

# MC-Rx/Jai Medical Systems Managed Care Organization 2025 Therapeutic Formulary

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

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

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

The only over-the-counter (OTC) medications that are covered by Jai Medical Systems are listed within the program formulary. All OTC medications, with the exception of OTC emergency contraception, can be reimbursed only if it is written on a valid prescription form by a licensed prescriber. OTC emergency contraception may be obtained without a written prescription; see page 6 of the formulary for limitations.

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

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

## **III. Prior Authorization Procedure**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **V. Newly Marketed Products**

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

#### **VI. Specific Exclusions**

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

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

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

Most vitamins (except those listed in the formulary)

Nutritional and dietary supplements

Research drugs

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

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

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

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

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

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

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

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

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

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

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

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

## **X. Gender Affirming Care**

Certain medications, including medications on the drug list with prior authorization requirements, such as Testosterone, Nafarelin, and Leuprolide and medications that are usually excluded like Clomiphene, may be covered for gender affirming care, in accordance with the Gender-Affirming Treatment Services Under the Maryland Medicaid Program document, available on our website at

<https://www.jaimedicalsystems.com/providers/pharmacy/> under Gender Affirming Care. Please ensure that all necessary documentation required under the criteria is included to show consent for treatment and medical necessity (documentation requirements may vary depending on patient age, type of treatment requested, and specialty of requesting provider).

#### **XI. Specialty Medications**

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

Drug name, strength, dose, and quantity requested

Diagnosis for use

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

Any additional clinical information pertinent to the drug review

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

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

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

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

#### **XIII. General Parameters**

- Members must be enrolled in Jai Medical Systems Managed Care Organization, Inc. at the time the medication is dispensed.
- Valid DEA and NPI numbers are required.
- Prescribers must be appropriately registered and active with Maryland Medicaid's ePREP system. Jai Medical Systems reserves the right to review the current ePREP status of a prescriber, in accordance with Section 6401 of the Affordable Care Act and Code of Federal Regulations section 42 CFR § 455.410(b). Jai Medical Systems may deny a prior authorization if the prescriber is not registered and in an active status with Maryland Medicaid's ePREP system.
- Refill too soon - 75% of the days supplied must elapse before the prescription can be refilled. For opioid medications, 85% of the days supplied must have elapsed before the prescription can be refilled.
- The standard maximum allowable quantity is a 30-day supply. The allowed quantity limit for formulary asthma controller medications and certain statins on the drug list (which cost less than

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

- If a member is new to opioid treatment (no pharmacy claims history of any opioid medication in the previous 90 days), their first fill is limited to no more than a 7-day supply. Effective November 1, 2021, after the initial fill, members are limited to 14-day supplies for their opioid medications unless their provider requests prior authorization, or unless they were already receiving greater than 14-day supplies when the change was implemented. If a member stops filling opioid medication for 90 days, they will be considered new to treatment and will lose their approval for greater than 14-day supplies and will need to follow the rules about initial fill limits. Opioid prescriptions cannot exceed a 30-day supply.
- Oral contraceptives will be available in up to 12-month supplies when ordered by a qualified practitioner.
- All generic oral contraceptives (including emergency contraceptives) and brand oral contraceptives that do not have a generic version available are formulary.
- OTC emergency birth control may be filled without a prescription.
- Contraceptive implants and IUDs are covered under the medical benefit and should be billed for on a medical claim.
- Jai Medical Systems covers most common vaccines through the medical benefit and pharmacy benefit, including all COVID-19 vaccines, most flu vaccines, and most other standard age-appropriate vaccines (as determined by Maryland Medicaid.)
- A current listing of HIV medications covered by Jai Medical Systems are listed on page 31.
- Requests for some medications require special forms. All pharmacy prior authorization request forms can be found online at:  
<http://www.jaimedicalsystems.com/providers/pharmacy/>.
- Prior authorization is required for all extended-release opioid products as well as methadone prescribed for pain and any other opioids prescribed for quantities greater than 90 MMEs per day. A specialized form is required for these requests and can be found online at <http://www.jaimedicalsystems.com/providers/pharmacy/>.
- Prior authorization requests for medications for the treatment of Hepatitis C require a special prior authorization request form. While prior authorization is still required, Jai Medical Systems covers Mavyret, generic Epclusa, generic Harvoni, Zepatier, and Vosevi, unless they are not medically appropriate. These forms and prior authorization criteria can be found at <http://www.jaimedicalsystems.com/providers/pharmacy/>.
- Vacation fill overrides may be requested by contacting Jai Medical Systems at 1-800-524-1999. Information from the prescribing doctor or primary care provider may be required before the request can be approved. Requests for vacation overrides for opioids are not generally available.
- Overrides for lost or stolen prescriptions may be requested by contacting Jai Medical Systems at 1-800-524-1999. Information from the prescribing doctor or primary care provider may be required before the request can be approved. Requests for override for lost or stolen opioids are not generally available.

