CODE	3	OTC
ADVOCATE TEST STRIPS	3	OTC
AGAMATRIX AMP TEST STRIPS	3	OTC
ASSURE 4 STRIPS	3	OTC
ASSURE PLATINUM STRIP	3	OTC
ASSURE PRISM MULTI STRIP	3	OTC
BIONIME RIGHTEST TEST STRIPS	3	OTC
BLOOD GLUCOSE TEST	3	OTC
BREEZE 2 TEST STRIPS	3	OTC
CARESENS N TEST STRIPS	3	OTC
CLEVER CHOICE MICRO TEST STRIP	3	OTC
CLEVER CHOICE PRO STRIP	3	OTC
CLEVER CHOICE TEST STRIPS	3	OTC
CLEVER CHOICE VOICE+ TEST	3	OTC

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Drug Name	Drug Category	Requirements / Limits
CONTOUR NEXT STRIPS	3	OTC
CONTOUR TEST STRIPS	3	OTC
CONTROL AST TEST	3	OTC
COOL GLUCOSE TEST STRIP	3	OTC
DIATRUE PLUS TEST STRIP	3	OTC
EASY PLUS II TEST	3	OTC
EASY STEP	3	OTC
EASY TALK GLUCOSE TEST	3	OTC
EASY TOUCH TEST STRIP	3	OTC
EASY TRAK GLUCOSE TEST	3	OTC
EASYGLUCO PLUS STRIP	3	OTC
EASYGLUCO TEST	3	OTC
EASYMAX	3	OTC
ELEMENT COMPACT TEST STRIPS	3	OTC
ELEMENT TEST STRIPS	3	OTC
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	3	OTC
EMBRACE EVO TEST STRIPS	3	OTC
EMBRACE PRO TEST STRIPS	3	OTC

Drug Name	Drug Category	Requirements / Limits
EVENCARE G2 STRIP	3	OTC
EVENCARE G3 TEST	3	OTC
EVENCARE MINI GLUCOSE TEST STR	3	OTC
EVOLUTION TEST STRIPS	3	OTC
EZ SMART PLUS TEST	3	OTC
EZ SMART TEST	3	OTC
FIFTY50 TEST STRIP	3	OTC
FORA D15G	3	OTC
FORA D20 STRIP	3	OTC
FORA D40-G31 TEST STRIPS	3	OTC
FORA G20 STRIP	3	OTC
FORA G30A STRIP	3	OTC
FORA GD50 TEST STRIPS	3	OTC
FORA TEST STRIP	3	OTC
FORA TN'G VOICE TEST STRIPS	3	OTC
FORA V10 STRIP	3	OTC
FORA V10-V12-D10-D20 STRIPS	3	OTC
FORA V12 GLUCOSE	3	OTC
FORA V20 STRIP	3	OTC
FORACARE GD20	3	OTC
FORACARE GD40	3	OTC

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Drug Name	Drug Category	Requirements / Limits
FORTISCARE GLUCOSE TEST STRIPS	3	OTC
FREESTYLE INSULINX STRIP	2	OTC
FREESTYLE INSULINX TEST STRIPS	2	OTC
FREESTYLE LITE STRIPS	2	OTC
FREESTYLE PRECISION NEO STRIPS	3	OTC
FREESTYLE TEST	2	OTC
GE100 BLOOD GLUCOSE TEST STRIP	3	OTC
GENSTRIP TEST STRIP	3	OTC
GLUCO NAVII TEST STRIP	3	OTC
GLUCOCARD 01 SENSOR PLUS	3	OTC
GLUCOCARD EXPRESSION STRIP	3	OTC
GLUCOCARD SHINE TEST STRIPS	3	OTC
GLUCOCARD VITAL SENSOR	3	OTC
GLUCOCARD VITAL TEST STRIPS	3	OTC
GLUCOCOM GLUCOSE	3	OTC
GM100 STRIP	3	OTC

Drug Name	Drug Category	Requirements / Limits
GMATE TEST STRIPS	3	OTC
HEALTHPRO TEST STRIPS	3	OTC
INFINITY TEST STRIPS	3	OTC
LIBERTY TEST	3	OTC
MICRO BLOOD GLUCOSE	3	OTC
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	3	OTC
MYGLUCOHEALTH STRIP	3	OTC
NEUTEK 2TEK TEST STRIPS	3	OTC
NOVA MAX GLUCOSE TEST	3	OTC
ON CALL EXPRESS TEST STRIP	3	OTC
ON CALL PLUS TEST STRIP	3	OTC
ON CALL VIVID TEST STRIP	3	OTC
ONETOUCH ULTRA TEST	3	OTC
ONETOUCH VERIO	3	OTC
OPTIUM EZ	3	OTC
OPTIUM TEST	3	OTC
OPTUMRX STRIP	3	OTC
PHARMACIST CHOICE	3	OTC
PRECISION PCX PLUS TEST	3	OTC

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Drug Name	Drug Category	Requirements / Limits
PRECISION PCX TEST	3	OTC
PRECISION POINT OF CARE TEST	3	OTC
PRECISION Q-I-D TEST	3	OTC
PRECISION XTRA TEST	3	OTC
PREMIUM V10 STRIP	3	OTC
PRODIGY NO CODING	3	OTC
QUINTET AC STRIP	3	OTC
REFUAH PLUS	3	OTC
RELION CONFIRM-MICRO	3	OTC
RELION PRIME TEST STRIPS	3	OTC
REVEAL TEST STRIP	3	OTC
RIGHTTEST GS550 TEST STRIPS	3	OTC
SMART SENSE TEST STRIPS	3	OTC
SMARTTEST TEST	3	OTC
SOLUS V2 TEST STRIPS	3	OTC
SURE-TEST EASYPLUS MINI STRIP	3	OTC
TELCARE TEST STRIPS	3	OTC
TEST N'GO TEST	3	OTC
TRUE METRIX GLUCOSE TEST STRIP	3	OTC

Drug Name	Drug Category	Requirements / Limits
TRUETEST TEST STRIPS	3	OTC
TRUETRACK TEST	3	OTC
ULTIMA TEST STRIPS	3	OTC
ULTRATRAK	3	OTC
ULTRATRAK ULTIMATE STRIP	3	OTC
UNISTRIPI TEST STRIP	3	OTC
WAVESENSE JAZZ	3	OTC
WAVESENSE PRESTO STRIP	3	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
GLUCAGEN DIAGNOSTIC KIT	2	
GLUCAGON HCL	3	
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	M
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT (HUMAN)	2	
PROGLYCEM	2	M
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		

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Drug Name	Drug Category	Requirements / Limits
2TEK GLUCOSE/BLOOD PRESSURE	3	OTC
ACCU-CHEK AVIVA CONNECT METER	3	OTC
ACCU-CHEK AVIVA PLUS METER	3	OTC
ACCU-CHEK COMPACT PLUS CONTROL	3	OTC
ACCU-CHEK NANO	3	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL	3	OTC
ACCUTREND GLUCOSE CONTROL	3	OTC
ADVANCED GLUCOSE METER	3	OTC
ADVOCATE BLOOD GLUCOSE MONITOR	3	OTC
ADVOCATE DUO	3	OTC
ADVOCATE LOW CONTROL	3	OTC
ADVOCATE REDI- CODE DUO METER	3	OTC
ADVOCATE REDI- CODE GLU MONITOR	3	OTC
ADVOCATE REDI- CODE+ CTRL LOW	3	OTC

Drug Name	Drug Category	Requirements / Limits
AGAMATRIX AMP GLUC MONITOR SYS	3	OTC
AGAMATRIX CONTROL HIGH	3	OTC
ASSURE 4 CONTROL SOLUTION	3	OTC
ASSURE DOSE NORMAL CONTROL	3	OTC
ASSURE PLATINUM	3	OTC
ASSURE PRISM CONTROL 1-2 SOLN	3	OTC
ASSURE PRISM MULTI METER	3	OTC
AUTOJECT 2 INJECTION DEVICE	2	OTC
AUTOPEN 1 TO 21 UNITS	2	OTC
BIONIME RIGHTTEST GM300 SYSTEM	3	OTC
BLOOD GLUCOSE CONTROL, NORMAL	3	OTC
BLOOD-GLUCOSE METER	3	OTC
BREEZE 2 CONTROL SOLUTION,HIGH	3	OTC
CARESENS CONTROL A NORMAL	3	OTC
CARESENS N	3	OTC

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Drug Name	Drug Category	Requirements / Limits
CARESENS N VOICE	3	OTC
CLEO 90 INFUSION SET 24"	2	
CLEVER CHEK BLOOD GLUCOSE	3	OTC
CLEVER CHOICE GLUCOSE MONITOR	3	OTC
CLEVER CHOICE LEVEL 2 CONTROL	3	OTC
CLEVER CHOICE MICRO	3	OTC
CLEVER CHOICE PRO	3	OTC
COMFORT SHORT INSULIN PUMP 23"	2	
CONTOUR CONTROL SOLUTION, NML	3	OTC
CONTOUR LINK	3	OTC
CONTOUR NEXT EZ METER	3	OTC
CONTOUR NEXT LEV 2 CONTROL SOL	3	OTC
CONTOUR NEXT LINK	3	OTC
CONTOUR NEXT METER	3	OTC
CONTROL AST MONITORING SYSTEM	3	OTC
COOL BLOOD GLUCOSE METER	3	OTC

Drug Name	Drug Category	Requirements / Limits
COOL CONTROL A SOLUTION	3	OTC
DEXCOM G5 RECEIVER	3	
DIATRUE CONTROL SOLN NORMAL	3	OTC
DIATRUE PLUS BLOOD GLUCOSE MET	3	OTC
EASY PLUS II BLOOD GLUCOSE MET	3	OTC
EASY STEP BLOOD GLUCOSE METER	3	OTC
EASY TALK BLOOD GLUCOSE METER	3	OTC
EASY TOUCH GLUCOSE MONITOR	3	OTC
EASY TRAK BLOOD GLUCOSE METER	3	OTC
EASYGLUCO MONITORING SYSTEM	3	OTC
EASYGLUCO PLUS KIT	3	OTC
EASYGLUCO PLUS NORMAL CONTROL	3	OTC
EASYMAX L BLOOD GLUCOSE METER	3	OTC
EASYMAX LOW CONTROL	3	OTC

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Drug Name	Drug Category	Requirements / Limits
EASYMAX NG KIT	3	OTC
EASYMAX NORMAL CONTROL	3	OTC
EASYMAX V SPEAKING GLUCOSE SYS	3	OTC
EASYMAX V2 BLOOD GLUCOSE METER	3	OTC
ELEMENT COMPACT GLUCOSE METER	3	OTC
ELEMENT COMPACT NORMAL CONTROL	3	OTC
ELEMENT COMPACT V GLUCOSE MTR	3	OTC
ELEMENT NORMAL CONTROL	3	OTC
ELEMENT PLUS BLOOD GLUCOSE KIT	3	OTC
EMBRACE BLOOD GLUCOSE SYSTEM	3	OTC
EMBRACE EVO LEVEL 1	3	OTC
EMBRACE GLUCOSE CONTROL LOW	3	OTC
EMBRACE PRO GLUCOSE METER	3	OTC
EVENCARE G2	3	OTC

Drug Name	Drug Category	Requirements / Limits
EVENCARE G3 GLUCOSE METER	3	OTC
EVENCARE MINI MONITOR SYSTEM	3	OTC
EVOLUTION BLOOD GLUCOSE METER	3	OTC
EVOLUTION NORMAL CONTROL	3	OTC
EZ SMART PLUS SYSTEM	3	OTC
EZ SMART SYSTEM	3	OTC
FORA D10	3	OTC
FORA D20 KIT	3	OTC
FORA G20 KIT	3	OTC
FORA G30A	3	OTC
FORA GD50 BLOOD GLUCOSE SYSTEM	3	OTC
FORA NORMAL CONTROL	3	OTC
FORA PREMIUM V10 GLUCOSE METER	3	OTC
FORA TEST N'GO VOICE METER	3	OTC
FORA TN'G VOICE METER	3	OTC
FORA V10 KIT	3	OTC
FORA V12 BLOOD GLUCOSE SYSTEM	3	OTC
FORA V20 KIT	3	OTC
FORA V30A KIT	3	OTC

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Drug Name	Drug Category	Requirements / Limits
FORACARE GD20 GLUCOSE METER	3	OTC
FORACARE GD40A GLUCOSE METER	3	OTC
FORACARE GD40B GLUCOSE METER	3	OTC
FORACARE GDH LOW CONTROL	3	OTC
FORTISCARE BLOOD GLUCOSE SYST	3	OTC
FORTISCARE NORMAL	3	OTC
FREESTYLE CONTROL	2	OTC
FREESTYLE FLASH SYSTEM	2	OTC
FREESTYLE FREEDOM	2	OTC
FREESTYLE FREEDOM LITE	2	OTC
FREESTYLE INSULINX	2	OTC
FREESTYLE LITE METER	2	OTC
FREESTYLE PRECISION NEO METER	3	OTC
FREESTYLE SIDEKICK II	2	OTC
FREESTYLE SYSTEM KIT	2	OTC
GE100 BLOOD GLUCOSE SYSTEM	3	OTC

