



FORMULARY

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INTRODUCTION

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If viewing this formulary via the Internet, please be advised that the formulary is updated periodically, and changes may appear prior to their effective date.

HOW TO USE THE FORMULARY (Press Ctrl and F then type in the drug name or condition)

The medications on the Advanced Health formulary are grouped into categories depending on the type of medical conditions they are used to treat. Medications are listed in alphabetical order by Therapeutic Indicators.

Every effort has been made to accurately list Prior Authorization requirements, Quantity Limits, Age Limits and Specialty Pharmacy requirements. However, some drugs - due to supply issues, cost, or other factors, may require a prior authorization, or have quantity limitations not listed.

Any Prescription Over \$1000 Will Require a Prior Authorization

GENERIC AND BRAND NAME MEDICATIONS

Advanced Health is a mandatory generic health plan. Generics must be used when commercially available. The presence of a brand name medication next to the generic equivalent is for informational purposes only, and is NOT an indication of coverage. Coverage of multisource brand drugs listed on the AH formulary that have generic equivalents available may require prior approval, as generic is preferred over brand name.

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This is A Mandatory Generic Plan. Generics Must Be Used When Commercially Available.

Any Prescription Over \$1000 Will Require a Prior Authorization.

ALLERGY

Antihistamines – 1st Generation

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|-------------|--------------------|---------------|--|
| Chlorpheniramine maleate | Tablet | 4mg | Oral | May fill up to a 90-day supply |
| Chlorpheniramine maleate | Tablet ER | 12mg | Oral | May fill up to a 90-day supply |
| Cyproheptadine HCL | Syrup | 2mg/5ml | Oral | May fill up to a 90-day supply |
| Cyproheptadine HCL | Tablet | 4mg | Oral | May fill up to a 90-day supply |
| Dexchlorpheniramine maleate | Solution | 2mg/5ml | Oral | May fill up to a 90-day supply |
| Diphenhydramine HCL | Capsule | 25mg | Oral | May fill up to a 90-day supply |
| Diphenhydramine HCL | Capsule | 50mg | Oral | May fill up to a 90-day supply |
| Diphenhydramine HCL | Elixir | 12.5mg/5ml | Oral | Age limit: 8 years and younger May fill up to a 90-day supply |
| Diphenhydramine HCL | Liquid | 12.5mg/5ml | Oral | Age limit: 8 years and younger May fill up to a 90-day supply |
| Diphenhydramine HCL | Tablet | 25mg | Oral | May fill up to a 90-day supply |
| Diphenhydramine HCL | Tablet | 50mg | Oral | May fill up to a 90-day supply |
| Allergy Relief (diphenhydramine/ phenylephrine/ acetaminophen) | Tablet | 25mg- 325mg-5mg | Oral | |
| Hydroxyzine HCL | Solution | 10mg/5ml | Oral | |
| Hydroxyzine HCL | Tablet | 10mg | Oral | |
| Hydroxyzine HCL | Tablet | 25mg | Oral | |
| Hydroxyzine HCL | Tablet | 50mg | Oral | |
| Hydroxyzine HCL | Vial | 25mg/ml | Intramuscular | |
| Hydroxyzine HCL | Vial | 50mg/ml | Intramuscular | |
| Hydroxyzine pamoate | Capsule | 25mg | Oral | |
| Hydroxyzine pamoate | Capsule | 50mg | Oral | |
| Hydroxyzine pamoate | Capsule | 100mg | Oral | |
| Promethazine HCL | Syrup | 6.25mg/5ml | Oral | |
| Promethazine HCL | Tablet | 12.5mg | Oral | |
| Promethazine HCL | Tablet | 25mg | Oral | |
| Promethazine HCL | Tablet | 50mg | Oral | |

Antihistamines – 2nd Generations

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------|-----------------------|----------|-------|--------------------------------|
| Cetirizine HCL | Solution | 1mg/ml | Oral | May fill up to a 90-day supply |
| Cetirizine HCL | Solution | 5mg/5ml | Oral | May fill up to a 90-day supply |
| Cetirizine HCL | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Children's Loratadine | Tablet Chewable | 5mg | Oral | May fill up to a 90-day supply |
| Loratadine | Solution | 5mg/5ml | Oral | May fill up to a 90-day supply |
| Loratadine | Tablet Rapid Dissolve | 10mg | Oral | May fill up to a 90-day supply |
| Loratadine | Tablet | 10mg | Oral | May fill up to a 90-day supply |

Nasal Anti-Inflammatory

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------|---------------------|----------|-------|--|
| Fluticasone Propionate | Spray Suspension | 50mcg | Nasal | 16-gram pack-size only Quantity Limit: 16 grams per 30 days |
| Mometasone furoate | Spray/ Pump | 50mcg | Nasal | Prior authorization required |

ANTIEMESIS/ANTIVERTIGO

Antiemetic/Antivertigo Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------------|-----------------------|----------|-----------|----------------------|
| Dimenhydrinate | Tablet | 50mg | Oral | |
| Meclizine HCL | Tablet | 12.5mg | Oral | |
| Meclizine HCL | Tablet | 25mg | Oral | |
| Meclizine HCL | Tablet Chewable | 25mg | Oral | |
| Ondansetron HCL | Tablet | 4mg | Oral | Max daily dose: 24mg |
| Ondansetron HCL | Tablet | 8mg | Oral | Max daily dose: 24mg |
| Ondansetron ODT | Tablet Rapid Dissolve | 4mg | Oral | Max daily dose: 24mg |
| Ondansetron ODT | Tablet Rapid Dissolve | 8mg | Oral | Max daily dose: 24mg |
| Prochlorperazine | Suppository | 25mg | Rectal | |
| Prochlorperazine edisylate | Vial | 5mg/ml | Injection | |

| | | | | |
|----------------------------|-------------|------------|-------------|------------------------------|
| Prochlorperazine edisylate | Vial | 10mg/2ml | Injection | |
| Prochlorperazine maleate | Tablet | 5mg | Oral | |
| Prochlorperazine maleate | Tablet | 10mg | Oral | |
| Promethazine HCL | Suppository | 12.5mg | Rectal | |
| Promethazine HCL | Suppository | 25mg | Rectal | |
| Promethazine HCL | Suppository | 50mg | Rectal | |
| Scopolamine | Patch | 1mg/3 days | Transdermal | Prior Authorization required |

ASTHMA/CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Anticholinergic, Orally Inhaled Short Acting

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------------|-------------|----------|------------|--|
| Atrovent HFA (ipratropium) | HFA Inhaler | 17mcg | Inhalation | Concurrent Use: Incruse Ellipta, ipratropium, Combivent Respimat, Anoro Ellipta, Spiriva, Spiriva Respimat, Stiolto Respimat |
| Ipratropium bromide | Solution | 0.2mg/ml | Inhalation | Concurrent Use: Incruse Ellipta, Atrovent, Combivent Respimat, Anoro Ellipta, Spiriva, Spiriva Respimat, Stiolto Respimat |

Anticholinergic, Orally Inhaled Long Acting

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|---------------------|----------|------------|--|
| Incruse Ellipta (umeclidinium bromide) | Blister with Device | 62.5mcg | Inhalation | Concurrent Use: Ipratropium, ipratropium/albuterol, Spiriva, Spiriva Respimat, Anoro Ellipta, Stiolto Respimat, Atrovent HFA, Combivent Respimat |
| Tiotropium Handihaler | Capsule with Device | 18mcg | Inhalation | Concurrent Use: Ipratropium, ipratropium/albuterol, Incruse, Spiriva Respimat, Anoro Ellipta, Stiolto Respimat, Atrovent HFA, Combivent Respimat |

Beta-Adrenergic Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------|-------------|----------|------------|--|
| Albuterol sulfate HFA | HFA Inhaler | 90mcg | Inhalation | Quantity Limit: 2 inhalers per 30 days Concurrent therapy: Combivent Respimat, levalbuterol HFA |
| Albuterol sulfate | Solution | 5ml/ml | Inhalation | |

| | | | | |
|---------------------------|-----------------------|-------------|------------|---|
| Albuterol sulfate | Syrup | 2mg/5ml | Oral | |
| Albuterol sulfate | Vial- Nebulization | 0.63mg/3ml | Inhalation | |
| Albuterol sulfate | Vial- Nebulization | 1.25mg/3ml | Inhalation | |
| Albuterol sulfate | Vial- Nebulization | 2.5mg/3ml | Inhalation | |
| Albuterol sulfate | Vial- Nebulization | 2.5mg/0.5ml | Inhalation | |
| Levalbuterol tartrate HFA | HFA Inhaler | 45mcg | Inhalation | Concurrent therapy: Albuterol HFA, Combivent Respimat |
| Terbutaline | Tablet | 2.5mg | Oral | |
| Terbutaline | Tablet | 5mg | Oral | |

Beta-Adrenergic and Anticholinergic Combinations

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|------------------------|-----------------|------------|--|
| Anoro Ellipta (umeclidinium/vilanterol) | Blister with device | 62.5-25mcg | Inhalation | Age Limit: 18 years and older Concurrent Use: Combivent Respimat, Atrovent HFA, Incruse Ellipta, Anoro Ellipta, ipratropium, ipratropium/albuterol, Stiolto Respimat, Spiriva, Spiriva Respimat |
| Combivent Respimat (ipratropium/albuterol) | Mist Inhalation | 20-100mcg | Inhalation | Concurrent Use: Incruse Ellipta, Atrovent HFA, albuterol HFA, ipratropium, ipratropium/albuterol, Spiriva, Spiriva Respimat, Anoro Ellipta, Stiolto Respimat |
| Ipratropium/Albuterol | Ampul- Nebulization | 0.5- 3mg/3ml | Inhalation | Concurrent Use: Incruse Ellipta, Atrovent HFA, Combivent Respimat, Anoro Ellipta, Spiriva, Spiriva Respimat, Stiolto Respimat |
| Stiolto Respimat (tiotropium/olodaterol) | Mist Inhalation | 2.5-2.5mcg | Inhalation | Age Limit: 18 years and older Concurrent Use: Combivent Respimat, Atrovent, Incruse Ellipta, Anoro Ellipta, ipratropium, ipratropium/albuterol, Anoro Ellipta, Spiriva, Spiriva Respimat |

Beta-Adrenergic and Glucocorticoid Combinations

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------------------|---------------------|------------|------------|--|
| Budesonide-formoterol fumarate | HFA Aerosol | 80-4.5mcg | Inhalation | Concurrent Use: fluticasone/salmeterol |
| Budesonide-formoterol fumarate | HFA Aerosol | 160-4.5mcg | Inhalation | Concurrent Use: fluticasone/salmeterol |
| Fluticasone-salmeterol | Aerosol Powder | 55-14mcg | Inhalation | Age Limit: 12 years and older Concurrent Use: budesonide/formoterol |
| Fluticasone-salmeterol | Aerosol Powder | 113-14mcg | Inhalation | Age Limit: 12 years and older Concurrent Use: budesonide/formoterol |
| Fluticasone-salmeterol | Aerosol Powder | 232-14mcg | Inhalation | Age Limit: 12 years and older Concurrent Use: budesonide/formoterol |
| Fluticasone-salmeterol | Blister with Device | 100-50mcg | Inhalation | Concurrent Use: budesonide/formoterol |
| Fluticasone-salmeterol | Blister with Device | 250-50mcg | Inhalation | Concurrent Use: budesonide/formoterol |
| Fluticasone-salmeterol | Blister with Device | 500-50mcg | Inhalation | Prior Authorization required Concurrent Use: budesonide/formoterol |

Glucocorticoids, Orally Inhaled

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------|---------------------|------------|------------|---|
| Alvesco (ciclesonide) | Aerosol | 80mcg | Inhalation | Age Limit: 12 years and older Concurrent Use: Qvar, Flovent Diskus, fluticasone HFA, budesonide/formoterol, fluticasone/salmeterol |
| Alvesco (ciclesonide) | Aerosol | 160mcg | Inhalation | Age Limit: 12 years and older Concurrent Use: Qvar, Flovent Diskus, fluticasone HFA, budesonide/formoterol, fluticasone/salmeterol |
| Budesonide | Ampule-Nebulization | 0.25mg/2ml | Inhalation | Age Limit: 7 years and younger Ages 8 and older require a Prior Authorization |

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|--|-------------------------|-----------|------------|---|
| Budesonide | Ampule- Nebulization | 0.5mg/2ml | Inhalation | Age Limit: 7 years and younger Ages 8 and older require a Prior Authorization |
| Flovent Diskus (fluticasone) | Blister with Device | 50mcg | Inhalation | Concurrent Use: Qvar, Alvesco, fluticasone HFA, budesonide/formoterol, fluticasone/salmeterol |
| Flovent Diskus (fluticasone) | Blister with Device | 100mcg | Inhalation | Concurrent Use: Qvar, Alvesco, fluticasone HFA, budesonide/formoterol, fluticasone/salmeterol |
| Flovent Diskus (fluticasone) | Blister with Device | 250mcg | Inhalation | Concurrent Use: Qvar, Alvesco, fluticasone HFA, budesonide/formoterol, fluticasone/salmeterol |
| Fluticasone HFA | Aerosol | 44mcg | Inhalation | Concurrent Use: Qvar, Alvesco, Flovent Diskus, budesonide/formoterol, fluticasone/salmeterol |
| Fluticasone HFA | Aerosol | 110mcg | Inhalation | Concurrent Use: Qvar, Alvesco, Flovent Diskus, budesonide/formoterol, fluticasone/salmeterol |
| Fluticasone HFA | Aerosol | 220mcg | Inhalation | Concurrent Use: Qvar, Alvesco, Flovent Diskus, budesonide/formoterol, fluticasone/salmeterol |
| Qvar Redihaler (beclomethasone dipropionate) | HFA Aerosol | 40mcg | Inhalation | Concurrent Use: Alvesco, Flovent Diskus, fluticasone HFA, budesonide/formoterol, fluticasone/salmeterol |
| Qvar Redihaler (beclomethasone dipropionate) | HFA Aerosol | 80mcg | Inhalation | Concurrent Use: Alvesco, Flovent Diskus, fluticasone HFA, budesonide/formoterol, fluticasone/salmeterol |

Leukotriene Receptor Antagonists

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------|--------------------|----------|-------|--|
| Montelukast sodium | Granule Pack | 4mg | Oral | Quantity Limit: 40 tablets per 30 days May fill up to a 90-day supply |
| Montelukast sodium | Tablet Chewable | 4mg | Oral | Quantity Limit: 40 tablets per 30 days May fill up to a 90-day supply |
| Montelukast sodium | Tablet Chewable | 5mg | Oral | Quantity Limit: 40 tablets per 30 days May fill up to a 90-day supply |
| Montelukast sodium | Tablet | 10mg | Oral | Quantity Limit: 40 tablets per 30 days May fill up to a 90-day supply |
| Zafirlukast | Tablet | 10mg | Oral | Prior Authorization required |

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|-------------|--------|------|------|------------------------------|
| Zafirlukast | Tablet | 20mg | Oral | Prior Authorization required |
|-------------|--------|------|------|------------------------------|

Mast Cell Stabilizers, Orally Inhaled

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------|-------------------------|----------|------------|----------|
| Cromolyn Sodium | Ampule- Nebulization | 20mg/2ml | Inhalation | |

AUTONOMIC NERVOUS SYSTEM DISORDER

Alzheimer's Therapy, NMDA Receptor Antagonists

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------|----------------------|----------|-------|------------------------------|
| Memantine HCL | Tablet- Dose Pack | 5mg-10mg | Oral | Prior Authorization required |
| Memantine HCL | Tablet- | 5mg | Oral | Prior Authorization required |
| Memantine HCL | Tablet | 10mg | Oral | Prior Authorization required |

Cholinesterase Inhibitors

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------------------|-------------|----------|-----------|----------|
| Donepezil | Tablet | 5mg | Oral | |
| Donepezil | Tablet | 10mg | Oral | |
| Donepezil | Tablet | 23mg | Oral | |
| Pyridostigmine bromide | Solution | 60mg/5ml | Oral | |
| Pyridostigmine bromide | Tablet | 60mg | Oral | |
| Pyridostigmine bromide | Tablet ER | 180mg | Oral | |
| Regonol (pyridostigmine bromide) | Ampul | 5mg/ml | Injection | |

BEHAVIORAL HEALTH - OTHER

Adrenergic, Aromatic, Non-Catecholamine

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------------|-------------|----------|-------|---|
| Dextroamphetamine Sulfate ER | Capsule ER | 5mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day |

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| | | | | Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Dextroamphetamine Sulfate ER | Capsule ER | 10mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Dextroamphetamine Sulfate ER | Capsule ER | 15mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Dextroamphetamine sulfate | Tablet | 5mg | Oral | Age limit: 6 years or older |
| Dextroamphetamine sulfate | Tablet | 10mg | Oral | Age limit: 6 years or older |
| Dextroamphetamine- Amphetamine ER | Capsule ER | 5mg | Oral | Age Limit: 6 years and older Quantity Limit: 1 dose per day |
| Dextroamphetamine- Amphetamine ER | Capsule ER | 10mg | Oral | Age Limit: 6 years and older Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Dextroamphetamine- Amphetamine ER | Capsule ER | 15mg | Oral | Age Limit: 6 years and older Quantity Limit: 1 dose per day |

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| | | | | Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Dextroamphetamine- Amphetamine ER | Capsule ER | 20mg | Oral | Age Limit: 6 years and older Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Dextroamphetamine- Amphetamine ER | Capsule ER | 25mg | Oral | Age Limit: 6 years and older Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Dextroamphetamine- Amphetamine ER | Capsule ER | 30mg | Oral | Age Limit: 6 years and older Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Dextroamphetamine- Amphetamine | Tablet | 5mg | Oral | Age limit: 3 years and older |
| Dextroamphetamine- Amphetamine | Tablet | 7.5mg | Oral | Age limit: 3 years and older |
| Dextroamphetamine- Amphetamine | Tablet | 10mg | Oral | Age limit: 3 years and older |
| Dextroamphetamine- Amphetamine | Tablet | 12.5mg | Oral | Age limit: 3 years and older |
| Dextroamphetamine- Amphetamine | Tablet | 15mg | Oral | Age limit: 3 years and older |
| Dextroamphetamine- Amphetamine | Tablet | 20mg | Oral | Age limit: 3 years and older |
| Dextroamphetamine- Amphetamine | Tablet | 30mg | Oral | Age limit: 3 years and older |
| Lisdexamfetamine dimesylate | Capsule | 10mg | Oral | Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER <u>AND</u> dextroamphetamine ER Age Limit: 6 years and older Quantity Limit: 1 dose per day |

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| | | | | Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Lisdexamfetamine dimesylate | Capsule | 20mg | Oral | <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER <u>AND</u> dextroamphetamine ER</p> <p>Age Limit: 6 years and older</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Lisdexamfetamine dimesylate | Capsule | 30mg | Oral | <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER <u>AND</u> dextroamphetamine ER</p> <p>Age Limit: 6 years and older</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Lisdexamfetamine dimesylate | Capsule | 40mg | Oral | <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER <u>AND</u> dextroamphetamine ER</p> <p>Age Limit: 6 years and older</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Lisdexamfetamine dimesylate | Capsule | 50mg | Oral | <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/</p> |

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| | | | | <p>dextroamphetamine ER <u>AND</u> dextroamphetamine ER</p> <p>Age Limit: 6 years and older</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Lisdexamfetamine dimesylate | Capsule | 60mg | Oral | <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER <u>AND</u> dextroamphetamine ER</p> <p>Age Limit: 6 years and older</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Lisdexamfetamine dimesylate | Capsule | 70mg | Oral | <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER <u>AND</u> dextroamphetamine ER</p> <p>Age Limit: 6 years and older</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Methamphetamine HCL | Tablet | 5mg | Oral | Prior Authorization required |

Anti-Alcohol Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------|-------------|----------|-------|----------|
| Acamprosate calcium | Tablet DR | 333mg | Oral | |
| Disulfiram | Tablet | 250mg | Oral | |

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|-----------------------|---------------|-------|---------------|--|
| Disulfiram | Tablet | 500mg | Oral | |
| Vivitrol (naltrexone) | Suspension ER | 380mg | Intramuscular | |

Barbiturates

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------|-------------|----------|-------|--------------------------------|
| Phenobarbital | Elixir | 20mg/5ml | Oral | May fill up to a 90-day supply |
| Phenobarbital | Tablet | 15mg | Oral | May fill up to a 90-day supply |
| Phenobarbital | Tablet | 16.2mg | Oral | May fill up to a 90-day supply |
| Phenobarbital | Tablet | 30mg | Oral | May fill up to a 90-day supply |
| Phenobarbital | Tablet | 32.4mg | Oral | May fill up to a 90-day supply |
| Phenobarbital | Tablet | 60mg | Oral | May fill up to a 90-day supply |
| Phenobarbital | Tablet | 64.8mg | Oral | May fill up to a 90-day supply |
| Phenobarbital | Tablet | 97.2mg | Oral | May fill up to a 90-day supply |
| Phenobarbital | Tablet | 100mg | Oral | May fill up to a 90-day supply |

Narcotic Antagonists

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------|-------------|----------|-------------|--------------------------------|
| Kloxxado (naloxone HCL) | Spray | 8mg | Nasal Spray | |
| Naloxone HCL | Cartridge | 0.4mg/ml | Injection | |
| Naloxone HCL | Spray | 4mg | Nasal Spray | |
| Naloxone HCL | Syringe | 1mg/ml | Injection | |
| Naloxone HCL | Vial | 0.4mg/ml | Injection | |
| Naltrexone HCL | Tablet | 50mg | Oral | May fill up to a 90-day supply |
| Opvee (nalmefene HCL) | Spray | 2.7mg | Nasal Spray | |

Pineal Hormone Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-----------------|----------|-------|---------------------------------|
| Melatonin | Liquid | 1mg/1ml | Oral | Age Limit: 18 years and younger |
| Melatonin | Liquid | 5mg/15ml | Oral | Age Limit: 18 years and younger |
| Melatonin | Tablet | 1mg | Oral | Age Limit: 18 years and younger |
| Melatonin | Tablet | 3mg | Oral | Age Limit: 18 years and younger |
| Melatonin | Tablet | 10mg | Oral | Age Limit: 18 years and younger |
| Melatonin | Tablet Chewable | 1mg | Oral | Age Limit: 18 years and younger |
| Melatonin | Tablet Chewable | 5mg | Oral | Age Limit: 18 years and younger |

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| Melatonin | Tablet Rapid Dissolve | 3mg | Oral | Age Limit: 18 years and younger |
| Melatonin | Tablet Rapid Dissolve | 10mg | Oral | Age Limit: 18 years and younger |
| Melatonin | Tablet Sublingual | 1mg | Oral | Age Limit: 18 years and younger |
| Melatonin | Tablet Sublingual | 10mg | Oral | Age Limit: 18 years and younger |
| Melatonin-Vitamin B6 | Tablet | 3mg-10mg | Oral | Age Limit: 18 years and younger |

Sedative-Hypnotics, Non-Barbiturate

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------|-------------|----------|-------|--------------------------------|
| Diphenhydramine | Capsule | 25mg | Oral | May fill up to a 90-day supply |
| Diphenhydramine | Capsule | 50mg | Oral | May fill up to a 90-day supply |
| Diphenhydramine | Tablet | 25mg | Oral | May fill up to a 90-day supply |
| Diphenhydramine | Tablet | 50mg | Oral | May fill up to a 90-day supply |
| Doxylamine | Tablet | 25mg | Oral | |
| Eszopiclone | Tablet | 1mg | Oral | Prior Authorization required |
| Eszopiclone | Tablet | 2mg | Oral | Prior Authorization required |
| Eszopiclone | Tablet | 3mg | Oral | Prior Authorization required |
| Zolpidem tartrate | Tablet | 5mg | Oral | Prior Authorization required |
| Zolpidem tartrate | Tablet | 10mg | Oral | Prior Authorization required |

Treatment for Attention Deficit Hyperactivity Disorder (ADHD)/Narcolepsy

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------|-------------|----------|-------|--|
| Dexmethylphenidate HCL | Capsule ER | 5mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Dexmethylphenidate HCL | Capsule ER | 10mg | Oral | Age Limit: 6 years and older |

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|------------------------|------------|------|------|---|
| | | | | <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Dexmethylphenidate HCL | Capsule ER | 15mg | Oral | <p>Age Limit: 6 years and older</p> <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Dexmethylphenidate HCL | Capsule ER | 20mg | Oral | <p>Age Limit: 6 years and older</p> <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Dexmethylphenidate HCL | Capsule ER | 25mg | Oral | <p>Age Limit: 6 years and older</p> <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation</p> |

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|------------------------|------------------------|-------|------|--|
| | | | | allowed at a time |
| Dexmethylphenidate HCL | Capsule ER | 30mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Dexmethylphenidate HCL | Capsule ER | 35mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Dexmethylphenidate HCL | Capsule ER | 40mg | Oral | Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Dexmethylphenidate HCL | Tablet | 2.5mg | Oral | Age limit: 6 years or older |
| Dexmethylphenidate HCL | Tablet | 5mg | Oral | Age limit: 6 years or older |
| Dexmethylphenidate HCL | Tablet | 10mg | Oral | Age limit: 6 years or older |
| Methylphenidate ER | Capsule Biphasic 40-60 | 10mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER |

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|--------------------|---------------------------|------|------|---|
| | | | | <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Methylphenidate ER | Capsule Biphasic 40-60 | 15mg | Oral | <p>Age Limit: 6 years and older</p> <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Methylphenidate ER | Capsule Biphasic 40-60 | 20mg | Oral | <p>Age Limit: 6 years and older</p> <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Methylphenidate ER | Capsule Biphasic 40-60 | 30mg | Oral | <p>Age Limit: 6 years and older</p> <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Methylphenidate ER | Capsule Biphasic 40- | 40mg | Oral | <p>Age Limit: 6 years and older</p> |

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| | 60 | | | <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Methylphenidate ER | Capsule Biphasic 40-60 | 50mg | Oral | <p>Age Limit: 6 years and older</p> <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Methylphenidate ER | Capsule Biphasic 40-60 | 60mg | Oral | <p>Age Limit: 6 years and older</p> <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Methylphenidate ER | Tablet ER | 10mg | Oral | <p>Age limit: 6 years and older</p> <p>Quantity limit: 2 tablets per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Methylphenidate ER | Tablet ER | 20mg | Oral | <p>Age limit: 6 years and older</p> <p>Quantity limit: 2 tablets per day</p> |

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| | | | | Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Methylphenidate ER (LA) | Capsule Biphasic 50-50 | 10mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Methylphenidate ER (LA) | Capsule Biphasic 50-50 | 20mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Methylphenidate ER (LA) | Capsule Biphasic 50-50 | 30mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Methylphenidate ER (LA) | Capsule Biphasic 50-50 | 40mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ |

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| | | | | dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Methylphenidate HCL | Solution | 5mg/5ml | Oral | |
| Methylphenidate HCL | Solution | 10mg/5ml | Oral | |
| Methylphenidate HCL | Tablet Chewable | 2.5mg | Oral | Age limit: 4 years and older |
| Methylphenidate HCL | Tablet Chewable | 5mg | Oral | Age limit: 4 years and older |
| Methylphenidate HCL | Tablet Chewable | 10mg | Oral | Age limit: 4 years and older |
| Methylphenidate HCL | Tablet | 5mg | Oral | Age limit: 4 years and older |
| Methylphenidate HCL | Tablet | 10mg | Oral | Age limit: 4 years and older |
| Methylphenidate HCL | Tablet | 20mg | Oral | Age limit: 4 years and older |
| Methylphenidate HCL | Tablet ER 24- hr | 18mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Methylphenidate HCL | Tablet ER 24- hr | 27mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |

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| Methylphenidate HCL | Tablet ER 24-hr | 36mg | Oral | <p>Age Limit: 6 years and older</p> <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Methylphenidate HCL | Tablet ER 24-hr | 54mg | Oral | <p>Age Limit: 6 years and older</p> <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Methylphenidate HCL | Tablet ER 24-hr | 72mg | Oral | <p>Age Limit: 6 years and older</p> <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER</p> <p>Quantity Limit: 1 dose per day</p> <p>Concurrent therapy edit: only 1 ER formulation allowed at a time</p> |
| Methylphenidate HCL (CD) | Capsule Biphasic 30-70 | 10mg | Oral | <p>Age Limit: 6 years and older</p> <p>Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER</p> <p>Quantity Limit: 1 dose per day</p> |

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|--------------------------|---------------------------|------|------|--|
| | | | | Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Methylphenidate HCL (CD) | Capsule Biphasic 30-70 | 20mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Methylphenidate HCL (CD) | Capsule Biphasic 30-70 | 30mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Methylphenidate HCL (CD) | Capsule Biphasic 30-70 | 40mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Methylphenidate HCL (CD) | Capsule Biphasic 30-70 | 50mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ |

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|--------------------------|---------------------------|------|------|--|
| | | | | dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |
| Methylphenidate HCL (CD) | Capsule Biphasic 30-70 | 60mg | Oral | Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time |

CARDIOVASCULAR DISEASE - ARRHYTHMIA

Antiarrhythmics

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------------|-------------|----------|-------|--------------------------------|
| Amiodarone | Tablet | 100mg | Oral | May fill up to a 90-day supply |
| Amiodarone | Tablet | 200mg | Oral | May fill up to a 90-day supply |
| Amiodarone | Tablet | 400mg | Oral | May fill up to a 90-day supply |
| Disopyramide phosphate | Capsule | 100mg | Oral | |
| Disopyramide phosphate | Capsule | 150mg | Oral | |
| Flecainide acetate | Tablet | 50mg | Oral | May fill up to a 90-day supply |
| Flecainide acetate | Tablet | 100mg | Oral | May fill up to a 90-day supply |
| Flecainide acetate | Tablet | 150mg | Oral | May fill up to a 90-day supply |
| Mexiletine HCL | Capsule | 150mg | Oral | |
| Mexiletine HCL | Capsule | 200mg | Oral | |
| Mexiletine HCL | Capsule | 250mg | Oral | |
| Norpace CR (disopyramide) | Capsule ER | 100mg | Oral | |
| Norpace CR (disopyramide) | Capsule ER | 150mg | Oral | |
| Propafenone HCL | Tablet | 150mg | Oral | |
| Propafenone HCL | Tablet | 225mg | Oral | |
| Propafenone HCL | Tablet | 300mg | Oral | |

| | | | | |
|---------------------|-----------|-------|------|--|
| Quinidine gluconate | Tablet ER | 324mg | Oral | |
| Quinidine sulfate | Tablet | 200mg | Oral | |
| Quinidine sulfate | Tablet | 300mg | Oral | |

CARDIOVASCULAR DISEASE – CARDIAC STIMULANT

Adrenergic Agents, Catecholamines

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------|-------------|----------|-----------|------------------------------|
| Epinephrine | Ampul | 1mg/ml | Injection | Prior Authorization Required |
| Epinephrine | Vial | 1mg/ml | Injection | Prior Authorization Required |

Digitalis Glycosides

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|-------|--------------------------------|
| Digoxin | Solution | 50mcg/ml | Oral | May fill up to a 90-day supply |
| Digoxin | Tablet | 125mcg | Oral | May fill up to a 90-day supply |
| Digoxin | Tablet | 250mcg | Oral | May fill up to a 90-day supply |

CARDIOVASCULAR DISEASE – HYPERTENSION

ACE Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------|-------------|----------|-------|--------------------------------|
| Benazepril | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Benazepril | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Benazepril | Tablet | 20mg | Oral | May fill up to a 90-day supply |
| Benazepril | Tablet | 40mg | Oral | May fill up to a 90-day supply |
| Captopril | Tablet | 12.5mg | Oral | May fill up to a 90-day supply |
| Captopril | Tablet | 25mg | Oral | May fill up to a 90-day supply |
| Captopril | Tablet | 50mg | Oral | May fill up to a 90-day supply |
| Captopril | Tablet | 100mg | Oral | May fill up to a 90-day supply |
| Enalapril | Tablet | 2.5mg | Oral | May fill up to a 90-day supply |
| Enalapril | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Enalapril | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Enalapril | Tablet | 20mg | Oral | May fill up to a 90-day supply |
| Fosinopril sodium | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Fosinopril sodium | Tablet | 20mg | Oral | May fill up to a 90-day supply |
| Fosinopril sodium | Tablet | 40mg | Oral | May fill up to a 90-day supply |

| | | | | |
|---------------|---------|--------|------|--|
| Lisinopril | Tablet | 2.5mg | Oral | May fill up to a 90-day supply |
| Lisinopril | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Lisinopril | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Lisinopril | Tablet | 20mg | Oral | May fill up to a 90-day supply |
| Lisinopril | Tablet | 30mg | Oral | May fill up to a 90-day supply |
| Lisinopril | Tablet | 40mg | Oral | May fill up to a 90-day supply |
| Moexipril HCL | Tablet | 7.5mg | Oral | |
| Moexipril HCL | Tablet | 15mg | Oral | |
| Quinapril HCL | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Quinapril HCL | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Quinapril HCL | Tablet | 20mg | Oral | May fill up to a 90-day supply |
| Quinapril HCL | Tablet | 40mg | Oral | May fill up to a 90-day supply |
| Ramipril | Capsule | 1.25mg | Oral | May fill up to a 90-day supply |
| Ramipril | Capsule | 2.5mg | Oral | May fill up to a 90-day supply |
| Ramipril | Capsule | 5mg | Oral | May fill up to a 90-day supply |
| Ramipril | Capsule | 10mg | Oral | May fill up to a 90-day supply |
| Trandolapril | Tablet | 1mg | Oral | Step Therapy: after captopril, enalapril, lisinopril, or moexipril |
| Trandolapril | Tablet | 2mg | Oral | Step Therapy: after captopril, enalapril, lisinopril, or moexipril |
| Trandolapril | Tablet | 4mg | Oral | Step Therapy: after captopril, enalapril, lisinopril, or moexipril |