- QUANTITY LIMITS APPLY TO ALL NARCOTIC ANALGESICS. PLEASE SEE WEBSITE FOR FULL LIST OF QUANTITY LIMITS: <https://jaimedicalsystems.com/providers/pharmacy/>  
The initial fill of an opioid (initial fill = no opioid fills in the last 90 days) is limited to no more than a 7- day supply. After that it is limited to no more than 14-day supplies unless PA is approved.  
\*\*PA required for methadone for pain and all extended-release opioid formulations and for quantities greater than 90 MME or to exceed quantity limits. Special PA forms are available at [jaimedicalsystems.com/providers/pharmacy.](https://jaimedicalsystems.com/providers/pharmacy/)\*\*

**XIII. Where to Call?**

**PHYSICIANS**

Formulary Questions: MC-Rx	(800) 555-8513
Medical Necessity: MC-Rx	(800) 555-8513
Prior Authorization: MC-Rx	(800) 555-8513
Provider Relations: Jai Medical Systems Managed Care Organization, Inc.	(888) JAI-1999

**PHARMACISTS**

Provider Network Questions: MC-Rx	(800) 213-5640
Provider Relations: MC-Rx	(800) 213-5640

**XV. Reference**

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

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

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

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

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

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

**XVI. Copays**

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

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

Individuals under the age of 21, pregnant individuals, individuals in long-term care facilities, and Native Americans are not required to pay copayments for prescription drugs in HealthChoice because of other federal and state statutory requirements. Copayments also do not apply to family planning drugs and adult

vaccines and their administration, provided that the vaccine is approved by the FDA for use by adults and is administered in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP). COVID-19 prescription drugs and vaccinations temporarily have copayments waived until further federal guidance is issued. Additionally, in alignment with Medicaid fee-for-service regulations, pharmacy providers are not permitted to deny prescriptions to any Medicaid participant who is unable to pay the copayments.

#### **XVII. Prior Authorization Auto-Renewal**

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

#### **XVIII. Formulary List**

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

#### **XIX. Notice of Non-Discrimination**

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

Jai Medical Systems Managed Care Organization, upon request

- Provides free aids and services to people with disabilities to communicate effectively with Department staff, such as, but not limited to:
  - Qualified sign language interpreters
  - Writing information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides **NO COST, FREE** language services to people whose primary language is not English, such as but not limited to:
  - Qualified interpreters
  - Information written in other languages.

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

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



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

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

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

## **XX. Equal Employment Opportunity Statement**

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

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

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

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

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

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

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

## XV. Language Accessibility Statement

### Language Accessibility Statement

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

#### Español/Spanish

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

#### አማርኛ/Amharic

የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-524-1999 (መስማት ለተሳናቸው: TTY: 1-800-735-2258)።

#### Arabic/ العربية

والتبكم الصم هاتف رقم) 1-888-524-1999 برقم اتصل. بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة اذكر تتحدث كنت إذا: ملحوظة (1-800-735-2258: TTY).

#### Bàsɔ̀ -wùdù-po-nyò(Bassa)

Dè dè nià kè dyédé gbo: ɔ jù ké m̀ [Bàsɔ̀ -wùdù-po-nyò] jù ní, nií, à wuɖu ká kò d̀ò po-poòbèin` m̀ gbo kpáa. Ðá 1-888-524-1999 (TTY: 1-800-735-2258)

#### Español/Spanish

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

#### አማርኛ/Amharic

የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-524-1999 (መስማት ለተሳናቸው: TTY: 1-800-735-2258)።

#### Arabic/ العربية

والتبكم الصم هاتف رقم) 1-888-524-1999 برقم اتصل. بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة اذكر تتحدث كنت إذا: ملحوظة (1-800-735-2258: TTY).