Drug Name	Drug Category	Requirements / Limits
GE100 CONTROL SOLUTION NORMAL	3	OTC
GLUCO NAVII GLUCOSE MONITOR	3	OTC
GLUCOCARD 01 METER	3	OTC
GLUCOCARD 01 NORMAL CONTROL	3	OTC
GLUCOCARD EXPRESSION	3	OTC
GLUCOCARD SHINE METER	3	OTC
GLUCOCARD VITAL	3	OTC
GLUCOCOM BLOOD GLUCOSE	3	OTC
GLUCOCOM CONTROL NORMAL	3	OTC
GLUCOSE CONTROL	3	OTC
GM100 KIT	3	OTC
GMATE CONTROL SOLUTION, NORMAL	3	OTC
GMATE SMART METER	3	OTC
GMATE SMART STARTER	3	OTC
GMATE VOICE METER	3	OTC
HEALTHPRO GLUCOSE MONITOR	3	OTC

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Drug Name	Drug Category	Requirements / Limits
HEALTHPRO HIGH-LOW CONTROL	3	OTC
HUMAPEN LUXURA HD	2	
INFINITY CONTROL SOLUTION NORM	3	OTC
INFINITY STARTER KIT	3	OTC
INSET 30 INFUSION SET 23"	2	
INSET INFUSION SET 23"	2	
JAZZ WIRELESS 2 METER KIT	3	OTC
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC
LIBERTY BLOOD GLUCOSE MONITOR	3	OTC
LIBERTY LEV 1 GLUCOSE CONTROL	3	OTC
LIBERTY LEV 2 GLUCOSE CONTROL	3	OTC
MEDISENSE	3	OTC
MEDISENSE GLUCOSE KETONE	3	OTC
MICRODOT BLOOD GLUCOSE SYSTEM	3	OTC
MYGLUCOHEALTH CONTROL SOLUTION	3	OTC

Drug Name	Drug Category	Requirements / Limits
MYGLUCOHEALTH KIT	3	OTC
NOVA MAX BLOOD GLUCOSE METER	3	OTC
NOVA MAX GLUCOSE CONTROL	3	OTC
NOVAMAX PLUS GLU-KET	3	OTC
NOVOPEN ECHO	3	
ON CALL EXPRESS CONTROL	3	OTC
ON CALL EXPRESS METER KIT	3	OTC
ON CALL PLUS CONTROL	3	OTC
ON CALL PLUS METER KIT	3	OTC
ON CALL VIVID CONTROL	3	OTC
ON CALL VIVID METER KIT	3	OTC
ON CALL VIVID PAL METER KIT	3	OTC
ONETOUCH ULTRA CONTROL	3	OTC
ONETOUCH ULTRA2	3	OTC
ONETOUCH ULTRAMINI	3	OTC
ONETOUCH VERIO FLEX	3	OTC
ONETOUCH VERIO IQ METER	3	OTC

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Drug Name	Drug Category	Requirements / Limits
ONETOUCH VERIO SYNC	3	OTC
ONETOUCH VERIO SYSTEM	3	OTC
OPTUMRX KIT	3	OTC
PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	2	M; OTC
PHARMACIST CHOICE GLUCOSE SYS	3	OTC
PRECISION XTRA MONITOR	3	OTC
PREMIUM BLOOD GLUCOSE MONITOR	3	OTC
PREMIUM V10	3	OTC
PRESTO PRO BLOOD GLUCOSE METER	3	OTC
PRODIGY AUTOCODE METER	3	OTC
PRODIGY AUTOCODE MONITOR SYST	3	OTC
PRODIGY CONTROL SOLUTION, LOW	3	OTC
PRODIGY CONTROL SOLUTION,HIGH	3	OTC
PRODIGY POCKET METER	3	OTC
PRODIGY VOICE GLUCOSE METER	3	OTC
QUINTET BLOOD GLUCOSE METER	3	OTC

Drug Name	Drug Category	Requirements / Limits
REFUAH PLUS GLUCOSE CONTROL	3	OTC
REFUAH PLUS GLUCOSE MONITOR	3	OTC
RELION ALL-IN- ONE METER	3	OTC
RELION CONFIRM	3	OTC
RELION MICRO GLUCOSE MONITOR KIT	3	OTC
RELION PRIME METER	3	OTC
REVEAL BLOOD GLUCOSE METER	3	OTC
RIGHTEST CONTROL SOLUTION HIGH	3	OTC
RIGHTEST GM550 SYSTEM	3	OTC
SIDEKICK BLOOD GLUCOSE SYSTEM	3	OTC
SMART SENSE MONITORING SYSTEM	3	OTC
SMARTEST CONTROL	3	OTC
SMARTEST EJECT	3	OTC
SMARTEST PERSONA STARTER	3	OTC
SMARTEST PRONTO STARTER	3	OTC
SMARTEST PROTEGE	3	OTC

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Drug Name	Drug Category	Requirements / Limits
SNAP INSULIN PUMP CONTROLLER	2	
SOLUS V2 AUDIBLE METER	3	OTC
SOLUS V2 CONTROL SOLUTION,HIGH	3	OTC
SURE-TEST EASYPLUS MINI METER	3	OTC
T:30 INFUSION SET	2	
T:90 INFUSION SET 23"	2	
T:SLIM	2	
T:SLIM G4	2	
TELCARE BGM	3	OTC
TELCARE BLOOD GLUCOSE KIT	3	OTC
TELCARE CONTROL	3	OTC
TEST N'GO BLOOD GLUCOSE SYSTEM	3	OTC
TRUE METRIX AIR GLUCOSE METER	3	OTC
TRUE METRIX GLUCOSE METER	3	OTC
TRUE METRIX GO GLUCOSE METER	3	OTC
TRUE METRIX LEVEL 1	3	OTC
TRUE2GO BLOOD GLUCOSE SYSTEM	3	OTC

Drug Name	Drug Category	Requirements / Limits
TRUECONTROL LEVEL 0	3	OTC
TRUERESULT BLOOD GLUCOSE SYSTM	3	OTC
TRUETEST LOW GLUCOSE CONTROL	3	OTC
TRUETRACK BLOOD GLUCOSE SYSTEM	3	OTC
TRUETRACK SMART SYSTEM KIT	3	OTC
ULTIMA MONITOR	3	OTC
ULTRATRAK GLUCOSE METER	3	OTC
ULTRATRAK ULTIMATE	3	OTC
UNISTRIIP LOW CONTROL	3	OTC
VGO 20	6	MSD
VGO 30	6	MSD
VGO 40	6	MSD
VOCALPOINT GLUCOSE CONTROL	3	OTC
WAVESENSE AMP	3	OTC
WAVESENSE CONTROL SOLUTION	3	OTC
WAVESENSE PRESTO	3	OTC
INSULIN THERAPY		

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Drug Name	Drug Category	Requirements / Limits
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60)	3	M
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (30)/ 8 UNIT (60), 4 UNIT (60)/ 8 UNIT (30), 8 UNIT (60)/ 12 UNIT (30)	3	M; QL
APIDRA	3	M
APIDRA SOLOSTAR	3	M
BASAGLAR KWIKPEN	2	M
HUMALOG	2	M
HUMALOG KWIKPEN	2	M
HUMALOG MIX 50-50	2	M
HUMALOG MIX 50-50 KWIKPEN	2	M
HUMALOG MIX 75-25	2	M
HUMALOG MIX 75-25 KWIKPEN	2	M
HUMULIN 70/30	2	M; QL
HUMULIN 70/30 KWIKPEN	2	M; QL
HUMULIN N	2	M; QL
HUMULIN N KWIKPEN	2	M

Drug Name	Drug Category	Requirements / Limits
HUMULIN R U-100	2	M; QL
HUMULIN R U-500 (CONC) KWIKPEN	2	M
HUMULIN R U-500 (CONCENTRATED)	2	M; QL
LANTUS	2	M
LANTUS SOLOSTAR	2	M
LEVEMIR	2	M
LEVEMIR FLEXTOUCH	2	M
NOVOLIN 70/30	3	M; QL
NOVOLIN N	3	M; QL
NOVOLIN R	3	M; QL
NOVOLOG	3	M
NOVOLOG FLEXPEN	3	M
NOVOLOG MIX 70-30	3	M
NOVOLOG MIX 70-30 FLEXPEN	3	M
NOVOLOG PENFILL	3	M
TOUJEO SOLOSTAR	3	M
TRESIBA FLEXTOUCH U-100	3	M
TRESIBA FLEXTOUCH U-200	3	M
MISCELLANEOUS HORMONES		
ALDURAZYME	6	MSD
ANADROL-50	3	

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Drug Name	Drug Category	Requirements / Limits
ANDRODERM	3	PA
ANDROGEL	3	PA
ANDROID	3	
<i>androxy</i>	1	
AVEED	6	MSD
AXIRON	2	PA
BRAVELLE	7	ST
<i>cabergoline</i>	1	M; QL
<i>calcitonin (salmon)</i>	1	M
<i>calcitriol oral</i>	1	M
CERDELGA	3	S; SLA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	6	MSD
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	7	
CHORIONIC GONADOTROPIN, HUMAN	7	QL
<i>clomiphene citrate</i>	7	
<i>danazol oral</i>	1	
DDAVP NASAL	3	M
DDAVP ORAL	3	M
DEPO- TESTOSTERONE	3	PA
<i>desmopressin nasal solution</i>	1	M
<i>desmopressin nasal spray,non-aerosol</i>	1	M
<i>desmopressin oral</i>	1	M
<i>doxercalciferol intravenous</i>	6	MSD

Drug Name	Drug Category	Requirements / Limits
<i>doxercalciferol oral</i>	1	M
ELAPRASE	6	MSD
ELELYSO	6	MSD
FABRAZYME	6	MSD
FOLLISTIM AQ INJECTION SOLUTION 75 UNIT/0.5 ML	7	ST
FOLLISTIM AQ SUBCUTANEOUS	7	ST
FORTESTA	3	PA
GANIRELIX	7	ST; S
GONAL-F	7	
GONAL-F RFF	7	
GONAL-F RFF REDI-JECT	7	
HECTOROL INTRAVENOUS	6	MSD
HECTOROL ORAL	3	M
KORLYM	4	PA; S; SLA
KUVAN ORAL POWDER IN PACKET 500 MG	3	PA; S; SLA
KUVAN ORAL TABLET,SOLUBL E	3	PA; S; SLA
LUMIZYME	6	MSD
MENOPUR	7	
METHITEST	2	
<i>methyltestosterone oral capsule</i>	1	
MIACALCIN INJECTION	6	MSD
MIACALCIN NASAL	3	M

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Drug Name	Drug Category	Requirements / Limits
MYALEPT	3	S; SLA
NAGLAZYME	6	MSD
NATESTO	3	PA
NATPARA	3	PA; S; SLA
NOVAREL	7	QL
OVIDREL	7	
OXANDRIN	3	
<i>oxandrolone</i>	1	
<i>pamidronate</i>	6	MSD
PARICALCITOL HEMODIALYSIS PORT INJECTION	6	MSD; M
<i>paricalcitol intravenous</i>	6	MSD
<i>paricalcitol oral</i>	1	M
PREGNYL	7	QL
RAYALDEE	3	M
ROCALTROL	3	M
SAMSCA	2	PA; QL
SENSIPAR	2	PA
SOMAVERT	3	S; SLA
STIMATE	2	M
STRENSIQ	3	S; SLA
STRIANT	3	PA
SYNAREL	3	
TESTIM	3	PA
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
TESTOSTERONE TRANSDERMAL GEL	3	PA

Drug Name	Drug Category	Requirements / Limits
<i>testosterone transdermal gel in metered-dose pump 1.25 gram/ actuation (1 %)</i>	1	PA
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	3	PA
<i>testosterone transdermal gel in packet</i>	1	PA
TESTRED	3	
VIMIZIM	6	MSD
VOGELXO	3	PA
VPRIV	6	MSD
ZAVESCA	2	
ZEMPLAR INTRAVENOUS	6	MSD
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	M
<i>zoledronic acid</i>	6	MSD
ZOLEDRONIC ACID-MANNITOL-WATER INTRAVENOUS PIGGYBACK 4 MG/100 ML	6	MSD
ZOMETA	6	MSD
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	M
ACTOPLUS MET	3	ST; M; QL

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Drug Name	Drug Category	Requirements / Limits
ACTOPLUS MET XR	2	ST; M; QL
ACTOS	3	ST; M; QL
ADLYXIN	3	PA; M
ALOGLIPTIN	3	M; QL
ALOGLIPTIN-METFORMIN	3	M; QL
ALOGLIPTIN-PIOGLITAZONE	3	M; QL
AMARYL	3	M
AVANDIA ORAL TABLET 2 MG, 4 MG	3	ST; M; QL
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	ST; M
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON	2	ST; M; QL
BYETTA	2	ST; M; QL
<i>chlorpropamide</i>	1	M
CYCLOSET	3	M; QL
DUETACT	3	ST; M; QL
FARXIGA	2	M; QL
FORTAMET	3	ST; M
<i>glimepiride</i>	1	M
<i>glipizide</i>	1	M
<i>glipizide-metformin</i>	1	M
GLUCOPHAGE	3	ST; M
GLUCOPHAGE XR	3	ST; M
GLUCOTROL	3	M
GLUCOTROL XL	3	M