ACE Inhibitor/Calcium Channel Blocker Combination

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------------------|-------------|------------|-------|--------------------------------|
| Amlodipine besylate- Benazepril | Capsule | 2.5mg-10mg | Oral | May fill up to a 90-day supply |
| Amlodipine besylate- Benazepril | Capsule | 5mg-10mg | Oral | May fill up to a 90-day supply |
| Amlodipine besylate- Benazepril | Capsule | 5mg-20mg | Oral | May fill up to a 90-day supply |
| Amlodipine besylate- Benazepril | Capsule | 5mg-40mg | Oral | May fill up to a 90-day supply |
| Amlodipine besylate- Benazepril | Capsule | 10mg-20mg | Oral | May fill up to a 90-day supply |
| Amlodipine besylate- Benazepril | Capsule | 10mg-40mg | Oral | May fill up to a 90-day supply |

ACE Inhibitor/Thiazide & Thiazide-like Diuretic

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------------------|-------------|------------|-------|--------------------------------|
| Benazepril- Hydrochlorothiazide | Tablet | 5mg-6.25mg | Oral | May fill up to a 90-day supply |

| | | | | |
|---------------------------------|--------|-------------|------|--------------------------------|
| Benazepril- Hydrochlorothiazide | Tablet | 10mg-12.5mg | Oral | May fill up to a 90-day supply |
| Benazepril- Hydrochlorothiazide | Tablet | 20mg-12.5mg | Oral | May fill up to a 90-day supply |
| Benazepril- Hydrochlorothiazide | Tablet | 20mg-25mg | Oral | May fill up to a 90-day supply |
| Captopril- Hydrochlorothiazide | Tablet | 25mg-15mg | Oral | May fill up to a 90-day supply |
| Captopril- Hydrochlorothiazide | Tablet | 25mg-25mg | Oral | May fill up to a 90-day supply |
| Captopril- Hydrochlorothiazide | Tablet | 50mg-15mg | Oral | May fill up to a 90-day supply |
| Captopril- Hydrochlorothiazide | Tablet | 50mg-25mg | Oral | May fill up to a 90-day supply |
| Enalapril- Hydrochlorothiazide | Tablet | 5mg-12.5mg | Oral | May fill up to a 90-day supply |
| Enalapril- Hydrochlorothiazide | Tablet | 10mg-25mg | Oral | May fill up to a 90-day supply |
| Fosinopril- Hydrochlorothiazide | Tablet | 10mg-12.5mg | Oral | May fill up to a 90-day supply |
| Fosinopril- Hydrochlorothiazide | Tablet | 20mg-12.5mg | Oral | May fill up to a 90-day supply |
| Lisinopril- Hydrochlorothiazide | Tablet | 10mg-12.5mg | Oral | May fill up to a 90-day supply |
| Lisinopril- Hydrochlorothiazide | Tablet | 20mg-12.5mg | Oral | May fill up to a 90-day supply |
| Lisinopril- Hydrochlorothiazide | Tablet | 20mg-25mg | Oral | May fill up to a 90-day supply |
| Quinapril- Hydrochlorothiazide | Tablet | 10mg-12.5mg | Oral | May fill up to a 90-day supply |
| Quinapril- Hydrochlorothiazide | Tablet | 20mg-12.5mg | Oral | May fill up to a 90-day supply |
| Quinapril- Hydrochlorothiazide | Tablet | 20mg-25mg | Oral | May fill up to a 90-day supply |

Alpha-Adrenergic Blocking Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------|-------------|----------|-------|--------------------------------|
| Doxazosin mesylate | Tablet | 1mg | Oral | May fill up to a 90-day supply |
| Doxazosin mesylate | Tablet | 2mg | Oral | May fill up to a 90-day supply |
| Doxazosin mesylate | Tablet | 4mg | Oral | May fill up to a 90-day supply |
| Doxazosin mesylate | Tablet | 8mg | Oral | May fill up to a 90-day supply |
| Prazosin HCL | Capsule | 1mg | Oral | May fill up to a 90-day supply |
| Prazosin HCL | Capsule | 2mg | Oral | May fill up to a 90-day supply |
| Prazosin HCL | Capsule | 5mg | Oral | May fill up to a 90-day supply |
| Terazosin | Capsule | 1mg | Oral | May fill up to a 90-day supply |

| | | | | |
|-----------|---------|------|------|--------------------------------|
| Terazosin | Capsule | 2mg | Oral | May fill up to a 90-day supply |
| Terazosin | Capsule | 5mg | Oral | May fill up to a 90-day supply |
| Terazosin | Capsule | 10mg | Oral | May fill up to a 90-day supply |

Alpha/Beta-Adrenergic Blocking Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------|-------------|----------|-------|--------------------------------|
| Carvedilol | Tablet | 3.125mg | Oral | May fill up to a 90-day supply |
| Carvedilol | Tablet | 6.25mg | Oral | May fill up to a 90-day supply |
| Carvedilol | Tablet | 12.5mg | Oral | May fill up to a 90-day supply |
| Carvedilol | Tablet | 25mg | Oral | May fill up to a 90-day supply |
| Labetalol HCL | Tablet | 100mg | Oral | May fill up to a 90-day supply |
| Labetalol HCL | Tablet | 200mg | Oral | May fill up to a 90-day supply |
| Labetalol HCL | Tablet | 300mg | Oral | May fill up to a 90-day supply |

Angiotensin Receptor Antagonist

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------|-------------|----------|-------|--------------------------------|
| Irbesartan | Tablet | 75mg | Oral | May fill up to a 90-day supply |
| Irbesartan | Tablet | 150mg | Oral | May fill up to a 90-day supply |
| Irbesartan | Tablet | 300mg | Oral | May fill up to a 90-day supply |
| Losartan potassium | Tablet | 25mg | Oral | May fill up to a 90-day supply |
| Losartan potassium | Tablet | 50mg | Oral | May fill up to a 90-day supply |
| Losartan potassium | Tablet | 100mg | Oral | May fill up to a 90-day supply |
| Olmesartan | Tablet | 5mg | Oral | |
| Olmesartan | Tablet | 20mg | Oral | |
| Olmesartan | Tablet | 40mg | Oral | |
| Telmisartan | Tablet | 40mg | Oral | Prior authorization required |
| Telmisartan | Tablet | 80mg | Oral | Prior authorization required |
| Valsartan | Tablet | 40mg | Oral | May fill up to a 90-day supply |
| Valsartan | Tablet | 80mg | Oral | May fill up to a 90-day supply |
| Valsartan | Tablet | 160mg | Oral | May fill up to a 90-day supply |
| Valsartan | Tablet | 320mg | Oral | May fill up to a 90-day supply |

Angiotensin Receptor Antagonist/Thiazide Diuretic

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------------|-------------|-----------------|-------|--------------------------------|
| Losartan- Hydrochlorothiazide | Tablet | 50mg- 12.5mg | Oral | May fill up to a 90-day supply |
| Losartan- Hydrochlorothiazide | Tablet | 100mg- | Oral | May fill up to a 90-day supply |

| | | | | |
|-------------------------------|--------|------------|------|--------------------------------|
| | | 12.5mg | | |
| Losartan- Hydrochlorothiazide | Tablet | 100mg-25mg | Oral | May fill up to a 90-day supply |

Beta-Adrenergic Blocking Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------|-------------------|----------|-------|----------------------------------|
| Acebutolol HCL | Capsule | 200mg | Oral | |
| Acebutolol HCL | Capsule | 400mg | Oral | Prior Authorization required |
| Atenolol | Tablet | 25mg | Oral | May fill up to a 90-day supply |
| Atenolol | Tablet | 50mg | Oral | May fill up to a 90-day supply |
| Atenolol | Tablet | 100mg | Oral | May fill up to a 90-day supply |
| Bisoprolol fumarate | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| | | | | Quantity limit: 1 tablet per day |
| Bisoprolol fumarate | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| | | | | Quantity limit: 1 tablet per day |
| Metoprolol succinate | Tablet ER 24-hour | 25mg | Oral | May fill up to a 90-day supply |
| Metoprolol succinate | Tablet ER 24-hour | 50mg | Oral | May fill up to a 90-day supply |
| Metoprolol succinate | Tablet ER 24-hour | 100mg | Oral | May fill up to a 90-day supply |
| Metoprolol succinate | Tablet ER 24-hour | 200mg | Oral | May fill up to a 90-day supply |
| Metoprolol tartrate | Tablet | 25mg | Oral | May fill up to a 90-day supply |
| Metoprolol tartrate | Tablet | 50mg | Oral | May fill up to a 90-day supply |
| Metoprolol tartrate | Tablet | 100mg | Oral | May fill up to a 90-day supply |
| Nadolol | Tablet | 20mg | Oral | May fill up to a 90-day supply |
| Nadolol | Tablet | 40mg | Oral | May fill up to a 90-day supply |
| Nadolol | Tablet | 80mg | Oral | May fill up to a 90-day supply |
| Pindolol | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Pindolol | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Propranolol | Solution | 20mg/5ml | Oral | May fill up to a 90-day supply |
| Propranolol | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Propranolol | Tablet | 20mg | Oral | May fill up to a 90-day supply |
| Propranolol | Tablet | 40mg | Oral | May fill up to a 90-day supply |

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|--------------------|---------|-------|------|--------------------------------|
| Propranolol | Tablet | 60mg | Oral | May fill up to a 90-day supply |
| Propranolol | Tablet | 80mg | Oral | May fill up to a 90-day supply |
| Propranolol HCL ER | Capsule | 60mg | Oral | May fill up to a 90-day supply |
| Propranolol HCL ER | Capsule | 80mg | Oral | May fill up to a 90-day supply |
| Propranolol HCL ER | Capsule | 120mg | Oral | May fill up to a 90-day supply |
| Propranolol HCL ER | Capsule | 160mg | Oral | May fill up to a 90-day supply |
| Sotalol | Tablet | 80mg | Oral | May fill up to a 90-day supply |
| Sotalol | Tablet | 120mg | Oral | May fill up to a 90-day supply |
| Sotalol | Tablet | 160mg | Oral | May fill up to a 90-day supply |
| Sotalol | Tablet | 240mg | Oral | May fill up to a 90-day supply |
| Sotalol AF | Tablet | 80mg | Oral | May fill up to a 90-day supply |
| Sotalol AF | Tablet | 120mg | Oral | May fill up to a 90-day supply |
| Sotalol AF | Tablet | 160mg | Oral | May fill up to a 90-day supply |

Beta-Adrenergic Blocking Agents/Thiazide & Related Diuretics

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------------------|-------------|--------------|-------|--|
| Atenolol- Chlorthalidone | Tablet | 50mg-25mg | Oral | May fill up to a 90-day supply |
| Atenolol- Chlorthalidone | Tablet | 100mg-25mg | Oral | May fill up to a 90-day supply |
| Bisoprolol- Hydrochlorothiazide | Tablet | 2.5mg-6.25mg | Oral | May fill up to a 90-day supply Quantity limit: 1 tablet per day |
| Bisoprolol- Hydrochlorothiazide | Tablet | 5mg-6.25mg | Oral | May fill up to a 90-day supply Quantity limit: 1 tablet per day |
| Bisoprolol- Hydrochlorothiazide | Tablet | 10mg-6.25mg | Oral | May fill up to a 90-day supply Quantity limit: 1 tablet per day |

Calcium Channel Blocking Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------|-----------------------|----------|-------|--------------------------------|
| Amlodipine besylate | Tablet | 2.5mg | Oral | May fill up to a 90-day supply |
| Amlodipine besylate | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Amlodipine besylate | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Cartia XT (diltiazem) | Capsule ER 24 hour | 120mg | Oral | May fill up to a 90-day supply |
| Cartia XT (diltiazem) | Capsule ER | 180mg | Oral | May fill up to a 90-day supply |

| | | | | |
|------------------------------|-----------------------|-------|------|--------------------------------|
| | 24 hour | | | |
| Cartia XT (diltiazem) | Capsule ER 24 hour | 240mg | Oral | May fill up to a 90-day supply |
| Cartia XT (diltiazem) | Capsule ER 24 hour | 300mg | Oral | May fill up to a 90-day supply |
| Diltiazem 12-hour ER | Capsule ER 12 hour | 60mg | Oral | |
| Diltiazem 12-hour ER | Capsule ER 12 hour | 90mg | Oral | May fill up to a 90-day supply |
| Diltiazem 12-hour ER | Capsule ER 12 hour | 120mg | Oral | May fill up to a 90-day supply |
| Diltiazem 24-hour ER | Capsule ER 24 hour | 120mg | Oral | May fill up to a 90-day supply |
| Diltiazem 24-hour ER | Capsule ER 24 hour | 180mg | Oral | May fill up to a 90-day supply |
| Diltiazem 24-hour ER | Capsule ER 24 hour | 240mg | Oral | May fill up to a 90-day supply |
| Diltiazem 24-hour ER | Capsule ER 24 hour | 300mg | Oral | May fill up to a 90-day supply |
| Diltiazem 24-hour ER | Capsule ER 24 hour | 360mg | Oral | May fill up to a 90-day supply |
| Diltiazem 24-hour ER | Capsule ER 24 hour | 420mg | Oral | May fill up to a 90-day supply |
| Diltiazem 24-hour ER (CD) | Capsule ER 24 hour | 120mg | Oral | May fill up to a 90-day supply |
| Diltiazem 24-hour ER (CD) | Capsule ER 24 hour | 180mg | Oral | May fill up to a 90-day supply |
| Diltiazem 24-hour ER (CD) | Capsule ER 24 hour | 240mg | Oral | May fill up to a 90-day supply |
| Diltiazem 24-hour ER (CD) | Capsule ER 24 hour | 300mg | Oral | May fill up to a 90-day supply |
| Diltiazem 24-hour ER (CD) | Capsule ER 24 hour | 360mg | Oral | May fill up to a 90-day supply |
| Diltiazem 24-hour ER (XR) | Capsule ER | 120mg | Oral | May fill up to a 90-day supply |
| Diltiazem 24-hour ER (XR) | Capsule ER | 180mg | Oral | May fill up to a 90-day supply |

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|---------------------------|-------------------|-------|------|--------------------------------|
| Diltiazem 24-hour ER (XR) | Capsule ER | 240mg | Oral | May fill up to a 90-day supply |
| Diltiazem HCL | Tablet | 30mg | Oral | May fill up to a 90-day supply |
| Diltiazem HCL | Tablet | 60mg | Oral | May fill up to a 90-day supply |
| Diltiazem HCL | Tablet | 90mg | Oral | May fill up to a 90-day supply |
| Diltiazem HCL | Tablet | 120mg | Oral | May fill up to a 90-day supply |
| Dilt-XR (diltiazem) | Capsule ER | 120mg | Oral | May fill up to a 90-day supply |
| Dilt-XR (diltiazem) | Capsule ER | 180mg | Oral | May fill up to a 90-day supply |
| Dilt-XR (diltiazem) | Capsule ER | 240mg | Oral | May fill up to a 90-day supply |
| Felodipine ER | Tablet ER 24-hour | 2.5mg | Oral | May fill up to a 90-day supply |
| Felodipine ER | Tablet ER 24-hour | 5mg | Oral | May fill up to a 90-day supply |
| Felodipine ER | Tablet ER 24-hour | 10mg | Oral | May fill up to a 90-day supply |
| Isradipine | Capsule | 2.5mg | Oral | Prior Authorization required |
| Isradipine | Capsule | 5mg | Oral | Prior Authorization required |
| Nicardipine HCL | Capsule | 20mg | Oral | Prior Authorization required |
| Nicardipine HCL | Capsule | 30mg | Oral | Prior Authorization required |
| Nifedipine | Capsule | 10mg | Oral | May fill up to a 90-day supply |
| Nifedipine | Capsule | 20mg | Oral | May fill up to a 90-day supply |
| Nifedipine ER | Tablet ER 24-hour | 30mg | Oral | May fill up to a 90-day supply |
| Nifedipine ER | Tablet ER 24-hour | 60mg | Oral | May fill up to a 90-day supply |
| Nifedipine ER | Tablet ER 24-hour | 90mg | Oral | May fill up to a 90-day supply |
| Nifedipine ER | Tablet ER | 30mg | Oral | May fill up to a 90-day supply |
| Nifedipine ER | Tablet ER | 60mg | Oral | May fill up to a 90-day supply |
| Nimodipine | Capsule | 30mg | Oral | Prior Authorization required |
| Nisoldipine | Tablet ER 24-hour | 20mg | Oral | May fill up to a 90-day supply |
| Nisoldipine | Tablet ER 24-hour | 30mg | Oral | May fill up to a 90-day supply |
| Nisoldipine | Tablet ER 24-hour | 40mg | Oral | May fill up to a 90-day supply |
| Taztia XT (diltiazem) | Capsule 24- | 120mg | Oral | May fill up to a 90-day supply |

| | | | | |
|------------------------|-----------------|-------|------|--------------------------------|
| | hour | | | |
| Taztia XT (diltiazem) | Capsule 24-hour | 180mg | Oral | May fill up to a 90-day supply |
| Taztia XT (diltiazem) | Capsule 24-hour | 240mg | Oral | May fill up to a 90-day supply |
| Taztia XT (diltiazem) | Capsule 24-hour | 300mg | Oral | May fill up to a 90-day supply |
| Taztia XT (diltiazem) | Capsule 24-hour | 360mg | Oral | May fill up to a 90-day supply |
| Tiadylt ER (diltiazem) | Capsule 24-hour | 120mg | Oral | May fill up to a 90-day supply |
| Tiadylt ER (diltiazem) | Capsule 24-hour | 180mg | Oral | May fill up to a 90-day supply |
| Tiadylt ER (diltiazem) | Capsule 24-hour | 240mg | Oral | May fill up to a 90-day supply |
| Tiadylt ER (diltiazem) | Capsule 24-hour | 300mg | Oral | May fill up to a 90-day supply |
| Tiadylt ER (diltiazem) | Capsule 24-hour | 360mg | Oral | May fill up to a 90-day supply |
| Tiadylt ER (diltiazem) | Capsule 24-hour | 420mg | Oral | May fill up to a 90-day supply |
| Verapamil ER | Capsule 24-hour | 120mg | Oral | May fill up to a 90-day supply |
| Verapamil ER | Capsule 24-hour | 180mg | Oral | May fill up to a 90-day supply |
| Verapamil ER | Capsule 24-hour | 240mg | Oral | May fill up to a 90-day supply |
| Verapamil ER | Tablet ER | 120mg | Oral | May fill up to a 90-day supply |
| Verapamil ER | Tablet ER | 180mg | Oral | May fill up to a 90-day supply |
| Verapamil ER | Tablet ER | 240mg | Oral | May fill up to a 90-day supply |
| Verapamil HCL | Tablet | 40mg | Oral | May fill up to a 90-day supply |
| Verapamil HCL | Tablet | 80mg | Oral | May fill up to a 90-day supply |
| Verapamil HCL | Tablet | 120mg | Oral | May fill up to a 90-day supply |
| Verapamil SR | Capsule 24-hour | 120mg | Oral | May fill up to a 90-day supply |
| Verapamil SR | Capsule 24-hour | 180mg | Oral | May fill up to a 90-day supply |

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|--------------|-----------------|-------|------|--------------------------------|
| Verapamil SR | Capsule 24-hour | 240mg | Oral | May fill up to a 90-day supply |
| Verapamil SR | Capsule 24-hour | 360mg | Oral | May fill up to a 90-day supply |

Loop Diuretics

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------|-------------|----------|-------|--------------------------------|
| Bumetanide | Tablet | 0.5mg | Oral | May fill up to a 90-day supply |
| Bumetanide | Tablet | 1mg | Oral | May fill up to a 90-day supply |
| Bumetanide | Tablet | 2mg | Oral | May fill up to a 90-day supply |
| Furosemide | Solution | 10mg/ml | Oral | May fill up to a 90-day supply |
| Furosemide | Tablet | 20mg | Oral | May fill up to a 90-day supply |
| Furosemide | Tablet | 40mg | Oral | May fill up to a 90-day supply |
| Furosemide | Tablet | 80mg | Oral | May fill up to a 90-day supply |
| Torsemide | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Torsemide | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Torsemide | Tablet | 20mg | Oral | May fill up to a 90-day supply |
| Torsemide | Tablet | 100mg | Oral | May fill up to a 90-day supply |

Potassium Sparing Diuretics

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------|-------------|----------|-------|--------------------------------|
| Amiloride HCL | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Spironolactone | Tablet | 25mg | Oral | May fill up to a 90-day supply |
| Spironolactone | Tablet | 50mg | Oral | May fill up to a 90-day supply |
| Spironolactone | Tablet | 100mg | Oral | May fill up to a 90-day supply |
| Triamterene | Capsule | 50mg | Oral | Prior Authorization required |
| Triamterene | Capsule | 100mg | Oral | Prior Authorization required |

Potassium Sparing Diuretics in Combination

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------------------|-------------|-------------|-------|--------------------------------|
| Amiloride- Hydrochlorothiazide | Tablet | 5mg-50mg | Oral | May fill up to a 90-day supply |
| Spironolactone- Hydrochlorothiazide | Tablet | 25mg-25mg | Oral | May fill up to a 90-day supply |
| Triamterene- Hydrochlorothiazide | Capsule | 37.5mg-25mg | Oral | May fill up to a 90-day supply |
| Triamterene- Hydrochlorothiazide | Tablet | 37.5mg-25mg | Oral | May fill up to a 90-day supply |
| Triamterene- Hydrochlorothiazide | Tablet | 75mg-50mg | Oral | May fill up to a 90-day supply |

Sympatholytic

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------|-------------|----------------|-------------|--------------------------------|
| Clonidine | Patch | 0.1mg/24 hours | Transdermal | Prior Authorization required |
| Clonidine | Patch | 0.2mg/24 hours | Transdermal | Prior Authorization required |
| Clonidine | Patch | 0.3mg/24 hours | Transdermal | Prior Authorization required |
| Clonidine | Tablet | 0.1mg | Oral | May fill up to a 90-day supply |
| Clonidine | Tablet | 0.2mg | Oral | May fill up to a 90-day supply |
| Clonidine | Tablet | 0.3mg | Oral | May fill up to a 90-day supply |
| Guanfacine HCL | Tablet | 1mg | Oral | |
| Guanfacine HCL | Tablet | 2mg | Oral | |
| Methyldopa | Tablet | 250mg | Oral | |
| Methyldopa | Tablet | 500mg | Oral | |

Thiazide and Related Diuretics

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------|-------------|----------|-------|--------------------------------|
| Chlorthalidone | Tablet | 25mg | Oral | May fill up to a 90-day supply |
| Chlorthalidone | Tablet | 50mg | Oral | May fill up to a 90-day supply |
| Hydrochlorothiazide | Capsule | 12.5mg | Oral | May fill up to a 90-day supply |
| Hydrochlorothiazide | Tablet | 12.5mg | Oral | May fill up to a 90-day supply |
| Hydrochlorothiazide | Tablet | 25mg | Oral | May fill up to a 90-day supply |
| Hydrochlorothiazide | Tablet | 50mg | Oral | May fill up to a 90-day supply |
| Indapamide | Tablet | 1.25mg | Oral | |
| Indapamide | Tablet | 2.5mg | Oral | |
| Metolazone | Tablet | 2.5mg | Oral | |
| Metolazone | Tablet | 5mg | Oral | |
| Metolazone | Tablet | 10mg | Oral | |

Vasodilator

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------|-------------|----------|-------|--------------------------------|
| Hydralazine HCL | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Hydralazine HCL | Tablet | 25mg | Oral | May fill up to a 90-day supply |
| Hydralazine HCL | Tablet | 50mg | Oral | May fill up to a 90-day supply |
| Hydralazine HCL | Tablet | 100mg | Oral | May fill up to a 90-day supply |

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|-----------|--------|-------|------|------------------------------|
| Minoxidil | Tablet | 2.5mg | Oral | Prior Authorization Required |
| Minoxidil | Tablet | 10mg | Oral | Prior Authorization Required |

CARDIOVASCULAR DISEASE – LIPID IRREGULARITY

Bile Salt Sequestrants

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------|-------------|-----------|-------|------------------------------|
| Cholestyramine | Powder Pack | 4 grams | Oral | |
| Cholestyramine | Powder | 4 grams | Oral | |
| Cholestyramine light | Powder Pack | 4 grams | Oral | |
| Cholestyramine light | Powder | 4 grams | Oral | |
| Colestid | Packet | 7.5 grams | Oral | Prior Authorization required |
| Colestipol HCL | Granules | 5 grams | Oral | |
| Colestipol HCL | Packet | 5 grams | Oral | Prior Authorization required |
| Colestipol HCL | Tablet | 1 gram | Oral | |

Lipotropics

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------|-------------------|----------|-------|--------------------------------|
| Ezetimibe | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Fenofibrate | Capsule | 43mg | Oral | May fill up to a 90-day supply |
| Fenofibrate | Capsule DR | 45mg | Oral | May fill up to a 90-day supply |
| Fenofibrate | Capsule | 67mg | Oral | May fill up to a 90-day supply |
| Fenofibrate | Capsule | 130mg | Oral | May fill up to a 90-day supply |
| Fenofibrate | Capsule | 134mg | Oral | May fill up to a 90-day supply |
| Fenofibrate | Capsule | 200mg | Oral | May fill up to a 90-day supply |
| Fenofibrate | Tablet | 48mg | Oral | May fill up to a 90-day supply |
| Fenofibrate | Tablet | 54mg | Oral | May fill up to a 90-day supply |
| Fenofibrate | Tablet | 145mg | Oral | May fill up to a 90-day supply |
| Fenofibrate | Tablet | 160mg | Oral | May fill up to a 90-day supply |
| Gemfibrozil | Tablet | 600mg | Oral | May fill up to a 90-day supply |
| Niacin | Tablet | 100mg | Oral | May fill up to a 90-day supply |
| Niacin | Tablet | 500mg | Oral | May fill up to a 90-day supply |
| Niacin ER | Tablet ER 24-hour | 500mg | Oral | Prior Authorization Required |
| Niacin ER | Tablet ER 24-hour | 750mg | Oral | Prior Authorization Required |

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|-----------|-------------------|--------|------|------------------------------|
| Niacin ER | Tablet ER 24-hour | 1000mg | Oral | Prior Authorization Required |
|-----------|-------------------|--------|------|------------------------------|

HMG COA Reductase Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------|-------------------|----------|-------|--|
| Atorvastatin calcium | Tablet | 10mg | Oral | Quantity Limit: 1 tablet per day May fill up to a 90-day supply |
| Atorvastatin calcium | Tablet | 20mg | Oral | Quantity Limit: 1 tablet per day May fill up to a 90-day supply |
| Atorvastatin calcium | Tablet | 40mg | Oral | Quantity Limit: 1 tablet per day May fill up to a 90-day supply |
| Atorvastatin calcium | Tablet | 80mg | Oral | Quantity Limit: 1 tablet per day May fill up to a 90-day supply |
| Fluvastatin ER | Tablet ER 24-hour | 80mg | Oral | Step Therapy: after atorvastatin, lovastatin, or rosuvastatin |
| Fluvastatin sodium | Capsule | 20mg | Oral | Step Therapy: after atorvastatin, lovastatin, or rosuvastatin |
| Fluvastatin sodium | Capsule | 40mg | Oral | Step Therapy: after atorvastatin, lovastatin, or rosuvastatin |
| Lovastatin | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Lovastatin | Tablet | 20mg | Oral | May fill up to a 90-day supply |
| Lovastatin | Tablet | 40mg | Oral | May fill up to a 90-day supply |
| Pravastatin sodium | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Pravastatin sodium | Tablet | 20mg | Oral | May fill up to a 90-day supply |
| Pravastatin sodium | Tablet | 40mg | Oral | May fill up to a 90-day supply |
| Pravastatin sodium | Tablet | 80mg | Oral | May fill up to a 90-day supply |
| Rosuvastatin | Tablet | 5mg | Oral | Quantity Limit: 1 tablet per day May fill up to a 90-day supply |
| Rosuvastatin | Tablet | 10mg | Oral | Quantity Limit: 1 tablet per day May fill up to a 90-day supply |
| Rosuvastatin | Tablet | 20mg | Oral | Quantity Limit: 1 tablet per day |

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|--------------|--------|------|------|----------------------------------|
| | | | | May fill up to a 90-day supply |
| Rosuvastatin | Tablet | 40mg | Oral | Quantity Limit: 1 tablet per day |
| | | | | May fill up to a 90-day supply |
| Simvastatin | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Simvastatin | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Simvastatin | Tablet | 20mg | Oral | May fill up to a 90-day supply |
| Simvastatin | Tablet | 40mg | Oral | Quantity limit: 1 tablet per day |
| | | | | May fill up to a 90-day supply |
| Simvastatin | Tablet | 80mg | Oral | Prior Authorization required |

HMG COA Reductase Inhibitor-Lipotropic

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------|-------------|-----------|-------|------------------------------|
| Simvastatin- Ezetimibe | Tablet | 80mg-10mg | Oral | Prior Authorization Required |

CARDIOVASCULAR DISEASE – VASODILATION

Vasodilators, Coronary

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------------|-------------------|------------|-------------|--------------------------------|
| Isosorbide dinitrate | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Isosorbide dinitrate | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Isosorbide dinitrate | Tablet | 20mg | Oral | May fill up to a 90-day supply |
| Isosorbide dinitrate | Tablet | 30mg | Oral | May fill up to a 90-day supply |
| Isosorbide dinitrate | Tablet | 40mg | Oral | May fill up to a 90-day supply |
| Isosorbide mononitrate | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Isosorbide mononitrate | Tablet | 20mg | Oral | May fill up to a 90-day supply |
| Isosorbide mononitrate ER | Tablet ER 24-hour | 30mg | Oral | May fill up to a 90-day supply |
| Isosorbide mononitrate ER | Tablet ER 24-hour | 60mg | Oral | May fill up to a 90-day supply |
| Isosorbide mononitrate ER | Tablet ER 24-hour | 120mg | Oral | May fill up to a 90-day supply |
| Nitro-BID (nitroglycerin) | Ointment | 2% | Transdermal | |
| Nitro-DUR (nitroglycerin) | Patch 24-hour | 0.3mg/hour | Transdermal | |

| | | | | |
|----------------------------|-------------------|--------------|--------------|--|
| Nitro-DUR (nitroglycerin) | Patch 24-hour | 0.8mg/hour | Transdermal | |
| Nitroglycerin | Spray | 400mcg/spray | Translingual | |
| Nitroglycerin | Tablet sublingual | 0.3mg | Sublingual | |
| Nitroglycerin | Tablet sublingual | 0.4mg | Sublingual | |
| Nitroglycerin | Tablet sublingual | 0.6mg | Sublingual | |
| Nitroglycerin Patch | Patch 24-hour | 0.1mg/hour | Transdermal | |
| Nitroglycerin Patch | Patch 24-hour | 0.2mg/hour | Transdermal | |
| Nitroglycerin Patch | Patch 24-hour | 0.4mg/hour | Transdermal | |
| Nitroglycerin Patch | Patch 24-hour | 0.6mg/hour | Transdermal | |
| Nitro-Time (nitroglycerin) | Capsule ER | 2.5mg | Oral | |
| Nitro-Time (nitroglycerin) | Capsule ER | 6.5mg | Oral | |
| Nitro-Time (nitroglycerin) | Capsule ER | 9mg | Oral | |

CONTRACEPTIVES/OXYTOCICS

Diaphragms/Cervical Cap

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------|-------------|-----------|---------|----------------------------------|
| Caya Contoured | Diaphragm | 65mm-80mm | Vaginal | May fill up to a 12-month supply |
| Femcap (cervical cap) | Diaphragm | 22mm | Vaginal | May fill up to a 12-month supply |
| Femcap (cervical cap) | Diaphragm | 26mm | Vaginal | May fill up to a 12-month supply |
| Femcap (cervical cap) | Diaphragm | 30mm | Vaginal | May fill up to a 12-month supply |
| Wide Seal Diaphragm | Diaphragm | 60mm | Vaginal | May fill up to a 12-month supply |
| Wide Seal Diaphragm | Diaphragm | 65mm | Vaginal | May fill up to a 12-month supply |
| Wide Seal Diaphragm | Diaphragm | 70mm | Vaginal | May fill up to a 12-month supply |
| Wide Seal Diaphragm | Diaphragm | 75mm | Vaginal | May fill up to a 12-month supply |
| Wide Seal Diaphragm | Diaphragm | 80mm | Vaginal | May fill up to a 12-month supply |

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|---------------------|-----------|------|---------|----------------------------------|
| Wide Seal Diaphragm | Diaphragm | 85mm | Vaginal | May fill up to a 12-month supply |
| Wide Seal Diaphragm | Diaphragm | 90mm | Vaginal | May fill up to a 12-month supply |
| Wide Seal Diaphragm | Diaphragm | 95mm | Vaginal | May fill up to a 12-month supply |

Injectable

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|-------------|--------------|---------------|----------------------------------|
| Depo-SUBQ Provera 104 (medroxyprogesterone) | Syringe | 104mg/0.65ml | Subcutaneous | May fill up to a 12-month supply |
| Medroxyprogesterone acetate | Syringe | 150mg/ml | Intramuscular | May fill up to a 12-month supply |

Intravaginal

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|----------------------|----------|---------|----------------------------------|
| Today Contraceptive Sponge (nonoxynol 9) | Contraceptive sponge | 1000mg | Vaginal | May fill up to a 12-month supply |
| VCF (nonoxynol 9) | Film | 28% | Vaginal | May fill up to a 12-month supply |
| VCF (nonoxynol 9) | Foam with applicator | 12.5% | Vaginal | May fill up to a 12-month supply |
| VCF (nonoxynol 9) | Gel with applicator | 4% | Vaginal | May fill up to a 12-month supply |

Intravaginal, Systemic

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|--------------|----------------|---------|----------------------------------|
| Eluryng (Etonogestrel- Ethinyl Estradiol) | Vaginal Ring | 0.12mg-0.015mg | Vaginal | May fill up to a 12-month supply |
| Haloette (Etonogestrel- Ethinyl Estradiol) | Vaginal Ring | 0.12mg-0.015mg | Vaginal | May fill up to a 12-month supply |
| Etonogestrel- Ethinyl Estradiol | Vaginal Ring | 0.12mg-0.015mg | Vaginal | May fill up to a 12-month supply |

