



MISSOURI 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 the 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 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 prescription. If you don't get approval, your plan 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
<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
ATRIPLA	3	S
BARACLUDE ORAL SOLUTION	2	
BARACLUDE ORAL TABLET	3	
<i>cidofovir</i>	6	MSD
COMBIVIR	4	S
COMPLERA	3	S; QL
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	S
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
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPZICOM	4	S; QL
EVOTAZ	4	S

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
GENVOYA	3	S
HARVONI	3	PA; ST; S; SLA; QL
HEPSERA	3	
INTELENCE	3	S; QL
INVIRASE	3	S
ISENTRESS	3	S
KALETRA	3	S
<i>lamivudine oral solution</i>	1	S; QL
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	S
<i>lamivudine-zidovudine</i>	1	S
LEXIVA	3	S
<i>lopinavir-ritonavir</i>	1	S; QL
<i>nevirapine oral suspension</i>	1	S
<i>nevirapine oral tablet</i>	1	S
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	S; QL

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Drug Name	Drug Category	Requirements / Limits
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	S
NORVIR	3	S
ODEFSEY	3	S
OLYSIO	4	PA; ST; S; SLA; QL
<i>oseltamivir</i>	1	QL
PREZCOBIX	4	S
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
RETROVIR INTRAVENOUS	3	S
RETROVIR ORAL CAPSULE	4	S
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
SITAVIG	3	

Drug Name	Drug Category	Requirements / Limits
SOVALDI	4	PA; ST; S; SLA; QL
<i>stavudine oral capsule</i>	1	S
<i>stavudine oral recon soln</i>	1	S; QL
STRIBILD	3	S; QL
SUSTIVA	3	S
SYNAGIS	6	MSD
TAMIFLU ORAL CAPSULE	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	2	QL
TECHNIVIE	3	PA; S; SLA
TIVICAY	3	S
TRIUMEQ	3	S
TRIZIVIR	4	S
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
VIDEX EC	4	S

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Drug Name	Drug Category	Requirements / Limits
VIEKIRA PAK	3	PA; S; SLA; QL
VIEKIRA XR	3	PA; S; SLA
VIRACEPT ORAL TABLET	3	S; QL
VIRAMUNE	4	S
VIRAMUNE XR	4	S
VIRAZOLE	4	S; SLA
VIREAD	3	S; QL
ZEPATIER	3	PA; ST; S; SLA
ZERIT	4	S
ZIAGEN ORAL SOLUTION	3	S
ZIAGEN ORAL TABLET	4	S
<i>zidovudine</i>	1	S
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	

Drug Name	Drug Category	Requirements / Limits
<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
<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	MSD
<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	

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Drug Name	Drug Category	Requirements / Limits
<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
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	

Drug Name	Drug Category	Requirements / Limits
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
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	

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Drug Name	Drug Category	Requirements / Limits
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	2	
<i>erythrocine (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	
<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	QL

Drug Name	Drug Category	Requirements / Limits
BETHKIS	6	MSD; QL
BILTRICIDE	2	
CAPASTAT	6	MSD
CAYSTON	3	S; QL
<i>chloramphenicol sodium 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
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 sodium)</i>	6	MSD
COLY-MYCIN M PARENTERAL	6	MSD
CUBICIN	6	MSD
CUBICIN RF	6	MSD

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Drug Name	Drug Category	Requirements / Limits
CYCLOSERINE	3	
<i>dapsone</i>	1	M
<i>daptomycin</i>	6	MSD
DARAPRIM	3	PA; S; QL
DORIBAX	6	MSD
DORIPENEM	6	MSD
EMVERM	2	
<i>ethambutol</i>	1	
FLAGYL	3	
FLAGYL ER	3	
<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

Drug Name	Drug Category	Requirements / Limits
<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
<i>linezolid oral</i>	1	PA
MALARONE	3	QL
MALARONE PEDIATRIC	3	QL
<i>mefloquine</i>	1	QL
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	

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Drug Name	Drug Category	Requirements / Limits
PLAQUENIL	3	M
<i>polymyxin b sulfate</i>	6	MSD
PRIFTIN	2	
PRIMAQUINE	3	M; QL
PRIMAXIN IV	6	MSD
<i>pyrazinamide</i>	1	
QUALAQUIN	3	
<i>quinine sulfate</i>	1	
<i>rifabutin</i>	1	
RIFADIN ORAL	3	
RIFAMATE	3	
<i>rifampin oral</i>	1	
RIFATER	3	
SIRTURO	2	
SIVEXTRO ORAL	3	PA
STREPTOMYCIN INTRAMUSCULAR	6	MSD
STROMEKTOL	3	
TIGECYCLINE	6	MSD
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	

Drug Name	Drug Category	Requirements / Limits
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	
<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 recon 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	

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Drug Name	Drug Category	Requirements / Limits
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
<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	

Drug Name	Drug Category	Requirements / Limits
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin (mixture)</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
FACTIVE	3	QL
LEVAQUIN ORAL TABLET	3	
<i>levofloxacin in d5w</i>	6	MSD
<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	

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Drug Name	Drug Category	Requirements / Limits
<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	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE, IR - DELAY REL, BIPHASE	3	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
MINOCIN ORAL	3	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	ST; QL
<i>mondoxylene nl</i>	1	
MONODOX	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
ORACEA	3	ST

Drug Name	Drug Category	Requirements / Limits
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST; QL
TARGADOX	3	ST
<i>tetracycline</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	ST
VIBRAMYCIN ORAL SYRUP	3	ST
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	

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Drug Name	Drug Category	Requirements / Limits
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
<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	S; MSD

Drug Name	Drug Category	Requirements / Limits
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
ZINECARD (AS HCL)	6	MSD
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ABRAXANE	6	MSD
ADCETRIS	6	MSD
<i>adriamycin intravenous solution</i>	6	MSD
<i>adrucil</i>	6	MSD
AFINITOR	2	
AFINITOR DISPERZ	2	
ALECENSA	4	S; SLA
ALKERAN INTRAVENOUS	6	MSD
ALKERAN ORAL	2	
<i>anastrozole</i>	1	

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Drug Name	Drug Category	Requirements / Limits
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
<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	
CAMPTOSAR	6	MSD
<i>capecitabine</i>	1	
CAPRELSA	2	
<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	

Drug Name	Drug Category	Requirements / Limits
COSMEGEN	6	MSD
COTELLIC	3	S; SLA
<i>cyclophosphamide intravenous</i>	6	MSD
CYCLOPHOSPHA MIDE ORAL CAPSULE	2	
<i>cyclosporine intravenous</i>	1	S
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
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

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Drug Name	Drug Category	Requirements / Limits
<i>doxorubicin, peg-liposomal</i>	6	MSD
DROXIA	2	
ELIGARD	3	S
ELIGARD (3 MONTH)	3	S; QL
ELIGARD (4 MONTH)	3	S
ELIGARD (6 MONTH)	3	S
ELLENC	6	MSD
EMCYT	2	
EMPLICITI	6	MSD
ENVARUS 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

Drug Name	Drug Category	Requirements / Limits
<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	
GLEOSTINE	2	
GLIADEL WAFER	3	
HALAVEN	6	MSD
HERCEPTIN	6	MSD
HEXALEN	2	
HYCAMTIN INTRAVENOUS	6	MSD
HYCAMTIN 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	

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Drug Name	Drug Category	Requirements / Limits
INLYTA	3	S; SLA
IRESSA	3	S; SLA
<i>irinotecan</i>	6	MSD
ISTODAX	6	MSD
IXEMPRA	6	MSD
JAKAFI	3	S; SLA
JEVTANA	6	MSD
KADCYLA	6	MSD
KYPROLIS	6	MSD
LARTRUVO	6	MSD
LENVIMA	2	
<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; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	4	S; QL
LUPRON DEPOT (4 MONTH)	4	S
LUPRON DEPOT (6 MONTH)	4	S

Drug Name	Drug Category	Requirements / Limits
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	
<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>melfhalan hcl</i>	6	MSD
<i>mercaptopurine</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>methotrexate sodium injection</i>	6	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	

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Drug Name	Drug Category	Requirements / Limits
<i>mycophenolate mofetil hcl</i>	6	MSD
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYLERAN	3	S
NAVELBINE	6	MSD
NEORAL	3	
NEXAVAR	2	
NILANDRON	3	
<i>nilutamide</i>	1	
NINLARO	3	S; SLA
NIPENT	6	MSD
NULOJIX	6	MSD
<i>octreotide acetate</i>	1	S; SLA
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

Drug Name	Drug Category	Requirements / Limits
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	
SOLTAMOX	3	
SOMATULINE DEPOT	4	S; SLA
SPRYCEL	2	
STIVARGA	2	
SUPPRELIN LA	6	MSD
SUTENT	2	
SYLVANT	6	MSD
SYNRIBO	6	MSD
TABLOID	2	
<i>tacrolimus oral</i>	1	
TAFINLAR	2	
TAGRISSO	2	
<i>tamoxifen</i>	1	
TARCEVA	2	
TARGETIN ORAL	3	