Drug Name	Drug Category	Requirements / Limits
GLUCOVANCE	3	M
GLUMETZA	3	ST; M; QL
<i>glyburide micronized</i>	1	M
<i>glyburide oral</i>	1	M
<i>glyburide-metformin</i>	1	M
GLYNASE	3	M
GLYSET	3	M
GLYXAMBI	2	M
INVOKAMET	3	M; QL
INVOKAMET XR	3	M; QL
INVOKANA	3	M; QL
JANUMET	2	ST; M; QL
JANUMET XR	2	ST; M; QL
JANUVIA	2	ST; M; QL
JARDIANCE	2	M; QL
JENTADUETO	2	M; QL
JENTADUETO XR	2	M
KAZANO	3	M; QL
KOMBIGLYZE XR	3	ST; M; QL
<i>metformin oral tablet</i>	1	M
<i>metformin oral tablet extended release 24 hr</i>	1	M
<i>metformin oral tablet extended release 24hr</i>	1	ST; M
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	ST; M; QL
<i>miglitol</i>	1	M
<i>nateglinide</i>	1	M
NESINA	3	M; QL

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Drug Name	Drug Category	Requirements / Limits
ONGLYZA	3	ST; M; QL
OSENI	3	M; QL
<i>pioglitazone</i>	1	M; QL
<i>pioglitazone-glimepiride</i>	1	M; QL
<i>pioglitazone-metformin</i>	1	M; QL
PRANDIN ORAL TABLET 1 MG, 2 MG	3	M
PRECOSE	3	M
<i>repaglinide</i>	1	M
<i>repaglinide-metformin</i>	1	M; QL
RIOMET	3	ST; M; QL
STARLIX	3	M
SYMLINPEN 120	2	ST; M; QL
SYMLINPEN 60	2	ST; M; QL
SYNJARDY	2	M
TANZEUM	2	ST; M; QL
<i>tolazamide</i>	1	M
<i>tolbutamide</i>	1	M
TRADJENTA	2	QL
TRULICITY	3	PA; M; QL
VICTOZA 2-PAK	3	PA; M; QL
VICTOZA 3-PAK	3	M; QL
XIGDUO XR	2	M; QL
THYROID HORMONES		
ARMOUR THYROID	2	M
CYTOMEL	3	M
LEVO-T	3	M

Drug Name	Drug Category	Requirements / Limits
LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG	6	MSD
<i>levothyroxine intravenous recon soln 200 mcg, 500 mcg</i>	6	MSD
<i>levothyroxine oral</i>	1	M
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	M
<i>liothyronine oral</i>	1	M
<i>nature-throid</i>	1	M
<i>np thyroid</i>	1	M
SYNTHROID	3	M
THYROLAR-1	2	M
THYROLAR-1/2	2	M
THYROLAR-1/4	2	M
THYROLAR-2	2	M
THYROLAR-3	2	M
TIROSINT	3	M
<i>unithroid</i>	1	M
<i>westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg</i>	1	M
WP THYROID	3	M
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	

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Drug Name	Drug Category	Requirements / Limits
<i>atropine injection solution</i>	6	MSD
<i>belladonna alkaloids-opium</i>	1	
<i>belladonna-opium</i>	1	
BENTYL INTRAMUSCULAR	6	MSD
BENTYL ORAL CAPSULE	3	
<i>chlordiazepoxide-clidinium</i>	1	
CUVPOSA	3	
<i>dicyclomine intramuscular</i>	6	MSD
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET	3	
<i>ed-spaz</i>	1	
<i>glycopyrrolate oral</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyosyne</i>	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	

Drug Name	Drug Category	Requirements / Limits
LIBRAX (WITH CLIDINIUM)	3	
LOMOTIL	3	
<i>methscopolamine oral</i>	1	
MOTOFEN	3	
MYTESI	3	
NULEV	3	
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
<i>oscimin sr</i>	1	
<i>paregoric</i>	1	
<i>phenohydro</i>	1	
<i>propantheline</i>	1	
ROBINUL FORTE	3	
ROBINUL ORAL	3	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	3	M
AKYNZEO	2	QL
<i>alophen</i>	5	ACA; OTC
<i>alosetron</i>	1	M
ALOXI	6	MSD; QL
AMITIZA	2	
ANALPRAM-HC RECTAL CREAM	3	

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Drug Name	Drug Category	Requirements / Limits
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	3	
<i>anucort-hc</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY	3	
ANZEMET ORAL	3	QL
<i>aprepitant</i>	1	QL
APRISO	2	M
ASACOL HD	3	M
AURYXIA	3	
AZULFIDINE	3	M
AZULFIDINE EN-TABS	3	M
<i>balsalazide</i>	1	
<i>bisacodyl oral</i>	5	ACA; OTC
<i>bisa-lax</i>	5	ACA; OTC
<i>budesonide oral</i>	1	
<i>calcium acetate oral capsule</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
CANASA	2	M
CESAMET	3	QL
CHENODAL	3	PA; S; SLA
CHOLBAM	2	PA
CIMZIA	4	PA; ST; S; SLA
CIMZIA POWDER FOR RECONST	4	PA; ST; S; SLA
<i>citrate of magnesia</i>	5	ACA; OTC
<i>citroma</i>	5	ACA; OTC

Drug Name	Drug Category	Requirements / Limits
<i>clearlax</i>	5	ACA; OTC
COLAZAL	3	
<i>colocort</i>	1	
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	3	
COMPAZINE	3	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	
CORTIFOAM	2	
CREON	2	
<i>cromolyn oral</i>	1	
CYSTADANE	2	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	M
DICLEGIS	3	
DIPENTUM	3	M
<i>dronabinol</i>	1	
<i>ducodyl</i>	5	ACA; OTC
<i>eliphos</i>	1	
EMEND ORAL CAPSULE 125 MG, 40 MG	2	QL
EMEND ORAL CAPSULE 80 MG	3	QL
EMEND ORAL CAPSULE,DOSE PACK	3	QL

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Drug Name	Drug Category	Requirements / Limits
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	
ENTOCORT EC	3	
ENTYVIO	6	MSD
<i>enulose</i>	1	
<i>fleet laxative</i>	5	ACA; OTC
FOSRENOL	3	
GASTROCROM	3	
GATTEX 30-VIAL	4	S; SLA
<i>gavilax oral powder</i>	5	ACA; OTC
<i>gavilyte-c</i>	5	ACA
<i>gavilyte-g</i>	5	ACA
<i>gavilyte-h and bisacodyl</i>	5	ACA
<i>gavilyte-n</i>	5	ACA
<i>generlac</i>	1	
<i>gentle laxative oral</i>	5	ACA; OTC
<i>gentlelax</i>	5	ACA; OTC
GIAZO	3	
<i>glycolax oral powder</i>	5	ACA; OTC
GOLYTELY ORAL POWDER IN PACKET	5	ACA
GOLYTELY ORAL RECON SOLN	3	
<i>granisetron hcl oral</i>	1	QL
<i>healthylax</i>	5	ACA; OTC
<i>hemmorex-hc</i>	1	
<i>hydrocortisone acetate rectal</i>	1	

Drug Name	Drug Category	Requirements / Limits
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal</i>	1	
INFLECTRA	6	MSD
KAYEXALATE	3	
<i>kionex</i>	1	
<i>kionex (with sorbitol)</i>	1	
KRISTALOSE	3	M
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>laxa clear</i>	5	ACA; OTC
<i>laxative (bisacodyl) oral</i>	5	ACA; OTC
<i>laxative feminine</i>	5	ACA; OTC
<i>laxative peg 3350 oral powder</i>	5	ACA; OTC
LIALDA	3	M
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	2	
LOTRONEX	3	M
MAGNEBIND 400	3	
<i>magnesium citrate oral solution</i>	5	ACA; OTC
MARINOL	3	
MESALAMINE ORAL	3	M

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Drug Name	Drug Category	Requirements / Limits
<i>mesalamine rectal</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl injection</i>	6	MSD
<i>metoclopramide hcl oral</i>	1	
MICORT-HC	3	ST
<i>milk of magnesia</i>	5	ACA; OTC
<i>milk of magnesia concentrated</i>	5	ACA; OTC
<i>miralax oral powder in packet</i>	5	ACA; OTC
MOVANTIK	2	
MOVIPREP	5	ACA
NOVACORT	3	
NULYTELY WITH FLAVOR PACKS	3	
OICALIVA	3	PA; S; SLA
<i>ondansetron</i>	1	QL
<i>ondansetron hcl (pf)</i>	6	MSD
<i>ondansetron hcl intravenous</i>	6	MSD
<i>ondansetron hcl oral</i>	1	QL
<i>oral saline laxative oral liquid</i>	5	ACA; OTC
OSMOPREP	5	ACA

Drug Name	Drug Category	Requirements / Limits
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	
<i>peg 3350-electrolytes</i>	5	ACA
<i>peg3350</i>	5	ACA; OTC
<i>peg-electrolyte soln</i>	5	ACA
PENTASA	2	M
PERTZYE	3	
PHOSLYRA	3	
<i>phosphate laxative oral liquid</i>	5	ACA; OTC
<i>powderlax</i>	5	ACA; OTC
<i>pramcort</i>	1	
PREPOPIK	5	ACA
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	6	MSD
<i>prochlorperazine maleate oral</i>	1	
PROCORT	3	
PROCTOCORT RECTAL	3	
PROCTOFOAM HC	3	
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	

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Drug Name	Drug Category	Requirements / Limits
<i>proctozone-hc</i>	1	
<i>purelax</i>	5	ACA; OTC
RECTIV	2	
REGLAN ORAL	3	
RELISTOR ORAL	3	
RELISTOR SUBCUTANEOUS SOLUTION	2	
RELISTOR SUBCUTANEOUS SYRINGE	2	
REMICADE	6	MSD
RENAGEL	3	
RENVELA	2	
ROWASA	3	
SANCUSO	3	QL
SFROWASA	3	
<i>smoothlax</i>	5	ACA; OTC
<i>sodium polystyrene sulfonate oral</i>	1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	1	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	3	
SOLESTA	6	MSD
<i>sps (with sorbitol)</i>	1	
SUCRAID	3	S; SLA
<i>sulfasalazine</i>	1	M
SUPREP BOWEL PREP KIT	5	ACA

Drug Name	Drug Category	Requirements / Limits
SUSTOL	6	MSD
TIGAN INTRAMUSCULAR	6	MSD
TIGAN ORAL CAPSULE 300 MG	3	
TRANSDERM-SCOP	3	
<i>trilyte with flavor packets</i>	5	ACA
<i>trimethobenzamide oral</i>	1	
UCERIS ORAL	2	
UCERIS RECTAL	3	
URSO 250	3	M
URSO FORTE	3	M
<i>ursodiol</i>	1	M
VARUBI	2	
VELPHORO	3	
VELTASSA	3	S; SLA
VIBERZI	2	
VIOKACE	2	
<i>woman's laxative oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>women's gentle laxative(bisac)</i>	5	ACA; OTC
<i>women's laxative (bisacodyl)</i>	5	ACA; OTC
ZENPEP	3	
ZOFRAN (AS HYDROCHLORIDE) INTRAVENOUS	6	MSD

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Drug Name	Drug Category	Requirements / Limits
ZOFRAN (AS HYDROCHLORIDE) ORAL	3	QL
ZOFRAN ODT	3	QL
ZUPLENZ	3	QL
ULCER THERAPY		
ACIPHEX	3	ST; M
ACIPHEX SPRINKLE	3	ST; M; QL
<i>amoxicil-clarithromy-lansopraz</i>	1	
CARAFATE ORAL SUSPENSION	1	M
CARAFATE ORAL TABLET	3	M
<i>cimetidine hcl oral</i>	1	M
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	M
CYTOTEC	3	M
DEXILANT	3	ST; M; QL
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	M; QL
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	M
<i>esomeprazole sodium</i>	6	MSD

Drug Name	Drug Category	Requirements / Limits
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 24.65 MG	3	ST; M; QL
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 49.3 MG	3	ST; M
<i>famotidine (pf)</i>	6	MSD
<i>famotidine (pf)-nacl (iso-os)</i>	6	MSD
<i>famotidine intravenous</i>	6	MSD
<i>famotidine oral suspension</i>	1	M
<i>famotidine oral tablet 40 mg</i>	1	M
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	M; QL
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	M
<i>misoprostol</i>	1	M
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	6	MSD
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	ST; M; QL

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Drug Name	Drug Category	Requirements / Limits
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40 MG	3	ST; M
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	ST; M; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	ST; M
<i>nizatidine</i>	1	M
OMECLAMOX-PAK	3	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	1	M; QL
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	1	M
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	ST; M; QL
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST; M
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	ST

Drug Name	Drug Category	Requirements / Limits
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	M; QL
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	M
PEPCID ORAL SUSPENSION	3	M
PEPCID ORAL TABLET 40 MG	3	M
PREVACID ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 15 MG	3	ST; M; QL
PREVACID ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 30 MG	3	ST; M
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	3	ST; M; QL
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	3	ST; M
PREVPAC	3	
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	3	ST; M; QL
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	ST; M