Oral Contraceptive

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|-------------|---------------|-------|----------------------------------|
| Afirmelle (levonorgestrel/ ethinyl estradiol) | Tablet | 0.1mg-0.02mg | Oral | May fill up to a 12-month supply |
| After Pill (levonorgestrel) | Tablet | 1.5mg | Oral | May fill up to a 12-month supply |
| Aftera (levonorgestrel) | Tablet | 1.5mg | Oral | May fill up to a 12-month supply |
| Altavera (levonorgestrel/ ethinyl estradiol) | Tablet | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Alyacen (norethindrone/ethinyl estradiol) | Tablet | 1mg-35mcg | Oral | May fill up to a 12-month supply |
| Amethia (levonorgestrel-ethinyl) | Tablet Pack | 150mcg-30mcg | Oral | May fill up to a 12-month supply |

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|---|------------------------|--|------|----------------------------------|
| estradiol/ethinyl estradiol) | 3-month | (84) | | |
| Amethyst (levonorgestrel/ ethinyl estradiol) | Tablet | 90mcg-20mcg | Oral | May fill up to a 12-month supply |
| Apri (desogestrel/ethinyl estradiol) | Tablet | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Aranelle (norethindrone/ethinyl estradiol) | Tablet | 0.5mg- 0.035mg/1mg/ 0.035mg | Oral | May fill up to a 12-month supply |
| Ashlyna (levonorgestrel-ethinyl estradiol/ethinyl estradiol) | Tablet Pack 3-month | 150mcg-30mcg (84) | Oral | May fill up to a 12-month supply |
| Aubra (levonorgestrel/ ethinyl estradiol) | Tablet | 0.1mg-0.02mg | Oral | May fill up to a 12-month supply |
| Aurovela (norethindrone/ethinyl estradiol) | Tablet | 1mg-20mcg | Oral | May fill up to a 12-month supply |
| Aurovela (norethindrone/ethinyl estradiol) | Tablet | 1.5mg-0.03mg | Oral | May fill up to a 12-month supply |
| Aurovela FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1mg-20mcg (21) | Oral | May fill up to a 12-month supply |
| Aurovela 24 FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1mg-20mcg (24) | Oral | May fill up to a 12-month supply |
| Aurovela FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1.5mg-30mcg (21) | Oral | May fill up to a 12-month supply |
| Aviane (levonorgestrel/ ethinyl estradiol) | Tablet | 0.1mg-0.02mg | Oral | May fill up to a 12-month supply |
| Ayuna (levonorgestrel/ ethinyl estradiol) | Tablet | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Azurette (desogestrel/ethinyl estradiol) | Tablet | 0.15mg-0.02mg/ 0.01mg | Oral | May fill up to a 12-month supply |
| Balziva (norethindrone/ethinyl estradiol) | Tablet | 0.4mg-0.035mg | Oral | May fill up to a 12-month supply |
| Blisovi FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1mg-20mcg (21) | Oral | May fill up to a 12-month supply |
| Blisovi 24 FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1mg-20mcg (24) | Oral | May fill up to a 12-month supply |
| Blisovi FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1.5mg-30mcg (21) | Oral | May fill up to a 12-month supply |
| Briellyn (norethindrone/ethinyl estradiol) | Tablet | 0.4mg-0.035mg | Oral | May fill up to a 12-month supply |
| Camila (norethindrone) | Tablet | 0.35mg | Oral | May fill up to a 12-month supply |
| Camrese (levonorgestrel-ethinyl estradiol/ethinyl estradiol) | Tablet Pack 3-month | 150mcg-30mcg (84) | Oral | May fill up to a 12-month supply |
| Camrese Lo (levonorgestrel-ethinyl estradiol/ethinyl estradiol) | Tablet Pack 3-month | 100mcg-20mcg (84) | Oral | May fill up to a 12-month supply |
| Caziant (desogestrel/ethinyl estradiol) | Tablet | 0.1mg- 0.025mg/0.125mg -0.025mg/ | Oral | May fill up to a 12-month supply |

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| | | 0.15mg-0.025mg | | |
| Chateal (levonorgestrel/ethinyl estradiol) | Tablet | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Cryselle (norgestrel/ ethinyl estradiol) | Tablet | 0.3mg-0.03mg | Oral | May fill up to a 12-month supply |
| Cyclafem (norethindrone/ethinyl estradiol) | Tablet | 1mg-35mcg | Oral | May fill up to a 12-month supply |
| Cyred (desogestrel - ethinyl estradiol) | Tablet | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Dasetta (norethindrone/ethinyl estradiol) | Tablet | 1mg-35mcg | Oral | May fill up to a 12-month supply |
| Daysee (levonorgestrel-ethinyl estradiol/ethinyl estradiol) | Tablet Pack 3-month | 150mcg-30mcg (84) | Oral | May fill up to a 12-month supply |
| Deblitane (norethindrone) | Tablet | 0.35mg | Oral | May fill up to a 12-month supply |
| Desogestrel/ethinyl Estradiol | Tablet | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Desogestrel- Ethinyl Estradiol/Ethinyl Estradiol | Tablet | 0.15mg- 0.02mg/0.01mg (28) | Oral | May fill up to a 12-month supply |
| Dolishale (levonorgestrel/ ethinyl estradiol) | Tablet | 90mcg-20mcg | Oral | May fill up to a 12-month supply |
| Drospirenone- Ethinyl Estradiol | Tablet | 0.02mg-3mg (28) | Oral | May fill up to a 12-month supply |
| Drospirenone- Ethinyl Estradiol | Tablet | 0.03mg-3mg (28) | Oral | May fill up to a 12-month supply |
| Econtra (levonorgestrel) | Tablet | 1.5mg | Oral | May fill up to a 12-month supply |
| Elinest (norgestrel/ ethinyl estradiol) | Tablet | 0.3mg-0.03mg | Oral | May fill up to a 12-month supply |
| Ella (ulipristal acetate) | Tablet | 30mg | Oral | May fill up to a 12-month supply |
| Enpresse (levonorgestrel/ethinyl estradiol) | Tablet | 0.05mg-0.03mg/ 0.075mg-0.04mg/ 0.125mg-0.03mg | Oral | May fill up to a 12-month supply |
| Enskyce (desogestrel/ethinyl estradiol) | Tablet | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Errin (norethindrone) | Tablet | 0.35mg | Oral | May fill up to a 12-month supply |
| Estarylla (norethindrone/ethinyl estradiol) | Tablet | 0.25mg-0.035mg | Oral | May fill up to a 12-month supply |
| Ethynodiol/ethinyl Estradiol | Tablet | 1mg-35mcg | Oral | May fill up to a 12-month supply |
| Ethynodiol/ethinyl Estradiol | Tablet | 1mg-50mcg | Oral | May fill up to a 12-month supply |
| Falimina (levonorgestrel/ ethinyl estradiol) | Tablet | 0.1mg-0.02mg | Oral | May fill up to a 12-month supply |
| Femynor (norgestimate/ethinyl estradiol) | Tablet | 0.25mg-0.035mg | Oral | May fill up to a 12-month supply |
| Hailey (norethindrone/ ethinyl estradiol) | Tablet | 1.5mg-0.03mg | Oral | May fill up to a 12-month supply |
| Hailey FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1mg-20mcg (21) | Oral | May fill up to a 12-month supply |
| Hailey FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1.5mg-30mcg (21) | Oral | May fill up to a 12-month supply |
| Hailey FE 24 (norethindrone/ethinyl estradiol/iron) | Tablet | 1mg-20mcg (24) | Oral | May fill up to a 12-month supply |
| Heather (norethindrone) | Tablet | 0.35mg | Oral | May fill up to a 12-month supply |
| Iclevia (levonorgestrel-ethinyl estradiol/ethinyl | Tablet | 0.15mg- | Oral | May fill up to a 12-month supply |

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|--|------------------------|---|------|----------------------------------|
| estradiol | | 0.03mg/0.01mg | | |
| Incassia (norethindrone) | Tablet | 0.35mg | Oral | May fill up to a 12-month supply |
| Isibloom (desogestrel/ethinyl estradiol) | Tablet | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Jaimiess (levonorgestrel/ethinyl estradiol) | Tablet Pack 3-month | 150mcg-30mcg (84) | Oral | May fill up to a 12-month supply |
| Jasmiel (drospirenone/ethinyl estradiol) | Tablet | 0.02mg-3mg (28) | Oral | May fill up to a 12-month supply |
| Jencycla (norethindrone) | Tablet | 0.35mg | Oral | May fill up to a 12-month supply |
| Jolessa (levonorgestrel/ ethinyl estradiol) | Tablet Pack 3-month | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Juleber (desogestrel - ethinyl estradiol) | | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Junel (norethindrone/ ethinyl estradiol) | Tablet | 1mg-20mcg | Oral | May fill up to a 12-month supply |
| Junel (norethindrone/ ethinyl estradiol) | Tablet | 1.5mg-0.03mg | Oral | May fill up to a 12-month supply |
| Junel FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1mg-20mcg (21) | Oral | May fill up to a 12-month supply |
| Junel FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1.5mg-30mcg (21) | Oral | May fill up to a 12-month supply |
| Junel FE 24 (norethindrone/ethinyl estradiol/iron) | Tablet | 1mg-20mcg (24) | Oral | May fill up to a 12-month supply |
| Kalliga (desogestrel - ethinyl estradiol) | Tablet | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Kariva (desogestrel - ethinyl estradiol) | Tablet | 0.15mg-0.02mg/ 0.01mg | Oral | May fill up to a 12-month supply |
| Kelnor 1-35 (ethynodiol/ ethinyl estradiol) | Tablet | 1mg-35mcg | Oral | May fill up to a 12-month supply |
| Kelnor 1-50 (ethynodiol/ ethinyl estradiol) | Tablet | 1mg-50mcg | Oral | May fill up to a 12-month supply |
| Kimidess (desogestrel - ethinyl estradiol) | Tablet | 0.15mg-0.02mg/ 0.01mg | Oral | May fill up to a 12-month supply |
| Kurvelo (levonorgestrel/ethinyl estradiol) | Tablet | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Larin (norethindrone/ ethinyl estradiol) | Tablet | 1mg-20mcg | Oral | May fill up to a 12-month supply |
| Larin (norethindrone/ ethinyl estradiol) | Tablet | 1.5mg-0.03mg | Oral | May fill up to a 12-month supply |
| Larin 24 FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1mg-20mcg (24) | Oral | May fill up to a 12-month supply |
| Larin FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1mg-20mcg (21) | Oral | May fill up to a 12-month supply |
| Larin FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1.5mg-30mcg (21) | Oral | May fill up to a 12-month supply |
| Leena (norethindrone/ethinyl estradiol) | Tablet | 0.5mg-0.035mg/ 1mg-0.035mg | Oral | May fill up to a 12-month supply |
| Lessina (levonorgestrel/ethinyl estradiol) | Tablet | 0.1mg-0.02mg | Oral | May fill up to a 12-month supply |
| Levonest (levonorgestrel/ethinyl estradiol) | Tablet | 0.05mg-0.03mg/ 0.075mg-0.04mg/ 0.125mg-0.03mg | Oral | May fill up to a 12-month supply |
| Levonorgestrel | Tablet | 1.5mg | Oral | May fill up to a 12-month supply |

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| Levonorgestrel- Ethinyl Estradiol | Tablet | 90mcg-20mcg | Oral | May fill up to a 12-month supply |
| Levonorgestrel- Ethinyl Estradiol | Tablet | 0.1mg-0.02mg | Oral | May fill up to a 12-month supply |
| Levonorgestrel- Ethinyl Estradiol | Tablet | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Levonorgestrel- Ethinyl Estradiol Triphasic | Tablet | 0.05mg/0.03mg; 0.075mg/0.04mg; 0.125mg; 0.03mg | Oral | May fill up to a 12-month supply |
| Levonorgestrel-ethinyl estradiol/ethinyl estradiol | Tablet Pack 3-month | 100mcg-20mcg (84) | Oral | May fill up to a 12-month supply |
| Levonorgestrel- Ethinyl Estradiol/ ethinyl estradiol | Tablet Pack 3-month | 150mcg-30mcg (84) | Oral | May fill up to a 12-month supply |
| Levora-28 (levonorgestrel/ ethinyl estradiol) | Tablet | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Lillow (levonorgestrel/ ethinyl estradiol) | Tablet | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Loestrin (norethindrone/ethinyl estradiol) | Tablet | 1mg-20mcg | Oral | May fill up to a 12-month supply |
| Loestrin (norethindrone/ethinyl estradiol) | Tablet | 1.5mg-0.03mg | Oral | May fill up to a 12-month supply |
| Loestrin FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1mg-20mcg (21) | Oral | May fill up to a 12-month supply |
| Loestrin FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1.5mg-30mcg (21) | Oral | May fill up to a 12-month supply |
| Lojaimiess (levonorgestrel-ethinyl estradiol/ethinyl estradiol) | Tablet Pack 3-month | 100mcg-20mcg (84) | Oral | May fill up to a 12-month supply |
| Loryna (drospirenone/ ethinyl estradiol) | Tablet | 0.02mg-3mg (28) | Oral | May fill up to a 12-month supply |
| Low-Ogestrel (norgestrel/ethinyl estradiol) | Tablet | 0.3mg-0.03mg | Oral | May fill up to a 12-month supply |
| Lo-Zumandimine (drospirenone/ethinyl estradiol) | Tablet | 0.2mg-3mg (28) | Oral | May fill up to a 12-month supply |
| Lutera (levonorgestrel/ ethinyl estradiol) | Tablet | 0.1mg-0.02mg | Oral | May fill up to a 12-month supply |
| Lyleq (norethindrone) | Tablet | 0.35mg | Oral | May fill up to a 12-month supply |
| Lyza (norethindrone) | Tablet | 0.35mg | Oral | May fill up to a 12-month supply |
| Marlissa (levonorgestrel/ ethinyl estradiol) | Tablet | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Microgestin (norethindrone/ethinyl estradiol) | Tablet | 1mg-20mcg | Oral | May fill up to a 12-month supply |
| Microgestin (norethindrone/ethinyl estradiol) | Tablet | 1.5mg-0.03mg | Oral | May fill up to a 12-month supply |
| Microgestin 24 FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1mg-20mcg (24) | Oral | May fill up to a 12-month supply |
| Microgestin FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1mg-20mcg (21) | Oral | May fill up to a 12-month supply |
| Microgestin FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1.5mg-30mcg (21) | Oral | May fill up to a 12-month supply |
| Mili (norethindrone/ ethinyl estradiol) | Tablet | 0.25mg-0.035mg | Oral | May fill up to a 12-month supply |

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| Mircette (desogestrel - ethinyl estradiol) | Tablet | 0.15mg-0.02mg/ 0.01mg | Oral | May fill up to a 12-month supply |
| Mono-Linyah (norethindrone/ethinyl estradiol) | Tablet | 0.25mg-0.035mg | Oral | May fill up to a 12-month supply |
| My Choice (levonorgestrel) | Tablet | 1.5mg | Oral | May fill up to a 12-month supply |
| My Way (levonorgestrel) | Tablet | 1.5mg | Oral | May fill up to a 12-month supply |
| Necon (norethindrone/ ethinyl estradiol) | Tablet | 0.5mg-0.035mg | Oral | May fill up to a 12-month supply |
| New Day (levonorgestrel) | Tablet | 1.5mg | Oral | May fill up to a 12-month supply |
| Nikki (drospirenone/ ethinyl estradiol) | Tablet | 0.02mg-3mg (28) | Oral | May fill up to a 12-month supply |
| Nora-Be (norethindrone) | Tablet | 0.35mg | Oral | May fill up to a 12-month supply |
| Norethindrone | Tablet | 0.35mg | Oral | May fill up to a 12-month supply |
| Norethindrone- Ethinyl Estradiol-Iron | Tablet | 1mg-20mcg (21) | Oral | May fill up to a 12-month supply |
| Norethindrone- Ethinyl Estradiol-Iron | Tablet | 1.5mg-30mcg (21) | Oral | May fill up to a 12-month supply |
| Norethindrone- Ethinyl Estradiol | Tablet | 0.25mg-0.035mg | Oral | May fill up to a 12-month supply |
| Norethindrone- Ethinyl Estradiol | Tablet | 1mg-20mcg | Oral | May fill up to a 12-month supply |
| Norethindrone- Ethinyl Estradiol | Tablet | 1.5mg-0.03mcg | Oral | May fill up to a 12-month supply |
| Nortrel (norethindrone/ ethinyl estradiol) | Tablet | 0.5mg-0.035mg | Oral | May fill up to a 12-month supply |
| Nortrel (norethindrone/ ethinyl estradiol) | Tablet | 1mg-35mcg | Oral | May fill up to a 12-month supply |
| Nylia (norethindrone/ethinyl estradiol) | Tablet | 1mg-0.035mg | Oral | May fill up to a 12-month supply |
| Nymyo (norethindrone/ethinyl estradiol) | Tablet | 0.25mg-0.035mg | Oral | May fill up to a 12-month supply |
| Ocella (drospirenone/ethinyl estradiol) | Tablet | 0.3mg-3mg | Oral | May fill up to a 12-month supply |
| Opicon One-Step (levonorgestrel) | Tablet | 1.5mg | Oral | May fill up to a 12-month supply |
| Option 2 (levonorgestrel) | Tablet | 1.5mg | Oral | May fill up to a 12-month supply |
| Ortho Tri-Cyclen (norgestimate/ethinyl estradiol) | Tablet | 0.16mg-0.035mg/ 0.215mg- 0.035mg/0.25mg- 0.035mg | Oral | May fill up to a 12-month supply |
| Ortho-Novum (norethindrone/ethinyl estradiol) | Tablet | 0.5mg-0.035mg/ 0.75mg-0.035mg/ 1mg-0.035mg | Oral | May fill up to a 12-month supply |
| Philith (norethindrone/ethinyl estradiol) | Tablet | 0.4mg-0.035mg | Oral | May fill up to a 12-month supply |
| Pimtreea (desogestrel/ethinyl estradiol) | Tablet | 0.15mg-0.02mg/ 0.01mg | Oral | May fill up to a 12-month supply |
| Pirmella (norethindrone/ethinyl estradiol) | Tablet | 1mg-35mcg | Oral | May fill up to a 12-month supply |
| Plan B One-Step (levonorgestrel) | Tablet | 1.5mg | Oral | May fill up to a 12-month supply |
| Portia (levonorgestrel/ ethinyl estradiol) | Tablet | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Previfem (norethindrone/ethinyl estradiol) | Tablet | 0.25mg-0.035mg | Oral | May fill up to a 12-month supply |

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| Reclipsen (Desogestrel/Ethinyl Estradiol) | Tablet | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Seasonique (levonorgestrel-ethinyl estradiol/ethinyl estradiol) | Tablet Pack 3-month | 150mcg-30mcg (84) | Oral | May fill up to a 12-month supply |
| Setlakin (levonorgestrel/ ethinyl estradiol) | Tablet Pack 3-month | 0.15mg-0.03mg | Oral | May fill up to a 12-month supply |
| Sharobel (norethindrone) | Tablet | 0.35mg | Oral | May fill up to a 12-month supply |
| Simliya (desogestrel/ethinyl estradiol) | Tablet | 0.15mg-0.02mg/ 0.01mg | Oral | May fill up to a 12-month supply |
| Simpesse (levonorgestrel-ethinyl estradiol/ethinyl estradiol) | Tablet Pack 3-month | 150mcg-30mcg (84) | Oral | May fill up to a 12-month supply |
| Sprintec (norethindrone/ethinyl estradiol) | Tablet | 0.25mg-0.035mg | Oral | May fill up to a 12-month supply |
| Sronyx (levonorgestrel/ ethinyl estradiol) | Tablet | 0.1mg-0.02mg | Oral | May fill up to a 12-month supply |
| Syeda (drospirenone/ ethinyl estradiol) | Tablet | 0.03mg-3mg | Oral | May fill up to a 12-month supply |
| Take Action (levonorgestrel) | Tablet | 1.5mg | Oral | May fill up to a 12-month supply |
| Tarina 24 FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1mg-20mg (24) | Oral | May fill up to a 12-month supply |
| Tarina FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1mg-20mg (21) | Oral | May fill up to a 12-month supply |
| Tilia FE (norethindrone/ethinyl estradiol/iron) | Tablet | 1mg-0.02mg/ 1mg-0.03mg/ 1mg-0.035mg | Oral | May fill up to a 12-month supply |
| Tri-Estarylla (norgestimate/ethinyl estradiol) | Tablet | 0.18mg-0.035mg/ 0.215mg- 0.035mg/ 0.25mg- 0.035mg | Oral | May fill up to a 12-month supply |
| Tri-Legest FE (norethindrone/ethinyl estradiol) | Tablet | 1mg-0.02mg/ 1mg-0.03mg/ 1mg-0.035mg | Oral | May fill up to a 12-month supply |
| Tri-Linyah (norgestimate/ethinyl estradiol) | Tablet | 0.18mg-0.035mg/ 0.215mg- 0.035mg/ 0.25mg- 0.035mg | Oral | May fill up to a 12-month supply |
| Tri-Lo-Estarylla (norgestimate/ethinyl estradiol) | Tablet | 0.18mg-0.025mg/ 0.215mg- 0.025mg/ 0.25mg- 0.025mg | Oral | May fill up to a 12-month supply |
| Tri-Lo-Marzia (norgestimate/ethinyl estradiol) | Tablet | 0.18mg-0.025mg/ 0.215mg- | Oral | May fill up to a 12-month supply |

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| | | 0.025mg/ 0.25mg-0.025mg | | |
| Tri-Lo-Mili (norgestimate/ethinyl estradiol) | Tablet | 0.18mg-0.025mg/ 0.215mg-0.025mg/ 0.25mg-0.025mg | Oral | May fill up to a 12-month supply |
| Tri-Lo-Sprintec (norgestimate/ethinyl estradiol) | Tablet | 0.18mg-0.025mg/ 0.215mg-0.025mg/ 0.25mg-0.025mg | Oral | May fill up to a 12-month supply |
| Tri-Mili (norgestimate/ethinyl estradiol) | Tablet | 0.18mg-0.035mg/ 0.215mg-0.035mg/ 0.25mg-0.035mg | Oral | May fill up to a 12-month supply |
| Tri-Nymyo (norgestimate/ethinyl estradiol) | Tablet | 0.18mg-0.035mg/ 0.215mg-0.035mg/ 0.25mg-0.035mg | Oral | May fill up to a 12-month supply |
| Tri-Sprintec (norgestimate/ethinyl estradiol) | Tablet | 0.18mg-0.035mg/ 0.215mg-0.035mg/ 0.25mg-0.035mg | Oral | May fill up to a 12-month supply |
| Trivora-28 (levonorgestrel/ethinyl estradiol) | Tablet | 0.05mg-0.03mg/ 0.075mg-0.04mg/ 0.125mg/0.03mg | Oral | May fill up to a 12-month supply |
| Tri-Vylibra (norgestimate/ethinyl estradiol) | Tablet | 0.18mg-0.035mg/ 0.215mg-0.035mg/ 0.25mg-0.035mg | Oral | May fill up to a 12-month supply |
| Tri-Vylibra Lo (norgestimate/ethinyl estradiol) | Tablet | 0.18mg-0.025mg/ 0.215mg-0.025mg/ 0.25mg-0.025mg | Oral | May fill up to a 12-month supply |
| Tulana (norethindrone) | Tablet | 0.35mg | Oral | May fill up to a 12-month supply |
| Tyblume (levonorgestrel/ ethinyl estradiol) | Tablet Chewable | 0.1mg-0.02mg | Oral | May fill up to a 12-month supply |
| Velivet (desogestrel/ethinyl estradiol) | Tablet | 0.1mg-0.025mg/ | Oral | May fill up to a 12-month supply |

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| | | 0.125mg-0.025mg/0.15mg-0.025mg | | |
| Vestura (drospirenone/ethinyl estradiol) | Tablet | 3mg/0/02mg | Oral | May fill up to a 12-month supply |
| Vienna (levonorgestrel/ ethinyl estradiol) | Tablet | 0.1mg-0.02mg | Oral | May fill up to a 12-month supply |
| Viorele (desogestrel/ethinyl estradiol) | Tablet | 0.15mg-0.02mg/0.01mg | Oral | May fill up to a 12-month supply |
| Volnea (desogestrel/ethinyl estradiol) | Tablet | 0.15mg-0.02mg/0.01mg | Oral | May fill up to a 12-month supply |
| Vyfemla (norethindrone/ethinyl estradiol) | Tablet | 0.4mg-0.035mg | Oral | May fill up to a 12-month supply |
| Vylibra (norethindrone/ ethinyl estradiol) | Tablet | 0.25mg-0.035mg | Oral | May fill up to a 12-month supply |
| Wera (norethindrone/ ethinyl estradiol) | Tablet | 0.5mg-0.035mg | Oral | May fill up to a 12-month supply |
| Yasmin 28 (drospirenone/ethinyl estradiol) | Tablet | 0.3mg-3mg | Oral | May fill up to a 12-month supply |
| Yaz (drospirenone/ ethinyl estradiol) | Tablet | 0.02mg-3mg (28) | Oral | May fill up to a 12-month supply |
| Zarah (drospirenone/ ethinyl estradiol) | Tablet | 0.03mg-3mg | Oral | May fill up to a 12-month supply |
| Zovia 1-35 (ethynodiol/ ethinyl estradiol) | Tablet | 1mg-35mcg | Oral | May fill up to a 12-month supply |
| Zumandimine (drospirenone/ ethinyl estradiol) | Tablet | 0.03mg-3mg | Oral | May fill up to a 12-month supply |

Oxytocics

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------------|-------------|-----------|-----------|------------------------------|
| Methylergonovine maleate | Ampule | 0.2mg/ml | Injection | |
| Methylergonovine maleate | Tablet | 0.2mg | Oral | |
| Methylergonovine maleate | Vial | 0.2mg/ml | Injection | |
| Oxytocin | Vial | 10unit/ml | Injection | Prior Authorization required |
| Pitocin (oxytocin) | Vial | 10unit/ml | Injection | Prior Authorization required |

Transdermal

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|-------------|-----------------------|-------------|----------------------------------|
| Xulane (norelgestromine/ ethinyl estradiol) | Patch | 150mcg-35 mcg/24 hour | Transdermal | May fill up to a 12-month supply |
| Zafemy (norelgestromine/ ethinyl estradiol) | Patch | 150mcg-35 mcg/24 hour | Transdermal | May fill up to a 12-month supply |

COUGH AND COLD

Antitussives, Non-Narcotic

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|-------|----------|
|-----------|-------------|----------|-------|----------|

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|-----------------------------|--------------------------|----------|------|--|
| Dextromethorphan polistirex | Suspension ER 12-hour | 30mg/5ml | Oral | |
| Benzonatate | Capsule | 100mg | Oral | Quantity Limit: 21 capsules per 7 days Fill Limit: 3 fills every 365 days |
| Benzonatate | Capsule | 200mg | Oral | Quantity Limit: 21 capsules per 7 days Fill Limit: 3 fills every 365 days |

Expectorants

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------|-------------|-----------|-------|----------|
| Guaifenesin | Liquid | 100mg/5ml | Oral | |

Narcotic Antitussive and Expectorant

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------|-------------|--------------------|-------|----------|
| Guaifenesin-Codeine | Liquid | 10mg- 200mg/5ml | Oral | |

Non-Narcotic Antitussive and Expectorant

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|----------------------------------|----------|--------------------|----------|
| Non-Narcotic Antitussive and Expectorant | Dextromethorphan- Guaifenesin | Liquid | 10mg- 100mg/5ml | Oral |
| Non-Narcotic Antitussive and Expectorant | Dextromethorphan- Guaifenesin | Liquid | 20mg- 300mg/5ml | Oral |
| Non-Narcotic Antitussive and Expectorant | Dextromethorphan- Guaifenesin | Liquid | 30mg- 200mg/5ml | Oral |

DERMATOLOGY – ACNE

Vitamin A Derivatives

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|---------|---|
| Adapalene | Gel (gram) | 0.10% | Topical | Age Limit: 20 and younger Age 21 and older, Prior Authorization required |

DERMATOLOGY- ANTI-INFECTIVE

Topical Antibiotics

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|-----------------|---------------------|---------|--|
| Clindamycin | Gel | 1% | Topical | Age Limit: 20 and younger Age 21 and older, Prior Authorization required |
| Clindamycin | Solution | 1% | Topical | Age Limit: 20 and younger Age 21 and older, Prior Authorization required |
| Gentamicin sulfate | Cream (gram) | 0.1% | Topical | |
| Gentamicin sulfate | Ointment (gram) | 0.1% | Topical | |
| Mupirocin | Cream (gram) | 2% | Topical | Prior Authorization required |
| Mupirocin | Ointment (gram) | 2% | Topical | For ages 20 and younger: Quantity limit 66 grams per 180 days For ages 21 and older: Quantity limit 22 grams per 180 days |
| Neosporin (neomycin/bacitracin/ polymixin) | Ointment (gram) | 3.5-400-5k/ gram | Topical | Quantity Limit: 60 grams per 27 days |
| Polysporin (bacitracin/ polymyxin B sulfate) | Ointment (gram) | 500-10k/ gram | Topical | Quantity Limit: 60 grams per 27 days |
| Triple Antibiotic Plus (neomycin/ bacitracin/ polymixin) | Ointment (gram) | 3.5-10k-5k/ gram | Topical | Quantity Limit: 60 grams per 27 days |

Topical Antifungal

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------------|--------------|----------|---------|---|
| Baza Antifungal (miconazole) | Cream (gram) | 2% | Topical | |
| Blis-To-Sol (tolnaftate) | Solution | 1% | Topical | |
| Ciclopirox | Cream (gram) | 0.77% | Topical | Age Limit: 10-20 years of age Age 21 and older or ages 9 and younger, Prior Authorization required |
| Ciclopirox | Suspension | 0.77% | Topical | Prior Authorization required |
| Clotrimazole | Cream (gram) | 1% | Topical | |

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|--------------------------------|-----------------|--------------|---------|---|
| Clotrimazole | Solution | 1% | Topical | Prior Authorization required |
| Desenex (miconazole) | Powder | 2% | Topical | Prior Authorization required |
| Econazole nitrate | Cream (gram) | 1% | Topical | Prior Authorization required |
| Exelderm (sulconazole nitrate) | Cream (gram) | 1% | Topical | Prior Authorization required |
| Exelderm (sulconazole nitrate) | Solution | 1% | Topical | Prior Authorization required |
| Ketoconazole | Cream | 2% | Topical | Age Limit: 20 and younger Age 21 and older, Prior Authorization required |
| Ketoconazole | Shampoo | 2% | Topical | Age Limit: 20 and younger Age 21 and older, Prior Authorization required |
| Lamisil (terbinafine) | Spray | 1% | Topical | Prior Authorization required |
| Lamisil AT (terbinafine) | Cream (gram) | 1% | Topical | Prior Authorization required |
| Lotrimin AF (miconazole) | Aerosol Powder | 2% | Topical | |
| Lotrimin AF (miconazole) | Powder | 2% | Topical | Prior Authorization required |
| Lotrimin AF (miconazole) | Spray | 2% | Topical | Prior Authorization required |
| Miconazole nitrate | Aerosol Powder | 2% | Topical | |
| Miconazole nitrate | Cream (gram) | 2% | Topical | |
| Miconazole nitrate | Powder | 2% | Topical | Prior Authorization Required |
| Naftin (Naftifine HCL) | Gel (gram) | 1% | Topical | Prior Authorization required |
| Naftifine HCL | Cream (gram) | 1% | Topical | Prior Authorization required |
| Nystatin | Cream (gram) | 100000/ gram | Topical | |
| Nystatin | Ointment (gram) | 100000/ gram | Topical | |
| Nystatin | Powder | 100000/ gram | Topical | |
| Oxiconazole nitrate | Cream (gram) | 1% | Topical | Prior Authorization required |
| Oxistat (oxiconazole) | Lotion | 1% | Topical | Prior Authorization required |
| Secura Antifungal (miconazole) | Cream (gram) | 2% | Topical | |
| Sulconazole nitrate | Cream (gram) | 1% | Topical | Prior Authorization required |
| Terbinafine | Cream (gram) | 1% | Topical | Age Limit: 20 and younger Age 21 and older, Prior Authorization required |
| Tolnaftate | Cream (gram) | 1% | Topical | |
| Tolnaftate | Solution | 1% | Topical | |

Topical Antifungal/Anti-Inflammatory, Steroid

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------------|--------------|----------|---------|---|
| Clotrimazole-Betamethasone | Cream (gram) | 1%-0.05% | Topical | Age Limit: 20 and younger Age 21 and older, Prior Authorization required |

Topical Antiparasitics

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|--------------|----------|---------|----------|
| Eurax (crotamiton) | Cream (gram) | 10% | Topical | |
| Lice Treatment (piperonyl butoxide/ pyrethrins) | Shampoo | 4%-0.33% | Topical | |
| Nix (permethrin) | Liquid | 1% | Topical | |
| Permethrin | Cream (gram) | 5% | Topical | |

Topical Sulfonamides

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------|--------------|----------|---------|----------|
| Silver sulfadiazine | Cream (gram) | 1% | Topical | |

DERMATOLOGY – ANTI-INFLAMMATORY

Topical Anti-Inflammatory NSAIDS

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------|-------------|----------|---------|---------------------------------------|
| Diclofenac | Gel (gram) | 1% | Topical | Quantity Limit: 200 grams per 30 days |