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Drug Name	Drug Category	Requirements / Limits
TARGRETIN TOPICAL	2	
TASIGNA	2	
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
TORISEL	6	MSD
TREANDA INTRAVENOUS RECON SOLN	6	MSD
TRELSTAR	6	MSD
<i>tretinoin (chemotherapy)</i>	1	
TREXALL	2	
TRISENOX	6	MSD
TYKERB	2	
VANTAS	6	MSD
VECTIBIX	6	MSD
VELCADE	6	MSD
VENCLEXTA ORAL TABLET 100 MG	2	
VENCLEXTA STARTING PACK	2	

Drug Name	Drug Category	Requirements / Limits
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	
XALKORI	2	
XELODA	3	
XTANDI	3	
YERVOY	6	MSD
YONDELIS	6	MSD
ZALTRAP	6	MSD
ZANOSAR	6	MSD
ZELBORAF	3	S; QL
ZOLADEX	6	MSD
ZOLINZA	2	
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	

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Drug Name	Drug Category	Requirements / Limits
<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
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

Drug Name	Drug Category	Requirements / Limits
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	
GABITRIL ORAL TABLET 2 MG, 4 MG	3	
GRALISE	3	ST
GRALISE 30-DAY STARTER PACK	3	ST
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

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Drug Name	Drug Category	Requirements / Limits
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
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	

Drug Name	Drug Category	Requirements / Limits
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	
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	

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Drug Name	Drug Category	Requirements / Limits
<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	
<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

Drug Name	Drug Category	Requirements / Limits
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
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

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Drug Name	Drug Category	Requirements / Limits
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
<i>frovatriptan</i>	1	QL
IMITREX NASAL	3	
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	QL
<i>isomethepten-caf-acetaminophen oral tablet 65-20-325 mg</i>	1	QL
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	QL
ONZETRA XSAIL	3	

Drug Name	Drug Category	Requirements / Limits
PRODRIN ORAL TABLET 65-20-325 MG	3	QL
RELPAX	3	ST; QL
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	
<i>sumatriptan succinate oral</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL
<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 SUBCUTANEOUS NEEDLE-FREE INJECTOR 4 MG/0.5 ML	3	
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 6 MG/0.5 ML	3	QL
TREXIMET	3	ST; QL
ZEMBRACE SYMTOUCH	3	QL

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Drug Name	Drug Category	Requirements / Limits
<i>zolmitriptan</i>	1	QL
ZOMIG NASAL	2	
ZOMIG ORAL	3	ST; QL
ZOMIG ZMT	3	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	3	PA; S; SLA
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
EXELON TRANSDERMAL	3	ST; M
EXONDYS 51	6	MSD
<i>galantamine</i>	1	M
HORIZANT	3	ST; QL
KEVEYIS	3	
<i>memantine oral solution</i>	1	M
<i>memantine oral tablet</i>	1	M
MEMANTINE ORAL TABLETS, DOSE PACK	3	M
NAMENDA	3	ST; M
NAMENDA TITRATION PAK	3	M
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	M

Drug Name	Drug Category	Requirements / Limits
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR	3	ST; M
NAMZARIC	3	ST
NUEDEXTA	2	PA
RAZADYNE ER	3	ST; M
RAZADYNE ORAL TABLET	3	ST; M
<i>rivastigmine</i>	1	M
<i>rivastigmine tartrate</i>	1	M
<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	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	M
<i>dantrolene</i>	1	M
FEXMID	3	
LORZONE	3	
<i>meprobamate</i>	1	

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Drug Name	Drug Category	Requirements / Limits
MESTINON ORAL SYRUP	2	M
MESTINON ORAL TABLET	3	M
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	QL
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL
<i>acetaminophen-codeine oral tablet</i>	1	QL

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

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Drug Name	Drug Category	Requirements / Limits
DILAUDID ORAL LIQUID	3	
DILAUDID ORAL TABLET 2 MG, 4 MG	3	
DILAUDID ORAL TABLET 8 MG	3	QL
<i>diskets</i>	1	
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	QL
ESGIC	3	QL
EXALGO ER	3	ST; QL
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 2 MCG/ML- 0.1 %	6	MSD
<i>fentanyl citrate</i>	1	PA; QL
FENTANYL CITRATE-0.9%NACL (PF) INTRAVENOUS SOLUTION 20 MCG/ML	6	MSD
<i>fentanyl citrate-0.9%nacl (pf) intravenous solution 5 mcg/ml</i>	6	MSD

Drug Name	Drug Category	Requirements / Limits
<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	
FENTORA	3	PA; QL
FIORICET ORAL CAPSULE	3	QL
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	QL
FIORINAL	3	
FIORINAL-CODEINE #3	3	
HYCET	3	QL
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL
<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	QL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	

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Drug Name	Drug Category	Requirements / Limits
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 2 mg, 4 mg</i>	1	
<i>hydromorphone oral tablet 8 mg</i>	1	QL
<i>hydromorphone oral tablet extended release 24 hr</i>	1	QL
<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	

Drug Name	Drug Category	Requirements / Limits
<i>levorphanol tartrate</i>	1	
<i>lorcet (hydrocodone)</i>	1	QL
<i>lorcet hd</i>	1	QL
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	QL
<i>lortab 10-325</i>	1	QL
<i>lortab 5-325</i>	1	QL
<i>lortab 7.5-325</i>	1	QL
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	QL
<i>marten-tab</i>	1	QL
<i>meperidine oral</i>	1	
<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	

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Drug Name	Drug Category	Requirements / Limits
<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
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

Drug Name	Drug Category	Requirements / Limits
<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	QL
OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	3	ST; QL
OPANA ORAL	3	
OXAYDO ORAL TABLET, ORAL ONLY 5 MG	3	QL
OXAYDO ORAL TABLET, ORAL ONLY 7.5 MG	3	
<i>oxycodone oral capsule</i>	1	QL
<i>oxycodone oral concentrate</i>	1	
<i>oxycodone oral solution</i>	1	
<i>oxycodone oral tablet 10 mg, 20 mg</i>	1	
<i>oxycodone oral tablet 15 mg, 30 mg, 5 mg</i>	1	QL
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	3	ST; QL

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Drug Name	Drug Category	Requirements / Limits
<i>oxycodone-acetaminophen oral solution</i>	1	QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL
<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
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	QL
PRIMLEV	3	QL
PROBUPHINE	6	MSD
<i>reprexain</i>	1	
ROXICODONE	3	QL
SUBSYS	3	PA; QL
SYNALGOS-DC	3	
<i>tencon oral tablet 50-325 mg</i>	1	QL
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	QL
TYLENOL-CODEINE #3	3	QL

Drug Name	Drug Category	Requirements / Limits
TYLENOL-CODEINE #4	3	QL
VANATOL LQ	3	QL
<i>verdrocet</i>	1	QL
<i>vicodin</i>	1	QL
<i>vicodin es</i>	1	QL
<i>vicodin hp</i>	1	QL
XARTEMIS XR	3	QL
XODOL 10/300	3	QL
XODOL 5/300	3	QL
XODOL 7.5/300	3	QL
XTAMPZA ER	3	ST
<i>xylon 10</i>	1	
<i>zamicet</i>	1	QL
<i>zebutal oral capsule 50-325-40 mg</i>	1	QL
ZOXYDOL 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

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Drug Name	Drug Category	Requirements / Limits
<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
<i>celecoxib</i>	1	M
<i>children's aspirin</i>	5	ACA; OTC
<i>choline,magnesium salicylate</i>	1	
CONZIP	3	ST; QL
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
<i>diclofenac sodium topical gel 1 %</i>	1	M
<i>diclofenac-misoprostol</i>	1	M
<i>diflunisal</i>	1	M
DISALCID	3	
DUEXIS	3	M; QL
<i>e.c. prin</i>	5	ACA; OTC
EC-NAPROSYN	3	ST; M
<i>ecotrin</i>	5	ACA; OTC

Drug Name	Drug Category	Requirements / Limits
<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>fenopropfen oral tablet</i>	1	M
FENORTHIO	3	ST; M
FLECTOR	3	ST; QL
<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	M; QL
<i>lite coat aspirin</i>	5	ACA; OTC

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Drug Name	Drug Category	Requirements / Limits
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
<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

Drug Name	Drug Category	Requirements / Limits
<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	MSD
REVIA	3	
<i>salsalate</i>	1	
SPRIX	3	ST; QL
SUBOXONE	2	PA; QL
<i>sulindac oral</i>	1	M
TALWIN	6	MSD
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

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Drug Name	Drug Category	Requirements / Limits
<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	M; QL
VIVITROL	6	MSD
VIVLODEX	3	ST; M
VOLTAREN TOPICAL	3	ST; M; QL
VOLTAREN-XR	3	ST; M
ZIPSOR	3	ST
ZORVOLEX ORAL CAPSULE 18 MG	3	ST; M; QL
ZORVOLEX ORAL CAPSULE 35 MG	3	ST; M
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	