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Drug Name	Drug Category	Requirements / Limits
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	3	ST; M; QL
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 40 MG	3	ST; M
PYLERA	3	
<i>rabeprazole</i>	1	M
<i>ranitidine hcl oral capsule</i>	1	M
<i>ranitidine hcl oral syrup</i>	1	M
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	M
<i>sucralfate</i>	1	M
ZANTAC ORAL TABLET 300 MG	3	M
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	ST; M; QL
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	ST; M
ZEGERID ORAL PACKET 20-1,680 MG	3	ST; QL
ZEGERID ORAL PACKET 40-1,680 MG	3	ST
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE)	6	MSD

Drug Name	Drug Category	Requirements / Limits
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	6	MSD
GRANIX	6	MSD
LEUKINE INJECTION RECON SOLN	6	MSD
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 200 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	6	MSD
MIRCERA INJECTION SYRINGE 150 MCG/0.3 ML, 30 MCG/0.3 ML	6	
MOZOBIL	6	MSD
NEULASTA	6	MSD; QL
NEUPOGEN	6	MSD
PROCRIT	6	MSD
ZARXIO	6	MSD
GROWTH HORMONES		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	3	PA; S
GENOTROPIN	4	PA; ST; S
GENOTROPIN MINISQUICK	4	PA; ST; S
HUMATROPE	4	PA; ST; S

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Drug Name	Drug Category	Requirements / Limits
NORDITROPIN FLEXPPO	4	PA; ST; S
NUTROPIN AQ NUSPIN	4	PA; ST; S
OMNITROPE	3	PA; S
SAIZEN	4	PA; ST; S
SAIZEN CLICK.EASY	4	PA; ST; S
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; S
ZOMACTON	3	PA; ST
ZORBTIVE	4	PA; S; SLA
INTERFERONS		
AUBAGIO	4	PA; S; SLA; QL
AVONEX (WITH ALBUMIN)	3	PA; S; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	3	PA; S; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	3	PA; S; QL
BETASERON SUBCUTANEOUS KIT	4	PA; ST; S; QL
COPAXONE SUBCUTANEOUS SYRINGE	4	ST; S; QL
COPEGUS	4	ST; S; SLA
EXTAVIA SUBCUTANEOUS KIT	3	PA; S; QL

Drug Name	Drug Category	Requirements / Limits
EXTAVIA SUBCUTANEOUS RECON SOLN	2	PA; QL
GILENYA	3	PA; S; SLA
<i>glatopa</i>	1	S; QL
LEMTRADA	6	MSD
<i>moderiba</i>	1	ST; S; SLA
<i>moderiba dose pack</i>	1	ST; S; SLA
PEGASYS	3	PA; S; SLA; QL
PEGASYS PROCLICK	3	PA; S; SLA; QL
PEGINTRON	4	PA; S; SLA; QL
PEGINTRON REDIPEN	4	PA; S; SLA; QL
PLEGRIDY	3	S; QL
POMALYST	2	QL
REBETOL ORAL SOLUTION	4	ST; S; SLA
REBIF (WITH ALBUMIN)	3	PA; S; QL
REBIF REBIDOSE	3	PA; S; QL
REBIF TITRATION PACK	3	PA; S; QL
REVLIMID	2	
<i>ribasphere</i>	1	ST; S; SLA
<i>ribasphere ribapak</i>	1	ST; S; SLA
<i>ribavirin oral capsule</i>	1	ST; S; SLA
<i>ribavirin oral tablet 200 mg</i>	1	ST; S; SLA
SYLATRON	3	S; SLA; QL
TECFIDERA	3	PA; S; SLA; QL

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Drug Name	Drug Category	Requirements / Limits
ZINBRYTA	4	ST; S; SLA
INTERLEUKINS		
ACTIMMUNE	3	S; SLA
ALDARA	3	QL
ALFERON N	6	MSD
ARCALYST	3	PA; ST; S; SLA
ILARIS (PF)	6	MSD
<i>imiquimod</i>	1	QL
INTRON A INJECTION	3	S; SLA
KINERET	4	PA; ST; S; SLA; QL
PROLEUKIN	6	MSD
ZYCLARA	3	QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	6	MSD
ADACEL(TDAP ADOLESN/ADULT)(PF)	6	MSD
AFLURIA 2016-2017	5	
AFLURIA 2016-2017 (PF)	5	
AFLURIA QUAD 2016-2017 (PF)	5	
ATGAM	6	MSD
BCG VACCINE, LIVE (PF)	6	MSD
BIVIGAM	6	MSD
BOOSTRIX TDAP	6	MSD

Drug Name	Drug Category	Requirements / Limits
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	6	MSD
CUVITRU	6	MSD
DYSPORT	6	MSD
ENGERIX-B (PF)	6	MSD
ENGERIX-B PEDIATRIC (PF)	6	MSD
EZ FLU 2016-17 (AFLURIA) (PF)	5	
EZ FLU 2016-17 (FLUVIRIN) (PF)	5	
EZ FLU16-17(FLUZON QD PED)(PF)	5	
FLEBOGAMMA DIF	6	MSD
FLUAD 2016-2017 (65 YR UP)(PF)	5	
FLUARIX QUAD 2016-2017 (PF)	5	
FLUBLOK 2016-2017 (PF)	5	
FLUCELVAX QUAD 2016-2017 (PF)	5	
FLULAVAL QUAD 2016-2017	5	
FLULAVAL QUAD 2016-2017 (PF)	5	
FLUMIST QUAD 2016-2017	6	MSD
FLUVIRIN 2016-2017	5	

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Drug Name	Drug Category	Requirements / Limits
FLUVIRIN 2016-2017 (PF)	5	
FLUZONE HIGH-DOSE 2016-17 (PF)	5	
FLUZONE INTRADERM QUAD 2016-17	5	
FLUZONE QUAD 2016-2017	5	
FLUZONE QUAD 2016-2017 (PF)	5	
FLUZONE QUAD PEDI 2016-17 (PF)	5	
GAMASTAN S/D	6	MSD
GAMMAGARD LIQUID	6	MSD
GAMMAGARD S-D (IGA < 1 MCG/ML)	6	MSD
GAMMAKED	6	MSD
GAMMAPLEX	6	MSD
GAMUNEX-C	6	MSD
GRASTEK	2	PA
HAVRIX (PF)	6	MSD
HEPAGAM B	6	MSD
HIBERIX (PF)	6	MSD
HIZENTRA	6	MSD
HYPERHEP B S/D	6	MSD
HYPERHEP B S-D NEONATAL	6	MSD
HYPERRAB S/D (PF)	6	MSD
HYQVIA	6	MSD
IMOGAM RABIES-HT (PF)	6	MSD

Drug Name	Drug Category	Requirements / Limits
KINRIX (PF)	6	MSD
MENACTRA (PF) INTRAMUSCULAR SOLUTION	6	MSD
MENOMUNE - A/C/Y/W-135	6	MSD
MENOMUNE - A/C/Y/W-135 (PF)	6	MSD
MENVEO A-C-Y-W-135-DIP (PF)	6	MSD
M-M-R II (PF)	6	MSD
MYOBLOC	6	MSD
NABI-HB	6	MSD
OCTAGAM	6	MSD
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; S
PEDIARIX (PF)	6	MSD
PENTACEL ACTHIB COMPONENT (PF)	6	MSD
PNEUMOVAX 23	6	MSD
PRIVIGEN	6	MSD
PROQUAD (PF)	6	MSD
PROVENGE	6	MSD
QUADRACEL (PF)	6	MSD
RAGWITEK	2	PA
RECOMBIVAX HB (PF)	6	MSD
TENIVAC (PF)	6	MSD
TETANUS,DIPHTHERIA TOX PED(PF)	6	MSD

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Drug Name	Drug Category	Requirements / Limits
TETANUS-DIPHTHERIA TOXOIDS-TD	6	MSD
THYMOGLOBULIN	6	MSD
TWINRIX (PF)	6	MSD
TYPHIM VI	6	MSD
VAQTA (PF)	6	MSD
VARIZIG INTRAMUSCULAR RECON SOLN	6	MSD
VAXCHORA VACCINE	6	MSD
XEOMIN	6	MSD
YF-VAX (PF)	6	MSD
ZINPLAVA	6	

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	M
COLCHICINE ORAL	3	
COLCRYS	2	
KRYSTEXXA	6	MSD
MITIGARE	2	
<i>probenecid</i>	1	M
<i>probenecid-colchicine</i>	1	M
ULORIC	2	ST; M
ZURAMPIC	3	M
ZYLOPRIM	3	M

OSTEOPOROSIS THERAPY

Drug Name	Drug Category	Requirements / Limits
ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	3	ST; M; QL
<i>alendronate oral solution</i>	1	M; QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	M; QL
ATELVIA	3	ST; M; QL
BINOSTO	3	ST; M; QL
BONIVA INTRAVENOUS	6	MSD
BONIVA ORAL	3	ST; M; QL
EVISTA	3	PA; M
FORTEO	4	PA; S; SLA; QL
FOSAMAX ORAL TABLET 70 MG	3	ST; M; QL
FOSAMAX PLUS D	3	ST; M; QL
<i>ibandronate intravenous</i>	6	MSD
<i>ibandronate oral</i>	1	M; QL
PROLIA	6	MSD
<i>raloxifene</i>	1	PA; M
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	M; QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	M; QL

OTHER RHEUMATOLOGICALS

ACTEMRA INTRAVENOUS	6	ST; MSD
ACTEMRA SUBCUTANEOUS	3	PA; ST; S; SLA; QL

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Drug Name	Drug Category	Requirements / Limits
ARAVA	3	QL
BENLYSTA	6	MSD
CUPRIMINE	3	M
DEPEN TITRATABS	2	M
ENBREL	3	PA; ST; S; QL
ENBREL SURECLICK	3	PA; ST; S; QL
HUMIRA	3	PA; ST; S; QL
HUMIRA PEDIATRIC CROHN'S START	2	PA; ST; SLA; QL
HUMIRA PEN CROHN'S-UC-HS START	3	PA; ST; S; QL
HUMIRA PEN PSORIASIS- UVEITIS	3	PA; ST; S; QL
<i>leflunomide</i>	1	QL
ORENCIA	4	PA; ST; S
ORENCIA (WITH MALTOSE)	6	MSD
ORENCIA CLICKJECT	4	PA; ST; S
OTEZLA	3	PA; S; SLA; QL
OTEZLA STARTER	3	PA; S; SLA; QL
OTREXUP (PF)	4	S; QL
RASUVO (PF)	4	S; QL
RIDAURA	2	M
SAVELLA ORAL TABLET	2	ST; M; QL
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL

Drug Name	Drug Category	Requirements / Limits
SIMPONI	4	PA; ST; S; QL
SIMPONI ARIA	6	MSD
XELJANZ	4	ST; S; QL
XELJANZ XR	4	ST; S; QL

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	5	ACA
FC2 FEMALE CONDOM	5	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	5	ACA
KYLEENA	5	ACA
LILETTA	5	ACA
MIRENA	5	ACA
PARAGARD T 380A	5	ACA
SKYLA	5	ACA
WIDE-SEAL DIAPHRAGM	5	ACA

ESTROGENS & PROGESTINS

ACTIVELLA	3	M
ALORA	3	M; QL
<i>amabelz</i>	1	M
ANGELIQ	3	M
AYGESTIN	3	M
<i>camila</i>	5	M; ACA
CLIMARA	3	M; QL
CLIMARA PRO	3	M; QL
COMBIPATCH	3	M

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Drug Name	Drug Category	Requirements / Limits
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
CRINONE VAGINAL GEL 4 %	2	
CRINONE VAGINAL GEL 8 %	7	
<i>deblitane</i>	5	M; ACA
DELESTROGEN	3	
DEPO-ESTRADIOL	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	5	ACA; QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE	5	ACA; QL
DEPO-SUBQ PROVERA 104	5	ACA; QL
DIVIGEL	3	M; QL
DUAVEE	3	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
ELESTRIN	3	M; QL
ENDOMETRIN	7	
<i>errin</i>	5	M; ACA
ESTRACE ORAL	3	M
ESTRACE VAGINAL	2	M
<i>estradiol oral</i>	1	M
<i>estradiol transdermal</i>	1	M; QL
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	

Drug Name	Drug Category	Requirements / Limits
<i>estradiol-norethindrone acet</i>	1	M
ESTRING	3	M
ESTROGEL	3	M; QL
<i>estrogens-methyltestosterone</i>	1	
<i>estropipate</i>	1	M
EVAMIST	3	QL
FEMHRT LOW DOSE	3	M
FEMRING	3	M
<i>fyavolv</i>	1	M
<i>heather</i>	5	M; ACA
<i>hydroxyprogesterone caproate</i>	6	MSD
<i>jencycla</i>	5	M; ACA
<i>jevantique lo</i>	1	M
<i>jinteli</i>	1	M
<i>jolivette</i>	5	M; ACA
<i>lopreeza</i>	1	M
<i>lyza</i>	5	M; ACA
MAKENA	6	MSD
<i>medroxyprogesterone intramuscular</i>	5	ACA; QL
<i>medroxyprogesterone oral</i>	1	M
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	M
MENOSTAR	3	M; QL
<i>mimvey</i>	1	M
<i>mimvey lo</i>	1	M
MINIVELLE	3	M; QL
<i>nora-be</i>	5	M; ACA