Topical Anti-Inflammatory Steroidal

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|-----------------|----------|---------|------------------------------|
| Ala-Cort (hydrocortisone) | Cream (gram) | 1% | Topical | |
| Alclometasone dipropionate | Cream (gram) | 0.05% | Topical | Prior Authorization required |
| Alclometasone dipropionate | Ointment (gram) | 0.05% | Topical | Prior Authorization required |
| Amcinonide | Cream (gram) | 0.1% | Topical | Prior Authorization required |
| Amcinonide | Lotion | 0.1% | Topical | Prior Authorization required |
| Apexicon E (diflorasone diacetate/emollient) | Cream (gram) | 0.05% | Topical | Prior Authorization required |
| Aquaphor Itch Relief (hydrocortisone) | Ointment (gram) | 1% | Topical | |
| Betamethasone dipropionate augmented | Cream (gram) | 0.05% | Topical | Prior Authorization required |
| Betamethasone dipropionate augmented | Gel (gram) | 0.05% | Topical | |
| Betamethasone dipropionate augmented | Lotion | 0.05% | Topical | Prior Authorization required |

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|--|-----------------|-------------|---------|------------------------------|
| Betamethasone dipropionate augmented | Ointment (gram) | 0.05% | Topical | |
| Betamethasone dipropionate | Cream (gram) | 0.05% | Topical | |
| Betamethasone dipropionate | Lotion | 0.05% | Topical | |
| Betamethasone dipropionate | Ointment (gram) | 0.05% | Topical | |
| Betamethasone valerate | Cream (gram) | 0.1% | Topical | |
| Betamethasone valerate | Lotion | 0.1% | Topical | |
| Betamethasone valerate | Ointment (gram) | 0.1% | Topical | |
| Clobetasol propionate | Cream (gram) | 0.05% | Topical | |
| Clobetasol propionate | Gel (gram) | 0.05% | Topical | |
| Clobetasol propionate | Ointment (gram) | 0.05% | Topical | |
| Clobetasol propionate | Solution | 0.05% | Topical | |
| Clocortolone pivalate | Cream (gram) | 0.1% | Topical | Prior Authorization required |
| Cordran (flurandrenolide) | Medical tape | 4mcg/ Sq CM | Topical | Prior Authorization required |
| Desonide | Cream (gram) | 0.05% | Topical | |
| Desonide | Lotion | 0.05% | Topical | |
| Desonide | Ointment (gram) | 0.05% | Topical | |
| Desoximetasone | Cream (gram) | 0.25% | Topical | Prior Authorization required |
| Desoximetasone | Cream (gram) | 0.05% | Topical | Prior Authorization required |
| Desoximetasone | Ointment (gram) | 0.25% | Topical | Prior Authorization required |
| Diflorasone diacetate | Cream (gram) | 0.05% | Topical | Prior Authorization required |
| Diflorasone diacetate | Ointment (gram) | 0.05% | Topical | Prior Authorization required |
| Fluocinolone acetonide | Cream (gram) | 0.01% | Topical | |
| Fluocinolone acetonide | Cream (gram) | 0.03% | Topical | |
| Fluocinolone acetonide | Ointment (gram) | 0.03% | Topical | |
| Fluocinolone acetonide | Solution | 0.01% | Topical | |
| Fluocinonide | Cream (gram) | 0.05% | Topical | |
| Fluocinonide | Gel (gram) | 0.05% | Topical | |
| Fluocinonide | Ointment (gram) | 0.05% | Topical | |
| Fluocinonide | Solution | 0.05% | Topical | |
| Fluocinolone E (fluocinonide/ emollient) | Cream (gram) | 0.05% | Topical | |
| Flurandrenolide | Lotion | 0.05% | Topical | Prior Authorization required |
| Flurandrenolide | Ointment (gram) | 0.05% | Topical | Prior Authorization required |
| Halcinonide | Cream (gram) | 0.1% | Topical | Prior Authorization required |
| Halog (Halcinonide) | Ointment (gram) | 0.1% | Topical | Prior Authorization required |
| Halog (Halcinonide) | Solution | 0.1% | Topical | Prior Authorization required |
| Halobetasol propionate | Cream (gram) | 0.5% | Topical | Prior Authorization required |

| | | | | |
|-----------------------------------|-----------------------|------------------|---------|------------------------------|
| Halobetasol propionate | Ointment (gram) | 0.5% | Topical | Prior Authorization required |
| Hydrocortisone acetate | Cream (gram) | 1% | Topical | |
| Hydrocortisone acetate | Cream (gram) | 2.5% | Topical | |
| Hydrocortisone acetate | Lotion | 2.5% | Topical | |
| Hydrocortisone acetate | Ointment (gram) | 1% | Topical | |
| Hydrocortisone acetate | Ointment (gram) | 2.5% | Topical | |
| Hydrocortisone butyrate | Cream (gram) | 0.1% | Topical | Prior Authorization required |
| Hydrocortisone butyrate | Ointment (gram) | 0.1% | Topical | Prior Authorization required |
| Hydrocortisone butyrate | Solution | 0.1% | Topical | Prior Authorization required |
| Hydrocortisone valerate | Cream (gram) | 0.2% | Topical | |
| Hydrocortisone valerate | Ointment (gram) | 0.2% | Topical | |
| Mometasone furoate | Cream (gram) | 0.1% | Topical | |
| Mometasone furoate | Ointment (gram) | 0.1% | Topical | Prior Authorization required |
| Mometasone furoate | Solution | 0.1% | Topical | Prior Authorization required |
| Nu-Derm Tolereen (hydrocortisone) | Lotion | 0.5% | Topical | |
| Preparation H (hydrocortisone) | Cream (gram) | 1% | Topical | |
| Procto-Pak (hydrocortisone) | Cream with applicator | 1% | Topical | |
| Triamcinolone acetate | Aerosol | 0.147mg/ gram | Topical | Prior Authorization required |
| Triamcinolone acetate | Cream (gram) | 0.03% | Topical | |
| Triamcinolone acetate | Cream (gram) | 0.1% | Topical | |
| Triamcinolone acetate | Cream (gram) | 0.5% | Topical | |
| Triamcinolone acetate | Lotion | 0.03% | Topical | |
| Triamcinolone acetate | Lotion | 0.1% | Topical | |
| Triamcinolone acetate | Ointment (gram) | 0.03% | Topical | |
| Triamcinolone acetate | Ointment (gram) | 0.1% | Topical | |
| Triamcinolone acetate | Ointment (gram) | 0.5% | Topical | |

DERMATOLOGY – MISCELLANEOUS

Antiperspirants

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------------|-------------|----------|---------|------------------------------|
| Drysol (aluminum chloride) | Solution | 20% | Topical | Prior authorization required |

Antiseborrheic Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------|-------------|----------|---------|------------------------------|
| Selenium sulfide | Lotion | 2.5% | Topical | Prior authorization required |

Antiseptics, General

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------|-------------|----------|-------|--|
| Alcohol Antiseptic Pads | | | | Quantity Limit: 3.33 per day May fill up to a 90-day supply |

Emollients

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------|-------------|----------|---------|------------------------------|
| Ammonium lactate | Lotion | 12% | Topical | Prior authorization required |

Hypertrichotic Agents, Systemic/including Combinations

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------|-------------|----------|-------|------------------------------|
| Finasteride | Tablet | 1mg | Oral | Prior authorization required |

Iodine Antiseptics

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------|-------------|----------|---------|----------|
| Povidone- Iodine | Solution | 7.5% | Topical | |

Irritants/Counterirritants

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|--------------|-------------|---------|---------------------------------|
| Capsaicin | Patch | 0.03% | Topical | Quantity Limit: 1 patch per day |
| Capsaicin | Cream (gram) | 0.03% | Topical | |
| Capsaicin | Cream (gram) | 0.08% | Topical | |
| Capsaicin | Cream (gram) | 0.1% | Topical | |
| Pain Relieving (methyl salicylate/menthol/camphor) | Patch | | Topical | |
| SalonPas (capsaicin/ menthol) | Patch | 0.25%-1.25% | Topical | Quantity Limit: 1 patch per day |
| SalonPas (methyl salicylate/menthol) | Patch | 10%-3% | Topical | Quantity Limit: 1 patch per day |
| SalonPas (methyl salicylate/menthol) | Spray | 10%-3% | Topical | |

Keratolytics

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------|-------------|----------|---------|--|
| Benzoyl Peroxide | Gel (gram) | 2.5% | Topical | Ages 21 and younger with a quantity limit of |

| | | | | |
|-----------------------------|------------|------|---------|--|
| | | | | 60 grams per 30 days and 180 grams per 365 days Ages 22 and older requires a Prior Authorization |
| Benzoyl Peroxide | Gel (gram) | 5% | Topical | Ages 21 and younger with a quantity limit of 60 grams per 30 days and 180 grams per 365 days Ages 22 and older requires a Prior Authorization |
| Benzoyl Peroxide | Gel (gram) | 10% | Topical | Ages 21 and younger with a quantity limit of 60 grams per 30 days and 180 grams per 365 days Ages 22 and older requires a Prior Authorization |
| Compound W (salicylic acid) | Patch | 40% | Topical | Prior authorization required |
| Compound W (salicylic acid) | Gel (gram) | 17% | Topical | Prior authorization required |
| Compound W (salicylic acid) | Liquid | 17% | Topical | Prior authorization required |
| Condylox (podofilox) | Gel (gram) | 0.5% | Topical | |
| Panoxyl (benzoyl peroxide) | Bar | 10% | Topical | |
| Podofilox | Solution | 0.5% | Topical | |

Protectives

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------|-----------------|----------|---------|----------|
| Zinc oxide | Ointment (gram) | 20% | Topical | |

Topical Anti-Inflammatory Steroid Local Anesthetic

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------------------|-------------|----------|---------|------------------------------|
| Epifoam (hydrocortisone/ pramoxine) | Foam 1%-1% | 1%-1% | Topical | Prior authorization required |

Topical Anti-Neoplastic and Premalignant Lesion Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------|--------------|----------|---------|----------|
| Fluorouracil | Cream (gram) | 5% | Topical | |
| Fluorouracil | Solution | 2% | Topical | |
| Fluorouracil | Solution | 5% | Topical | |

Topical Local Anesthetics

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------|-----------------|-----------|---------|---------------------------------------|
| Lidocaine | Cream (gram) | 4% | Topical | Quantity Limit: 100 grams per 30 days |
| Lidocaine | Patch | 4% | Topical | Quantity Limit: 1 patch per day |
| Lidocaine | Ointment (gram) | 5% | Topical | Prior Authorization required |
| Lidocaine/Prilocaine | Cream(gram) | 2.5%-2.5% | Topical | Prior Authorization required |

Topical Preparations, Miscellaneous

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|-------------|--------------|---------|----------|
| Boro-packs (calcium acetate/aluminum sulfate) | Powder Pack | 51%-49% | Topical | |
| Domeboro (calcium acetate/aluminum sulfate) | Powder Pack | 952mg-1347mg | Topical | |

Topical/Mucous Membrane/Subcutaneous Enzymes

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------|-----------------|---------------|---------|----------|
| Santyl (collagenase) | Ointment (gram) | 250unit/ gram | Topical | |

DERMATOLOGY – PIGMENTATION DISORDERS

Hypopigmentation Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------|--------------|----------|---------|------------------------------|
| Hydroquinone | Cream (gram) | 4% | Topical | Prior Authorization required |

DERMATOLOGY – PSORIASIS/ECZEMA

Antipsoriatic Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------|-----------------|----------|---------|------------------------------|
| Calcipotriene | Cream (gram) | 0.01% | Topical | |
| Calcipotriene | Ointment (gram) | 0.01% | Topical | Prior Authorization required |
| Calcipotriene | Solution | 0.01% | Topical | |
| Tazarotene | Gel (gram) | 0.05% | Topical | Prior Authorization required |
| Tazarotene | Gel (gram) | 0.1% | Topical | Prior Authorization required |

Antipsoriatic Agents/Topical Anti-Inflammatory

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------------|-------------|--------------|---------|----------|
| Calcipotriene/ betamethasone | Ointment | 0.005-0.064% | Topical | |

DIABETES

Alpha-Glucosidase Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|-------|------------------------------|
| Acarbose | Tablet | 25mg | Oral | Prior Authorization required |
| Acarbose | Tablet | 50mg | Oral | Prior Authorization required |
| Acarbose | Tablet | 100mg | Oral | Prior Authorization required |

Biguanide Type

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------|-------------------|----------|-------|--------------------------------|
| Metformin HCL | Tablet | 500mg | Oral | May fill up to a 90-day supply |
| Metformin HCL | Tablet | 850mg | Oral | May fill up to a 90-day supply |
| Metformin HCL | Tablet | 1000mg | Oral | May fill up to a 90-day supply |
| Metformin HCL ER | Tablet ER 24-hour | 500mg | Oral | May fill up to a 90-day supply |
| Metformin HCL ER | Tablet ER 24-hour | 750mg | Oral | May fill up to a 90-day supply |

Blood Sugar Diagnostic

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------------------|-------------|----------|---------------|---|
| Freestyle Lite Test Strips | Strip | | Miscellaneous | Quantity Limit: 3.33 strips per day (100 per 30 days) May fill up to a 90-day supply NDC Specific: 99073-0708-22 or 99073-0708-27 |
| Freestyle Precision Neo Test Strip | Strip | | Miscellaneous | Quantity Limit: 3.33 strips per day (100 per 30 days) May fill up to a 90-day supply NDC Specific: 57599-1577-01 or 57599-1579-04 |
| Freestyle Test Strip | Strip | | Miscellaneous | Quantity Limit: 3.33 strips per day (100 per 30 days) May fill up to a 90-day supply |

| | | | | |
|---------------------------------------|-------|--|---------------|---|
| | | | | NDC Specific: 99073-0120-50 or 99073-0121-01 |
| Precision Xtra Beta Ketone Test Strip | Strip | | Miscellaneous | Quantity Limit: 3.33 strips per day (100 per 30 days) May fill up to a 90-day supply NDC Specific: 57599-0745-01 |
| Precision Xtra Test Strip | Strip | | Miscellaneous | Quantity Limit: 3.33 strips per day (100 per 30 days) May fill up to a 90-day supply NDC Specific: 57599-9728-04 or 57599-9877-05 |

Continuous Glucose Monitors

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------|-------------|----------|-------|------------------------------|
| Dexcom G6 | | | | Prior Authorization Required |
| Dexcom G7 | | | | Prior Authorization Required |
| Freestyle Libre 2 | | | | Prior Authorization Required |
| Freestyle Libre 3 | | | | Prior Authorization Required |

Dipeptidyl-Peptidase 4 Inhibitors (DPP-4)

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------|-------------|----------|-------|---|
| Alogliptin | Tablet | 6.25mg | Oral | Step Therapy: after metformin, glipizide, glimepiride, or glyburide |
| Alogliptin | Tablet | 12.5mg | Oral | Step Therapy: after metformin, glipizide, glimepiride, or glyburide |
| Alogliptin | Tablet | 25mg | Oral | Step Therapy: after metformin, glipizide, glimepiride, or glyburide |

Glucagon-Like Peptide 1 Agonist (GLP-1)

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------|--------------|-------------|--------------|------------------------------|
| Bydureon (exenatide) | Pen Injector | 2mg/0.85ml | Subcutaneous | Prior Authorization required |
| Byetta (exenatide) | Pen Injector | 5mcg/0.02ml | Subcutaneous | Prior Authorization required |
| Byetta (exenatide) | Pen Injector | 10mcg/0.04 | Subcutaneous | Prior Authorization required |

| | | | | |
|-------------------------|--------------|--------------|--------------|------------------------------|
| | | ml | | |
| Ozempic (semaglutide) | Pen Injector | 2mg/3ml | Subcutaneous | Prior Authorization required |
| Ozempic (semaglutide) | Pen Injector | 4mg/3ml | Subcutaneous | Prior Authorization required |
| Rybelsus (semaglutide) | Tablet | 3mg | Oral | Prior Authorization required |
| Rybelsus (semaglutide) | Tablet | 7mg | Oral | Prior Authorization required |
| Rybelsus (semaglutide) | Tablet | 14mg | Oral | Prior Authorization required |
| Trulicity (dulaglutide) | Pen Injector | 0.75mg/0.5ml | Subcutaneous | Prior Authorization required |
| Trulicity (dulaglutide) | Pen Injector | 1.5mg/0.5ml | Subcutaneous | Prior Authorization required |
| Trulicity (dulaglutide) | Pen Injector | 3mg/0.5ml | Subcutaneous | Prior Authorization required |
| Trulicity (dulaglutide) | Pen Injector | 4.5mg/0.5ml | Subcutaneous | Prior Authorization required |
| Victoza (liraglutide) | Pen Injector | 18mg/3ml | Subcutaneous | Prior Authorization required |

Hyperglycemic

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------------|---------------|-----------|--------------|---|
| Baqsimi (glucagon) | Spray | 3mg | Nasal | Ages 18 and younger Quantity Limit: 1 per day and Fill Limit: 12 per year Ages 19 and older requires a Prior Authorization |
| Glucagon Emergency Kit | Vial | 1mg | Injection | Quantity Limit: 1 per day Fill Limit: 12 per year |
| GVOKE Hypopen (glucagon) | Auto Injector | 1mg/0.2ml | Subcutaneous | Quantity Limit: 1 fill per day Fill Limit: 12 per year |

Insulin

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|-------------|----------------|--------------|--------------------------------|
| Admelog (insulin lispro) | Vial | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Admelog Solostar (insulin lispro) | Insulin Pen | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Humalog (insulin lispro) | Cartridge | 100 units/ml | Subcutaneous | Prior Authorization required |
| Humalog Kwikpen U-200 (insulin lispro) | Insulin Pen | 200 units/ml | Subcutaneous | Prior Authorization required |
| Humalog Mix 50-50 (insulin lispro) | Vial | 50-50 units/ml | Subcutaneous | Prior Authorization required |
| Humalog Mix 50-50 Kwikpen (insulin lispro) | Insulin Pen | 50-50 units/ml | Subcutaneous | Prior Authorization required |
| Humalog Mix 75-25 (insulin lispro) | Vial | 75-25 | Subcutaneous | Prior Authorization required |

| | | | | |
|---|-------------|----------------|--------------|--------------------------------|
| | | units/ml | | |
| Humulin 70/30 Kwikpen (human insulin NPH/regular insulin) | Insulin Pen | 70-30 units/ml | Subcutaneous | Prior Authorization required |
| Humulin 70/30 (human insulin NPH/regular insulin) | Vial | 70-30 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Humulin N (NPH, human insulin isophane) | Vial | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Humulin R (human insulin regular) | Vial | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Insulin Aspart | Vial | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Insulin Aspart Flexpen | Insulin Pen | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Insulin Aspart Protamine Mix 70/30 | Insulin Pen | 70-30/100ml | Subcutaneous | May fill up to a 90-day supply |
| Insulin Aspart Protamine Mix 70/30 | Vial | 70-30/100ml | Subcutaneous | May fill up to a 90-day supply |
| Insulin degludec | Vial | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Insulin degludec | Insulin Pen | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Insulin degludec | Insulin Pen | 200 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Insulin Glargine | Vial | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Insulin Glargine Solostar | Insulin Pen | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Insulin Glargine-YFGN | Insulin Pen | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Insulin Glargine-YFGN | Vial | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Insulin Lispro | Vial | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Insulin Lispro Kwikpen | Insulin Pen | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Insulin Lispro Protamine Mix 75/25 | Insulin Pen | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Novolin 70/30 (human insulin NPH/regular insulin) | Vial | 70-30 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Novolin 70/30 Flexpen ((human insulin NPH/regular insulin)) | Insulin Pen | 70-30 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Novolin N (NPH, human insulin isophane) | Vial | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Novolin R (human insulin regular) | Vial | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Novolin R Flexpen (human insulin regular) | Insulin Pen | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Novolin N Flexpen (NPH, human insulin isophane) | Insulin Pen | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |
| Novolog Flexpen (insulin aspart) | Insulin Pen | 100 units/ml | Subcutaneous | Prior Authorization required |
| Rezvoglar (insulin glargine-AGLR) | Insulin Pen | 100 units/ml | Subcutaneous | May fill up to a 90-day supply |

Sodium Glucose Cotransporter-2 Inhibitor (SGLT-2)

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------|-------------|----------|-------|----------|
| Dapagliflozin | Tablet | 5mg | Oral | |
| Dapagliflozin | Tablet | 10mg | Oral | |

| | | | | |
|---------------------------|--------|-------|------|------------------------------|
| Invokana (canagliflozin) | Tablet | 100mg | Oral | |
| Invokana (canagliflozin) | Tablet | 300mg | Oral | |
| Jardiance (empagliflozin) | Tablet | 10mg | Oral | |
| Jardiance (empagliflozin) | Tablet | 25mg | Oral | |
| Steglatro (ertugliflozin) | Tablet | 5mg | Oral | Prior Authorization required |
| Steglatro (ertugliflozin) | Tablet | 15mg | Oral | Prior Authorization required |

Sulfonylureas

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------|-------------------|----------|-------|--------------------------------|
| Glimepiride | Tablet | 1mg | Oral | May fill up to a 90-day supply |
| Glimepiride | Tablet | 2mg | Oral | May fill up to a 90-day supply |
| Glimepiride | Tablet | 4mg | Oral | May fill up to a 90-day supply |
| Glipizide | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Glipizide | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Glipizide ER | Tablet ER 24-hour | 2.5mg | Oral | May fill up to a 90-day supply |
| Glipizide ER | Tablet ER 24-hour | 5mg | Oral | May fill up to a 90-day supply |
| Glipizide ER | Tablet ER 24-hour | 10mg | Oral | May fill up to a 90-day supply |
| Glyburide | Tablet | 1.25mg | Oral | May fill up to a 90-day supply |
| Glyburide | Tablet | 2.5mg | Oral | May fill up to a 90-day supply |
| Glyburide | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Glyburide Micronized | Tablet | 1.5mg | Oral | May fill up to a 90-day supply |
| Glyburide Micronized | Tablet | 3mg | Oral | May fill up to a 90-day supply |
| Glyburide Micronized | Tablet | 6mg | Oral | May fill up to a 90-day supply |

Thiazolidinediones (TZD)

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------|-------------|----------|-------|--------------------------------|
| Pioglitazone HCL | Tablet | 15mg | Oral | May fill up to a 90-day supply |
| Pioglitazone HCL | Tablet | 30mg | Oral | May fill up to a 90-day supply |
| Pioglitazone HCL | Tablet | 45mg | Oral | May fill up to a 90-day supply |

EAR – GENERAL DISORDERS

Antibiotics

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------------------|----------------|----------|-------|----------|
| Ciprofloxacin | Droperette | 0.2% | Otic | |
| Neomycin-Polymyxin- Hydrocortisone | Drops Solution | 3.5/10k- | Otic | |

| | | | | |
|------------------------------------|------------------|----------------|------|--|
| | | 1/drop | | |
| Neomycin-Polymyxin- Hydrocortisone | Drops Suspension | 3.5/10k-1/drop | Otic | |
| Ofloxacin | Drops | 0.3% | Otic | |

Anti-Infectives

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------------|-------------|----------|-------|----------|
| Acetic Acid | Solution | 2% | Otic | |
| Hydrocortisone- Acetic Acid | Drops | 1%-2% | Otic | |

Anti-Inflammatory-Antibiotic

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|------------------|-----------|-------|----------|
| Cipro HC (ciprofloxacin/hydrocortisone) | Drops Suspension | 0.2%-1% | Otic | |
| Ciprofloxacin/dexamethasone | Drops Suspension | 0.3%-0.1% | Otic | |

Ear Preparations, Ear Wax Removers

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------|-------------|----------|-------|---|
| Carbamide Peroxide | Drops | 6.5% | Otic | Age Limit: 20 years and younger Age 21 and older, Prior Authorization required |

ELECTROLYTE REGULATION

Electrolyte Depleters

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------------------|-----------------|---------------|-------|----------|
| Calcium acetate | Capsule | 667mg | Oral | |
| Calcium acetate | Tablet | 667mg | Oral | |
| Sodium polystyrene sulfonate | Powder | | Oral | |
| SPS (Sodium polystyrene sulfonate) | Oral Suspension | 15 gram/60 ml | Oral | |

Potassium Replacement

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|---------------------|----------|-------|--------------------------------|
| Effer-K (potassium bicarbonate/citric acid) | Tablet Effervescent | 25 MEQ | Oral | May fill up to a 90-day supply |
| Klor-Con M10 (potassium chloride) | Tablet ER Particles | 10 MEQ | Oral | May fill up to a 90-day supply |
| Klor-Con M15 (potassium chloride) | Tablet ER Particles | 15MEQ | Oral | May fill up to a 90-day supply |

| | | | | |
|---|---------------------|------------|------|--------------------------------|
| Klor-Con M20 (potassium chloride) | Tablet ER Particles | 20MEQ | Oral | May fill up to a 90-day supply |
| Klor-Con-EF (potassium bicarbonate/citric acid) | Tablet Effervescent | 25MEQ | Oral | May fill up to a 90-day supply |
| Potassium chloride | Capsule ER | 8MEQ | Oral | May fill up to a 90-day supply |
| Potassium chloride | Capsule ER | 10MEQ | Oral | May fill up to a 90-day supply |
| Potassium chloride | Liquid | 20MEQ/15ml | Oral | May fill up to a 90-day supply |
| Potassium chloride | Packet | 20MEQ | Oral | May fill up to a 90-day supply |
| Potassium chloride | Tablet ER Particles | 10MEQ | Oral | May fill up to a 90-day supply |
| Potassium chloride | Tablet ER Particles | 15MEQ | Oral | May fill up to a 90-day supply |
| Potassium chloride | Tablet ER Particles | 20MEQ | Oral | May fill up to a 90-day supply |
| Potassium chloride | Tablet ER | 8MEQ | Oral | May fill up to a 90-day supply |
| Potassium chloride | Tablet ER | 10MEQ | Oral | May fill up to a 90-day supply |
| Potassium chloride | Tablet ER | 20MEQ | Oral | May fill up to a 90-day supply |

Sodium/Saline Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------|-------------|----------|-------|--------------------------------|
| Sodium chloride | Tablet | 1000mg | Oral | May fill up to a 90-day supply |

ENDOCRINE DISORDER – OTHER

Antidiuretic and Vasopressor Hormones

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------|-------------|----------|-------|------------------------------|
| Desmopressin acetate | Tablet | 0.1mg | Oral | Prior Authorization required |
| Desmopressin acetate | Tablet | 0.2mg | Oral | Prior Authorization required |

Antineoplastic LHRH (GNRH) Agonist

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------------|-------------|-----------|---------------|------------------------------|
| Leuprolide acetate | Kit | 1mg/0.2ml | Subcutaneous | Prior Authorization required |
| Leuprolide acetate | Vial | 1mg/0.2ml | Subcutaneous | Prior Authorization required |
| Lupron Depot (leuprolide) | Kit | 7.5mg | Intramuscular | Prior Authorization required |

Bone Resorption Inhibitors

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------|-------------|-----------|-------|--------------------------------|
| Alendronate sodium | Solution | 70mg/75ml | Oral | |
| Alendronate sodium | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Alendronate sodium | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Alendronate sodium | Tablet | 35mg | Oral | May fill up to a 90-day supply |
| Alendronate sodium | Tablet | 70mg | Oral | May fill up to a 90-day supply |

| | | | | |
|-------------------|------------|---------------------|-----------|--|
| Calcitonin-Salmon | Spray/Pump | 200 units/ spray | Nasal | |
| Calcitonin-Salmon | Vial | 200 units/ml | Injection | |
| Raloxifene HCL | Tablet | 60mg | Oral | |

Growth Hormones

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------------------|--------------|------------|--------------|------------------------------|
| Humatrope (somatropin) | Vial | 5mg | Injection | Prior Authorization required |
| Norditropin Flexpro (somatropin) | Pen Injector | 5mg/1.5ml | Subcutaneous | Prior Authorization required |
| Norditropin Flexpro (somatropin) | Pen Injector | 15mg/1.5ml | Subcutaneous | Prior Authorization required |

Hyperparathyroid Treatment Agent – Vitamin D Analog-Type

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------|-------------|----------|-------|----------|
| Doxercalciferol | Capsule | 0.5mcg | Oral | |

LHRH (GNRH) Agonist Analog Pituitary Suppressants

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------------------------|-------------|----------|---------------|------------------------------|
| Lupron Depot (leuprolide) | Syringe Kit | 11.25mg | Intramuscular | Prior Authorization required |
| Lupron Depot (Lupaneta) (leuprolide) | Syringe Kit | 11.25mg | Intramuscular | Prior Authorization required |
| Synarel (nafarelin) | Spray | 2mg/ml | Nasal | Prior Authorization required |

LHRH (GNRH) Agonist Analog Pituitary Suppressants, Central Precocious Puberty

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------------|-------------|----------|---------------|------------------------------|
| Lupron Depot-Ped (leuprolide) | Kit | 7.5mg | Intramuscular | Prior Authorization required |
| Lupron Depot-Ped (leuprolide) | Kit | 11.25mg | Intramuscular | Prior Authorization required |
| Lupron Depot-Ped (leuprolide) | Kit | 15mg | Intramuscular | Prior Authorization required |
| Lupron Depot-Ped (leuprolide) | Syringe Kit | 11.25mg | Intramuscular | Prior Authorization required |

Pituitary Suppressive

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|-------|------------------------------|
| Danazol | Capsule | 50mg | Oral | Prior Authorization required |
| Danazol | Capsule | 100mg | Oral | Prior Authorization required |
| Danazol | Capsule | 200mg | Oral | Prior Authorization required |

ENDOCRINE DISORDER – THYROID

Antithyroid Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------|-------------|----------|-------|--------------------------------|
| Methimazole | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Methimazole | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Propylthiouracil | Tablet | 50mg | Oral | May fill up to a 90-day supply |

Iodine Containing Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------------|-------------|-----------|-------|----------|
| Potassium iodide | Solution | 1 gram/ml | Oral | |
| SSKI (potassium iodide) | Solution | 1 gram/ml | Oral | |
| Iosat (potassium iodide) | Tablet | 65mg | Oral | |
| Thyrosafe (potassium iodide) | Tablet | 65mg | Oral | |

Thyroid Hormones

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------------|-------------|----------|-------|--------------------------------|
| Armour Thyroid | Tablet | 15mg | Oral | |
| Armour Thyroid | Tablet | 30mg | Oral | |
| Armour Thyroid | Tablet | 60mg | Oral | |
| Armour Thyroid | Tablet | 90mg | Oral | |
| Armour Thyroid | Tablet | 120mg | Oral | |
| Armour Thyroid | Tablet | 180mg | Oral | |
| Armour Thyroid | Tablet | 240mg | Oral | |
| Armour Thyroid | Tablet | 300mg | Oral | |
| Euthyrox (levothyroxine) | Tablet | 25mcg | Oral | May fill up to a 90-day supply |
| Euthyrox (levothyroxine) | Tablet | 50mcg | Oral | May fill up to a 90-day supply |
| Euthyrox (levothyroxine) | Tablet | 75mcg | Oral | May fill up to a 90-day supply |
| Euthyrox (levothyroxine) | Tablet | 88mcg | Oral | May fill up to a 90-day supply |
| Euthyrox (levothyroxine) | Tablet | 100mcg | Oral | May fill up to a 90-day supply |
| Euthyrox (levothyroxine) | Tablet | 112mcg | Oral | May fill up to a 90-day supply |
| Euthyrox (levothyroxine) | Tablet | 125mcg | Oral | May fill up to a 90-day supply |
| Euthyrox (levothyroxine) | Tablet | 137mcg | Oral | May fill up to a 90-day supply |
| Euthyrox (levothyroxine) | Tablet | 150mcg | Oral | May fill up to a 90-day supply |
| Euthyrox (levothyroxine) | Tablet | 175mcg | Oral | May fill up to a 90-day supply |
| Euthyrox (levothyroxine) | Tablet | 200mcg | Oral | May fill up to a 90-day supply |

| | | | | |
|----------------------|--------|--------|------|--------------------------------|
| Levothyroxine sodium | Tablet | 25mcg | Oral | May fill up to a 90-day supply |
| Levothyroxine sodium | Tablet | 50mcg | Oral | May fill up to a 90-day supply |
| Levothyroxine sodium | Tablet | 75mcg | Oral | May fill up to a 90-day supply |
| Levothyroxine sodium | Tablet | 88mcg | Oral | May fill up to a 90-day supply |
| Levothyroxine sodium | Tablet | 100mcg | Oral | May fill up to a 90-day supply |
| Levothyroxine sodium | Tablet | 112mcg | Oral | May fill up to a 90-day supply |
| Levothyroxine sodium | Tablet | 125mcg | Oral | May fill up to a 90-day supply |
| Levothyroxine sodium | Tablet | 137mcg | Oral | May fill up to a 90-day supply |
| Levothyroxine sodium | Tablet | 150mcg | Oral | May fill up to a 90-day supply |
| Levothyroxine sodium | Tablet | 175mcg | Oral | May fill up to a 90-day supply |
| Levothyroxine sodium | Tablet | 200mcg | Oral | May fill up to a 90-day supply |
| Levothyroxine sodium | Tablet | 300mcg | Oral | May fill up to a 90-day supply |
| Liothyronine sodium | Tablet | 5mcg | Oral | May fill up to a 90-day supply |
| Liothyronine sodium | Tablet | 25mcg | Oral | May fill up to a 90-day supply |
| Liothyronine sodium | Tablet | 50mcg | Oral | May fill up to a 90-day supply |
| NP Thyroid | Tablet | 15mg | Oral | May fill up to a 90-day supply |
| NP Thyroid | Tablet | 30mcg | Oral | May fill up to a 90-day supply |
| NP Thyroid | Tablet | 60mcg | Oral | May fill up to a 90-day supply |
| NP Thyroid | Tablet | 90mcg | Oral | May fill up to a 90-day supply |
| NP Thyroid | Tablet | 120mcg | Oral | May fill up to a 90-day supply |