Drug Name	Drug Category	Requirements / Limits
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 20 MG, 30 MG	3	
ADDERALL ORAL TABLET 15 MG, 5 MG, 7.5 MG	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
AMBIEN CR	3	ST
<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
<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	

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Drug Name	Drug Category	Requirements / Limits
BELSOMRA	3	
BRISDELLE	3	ST; M; QL
<i>bupropion hcl oral tablet</i>	1	M
<i>bupropion hcl oral tablet extended release 100 mg, 200 mg</i>	1	M; QL
<i>bupropion hcl oral tablet extended release 150 mg</i>	1	M
<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	
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	
<i>clorazepate dipotassium</i>	1	
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	

Drug Name	Drug Category	Requirements / Limits
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	3	
CLOZARIL	3	
CONCERTA	3	ST
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	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 5 MG	3	ST; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG	3	ST
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>dexmethylphenidate oral capsule, er biphasic 50-50 25 mg, 35 mg</i>	1	QL
<i>dexmethylphenidate oral tablet</i>	1	

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Drug Name	Drug Category	Requirements / Limits
<i>dextroamphetamine</i>	1	
<i>dextroamphetamine-amphetamine</i>	1	
<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	
<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
<i>ergoloid</i>	1	M
<i>escitalopram oxalate</i>	1	M
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
EVEKEO	3	PA
FANAPT ORAL TABLET 1 MG	3	
FANAPT ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	QL

Drug Name	Drug Category	Requirements / Limits
FANAPT ORAL TABLETS, DOSE PACK	3	QL
FAZACLO	3	
FETZIMA	3	ST; M; QL
<i>flumazenil</i>	6	MSD
<i>fluoxetine oral capsule</i>	1	M; QL
<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, 20 mg</i>	1	M; QL
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	
FOCALIN XR	3	ST
FORFIVO XL	3	ST; M
GEODON INTRAMUSCULAR	3	
GEODON ORAL	3	QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	
<i>guanidine</i>	1	
HALCION ORAL TABLET 0.25 MG	3	

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Drug Name	Drug Category	Requirements / Limits
HALDOL	3	
HALDOL DECANOATE	3	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
HETLIOZ	4	S; SLA
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INTERMEZZO	3	ST; QL
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG	3	ST; QL
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 3 MG, 4 MG	3	ST
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	

Drug Name	Drug Category	Requirements / Limits
<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
<i>maprotiline</i>	1	
MARPLAN	3	M
METADATE CD ORAL CAPSULE, ER BIPHASIC 30- 70 10 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	ST
METADATE CD ORAL CAPSULE, ER BIPHASIC 30- 70 20 MG	3	ST; QL
<i>metadate er</i>	1	QL
<i>methamphetamine</i>	1	
METHYLIN ORAL SOLUTION	3	QL
METHYLIN ORAL TABLET,CHEWAB LE	3	QL
<i>methylphenidate oral capsule, er biphasic 30-70 10 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate oral capsule, er biphasic 30-70 20 mg</i>	1	QL

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Drug Name	Drug Category	Requirements / Limits
<i>methylphenidate oral capsule,er biphasic 50-50 20 mg</i>	1	QL
<i>methylphenidate oral capsule,er biphasic 50-50 30 mg, 40 mg</i>	1	
<i>methylphenidate oral solution</i>	1	
<i>methylphenidate oral tablet</i>	1	
<i>methylphenidate oral tablet extended release 10 mg</i>	1	
<i>methylphenidate oral tablet extended release 20 mg</i>	1	QL
<i>methylphenidate oral tablet extended release 24hr</i>	1	
<i>methylphenidate oral tablet,chewable</i>	1	
<i>mirtazapine</i>	1	
<i>modafinil</i>	1	PA
<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

Drug Name	Drug Category	Requirements / Limits
<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
<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
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

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Drug Name	Drug Category	Requirements / Limits
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	ST; M
<i>procentra</i>	1	
<i>protriptyline</i>	1	
PROVIGIL	3	PA; QL
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
REMERON	3	
REMERON SOLTAB	3	
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

Drug Name	Drug Category	Requirements / Limits
RITALIN	3	
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 30 MG, 40 MG	3	ST
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 20 MG	3	ST; QL
ROZEREM	2	ST; QL
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG, 5 MG	3	QL
SARAFEM ORAL TABLET 10 MG, 20 MG	3	ST; M; QL
<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 ORAL TABLET 3 MG	3	ST; QL
SILENOR ORAL TABLET 6 MG	3	ST
SONATA	3	ST
STRATTERA	2	ST
SURMONTIL	3	
SYMBYAX	3	

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Drug Name	Drug Category	Requirements / Limits
<i>temazepam</i>	1	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
TOFRANIL	3	
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	
<i>tranlycypromine</i>	1	M
<i>trazodone</i>	1	
<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
VERSACLOZ	3	
VIIIBRYD ORAL TABLET	3	ST; M; QL
VIIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	3	ST; QL
VRAYLAR	3	
VYVANSE	2	ST; QL

Drug Name	Drug Category	Requirements / Limits
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	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 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	
<i>zolpidem oral tablet, ext release multiphase</i>	1	
<i>zolpidem sublingual</i>	1	QL
ZOLPIMIST	3	ST; QL
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

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Drug Name	Drug Category	Requirements / Limits
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral</i>	1	M
BETAPACE	3	M
BETAPACE AF	3	M
<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

Drug Name	Drug Category	Requirements / Limits
<i>afeditab cr</i>	1	M
ALDACTAZIDE	3	M
ALDACTONE	3	M
ALTACE	3	M
<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-hctiazid</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

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Drug Name	Drug Category	Requirements / Limits
BREVIBLOC IN NACL (ISO-OSM)	6	MSD
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

Drug Name	Drug Category	Requirements / Limits
CATAPRES-TTS-3	3	M; QL
<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
CLORPRES 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

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Drug Name	Drug Category	Requirements / Limits
DYAZIDE	3	M
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	

Drug Name	Drug Category	Requirements / Limits
<i>hydralazine injection</i>	6	MSD
<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-hcthiiazid</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>spironolacton-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	ST; M
TEKTURNA HCT	3	ST; 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>toremide 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	QL
<i>clopidogrel oral tablet 75 mg</i>	1	M; QL
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
NUWIQ	6	MSD
OBIZUR	6	MSD
<i>pentoxifylline</i>	1	M
PLAVIX ORAL TABLET 300 MG	3	QL

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Drug Name	Drug Category	Requirements / Limits
PLAVIX ORAL TABLET 75 MG	3	M; QL
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
<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
<i>fenofibrate nanocrystallized</i>	1	M
FENOFIBRATE ORAL CAPSULE	3	ST; M; QL
<i>fenofibrate oral tablet</i>	1	M
<i>fenofibric acid</i>	1	M; QL
<i>fenofibric acid (choline)</i>	1	M
FENOGLIDE	3	ST; M; QL
FIBRICOR	3	ST; M
<i>fluvastatin</i>	1	M; QL

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Drug Name	Drug Category	Requirements / Limits
<i>gemfibrozil oral</i>	1	M
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
<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
<i>simvastatin</i>	1	M; QL
TRICOR	3	ST; M
TRIGLIDE ORAL TABLET 160 MG	3	ST; M; QL
TRILIPIX	3	ST; M
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	
<i>calcipotriene- betamethasone</i>	1	
<i>calcitrene</i>	1	
<i>calcitriol topical</i>	1	
COAL TAR	2	
COSENTYX	4	PA; S; SLA
COSENTYX (2 SYRINGES)	4	PA; S; SLA
COSENTYX PEN	4	PA; S; SLA
COSENTYX PEN (2 PENS)	4	PA; S; SLA
DOVONEX TOPICAL	3	
<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	
PRAMOSONE	3	ST

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Drug Name	Drug Category	Requirements / Limits
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	
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
TALTZ SYRINGE (2 PACK)	4	ST; S; SLA

Drug Name	Drug Category	Requirements / Limits
TALTZ SYRINGE (3 PACK)	4	ST; S; SLA
TERSI FOAM	3	
VECTICAL	3	
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
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	
<i>podofilox</i>	1	
PRESERA	3	
PROMISEB	3	
PROTOPIC	3	ST
<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
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	

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Drug Name	Drug Category	Requirements / Limits
ACANYA TOPICAL GEL WITH PUMP	3	ST
ACZONE	3	ST
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel</i>	1	
<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	
AVITA TOPICAL GEL	3	QL
AZELEX	3	ST
BENZACLIN	3	ST
BENZACLIN PUMP	3	ST
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	
<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	
<i>clindamycin-tretinoin</i>	1	
DIFFERIN TOPICAL CREAM	3	ST; QL
DIFFERIN TOPICAL GEL 0.1 %	3	ST; QL
DIFFERIN TOPICAL GEL 0.3 %	3	ST