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Drug Name	Drug Category	Requirements / Limits
<i>norethindrone (contraceptive)</i>	5	M; ACA
<i>norethindrone acetate</i>	1	M
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	M
<i>norlyroc</i>	5	M; ACA
ORTHO MICRONOR	5	ST; M; ACA
PREFEST	3	M
PREMARIN ORAL	3	M
PREMARIN VAGINAL	3	M
PREMPHASE	3	M
PREMPRO	3	M
<i>progesterone</i>	7	
<i>progesterone micronized</i>	1	M
PROMETRIUM	3	M
PROVERA	3	M
<i>sharobel</i>	5	M; ACA
VAGIFEM	3	M
VIVELLE-DOT	3	M; QL
<i>yuvafem</i>	1	M
MISCELLANEOUS OB/GYN		
AVC VAGINAL	3	
CERVIDIL	3	
CLEOCIN VAGINAL	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	

Drug Name	Drug Category	Requirements / Limits
CONCEPTROL	5	ACA; OTC
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>gynol ii</i>	5	ACA; OTC
<i>isoxsuprine</i>	1	M
LUPANETA PACK (1 MONTH)	3	
LUPANETA PACK (3 MONTH)	3	
LYSTEDA	3	
METROGEL VAGINAL	3	
<i>metronidazole vaginal</i>	1	
MIFEPREX	4	S
NEXPLANON	6	MSD
NUVARING	5	M; ACA
NUVESSA	3	
OSPHENA	3	
PREPIDIL	3	
PROSTIN E2	3	
RELAGARD	3	
TERAZOL 7	3	
<i>terconazole</i>	1	
TODAY CONTRACEPTIVE SPONGE	5	ACA; OTC
<i>tranexamic acid oral</i>	1	
<i>vaginal contraceptive foam</i>	5	ACA; OTC
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	5	ACA; OTC

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Drug Name	Drug Category	Requirements / Limits
VCF CONTRACEPTIVE GEL	5	ACA; OTC
<i>xulane</i>	5	M; ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
AFTERA	5	ACA; OTC; QL
<i>altavera (28)</i>	5	M; ACA
<i>alyacen 1/35 (28)</i>	5	M; ACA
<i>alyacen 7/7/7 (28)</i>	5	M; ACA
<i>amethia</i>	5	M; ACA
<i>amethia lo</i>	5	M; ACA
<i>amethyst</i>	5	M; ACA
<i>apri</i>	5	M; ACA
<i>aranelle (28)</i>	5	M; ACA
<i>ashlyna</i>	5	M; ACA
<i>aubra</i>	5	M; ACA
<i>aviane</i>	5	M; ACA
<i>azurette (28)</i>	5	M; ACA
<i>balziva (28)</i>	5	M; ACA
<i>bekyree (28)</i>	5	M; ACA
BEYAZ	5	ST; M; ACA
<i>blisovi 24 fe</i>	5	M; ACA
<i>blisovi fe 1.5/30 (28)</i>	5	M; ACA
<i>blisovi fe 1/20 (28)</i>	5	M; ACA
BREVICON (28)	5	ST; M; ACA
<i>briellyn</i>	5	M; ACA
<i>camrese</i>	5	M; ACA
<i>camrese lo</i>	5	M; ACA
<i>caziant (28)</i>	5	M; ACA
<i>chateal</i>	5	M; ACA

Drug Name	Drug Category	Requirements / Limits
<i>cryselle (28)</i>	5	M; ACA
<i>cyclafem 1/35 (28)</i>	5	M; ACA
<i>cyclafem 7/7/7 (28)</i>	5	M; ACA
CYCLESSA (28)	5	ST; M; ACA
<i>cyred</i>	5	M; ACA
<i>dasetta 1/35 (28)</i>	5	M; ACA
<i>dasetta 7/7/7 (28)</i>	5	M; ACA
<i>daysee</i>	5	M; ACA
<i>delyla (28)</i>	5	M; ACA
<i>desog- e.estradiol/e.estradiol</i>	5	M; ACA
DESOGEN	5	ST; M; ACA
<i>desogestrel-ethinyl estradiol</i>	5	M; ACA
<i>drospirenone- e.estradiol-lm,fa</i>	5	M; ACA
<i>drospirenone-ethinyl estradiol</i>	5	M; ACA
<i>econtra ez</i>	5	ACA; OTC; QL
<i>elinest</i>	5	M; ACA
ELLA	5	ACA; QL
<i>emoquette</i>	5	M; ACA
<i>enpresse</i>	5	M; ACA
<i>enskyce</i>	5	M; ACA
<i>estarylla</i>	5	M; ACA
ESTROSTEP FE-28	5	ST; M; ACA
<i>ethynodiol diac-eth estradiol</i>	5	M; ACA
<i>fallback solo</i>	5	ACA; OTC; QL
<i>falmina (28)</i>	5	M; ACA
FEMCON FE	5	ST; M; ACA

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Drug Name	Drug Category	Requirements / Limits
<i>femynor</i>	5	M; ACA
GENERESS FE	5	ST; ACA
<i>gianvi</i> (28)	5	M; ACA
<i>gildagia</i>	5	M; ACA
<i>introvale</i>	5	M; ACA
<i>jolessa</i>	5	M; ACA
<i>juleber</i>	5	M; ACA
<i>junel 1.5/30</i> (21)	5	M; ACA
<i>junel 1/20</i> (21)	5	M; ACA
<i>junel fe 1.5/30</i> (28)	5	M; ACA
<i>junel fe 1/20</i> (28)	5	M; ACA
<i>junel fe 24</i>	5	M; ACA
<i>kaitlib fe</i>	5	ACA
<i>kariva</i> (28)	5	M; ACA
<i>kelnor 1/35</i> (28)	5	M; ACA
<i>kimidess</i> (28)	5	M; ACA
<i>kurvelo</i>	5	M; ACA
<i>l norgest/e.estradiol-e.estradiol</i>	5	M; ACA
<i>larin 1.5/30</i> (21)	5	M; ACA
<i>larin 1/20</i> (21)	5	M; ACA
<i>larin 24 fe</i>	5	M; ACA
<i>larin fe 1.5/30</i> (28)	5	M; ACA
<i>larin fe 1/20</i> (28)	5	M; ACA
<i>larissia</i>	5	M; ACA
<i>layolis fe</i>	5	ACA
<i>leena 28</i>	5	M; ACA
<i>lessina</i>	5	M; ACA
<i>levonest</i> (28)	5	M; ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	5	ACA; OTC; QL

Drug Name	Drug Category	Requirements / Limits
<i>levonorgestrel-ethinyl estrad</i>	5	M; ACA
<i>levonorg-eth estrad triphasic</i>	5	M; ACA
<i>levora-28</i>	5	M; ACA
LO LOESTRIN FE	5	ST; M; ACA
LOESTRIN 1.5/30 (21)	5	ST; M; ACA
LOESTRIN 1/20 (21)	5	ST; M; ACA
LOESTRIN FE 1.5/30 (28-DAY)	5	ST; M; ACA
LOESTRIN FE 1/20 (28-DAY)	5	ST; M; ACA
<i>lomedial 24 fe</i>	5	M; ACA
<i>loryna</i> (28)	5	M; ACA
LOSEASONIQUE	5	ST; M; ACA
<i>low-ogestrel</i> (28)	5	M; ACA
<i>luteria</i> (28)	5	M; ACA
<i>marlissa</i>	5	M; ACA
<i>microgestin 1.5/30</i> (21)	5	M; ACA
<i>microgestin 1/20</i> (21)	5	M; ACA
MICROGESTIN 24 FE	5	ST; M; ACA
<i>microgestin fe 1.5/30</i> (28)	5	M; ACA
<i>microgestin fe 1/20</i> (28)	5	M; ACA
MINASTRIN 24 FE	5	ST; M; ACA
MIRCETTE (28)	5	ST; M; ACA
<i>mono-linyah</i>	5	M; ACA
<i>mononessa</i> (28)	5	M; ACA

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Drug Name	Drug Category	Requirements / Limits
<i>my way</i>	5	ACA; OTC; QL
<i>myzilra</i>	5	M; ACA
NATAZIA	5	ST; M; ACA
<i>necon 0.5/35 (28)</i>	5	M; ACA
<i>necon 1/50 (28)</i>	5	M; ACA
<i>necon 10/11 (28)</i>	5	M; ACA
<i>necon 7/7/7 (28)</i>	5	M; ACA
<i>next choice one dose</i>	5	ACA; OTC; QL
<i>nikki (28)</i>	5	M; ACA
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	5	M; ACA
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	5	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	5	M; ACA
<i>norethindrone-e.estradiol-iron</i>	5	M; ACA
<i>norgestimate-ethinyl estradiol</i>	5	M; ACA
NORINYL 1/35 (28)	5	ST; M; ACA
<i>nortrel 0.5/35 (28)</i>	5	M; ACA
<i>nortrel 1/35 (21)</i>	5	M; ACA
<i>nortrel 1/35 (28)</i>	5	M; ACA
<i>nortrel 7/7/7 (28)</i>	5	M; ACA
<i>ocella</i>	5	M; ACA
<i>ogestrel (28)</i>	5	M; ACA

Drug Name	Drug Category	Requirements / Limits
<i>opcicon one-step</i>	5	ACA; OTC; QL
<i>option 2</i>	5	ACA; OTC; QL
<i>orsythia</i>	5	M; ACA
ORTHO TRI-CYCLEN (28)	5	ST; M; ACA
ORTHO TRI-CYCLEN LO (28)	5	ST; M; ACA
ORTHO-CYCLEN (28)	5	ST; M; ACA
ORTHO-NOVUM 1/35 (28)	5	ST; M; ACA
ORTHO-NOVUM 7/7/7 (28)	5	ST; M; ACA
OVCON-35 (28)	5	ST; M; ACA
<i>philith</i>	5	M; ACA
<i>pimtrea (28)</i>	5	M; ACA
<i>pirmella</i>	5	M; ACA
PLAN B ONE-STEP	5	ACA; QL
<i>portia</i>	5	M; ACA
<i>previfem</i>	5	M; ACA
QUARTETTE	5	ST; M; ACA
<i>quasense</i>	5	M; ACA
<i>rajani</i>	5	M; ACA
<i>react</i>	5	ACA; OTC; QL
<i>reclipsen (28)</i>	5	M; ACA
SAFYRAL	5	ST; M; ACA
SEASONIQUE	5	ST; M; ACA
<i>setlakin</i>	5	M; ACA
<i>sprintec (28)</i>	5	M; ACA
<i>sronyx</i>	5	M; ACA

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Drug Name	Drug Category	Requirements / Limits
<i>syeda</i>	5	M; ACA
TAKE ACTION	5	ACA; OTC; QL
<i>tarina fe 1/20 (28)</i>	5	M; ACA
TAYTULLA	5	ST; M; ACA
<i>tilia fe</i>	5	M; ACA
<i>tri-estarylla</i>	5	M; ACA
<i>tri-legest fe</i>	5	M; ACA
<i>tri-linyah</i>	5	M; ACA
<i>tri-lo-estarylla</i>	5	M; ACA
<i>tri-lo-marzia</i>	5	M; ACA
<i>tri-lo-sprintec</i>	5	M; ACA
<i>trinessa (28)</i>	5	M; ACA
<i>trinessa lo</i>	5	M; ACA
TRI-NORINYL (28)	5	ST; M; ACA
<i>tri-previfem (28)</i>	5	M; ACA
<i>tri-sprintec (28)</i>	5	M; ACA
<i>trivora (28)</i>	5	M; ACA
<i>velivet triphasic regimen (28)</i>	5	M; ACA
<i>vestura (28)</i>	5	M; ACA
<i>vienva</i>	5	M; ACA
<i>viorele (28)</i>	5	M; ACA
<i>vyfemla (28)</i>	5	M; ACA
<i>wera (28)</i>	5	M; ACA
<i>wymzya fe</i>	5	M; ACA
YASMIN (28)	5	ST; M; ACA
YAZ (28)	5	ST; M; ACA
<i>zarah</i>	5	M; ACA
<i>zenchent (28)</i>	5	M; ACA
<i>zenchent fe</i>	5	M; ACA
<i>zovia 1/35e (28)</i>	5	M; ACA

Drug Name	Drug Category	Requirements / Limits
<i>zovia 1/50e (28)</i>	5	M; ACA
OXYTOCICS		
<i>methergine</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	
<i>bacitracin ophthalmic</i>	1	
<i>bacitracin-polymyxin b ophthalmic</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CEFUROXIME SODIUM-0.9%NACL(PF)	6	
CILOXAN	3	
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>erythromycin ophthalmic</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ophthalmic ointment</i>	1	
<i>gentamicin ophthalmic</i>	1	
<i>levofloxacin ophthalmic</i>	1	
MOXEZA	3	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	M

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Drug Name	Drug Category	Requirements / Limits
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	M
NEOSPORIN (NEO-POLYM-GRAMICID)	3	
OCUFLOX	3	
<i>ofloxacin ophthalmic</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
POLYTRIM	3	
<i>tobramycin</i>	1	
TOBREX	3	
VIGAMOX	3	
ZYMAXID	3	
ANTIVIRALS		
<i>trifluridine</i>	1	
VIROPTIC	3	
ZIRGAN	3	
BETA-BLOCKERS		
BETAGAN OPHTHALMIC DROPS 0.5 %	3	M
<i>betaxolol ophthalmic</i>	1	M
BETIMOL	3	M
BETOPTIC S	3	M
<i>carteolol</i>	1	M
ISTALOL	3	M
<i>levobunolol ophthalmic drops 0.5 %</i>	1	M
<i>metipranolol</i>	1	M