EYE – GENERAL DISORDERS

Antibiotic

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|-----------------|------------------|------------|----------|
| Bacitracin | Ointment (gram) | 500unit/gram | Ophthalmic | |
| Bacitracin-Polymyxin | Ointment (gram) | 500-10k/ gram | Ophthalmic | |
| Ciprofloxacin HCL | Drops | 0.3% | Ophthalmic | |
| Erythromycin | Ointment (gram) | 5mg/gram | Ophthalmic | |
| Gentamicin sulfate | Drops | 0.3% | Ophthalmic | |
| Moxifloxacin | Drops | 0.5% | Ophthalmic | |
| Neomycin-Bacitracin-Polymyxin | Ointment (gram) | 3.5mg-400 | Ophthalmic | |
| Nemomycin-Polymyxin- Gramicidine | Drops | 1.75mg-10k | Ophthalmic | |
| Neo-Polycin (neomycin/ bacitracin/polymyxin) | Ointment (gram) | 3.5mg-400 | Ophthalmic | |
| Ofloxacin | Drops | 0.3% | Ophthalmic | |

| | | | | |
|---|-----------------|------------------|------------|--|
| Polycin (bacitracin/ polymyxin B sulfate) | Ointment (gram) | 500-10k/ gram | Ophthalmic | |
| Polymyxin B sulfate- Trimethoprim | Drops | 10000-1/ml | Ophthalmic | |
| Tobramycin | Drops | 0.3% | Ophthalmic | |
| Tobrex (tobramycin) | Ointment (gram) | 0.3% | Ophthalmic | |

Antibiotic-Corticosteroid

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|------------------|-------------|------------|----------|
| Neomycin-Bacitracin- Polymyxin- Hydrocortisone | Ointment (gram) | 3.5-10k-1 | Ophthalmic | |
| Neomycin-Polymyxin- Dexamethasone | Drops Suspension | 0.1% | Ophthalmic | |
| Neomycin-Polymyxin- Dexamethasone | Ointment (gram) | 3.5-10k-0.1 | Ophthalmic | |
| Neomycin-Polymyxin- Hydrocortisone | Drops Suspension | 3.5-10k-10 | Ophthalmic | |
| Tobramycin-Dexamethasone | Drops Suspension | 0.3%-0.1% | Ophthalmic | |

Antihistamines

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------|-------------|----------|------------|------------------------------|
| Olopatadine HCL | Drops | 0.1% | Ophthalmic | Prior Authorization required |

Anti-Inflammatory Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------------------|------------------|----------|------------|------------------------------|
| Dexamethasone sodium phosphate | Drops | 0.1% | Ophthalmic | |
| Diclofenac sodium | Drops | 0.1% | Ophthalmic | |
| Flarex (fluorometholone) | Drops Suspension | 0.1% | Ophthalmic | Prior Authorization required |
| Fluorometholone | Drops Suspension | 0.1% | Ophthalmic | |
| Flurbiprofen sodium | Drops | 0.03% | Ophthalmic | |
| FML Forte (fluorometholone) | Drops Suspension | 0.25% | Ophthalmic | |
| Ketorolac tromethamine | Drops | 0.5% | Ophthalmic | |
| Pred Mild (prednisolone) | Drops Suspension | 0.12% | Ophthalmic | |
| Prednisolone acetate | Drops Suspension | 1% | Ophthalmic | |
| Prednisolone sodium phosphate | Drops | 1% | Ophthalmic | |

Anti-Inflammatory Immunomodulator-Type

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------|-------------|----------|------------|------------------------------|
| Cyclosporine | Droperette | 0.05% | Ophthalmic | Prior Authorization required |

Antivirals

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------|-------------|----------|------------|----------|
| Trifluridine | Drops | 1% | Ophthalmic | |
| Zirgan (ganciclovir) | Gel (gram) | 0.15% | Ophthalmic | |

Sulfonamides

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------------|-----------------|-----------|------------|----------|
| Sulfacetamide sodium | Drops | 10% | Ophthalmic | |
| Sulfacetamide sodium | Ointment (gram) | 10% | Ophthalmic | |
| Sulfacetamide- prednisolone | Drops | 10%-0.23% | Ophthalmic | |

EYE- GLAUCOMA

Carbonic Anhydrase Inhibitors

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------|-------------|----------|-------|----------|
| Acetazolamide | Tablet | 125mg | Oral | |
| Acetazolamide | Tablet | 250mg | Oral | |
| Acetazolamide ER | Capsule ER | 500mg | Oral | |
| Methazolamide | Tablet | 25mg | Oral | |
| Methazolamide | Tablet | 50mg | Oral | |

Miotics/Other Intraocular Pressure Reducers

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------------|------------------|-----------------|------------|----------|
| Alphagan P (brimonidine) | Drops | 0.1% | Ophthalmic | |
| Betaxolol HCL | Drops | 0.5% | Ophthalmic | |
| Betimol (timolol) | Drops | 0.25% | Ophthalmic | |
| Betimol (timolol) | Drops | 0.5% | Ophthalmic | |
| Betoptic S | Drops Suspension | 0.25% | Ophthalmic | |
| Bimatoprost | Drops | 0.03% | Ophthalmic | |
| Brimonidine tartrate | Drops | 0.2% | Ophthalmic | |
| Brimonidine tartrate | Drops | 0.15% | Ophthalmic | |
| Brinzolamide | Drops Suspension | 1% | Ophthalmic | |
| Carteolol HCL | Drops | 1% | Ophthalmic | |
| Dorzolamide | Drops | 2% | Ophthalmic | |
| Dorzolamide-Timolol | Drops | 22.3-6.8/1 drop | Ophthalmic | |

| | | | | |
|---|-------|--------|------------|------------------------------|
| Latanoprost | Drops | 0.01% | Ophthalmic | |
| Levobunolol HCL | Drops | 0.5% | Ophthalmic | |
| Lumigan (Bimatoprost) | Drops | 0.01% | Ophthalmic | |
| Phospholine Iodide (echothiophate iodide) | Drops | 0.13% | Ophthalmic | Prior Authorization required |
| Pilocarpine HCL | Drops | 1% | Ophthalmic | |
| Pilocarpine HCL | Drops | 2% | Ophthalmic | |
| Pilocarpine HCL | Drops | 4% | Ophthalmic | |
| Timolol maleate | Drops | 0.25% | Ophthalmic | |
| Timolol maleate | Drops | 0.5% | Ophthalmic | |
| Timolol maleate | Gel | 0.25% | Ophthalmic | |
| Timolol maleate | Gel | 0.5% | Ophthalmic | |
| Travoprost | Drops | 0.004% | Ophthalmic | |

Mydriatics

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------------|-------------|----------|------------|------------------------------|
| Cyclogyl (Cyclopentolate HCL) | Drops | 1% | Ophthalmic | Prior Authorization required |
| Cyclogyl (Cyclopentolate HCL) | Drops | 2% | Ophthalmic | Prior Authorization required |
| Cyclopentolate HCL | Drops | 1% | Ophthalmic | Prior Authorization required |
| Homatropaire | Drops | 5% | Ophthalmic | |
| Tropicamide | Drops | 0.5% | Ophthalmic | Prior Authorization required |
| Tropicamide | Drops | 1% | Ophthalmic | Prior Authorization required |

EYE – MISCELLANEOUS

Eye Preparations (OTC)

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|-----------------|-------------|------------|----------|
| For Sty Relief (mineral oil/prerolatum) | Ointment (gram) | | Ophthalmic | |
| Gentle Tears Severe (mineral oil/ petrolatum) | Ointment (gram) | 3%-94% | Ophthalmic | |
| Lubricant Eye (mineral oil/petrolatum) | Ointment (gram) | 42.5%-57.3% | Ophthalmic | |
| Overnight Lubricating Eye (mineral oil/ petrolatum) | Ointment (gram) | 3%-94% | Ophthalmic | |
| Systane (mineral oil/petrolatum) | Ointment (gram) | 3%-94% | Ophthalmic | |

GOUT AND RELATED DISEASES

Colchicine

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------|-------------|----------|-------|----------|
| Colchicine | Tablet | 0.6mg | Oral | |

Hyperuricemia Treatment-Purine Inhibitors

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------|-------------|----------|-------|--------------------------------|
| Allopurinol | Tablet | 100mg | Oral | May fill up to a 90-day supply |
| Allopurinol | Tablet | 300mg | Oral | May fill up to a 90-day supply |

Uricosuric Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------|-------------|-------------|-------|----------|
| Probenecid | Tablet | 500mg | Oral | |
| Probenecid-Colchicine | Tablet | 500mg-0.5mg | Oral | |

HEMATOLOGICAL DISORDERS

Anticoagulants, Coumarin Type

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|-------|--------------------------------|
| Warfarin | Tablet | 1mg | Oral | May fill up to a 90-day supply |
| Warfarin | Tablet | 2mg | Oral | May fill up to a 90-day supply |
| Warfarin | Tablet | 2.5mg | Oral | May fill up to a 90-day supply |
| Warfarin | Tablet | 3mg | Oral | May fill up to a 90-day supply |
| Warfarin | Tablet | 4mg | Oral | May fill up to a 90-day supply |
| Warfarin | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Warfarin | Tablet | 6mg | Oral | May fill up to a 90-day supply |
| Warfarin | Tablet | 7.5mg | Oral | May fill up to a 90-day supply |
| Warfarin | Tablet | 10mg | Oral | May fill up to a 90-day supply |

Direct Factor XA Inhibitors

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------|-------------|----------|-------|---|
| Eliquis (apixaban) | Tablet | 2.5mg | Oral | Quantity Limit: 180 days in 365 days Minimum quantity per day: 2 doses |

| | | | | |
|-----------------------|------------------|-----------|------|--|
| | | | | Prior Authorization required after 180 days |
| Eliquis (apixaban) | Tablet | 5mg | Oral | Quantity Limit: 180 days in 365 days Minimum quantity per day: 2 doses Prior Authorization required after 180 days |
| Savaysa (edoxaban) | Tablet | 15mg | Oral | Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days |
| Savaysa (edoxaban) | Tablet | 30mg | Oral | Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days |
| Savaysa (edoxaban) | Tablet | 60mg | Oral | Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days |
| Xarelto (rivaroxaban) | Tablet | 2.5mg | Oral | Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days |
| Xarelto (rivaroxaban) | Tablet Dose Pack | 15mg-20mg | Oral | Quantity Limit: 90 days in 365 days Prior Authorization required after 90 days |
| Xarelto (rivaroxaban) | Tablet | 10mg | Oral | Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days |
| Xarelto (rivaroxaban) | Tablet | 15mg | Oral | Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days |
| Xarelto (rivaroxaban) | Tablet | 20mg | Oral | Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days |

Hematinics, Other

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------|-------------|----------|-----------|------------------------------|
| Epogen (epoetin alfa) | Vial | 2000/ml | Injection | Prior Authorization required |
| Epogen (epoetin alfa) | Vial | 3000/ml | Injection | Prior Authorization required |
| Epogen (epoetin alfa) | Vial | 4000/ml | Injection | Prior Authorization required |
| Epogen (epoetin alfa) | Vial | 10000/ml | Injection | Prior Authorization required |

| | | | | |
|------------------------|------|-----------|-----------|------------------------------|
| Epogen (epoetin alfa) | Vial | 20000/2ml | Injection | Prior Authorization required |
| Procrit (epoetin alfa) | Vial | 2000/ml | Injection | Prior Authorization required |
| Procrit (epoetin alfa) | Vial | 3000/ml | Injection | Prior Authorization required |
| Procrit (epoetin alfa) | Vial | 4000/ml | Injection | Prior Authorization required |
| Procrit (epoetin alfa) | Vial | 10000/ml | Injection | Prior Authorization required |
| Procrit (epoetin alfa) | Vial | 20000/2ml | Injection | Prior Authorization required |

Heparin and Related Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------|-------------|--------------|--------------|----------|
| Enoxaparin sodium | Syringe | 30mg/0.3ml | Subcutaneous | |
| Enoxaparin sodium | Syringe | 40mg/0.4ml | Subcutaneous | |
| Enoxaparin sodium | Syringe | 60mg/0.6ml | Subcutaneous | |
| Enoxaparin sodium | Syringe | 80mg/0.8ml | Subcutaneous | |
| Enoxaparin sodium | Syringe | 100mg/ml | Subcutaneous | |
| Enoxaparin sodium | Syringe | 120mg/0.8ml | Subcutaneous | |
| Enoxaparin sodium | Syringe | 150mg/ml | Subcutaneous | |
| Heparin Flush | Vial | 10unit/ml | Intravenous | |
| Heparin Lock | Vial | 100unit/ml | Intravenous | |
| Heparin Lock | Vial | 10unit/ml | Intravenous | |
| Heparin Sodium | Cartridge | 5000unit/ml | Injection | |
| Heparin Sodium | Syringe | 5000unit/ml | Injection | |
| Heparin Sodium | Vial | 1000unit/ml | Injection | |
| Heparin Sodium | Vial | 5000unit/ml | Injection | |
| Heparin Sodium | Vial | 10000unit/ml | Injection | |
| Heparin Sodium | Vial | 20000unit/ml | Injection | |

Leukocyte (WBC) Stimulant

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------|-------------|----------|-----------|------------------------------|
| Leukine (sargramostim) | Vial | 250mcg | Injection | Prior Authorization required |

Platelet Aggregation Inhibitors

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-----------------|----------|-------|---|
| Aspirin | Tablet Chewable | 81mg | Oral | Quantity limit: 90 tablets in 26 days May fill up to a 90-day supply |
| Aspirin | Tablet DR | 81mg | Oral | Quantity limit: 90 tablets in 26 days |

| | | | | |
|--------------------|---------|-------|------|--|
| | | | | May fill up to a 90-day supply |
| Aspirin | Tablet | 81mg | Oral | Quantity limit: 90 tablets in 26 days |
| | | | | May fill up to a 90-day supply |
| Cilostazol | Tablet | 50mg | Oral | May fill up to a 90-day supply |
| Cilostazol | Tablet | 100mg | Oral | May fill up to a 90-day supply |
| Clopidogrel | Tablet | 75mg | Oral | May fill up to a 90-day supply |
| Dipyridamole | Tablet | 25mg | Oral | May fill up to a 90-day supply |
| Dipyridamole | Tablet | 50mg | Oral | May fill up to a 90-day supply |
| Dipyridamole | Tablet | 75mg | Oral | May fill up to a 90-day supply |
| Prasugrel HCL | Tablet | 5mg | Oral | Quantity Limit: 1 tablet per day |
| | | | | May fill up to a 90-day supply |
| Prasugrel HCL | Tablet | 10mg | Oral | Quantity limit: 35 tablets per 30 days |
| | | | | May fill up to a 90-day supply |
| Vasalore (aspirin) | Capsule | 81mg | Oral | Prior authorization required |

Platelet Reducing Agent

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------|-------------|----------|-------|------------------------------|
| Anagrelide HCL | Capsule | 0.5mg | Oral | Prior Authorization required |

Thrombin Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------|-------------|----------|-------|---|
| Pradaxa (dabigatran) | Capsule | 75mg | Oral | Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days |
| Pradaxa (dabigatran) | Capsule | 110mg | Oral | Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days |
| Pradaxa (dabigatran) | Capsule | 150mg | Oral | Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days |

Vitamin K Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------|-------------|----------|-------|----------|
| Phytonadione | Tablet | 5mg | Oral | |

HORMONE DEFICIENCY

Androgenic Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------------------|---------------|-------------|---------------|------------------------------|
| Androderm (testosterone) | Patch 24-hour | 4mg/24 hour | Transdermal | Prior Authorization required |
| Methitest (methyltestosterone) | Tablet | 10mg | Oral | |
| Oxandrolone | Tablet | 2.5mg | Oral | Prior Authorization required |
| Testosterone cypionate | Vial | 100mg/ml | Intramuscular | |
| Testosterone cypionate | Vial | 200mg/ml | Intramuscular | |

Estrogen/Androgen Combination

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------------|-------------|--------------------|-------|----------|
| Estrogen- Methyltestosterone | Tablet | 0.625mg- 1.25mg | Oral | |

Estrogenic Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------------------------|-------------|------------------------------|-------------|--------------------------------|
| Combipatch (estradiol/ norethindrone) | Patch | 0.05mg- 0.14mg/24 hour | Transdermal | |
| Combipatch (estradiol/ norethindrone) | Patch | 0.05mg- 0.25mg/24 hour | Transdermal | |
| Dotti (estradiol) | Patch | 0.0375mg/24 hour | Transdermal | May fill up to a 90-day supply |
| Dotti (estradiol) | Patch | 0.05mg/24 hour | Transdermal | May fill up to a 90-day supply |
| Dotti (estradiol) | Patch | 0.075mg/ 24 hour | Transdermal | May fill up to a 90-day supply |
| Dotti (estradiol) | Patch | 0.1mg/24 hour | Transdermal | May fill up to a 90-day supply |
| Estradiol | Tablet | 0.5mg | Oral | May fill up to a 90-day supply |
| Estradiol | Tablet | 1mg | Oral | May fill up to a 90-day supply |
| Estradiol | Tablet | 2mg | Oral | May fill up to a 90-day supply |
| Estradiol (Once Weekly) | Patch | 0.05mg/ 24 hour | Transdermal | |
| Estradiol (Once Weekly) | Patch | 0.1mg/24 | Transdermal | |

| | | | | |
|--|--------|------------------|---------------|--------------------------------|
| | | hour | | |
| Estradiol (Twice Weekly) | Patch | 0.025mg/ 24 hour | Transdermal | |
| Estradiol (Twice Weekly) | Patch | 0.0375mg/24 hour | Transdermal | May fill up to a 90-day supply |
| Estradiol (Twice Weekly) | Patch | 0.05mg/24 hour | Transdermal | May fill up to a 90-day supply |
| Estradiol (Twice Weekly) | Patch | 0.075mg/24 hour | Transdermal | May fill up to a 90-day supply |
| Estradiol (Twice Weekly) | Patch | 0.1mg/24 hour | Transdermal | May fill up to a 90-day supply |
| Estradiol valerate | Vial | 10mg/ml | Intramuscular | |
| Fyavolv (norethindrone/ethinyl estradiol) | Tablet | 1mg-5mcg | Oral | |
| Jinteli (norethindrone/ ethinyl estradiol) | Tablet | 1mg-5mcg | Oral | |
| Lyllana (estradiol) | Patch | 0.0375mg/24 hour | Transdermal | May fill up to a 90-day supply |
| Lyllana (estradiol) | Patch | 0.05mg/24 hour | Transdermal | May fill up to a 90-day supply |
| Lyllana (estradiol) | Patch | 0.075mg/24 hour | Transdermal | May fill up to a 90-day supply |
| Lyllana (estradiol) | Patch | 0.1mg/24 hour | Transdermal | May fill up to a 90-day supply |
| Menest (estrogens, esterified) | Tablet | 0.3mg | Oral | |
| Menest (estrogens, esterified) | Tablet | 0.625mg | Oral | |
| Menest (estrogens, esterified) | Tablet | 1.25mg | Oral | |
| Menest (estrogens, esterified) | Tablet | 2.5mg | Oral | |
| Norethindrone- Ethinyl Estradiol | Tablet | 1mg-5mcg | Oral | |

Progestational Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------------|-------------|----------|-------|--------------------------------|
| Medroxyprogesterone acetate | Tablet | 2.5mg | Oral | May fill up to a 90-day supply |
| Medroxyprogesterone acetate | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Medroxyprogesterone acetate | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Norethindrone AC (Lupaneta) | Tablet | 5mg | Oral | |
| Norethindrone acetate | Tablet | 5mg | Oral | |
| Progesterone | Capsule | 100mg | Oral | |
| Progesterone | Capsule | 200mg | Oral | 90-day eligible |

IMMUNIZATION

COVID-19 Vaccines

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|-------------|--------------|---------------|--|
| Comirnaty | Vial | 30mcg/0.3ml | Intramuscular | Age Limit: 12 years and older Age 18 and younger need to receive from VFC |
| Moderna COVID-19 Bivalent Vaccine (6MO-5Y) (EUA) | Vial | 10mcg/0.2 ml | Intramuscular | Age Limit: 6 months-5 years Age 18 and younger need to receive from VFC |
| Moderna COVID-19 Bivalent Vaccine (6MO up) (EUA) | Vial | 50mcg/0.5 ml | Intramuscular | Age Limit: 6 months and older Age 18 and younger need to receive from VFC |
| Novavax COVID-19 (EUA) | Vial | 5mcg/0.5 ml | Intramuscular | Age Limit: 12 years and older Age 18 and younger need to receive from VFC |
| Pfizer COVID Bivalent (6M-4Y) (EUA) | Vial | 3mcg/0.2 ml | Intramuscular | Age Limit: 6 months-4 years Age 18 and younger need to receive from VFC |
| Pfizer COVID Bivalent (5-11Y) (EUA) | Vial | 10mcg/0.2 ml | Intramuscular | Age Limit: 5-11 years Age 18 and younger need to receive from VFC |
| Pfizer COVID Bivalent (12Y up) (EUA) | Vial | 30mcg/0.3 ml | Intramuscular | Age Limit: 12 years and older Age 18 and younger need to receive from VFC |

Gram Negative Bacilli (Non-Enteric) Vaccines

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|-------------|---------------|------------------------------|
| Typhim VI | Syringe | 25MCG/0.5ml | Intramuscular | Age Limit: ages 18 and older |
| Typhim VI | Vial | 25MCG/0.5ml | Intramuscular | Age Limit: ages 18 and older |
| Vivotif | Capsule DR | 2B UNIT | Oral | Age Limit: ages 18 and older |

Gram Negative Cocci Vaccines

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------------------|-------------|-----------------------|---------------|----------------------|
| Bexsero (meningococcal B vaccine) | Syringe | 50mcg- 50mcg/0.5ml | Intramuscular | Age Limit: age 19-25 |

| | | | | |
|------------------------------------|---------|---------------|---------------|----------------------|
| Trumenba (meningococcal B Vaccine) | Syringe | 120mcg/0.5 ml | Intramuscular | Age Limit: age 19-25 |
|------------------------------------|---------|---------------|---------------|----------------------|

Influenza Virus Vaccines

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------|-------------|----------------------|---------------|--|
| Afluria Quad | Vial | 60mcg/0.5ml | Intramuscular | Age Limit: age 18 and up Fill Limit: 1 per 180 days |
| Afluria Quad | Syringe | 60mcg/0.5ml | Intramuscular | Age Limit: age 18 and up Fill Limit: 1 per 180 days |
| Fluad | Syringe | 45mcg/0.5ml | Intramuscular | Age Limit: age 18 and up Fill Limit: 1 per 180 days |
| Fluad Quad | Syringe | 60mcg/0.5ml | Intramuscular | Age Limit: age 18 and up Fill Limit: 1 per 180 days |
| Fluarix Quad | Syringe | 60mcg/0.5ml | Intramuscular | Age Limit: age 18 and up Fill Limit: 1 per 180 days |
| Flublok Quad | Syringe | 180mcg/0.5 ml | Intramuscular | Age Limit: age 18 and up Fill Limit: 1 per 180 days |
| Flucelvax Quad | Syringe | 60mcg/0.5ml | Intramuscular | Age Limit: age 18 and up Fill Limit: 1 per 180 days |
| Flucelvax Quad | Vial | 60mcg/0.5ml | Intramuscular | Age Limit: age 18 and up Fill Limit: 1 per 180 days |
| Flulaval Quad | Syringe | 60mcg/0.5ml | Intramuscular | Age Limit: age 18 and up Fill Limit: 1 per 180 days |
| Flumist Quad | Nasal Spray | 10E6.5-7.5 FFU/.02ml | Nasal | Age Limit: age 18 and up Fill Limit: 1 per 180 days |
| Fluzone High-Dose Quad | Syringe | 240mcg/0.7 ml | Intramuscular | Age Limit: age 18 and up |

| | | | | |
|--------------|---------|-------------|---------------|----------------------------|
| | | | | Fill Limit: 1 per 180 days |
| Fluzone Quad | Syringe | 60mcg/0.5ml | Intramuscular | Age Limit: age 18 and up |
| | | | | Fill Limit: 1 per 180 days |
| Fluzone Quad | Vial | 60mcg/0.5ml | Intramuscular | Age Limit: age 18 and up |
| | | | | Fill Limit: 1 per 180 days |

Neurotoxic Virus Vaccines

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|------------|---------------|---------------------------|
| Dengvaxia | Vial | 10EXP4.5-6 | Subcutaneous | Age Limit: age 18 and up |
| Ixiaro | Syringe | 6MCG/0.5ML | Intramuscular | Age Limit: ages 18 and up |
| Stamaril | Vial | 1000/0.5ML | Subcutaneous | Age Limit: ages 18 and up |
| YF-Vax | Vial | 10E4.74 | Subcutaneous | Age Limit: ages 18 and up |

Toxin-Producing Bacilli Vaccines/Toxoids

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------|----------------------------|------------|---------------|--------------------------|
| Biothrax | Vial | 0.5ml/dose | Intramuscular | Age Limit: age 18 and up |
| Vaxchora Vaccine | Suspension Reconstitute | 0.4B TO 2B | Oral | Age Limit: age 18 and up |

Viral/Tumorigenic Vaccines

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|-------------|--------------|---------------|--|
| Abrysvo (RSV Vacc, Pref A and Pref B/PF) | Vial | 120mcg/0.5ml | Intramuscular | 1 dose per lifetime of Arexvy or Abrysvo |
| Arexvy (RSV PREF3 Antigen/AS01E/PF) | Kit | 120mcg/0.5ml | Intramuscular | 1 dose per lifetime of Arexvy or Abrysvo |
| Ervebi (National Stockpile) | Vial | 1 ML | Intramuscular | Age Limit: 18 and up |
| Shingrix | Kit | 50mcg/0.5ml | Intramuscular | Age Limit: age 50 and up; Quantity limit: 2 doses per life |

IMMUNOSUPPRESSION/MODULATION

Immunomodulators

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|---------|----------|
| Imiquimod | Cream Pack | 5% | Topical | |

Immunosuppressives

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|-------|----------|
|-----------|-------------|----------|-------|----------|

| | | | | |
|---------------------------|-----------|----------|------|--------------------------------|
| Azathioprine | Tablet | 50mg | Oral | May fill up to a 90-day supply |
| Cyclosporine | Capsule | 25mg | Oral | |
| Cyclosporine | Capsule | 100mg | Oral | |
| Cyclosporine, Modified | Capsule | 25mg | Oral | |
| Cyclosporine, Modified | Capsule | 50mg | Oral | |
| Cyclosporine, Modified | Capsule | 100mg | Oral | |
| Cyclosporine, Modified | Solution | 100mg/ml | Oral | Prior Authorization Required |
| Gengraf | Capsule | 25mg | Oral | |
| Gengraf | Capsule | 100mg | Oral | |
| Gengraf | Solution | 100mg/ml | Oral | Prior Authorization Required |
| Mycophenolate mofetil | Capsule | 250mg | Oral | |
| Mycophenolate mofetil | Tablet | 500mg | Oral | |
| Mycophenolic acid | Tablet DR | 180mg | Oral | |
| Mycophenolic acid | Tablet DR | 360mg | Oral | |
| Sandimmune (cyclosporine) | Solution | 100mg/ml | Oral | Prior Authorization Required |
| Sirolimus | Tablet | 2mg | Oral | Prior Authorization Required |
| Tacrolimus | Capsule | 0.5mg | Oral | |
| Tacrolimus | Capsule | 1mg | Oral | |
| Tacrolimus | Capsule | 5mg | Oral | |

INFECTIOUS DISEASE- BACTERIAL

Absorbable Sulfonamides

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|-----------------|--------------------|-------|----------|
| Sulfamethoxazole- Trimethoprim | Oral Suspension | 200mg- 40mg/5ml | Oral | |
| Sulfamethoxazole- Trimethoprim | Tablet | 800mg- 160mg | Oral | |
| Sulfamethoxazole- Trimethoprim | Tablet | 400mg- 800mg | Oral | |
| Sulfatrim (sulfamethoxazole/ trimethoprim) | Oral Suspension | 200mg- 40mg/5ml | Oral | |

Cephalosporins – 1st Generation

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------|-------------|----------|-------|----------|
| Cefadroxil | Capsule | 500mg | Oral | |

| | | | | |
|------------|----------------------------|-----------|------|------------------------------|
| Cefadroxil | Suspension Reconstitute | 500mg/5ml | Oral | |
| Cefadroxil | Tablet | 1 gram | Oral | Prior Authorization Required |
| Cephalexin | Capsule | 250mg | Oral | |
| Cephalexin | Capsule | 500mg | Oral | |
| Cephalexin | Suspension Reconstitute | 125mg/5ml | Oral | |
| Cephalexin | Suspension Reconstitute | 250mg/5ml | Oral | |

Cephalosporins – 2nd Generation

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------|----------------------------|-----------|-------|----------|
| Cefaclor | Capsule | 250mg | Oral | |
| Cefaclor | Capsule | 500mg | Oral | |
| Cefaclor | Suspension Reconstitute | 125mg/5ml | Oral | |
| Cefaclor | Suspension Reconstitute | 250mg/5ml | Oral | |
| Cefaclor | Suspension Reconstitute | 375mg/5ml | Oral | |
| Cefaclor ER | Tablet ER 12-hour | 500mg | Oral | |
| Cefprozil | Suspension Reconstitute | 125mg/5ml | Oral | |
| Cefprozil | Suspension Reconstitute | 250mg/5ml | Oral | |
| Cefprozil | Tablet | 250mg | Oral | |
| Cefprozil | Tablet | 500mg | Oral | |
| Cefuroxime | Tablet | 250mg | Oral | |
| Cefuroxime | Tablet | 500mg | Oral | |

Cephalosporins – 3rd Generation

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|----------------------------|-----------|-------|----------|
| Cefdinir | Capsule | 300mg | Oral | |
| Cefdinir | Suspension Reconstitute | 125mg/5ml | Oral | |
| Cefdinir | Suspension Reconstitute | 250mg/5ml | Oral | |

| | | | | |
|----------------------|----------------------------|-------------|-------------|------------------------------|
| Cefditoren pivoxil | Tablet | 200mg | Oral | Prior Authorization required |
| Cefixime | Suspension Reconstitute | 100mg/5ml | Oral | |
| Cefpodoxime proxetil | Suspension Reconstitute | 50mg/5ml | Oral | |
| Cefpodoxime proxetil | Suspension Reconstitute | 100mg/5ml | Oral | |
| Cefpodoxime proxetil | Tablet | 100mg | Oral | |
| Cefpodoxime proxetil | Tablet | 200mg | Oral | |
| Ceftriaxone | Piggyback | 1 gram/50ml | Intravenous | |
| Ceftriaxone | Piggyback | 2 gram/50ml | Intravenous | |
| Ceftriaxone | Vial Port | 2 gram | Intravenous | |

Macrolides

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------------|----------------------------|-----------|-------|----------|
| Azithromycin | Packet | 1 gram | Oral | |
| Azithromycin | Suspension Reconstitute | 100mg/5ml | Oral | |
| Azithromycin | Suspension Reconstitute | 200mg/5ml | Oral | |
| Azithromycin | Tablet | 250mg | Oral | |
| Azithromycin | Tablet | 500mg | Oral | |
| Azithromycin | Tablet | 600mg | Oral | |
| Clarithromycin | Suspension Reconstitute | 125mg/5ml | Oral | |
| Clarithromycin | Suspension Reconstitute | 250mg/5ml | Oral | |
| Clarithromycin | Tablet | 250mg | Oral | |
| Clarithromycin | Tablet | 500mg | Oral | |
| E.E.S 400 (erythromycin) | Tablet | 400mg | Oral | |
| Ery-Tab (erythromycin) | Tablet | 250mg | Oral | |
| Ery-Tab (erythromycin) | Tablet DR | 500mg | Oral | |
| Erythromycin | Capsule DR | 250mg | Oral | |
| Erythromycin | Tablet | 250mg | Oral | |
| Erythromycin | Tablet | 500mg | Oral | |
| Erythromycin | Tablet DR | 250mg | Oral | |
| Erythromycin | Tablet DR | 333mg | Oral | |

| | | | | |
|-----------------------------|----------------------------|-----------|------|--|
| Erythromycin | Tablet DR | 500mg | Oral | |
| Erythromycin ethylsuccinate | Suspension Reconstitute | 200mg/5ml | Oral | |
| Erythromycin ethylsuccinate | Suspension Reconstitute | 400mg/5ml | Oral | |
| Erythromycin ethylsuccinate | Tablet | 400mg | Oral | |

Miscellaneous

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|-------------|-------------------|-------|------------------------------|
| Phosphasal (methenamine/sodium biphosphate/phenyl salicylate/methylene blue/hyoscyamine) | Tablet | 81.6mg- 10.8mg | Oral | Prior Authorization required |
| Primsol (trimethoprim) | Solution | 50mg/5ml | Oral | |
| Trimethoprim | Tablet | 100mg | Oral | |
| Uretron D-S (methenamine/sodium biphosphate/phenyl salicylate/methylene blue/hyoscyamine) | Tablet | 81.6mg- 10.8mg | Oral | Prior Authorization required |

Nitrofurans Derivatives

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------------|-----------------|----------|-------|----------|
| Nitrofurantoin | Oral Suspension | 25mg/5ml | Oral | |
| Nitrofurantoin macrocrystal | Capsule | 25mg | Oral | |
| Nitrofurantoin macrocrystal | Capsule | 50mg | Oral | |
| Nitrofurantoin macrocrystal | Capsule | 100mg | Oral | |
| Nitrofurantoin mono-macro | Capsule | 100mg | Oral | |

Oxazolidinones

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|-------|----------|
| Linezolid | Tablet | 600mg | Oral | |