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Drug Name	Drug Category	Requirements / Limits
DIFFERIN TOPICAL GEL WITH PUMP	3	ST
DIFFERIN TOPICAL LOTION	3	ST
DUAC	3	ST
EPIDUO	3	ST
EPIDUO FORTE	3	ST
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
EVOCLIN	3	ST
FABIOR	3	PA
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	
NEUAC KIT	3	ST
NORITATE	3	ST

Drug Name	Drug Category	Requirements / Limits
NUOX	3	ST
ONEXTON TOPICAL GEL WITH PUMP	3	ST
PLEXION	3	ST
PLEXION CLEANSING CLOTHS	3	ST
RETIN-A	3	
RETIN-A MICRO	3	
RETIN-A MICRO PUMP	3	
<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	

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Drug Name	Drug Category	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<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
<i>tretinoin microspheres</i>	1	
<i>tretinoin topical cream</i>	1	
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	
<i>tretinoin topical gel 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	MSD
<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	
KERYDIN	3	
<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	
DENAVIR	3	
XERESE	3	
ZOVIRAX TOPICAL CREAM	2	
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	
AQUA GLYCOLIC HC	3	ST
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>betamethasone, augmented</i>	1	
CAPEX	3	ST
<i>clobetasol</i>	1	
<i>clobetasol-emollient</i>	1	
CLOBEX	3	ST
CLOCORTOLONE PIVALATE	3	ST
<i>clodan</i>	1	
CLODAN KIT	3	ST
CLODERM	3	ST; QL
CORDRAN TAPE LARGE ROLL	3	ST; QL
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	
DESOWEN	3	ST
<i>desoximetasone</i>	1	
<i>diflorasone</i>	1	
DIPROLENE	3	ST
DIPROLENE AF	3	ST
ELOCON	3	ST
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<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	
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
<i>scalacort</i>	1	
SERNIVO	3	ST
SYNALAR CREAM KIT	3	ST
SYNALAR OINTMENT KIT	3	ST
SYNALAR TOPICAL CREAM	3	ST; QL

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Drug Name	Drug Category	Requirements / Limits
SYNALAR TOPICAL OINTMENT	3	ST; QL
SYNALAR TOPICAL SOLUTION	3	ST
SYNALAR TS	3	ST
TEMOVATE TOPICAL CREAM	3	ST
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	

Drug Name	Drug Category	Requirements / Limits
<i>triderm topical cream</i>	1	
TRIDESILON	3	ST; QL
ULTRAVATE TOPICAL CREAM	3	ST; QL
ULTRAVATE TOPICAL LOTION	3	ST
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	
ULESFIA	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	

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Drug Name	Drug Category	Requirements / Limits
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringers irrigation</i>	1	
SORBITOL-MANNITOL	3	
<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

Drug Name	Drug Category	Requirements / Limits
CARNITOR ORAL	3	M
<i>cevimeline</i>	1	M
CHEMET	2	
<i>disulfiram</i>	1	
<i>etidronate disodium</i>	1	M
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; ST; 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

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Drug Name	Drug Category	Requirements / Limits
NORTHERA	4	S; SLA
ORFADIN	3	S; SLA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PROLASTIN-C	6	MSD
RADIOGARDASE	3	
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-sod 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

Drug Name	Drug Category	Requirements / Limits
SURVANTA	3	
SWABFLUSH	6	MSD
SYPRINE	3	PA
<i>syrex sodium chloride 0.9%</i>	6	MSD
THIOLA	3	
<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

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Drug Name	Drug Category	Requirements / Limits
<i>nicorelief</i>	5	ACA; OTC
NICORETTE BUCCAL GUM 2 MG	5	ACA; OTC
<i>nicorette buccal gum 4 mg</i>	5	ACA; OTC
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

Drug Name	Drug Category	Requirements / Limits
ASTEPRO NASAL SPRAY, NON-AEROSOL	3	QL
<i>azelastine nasal</i>	1	QL
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

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Drug Name	Drug Category	Requirements / Limits
PREVIDENT 5000 BOOSTER PLUS	3	M
PREVIDENT 5000 DRY MOUTH	3	M
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	

Drug Name	Drug Category	Requirements / Limits
DERMOTIC OIL	3	
<i>floxin otic drops</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<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

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Drug Name	Drug Category	Requirements / Limits
MEDROL	3	
MEDROL (PAK)	3	
<i>methylprednisolone</i>	1	
<i>millipred dp</i>	1	
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

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

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

Drug Name	Drug Category	Requirements / Limits
EMBRACE EVO TEST STRIPS	3	OTC
EMBRACE PRO TEST STRIPS	3	OTC
EVENCARE G2 STRIP	3	OTC; QL
EVENCARE G3 TEST	3	OTC; QL
EVENCARE MINI GLUCOSE TEST STR	3	OTC
EVOLUTION TEST STRIPS	3	OTC; QL
EZ SMART PLUS TEST	3	OTC; QL
EZ SMART TEST	3	OTC; QL
FIFTY50 TEST STRIP	3	OTC; QL
FORA D15G	3	OTC; QL
FORA D20 STRIP	3	OTC; QL
FORA D40-G31 TEST STRIPS	3	OTC; QL
FORA G20 STRIP	3	OTC; QL
FORA G30A STRIP	3	OTC; QL
FORA GD50 TEST STRIPS	3	OTC
FORA TEST STRIP	3	OTC; QL
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; QL

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Drug Name	Drug Category	Requirements / Limits
FORACARE GD20	3	OTC; QL
FORACARE GD40	3	OTC; QL
FORTISCARE GLUCOSE TEST STRIPS	3	OTC
FREESTYLE INSULINX STRIP	2	OTC; QL
FREESTYLE INSULINX TEST STRIPS	2	OTC; QL
FREESTYLE LITE STRIPS	2	OTC; QL
FREESTYLE PRECISION NEO STRIPS	3	OTC
FREESTYLE TEST	2	OTC; QL
GE100 BLOOD GLUCOSE TEST STRIP	3	OTC; QL
GENSTRIP TEST STRIP	3	OTC
GLUCO NAVII TEST STRIP	3	OTC; QL
GLUCOCARD 01 SENSOR PLUS	3	OTC
GLUCOCARD EXPRESSION STRIP	3	OTC; QL
GLUCOCARD SHINE TEST STRIPS	3	OTC
GLUCOCARD VITAL SENSOR	3	OTC; QL
GLUCOCARD VITAL TEST STRIPS	3	OTC; QL
GLUCOCOM GLUCOSE	3	OTC; QL

Drug Name	Drug Category	Requirements / Limits
GM100 STRIP	3	OTC; QL
GMATE TEST STRIPS	3	OTC
HEALTHPRO TEST STRIPS	3	OTC
INFINITY TEST STRIPS	3	OTC; QL
LIBERTY TEST	3	OTC; QL
MICRO BLOOD GLUCOSE	3	OTC
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	3	OTC; QL
MYGLUCOHEALTH STRIP	3	OTC; QL
NEUTEK 2TEK TEST STRIPS	3	OTC; QL
NOVA MAX GLUCOSE TEST	3	OTC; QL
ON CALL EXPRESS TEST STRIP	3	OTC
ON CALL PLUS TEST STRIP	3	OTC; QL
ON CALL VIVID TEST STRIP	3	OTC; QL
ONETOUCH ULTRA TEST	3	OTC; QL
ONETOUCH VERIO	3	OTC; QL
OPTIUM EZ	3	OTC; QL
OPTIUM TEST	3	OTC; QL
OPTUMRX STRIP	3	OTC; QL
PHARMACIST CHOICE	3	OTC; QL

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

Drug Name	Drug Category	Requirements / Limits
TRUE METRIX GLUCOSE TEST STRIP	3	OTC
TRUETEST TEST STRIPS	3	OTC
TRUETRACK TEST	3	OTC; QL
ULTIMA TEST STRIPS	3	OTC
ULTRATRAK	3	OTC
ULTRATRAK ULTIMATE STRIP	3	OTC; QL
UNISTRIPI TEST STRIP	3	OTC
WAVESENSE JAZZ	3	OTC
WAVESENSE PRESTO STRIP	3	OTC; QL
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	ST; M
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT (HUMAN)	2	
PROGLYCEM	2	M

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Drug Name	Drug Category	Requirements / Limits
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
2TEK GLUCOSE/BLOOD PRESSURE	3	OTC; QL
ACCU-CHEK AVIVA CONNECT METER	3	OTC
ACCU-CHEK AVIVA PLUS METER	3	OTC; QL
ACCU-CHEK COMPACT PLUS CONTROL	3	OTC
ACCU-CHEK NANO	3	OTC; QL
ACCU-CHEK SMARTVIEW CONTRL SOL	3	OTC
ACCUTREND GLUCOSE CONTROL	3	OTC
ADVANCED GLUCOSE METER	3	OTC
ADVOCATE BLOOD GLUCOSE MONITOR	3	OTC; QL
ADVOCATE DUO	3	OTC; QL
ADVOCATE LOW CONTROL	3	OTC
ADVOCATE REDI- CODE DUO METER	3	OTC; QL
ADVOCATE REDI- CODE GLU MONITOR	3	OTC; QL