Drug Name	Drug Category	Requirements / Limits
<i>timolol maleate ophthalmic</i>	1	M
TIMOPTIC	3	M
TIMOPTIC OCUDOSE (PF) OPHTHALMIC DROPPERETTE 0.5 %	3	M
TIMOPTIC-XE	3	M
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	2	M
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic</i>	1	M
CYCLOGYL	3	M
<i>cyclopentolate</i>	1	M
<i>homatropaire</i>	1	M
<i>homatropine hbr</i>	1	M
ISOPTO ATROPINE	3	M
MYDRIACYL	3	M
PAREMYD	3	
<i>tropicamide ophthalmic</i>	1	M
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	3	M
MIOCHOL-E	3	
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	1	M
MISCELLANEOUS OPTHALMOLOGICS		
<i>acuicyn</i>	1	

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Drug Name	Drug Category	Requirements / Limits
AKTEN (PF)	3	
ALOCRIAL	3	
ALOMIDE	3	
<i>altacaine</i>	1	
<i>altafluor</i>	1	
<i>azelastine ophthalmic</i>	1	
BEPREVE	3	
<i>cromolyn ophthalmic</i>	1	
CYSTARAN	3	S
ELESTAT	3	
EMADINE	3	
<i>epinastine</i>	1	
EYLEA	6	MSD
<i>flucaine</i>	1	
<i>fluorescein-benoxinate</i>	1	
<i>fluorescein-proparacaine</i>	1	
<i>flurox</i>	1	
JETREA (PF)	6	MSD
LACRISERT	3	
LASTACFT	3	
LUCENTIS INTRAVITREAL SOLUTION	6	MSD
LUCENTIS INTRAVITREAL SYRINGE	6	
MACUGEN	6	MSD
<i>olopatadine ophthalmic</i>	1	
OMIDRIA	6	MSD

Drug Name	Drug Category	Requirements / Limits
PATADAY	3	
PATANOL	3	
PAZEO	3	
<i>proparacaine</i>	1	
RESTASIS	2	PA; M; QL
RESTASIS MULTIDOSE	2	PA; M
<i>tetacaine</i>	1	
<i>tetracaine hcl</i>	1	
<i>tetracaine hcl (pf) ophthalmic</i>	1	
TETRAVISC	3	
TETRAVISC FORTE OPHTHALMIC DROPS,HYPERVIS COUS	3	
VISUDYNE	6	MSD
VITRASE	6	MSD
XIIDRA	3	M; QL
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	
ACULAR LS	3	
ACUVAIL (PF)	3	
<i>bromfenac</i>	1	
BROMSITE	3	
<i>diclofenac sodium ophthalmic</i>	1	QL
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac ophthalmic</i>	1	
NEVANAC	3	

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Drug Name	Drug Category	Requirements / Limits
OCUFEN	3	
PROLENSA	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	M
DIAMOX SEQUELS	3	M
<i>methazolamide oral</i>	1	M
NEPTAZANE	3	M
OTHER GLAUCOMA DRUGS		
AZOPT	3	M
<i>bimatoprost ophthalmic</i>	1	ST; M
COMBIGAN	3	M
COSOPT	3	M
COSOPT (PF)	3	M
<i>dorzolamide</i>	1	M
<i>dorzolamide-timolol</i>	1	M
<i>latanoprost</i>	1	ST; M
LUMIGAN OPTHALMIC DROPS 0.01 %	3	ST; M
MITOSOL	3	
SIMBRINZA	3	M
TRAVATAN Z	3	ST; M
TRUSOPT	3	M
XALATAN	3	ST; M
ZIOPTAN (PF)	3	ST; M
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	
<i>neomycin-bacitracin-poly-hc</i>	1	

Drug Name	Drug Category	Requirements / Limits
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic</i>	1	
<i>neo-polycin hc</i>	1	
PRED-G	3	
PRED-G S.O.P.	3	
TOBRADEX	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	3	
STERIODS		
ALREX	3	
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
DUREZOL	3	
FLAREX	3	
<i>fluorometholone</i>	1	
FML FORTE	3	
FML LIQUIFILM	3	
FML S.O.P.	3	
ILUVIEN	6	MSD
LOTEMAX	3	
MAXIDEX	3	
OMNIPRED	3	
OZURDEX	6	MSD
PRED FORTE	3	
PRED MILD	2	
<i>prednisolone acetate</i>	1	

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Drug Name	Drug Category	Requirements / Limits
<i>prednisolone sodium phosphate ophthalmic</i>	1	
RETISERT	6	MSD
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
BLEPH-10	3	
<i>sulfacetamide sodium ophthalmic</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	2	M
ALPHAGAN P OPHTHALMIC DROPS 0.15 %	3	M
<i>apraclonidine</i>	1	M
<i>brimonidine</i>	1	M
IOPIDINE	3	M
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	M
<i>phenylephrine hcl ophthalmic</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
ADRENALIN	3	QL

Drug Name	Drug Category	Requirements / Limits
<i>arbinoxa oral tablet</i>	1	
<i>carbinoxamine maleate</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL SYRUP	3	
CLARINEX ORAL TABLET	3	QL
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cycloheptadine</i>	1	
<i>desloratadine</i>	1	QL
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	6	MSD
<i>diphenhydramine hcl injection syringe</i>	6	MSD
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	1	QL
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	QL
EPIPEN 2-PAK	2	QL
EPIPEN JR 2-PAK	2	QL
EPISNAP	6	MSD
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	3	

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Drug Name	Drug Category	Requirements / Limits
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL
<i>phenadoz</i>	1	
<i>phenergan rectal</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal</i>	1	
<i>promethegan</i>	1	
VISTARIL	3	
XYZAL ORAL SOLUTION	3	
XYZAL ORAL TABLET	3	QL
COUGH & COLD THERAPY		
<i>benzonatate</i>	1	
BROMFED DM	3	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CAPCOF	3	
<i>centergy</i>	1	
<i>cheratussin ac</i>	1	
CLARINEX-D 12 HOUR	3	QL
<i>codeine-guaifenesin</i>	1	
CODITUSSIN AC	3	
CODITUSSIN DAC	3	
FLOWTUSS	3	
<i>g tussin ac</i>	1	
<i>guaiaatussin ac</i>	1	
<i>guaifenesin ac</i>	1	
<i>guaifenesin dac</i>	1	

Drug Name	Drug Category	Requirements / Limits
HISTEX-AC	3	
HYCOFENIX	3	
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-cpm-pseudoephed</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet</i>	1	
<i>lortuss ex oral syrup</i>	1	
MAR-COF BP	3	
MAR-COF CG	3	
<i>m-clear wc</i>	1	
M-END MAX D	3	
M-END PE	3	
NINJACOF-XG	3	
OBREDON	3	
<i>phenylhistine dh</i>	1	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>promethazine vc-codeine</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenyleph-codeine</i>	1	
<i>promethazine-phenylephrine</i>	1	

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Drug Name	Drug Category	Requirements / Limits
PRO-RED AC (W/ DEXCHLORPHENIR)	3	
<i>relcof c</i>	1	
RESPA-AR	3	
REZIRA	3	
<i>rydex</i>	1	
SEMPREX-D	3	
TESSALON PERLES	3	
<i>tusnel c</i>	1	
TUSNEL PEDIATRIC ORAL LIQUID	3	
TUSSICAPS	3	
<i>tussigon</i>	1	
TUSSIONEX PENNKINETIC ER	3	
TUZISTRA XR	3	
<i>virtussin ac</i>	1	
<i>virtussin dac</i>	1	
VITUZ	3	
ZODRYL AC 25	3	
ZODRYL AC 30	3	
ZODRYL AC 35	3	
ZODRYL AC 40	2	
ZODRYL AC 50	3	
ZODRYL AC 60	3	
ZODRYL AC 80	3	
ZODRYL DAC 25	3	
ZODRYL DAC 30	3	
ZODRYL DAC 35	3	
ZODRYL DAC 40	3	

Drug Name	Drug Category	Requirements / Limits
ZODRYL DAC 50	3	
ZODRYL DAC 60	3	
ZODRYL DAC 80	3	
ZODRYL DEC 25	3	
ZODRYL DEC 30	2	
ZODRYL DEC 35	3	
ZODRYL DEC 40	3	
ZODRYL DEC 50	3	
ZODRYL DEC 60	3	
ZODRYL DEC 80	3	
Z-TUSS AC	3	
ZUTRIPRO	3	
PULMONARY AGENTS		
ACCOLATE	3	M; QL
<i>acetylcysteine</i>	1	
ADCIRCA	4	PA; ST; S; QL
ADEMPAS	3	S; M; SLA
ADRENALIN NASAL	3	
ADVAIR DISKUS	3	M; QL
ADVAIR HFA	3	M; QL
AEROSPAN	3	M
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	M
ALVESCO	3	M; QL
ANORO ELLIPTA	2	M; QL
ARCAPTA NEOHALER	3	M; QL
ARNUITY ELLIPTA	3	M
ASMANEX HFA	3	M

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Drug Name	Drug Category	Requirements / Limits
ASMANEX TWISTHALER	3	M; QL
ATROVENT HFA	2	M; QL
BECONASE AQ	3	ST; QL
BERINERT INTRAVENOUS KIT	6	MSD
BEVESPI AEROSPHERE	2	M
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE	3	M; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE	3	PA; M; QL
BROVANA	3	M; QL
<i>budesonide inhalation</i>	1	M; QL
<i>budesonide nasal</i>	1	QL
CINRYZE	6	MSD
COMBIVENT RESPIMAT	2	QL
<i>cromolyn inhalation</i>	1	M
CUROSURF	3	
DALIRESP	3	PA; QL
DULERA	2	PA; M; QL
DYMISTA	3	ST; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	M
ESBRIET	3	PA; S; SLA; QL

Drug Name	Drug Category	Requirements / Limits
FIRAZYR	3	PA; S; SLA
FLOVENT DISKUS	3	M; QL
FLOVENT HFA	3	M; QL
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	QL
<i>fluticasone nasal</i>	1	QL
FORADIL AEROLIZER	3	QL
HYPER-SAL	3	
INCRUSE ELLIPTA	2	M
<i>ipratropium bromide inhalation</i>	1	M
<i>ipratropium-albuterol</i>	1	QL
KALBITOR	6	MSD
KALYDECO	3	PA; S; SLA
LETAIRIS	3	PA; ST; M
<i>levalbuterol hcl</i>	1	
LEVALBUTEROL TARTRATE	3	
<i>metaproterenol oral</i>	1	M
<i>mometasone nasal</i>	1	QL
<i>montelukast oral granules in packet</i>	1	M
<i>montelukast oral tablet</i>	1	M; QL
<i>montelukast oral tablet, chewable</i>	1	M; QL
NASONEX	3	ST; QL
NEBUSAL	3	
NUCALA	6	MSD

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Drug Name	Drug Category	Requirements / Limits
OFEV	3	PA; S; SLA; QL
OMNARIS	3	ST; QL
OPSUMIT	2	PA; ST; M
ORKAMBI ORAL TABLET 200-125 MG	3	PA; S; SLA
PERFOROMIST	2	M; QL
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	
PROVENTIL HFA	3	QL
PULMICORT	3	M; QL
PULMICORT FLEXHALER	3	M; QL
<i>pulmosal</i>	1	
PULMOZYME	2	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; QL
QVAR	2	M; QL
REVATIO INTRAVENOUS	4	PA; S
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	3	PA; ST; QL
REVATIO ORAL TABLET	4	PA; ST; S; QL
RUCONEST	6	MSD

Drug Name	Drug Category	Requirements / Limits
SEEBRI NEOHALER	3	M
SEREVENT DISKUS	3	M; QL
<i>sildenafil oral</i>	1	PA; S; QL
SINGULAIR ORAL GRANULES IN PACKET	3	M
SINGULAIR ORAL TABLET	3	M; QL
SINGULAIR ORAL TABLET,CHEWABLE	3	M; QL
<i>sodium chloride inhalation solution for nebulization 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT	3	M
SPIRIVA WITH HANDIHALER	3	M; QL
STIOLTO RESPIMAT	3	M
STRIVERDI RESPIMAT	2	M
SURFAXIN	3	
SYMBICORT	2	ST; M; QL
<i>terbutaline oral</i>	1	M
<i>terbutaline subcutaneous</i>	1	
THEO-24	3	M
<i>theochron</i>	1	M
<i>theophylline oral solution</i>	1	M
<i>theophylline oral tablet extended release 12 hr</i>	1	M

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Drug Name	Drug Category	Requirements / Limits
<i>theophylline oral tablet extended release 24 hr</i>	1	M
TRACLEER	3	PA; S; M; SLA
<i>triamcinolone acetonide nasal</i>	1	QL
TUDORZA PRESSAIR	2	M; QL
TYVASO	6	MSD
TYVASO REFILL KIT	6	MSD
TYVASO STARTER KIT	6	MSD
UTIBRON NEOHALER	3	M
VENTAVIS	3	PA; MSD; SLA
VENTOLIN HFA	3	QL
XOLAIR	6	MSD; QL
XOPENEX	3	
XOPENEX CONCENTRATE	3	
XOPENEX HFA	3	
<i>zafirlukast</i>	1	M; QL
ZETONNA	3	ST; QL
ZYFLO	3	M
ZYFLO CR	3	M; QL