Penicillins

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------|----------------------------|-----------|-------|----------|
| Amoxicillin | Capsule | 250mg | Oral | |
| Amoxicillin | Capsule | 500mg | Oral | |
| Amoxicillin | Suspension Reconstitute | 125mg/5ml | Oral | |
| Amoxicillin | Suspension | 200mg/5ml | Oral | |

| | | | | |
|------------------------------------|----------------------------|-----------------------|------|--|
| | Reconstitute | | | |
| Amoxicillin | Suspension Reconstitute | 250mg/5ml | Oral | |
| Amoxicillin | Suspension Reconstitute | 400mg/5ml | Oral | |
| Amoxicillin | Tablet Chewable | 125mg | Oral | |
| Amoxicillin | Tablet Chewable | 250mg | Oral | |
| Amoxicillin | Tablet | 875mg | Oral | |
| Amoxicillin- Clavulanate potassium | Suspension Reconstitute | 125mg- 31.25mg/5ml | Oral | |
| Amoxicillin- Clavulanate potassium | Suspension Reconstitute | 200mg- 28.5mg/5ml | Oral | |
| Amoxicillin- Clavulanate potassium | Suspension Reconstitute | 250mg- 62.5mg/5ml | Oral | |
| Amoxicillin- Clavulanate potassium | Suspension Reconstitute | 400mg- 57mg/5ml | Oral | |
| Amoxicillin- Clavulanate potassium | Suspension Reconstitute | 600mg- 42.9mg/5ml | Oral | |
| Amoxicillin- Clavulanate potassium | Tablet Chewable | 200mg- 28.5mg | Oral | |
| Amoxicillin- Clavulanate potassium | Tablet Chewable | 400mg-57mg | Oral | |
| Amoxicillin- Clavulanate potassium | Tablet | 250mg- 125mg | Oral | |
| Amoxicillin- Clavulanate potassium | Tablet | 500mg- 125mg | Oral | |
| Amoxicillin- Clavulanate potassium | Tablet | 875mg- 125mg | Oral | |
| Ampicillin trihydrate | Capsule | 250mg | Oral | |
| Ampicillin trihydrate | Capsule | 500mg | Oral | |
| Augmentin | Suspension Reconstitute | 125mg- 31.25mg/5ml | Oral | |
| Dicloxacillin sodium | Capsule | 250mg | Oral | |
| Dicloxacillin sodium | Capsule | 500mg | Oral | |
| Penicillin V potassium | Solution Reconstitute | 125mg/5ml | Oral | |
| Penicillin V potassium | Solution Reconstitute | 250mg/5ml | Oral | |

| | | | | |
|------------------------|--------|-------|------|--|
| Penicillin V potassium | Tablet | 250mg | Oral | |
| Penicillin V potassium | Tablet | 500mg | Oral | |

Quinolones

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------|-------------------------|------------|-------------|-------------------------------------|
| Cipro | Suspension Reconstitute | 250mg/5ml | Oral | |
| Cipro | Suspension Reconstitute | 500mg/5ml | Oral | |
| Cipro XR | Tablet 24 hour | 1000mg | Oral | Quantity Limit: 1 tablet per 3 days |
| Ciprofloxacin | Suspension Reconstitute | 250mg/5ml | Oral | |
| Ciprofloxacin | Suspension Reconstitute | 500mg/5ml | Oral | |
| Ciprofloxacin HCL | Tablet | 100mg | Oral | |
| Ciprofloxacin HCL | Tablet | 250mg | Oral | |
| Ciprofloxacin HCL | Tablet | 500mg | Oral | |
| Ciprofloxacin HCL | Tablet | 750mg | Oral | |
| Levofloxacin | Solution | 250mg/10ml | Oral | |
| Levofloxacin | Tablet | 250mg | Oral | |
| Levofloxacin | Tablet | 500mg | Oral | |
| Levofloxacin | Tablet | 750mg | Oral | |
| Levofloxacin | Vial | 25mg/ml | Intravenous | |
| Ofloxacin | Tablet | 300mg | Oral | Prior Authorization required |
| Ofloxacin | Tablet | 400mg | Oral | Prior Authorization required |

Tetracyclines

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------|-------------|----------|-------|---|
| Doxycycline hyclate | Capsule | 50mg | Oral | Day Supply Limit: 90 days in 365 days Quantity Limit: 2 capsules per day |
| Doxycycline hyclate | Capsule | 100mg | Oral | Day Supply Limit: 90 days in 365 days Quantity Limit: 2 capsules per day |
| Doxycycline hyclate | Tablet | 50mg | Oral | Day Supply Limit: 90 days in 365 days Quantity Limit: 2 tablets per day |

| | | | | |
|--|-------------------------|----------|------|---|
| Doxycycline hyclate | Tablet | 100mg | Oral | Day Supply Limit: 90 days in 365 days Quantity Limit: 2 tablets per day |
| Doxycycline monohydrate | Capsule | 500mg | Oral | Day Supply Limit: 90 days in 365 days Quantity Limit: 2 capsules per day |
| Doxycycline monohydrate | Capsule | 100mg | Oral | Day Supply Limit: 90 days in 365 days Quantity Limit: 2 tablet per day |
| Doxycycline monohydrate | Tablet | 50mg | Oral | Day Supply Limit: 90 days in 365 days Quantity Limit: 2 tablet per day |
| Doxycycline monohydrate | Tablet | 100mg | Oral | Day Supply Limit: 90 days in 365 days Quantity Limit: 2 capsules per day |
| Doxycycline monohydrate | Suspension Reconstitute | 25mg/5ml | Oral | |
| Mondoxyne NL (doxycycline monohydrate) | Capsule | 100mg | Oral | Quantity Limit: 2 capsules per day Fill Limit: 2 fills per year |

INFECTIOUS DISEASE – FUNGAL

Antifungal Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------|-------------------------|----------|-----------------|---|
| Clotrimazole | Troche | 10mg | Mucous Membrane | |
| Fluconazole | Suspension Reconstitute | 10mg/ml | Oral | |
| Fluconazole | Suspension Reconstitute | 40mg/ml | Oral | |
| Fluconazole | Tablet | 50mg | Oral | Quantity Limit: 14 tablets per 30 days |
| Fluconazole | Tablet | 100mg | Oral | Quantity Limit: 14 tablets per 30 days |
| Fluconazole | Tablet | 150mg | Oral | Quantity Limit: 14 tablets per 30 days Fill Limit: 2 fills per 30 days |
| Fluconazole | Tablet | 200mg | Oral | Quantity Limit: 14 tablets per 30 days |

| | | | | |
|-----------------|----------|---------|------|--|
| Itraconazole | Capsule | 100mg | Oral | Prior Authorization required |
| Itraconazole | Solution | 10mg/ml | Oral | Prior Authorization required |
| Ketoconazole | Tablet | 200mg | Oral | Prior Authorization required |
| Terbinafine HCL | Tablet | 250mg | Oral | Age Limit: 20 years and younger Age 21 year and older, Prior Authorization required |

Antifungal Antibiotics

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------------|-----------------|---------------|-------|------------------------------|
| Griseofulvin | Oral Suspension | 125mg/5ml | Oral | Prior Authorization required |
| Griseofulvin ultramicrosize | Tablet | 125mg | Oral | |
| Griseofulvin ultramicrosize | Tablet | 250mg | Oral | |
| Nystatin | Oral Suspension | 100000unit/ml | Oral | |
| Nystatin | Tablet | 500k unit | Oral | |

INFECTIOUS DISEASE - MISCELLANEOUS

Aminoglycosides

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------|-------------|----------|-------|----------|
| Neomycin sulfate | Tablet | 500mg | Oral | |

Antileprotics

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|-------|----------|
| Dapsone | Tablet | 25mg | Oral | |
| Dapsone | Tablet | 100mg | Oral | |

Anti-Mycobacterium Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------|-------------|----------|-------|----------|
| Ethambutol HCL | Tablet | 100mg | Oral | |
| Ethambutol HCL | Tablet | 400mg | Oral | |
| Isoniazid | Solution | 50mg/5ml | Oral | |
| Isoniazid | Tablet | 100mg | Oral | |
| Isoniazid | Tablet | 300mg | Oral | |
| Pyrazinamide | Tablet | 500mg | Oral | |
| Rifabutin | Capsule | 150mg | Oral | |

Antitubercular Antibiotics

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|-------|----------|
| Rifampin | Capsule | 150mg | Oral | |
| Rifampin | Capsule | 300mg | Oral | |

Lincosamides

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------|--------------------------|----------|-------|----------|
| Clindamycin (pediatric) | Solution Reconstitute | 75mg/5ml | Oral | |
| Clindamycin HCL | Capsule | 75mg | Oral | |
| Clindamycin HCL | Capsule | 150mg | Oral | |
| Clindamycin HCL | Capsule | 300mg | Oral | |

Vancomycin and Derivatives

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------|--------------------------|----------|-------|------------------------------|
| Firvanq (vancomycin) | Solution Reconstitute | 50mg/ml | Oral | Prior Authorization required |
| Vancomycin HCL | Capsule | 125mg | Oral | Prior Authorization required |
| Vancomycin HCL | Capsule | 250mg | Oral | Prior Authorization required |
| Vancomycin HCL | Solution Reconstitute | 50mg/ml | Oral | Prior Authorization required |

INFECTIOUS DISEASE – PARASITIC

Amebicides

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------|-------------|----------|-------|----------|
| Paromomycin sulfate | Capsule | 250mg | Oral | |

Anaerobic Antiprotozoal-Antibiotic Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------|-------------|----------|-------|----------|
| Metronidazole | Tablet | 250mg | Oral | |
| Metronidazole | Tablet | 500mg | Oral | |

Anthelmintics

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------|-----------------|----------|-------|----------|
| Emverm (mebendazole) | Tablet Chewable | 100mg | Oral | |

| | | | | |
|------------------------------------|-----------------|---------|------|------------------------------|
| Ivermectin | Tablet | 3mg | Oral | Prior Authorization Required |
| Praziquantel | Tablet | 600mg | Oral | |
| Reese's Pinworm (pyrantel pamoate) | Oral Suspension | 50mg/ml | Oral | |

Antimalarial Drugs

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------------|-------------|----------|-------|------------------------------|
| Chloroquine phosphate | Tablet | 250mg | Oral | Prior Authorization required |
| Chloroquine phosphate | Tablet | 500mg | Oral | Prior Authorization required |
| Hydroxychloroquine sulfate | Tablet | 200mg | Oral | |
| Mefloquine HCL | Tablet | 250mg | Oral | Prior Authorization required |
| Primaquine | Tablet | 26.3mg | Oral | |
| Pyrimethamine | Tablet | 25mg | Oral | Prior Authorization required |

Antiparasitics

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------|----------------------------|-----------|-------|----------|
| Alinia (nitazoxanide) | Suspension Reconstitute | 100mg/5ml | Oral | |

Miscellaneous

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------------------------|-----------------|----------|------------|----------|
| Nebupent (pentamidine) | Vial- Nebulizer | 300mg | Inhalation | |
| Pentam 300 (pentamidine isethionate) | Vial | 300mg | Injection | |
| Pentamidine isethionate | Vial | 300mg | Injection | |
| Pentamidine isethionate | Vial-Nebulizer | 300mg | Inhalation | |

INFECTIOUS DISEASE – VIRAL

Antiretroviral, Anti-CD4 Domains 2 Monoclonal

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------------|-------------|--------------|-------------|--------------------|
| Trogarzo (ibalizumab-uiyk) | Vial | 200mg/1.33ml | Intravenous | Specialty Pharmacy |

Antiretroviral, Integrase Inhibitor and NNRTI

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------------------------|-------------|---------------------|---------------|--------------------|
| Cabenuva (cabotegravir/ rilpivirine) | Vial | 400mg- 600mg/2ml | Intravenous | Specialty Pharmacy |
| Cabenuva (cabotegravir/ rilpivirine) | Vial | 600mg- 900mg/3ml | Intramuscular | Specialty Pharmacy |

| | | | | |
|------------------------------------|--------|------------|---------------|--------------------|
| Juluca (dolutegravir/ rilpivirine) | Tablet | 50mg-25mg | Intramuscular | Specialty Pharmacy |
| Dovato (dolutegravir/ lamivudine) | Tablet | 50mg-300mg | Oral | Specialty Pharmacy |

Antiretroviral, Nucleoside, Nucleotide, Protease Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|-------------|-------------|-------|--------------------|
| Symtuza (darunavir/ cobicistat/emtricitabine/tenofovir alafenamide) | Tablet | 800mg-150mg | Oral | Specialty Pharmacy |

Antiviral, General

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------------|----------------------------|-----------|-------------|--------------------------------|
| Acyclovir | Capsule | 200mg | Oral | May fill up to a 90-day supply |
| Acyclovir | Oral Suspension | 200mg/5ml | Oral | May fill up to a 90-day supply |
| Acyclovir | Tablet | 400mg | Oral | May fill up to a 90-day supply |
| Acyclovir | Tablet | 800mg | Oral | May fill up to a 90-day supply |
| Famciclovir | Tablet | 125mg | Oral | Prior Authorization required |
| Famciclovir | Tablet | 250mg | Oral | Prior Authorization required |
| Famciclovir | Tablet | 500mg | Oral | Prior Authorization required |
| Foscavir | Plastic Bag | 24mg/ml | Intravenous | |
| Ganciclovir sodium | Vial | 500mg | Intravenous | |
| Oseltamivir phosphate | Capsule | 30mg | Oral | |
| Oseltamivir phosphate | Capsule | 45mg | Oral | |
| Oseltamivir phosphate | Capsule | 75mg | Oral | |
| Oseltamivir phosphate | Suspension Reconstitute | 6mg/ml | Oral | |
| Ribavirin | Vial Nebulizer | 6 grams | Inhalation | |
| Rimantadine HCL | Tablet | 100mg | Oral | |
| Valacyclovir | Tablet | 500mg | Oral | |
| Valacyclovir | Tablet | 1000mg | Oral | |
| Valganciclovir HCL | Tablet | 450mg | Oral | |
| Xofluza (baloxavir marboxil) | Tablet | 20mg | Oral | Prior Authorization Required |

Hepatitis B Treatment

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------|-------------|----------|-------|--------------------|
| Epivir HBV (lamivudine) | Solution | 25mg/5ml | Oral | Specialty Pharmacy |
| Lamivudine HBV | Tablet | 100mg | Oral | Specialty Pharmacy |

Hepatitis C Treatment

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------------------|-------------|-------------|--------------|--|
| Mavyret (glecaprevir/ pibrentasvir) | Tablet | 100mg-400mg | Oral | Quantity Limit: 84 tablets per 28 days Duration Limit: 12 weeks Prior Authorization required for treatment experienced |
| Pegintron (peginterferon alfa-2b) | Kit | 50mcg/0.5ml | Subcutaneous | Prior Authorization required |
| Ribavirin | Tablet | 200mg | Oral | Prior Authorization required |
| Sofosbuvir- Velpatasvir | Tablet | 400mg-100mg | Oral | Quantity Limit: 28 tablets per 28 days Duration Limit: 12 weeks Prior Authorization required for treatment experienced |

HIV-Specific, CCR5 Co-Receptor Antagonist

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------|-------------|----------|-------|----------|
| Mavaviroc | Tablet | 150mg | Oral | |
| Mavaviroc | Tablet | 300mg | Oral | |
| Selzentry (maraviroc) | Solution | 20mg/ml | Oral | |
| Selzentry (maraviroc) | Tablet | 25mg | Oral | |
| Selzentry (maraviroc) | Tablet | 75mg | Oral | |

HIV-Specific, CD4 Attachment Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------|---------------|----------|-------|----------|
| Rukobia (fostemsavir) | Tablet ER 12h | 600mg | Oral | |

HIV-Specific, Combo Nucleoside, Nucleotide, and Non-Nucleoside RTI

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|-------------|------------------|-------|----------|
| Complera (emtricitabine/ rilpivirine/tenofovir) | Tablet | 200mg-25mg-300mg | Oral | |
| Delstrigo (doravirine/ lamivudine/tenofovir) | Tablet | 100mg-300mg | Oral | |
| Efavirenz- Emtricitabine- Tenofovir Disoproxil | Tablet | 600mg-200mg | Oral | |
| Efavirenz- lamuvidine- Tenofovir Disoproxil | Tablet | 400mg-300mg | Oral | |
| Efavirenz- lamuvidine- Tenofovir Disoproxil | Tablet | 600mg-300mg | Oral | |

| | | | | |
|--|--------|-----------------|------|--|
| Odefsey (emtricitabine/ rilpivirine/tenofovir alafenamide) | Tablet | 200mg-25mg-25mg | Oral | |
|--|--------|-----------------|------|--|

HIV-Specific, Combo-NRTI, N(T)RTI, Integrase Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|-------------|------------------|-------|----------|
| Biktarvy (bictegravir/ emtricitabine/tenofovir alafenamide) | Tablet | 30mg-120mg-15mg | Oral | |
| Biktarvy (bictegravir/ emtricitabine/tenofovir alafenamide) | Tablet | 50mg-200mg-25mg | Oral | |
| Genvoya (elvitegravir/ cobicistat/emtricitabine/tenofovir alafenamide) | Tablet | 150mg-200mg-10mg | Oral | |
| Stribild (elvitegravir/ cobicistat/emtricitabine/tenofovir disoproxil) | Tablet | 150mg-200mg | Oral | |

HIV-Specific, Combo- NRTIS and Integrase Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|-------------|------------------|-------|----------|
| Triumeq (abacavir/ dolutegravir/ lamivudine) | Tablet | 600mg-50mg-300mg | Oral | |
| Triumeq PD (abacavir/ dolutegravir/ lamivudine) | Tablet | 60mg-5mg-30mg | Oral | |

HIV Specific, Cytochrome P450 Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------|-------------|----------|-------|----------|
| Tybost (cobicistat) | Tablet | 150mg | Oral | |

HIV-Specific, Fusion Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------|-------------|----------|--------------|----------|
| Fuzeon (enfuvirtide) | Vial | 90mg | Subcutaneous | |

HIV-Specific, Non-Nucleoside, RTI

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------|-------------|----------|-------|----------|
| Edurant (rilpivirine) | Tablet | 25mg | Oral | |
| Efavirenz | Capsule | 50mg | Oral | |
| Efavirenz | Capsule | 200mg | Oral | |
| Efavirenz | Tablet | 600mg | Oral | |
| Etravirine | Tablet | 100mg | Oral | |
| Etravirine | Tablet | 200mg | Oral | |

| | | | | |
|------------------------|--------------------|-----------|---------------|--|
| Intelence (etravirine) | Tablet | 25mg | Oral | |
| Nevirapine | Oral Suspension | 50mg/5ml | Oral | |
| Nevirapine | Tablet | 200mg | Oral | |
| Nevirapine ER | Tablet ER 24 hour | 100mg | Oral | |
| Nevirapine ER | Tablet ER 24 hour | 400mg | Oral | |
| Pifeltro (doravirine) | Tablet | 100mg | Oral | |
| Rilpivirine ER | Suspension ER Vial | 600mg/2ml | Intramuscular | |
| Sustiva (efavirenz) | Capsule | 50mg | Oral | |
| Sustiva (efavirenz) | Capsule | 200mg | Oral | |

HIV-Specific, Non-Peptidic Protease Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------------------|-----------------|----------|-------|----------|
| Aptivus (tipranavir) | Capsule | 250mg | Oral | |
| Prezista (darunavir ethanolate) | Oral Suspension | 100mg/ml | Oral | |
| Prezista (darunavir ethanolate) | Tablet | 75mg | Oral | |
| Prezista (darunavir ethanolate) | Tablet | 150mg | Oral | |
| Prezista (darunavir ethanolate) | Tablet | 600mg | Oral | |
| Prezista (darunavir ethanolate) | Tablet | 800mg | Oral | |

HIV-Specific, Nucleoside Analog, RTI

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------|-------------|----------|-------------|------------------------------|
| Abacavir | Solution | 20mg/ml | Oral | |
| Abacavir | Tablet | 300mg | Oral | |
| Didanosine | Capsule DR | 250mg | Oral | |
| Didanosine | Capsule DR | 400mg | Oral | |
| Emtricitabine | Capsule | 200mg | Oral | |
| Emtriva (emtricitabine) | Solution | 10mg/ml | Oral | Prior Authorization required |
| Lamivudine | Solution | 10mg/ml | Oral | |
| Lamivudine | Tablet | 150mg | Oral | |
| Lamivudine | Tablet | 300mg | Oral | |
| Retrovir (zidovudine) | Vial | 10mg/ml | Intravenous | |
| Stavudine | Capsule | 15mg | Oral | |
| Stavudine | Capsule | 20mg | Oral | |
| Stavudine | Capsule | 30mg | Oral | |
| Stavudine | Capsule | 40mg | Oral | |
| Zidovudine | Capsule | 100mg | Oral | |
| Zidovudine | Syrup | 10mg/ml | Oral | |

| | | | | |
|------------|--------|-------|------|--|
| Zidovudine | Tablet | 300mg | Oral | |
|------------|--------|-------|------|--|

HIV-Specific, Nucleotide Analog, RTI

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------------|-------------|------------|-------|----------|
| Tenofovir disoproxil fumarate | Tablet | 300mg | Oral | |
| Viread (tenofovir disoproxil) | Powder | 40mg/scoop | Oral | |
| Viread (tenofovir disoproxil) | Tablet | 150mg | Oral | |
| Viread (tenofovir disoproxil) | Tablet | 200mg | Oral | |
| Viread (tenofovir disoproxil) | Tablet | 250mg | Oral | |

HIV-Specific, Nucleoside Analog, RTI Combo

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|-------------|-------------|-------|----------|
| Abacavir- Lamivudine | Tablet | 600mg-300mg | Oral | |
| Abacavir- Lamivudine- Zidovudine (Trizivir) | Tablet | 150mg-300mg | Oral | |
| Lamivudine- Zidovudine | Tablet | 150mg-300mg | Oral | |

HIV-Specific, Protease Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------------------|-----------------|----------|-------|----------|
| Atazanavir sulfate | Capsule | 150mg | Oral | |
| Atazanavir sulfate | Capsule | 200mg | Oral | |
| Atazanavir sulfate | Capsule | 300mg | Oral | |
| Fosamprenavir calcium | Tablet | 700mg | Oral | |
| Invirase (saquinavir mesylate) | Tablet | 500mg | Oral | |
| Lexiva (fosamprenavir) | Oral Suspension | 50mg/ml | Oral | |
| Norvir (ritonavir) | Powder Pack | 100mg | Oral | |
| Norvir (ritonavir) | Solution | 80mg/ml | Oral | |
| Reyataz (atazanavir) | Powder Pack | 50mg | Oral | |
| Ritonavir | Tablet | 100mg | Oral | |
| Viracept (nelfinavir) | Tablet | 250mg | Oral | |
| Viracept (nelfinavir) | Tablet | 625mg | Oral | |

HIV-Specific, Protease Inhibitor Combo

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------------------|-------------|-----------------|-------|----------|
| Evotaz (atazanavir/ cobicistat) | Tablet | 300mg-150mg | Oral | |
| Kaletra (lopinavir/ritonavir) | Tablet | 100mg-25mg | Oral | |
| Lopinavir- Ritonavir | Solution | 400mg-100mg/5ml | Oral | |

| | | | | |
|----------------------|--------|------------|------|--|
| Lopinavir- Ritonavir | Tablet | 100mg-25mg | Oral | |
| Lopinavir- Ritonavir | Tablet | 200mg-50mg | Oral | |

HIV-Specific, Integrase Strand Transfer Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------------|--------------------|-----------|---------------|---------------------------------|
| Apertude (cabotegravir) | Suspension ER Vial | 600mg/3ml | Intramuscular | Specialty Pharmacy |
| Cabotegravir ER | Suspension ER Vial | 400mg/2ml | Intramuscular | Specialty Pharmacy |
| Cabotegravir ER | Suspension ER Vial | 600mg/3ml | Intramuscular | Specialty Pharmacy |
| Isentress (raltegravir) | Powder Pack | 100mg | Oral | Quantity Limit: 2 doses per day |
| Isentress (raltegravir) | Tablet Chewable | 25mg | Oral | Quantity Limit: 2 doses per day |
| Isentress (raltegravir) | Tablet Chewable | 100mg | Oral | Quantity Limit: 2 doses per day |
| Isentress (raltegravir) | Tablet | 400mg | Oral | Quantity Limit: 2 doses per day |
| Isentress HD (raltegravir) | Tablet | 600mg | Oral | Quantity Limit: 2 doses per day |
| Tivicay (doletegravir) | Tablet | 10mg | Oral | |
| Tivicay (doletegravir) | Tablet | 25mg | Oral | |
| Tivicay (doletegravir) | Tablet | 50mg | Oral | |
| Tivicay PD (doletegravir) | Tablet | 5mg | Oral | |
| Vocabria (cabotegravir) | Tablet | 30mg | Oral | |

Main Protease (MPRO) Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------------------|------------------|-----------|-------|----------|
| Paxlovid (nirmatrelvir/ritonavir) | Tablet Dose Pack | 150-100mg | Oral | |
| Paxlovid (nirmatrelvir/ritonavir) | Tablet Dose Pack | 300-100mg | Oral | |

INFLAMMATORY DISEASE

Anti-Arthritic and Chelating Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------------|-------------|----------|-------|------------------------------|
| Cuprimine (penicillamine) | Capsule | 250mg | Oral | Prior Authorization required |
| Penicillamine | Capsule | 250mg | Oral | Prior Authorization required |

Anti-Inflammatory Tumor Necrosis Factor Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------------|---------------|------------|--------------|------------------------------|
| Amjevita (adalimumab-atto) | Auto Injector | 40mg/0.8ml | Subcutaneous | Prior Authorization required |
| Enbrel (etanercept) | Syringe | 50mg/ml | Subcutaneous | Prior Authorization required |
| Enbrel Sureclick (etanercept) | Pen Injector | 50mg/ml | Subcutaneous | Prior Authorization required |
| Humira (adalimumab) | Pen Injector | 40mg/0.4ml | Subcutaneous | Prior Authorization required |

| | | | | |
|---------------------|--------------|------------|--------------|---|
| | | | | Step Therapy: trial of Amjevita (adalimumab-atto) |
| Humira (adalimumab) | Syringe | 40mg/0.4ml | Subcutaneous | Prior Authorization required Step Therapy: trial of Amjevita (adalimumab-atto) |
| Humira (adalimumab) | Pen Injector | 40mg/0.8ml | Subcutaneous | Prior Authorization required Step Therapy: trial of Amjevita (adalimumab-atto) |
| Humira (adalimumab) | Syringe | 40mg/0.8ml | Subcutaneous | Prior Authorization required Step Therapy: trial of Amjevita (adalimumab-atto) |
| Humira (adalimumab) | Pen Injector | 80mg/0.8ml | Subcutaneous | Prior Authorization required Step Therapy: trial of Amjevita (adalimumab-atto) |
| Humira (adalimumab) | Syringe | 80mg/0.8ml | Subcutaneous | Prior Authorization required Step Therapy: trial of Amjevita (adalimumab-atto) |
| Humira (adalimumab) | Pen Injector | 80-40mg | Subcutaneous | Prior Authorization required Step Therapy: trial of Amjevita (adalimumab-atto) |
| Humira (adalimumab) | Syringe | 80-40mg | Subcutaneous | Prior Authorization required Step Therapy: trial of Amjevita (adalimumab-atto) |

Anti-Inflammatory Pyrimidine Synthesis Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------|-------------|----------|-------|----------|
| Leflunomide | Tablet | 10mg | Oral | |
| Leflunomide | Tablet | 20mg | Oral | |

Glucocorticoids

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------------------|--------------------|------------|-------|----------------------------|
| Dexamethasone | Elixir | 0.5mg/5ml | Oral | |
| Dexamethasone | Solution | 0.5mg/5ml | Oral | |
| Dexamethasone | Tablet Dose Pack | 1.5mg (51) | Oral | |
| Dexamethasone | Tablet | 0.5mg | Oral | |
| Dexamethasone | Tablet | 0.75mg | Oral | |
| Dexamethasone | Tablet | 1mg | Oral | |
| Dexamethasone | Tablet | 1.5mg | Oral | |
| Dexamethasone | Tablet | 2mg | Oral | |
| Dexamethasone | Tablet | 4mg | Oral | |
| Dexamethasone | Tablet | 6mg | Oral | |
| Hydrocortisone | Tablet | 5mg | Oral | |
| Hydrocortisone | Tablet | 10mg | Oral | |
| Hydrocortisone | Tablet | 20mg | Oral | |
| Medrol (methylprednisolone) | Tablet | 2mg | Oral | |
| Methylprednisolone | Tablet Dose Pack | 4mg | Oral | |
| Methylprednisolone | Tablet | 4mg | Oral | |
| Methylprednisolone | Tablet | 8mg | Oral | |
| Methylprednisolone | Tablet | 16mg | Oral | |
| Methylprednisolone | Tablet | 32mg | Oral | |
| Prednisolone | Solution | 15mg/5ml | Oral | |
| Prednisolone sodium phosphate ODT | Tablet Dissolvable | 10mg | Oral | Age Limit: age 7 and under |
| Prednisolone sodium phosphate ODT | Tablet Dissolvable | 15mg | Oral | Age Limit: age 7 and under |
| Prednisolone sodium phosphate ODT | Tablet Dissolvable | 30mg | Oral | Age Limit: age 7 and under |
| Prednisolone sodium phosphate | Solution | 5mg/5ml | Oral | |
| Prednisolone sodium phosphate | Solution | 15mg/5ml | Oral | |
| Prednisone | Solution | 5mg/5ml | Oral | |
| Prednisone | Tablet Dose Pack | 5mg | Oral | |
| Prednisone | Tablet Dose Pack | 10mg | Oral | |
| Prednisone | Tablet | 1mg | Oral | |
| Prednisone | Tablet | 2.5mg | Oral | |
| Prednisone | Tablet | 5mg | Oral | |
| Prednisone | Tablet | 10mg | Oral | |
| Prednisone | Tablet | 20mg | Oral | |
| Prednisone | Tablet | 50mg | Oral | |

Mineralocorticoids

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------|-------------|----------|-------|----------|
| Fludrocortisone acetate | Tablet | 0.1mg | Oral | |

NSAIDS, Cyclooxygenase Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------|-------------------|-----------|---------------|------------------------------|
| Diclofenac sodium | Tablet DR | 25mg | Oral | |
| Diclofenac sodium | Tablet DR | 50mg | Oral | |
| Diclofenac sodium | Tablet DR | 75mg | Oral | |
| Diclofenac sodium ER | Tablet ER 24 hour | 100mg | Oral | |
| Etodolac | Capsule | 200mg | Oral | |
| Etodolac | Capsule | 300mg | Oral | Prior Authorization required |
| Etodolac | Tablet | 400mg | Oral | Prior Authorization required |
| Etodolac | Tablet | 500mg | Oral | Prior Authorization required |
| Etodolac ER | Tablet ER 24 hour | 400mg | Oral | Prior Authorization required |
| Etodolac ER | Tablet ER 24 hour | 500mg | Oral | Prior Authorization required |
| Etodolac ER | Tablet ER 24 hour | 600mg | Oral | Prior Authorization required |
| Fenoprofen calcium | Capsule | 200mg | Oral | Prior Authorization required |
| Fenoprofen calcium | Tablet | 600mg | Oral | Prior Authorization required |
| Ibuprofen | Oral Suspension | 100mg/5ml | Oral | |
| Ibuprofen | Tablet | 200mg | Oral | |
| Ibuprofen | Tablet | 400mg | Oral | |
| Ibuprofen | Tablet | 600mg | Oral | |
| Ibuprofen | Tablet | 800mg | Oral | |
| Indocin (indomethacin) | Oral Suspension | 25mg/5ml | Oral | |
| Indomethacin | Capsule | 25mg | Oral | |
| Indomethacin | Capsule | 50mg | Oral | |
| Ketoprofen | Capsule 24 hour | 200mg | Oral | Prior Authorization required |
| Ketorolac tromethamine | Cartridge | 30mg/ml | Injection | Prior Authorization required |
| Ketorolac tromethamine | Cartridge | 60mg/2ml | Intramuscular | Prior Authorization required |
| Ketorolac tromethamine | Tablet | 10mg | Oral | Prior Authorization required |
| Meclofenamate sodium | Capsule | 50mg | Oral | Prior Authorization required |
| Meclofenamate sodium | Capsule | 100mg | Oral | Prior Authorization required |
| Meloxicam | Oral Suspension | 7.5mg/5ml | Oral | |
| Meloxicam | Tablet | 7.5mg | Oral | |
| Meloxicam | Tablet | 15mg | Oral | |

| | | | | |
|-----------------|-----------------|-----------|------|------------------------------|
| Nabumetone | Tablet | 500mg | Oral | |
| Nabumetone | Tablet | 750mg | Oral | |
| Naproxen | Oral Suspension | 125mg/5ml | Oral | |
| Naproxen | Tablet | 250mg | Oral | |
| Naproxen | Tablet | 375mg | Oral | |
| Naproxen | Tablet | 500mg | Oral | |
| Naproxen sodium | Tablet | 275mg | Oral | |
| Naproxen sodium | Tablet | 550mg | Oral | |
| Oxaprozin | Tablet | 600mg | Oral | Prior Authorization required |
| Sulindac | Tablet | 150mg | Oral | |
| Sulindac | Tablet | 200mg | Oral | |

NSAIDS, Cyclooxygenase-2 Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|-------|----------|
| Celecoxib | Capsule | 100mg | Oral | |
| Celecoxib | Capsule | 200mg | Oral | |

LOCAL ANESTHESIA

Local Anesthesia

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------|-------------|----------|-----------------|----------|
| Lidocaine HCL | Jelly (ml) | 2% | Mucous Membrane | |
| Lidocaine HCL viscous | Solution | 2% | Mucous Membrane | |

LOWER GASTROINTESTINAL DISORDER, BOWEL INFLAMMATION

Bowel Anti-Inflammatory Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------|-------------|----------|-------|----------|
| Sulfadiazine | Tablet | 500mg | Oral | |

Chronic Inflammation, 5-Aminosalicylate

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------|-------------|----------|-------|------------------------------|
| Balsalazide disodium | Capsule | 750mg | Oral | |
| Dipentum (olsalazine) | Capsule | 250mg | Oral | Prior Authorization required |

| | | | | |
|----------------------|------------|-------------|--------|------------------------------|
| Mesalamine | Enema | 4 gram/60ml | Rectal | Prior Authorization required |
| Pentasa (mesalamine) | Capsule ER | 250mg | Oral | Prior Authorization required |
| Sulfasalazine | Tablet | 500mg | Oral | |
| Sulfasalazine DR | Tablet DR | 500mg | Oral | |

Hemorrhoid

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|-------------|----------|--------|------------------------------|
| Proctofoam-HC (hydrocortisone/ pramoxine) | Foam | 1%-1% | Rectal | Prior Authorization required |

Rectal/Lower Bowel (Non-Hemorrhoid)