Drug Name	Drug Category	Requirements / Limits
ADVOCATE REDI- CODE+ CTRL LOW	3	OTC
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; QL
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; QL
BREEZE 2 CONTROL SOLUTION,HIGH	3	OTC

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

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

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Drug Name	Drug Category	Requirements / Limits
EASYMAX L BLOOD GLUCOSE METER	3	OTC
EASYMAX LOW CONTROL	3	OTC
EASYMAX NG KIT	3	OTC
EASYMAX NORMAL CONTROL	3	OTC
EASYMAX V SPEAKING GLUCOSE SYS	3	OTC; QL
EASYMAX V2 BLOOD GLUCOSE METER	3	OTC; QL
ELEMENT COMPACT GLUCOSE METER	3	OTC; QL
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; QL
EMBRACE BLOOD GLUCOSE SYSTEM	3	OTC; QL
EMBRACE EVO LEVEL 1	3	OTC

Drug Name	Drug Category	Requirements / Limits
EMBRACE GLUCOSE CONTROL LOW	3	OTC
EMBRACE PRO GLUCOSE METER	3	OTC
EVENCARE G2	3	OTC; QL
EVENCARE G3 GLUCOSE METER	3	OTC
EVENCARE MINI MONITOR SYSTEM	3	OTC
EVOLUTION BLOOD GLUCOSE METER	3	OTC; QL
EVOLUTION NORMAL CONTROL	3	OTC
EZ SMART PLUS SYSTEM	3	OTC
EZ SMART SYSTEM	3	OTC; QL
FORA D10	3	OTC; QL
FORA D20 KIT	3	OTC; QL
FORA G20 KIT	3	OTC
FORA G30A	3	OTC; QL
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

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Drug Name	Drug Category	Requirements / Limits
FORA V10 KIT	3	OTC; QL
FORA V12 BLOOD GLUCOSE SYSTEM	3	OTC
FORA V20 KIT	3	OTC; QL
FORA V30A KIT	3	OTC
FORACARE GD20 GLUCOSE METER	3	OTC; QL
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; QL
FREESTYLE FREEDOM	2	OTC; QL
FREESTYLE FREEDOM LITE	2	OTC; QL
FREESTYLE INSULINX	2	OTC; QL
FREESTYLE LITE METER	2	OTC; QL
FREESTYLE PRECISION NEO METER	3	OTC

Drug Name	Drug Category	Requirements / Limits
FREESTYLE SIDEKICK II	2	OTC; QL
FREESTYLE SYSTEM KIT	2	OTC; QL
GE100 BLOOD GLUCOSE SYSTEM	3	OTC; QL
GE100 CONTROL SOLUTION NORMAL	3	OTC
GLUCO NAVII GLUCOSE MONITOR	3	OTC
GLUCOCARD 01 METER	3	OTC; QL
GLUCOCARD 01 NORMAL CONTROL	3	OTC
GLUCOCARD EXPRESSION	3	OTC; QL
GLUCOCARD SHINE METER	3	OTC
GLUCOCARD VITAL	3	OTC; QL
GLUCOCOM BLOOD GLUCOSE	3	OTC; QL
GLUCOCOM CONTROL NORMAL	3	OTC
GLUCOSE CONTROL	3	OTC
GM100 KIT	3	OTC; QL
GMATE CONTROL SOLUTION, NORMAL	3	OTC
GMATE SMART METER	3	OTC; QL

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Drug Name	Drug Category	Requirements / Limits
GMATE SMART STARTER	3	OTC; QL
GMATE VOICE METER	3	OTC
HEALTHPRO GLUCOSE MONITOR	3	OTC
HEALTHPRO HIGH-LOW CONTROL	3	OTC
HUMAPEN LUXURA HD	2	
INFINITY CONTROL SOLUTION NORM	3	OTC
INFINITY STARTER KIT	3	OTC; QL
INSET 30 INFUSION SET 23"	2	
INSET INFUSION SET 23"	2	
JAZZ WIRELESS 2 METER KIT	3	OTC; QL
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

Drug Name	Drug Category	Requirements / Limits
MEDISENSE GLUCOSE KETONE	3	OTC
MICRODOT BLOOD GLUCOSE SYSTEM	3	OTC
MYGLUCOHEALTH CONTROL SOLUTION	3	OTC
MYGLUCOHEALTH KIT	3	OTC; QL
NOVA MAX BLOOD GLUCOSE METER	3	OTC; QL
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; QL
ON CALL VIVID PAL METER KIT	3	OTC; QL
ONETOUCH ULTRA CONTROL	3	OTC

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Drug Name	Drug Category	Requirements / Limits
ONETOUCH ULTRA2	3	OTC; QL
ONETOUCH ULTRAMINI	3	OTC; QL
ONETOUCH VERIO FLEX	3	OTC
ONETOUCH VERIO IQ METER	3	OTC; QL
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; QL
PRECISION XTRA MONITOR	3	OTC; QL
PREMIUM BLOOD GLUCOSE MONITOR	3	OTC; QL
PREMIUM V10	3	OTC; QL
PRESTO PRO BLOOD GLUCOSE METER	3	OTC; QL
PRODIGY AUTOCODE METER	3	OTC; QL
PRODIGY AUTOCODE MONITOR SYST	3	OTC
PRODIGY CONTROL SOLUTION, LOW	3	OTC

Drug Name	Drug Category	Requirements / Limits
PRODIGY CONTROL SOLUTION,HIGH	3	OTC
PRODIGY POCKET METER	3	OTC; QL
PRODIGY VOICE GLUCOSE METER	3	OTC; QL
QUINTET BLOOD GLUCOSE METER	3	OTC
REFUAH PLUS GLUCOSE CONTROL	3	OTC
REFUAH PLUS GLUCOSE MONITOR	3	OTC
RELION ALL-IN- ONE METER	3	OTC
RELION CONFIRM	3	OTC; QL
RELION MICRO GLUCOSE MONITOR KIT	3	OTC; QL
RELION PRIME METER	3	OTC; QL
REVEAL BLOOD GLUCOSE METER	3	OTC; QL
RIGHTTEST CONTROL SOLUTION HIGH	3	OTC
RIGHTTEST GM550 SYSTEM	3	OTC; QL
SIDEKICK BLOOD GLUCOSE SYSTEM	3	OTC
SMART SENSE MONITORING SYSTEM	3	OTC
SMARTTEST CONTROL	3	OTC

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Drug Name	Drug Category	Requirements / Limits
SMARTTEST EJECT	3	OTC
SMARTTEST PERSONA STARTER	3	OTC; QL
SMARTTEST PRONTO STARTER	3	OTC; QL
SMARTTEST PROTEGE	3	OTC
SNAP INSULIN PUMP CONTROLLER	2	
SOLUS V2 AUDIBLE METER	3	OTC
SOLUS V2 AUDIBLE METER KIT	3	OTC; QL
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; QL
TELCARE CONTROL	3	OTC
TEST N'GO BLOOD GLUCOSE SYSTEM	3	OTC

Drug Name	Drug Category	Requirements / Limits
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; QL
TRUECONTROL LEVEL 0	3	OTC
TRUERESULT BLOOD GLUCOSE SYSTM	3	OTC
TRUERESULT BLOOD GLUCOSE SYSTM KIT	3	OTC; QL
TRUETEST LOW GLUCOSE CONTROL	3	OTC
TRUETRACK BLOOD GLUCOSE SYSTEM	3	OTC; QL
TRUETRACK SMART SYSTEM KIT	3	OTC; QL
ULTIMA MONITOR	3	OTC
ULTRATRAK GLUCOSE METER	3	OTC; QL
ULTRATRAK ULTIMATE	3	OTC
UNISTRIIP LOW CONTROL	3	OTC
VGO 20	6	MSD

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Drug Name	Drug Category	Requirements / Limits
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; QL
INSULIN THERAPY		
AFREZZA	3	M
APIDRA	3	M; QL
APIDRA SOLOSTAR	3	M; QL
BASAGLAR KWIKPEN	2	M; QL
HUMALOG	2	M; QL
HUMALOG KWIKPEN	2	M; QL
HUMALOG MIX 50-50	2	M; QL
HUMALOG MIX 50-50 KWIKPEN	2	M; QL
HUMALOG MIX 75-25	2	M; QL
HUMALOG MIX 75-25 KWIKPEN	2	M; QL
HUMULIN 70/30	2	M
HUMULIN 70/30 KWIKPEN	2	M
HUMULIN N	2	M
HUMULIN N KWIKPEN	2	M