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	1	M
DETROL	3	ST; M
DETROL LA	3	ST; M
DITROPAN XL	3	ST; M

Drug Name	Drug Category	Requirements / Limits
ENABLEX	3	ST; M
<i>flavoxate</i>	1	M
GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST; M; QL
MYRBETRIQ	3	ST; M
<i>oxybutynin chloride oral</i>	1	M
OXYTROL	3	ST; M; QL
<i>tolterodine</i>	1	M
TOVIAZ	3	ST; M
<i>trospium</i>	1	M
VESICARE	3	ST; M

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	1	M
AVODART	3	ST; M
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; QL
<i>dutasteride</i>	1	ST; M
<i>dutasteride-tamsulosin</i>	1	ST; M
<i>finasteride oral tablet 5 mg</i>	1	M
FLOMAX	3	ST; M
JALYN	3	ST; M
PROSCAR	3	ST; M
RAPAFLO	3	ST; M
<i>tamsulosin</i>	1	M
UROXATRAL	3	ST; M

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>	1	
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Drug Name	Drug Category	Requirements / Limits
URECHOLINE	3	
MISCELLANEOUS UROLOGICALS		
<i>azuphen mb</i>	1	
CAVERJECT	2	QL
CAVERJECT IMPULSE	2	QL
CIALIS ORAL TABLET 10 MG, 20 MG	3	ST; QL
CYSTAGON	3	S; SLA
<i>cytra k crystals</i>	1	
<i>cytra-2</i>	1	
<i>cytra-3</i>	1	
<i>cytra-k</i>	1	
EDEX	3	QL
ELMIRON	2	
<i>hyolev mb</i>	1	
<i>hyophen</i>	1	
INDIOMIN MB	3	
K-PHOS NO 2	2	
K-PHOS ORIGINAL	2	
LEVITRA	3	ST; QL
<i>methen-sod phos-meth blue-hyos</i>	1	
MUSE	2	QL
ORACIT	3	
PAPAVERINE-ALPROSTADIL-WATER	3	
PAPAV-PHENTOLAM-ALPROST-WATER	3	

Drug Name	Drug Category	Requirements / Limits
PAPAV-PHENTOLAMINE IN WATER	3	
PHENTOLAM-ALPROSTADIL IN WATER	3	
<i>phosphasal</i>	1	
<i>pot,sodium citrate-citric acid</i>	1	
<i>potassium citrate</i>	1	M
<i>potassium citrate-citric acid</i>	1	
PROCYSBI	4	S; SLA
SHOHL'S MODIFIED	3	
<i>sodium citrate-citric acid</i>	1	
STAXYN	3	ST; QL
STENDRA ORAL TABLET 100 MG, 50 MG	3	ST; M; QL
STENDRA ORAL TABLET 200 MG	3	PA; M; QL
<i>tricitrates</i>	1	
<i>ur n-c</i>	1	
<i>uramit mb</i>	1	
URELLE	3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL	3	
<i>urimar-t</i>	1	
<i>urin ds</i>	1	
<i>uro-458</i>	1	
UROCIT-K 10	3	M

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Drug Name	Drug Category	Requirements / Limits
UROCIT-K 15	3	M
UROCIT-K 5	3	M
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
<i>urophén mb</i>	1	
UROQID-ACID NO.2	3	
<i>uryl</i>	1	
<i>ustell</i>	1	
UTA	3	
<i>utira-c</i>	1	
VIAGRA	2	PA; QL
<i>virtrate-2</i>	1	
<i>virtrate-3</i>	1	
<i>virtrate-k</i>	1	

URINARY ANESTHETICS

<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM	3	

VITAMINS, HEMATINICS & ELECTROLYTES

ELECTROLYTES

<i>calcium 500 + d oral tablet 500 mg(1,250mg) -200 unit</i>	5	ACA; OTC
<i>calcium 500 + d oral tablet,chewable</i>	5	ACA; OTC
<i>calcium 500 with d</i>	5	ACA; OTC
<i>calcium 600 + d(3) oral capsule</i>	5	ACA; OTC

Drug Name	Drug Category	Requirements / Limits
<i>calcium 600 + d(3) oral tablet 600 mg(1,500mg) -200 unit, 600 mg(1,500mg) -400 unit</i>	5	ACA; OTC
<i>calcium 600 with vitamin d3 oral capsule</i>	5	ACA; OTC
<i>calcium 600 with vitamin d3 oral tablet,chewable</i>	5	ACA; OTC
<i>calcium carb and citrate-vitd3</i>	5	ACA; OTC
<i>calcium carbonate-vitamin d3 oral capsule 600 mg(1,500mg) -400 unit</i>	5	ACA; OTC
<i>calcium carbonate-vitamin d3 oral tablet 500 mg(1,250mg) -125 unit, 500 mg(1,250mg) -200 unit, 500mg (1,250mg) -600 unit, 600 mg(1,500mg) -200 unit, 600 mg(1,500mg) -400 unit, 600 mg(1,500mg) -800 unit</i>	5	ACA; OTC
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500-100 mg-unit</i>	5	ACA; OTC
<i>calcium citrate + d</i>	5	ACA; OTC
<i>calcium citrate-vitamin d2</i>	5	ACA; OTC

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Drug Name	Drug Category	Requirements / Limits
<i>calcium citrate-vitamin d3</i>	5	ACA; OTC
CALCIUM GLUCONATE IN 0.9% NACL INTRAVENOUS SOLUTION 2 GRAM/50 ML	6	MSD
CALCIUM GLUCONATE IN 0.9% NACL INTRAVENOUS SOLUTION 3 GRAM/100 ML	6	
<i>calcium with vitamin d</i>	5	ACA; OTC
<i>citrus calcium</i>	5	ACA; OTC
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	M
<i>effer-k oral tablet, effervescent 25 meq</i>	1	M
GALZIN	3	
<i>hi-cal plus vit d</i>	5	ACA; OTC
<i>k-effervescent</i>	1	M
<i>klor-con</i>	1	M
<i>klor-con 10</i>	1	M
<i>klor-con 8</i>	1	M
<i>klor-con m10</i>	1	M
<i>klor-con m15</i>	1	M
<i>klor-con m20</i>	1	M
<i>klor-con sprinkle</i>	1	M
KLOR-CON/25	3	M
<i>klor-con/ef</i>	1	M
<i>k-phos-neutral</i>	1	

Drug Name	Drug Category	Requirements / Limits
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	M
<i>k-tab oral tablet extended release 8 meq</i>	1	M
<i>lugols oral</i>	1	
<i>oysco 500/d oral tablet</i>	5	ACA; OTC
<i>oyster shell + d3</i>	5	ACA; OTC
<i>oyster shell calcium-vit d3</i>	5	ACA; OTC
<i>oystercal-d</i>	5	ACA; OTC
<i>phospha 250 neutral</i>	1	
POTABA ORAL CAPSULE	3	M
<i>potassium acetate intravenous solution 2 meq/ml</i>	6	MSD
<i>potassium bicarb and chloride</i>	1	M
<i>potassium bicarb-citric acid</i>	1	M
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	6	MSD
<i>potassium chloride oral</i>	1	M
<i>sodium chloride 0.45 % intravenous</i>	6	MSD
<i>sodium chloride 3 %</i>	6	MSD
<i>sodium chloride 5 %</i>	6	MSD

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Drug Name	Drug Category	Requirements / Limits
<i>sodium chloride intravenous</i>	6	MSD
SODIUM PHOSPHATE IN 0.9 % NACL INTRAVENOUS SOLUTION 15 MMOL/250 ML	6	MSD
<i>strong iodine oral</i>	1	
<i>virt-phos 250 neutral</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
FORTAVIT	3	
ISOLYTE-S	6	MSD
VITAMINS & HEMATINICS		
ACTIVE FE	3	
ACTIVE OB	3	
ANIMI-3 WITH VITAMIN D	3	
ATABEX EC	3	
<i>b complete</i>	1	OTC
<i>b complex-vitamin b12</i>	5	ACA; OTC
<i>b complex-vitamin c-folic acid</i>	5	ACA; OTC
B-12 COMPLIANCE	6	MSD
<i>b-50 complex oral tablet extended release</i>	5	ACA; OTC
BACMIN	3	
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	5	ACA; OTC

Drug Name	Drug Category	Requirements / Limits
<i>balanced b-100 oral tablet 0.4 mg</i>	5	ACA; OTC
<i>balanced b-50 oral tablet</i>	5	ACA; OTC
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	3	
<i>b-complex with vitamin c oral tablet</i>	5	ACA; OTC
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	1	OTC
BIFERA RX	3	
CADEAU DHA	3	
<i>calcium pnv</i>	1	
<i>calcium-folic acid-vitamin d</i>	1	
<i>centratex</i>	1	
<i>children's iron</i>	1	OTC
<i>cholecalciferol (vitamin d3) oral capsule 1,000 unit</i>	5	ACA; OTC
<i>cholecalciferol (vitamin d3) oral drops 400 unit/ml</i>	5	ACA; OTC
<i>cholecalciferol (vitamin d3) oral tablet 1,000 unit</i>	5	ACA; OTC
<i>cholecalciferol (vitamin d3) oral tablet, chewable 1,000 unit</i>	5	ACA; OTC
<i>ciferex</i>	1	M
CITRANATAL (DUAL-IRON)	3	
CITRANATAL 90 DHA (ALGAL OIL)	3	

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Drug Name	Drug Category	Requirements / Limits
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG - 50 MG-300 MG	3	
CITRANATAL B-CALM (FE GLUC)	3	
CITRANATAL DHA (ALGAL OIL)	3	
CITRANATAL HARMONY (IRON FUM)	3	
<i>classic prenatal</i>	5	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>completenate</i>	1	
<i>complex b-100 oral tablet extended release</i>	1	OTC
CONCEPT DHA	3	
CONCEPT OB	3	
<i>corvita</i>	1	
<i>corvita 150</i>	1	
CORVITE	3	
CORVITE 150 ORAL TABLET 150 MG IRON- 1 MG	3	
CORVITE FE ORAL TABLET 150 MG IRON- 1 MG	3	
CORVITE FREE	3	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>delta d3</i>	5	ACA; OTC

Drug Name	Drug Category	Requirements / Limits
<i>dialyvite</i>	1	
DIALYVITE 3000	3	
DIALYVITE 5000	3	
<i>dialyvite 800</i>	5	ACA; OTC
DIALYVITE 800 WITH IRON	3	
DIALYVITE SUPREME D	3	
<i>dothelle dha</i>	1	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG - 267 MG-233 MG	3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG - 400 MG	3	
<i>d-vi-sol</i>	5	ACA; OTC
<i>d-vita</i>	5	ACA; OTC
ELDERCAPS	3	
ENBRACE HR	3	
<i>ergocalciferol (vitamin d2) oral capsule</i>	1	
<i>ergocalciferol (vitamin d2) oral tablet 400 unit</i>	5	ACA; OTC
ESCAVITE	3	
ESCAVITE D	3	M
ESCAVITE LQ	3	M
EXTRA-VIRT PLUS DHA	3	
<i>fabb</i>	1	
<i>fe c plus</i>	1	

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Drug Name	Drug Category	Requirements / Limits
<i>fer-iron</i>	1	OTC
FERIVA 21-7 TABLET	3	
<i>ferocon</i>	1	
FERRALET 90 DUAL-IRON DELIVERY	3	
<i>ferraplus 90</i>	1	
<i>ferrocite plus</i>	1	
<i>ferrogels forte</i>	1	
<i>ferrous sulfate oral drops</i>	1	OTC
FLORIVA	3	M
FLORIVA (FLUORIDE-VITAMIN D3)	5	M; ACA
FLORIVA PLUS	3	M
FLUORABON	5	M; ACA
FLUOR-A-DAY	5	M; ACA
<i>fluor-a-day (with xylitol) oral tablet, chewable 0.25 mg f (0.55 mg)-236.79mg, 1 mg f (2.2 mg)-236.79 mg</i>	1	M
<i>fluoritab oral tablet, chewable 0.5 mg fluoride (1.1 mg)</i>	5	M; ACA
<i>fluoritab oral tablet, chewable 1 mg fluoride (2.2 mg)</i>	1	M
FLURA-DROPS	5	M; ACA
<i>focalgin 90 dha</i>	1	
<i>focalgin ca</i>	1	
<i>focalgin dss</i>	1	
<i>folbecal</i>	1	

Drug Name	Drug Category	Requirements / Limits
<i>folbee</i>	1	
<i>folbee plus oral tablet 5 mg</i>	1	
FOLET ONE	3	
FOLGARD OS	3	
FOLGARD RX	3	
<i>folic acid oral tablet 1 mg</i>	1	M
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	5	M; ACA; OTC
<i>folic acid-vit b6-vit b12 oral tablet 2.2-25-0.5 mg</i>	1	
<i>folivane-f</i>	1	
<i>folivane-ob</i>	1	
<i>folivane-plus</i>	1	
<i>folplex 2.2</i>	1	
<i>foltabs 800</i>	1	OTC
FOLTRATE	3	
<i>full spectrum b-vitamin c</i>	5	ACA; OTC
FUSION PLUS	3	
FUSION SPRINKLES	3	
<i>hematinic plus vit/minerals</i>	1	
<i>hematinic/folic acid</i>	1	
<i>hematogen</i>	1	
<i>hematogen fa</i>	1	
<i>hematogen forte</i>	1	
HEMATRON-AF	3	
<i>hemenatal ob</i>	1	
<i>hemenatal ob + dha</i>	1	
<i>hemetab</i>	1	