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------------|----------------------|------------|--------|------------------------------|
| Cortifoam (hydrocortisone) | Foam with Applicator | 10% | Rectal | Prior Authorization required |
| Hydrocortisone | Enema | 100mg/60ml | Rectal | Prior Authorization required |

LOWER GASTROINTESTINAL DISORDER – OTHER

Ammonia Inhibitor

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------|-------------|-----------|-------|----------|
| Constulose (lactulose) | Solution | 10mg/15ml | Oral | |
| Enulose (lactulose) | Solution | 10mg/15ml | Oral | |
| Generlac (lactulose) | Solution | 10mg/15ml | Oral | |
| Lactulose | Solution | 10mg/15ml | Oral | |

Antidiarrheals

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------|-----------------|-----------------------|-------|----------|
| Bismuth subsalicylate | Tablet | 262mg | Oral | |
| Bismuth subsalicylate | Tablet Chewable | 262mg | Oral | |
| Diphenoxylate- Atropine | Liquid | 2.5mg- 0.025mg/5ml | Oral | |
| Diphenoxylate- Atropine | Tablet | 2.5mg- 0.025mg | Oral | |
| Loperamide | Capsule | 2mg | Oral | |
| Loperamide | Solution | 1mg/5ml | Oral | |
| Loperamide | Solution | 1mg/7.5ml | Oral | |
| Loperamide | Tablet | 2mg | Oral | |

Bile Salts

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|-------|------------------------------|
| Ursodiol | Capsule | 300mg | Oral | Prior Authorization required |
| Ursodiol | Tablet | 500mg | Oral | Prior Authorization required |

Laxatives and Cathartics

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|-----------------------|---------------------|--------|----------|
| Bisacodyl | Tablet | 5mg | Oral | |
| Bisacodyl | Tablet DR | 5mg | Oral | |
| Bisacodyl | Suppository | 10mg | Rectal | |
| Docusate sodium | Capsule | 50mg | Oral | |
| Docusate sodium | Capsule | 100mg | Oral | |
| Docusate sodium | Capsule | 240mg | Oral | |
| Docusate sodium | Capsule | 250mg | Oral | |
| Docusate sodium | Liquid | 50mg/5ml | Oral | |
| Docusate sodium | Syrup | 60mg/15ml | Oral | |
| Fiber Laxative (psyllium husk) | Powder | 3.4gram/5.8 gram | Oral | |
| Fiber Laxative (calcium polycarbophil) | Tablet | 625mg | Oral | |
| Gavilyte-C (peg 3350/ sodium sulfate/ bicarbonate/chloride/ potassium chloride) | Solution Reconstitute | 240gram-22.72 gram | Oral | |
| Gavilyte-G (peg 3350/ sodiumsulfate/bicarbonate/ chloride/potassium chloride) | Solution Reconstitute | 236 gram-22.74 gram | Oral | |
| Gavilyte-N (sodium chloride/sodium bicarbonate/potassium chloride/peg 3350) | Solution Reconstitute | 420 gram | Oral | |
| Lactulose | Solution | 10 gram/ 15ml | Oral | |
| Lactulose | Solution | 20 gram/ 30ml | Oral | |
| Magnesium citrate | Solution | | Oral | |
| Metamucil (psyllium husk) | Powder | 3.4 gram/ 5.8 gram | Oral | |
| PEG 3350-electrolyte (sodium chloride/ sodium bicarbonate/ potassium chloride/peg 3350) | Solution Reconstitute | 420 gram | Oral | |
| PEG 3350-electrolyte (peg 3350/sodium sulfate/bicarbonate/ chloride/potassium chloride) | Solution Reconstitute | 236 gram-22.74 gram | Oral | |

| | | | | |
|--|-----------------------|--------------------|------|--|
| Polyethylene glycol 3350 | Powder | 17 gram/dose | Oral | |
| Polyethylene glycol 3350 | Powder Pack | 17 gram | Oral | |
| Sennosides | Tablet | 8.6mg | Oral | |
| Sennosides- Docusate sodium | Tablet | 8.6mg-50mg | Oral | |
| Sodium sulfate/ potassium sulfate/ magnesium sulfate | Solution Reconstitute | 17.5gram-3.13 gram | Oral | |
| Sutab (sodium sulfate/ potassium sulfate/ magnesium sulfate) | Tablet | 1.479 gram | Oral | |

Laxatives, Local/Rectal

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|--------------------------|--------------------|--------|---|
| Pedia-Lax (glycerin) | Solution with Applicator | 2.8gram/2.7ml | Rectal | |
| Pedia-Lax (sodium phosphate, mono-dibasic) | Enema | 19gram-7gram/118ml | Rectal | Age Limit: 20 years and younger Age 21 years and older, Prior Authorization required |

MEDICAL SUPPLIES

Durable Medical Equipment

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|-------|--|
| Lancets | Various | | | Quantity Limit: 3.33 per day May fill up to a 90-day supply |

Syringes and Accessories

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------|-------------|----------|-------|--|
| Insulin Syringes | Various | | | Quantity Limit: 6.67 per day May fill up to a 90-day supply |

MISCELLANEOUS

Anaphylaxis Therapy Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------|---------------|--------------|-----------|---------------------------------|
| Epinephrine | Auto-Injector | 0.15mg/0.3ml | Injection | Quantity Limit: 2 pens per fill |

| | | | | |
|-------------|---------------|---------------|-----------|---------------------------------|
| | | | | Fill Limit: 4 fills per year |
| Epinephrine | Auto-Injector | 0.3mg/0.3ml | Injection | Quantity Limit: 2 pens per fill |
| | | | | Fill Limit: 4 fills per year |
| Epinephrine | Auto-Injector | 0.15mg/0.15ml | Injection | Quantity Limit: 2 pens per fill |
| | | | | Fill Limit: 4 fills per year |

Parasympathetic Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------|-------------|----------|-------|----------|
| Bethanechol | Tablet | 5mg | Oral | |
| Bethanechol | Tablet | 10mg | Oral | |
| Bethanechol | Tablet | 25mg | Oral | |
| Bethanechol | Tablet | 50mg | Oral | |
| Pilocarpine HCL | Tablet | 5mg | Oral | |
| Pilocarpine HCL | Tablet | 7.5mg | Oral | |

NEOPLASTIC DISEASE

Alkylating Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------|-------------|----------|-------------|------------------------------|
| Cyclophosphamide | Tablet | 25mg | Oral | Prior Authorization required |
| Cyclophosphamide | Tablet | 50mg | Oral | Prior Authorization required |
| Gleostine (lomustine) | Capsule | 10mg | Oral | Specialty Pharmacy |
| Gloestine (lomustine) | Capsule | 40mg | Oral | Specialty Pharmacy |
| Gleostine (lomustine) | Capsule | 100mg | Oral | Specialty Pharmacy |
| Hydroxyurea | Capsule | 500mg | Oral | |
| Leukeran (chlorambucil) | Tablet | 2mg | Oral | Specialty Pharmacy |
| Melphalan | Tablet | 2mg | Oral | |
| Melphalan HCL | Vial | 50mg | Intravenous | Specialty Pharmacy |
| Myleran | Tablet | 2mg | Oral | Specialty Pharmacy |
| Temodar (temozolmide) | Vial | 100mg | Intravenous | Prior Authorization required |
| Temozolomide | Capsule | 5mg | Oral | Prior Authorization required |
| Temozolomide | Capsule | 20mg | Oral | Prior Authorization required |
| Temozolomide | Capsule | 100mg | Oral | Prior Authorization required |

| | | | | |
|--------------|---------|-------|------|------------------------------|
| Temozolomide | Capsule | 140mg | Oral | Prior Authorization required |
| Temozolomide | Capsule | 180mg | Oral | Prior Authorization required |
| Temozolomide | Capsule | 250mg | Oral | Prior Authorization required |

Antiandrogenic Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------|-------------|----------|-------|--------------------|
| Bicalutamide | Tablet | 50mg | Oral | |
| Flutamide | Capsule | 125mg | Oral | |
| Nilutamide | Tablet | 150mg | Oral | Specialty Pharmacy |

Antimetabolites

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------|-------------|----------|-----------|------------------------------|
| Capecitabine | Tablet | 150mg | Oral | Prior Authorization required |
| Capecitabine | Tablet | 500mg | Oral | Prior Authorization required |
| Mercaptopurine | Tablet | 50mg | Oral | |
| Methotrexate | Tablet | 2.5mg | Oral | |
| Methotrexate | Vial | 25mg/ml | Injection | |
| Tabloid (thioguanine) | Tablet | 40mg | Oral | Prior Authorization required |
| Trexall (methotrexate) | Tablet | 5mg | Oral | Prior Authorization required |
| Trexall (methotrexate) | Tablet | 7.5mg | Oral | Prior Authorization required |
| Trexall (methotrexate) | Tablet | 10mg | Oral | Prior Authorization required |
| Trexall (methotrexate) | Tablet | 15mg | Oral | Prior Authorization required |

Antineoplastic Aromatase Inhibitors

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------|-------------|----------|-------|--------------------------------|
| Anastrozole | Tablet | 1mg | Oral | May fill up to a 90-day supply |
| Letrozole | Tablet | 2.5mg | Oral | May fill up to a 90-day supply |

Antineoplastics, Miscellaneous

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------|-------------|----------|-------|------------------------------|
| Etoposide | Capsule | 50mg | Oral | Prior Authorization required |
| Lysodren (mitotane) | Tablet | 500mg | Oral | Specialty Pharmacy |
| Matulane (procarbazine) | Capsule | 50mg | Oral | Specialty Pharmacy |
| Tretinoin | Capsule | 10mg | Oral | |

Chemotherapy Rescue/Antidote Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|-------|----------|
|-----------|-------------|----------|-------|----------|

| | | | | |
|--------------------|--------|------|------|--|
| Leucovorin calcium | Tablet | 5mg | Oral | |
| Leucovorin calcium | Tablet | 10mg | Oral | |
| Leucovorin calcium | Tablet | 15mg | Oral | |
| Leucovorin calcium | Tablet | 25mg | Oral | |

Selective Estrogen Receptor Modulators (SERM)

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------|-------------|-----------|---------------|--------------------------------|
| Fulvestrant | Syringe | 250mg/5ml | Intramuscular | Specialty Pharmacy |
| Tamoxifen citrate | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Tamoxifen citrate | Tablet | 20mg | Oral | May fill up to a 90-day supply |

Selective Retinoid X Receptor Agonists (RXR)

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------|-------------|----------|-------|------------------------------|
| Bexarotene | Capsule | 75mg | Oral | Prior Authorization required |

Steroid Antineoplastics

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------|-------------|----------|-------|----------|
| Megestrol acetate | Tablet | 20mg | Oral | |
| Megestrol acetate | Tablet | 40mg | Oral | |

NEUROLOGICAL DISEASE – MISCELLANEOUS

Agents to Treat Multiple Sclerosis

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------------|-------------|--------------|---------------|------------------------------|
| Avonex (interferon Beta-1A) | Syringe Kit | 30mcg/0.5ml | Intramuscular | Prior Authorization required |
| Dimethyl fumarate | Capsule DR | 120mg | Oral | Prior Authorization required |
| Dimethyl fumarate | Capsule DR | 240mg | Oral | Prior Authorization required |
| Glatiramer acetate | Syringe | 20mg/ml | Subcutaneous | Prior Authorization required |
| Glatopa (glatiramer) | Syringe | 20mg/ml | Subcutaneous | Prior Authorization required |
| Rebif (interferon beta-1a) | Syringe | 8.8mcg/0.2ml | Subcutaneous | Prior Authorization required |

ORAL/PHARYNGEAL DISORDERS

Dental Aids and Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|-------|----------|
|-----------|-------------|----------|-------|----------|

| | | | | |
|-------------------------|--------------|-------|-----------------|--|
| Chlorhexidine gluconate | Mouthwash | 0.12% | Mucous Membrane | |
| Triamcinolone acetonide | Paste (gram) | 0.1% | Dental | |

OTHER DRUGS

Antidotes, Miscellaneous

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------|-------------|----------|-------|----------|
| Activated Charcoal | Powder | | Oral | |

Appetite Stimulant for Anorexia, Cachexia, Wasting

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------|-----------------|------------|-------|----------|
| Megestrol acetate | Oral Suspension | 400mg/10ml | Oral | |

Bulk Chemicals

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------|-------------|----------|---------------|----------|
| Cherry Syrup | Syrup | | Oral | |
| Hydrogen peroxide | Solution | 30% | Miscellaneous | |

Carbohydrates

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------|-------------|----------|-------|----------|
| Enfamil (dextrose) | Solution | 5% | Oral | |

Diagnostic Test Devices and Supplies

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------------|-------------|----------|---------------|------------------------------------|
| Covid-19 Antigen (FIA) Test | Kit | | Miscellaneous | Quantity Limit: 8 kits per 30 days |

General Inhalation Devices

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------|-----------------|----------|------------|----------|
| Sodium chloride | Vial- Nebulizer | 0.9% | Inhalation | |

Metabolic Deficiency Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------|-------------|----------|-------|----------|
| Levocarnitine SF | Solution | 100mg/ml | Oral | |

Miscellaneous

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|-------|----------|
|-----------|-------------|----------|-------|----------|

| | | | | |
|---------------------------|--|--|---------------|--|
| Condoms (female and male) | | | Miscellaneous | |
|---------------------------|--|--|---------------|--|

Needles/Needleless Devices

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------|-------------|----------|---------------|--|
| Insulin Pen Needles | Variou | | Miscellaneous | Quantity Limit: 6.67 per day May fill up to a 90-day supply |

Thickening Agents, Oral

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------|-------------|----------|-------|---|
| Thick-It (starch) | Powder | | Oral | Age Limit: 20 years and younger Age 21 years and older, Prior Authorization required |

Vehicles

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------|-------------|----------|---------------|----------|
| Sorbitol | Solution | 70% | Miscellaneous | |

OTHER RESPIRATORY DRUGS

Mucolytics

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------|-------------|----------|---------------|----------|
| Acetylcysteine | Vial | 100mg/ml | Miscellaneous | |
| Acetylcysteine | Vial | 200mg/ml | Miscellaneous | |

PAIN MANAGEMENT – ANALGESICS

Analgesics/Antipyretics, Salicylates

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|---------------------|--------------|--------|--|
| Alka-Seltzer (aspirin/ sodium bicarb/citric acid) | Tablet Effervescent | 500mg-1985mg | Oral | Quantity Limit: 90 tablets per 26 days |
| Alka-Seltzer Original (aspirin/sodium bicarb/citric acid) | Tablet Effervescent | 325mg-1916mg | Oral | Quantity Limit: 90 tablets per 26 days |
| Anacin (aspirin/ caffeine) | Tablet | 400mg-32mg | Oral | Quantity Limit: 90 tablets per 26 days |
| Aspirin | Suppository | 300mg | Rectal | Quantity Limit: 90 doses per 26 days |

| | | | | |
|--|---------------------|------------------|--------|--|
| | | | | May fill up to a 90-day supply |
| Aspirin | Suppository | 600mg | Rectal | Quantity Limit: 90 doses per 26 days |
| | | | | May fill up to a 90-day supply |
| Aspirin | Tablet | 325mg | Oral | Quantity Limit: 90 doses per 26 days |
| | | | | May fill up to a 90-day supply |
| Aspirin | Tablet | 500mg | Oral | Quantity Limit: 90 doses per 26 days |
| | | | | May fill up to a 90-day supply |
| Aspirin EC | Tablet DR | 325mg | Oral | Quantity Limit: 90 doses per 26 days |
| | | | | May fill up to a 90-day supply |
| Aspirin EC | Tablet DR | 500mg | Oral | Quantity Limit: 90 doses per 26 days |
| | | | | May fill up to a 90-day supply |
| Aspirin EC | Tablet DR | 625mg | Oral | Quantity Limit: 90 doses per 26 days |
| | | | | May fill up to a 90-day supply |
| Bayer Plus (aspirin/calcium carbonate/magnesium/ aluminum hydroxide) | Tablet | 500mg | Oral | Quantity Limit: 90 tablets per 26 days |
| BC Arthritis (aspirin/ caffeine) | Powder Pack | 1000mg-65mg | Oral | Quantity Limit: 90 doses per 26 days |
| BC Pain Relief (aspirin/ caffeine) | Powder Pack | 845mg-65mg | Oral | Quantity Limit: 90 doses per 26 days |
| Excedrin Migraine (aspirin/ acetaminophen/ caffeine) | Tablet | 250mg-250mg-65mg | Oral | Quantity Limit: 90 tablets per 26 days |
| Goody's Extra Strength (aspirin/acetaminophen/caffeine) | Powder Pack | 520mg-260mg | Oral | Quantity Limit: 90 doses per 26 days |
| Medi-Seltzer (aspirin/ sodium bicarb/citric acid) | Tablet Effervescent | 324mg | Oral | Quantity Limit: 90 tablets per 26 days |
| Salsalate | Tablet | 500mg | Oral | |
| Salsalate | Tablet | 750mg | Oral | |
| Vanquish (aspirin/ acetaminophen/ caffeine) | Tablet | 227mg-194mg-33mg | Oral | Quantity Limit: 90 doses per 26 days |

Analgesics/Antipyretics, Non-Salicylates

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------|-------------|----------|-------|--|
| Acetaminophen | Capsule | 325mg | Oral | Quantity Limit: 180 capsules per 30 days |
| Acetaminophen | Capsule | 500mg | Oral | Quantity Limit: 180 capsules per 30 days |

| | | | | |
|---------------|------------------|----------------|--------|---|
| Acetaminophen | Drops Suspension | 80mg/0.8ml | Oral | Quantity Limit: 480ml per 30 days |
| Acetaminophen | Liquid | 160mg/5ml | Oral | Quantity Limit: 480ml per 30 days |
| Acetaminophen | Liquid | 500mg/15ml | Oral | Quantity Limit: 480ml per 30 days |
| Acetaminophen | Oral Suspension | 160mg/5ml | Oral | Quantity Limit: 480ml per 30 days |
| Acetaminophen | Oral Suspension | 325mg/10.15 ml | Oral | Quantity Limit: 480ml per 30 days |
| Acetaminophen | Solution | 160mg/5ml | Oral | Quantity Limit: 480ml per 30 days |
| Acetaminophen | Solution | 325mg/10.15 ml | Oral | Quantity Limit: 480ml per 30 days |
| Acetaminophen | Solution | 650mg/20.3 ml | Oral | Quantity Limit: 480ml per 30 days |
| Acetaminophen | Suppository | 80mg | Rectal | Quantity Limit: 180 doses per 30 days |
| Acetaminophen | Suppository | 120mg | Rectal | Quantity Limit: 180 doses per 30 days |
| Acetaminophen | Suppository | 325mg | Rectal | Quantity Limit: 180 doses per 30 days |
| Acetaminophen | Tablet Chewable | 80mg | Oral | Quantity Limit: 180 tablets per 30 days |
| Acetaminophen | Tablet Chewable | 160mg | Oral | Quantity Limit: 180 tablets per 30 days |
| Acetaminophen | Tablet | 325mg | Oral | Quantity Limit: 180 tablets per 30 days |
| Acetaminophen | Tablet | 500mg | Oral | Quantity Limit: 180 tablets per 30 days |
| Acetaminophen | Tablet | 650mg | Oral | Quantity Limit: 180 tablets per 30 days |

Analgesics, Narcotics

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------|------------------|-------------|--------|------------------------------|
| Belladonna-Opium | Suppository | 60mg-16.2mg | Rectal | Prior Authorization required |
| Butorphanol tartrate | Spray | 10mg/ml | Nasal | Prior Authorization required |
| Codeine sulfate | Tablet | 15mg | Oral | Prior Authorization required |
| Codeine sulfate | Tablet | 30mg | Oral | Prior Authorization required |
| Codeine sulfate | Tablet | 60mg | Oral | Prior Authorization required |
| Hydromorphone HCL | Suppository | 3mg | Rectal | Prior Authorization required |
| Hydromorphone HCL | Tablet | 2mg | Oral | Prior Authorization required |
| Hydromorphone HCL | Tablet | 4mg | Oral | Prior Authorization required |
| Hydromorphone HCL | Tablet | 8mg | Oral | Prior Authorization required |
| Methadone HCL | Oral Concentrate | 10mg/ml | Oral | Prior Authorization required |
| Methadone HCL | Solution | 5mg/5ml | Oral | Prior Authorization required |
| Methadone HCL | Solution | 10mg/5ml | Oral | Prior Authorization required |
| Methadone HCL | Tablet | 5mg | Oral | Prior Authorization required |
| Methadone HCL | Tablet | 10mg | Oral | Prior Authorization required |
| Methadone Intensol | Oral Concentrate | 10mg/ml | Oral | Prior Authorization required |

| | | | | |
|------------------|----------|-----------|------|---|
| Morphine sulfate | Solution | 10mg/5ml | Oral | Quantity Limit: 30ml per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |
| Morphine sulfate | Solution | 20mg/5ml | Oral | Quantity Limit: 30ml per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |
| Morphine sulfate | Solution | 100mg/5ml | Oral | Quantity Limit: 30ml per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |
| Morphine sulfate | Tablet | 15mg | Oral | Quantity Limit: 30 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |
| Morphine sulfate | Tablet | 30mg | Oral | Quantity Limit: 30 tablets per 180 days |

| | | | | |
|---------------------|-----------|-------|------|---|
| | | | | <p>Fill Limit: 2 fills of 7-day in 30 days</p> <p>Day Supply Limit: 30 days in 180 days</p> <p>Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics</p> |
| Morphine sulfate ER | Tablet ER | 15mg | Oral | Prior Authorization required |
| Morphine sulfate ER | Tablet ER | 30mg | Oral | Prior Authorization required |
| Morphine sulfate ER | Tablet ER | 60mg | Oral | Prior Authorization required |
| Morphine sulfate ER | Tablet ER | 100mg | Oral | Prior Authorization required |
| Morphine sulfate ER | Tablet ER | 200mg | Oral | Prior Authorization required |
| Oxycodone HCL | Capsule | 5mg | Oral | <p>Quantity Limit: 60 capsules per 180 days</p> <p>Fill Limit: 2 fills of 7-day in 30 days</p> <p>Day Supply Limit: 30 days in 180 days</p> <p>Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics</p> |
| Oxycodone HCL | Tablet | 5mg | Oral | <p>Quantity Limit: 60 tablets per 180 days</p> <p>Fill Limit: 2 fills of 7-day in 30 days</p> <p>Day Supply Limit: 30 days in 180 days</p> <p>Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics</p> |
| Tramadol HCL | Tablet | 50mg | Oral | <p>Quantity Limit: 60 tablets per 180 days</p> <p>Fill Limit: 2 fills of 7-day in 30 days</p> <p>Day Supply Limit: 30 days in 180 days</p> |

| | | | | |
|--|--|--|--|--|
| | | | | Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |
|--|--|--|--|--|

Analgesics, Narcotics & Non-Salicylate

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------|-------------|----------------|-------|--|
| Acetaminophen-Codeine | Solution | 120mg-12mg/5ml | Oral | Quantity Limit: 240 mls per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Age Limit: 19 years and older Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |
| Acetaminophen-Codeine | Tablet | 300mg-15mg | Oral | Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Age Limit: 19 years and older Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |
| Acetaminophen-Codeine | Tablet | 300mg-30mg | Oral | Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Age Limit: 19 years and older Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |

| | | | | |
|---------------------------|----------|------------------|------|--|
| | | | | narcotics |
| Acetaminophen-Codeine | Tablet | 300mg-60mg | Oral | Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Age Limit: 19 years and older Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |
| Hydrocodone-Acetaminophen | Solution | 7.5mg-325mg/15ml | Oral | Quantity Limit: 240 mls per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Age Limit: 12 years and up Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |
| Hydrocodone-Acetaminophen | Tablet | 5mg-325mg | Oral | Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |
| Hydrocodone-Acetaminophen | Tablet | 7.5mg-325mg | Oral | Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days |

| | | | | |
|---------------------------|--------|-------------|------|---|
| | | | | Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |
| Hydrocodone-Acetaminophen | Tablet | 10mg-325mg | Oral | Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |
| Oxycodone-Acetaminophen | Tablet | 2.5mg-325mg | Oral | Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |
| Oxycodone-Acetaminophen | Tablet | 5mg-325mg | Oral | Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |
| Oxycodone-Acetaminophen | Tablet | 7.5mg-325mg | Oral | Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days |

| | | | | |
|-------------------------|--------|------------|------|---|
| | | | | Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |
| Oxycodone-Acetaminophen | Tablet | 10mg-325mg | Oral | Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |

Analgesics, Narcotics & Salicylate

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------|-------------|----------------|-------|---|
| Oxycodone HCL-Aspirin | Tablet | 4.8355mg-325mg | Oral | Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics |

Antimigraine Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------------|-------------|----------|-----------|--|
| Dihydroergotamine mesylate | Ampul | 1mg/ml | Injection | Prior Authorization required |
| Eletriptan HBR | Tablet | 20mg | Oral | Step Therapy: after sumatriptan tablets and rizatriptan tablets Quantity Limit: 9 tablets per 30 days |
| Eletriptan HBR | Tablet | 40mg | Oral | Step Therapy: after sumatriptan tablets and rizatriptan tablets Quantity Limit: 9 tablets per 30 days |
| Frovatriptan succinate | Tablet | 2.5mg | Oral | Prior Authorization required |

| | | | | |
|-----------------------|--------------------|-----------|--------------|--|
| Naratriptan HCL | Tablet | 1mg | Oral | Prior Authorization required |
| Naratriptan HCL | Tablet | 2.5mg | Oral | Prior Authorization required |
| Rizatriptan | Tablet | 5mg | Oral | Quantity Limit: 9 tablets per 30 days |
| Rizatriptan | Tablet | 10mg | Oral | Quantity Limit: 9 tablets per 30 days |
| Rizatriptan | Tablet Dissolvable | 5mg | Oral | Quantity Limit: 9 tablets per 30 days |
| Rizatriptan | Tablet Dissolvable | 10mg | Oral | Quantity Limit: 9 tablets per 30 days |
| Sumatriptan | Cartridge | 6mg/0.5ml | Nasal | Prior Authorization required |
| Sumatriptan | Pen Injector | 6mg/0.5ml | Nasal | Prior Authorization required |
| Sumatriptan | Spray | 5mg | Nasal | Prior Authorization required |
| Sumatriptan | Spray | 20mg | Nasal | Prior Authorization required |
| Sumatriptan | Tablet | 25mg | Oral | Quantity Limit: 9 tablets per 30 days |
| Sumatriptan | Tablet | 50mg | Oral | Quantity Limit: 9 tablets per 30 days |
| Sumatriptan | Tablet | 100mg | Oral | Quantity Limit: 9 tablets per 30 days |
| Sumatriptan succinate | Vial | 6mg/0.5ml | Subcutaneous | Prior Authorization required |
| Zolmitriptan | Spray | 2.5mg | Nasal | Prior Authorization required |
| Zolmitriptan | Spray | 5mg | Nasal | Prior Authorization required |
| Zolmitriptan | Tablet | 2.5mg | Oral | Step Therapy: after sumatriptan tablets and rizatriptan tablets Quantity Limit: 9 tablets per 30 days |
| Zolmitriptan | Tablet | 5mg | Oral | Step Therapy: after sumatriptan tablets and rizatriptan tablets Quantity Limit: 9 tablets per 30 days |
| Zolmitriptan | Tablet Dissolvable | 2.5mg | Oral | Step Therapy: after sumatriptan tablets and rizatriptan tablets Quantity Limit: 9 tablets per 30 days |
| Zolmitriptan | Tablet Dissolvable | 5mg | Oral | Step Therapy: after sumatriptan tablets and rizatriptan tablets Quantity Limit: 9 tablets per 30 days |

Narcotic Withdrawal Therapy Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------------------|-------------|-------------|--------|--|
| Bunavail (buprenorphine/ naloxone) | Film | 2.1mg-0.3mg | Buccal | Prior Authorization required after 30 days |

| | | | | |
|------------------------------------|-------------------|--------------|--------------|--|
| | | | | Max Dose: 24mg per day |
| Bunavail (buprenorphine/ naloxone) | Film | 4.2mg-0.7mg | Buccal | Prior Authorization required after 30 days Max Dose: 24mg per day |
| Bunavail (buprenorphine/ naloxone) | Film | 6.3mg-1mg | Buccal | Prior Authorization required after 30 days Max Dose: 24mg per day |
| Buprenorphine HCL | Tablet Sublingual | 2mg | Sublingual | Max Daily Dose: 32mg |
| Buprenorphine HCL | Tablet Sublingual | 8mg | Sublingual | Max Daily Dose: 32mg |
| Buprenorphine-Naloxone | Film | 2mg-0.5mg | Sublingual | Max Daily Dose: 32mg |
| Buprenorphine-Naloxone | Film | 4mg-1mg | Sublingual | Max Daily Dose: 32mg |
| Buprenorphine-Naloxone | Film | 8mg-2mg | Sublingual | Max Daily Dose: 32mg |
| Buprenorphine-Naloxone | Film | 12mg-3mg | Sublingual | Max Daily Dose: 32mg |
| Buprenorphine-Naloxone | Tablet Sublingual | 2mg-0.5mg | Sublingual | Max Daily Dose: 32mg |
| Buprenorphine-Naloxone | Tablet Sublingual | 8mg-2mg | Sublingual | Max Daily Dose: 32mg |
| Probuphine (buprenorphine) | Implant | 74.2mg | Implant | Prior Authorization required after 30 days Max Dose: 24mg per day |
| Sublocade (buprenorphine) | Syringe | 100mg/0.5ml | Subcutaneous | Prior Authorization required after 30 days Max Dose: 24mg per day |
| Sublocade (buprenorphine) | Syringe | 300mg/1.5ml | Subcutaneous | Prior Authorization required after 30 days Max Dose: 24mg per day |
| Zubsolv (buprenorphine/ naloxone) | Tablet Sublingual | 0.7mg-0.18mg | Sublingual | Prior Authorization required after 30 days Max Dose: 24mg per day |
| Zubsolv (buprenorphine/ naloxone) | Tablet Sublingual | 1.4mg-0.36mg | Sublingual | Prior Authorization required after 30 days Max Dose: 24mg per day |
| Zubsolv (buprenorphine/ naloxone) | Tablet Sublingual | 2.9mg-0.71mg | Sublingual | Prior Authorization required after 30 days Max Dose: 24mg per day |
| Zubsolv (buprenorphine/ naloxone) | Tablet Sublingual | 5.7mg-1.4mg | Sublingual | Prior Authorization required after 30 days Max Dose: 24mg per day |
| Zubsolv (buprenorphine/ naloxone) | Tablet Sublingual | 8.6mg-2.1mg | Sublingual | Prior Authorization required after 30 days |

| | | | | |
|-----------------------------------|-------------------|--------------|------------|--|
| | | | | Max Dose: 24mg per day |
| Zubsolv (buprenorphine/ naloxone) | Tablet Sublingual | 11.4mg-2.9mg | Sublingual | Prior Authorization required after 30 days |
| | | | | Max Dose: 24mg per day |

PARKINSON'S DISEASE

Anticholinergic

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------|-------------|----------|-------|----------|
| Benztropine | Tablet | 0.5mg | Oral | |
| Benztropine | Tablet | 1mg | Oral | |
| Benztropine | Tablet | 2mg | Oral | |
| Trihexyphenidyl HCL | Elixir | 2mg/5ml | Oral | |
| Trihexyphenidyl HCL | Tablet | 2mg | Oral | |
| Trihexyphenidyl HCL | Tablet | 5mg | Oral | |

Other

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------------|-------------|------------|-------|------------------------------|
| Amantadine | Capsule | 100mg | Oral | |
| Amantadine | Solution | 50mg/5ml | Oral | |
| Amantadine | Tablet | 100mg | Oral | |
| Bromocriptine mesylate | Capsule | 2.5mg | Oral | |
| Bromocriptine mesylate | Tablet | 5mg | Oral | |
| Carbidopa-Levodopa | Tablet | 10mg-100mg | Oral | |
| Carbidopa-Levodopa | Tablet | 25mg-100mg | Oral | |
| Carbidopa-Levodopa | Tablet | 25mg-250mg | Oral | |
| Carbidopa-Levodopa ER | Tablet ER | 25mg-100mg | Oral | |
| Carbidopa-Levodopa ER | Tablet ER | 50mg-200mg | Oral | |
| Pramipexole dihydrochloride | Tablet | 0.125mg | Oral | Prior Authorization required |
| Pramipexole dihydrochloride | Tablet | 0.25mg | Oral | Prior Authorization required |
| Pramipexole dihydrochloride | Tablet | 0.5mg | Oral | Prior Authorization required |
| Pramipexole dihydrochloride | Tablet | 1mg | Oral | Prior Authorization required |
| Pramipexole dihydrochloride | Tablet | 1.5mg | Oral | Prior Authorization required |
| Ropinirole HCL | Tablet | 3mg | Oral | Prior Authorization required |
| Selegiline HCL | Capsule | 5mg | Oral | |

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|----------------|--------|-----|------|--|
| Selegiline HCL | Tablet | 5mg | Oral | |
|----------------|--------|-----|------|--|