Drug Name	Drug Category	Requirements / Limits
HUMULIN R U-100	2	M
HUMULIN R U-500 (CONC) KWIKPEN	2	M
HUMULIN R U-500 (CONCENTRATED)	2	M
LANTUS	2	M; QL
LANTUS SOLOSTAR	2	M; QL
LEVEMIR	2	M; QL
LEVEMIR FLEXTOUCH	2	M; QL
NOVOLIN 70/30	3	M
NOVOLIN N	3	M
NOVOLIN R	3	M
NOVOLOG	3	M; QL
NOVOLOG FLEXPEN	3	M; QL
NOVOLOG MIX 70-30	3	M; QL
NOVOLOG MIX 70-30 FLEXPEN	3	M; QL
NOVOLOG PENFILL	3	M; QL
TOUJEO SOLOSTAR	3	M; QL
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
<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
<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
<i>doxercalciferol oral</i>	1	M
ELAPRASE	6	MSD
ELELYSO	6	MSD
FABRAZYME	6	MSD
FORTESTA	3	PA
HECTOROL INTRAVENOUS	6	MSD
HECTOROL ORAL	3	M

Drug Name	Drug Category	Requirements / Limits
KORLYM	4	PA; S; SLA
KUVAN ORAL POWDER IN PACKET 500 MG	3	S; SLA
KUVAN ORAL TABLET, SOLUBLE	3	S; SLA
LUMIZYME	6	MSD
METHITEST	2	
<i>methyltestosterone oral capsule</i>	1	
MIACALCIN INJECTION	6	MSD
MIACALCIN NASAL	3	M
MYALEPT	3	S; SLA
NAGLAZYME	6	MSD
NATESTO	3	PA
NATPARA	3	PA; S; SLA
OXANDRIN	3	
<i>oxandrolone</i>	1	
<i>pamidronate</i>	6	MSD
PARICALCITOL HEMODIALYSIS PORT INJECTION	6	MSD
<i>paricalcitol intravenous</i>	6	MSD
<i>paricalcitol oral</i>	1	M
RAYALDEE	3	M
ROCALTROL	3	M
SAMSCA	2	PA; QL
SENSIPAR	2	PA
SOMAVERT	3	S; SLA
STIMATE	2	M

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Drug Name	Drug Category	Requirements / Limits
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
<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

Drug Name	Drug Category	Requirements / Limits
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
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

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Drug Name	Drug Category	Requirements / Limits
FARXIGA	2	M
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
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
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
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

Drug Name	Drug Category	Requirements / Limits
<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
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
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

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Drug Name	Drug Category	Requirements / Limits
TRADJENTA	2	QL
TRULICITY	3	PA; M; QL
VICTOZA 2-PAK	3	PA; M; QL
VICTOZA 3-PAK	3	M
XIGDUO XR	2	M
THYROID HORMONES		
ARMOUR THYROID	2	M
CYTOMEL	3	M
LEVO-T	3	M
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

Drug Name	Drug Category	Requirements / Limits
<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	
<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	

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Drug Name	Drug Category	Requirements / Limits
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	
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	

Drug Name	Drug Category	Requirements / Limits
<i>symax-sr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	3	M
AKYNZEO	2	
<i>alopen</i>	5	ACA; OTC
<i>alosetron</i>	1	M
ALOXI	6	MSD; QL
AMITIZA	2	
ANALPRAM-HC RECTAL CREAM	3	
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	

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Drug Name	Drug Category	Requirements / Limits
<i>calcium acetate oral tablet 667 mg</i>	1	
CANASA	2	
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
<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

Drug Name	Drug Category	Requirements / Limits
<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
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

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Drug Name	Drug Category	Requirements / Limits
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	
<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	

Drug Name	Drug Category	Requirements / Limits
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
<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	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

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Drug Name	Drug Category	Requirements / Limits
<i>oral saline laxative oral liquid</i>	5	ACA; OTC
OSMOPREP	5	ACA
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	

Drug Name	Drug Category	Requirements / Limits
PROCTOFOAM HC	3	
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<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

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Drug Name	Drug Category	Requirements / Limits
<i>sulfasalazine</i>	1	M
SUPREP BOWEL PREP KIT	5	ACA
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	

Drug Name	Drug Category	Requirements / Limits
ZOFRAN (AS HYDROCHLORIDE) INTRAVENOUS	6	MSD
ZOFRAN (AS HYDROCHLORIDE) ORAL	3	QL
ZOFRAN ODT	3	QL
ZUPLENZ	3	QL
ULCER THERAPY		
ACIPHEX	3	ST; M; QL
ACIPHEX SPRINKLE	3	ST; M; QL
<i>amoxicil-clarithromy-lansopraz</i>	1	QL
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</i>	1	M; QL
<i>esomeprazole sodium</i>	6	MSD
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 24.65 MG	3	M

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Drug Name	Drug Category	Requirements / Limits
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 49.3 MG	3	M; QL
<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)</i>	1	M; QL
<i>misoprostol</i>	1	M
NEXIUM	3	ST; M; QL
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	6	MSD
NEXIUM PACKET	3	ST; M; QL
<i>nizatidine</i>	1	M
OMECLAMOX-PAK	3	QL
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	M
<i>omeprazole-sodium bicarbonate oral capsule</i>	1	ST; M; QL
<i>omeprazole-sodium bicarbonate oral packet</i>	1	ST; QL

Drug Name	Drug Category	Requirements / Limits
<i>pantoprazole oral</i>	1	M; QL
PEPCID ORAL SUSPENSION	3	M
PEPCID ORAL TABLET 40 MG	3	M
PREVACID	3	ST; M; QL
PREVACID SOLUTAB	3	ST; M; QL
PREVPAC	3	QL
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	3	ST; M; QL
PROTONIX ORAL	3	ST; M; QL
PYLERA	3	
<i>rabeprazole</i>	1	M; QL
<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	3	ST; M; QL
ZEGERID ORAL PACKET	3	ST; QL
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE)	6	MSD

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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	6	MSD
MOZOBIL	6	MSD
NEULASTA	6	MSD; QL
NEUPOGEN	6	MSD
PROCRT	6	MSD
ZARXIO	6	MSD
GROWTH HORMONES		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	3	S
GENOTROPIN	4	PA; ST; S
GENOTROPIN MINISQUICK	4	PA; ST; S
HUMATROPE	4	PA; ST; S
NORDITROPIN FLEXPOR	4	PA; ST; S
NUTROPIN AQ NUSPIN	4	PA; ST; S
OMNITROPE	3	PA; ST; S
SAIZEN	4	PA; ST; S
SAIZEN CLICK.EASY	4	PA; ST; S

Drug Name	Drug Category	Requirements / Limits
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; ST; S
ZOMACTON	3	PA; ST
ZORBTIVE	4	PA; ST; S; SLA
INTERFERONS		
AUBAGIO	4	PA; S; SLA; QL
AVONEX (WITH ALBUMIN)	3	S; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	3	S; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	3	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; ST; S; QL
EXTAVIA SUBCUTANEOUS RECON SOLN	2	QL
GILENYA	3	PA; S; SLA; QL
<i>glatopa</i>	1	S; QL
LEMTRADA	6	MSD
<i>moderiba</i>	1	ST; S; SLA

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Drug Name	Drug Category	Requirements / Limits
<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	ST; S; QL
POMALYST	2	QL
REBETOL ORAL SOLUTION	4	ST; S; SLA
REBIF (WITH ALBUMIN)	3	S; QL
REBIF REBIDOSE	3	S; QL
REBIF TITRATION PACK	3	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
TECFIDERA	3	PA; S; SLA; QL
ZINBRYTA	4	ST; S; SLA
INTERLEUKINS		
ACTIMMUNE	3	S; SLA
ALDARA	3	QL
ALFERON N	6	MSD

Drug Name	Drug Category	Requirements / Limits
ARCALYST	3	PA; ST; S; SLA
ILARIS (PF)	6	MSD
<i>imiquimod</i>	1	
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
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	6	MSD
CUVITRU	6	MSD
DYSPORT	6	MSD
ENGRIX-B (PF)	6	MSD

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Drug Name	Drug Category	Requirements / Limits
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	
FLUVIRIN 2016-2017 (PF)	5	
FLUZONE HIGH-DOSE 2016-17 (PF)	5	
FLUZONE INTRADERM QUAD 2016-17	5	
FLUZONE QUAD 2016-2017	5	

Drug Name	Drug Category	Requirements / Limits
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
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

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Drug Name	Drug Category	Requirements / Limits
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,DIPHTE RIA TOX PED(PF)	6	MSD
TETANUS- DIPHTE RIA TOX OIDS-TD	6	MSD
THYMOGLOBULI N	6	MSD
TWINRIX (PF)	6	MSD
TYPHIM VI	6	MSD
VAQTA (PF)	6	MSD

Drug Name	Drug Category	Requirements / Limits
VARIZIG INTRAMUSCULA R RECON SOLN	6	MSD
VAXCHORA VACCINE	6	MSD
XEOMIN	6	MSD
YF-VAX (PF)	6	MSD
ZINPLAVA	6	MSD

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

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

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Drug Name	Drug Category	Requirements / Limits
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
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