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Drug Name	Drug Category	Requirements / Limits
HEMOCYTE-F	3	
HEMOCYTE-PLUS	3	
ICAR-C PLUS	3	
INJECTAFER	6	MSD
INTEGRA F	3	
INTEGRA PLUS	3	
IROSPAN 24/6	3	
<i>kobee</i>	1	OTC
KOSHER PRENATAL PLUS IRON	3	
<i>kpn oral tablet</i>	1	OTC
<i>levomefolate dha</i>	1	
<i>ludent fluoride oral tablet, chewable 0.25 mg fluorid (0.55 mg), 0.5 mg fluoride (1.1 mg)</i>	5	M; ACA
<i>ludent fluoride oral tablet, chewable 1 mg fluoride (2.2 mg)</i>	1	M
M.V.I.-12 (WITHOUT VITAMIN K)	6	MSD
<i>macnatal cn dha</i>	1	
MARNATAL-F	3	
MAXARON FORTE	3	
MAXFE (FOLATE- DOCUSATE)	3	
MAXINATE	3	
<i>multigen folic</i>	1	
<i>multigen plus</i>	1	
<i>multi-vit with fluoride-iron</i>	5	ACA

Drug Name	Drug Category	Requirements / Limits
<i>multi-vitamin with fluoride oral drops</i>	5	ACA
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg</i>	5	ACA
<i>multi-vitamin with fluoride oral tablet, chewable 1 mg</i>	1	
<i>multivitamins with fluoride oral tablet, chewable 0.25 mg, 0.5 mg</i>	5	ACA
<i>multivitamins with fluoride oral tablet, chewable 1 mg</i>	1	
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg</i>	5	ACA
<i>mvc-fluoride oral tablet, chewable 1 mg</i>	1	
M-VIT	3	
<i>mynatal</i>	1	
<i>mynatal advance</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>mynate 90 plus</i>	1	
<i>mynephrocaps</i>	1	
NASCOBAL	3	M
NATACHEW (FE BIS-GLYCINATE)	3	
NATELLE ONE	3	
<i>natural b-100 complex</i>	5	ACA; OTC

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Drug Name	Drug Category	Requirements / Limits
NEEVODHA (WITH ALGAL OIL)	3	
<i>nephplex rx</i>	1	
NEPHROCAPS	3	
NEPHROCAPS QT	3	
NEPHRON FA	3	
<i>nephro-vite rx</i>	1	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	
NEURIN-SL	3	
<i>newgen</i>	1	
NEXA PLUS	3	
NEXAVIR	3	
NIVA-PLUS	3	
NUTRICAP	3	
OB COMPLETE GOLD	3	
OB COMPLETE ONE	3	
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
<i>obstetrix dha</i>	1	
OBSTETRIX EC	3	
OBSTETRIX ONE	3	
OBTREX DHA	3	
O-CAL FA	3	

Drug Name	Drug Category	Requirements / Limits
O-CAL PRENATAL	3	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	5	ACA; OTC
<i>ortho d</i>	1	M
<i>oyster shell calcium-vit d2 oral tablet 250 (625)-125 mg-unit</i>	5	ACA; OTC
PAIRE OB PLUS DHA	3	
<i>perry prenatal</i>	5	ACA; OTC
PHYSICIANS EZ USE B-12	6	MSD
<i>pnv 29-1</i>	1	
<i>pnv ob+dha oral combo pack 27-1-50-250 mg</i>	1	
<i>pnv-dha</i>	1	
<i>pnv-dha + docusate</i>	1	
<i>pnv-ferrous fumarate-docu-fa</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pnv-vp-u</i>	1	
POLY-VI-FLOR	3	
POLY-VI-FLOR FS	3	M
POLY-VI-FLOR WITH IRON	3	
<i>poly-vita (iron)</i>	1	OTC
<i>poly-vitamin with iron</i>	1	OTC
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	

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Drug Name	Drug Category	Requirements / Limits
<i>pr natal 430 ec</i>	1	
PREFERA-OB	3	
PREFERA-OB ONE	3	
PREFERA-OB PLUS DHA	3	
<i>prenal chew</i>	1	
<i>prenal pearl</i>	1	
<i>prenal true</i>	1	
<i>prenaissance</i>	1	
<i>prenaissance plus</i>	1	
PRENATA	3	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
PRENATAL 19	3	
PRENATAL 19 (WITH DOCUSATE)	3	
<i>prenatal complete</i>	5	ACA; OTC
<i>prenatal formula oral tablet 28 mg iron- 800 mcg</i>	5	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	1	OTC
<i>prenatal one daily</i>	5	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	5	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
<i>prenatal vit#96-ferrous fum-fa</i>	5	ACA; OTC
<i>prenatal vitamin oral tablet , 27-0.8 mg</i>	5	ACA; OTC

Drug Name	Drug Category	Requirements / Limits
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin with minerals</i>	5	ACA; OTC
<i>prenatal-u</i>	1	
PRENATE AM	3	
PRENATE CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL(IRON-ASP-GL)	3	
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATE STAR	3	
<i>preplus</i>	1	
PREQUE 10	3	
<i>pretab</i>	1	
PRIMACARE	3	
PROFERRIN-FORTE	2	
PROTECT IRON	3	
PROVIDA DHA	3	
PROVIDA OB	3	
PURALOR CI	3	M

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Drug Name	Drug Category	Requirements / Limits
PUREFE OB PLUS	3	
PUREFE PLUS	3	
<i>purevit dualfe plus</i>	1	
QUFLORA FE	3	M
QUFLORA PEDIATRIC	3	M
QUFLORA PEDIATRIC DROPS	3	M
<i>relnate dha</i>	1	
<i>renal caps</i>	1	
<i>rena-vite</i>	5	ACA; OTC
<i>rena-vite rx</i>	1	
<i>reno caps</i>	1	
<i>risacal-d</i>	5	ACA; OTC
R-NATAL OB	3	
<i>rulavite dha</i>	1	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	
SELECT-OB + DHA	3	
<i>se-natal 19</i>	1	
<i>se-natal 19 (with docusate)</i>	1	
<i>se-tan plus</i>	1	
<i>sodium fluoride oral drops</i>	5	M; ACA
<i>sodium fluoride oral tablet, chewable 0.25 mg fluorid (0.55 mg), 0.5 mg fluoride (1.1 mg)</i>	5	M; ACA

Drug Name	Drug Category	Requirements / Limits
<i>sodium fluoride oral tablet, chewable 1 mg fluoride (2.2 mg)</i>	1	M
<i>stress formula</i>	5	ACA; OTC
<i>stress formula with iron</i>	1	OTC
<i>stress formula with iron(sulf)</i>	1	OTC
STROVITE FORTE	3	
STROVITE ONE	3	
<i>super b complex-vitamin c</i>	1	OTC
<i>super b maxi complex</i>	1	OTC
<i>super b-50 complex plus</i>	1	OTC
<i>super quint</i>	1	OTC
<i>super quint b-50</i>	5	ACA; OTC
<i>superplex-t</i>	1	OTC
SUPERVITE	3	
TANDEM PLUS	3	
<i>taron forte</i>	1	
<i>taron-c dha</i>	1	
<i>taron-prex prenatal-dha</i>	1	
TEXAVITE LQ	3	M
THRIVITE RX	3	
<i>thrivite-19</i>	1	
<i>tl gard rx</i>	1	
<i>tl g-fol os</i>	1	
<i>tl icon</i>	1	
<i>tl-hem 150</i>	1	
<i>total b/c</i>	1	OTC
TRICARE	3	

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Drug Name	Drug Category	Requirements / Limits
TRICARE PRENATAL	3	
TRICARE PRENATAL DHA ONE	3	
TRICARE PRENATAL WITH DHA	3	
<i>tricon</i>	1	
TRIFERIC HEMODIALYSIS SOLUTION	6	MSD
<i>trigels-f forte</i>	1	
<i>trinatal gt</i>	1	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
<i>triphrocaps</i>	1	
<i>triple vitamin with fluoride</i>	5	ACA
TRISTART DHA	3	
<i>tri-tabs dha</i>	1	
<i>triveen-duo dha</i>	1	
TRI-VI-FLOR	3	
<i>tri-vit with fluoride and iron</i>	5	ACA
<i>tri-vitamin with fluoride</i>	5	ACA
<i>trust natal dha</i>	1	
UDAMIN SP	3	
<i>ultimatecare one</i>	1	
<i>ultimatecare one nf</i>	1	
<i>ultra b-100 complex oral tablet</i>	1	OTC
<i>v-c forte</i>	1	

Drug Name	Drug Category	Requirements / Limits
<i>vemavite-prx-2</i>	1	
<i>vic-forte</i>	1	
<i>vinate care</i>	1	
<i>vinate dha</i>	1	
VINATE DHA RF	3	
<i>vinate ii</i>	1	
<i>vinate m</i>	1	
<i>vinate one</i>	1	
<i>vinate ultra</i>	1	
<i>virt-advance</i>	1	
<i>virt-c dha</i>	1	
VIRT-CAPS	3	
<i>virt-gard</i>	1	
<i>virt-nate</i>	1	
<i>virt-nate dha</i>	1	
<i>virt-pn</i>	1	
<i>virt-pn dha</i>	1	
<i>virt-pn plus</i>	1	
VIRTPREX	3	
<i>virt-select</i>	1	
<i>virt-vite</i>	1	
<i>virt-vite gt</i>	1	
VIRT-VITE PLUS	3	M
<i>vit 3</i>	1	
<i>vit b complex-folic acid oral tablet</i>	5	ACA; OTC
VITAFOL	3	
VITAFOL FE+ (WITH DOCUSATE)	3	
VITAFOL GUMMIES	3	

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Drug Name	Drug Category	Requirements / Limits
VITAFOL NANO	3	
VITAFOL ULTRA	3	
VITAFOL-OB	1	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAL-D RX	3	
VITAMED MD ONE RX	3	
VITAMEDMD REDICHEW RX	3	
<i>vitamin b complex oral tablet</i>	5	ACA; OTC
<i>vitamin d3 oral capsule 1,000 unit, 400 unit</i>	5	ACA; OTC
<i>vitamin d3 oral tablet 1,000 unit, 400 unit</i>	5	ACA; OTC
<i>vitamin d3 oral tablet, chewable</i>	5	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	5	ACA
VITAPEARL	3	
VITA-RESPA	3	
VITATRUE	3	
<i>vol-care rx</i>	1	
<i>vol-nate</i>	1	
<i>vol-plus</i>	1	
<i>vol-tab rx</i>	1	
<i>vp-ch plus</i>	1	
<i>vp-ch-pnv</i>	1	
<i>vp-ggr-b6</i>	1	
<i>vp-heme ob</i>	1	

Drug Name	Drug Category	Requirements / Limits
<i>vp-heme one</i>	1	
VP-PNV-DHA	3	
<i>vp-vite rx</i>	1	
<i>wee care</i>	1	OTC
<i>zatean-ch</i>	1	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	
<i>zavara</i>	1	M
<i>zingiber</i>	1	
<i>zolate</i>	1	M

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Discrimination is Against the Law

Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue KC:

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

If you need these services, contact Customer Service, 844-395-7126 (Toll free), languagehelp@bluekc.com.

If you believe that Blue KC 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 the Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com. You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-395-7126.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-395-7126.

Chinese: 如果您, 或是您正在協助的對象, 有關於 Blue KC 方面的問題, 您 有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員, 請撥電話 1-844-395-7126。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-395-7126.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-395-7126 an.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 [Blue KC]에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-395-7126 로 전화하십시오.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-844-395-7126.

Arabic:

إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص Blue KC ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-395-7126.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-844-395-7126.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-395-7126.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-395-7126.

Laotian: ຖ້າ ທ່ານ, ຫຼື ຄົນ ທ່ານ ກຳລັງ ອຸ່ມ ອ, ມີ ຄຳ ຖາມ ກ່ຽວ ກັບ Blue KC, ທ່ານ ມີ ສິດ ທີ່ ຈະ ໄດ້ ຮັບ ການ ຊ່ວຍ ອຸ່ມ ອ ແລະ ອໍ້ ຂໍ້ ນຳ ງານ ທີ່ ບໍ່ ມີ ພາສາ ຂອງ ທ່ານ ບໍ່ ມີ ຄ່າ ງົ່ ຈ້ ອ. ການ ໂອ້ ລົມ ກັບ ນາຍ ພາສາ, ໃຫ້ ໂທ ຫາ 1-844-395-7126.

Pennsylvanian Dutch: Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-844-395-7126 uffrufe.

Persian:

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue KC، داشته باشید حق این را دارید که کمک اطلاعات به زبان خود را به طور رایگان دریافت نمایید 1-844-395-7126. تماس حاصل نمایید.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-844-395-7126 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-395-7126.

For TTY services, please call 1-816-842-5607.



Kansas City

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