SEIZURE DISORDER

Anticonvulsants

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------------|-------------------|-------------------|-------|---|
| Carbamazepine | Oral Suspension | 100mg/5ml | Oral | May fill up to a 90-day supply |
| Carbamazepine | Tablet Chewable | 100mg | Oral | May fill up to a 90-day supply |
| Carbamazepine ER | Tablet | 200mg | Oral | May fill up to a 90-day supply |
| Carbamazepine ER | Capsule 12 hour | 100mg | Oral | May fill up to a 90-day supply |
| Carbamazepine ER | Capsule 12 hour | 200mg | Oral | May fill up to a 90-day supply |
| Carbamazepine ER | Capsule 12 hour | 300mg | Oral | May fill up to a 90-day supply |
| Carbamazepine ER | Tablet ER 12 hour | 100mg | Oral | May fill up to a 90-day supply |
| Carbamazepine ER | Tablet ER 12 hour | 200mg | Oral | May fill up to a 90-day supply |
| Carbamazepine ER | Tablet ER 12 hour | 400mg | Oral | May fill up to a 90-day supply |
| Celontin (methsuximide) | Capsule | 300mg | Oral | |
| Dilantin (phenytoin) | Capsule | 30mg | Oral | |
| Dilantin (phenytoin) | Capsule | 100mg | Oral | |
| Dilantin (phenytoin) | Tablet Chewable | 50mg | Oral | |
| Dilantin-125 (phenytoin) | Oral Suspension | 125mg/5ml | Oral | |
| Epitol (carbamazepine) | Tablet | 200mg | Oral | |
| Ethosuximide | Capsule | 250mg | Oral | |
| Ethosuximide | Solution | 250mg/5ml | Oral | |
| Gabapentin | Capsule | 100mg | Oral | Max Dose: 3600mg (includes all strengths) |
| Gabapentin | Capsule | 300mg | Oral | Max Dose: 3600mg (includes all strengths) |
| Gabapentin | Capsule | 400mg | Oral | Max Dose: 3600mg (includes all strengths) |
| Gabapentin | Tablet | 600mg | Oral | Max Dose: 3600mg (includes all strengths) |
| Gabapentin | Tablet | 800mg | Oral | Max Dose: 3600mg (includes all strengths) |
| Lacosamide | Tablet | 50mg | Oral | |
| Lacosamide | Tablet | 100mg | Oral | |
| Lacosamide | Tablet | 150mg | Oral | |
| Lacosamide | Tablet | 200mg | Oral | |
| Lacosamide | Tablet Dose Pack | Tablet 50mg-100mg | Oral | |
| Levetiracetam | Solution | 100mg/ml | Oral | Age Limit: 12 years and under |

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|---------------------------|-------------------|-----------|------|--|
| | | | | May fill up to a 90-day supply |
| Levetiracetam | Solution | 500mg/5ml | Oral | Age Limit: 12 years and under |
| | | | | May fill up to a 90-day supply |
| Levetiracetam | Tablet | 250mg | Oral | May fill up to a 90-day supply |
| Levetiracetam | Tablet | 500mg | Oral | May fill up to a 90-day supply |
| Levetiracetam | Tablet | 750mg | Oral | May fill up to a 90-day supply |
| Levetiracetam | Tablet | 100mg | Oral | May fill up to a 90-day supply |
| Levetiracetam ER | Tablet ER 24 hour | 500mg | Oral | May fill up to a 90-day supply |
| Levetiracetam ER | Tablet ER 24 hour | 750mg | Oral | May fill up to a 90-day supply |
| Oxcarbazepine | Tablet | 150mg | Oral | May fill up to a 90-day supply |
| Oxcarbazepine | Tablet | 300mg | Oral | May fill up to a 90-day supply |
| Oxcarbazepine | Tablet | 600mg | Oral | May fill up to a 90-day supply |
| Phenytoin | Oral Suspension | 100mg/4ml | Oral | May fill up to a 90-day supply |
| Phenytoin | Oral Suspension | 125mg/5ml | Oral | May fill up to a 90-day supply |
| Phenytoin | Tablet Chewable | 50mg | Oral | May fill up to a 90-day supply |
| Phenytoin sodium Extended | Capsule | 100mg | Oral | May fill up to a 90-day supply |
| Pregabalin | Capsule | 25mg | Oral | Max Daily Dose: 600mg (includes all strengths) |
| Pregabalin | Capsule | 50mg | Oral | Max Daily Dose: 600mg (includes all strengths) |
| Pregabalin | Capsule | 75mg | Oral | Max Daily Dose: 600mg (includes all strengths) |
| Pregabalin | Capsule | 100mg | Oral | Max Daily Dose: 600mg (includes all strengths) |
| Pregabalin | Capsule | 150mg | Oral | Max Daily Dose: 600mg (includes all strengths) |
| Pregabalin | Capsule | 200mg | Oral | Max Daily Dose: 600mg (includes all strengths) |
| Pregabalin | Capsule | 225mg | Oral | Max Daily Dose: 600mg (includes all strengths) |
| Pregabalin | Capsule | 300mg | Oral | Max Daily Dose: 600mg (includes all strengths) |
| Primidone | Tablet | 50mg | Oral | |
| Primidone | Tablet | 250mg | Oral | |
| Tegretol (carbamazepine) | Oral Suspension | 100mg/5ml | Oral | |
| Tegretol (carbamazepine) | Tablet | 200mg | Oral | |

| | | | | |
|-----------------------------|-------------------|-----------|------|--------------------------------|
| Tegretol XR (carbamazepine) | Tablet ER 12 hour | 100mg | Oral | |
| Tegretol XR (carbamazepine) | Tablet ER 12 hour | 200mg | Oral | |
| Tegretol XR (carbamazepine) | Tablet ER 12 hour | 400mg | Oral | |
| Tiagabine HCL | Tablet | 4mg | Oral | May fill up to a 90-day supply |
| Tiagabine HCL | Tablet | 12mg | Oral | May fill up to a 90-day supply |
| Tiagabine HCL | Tablet | 16mg | Oral | May fill up to a 90-day supply |
| Topiramate | Tablet | 25mg | Oral | |
| Topiramate | Tablet | 50mg | Oral | |
| Topiramate | Tablet | 100mg | Oral | |
| Topiramate | Tablet | 200mg | Oral | |
| Valproic Acid | Capsule | 250mg | Oral | May fill up to a 90-day supply |
| Valproic Acid | Solution | 250mg/5ml | Oral | May fill up to a 90-day supply |
| Zonisamide | Capsule | 25mg | Oral | May fill up to a 90-day supply |
| Zonisamide | Capsule | 100mg | Oral | May fill up to a 90-day supply |

Benzodiazepine Type

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------|-------------|----------|-------|--|
| Clonazepam | Tablet | 0.5mg | Oral | Day Supply Limit: 28 days per 310 days |
| Clonazepam | Tablet | 1mg | Oral | Day Supply Limit: 28 days per 310 days |
| Clonazepam | Tablet | 2mg | Oral | Day Supply Limit: 28 days per 310 days |

Neuroactive Steroid GABA-A Receptor Modulator

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------|-----------------|----------|-------|--------------------|
| Ztalmy (ganaxolone) | Oral Suspension | 50mg/ml | Oral | Specialty Pharmacy |

SKELETAL MUSCLE DISORDER

Skeletal Muscle Relaxants

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------|-------------|-------------|-------|------------------------------|
| Baclofen | Tablet | 10mg | Oral | |
| Baclofen | Tablet | 20mg | Oral | |
| Carisoprodol | Tablet | 350mg | Oral | Prior Authorization required |
| Carisoprodol-Aspirin | Tablet | 200mg-325mg | Oral | Prior Authorization required |
| Chlorzoxazone | Tablet | 500mg | Oral | |
| Cyclobenzaprine HCL | Tablet | 5mg | Oral | |
| Cyclobenzaprine HCL | Tablet | 10mg | Oral | |

| | | | | |
|--------------------------------|-----------|-----------------|-------------|------------------------------|
| Dantrolene sodium | Capsule | 25mg | Oral | Prior Authorization required |
| Dantrolene sodium | Capsule | 50mg | Oral | Prior Authorization required |
| Dantrolene sodium | Capsule | 100mg | Oral | Prior Authorization required |
| Dantrolene sodium | Vial | 20mg | Intravenous | Prior Authorization required |
| Methocarbamol | Tablet | 500mg | Oral | |
| Methocarbamol | Tablet | 750mg | Oral | |
| Methocarbamol | Vial | 100mg/ml | Injection | Prior Authorization required |
| Orphenadrine citrate ER | Tablet ER | 100mg | Oral | Prior Authorization required |
| Orphenadrine-Aspirin- Caffeine | Tablet | 25mg-385mg-30mg | Oral | Prior Authorization required |
| Orphenadrine-Aspirin- Caffeine | Tablet | 50mg-770mg-60mg | Oral | Prior Authorization required |
| Revonto (dantrolene) | Vial | 20mg | Intravenous | Prior Authorization required |
| Tizanidine HCL | Tablet | 2mg | Oral | |
| Tizanidine HCL | Tablet | 4mg | Oral | |

SMOKING CESSATION

Other

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------|-------------------|----------|-------|--|
| Bupropion HCL SR | Tablet ER 12 hour | 150mg | Oral | Quantity Limit: 360 tablets per 365 days |

Partial Agonist

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------|------------------|----------------|-------|--|
| Varenicline | Tablet Dose Pack | 0.5mg (11)-1mg | Oral | Quantity Limit: 336 tablets per 365 days |
| Varenicline | Tablet | 0.5mg | Oral | Quantity Limit: 336 tablets per 365 days |
| Varenicline | Tablet | 1mg | Oral | Quantity Limit: 336 tablets per 365 days |

Smoking Deterrent Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------|-------------|----------|--------|--|
| Nicotine Gum | Gum | 2mg | Buccal | Quantity Limit: 4320 gum pieces per 365 days |
| Nicotine Gum | Gum | 4mg | Buccal | Quantity Limit: 4320 gum pieces per 365 days |
| Nicotine Lozenge | Lozenge | 2mg | Buccal | Quantity Limit: 3600 lozenges per 365 days |
| Nicotine Lozenge | Lozenge | 4mg | Buccal | Quantity Limit: 3600 lozenges per 365 days |

| | | | | |
|------------------------|-----------|---------------|-------------|--|
| Nicotine Patch | Patch | 7mg | Transdermal | Quantity Limit: 180 patches per 365 days |
| Nicotine Patch | Patch | 14mg | Transdermal | Quantity Limit: 180 patches per 365 days |
| Nicotine Patch | Patch | 21mg | Transdermal | Quantity Limit: 180 patches per 365 days |
| Nicotine Patch | Patch Kit | 7mg-14mg-21mg | Transdermal | Quantity Limit: 180 patches per 365 days |
| Nicotrol (nicotine) | Cartridge | 10mg | Inhalation | Prior Authorization required |
| Nicotrol NS (nicotine) | Spray | 10mg/ml | Nasal | Prior Authorization required |

UPPER GASTROINTESTINAL DISORDERS – DIGESTIVE

Antiflatulents

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------|-----------------|----------|-------|----------|
| Simethicone | Capsule | 125mg | Oral | |
| Simethicone | Tablet Chewable | 80mg | Oral | |
| Simethicone | Tablet Chewable | 125mg | Oral | |

UPPER GASTROINTESTINAL DISORDERS – SPASTIC DISEASE

Anticholinergics/Antispasmodics

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------|-------------|----------|-------|----------|
| Dicyclomine HCL | Capsule | 10mg | Oral | |
| Dicyclomine HCL | Solution | 10mg/5ml | Oral | |
| Dicyclomine HCL | Tablet | 20mg | Oral | |

UPPER GASTROINTESTINAL DISORDERS – ULCER DISEASE

Antacids

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|-----------------|------------------|-------|--------------------------------|
| Gaviscon (magnesium trisilicate/aluminum hydroxide) | Tablet | 14.2mg-80mg | Oral | |
| Gaviscon (magnesium carbonate/aluminum hydroxide) | Tablet Chewable | 105mg-160mg | Oral | |
| Gelusil (magnesium hydroxide/aluminum hydroxide/simethicone) | Tablet chewable | 200mg-200mg-25mg | Oral | |
| Magnesium oxide | Tablet | 400mg | Oral | May fill up to a 90-day supply |

Anticholinergics, Quaternary Ammonium

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------------------|-------------|-----------|-------|------------------------------|
| Clidinium bromide/ chlordiazepoxide | Capsule | 5mg-2.5mg | Oral | |
| Glycopyrrolate | Tablet | 1mg | Oral | Prior Authorization required |
| Glycopyrrolate | Tablet | 2mg | Oral | |

Anti-Ulcer Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------|-------------|----------|-------|----------|
| Misoprostol | Tablet | 100mcg | Oral | |
| Misoprostol | Tablet | 200mcg | Oral | |
| Sucralfate | Tablet | 1 gram | Oral | |

Anti-Ulcer, H Pylori Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|-------------|-------------|-------|------------------------------|
| Helidac (bismuth salicylate/ metronidazole/ tetracycline) | Package | 250mg-500mg | Oral | Prior Authorization required |

Histamine H2-Receptor Inhibitors

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------|----------------------------|-----------|-------|--------------------------------|
| Cimetidine | Solution | 300mg/5ml | Oral | |
| Cimetidine | Tablet | 200mg | Oral | |
| Cimetidine | Tablet | 300mg | Oral | |
| Cimetidine | Tablet | 400mg | Oral | |
| Cimetidine | Tablet | 800mg | Oral | |
| Famotidine | Suspension Reconstitute | 40mg/5ml | Oral | May fill up to a 90-day supply |
| Famotidine | Tablet | 10mg | Oral | May fill up to a 90-day supply |
| Famotidine | Tablet | 20mg | Oral | May fill up to a 90-day supply |
| Famotidine | Tablet | 40mg | Oral | May fill up to a 90-day supply |
| Nizatidine | Capsule | 150mg | Oral | Prior Authorization required |
| Nizatidine | Capsule | 300mg | Oral | Prior Authorization required |

Intestinal Mobility Stimulants

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------|-------------|-----------|-------|----------|
| Metoclopramide | Solution | 5mg/5ml | Oral | |
| Metoclopramide | Solution | 10mg/10ml | Oral | |

| | | | | |
|----------------|--------|------|------|--|
| Metoclopramide | Tablet | 5mg | Oral | |
| Metoclopramide | Tablet | 10mg | Oral | |

Proton-Pump Inhibitors

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------|-------------|----------|-------|---|
| Lansoprazole | Capsule | 15mg | Oral | Concurrent Edit: omeprazole, pantoprazole, lansoprazole, esomeprazole, dexlansoprazole, rabeprazole |
| Lansoprazole | Capsule | 30mg | Oral | Concurrent Edit: omeprazole, pantoprazole, lansoprazole, esomeprazole, dexlansoprazole, rabeprazole |
| Omeprazole | Capsule DR | 10mg | Oral | Concurrent Edit: omeprazole, pantoprazole, lansoprazole, esomeprazole, dexlansoprazole, rabeprazole |
| Omeprazole | Capsule DR | 20mg | Oral | Concurrent Edit: omeprazole, pantoprazole, lansoprazole, esomeprazole, dexlansoprazole, rabeprazole |
| Omeprazole | Capsule DR | 40mg | Oral | Concurrent Edit: omeprazole, pantoprazole, lansoprazole, esomeprazole, dexlansoprazole, rabeprazole |
| Omeprazole | Tablet DR | 20mg | Oral | Concurrent Edit: omeprazole, pantoprazole, lansoprazole, esomeprazole, dexlansoprazole, rabeprazole |
| Pantoprazole sodium | Tablet DR | 20mg | Oral | Concurrent Edit: omeprazole, pantoprazole, lansoprazole, esomeprazole, dexlansoprazole, rabeprazole |
| Pantoprazole sodium | Tablet DR | 40mg | Oral | Concurrent Edit: omeprazole, pantoprazole, lansoprazole, esomeprazole, dexlansoprazole, rabeprazole |

URINARY TRACT – FUNCTIONAL DISORDERS

Benign Prostatic Hypertrophy/Micturition

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------|-------------|----------|-------|--------------------------------|
| Finasteride | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Tamsulosin HCL | Capsule | 0.4mg | Oral | May fill up to a 90-day supply |

Overactive Bladder Agents, Beta-3 Adrenergic Receptor Agonist

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------|-------------------|----------|-------|---|
| Myrbetriq (mirabegron) | Tablet ER 24 hour | 25mg | Oral | Step Therapy: must trial at least 2 formulary alternatives (oxybutynin, tolterodine, fesoterodine, trospium, darifenacin, or solifenacin) |
| Myrbetriq (mirabegron) | Tablet ER 24 hour | 50mg | Oral | Step Therapy: must trial at least 2 formulary alternatives (oxybutynin, tolterodine, fesoterodine, trospium, darifenacin, or solifenacin) |

Urinary Tract Analgesic Agents

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------------------------|-------------|----------|-------|------------------------------|
| Elmiron (pentosan polysulfate sodium) | Capsule | 100mg | Oral | Prior Authorization required |
| Phenazopyridine HCL | Tablet | 100mg | Oral | |
| Phenazopyridine HCL | Tablet | 200mg | Oral | |

Urinary Tract Antispasmodic/Anti-Incontinence Agent

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------|--------------------|----------|-------|--|
| Flavoxate HCL | Tablet | 100mg | Oral | Prior Authorization required |
| Fesoterodine | Tablet ER 24 hour | 4mg | Oral | Step Therapy: after oxybutynin or solifenacin |
| Fesoterodine | Tablet ER 24 hour | 8mg | Oral | Step Therapy: after oxybutynin or solifenacin |
| Oxybutynin chloride | Syrup | 5mg/5ml | Oral | May fill up to a 90-day supply |
| Oxybutynin chloride | Tablet | 5mg | Oral | May fill up to a 90-day supply |
| Oxybutynin chloride ER | Tablet ER 24 hour | 5mg | Oral | Quantity Limit: 60 tablets per 30 days May fill up to a 90-day supply |
| Oxybutynin chloride ER | Tablet ER 24 hour | 10mg | Oral | Quantity Limit: 60 tablets per 30 days May fill up to a 90-day supply |
| Oxybutynin chloride ER | Tablet ER 24 hour | 15mg | Oral | Quantity Limit: 60 tablets per 30 days May fill up to a 90-day supply |
| Tolterodine tartrate | Tablet | 1mg | Oral | Step Therapy: after oxybutynin |
| Tolterodine tartrate | Tablet | 2mg | Oral | Step Therapy: after oxybutynin |
| Tolterodine tartrate ER | Capsule ER 24 hour | 2mg | Oral | Step Therapy: after oxybutynin |

| | | | | |
|-------------------------|--------------------|------|------|---|
| Tolterodine tartrate ER | Capsule ER 24 hour | 4mg | Oral | Step Therapy: after oxybutynin |
| Tropium chloride | Capsule ER 24 hour | 60mg | Oral | Step Therapy: after oxybutynin or solifenacin |
| Tropium chloride | Tablet | 20mg | Oral | Step Therapy: after oxybutynin or solifenacin |

Urinary Tract Antispasmodic, (3) Selective Antagonist

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------------|-------------------|----------|-------|---|
| Darifenacin hydrobromide | Tablet ER 24 hour | 7.5mg | Oral | Step Therapy: after oxybutynin or solifenacin |
| Darifenacin hydrobromide | Tablet ER 24 hour | 15mg | Oral | Step Therapy: after oxybutynin or solifenacin |
| Solifenain succinate | Tablet | 5mg | Oral | |
| Solifenain succinate | Tablet | 10mg | Oral | |

VAGINAL DISORDERS

Vaginal Antibiotics

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------|-----------------------|----------|---------|----------|
| Cleocin | Suppository | 100mg | Vaginal | |
| Clindamycin phosphate | Cream with applicator | 2% | Vaginal | |
| Metronidazole | Gel with Applicator | 0.75% | Vaginal | |

Vaginal Antifungals

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------------|-----------------------|----------|---------|------------------------------|
| Clotrimazole | Cream with Applicator | 1% | Vaginal | |
| Gynazole 1 (butoconazole) | Cream with Applicator | 2% | Vaginal | Prior Authorization Required |
| Miconazole | Cream with Applicator | 2% | Vaginal | |
| Miconazole | Cream kit | 200mg-2% | Vaginal | |
| Miconazole | Suppository | 100mg | Vaginal | |
| Miconazole | Suppository | 200mg | Vaginal | |
| Terconazole | Cream with Applicator | 0.4% | Vaginal | |
| Terconazole | Cream with Applicator | 0.8% | Vaginal | |
| Terconazole | Suppository | 80mg | Vaginal | |
| Tioconazole-1 | Ointment with | 6.5% | Vaginal | Prior Authorization required |

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| | Applicator | | | |
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Vaginal Estrogen Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------------|-----------------------|----------|---------|----------|
| Estradiol | Cream with Applicator | 0.01% | Vaginal | |
| Estradiol | Tablet | 10mcg | Vaginal | |
| Yuvaferm (estradiol) | Tablet | 10mcg | Vaginal | |

VITAMIN AND/OR MINERAL DEFICIENCY

Fluoride Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------|-----------------|-----------------|-------|--------------------------------|
| Fluoride | Tablet Chewable | 0.25mg (0.55mg) | Oral | May fill up to a 90-day supply |
| Fluoride | Tablet Chewable | 0.5mg (1.1mg) | Oral | May fill up to a 90-day supply |
| Fluoride | Tablet Chewable | 1mg (2.2mg) | Oral | May fill up to a 90-day supply |
| Sodium fluoride | Drops | 0.5mg/ml | Oral | May fill up to a 90-day supply |

Folic Acid Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------|-------------|----------|-------|--------------------------------|
| Folic Acid | Tablet | 0.4mg | Oral | May fill up to a 90-day supply |
| Folic Acid | Tablet | 0.8mg | Oral | May fill up to a 90-day supply |
| Folic Acid | Tablet | 1mg | Oral | May fill up to a 90-day supply |

Iron Replacement

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------------|-------------|------------------|-------|--------------------------------|
| Ferrous gluconate | Tablet | 324mg (37.5mg) | Oral | May fill up to a 90-day supply |
| Ferrous gluconate | Tablet | 324mg (38mg) | Oral | May fill up to a 90-day supply |
| Ferrous sulfate | Drops | 15mg/ml | Oral | May fill up to a 90-day supply |
| Ferrous sulfate | Elixir | 220mg (44mg)/5ml | Oral | May fill up to a 90-day supply |
| Ferrous sulfate | Tablet DR | 324mg (65mg) | Oral | May fill up to a 90-day supply |
| Ferrous sulfate | Tablet | 325mg (65mg) | Oral | May fill up to a 90-day supply |
| Ferrous sulfate | Tablet DR | 325mg (65mg) | Oral | May fill up to a 90-day supply |
| Iron (ferrous gluconate) | Tablet | 256mg (28mg) | Oral | May fill up to a 90-day supply |

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| Novaferum (iron polysaccharides complex) | Solution | 15mg/ml | Oral | Age Limit: 3 years and younger |
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Magnesium Salts Replacement

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------------|-------------|----------|-------|--------------------------------|
| MAG64 (magnesium chloride) | Tablet DR | 64mg | Oral | May fill up to a 90-day supply |
| Magnesium chloride | Tablet DR | 70mg | Oral | May fill up to a 90-day supply |
| Magnesium oxide | Tablet | 400mg | Oral | May fill up to a 90-day supply |
| NU-Mag (magnesium chloride) | Tablet DR | 71.5mg | Oral | May fill up to a 90-day supply |

Mineral Replacement, Miscellaneous

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------|-------------|----------|-------|----------|
| Chromium picolinate | Tablet | 200mcg | Oral | |
| Selenium | Tablet | 50mcg | Oral | |
| Selenium | Tablet | 100mcg | Oral | |
| Selenium | Tablet | 200mcg | Oral | |

Multivitamin Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|-----------------|------------------|-------|--------------------------------|
| O-Cal FA (prenatal vitamin/ferrous fumarate/folic acid) | Tablet | 27mg-1mg | Oral | May fill up to a 90-day supply |
| V-C Forte (folic acid/ multivitamin/mineral) | Capsule | 1mg | Oral | May fill up to a 90-day supply |
| VIC Forte (folic acid/ multivitamin/mineral) | Capsule | 1mg | Oral | May fill up to a 90-day supply |
| Multi-vitamin w-Fluoride-Iron | Drops | 0.25mg-10mg/ml | Oral | May fill up to a 90-day supply |
| Multivitamin w-Fluoride | Drops | 0.25mg/ml | Oral | May fill up to a 90-day supply |
| Multivitamin w-Fluoride | Drops | 0.5mg/ml | Oral | May fill up to a 90-day supply |
| Pedia Poly-Vie (multivitamins) | Drops | 750units-35mg/ml | Oral | May fill up to a 90-day supply |
| Poly-Vi-Flor (pediatric multivitamin NO.33 with fluoride) | Tablet Chewable | 0.25mg | Oral | May fill up to a 90-day supply |
| Poly-Vi-Flor (pediatric multivitamin NO.33 with fluoride) | Tablet Chewable | 0.5mg | Oral | May fill up to a 90-day supply |
| Poly-Vi-Flor (pediatric multivitamin NO.33 with fluoride) | Tablet Chewable | 1mg | Oral | May fill up to a 90-day supply |
| Poly-Vita (multivitamins) | Drops | 750units-35mg/ml | Oral | May fill up to a 90-day supply |
| Tri-Vit with fluoride-iron (fluoride/iron/ vitamin | Drops | 0.25mg/ml | Oral | May fill up to a 90-day supply |

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| A/vitamin C/ vitamin D) | | | | |
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Multivitamin Preparations with Folic Acid

| Drug Name | Dosage Form | Strength | Route | Comments |
|--|-----------------|------------|-------|--------------------------------|
| Mynatal (prenatal vitamin/ferrous fumarate/folic acid) | Capsule | 65mg-1mg | Oral | May fill up to a 90-day supply |
| M-Natal Plus (PNV with Calcium, NO.72/iron/ folic acid) | Tablet | 27mg-1mg | Oral | May fill up to a 90-day supply |
| Mynatal (prenatal vitamin/ferrous fumarate/folic acid) | Tablet | 65mg-1mg | Oral | May fill up to a 90-day supply |
| Mynate 9 (prenatal vitamin/ferrous fumarate/DOSS/folic acid) | Tablet ER | 90-50-1mg | Oral | May fill up to a 90-day supply |
| Niva-Plus (PNV with Calcium, NO.74/ iron/folic acid) | Tablet | 27mg-1mg | Oral | May fill up to a 90-day supply |
| O-Cal Prenatal (prenatal vitamins with calcium/ ferrous fumarate/folic acid) | Tablet | 15mg-1mg | Oral | May fill up to a 90-day supply |
| Prenatal vitamin | Tablet | 27mg-0.8mg | Oral | May fill up to a 90-day supply |
| Prenatal vitamin | Tablet | 28mg-0.8mg | Oral | May fill up to a 90-day supply |
| Prenatal 19 (prenatal vitamin/ferrous fumarate/folic acid) | Tablet Chewable | 29mg-1mg | Oral | May fill up to a 90-day supply |
| Prenatal Plus (PNV with Calcium, NO.72/ iron/folic acid) | Tablet | 27mg-1mg | Oral | May fill up to a 90-day supply |
| Tricare (prenatal #103/iron fumarate/ folic acid) | Tablet | 27mg-1mg | Oral | May fill up to a 90-day supply |
| Trinatal RX 1 (prenatal vitamin/ferrous fumarate/folic acid) | Tablet | 60mg-1mg | Oral | May fill up to a 90-day supply |

Vitamin A Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------------|-------------|----------|-------|--------------------------------|
| Lumitene (beta-carotene) | Capsule | 30mg | Oral | May fill up to a 90-day supply |

Vitamin B Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|---|--------------------|----------------|-------|--------------------------------|
| Nephronex-SL (folic acid/vitamin B complex) | Tablet Dissolvable | 800mcg-2000mcg | Oral | May fill up to a 90-day supply |

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| Rena-Vite RX (folic acid/vitamin B complex) | Tablet | 1mg-60mg | Oral | May fill up to a 90-day supply |
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Vitamin B1 Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|------------------------|-------------|----------|-------|--------------------------------|
| Vitamin B-1 (thiamine) | Tablet | 100mg | Oral | May fill up to a 90-day supply |

Vitamin B2 Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|--------------------------|-------------|----------|-------|--------------------------------|
| Vitamin B-2 (riboflavin) | Tablet | 25mg | Oral | May fill up to a 90-day supply |
| Vitamin B-2 (riboflavin) | Tablet | 100mg | Oral | May fill up to a 90-day supply |

Vitamin B6 Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|----------------|-------------|----------|------------|--------------------------------|
| Pyridoxine HCL | Tablet | 25mg | Oral | May fill up to a 90-day supply |
| Pyridoxine HCL | Tablet | 100mg | Oral | May fill up to a 90-day supply |
| Pyridoxine HCL | Vial | 100mg/ml | Injections | May fill up to a 90-day supply |

Vitamin B12 Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|-------------------------------|-------------|------------|-----------|--------------------------------|
| Cyanocobalamin Injection | Vial | 1000mcg/ml | Injection | May fill up to a 90-day supply |
| Vitamin B-12 (cyanocobalamin) | Tablet | 1000mcg | Oral | May fill up to a 90-day supply |

Vitamin C Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|---------------------------|-------------|----------|-------|--------------------------------|
| Vitamin C (ascorbic acid) | Tablet | 500mg | Oral | May fill up to a 90-day supply |

Vitamin D Preparations

| Drug Name | Dosage Form | Strength | Route | Comments |
|-----------------------------|-------------|--------------------------|-------------|--------------------------------|
| Calcitriol | Ampule | 1mcg/ml | Intravenous | |
| Calcitriol | Capsule | 0.25mcg | Oral | |
| Calcitriol | Capsule | 0.5mcg | Oral | |
| Calcitriol | Solution | 1mcg/ml | Oral | |
| Replasta (cholecalciferol) | Wafer | 1250 mcg (50000 unit) | Oral | May fill up to a 90-day supply |
| Vitamin D2 (ergocalciferol) | Capsule | 1250mcg (50000 unit) | Oral | May fill up to a 90-day supply |
| Vitamin D2 (ergocalciferol) | Tablet | 10mcg (400) | Oral | May fill up to a 90-day supply |

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| | | unit) | | |
| Vitamin D3 (cholecalciferol) | Capsule | 10mcg (400 unit) | Oral | May fill up to a 90-day supply |
| Vitamin D3 (cholecalciferol) | Capsule | 25mcg (1000 unit) | Oral | May fill up to a 90-day supply |
| Vitamin D3 (cholecalciferol) | Capsule | 50mcg (2000 unit) | Oral | May fill up to a 90-day supply |
| Vitamin D3 (cholecalciferol) | Capsule | 125mcg (5000 unit) | Oral | May fill up to a 90-day supply |
| Vitamin D3 (cholecalciferol) | Capsule | 250mcg (10000 unit) | Oral | May fill up to a 90-day supply |
| Vitamin D3 (cholecalciferol) | Capsule | 1250mcg (50000 unit) | Oral | May fill up to a 90-day supply |
| Vitamin D3 (cholecalciferol) | Drops | 10mcg (400 unit)/drop | Oral | May fill up to a 90-day supply Age Limit: age 4 and under |
| Vitamin D3 (cholecalciferol) | Drops | 50mcg (2000 unit)/drop | Oral | May fill up to a 90-day supply Age Limit: age 4 and under |
| Vitamin D3 (cholecalciferol) | Drops | 125mcg (5000 unit)/ drop | Oral | May fill up to a 90-day supply Age Limit: age 4 and under |
| Vitamin D3 (cholecalciferol) | Spray | 25mcg (1000 unit)/Spray | Sublingual | May fill up to a 90-day supply |
| Vitamin D3 (cholecalciferol) | Tablet | 10mcg (400 unit) | Oral | May fill up to a 90-day supply |
| Vitamin D3 (cholecalciferol) | Tablet | 25mcg (1000 unit) | Oral | May fill up to a 90-day supply |
| Vitamin D3 (cholecalciferol) | Tablet | 50mcg (2000 unit) | Oral | May fill up to a 90-day supply |
| Vitamin D3 (cholecalciferol) | Tablet | 75mcg (3000 unit) | Oral | May fill up to a 90-day supply |
| Vitamin D3 (cholecalciferol) | Tablet | 125mcg (5000 unit) | Oral | May fill up to a 90-day supply |
| Vitamin D3 (cholecalciferol) | Tablet Chewable | 10mcg (400 unit) | Oral | May fill up to a 90-day supply |
| Vitamin D3 (cholecalciferol) | Tablet Chewable | 25mcg (1000 | Oral | May fill up to a 90-day supply |

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| | | unit) | | |
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Prescription and Other Important Information

Mental Health Medications, such as antidepressants, antipsychotics, and mood stabilizers are covered for Advanced Health members directly by Oregon Medicaid. Pharmacies should bill these prescriptions to DMAP. Call 888-202-2126 or fax 888-346-0178 for questions.

Liquid Oral Medications will be covered for members 12 years of age and younger. **All others will require a PA.**

HIV Medications approved by the FDA for treatment of HIV disease are covered.

MedImpact Direct Specialty is our Specialty Pharmacy Provider. You may reach them at: (Phone) 1-877-391-1103 or (Fax) 1-888-807-5716.

www.medimpactdirect.com/Providers

Tablet Splitting of some medications offer significant cost savings. Tablet splitters are available at no cost to Advanced Health members. Call (541)-269-7400

Vitamin/Mineral Supplements are covered for prescription strength unless otherwise specified.

Opioids are subject to Advanced Health quantity limits and prior authorization criteria. Up to 60 tablets per 180-day period may be covered without a PA for acute conditions. **Opioid use beyond 60 tablets within a 180-day period requires PA. PA will also be required for all long-acting opioids, acute use >7 days, or MED >50. Local Oncology providers are excluded from PA requirement for formulary opioids.**

Contraceptive Products 12 months of formulary contraceptives are a covered benefit.

Smoking Cessation Nicotine Patches/Gum/Lozenges, Varenicline, and Bupropion SR are available without a prior authorization for up to two quit attempts per year. One quit attempt equals a 90-day supply of medication dispensed in 30-day increments. Pharmacy provider may contact Advanced Health at 541-269-7400 for information.

Hospital, ER, or Urgent Care Discharge Override Please contact the MedImpact Pharmacy Helpdesk at 1-800-788-2949 (Phone) for a 5-day supply of any medication prescribed at discharge for Advanced Health members. Mental health medications should be billed directly to the State (see Mental Health Medications above). Please fax prescribing provider to submit prior authorization for any medications that required 5-day override AND Advanced Health Attn: Lisa F. or Jean at (541) 269-7147.

Vaccinations If patients are less than 19 years of age their vaccine is covered through the Vaccines for Children (VFC) program. Members should be instructed to see their PCP or the Public Health Department for vaccine administration. Pharmacies are NOT VFC providers, therefore they may not administer vaccines to Advanced Health members that are 18 years of age or less.