Drug Name	Drug Category	Requirements / Limits
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; ST; S; SLA; QL
OTEZLA STARTER	3	PA; ST; S; SLA; QL
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML	4	S
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.4 ML	4	S; QL
RASUVO (PF)	4	S; QL
RIDAURA	2	M
SAVELLA ORAL TABLET	2	ST; M; QL

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Drug Name	Drug Category	Requirements / Limits
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL
SIMPONI	4	PA; ST; S; QL
SIMPONI ARIA	6	MSD
XELJANZ	4	ST; S
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; QL
CLIMARA	3	M; QL

Drug Name	Drug Category	Requirements / Limits
CLIMARA PRO	3	M; QL
COMBIPATCH	3	M
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
CRINONE VAGINAL GEL 4 %	2	
<i>deblitane</i>	5	M; ACA; QL
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
<i>errin</i>	5	M; ACA; QL
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	
<i>estradiol-norethindrone acet</i>	1	M

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Drug Name	Drug Category	Requirements / Limits
ESTRING	3	M; QL
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; QL
<i>fyavolv</i>	1	M
<i>heather</i>	5	M; ACA; QL
<i>hydroxyprogesterone caproate</i>	6	MSD
<i>jencycla</i>	5	M; ACA; QL
<i>jevantique lo</i>	1	M
<i>jinteli</i>	1	M
<i>jolivette</i>	5	M; ACA; QL
<i>lopreeza</i>	1	M
<i>lyza</i>	5	M; ACA; QL
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; QL
<i>norethindrone (contraceptive)</i>	5	M; ACA; QL

Drug Name	Drug Category	Requirements / Limits
<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; QL
ORTHO MICRONOR	5	ST; M; ACA; QL
PREFEST	3	M
PREMARIN ORAL	3	M
PREMARIN VAGINAL	3	M
PREMPHASE	3	M
PREMPRO	3	M
<i>progesterone micronized</i>	1	M
PROMETRIUM	3	M
PROVERA	3	M
<i>sharobel</i>	5	M; ACA; QL
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	
CONCEPTROL	5	ACA; OTC
<i>fem ph</i>	1	
GYNAZOLE-1	3	

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Drug Name	Drug Category	Requirements / Limits
<i>gynol ii</i>	5	ACA; OTC
<i>isoxsuprine</i>	1	M
LUPANETA PACK (1 MONTH)	3	QL
LUPANETA PACK (3 MONTH)	3	QL
LYSTEDA	3	
METROGEL VAGINAL	3	
<i>metronidazole vaginal</i>	1	
MIFEPREX	4	S
NEXPLANON	5	ACA
NUVARING	5	M; ACA; QL
NUVESSA	3	
OSPHENA	3	
PREPIDIL	3	
PROSTIN E2	3	
RELAGARD	3	
TERAZOL 7	3	QL
<i>terconazole</i>	1	QL
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
VCF CONTRACEPTIVE GEL	5	ACA; OTC

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

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

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

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Drug Name	Drug Category	Requirements / Limits
<i>levonorgestrel oral tablet 1.5 mg</i>	5	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	5	M; ACA; QL
<i>levonorg-eth estrad triphasic</i>	5	M; ACA; QL
<i>levora-28</i>	5	M; ACA; QL
LO LOESTRIN FE	5	ST; M; ACA; QL
LOESTRIN 1.5/30 (21)	5	ST; M; ACA; QL
LOESTRIN 1/20 (21)	5	ST; M; ACA; QL
LOESTRIN FE 1.5/30 (28-DAY)	5	ST; M; ACA; QL
LOESTRIN FE 1/20 (28-DAY)	5	ST; M; ACA; QL
<i>lomedica 24 fe</i>	5	M; ACA; QL
<i>loryna (28)</i>	5	M; ACA; QL
LOSEASONIQUE	5	ST; M; ACA; QL
<i>low-ogestrel (28)</i>	5	M; ACA; QL
<i>lutera (28)</i>	5	M; ACA; QL
<i>marlissa</i>	5	M; ACA; QL
<i>microgestin 1.5/30 (21)</i>	5	M; ACA; QL
<i>microgestin 1/20 (21)</i>	5	M; ACA; QL
MICROGESTIN 24 FE	5	ST; M; ACA; QL
<i>microgestin fe 1.5/30 (28)</i>	5	M; ACA; QL
<i>microgestin fe 1/20 (28)</i>	5	M; ACA; QL
MINASTRIN 24 FE	5	ST; M; ACA; QL

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

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Drug Name	Drug Category	Requirements / Limits
<i>nortrel 1/35 (21)</i>	5	M; ACA; QL
<i>nortrel 1/35 (28)</i>	5	M; ACA; QL
<i>nortrel 7/7/7 (28)</i>	5	M; ACA; QL
<i>ocella</i>	5	M; ACA; QL
<i>ogestrel (28)</i>	5	M; ACA; QL
<i>opcicon one-step</i>	5	ACA; OTC; QL
<i>option 2</i>	5	ACA; OTC; QL
<i>orsythia</i>	5	M; ACA; QL
ORTHO TRI-CYCLEN (28)	5	ST; M; ACA; QL
ORTHO TRI-CYCLEN LO (28)	5	ST; M; ACA; QL
ORTHO-CYCLEN (28)	5	ST; M; ACA; QL
ORTHO-NOVUM 1/35 (28)	5	ST; M; ACA; QL
ORTHO-NOVUM 7/7/7 (28)	5	ST; M; ACA; QL
OVCON-35 (28)	5	ST; M; ACA; QL
<i>philith</i>	5	M; ACA; QL
<i>pimtrea (28)</i>	5	M; ACA; QL
<i>pirmella</i>	5	M; ACA; QL
PLAN B ONE-STEP	5	ACA; QL
<i>portia</i>	5	M; ACA; QL
<i>previfem</i>	5	M; ACA; QL
QUARTETTE	5	ST; M; ACA; QL
<i>quasense</i>	5	M; ACA; QL
<i>rajani</i>	5	M; ACA; QL

Drug Name	Drug Category	Requirements / Limits
<i>react</i>	5	ACA; OTC; QL
<i>reclipsen (28)</i>	5	M; ACA; QL
SAFYRAL	5	ST; M; ACA; QL
SEASONIQUE	5	ST; M; ACA; QL
<i>setlakin</i>	5	M; ACA; QL
<i>sprintec (28)</i>	5	M; ACA; QL
<i>sronyx</i>	5	M; ACA; QL
<i>syeda</i>	5	M; ACA; QL
TAKE ACTION	5	ACA; OTC; QL
<i>tarina fe 1/20 (28)</i>	5	M; ACA; QL
TAYTULLA	5	ST; M; ACA; QL
<i>tilia fe</i>	5	M; ACA; QL
<i>tri-estarylla</i>	5	M; ACA; QL
<i>tri-legest fe</i>	5	M; ACA; QL
<i>tri-linyah</i>	5	M; ACA; QL
<i>tri-lo-estarylla</i>	5	M; ACA; QL
<i>tri-lo-marzia</i>	5	M; ACA; QL
<i>tri-lo-sprintec</i>	5	M; ACA; QL
<i>trinessa (28)</i>	5	M; ACA; QL
<i>trinessa lo</i>	5	M; ACA; QL
TRI-NORINYL (28)	5	ST; M; ACA; QL
<i>tri-previfem (28)</i>	5	M; ACA; QL
<i>tri-sprintec (28)</i>	5	M; ACA; QL
<i>trivora (28)</i>	5	M; ACA; QL
<i>velivet triphasic regimen (28)</i>	5	M; ACA; QL
<i>vestura (28)</i>	5	M; ACA; QL

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Drug Name	Drug Category	Requirements / Limits
<i>vienva</i>	5	M; ACA; QL
<i>viorele</i> (28)	5	M; ACA; QL
<i>vyfemla</i> (28)	5	M; ACA; QL
<i>wera</i> (28)	5	M; ACA; QL
<i>wymzya fe</i>	5	M; ACA; QL
YASMIN (28)	5	ST; M; ACA; QL
YAZ (28)	5	ST; M; ACA; QL
<i>zarah</i>	5	M; ACA; QL
<i>zenchent</i> (28)	5	M; ACA; QL
<i>zenchent fe</i>	5	M; ACA; QL
<i>zovia 1/35e</i> (28)	5	M; ACA; QL
<i>zovia 1/50e</i> (28)	5	M; ACA; QL
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	MSD
CILOXAN	3	
<i>ciprofloxacin hcl ophthalmic</i>	1	

Drug Name	Drug Category	Requirements / Limits
<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
<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	

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Drug Name	Drug Category	Requirements / Limits
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
<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

Drug Name	Drug Category	Requirements / Limits
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 OPHTHALMOLOGICS		
<i>acuicyn</i>	1	
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	

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Drug Name	Drug Category	Requirements / Limits
<i>flurox</i>	1	
JETREA (PF)	6	MSD
LACRISERT	3	
LASTACFT	3	
LUCENTIS	6	MSD
MACUGEN	6	MSD
<i>olopatadine ophthalmic</i>	1	
OMIDRIA	6	MSD
PATADAY	3	
PATANOL	3	
PAZEO	3	
<i>proparacaine</i>	1	
RESTASIS	2	PA; M; QL
RESTASIS MULTIDOSE	2	PA; M
<i>tetcaine</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
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	
ACULAR LS	3	

Drug Name	Drug Category	Requirements / Limits
ACUVAIL (PF)	3	
<i>bromfenac</i>	1	
BROMSITE	3	
<i>diclofenac sodium ophthalmic</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac ophthalmic</i>	1	
NEVANAC	3	
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 OPHTHALMIC DROPS 0.01 %	3	ST; M
MITOSOL	3	
SIMBRINZA	3	M

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Drug Name	Drug Category	Requirements / Limits
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	
<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	
STEROIDS		
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	

Drug Name	Drug Category	Requirements / Limits
ILUVIEN	6	MSD
LOTEMAX	3	
MAXIDEX	3	
OMNIPRED	3	
OZURDEX	6	MSD
PRED FORTE	3	
PRED MILD	2	
<i>prednisolone acetate</i>	1	
<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 OPTHALMIC DROPS 0.1 %	2	M
ALPHAGAN P OPTHALMIC DROPS 0.15 %	3	M
<i>apraclonidine</i>	1	M
<i>brimonidine</i>	1	M
IOPIDINE	3	M

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Drug Name	Drug Category	Requirements / Limits
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	M
<i>phenylephrine hcl ophthalmic</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI HISTAMINE & ANTIALLERGENIC AGENTS		
ADRENALIN	3	QL
<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>cypheptadine</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

Drug Name	Drug Category	Requirements / Limits
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	
<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>promethgan</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	

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Drug Name	Drug Category	Requirements / Limits
<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	
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	

Drug Name	Drug Category	Requirements / Limits
<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	
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	

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Drug Name	Drug Category	Requirements / Limits
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	
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
<i>acetylcysteine</i>	1	
ADCIRCA	4	PA; ST; S; QL
ADEMPAS	3	S; M; SLA
ADRENALIN NASAL	3	
ADVAIR DISKUS	3	M; QL

Drug Name	Drug Category	Requirements / Limits
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
ARCAPTA NEOHALER	3	M; QL
ARNUITY ELLIPTA	3	M
ASMANEX HFA	3	M
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
BROVANA	3	M; QL
<i>budesonide inhalation</i>	1	M; QL
<i>budesonide nasal</i>	1	QL

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Drug Name	Drug Category	Requirements / Limits
CINRYZE	6	MSD
COMBIVENT RESPIMAT	2	QL
<i>cromolyn inhalation</i>	1	M
CUROSURF	3	
DALIRESP	3	PA
DULERA	2	PA; M; QL
DYMISTA	3	ST; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	M
ESBRIET	3	PA; S; SLA; QL
FIRAZYR	3	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	

Drug Name	Drug Category	Requirements / Limits
LEVALBUTEROL TARTRATE	3	QL
<i>metaproterenol oral</i>	1	M
<i>mometasone nasal</i>	1	QL
<i>montelukast</i>	1	M
NASONEX	3	ST; QL
NEBUSAL	3	
NUCALA	6	MSD
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

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Drug Name	Drug Category	Requirements / Limits
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
SEEBRI NEOHALER	3	M
SEREVENT DISKUS	3	M; QL
<i>sildenafil oral</i>	1	PA; S; QL
SINGULAIR	3	M
<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

Drug Name	Drug Category	Requirements / Limits
<i>theophylline oral tablet extended release 12 hr</i>	1	M
<i>theophylline oral tablet extended release 24 hr</i>	1	M
TRACLEER	3	PA; S; M; SLA
<i>triamcinolone acetonide nasal</i>	1	
TUDORZA PRESSAIR	2	M; QL
TYVASO	6	MSD
TYVASO REFILL KIT	6	MSD
TYVASO STARTER KIT	6	MSD
UTIBRON NEOHALER	3	M
VENTAVIS	3	S; SLA
VENTOLIN HFA	3	QL
XOLAIR	6	MSD; QL
XOPENEX	3	
XOPENEX CONCENTRATE	3	
XOPENEX HFA	3	QL
<i>zafirlukast oral tablet 10 mg</i>	1	M
<i>zafirlukast oral tablet 20 mg</i>	1	M; QL
ZETONNA	3	ST; QL
ZYFLO	3	M
ZYFLO CR	3	M

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

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Drug Name	Drug Category	Requirements / Limits
<i>darifenacin</i>	1	M
DETROL	3	ST; M
DETROL LA	3	ST; M
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 15 MG	3	ST; M
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	ST; M; QL
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 syrup</i>	1	M
<i>oxybutynin chloride oral tablet</i>	1	M
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	1	M
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	1	M; QL
OXYTROL	3	ST; M; QL
<i>tolterodine</i>	1	M
TOVIAZ	3	ST; M
<i>tropium</i>	1	M
VESICARE	3	ST; M

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

Drug Name	Drug Category	Requirements / Limits
<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	
URECHOLINE	3	

MISCELLANEOUS UROLOGICALS

<i>azuphen mb</i>	1	
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	
ELMIRON	2	
<i>hyolev mb</i>	1	
<i>hyophen</i>	1	
INDIOMIN MB	3	
K-PHOS NO 2	2	

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Drug Name	Drug Category	Requirements / Limits
K-PHOS ORIGINAL	2	
<i>methen-sod phos-meth blue-hyos</i>	1	
ORACIT	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	
<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
UROCIT-K 15	3	M
UROCIT-K 5	3	M
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
<i>urophen mb</i>	1	

Drug Name	Drug Category	Requirements / Limits
UROQID-ACID NO.2	3	
<i>uryl</i>	1	
<i>ustell</i>	1	
UTA	3	
<i>utira-c</i>	1	
<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
<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

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Drug Name	Drug Category	Requirements / Limits
<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
<i>calcium citrate-vitamin d3</i>	5	ACA; OTC
CALCIUM GLUCONATE IN 0.9% NACL INTRAVENOUS SOLUTION 2 GRAM/50 ML, 3 GRAM/100 ML	6	MSD

Drug Name	Drug Category	Requirements / Limits
<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>effe-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	
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

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Drug Name	Drug Category	Requirements / Limits
<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
<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	

Drug Name	Drug Category	Requirements / Limits
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
<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	

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Drug Name	Drug Category	Requirements / Limits
<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	
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	

Drug Name	Drug Category	Requirements / Limits
<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
<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	

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Drug Name	Drug Category	Requirements / Limits
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</i> (vitamin d2) oral capsule	1	
<i>ergocalciferol</i> (vitamin d2) oral tablet 400 unit	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	
<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	

Drug Name	Drug Category	Requirements / Limits
<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	
<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

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Drug Name	Drug Category	Requirements / Limits
<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	
HEMOCYTE-F	3	
HEMOCYTE-PLUS	3	
ICAR-C PLUS	3	
INJECTAFER	6	MSD
INTEGRA F	3	
INTEGRA PLUS	3	
IROSPAN 24/6	3	

Drug Name	Drug Category	Requirements / Limits
<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
<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

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Drug Name	Drug Category	Requirements / Limits
<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
NEEVODHA (WITH ALGAL OIL)	3	
<i>nephplex rx</i>	1	
NEPHROCAPS	3	

Drug Name	Drug Category	Requirements / Limits
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	
O-CAL PRENATAL	3	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	5	ACA; OTC

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Drug Name	Drug Category	Requirements / Limits
<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	
<i>pr natal 430 ec</i>	1	
PREFERA-OB	3	
PREFERA-OB ONE	3	

Drug Name	Drug Category	Requirements / Limits
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
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin with minerals</i>	5	ACA; OTC

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Drug Name	Drug Category	Requirements / Limits
<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
PUREFE OB PLUS	3	
PUREFE PLUS	3	
<i>purevit dualfe plus</i>	1	

Drug Name	Drug Category	Requirements / Limits
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
<i>sodium fluoride oral tablet,chewable 1 mg fluoride (2.2 mg)</i>	1	M
<i>stress formula</i>	5	ACA; OTC

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Drug Name	Drug Category	Requirements / Limits
<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 quintis</i>	1	OTC
<i>super quintis 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	
TRICARE PRENATAL	3	

Drug Name	Drug Category	Requirements / Limits
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	
<i>vemavite-prx-2</i>	1	
<i>vic-forte</i>	1	

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Drug Name	Drug Category	Requirements / Limits
<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	
VITAFOL NANO	3	
VITAFOL ULTRA	3	

Drug Name	Drug Category	Requirements / Limits
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	
<i>vp-heme one</i>	1	
VP-PNV-DHA	3	

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Drug Name	Drug Category	Requirements / Limits
<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 ຂໍ້ ນຳ ງານ ທີ່ ບໍ່ ມີ ພາສາ ຂອງ ທ່ານ ບໍ່ ມີ ຄ່າ ງານ ອີ່ມ ກັບ ນາຍພາສາ, ໃຫ້ ໂທ 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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