#### Bàsɔ̀ -wùdù-po-nyò(Bassa)

Dè dè nià kè dyédé gbo: ɔ jù ké m̀ [Bàsɔ̀ -wùdù-po-nyò] jù ní, nií, à wuɖu ká kò d̀ò po-poòbèin` m̀ gbo kpáa. Ðá 1-888-524-1999 (TTY: 1-800-735-2258)

#### 中文/Chinese

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

#### Farsi/ فارسی

توجه: اگر به زبان فارسی گفتگو می کنی، تسهیلات زبان بصورت رایگان برای شما  
دا ری بگی تماس 1-888-524-1999 (TTY) 1-800-735-2258) با. باشد می م فراهم

#### Français/French

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

#### ગુજરાતી/Gujarati

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

#### kreyòl ayisyen/Haitian Creole

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

**Igbo**

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

**한국어/Korean**

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Drug	Level	Instruction
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>Antirheumatic-Janus Kinase (JAK) Inhibitors</b>		
RINVOQ LQ SOLUTION	2	PA
RINVOQ TAB ER 24 HR 15MG, 30MG, 45MG	2	PA
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
ADALIMUMAB-ADAZ PEN INJCTR 40MG/0.4ML	2	PA
ADALIMUMAB-ADAZ SYRINGE 40MG/0.4ML	2	PA
ADALIMUMAB-RYVK (2 PEN) AUTOINJKIT 40MG/0.4ML	2	PA
HADLIMA PUSHTOUCH AUTO INJCT 40MG/0.4ML, 40MG/0.8ML	2	PA
HADLIMA SYRINGE 40MG/0.4ML	2	PA
HADLIMA SYRINGE 40MG/0.8ML	2	PA
SIMLANDI(CF) 40 MG/0.4 ML AUTO	2	PA
<b>Cyclooxygenase 2 (COX-2) Inhibitors</b>		
celecoxib capsule 100 mg, 200 mg, 400 mg, 50 mg	1	ST / QL = 60 cap / 30 days
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
diclofenac potassium capsule 25 mg	1	
diclofenac potassium tablet 25 mg, 50 mg	1	
diclofenac sodium tablet dr 25 mg, 50 mg, 75 mg	1	
etodolac capsule 200 mg, 300 mg	1	
etodolac tab er 24h 400 mg, 500 mg, 600 mg	1	
etodolac tablet 400 mg, 500 mg	1	
fenoprofen calcium capsule 200 mg, 400 mg	1	
fenoprofen calcium tablet 600 mg	1	
flurbiprofen tablet 100 mg	1	
ibuprofen capsule 200 mg	1	
ibuprofen oral susp 100 mg/5ml	1	
ibuprofen tab chew 100 mg	1	
ibuprofen tablet 200 mg, 400 mg, 600 mg, 800 mg	1	
indomethacin capsule 25 mg, 50 mg	1	
meloxicam oral susp 7.5 mg/5ml	1	
meloxicam tablet 15 mg, 7.5 mg	1	
naproxen oral susp 125 mg/5ml	1	
naproxen sodium capsule 220 mg	1	
naproxen sodium tablet 220 mg, 275 mg, 550 mg	1	
naproxen tablet 250 mg, 375 mg, 500 mg	1	
piroxicam capsule 10 mg, 20 mg	1	
sulindac tablet 150mg, 200mg	1	
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI CARTRIDGE 50MG/ML(1)	2	PA
ENBREL SURECLICK PEN INJCTR 50MG/ML(1)	2	PA
ENBREL SYRINGE 25MG/0.5ML, 50MG/ML(1)	2	PA
ENBREL VIAL 25 MG, 25MG/0.5ML	2	PA

Drug	Level	Instruction
<b>ANALGESICS - NonNarcotic</b>		
<b>Analgesics-Sedatives</b>		
butalbital-acetaminophen-caffeine capsule 50-325-40	1	
butalbital-acetaminophen-caffeine tablet 50-325-40	1	
butalbital-aspirin-caffeine capsule 50-325-40	1	
butalbital-aspirin-caffeine tablet 50-325-40	1	
<b>Analgesics Other</b>		
acetaminophen capsule 325 mg, 500 mg	1	
acetaminophen liquid 160 mg/5ml, 500mg/15ml	1	
acetaminophen oral susp 160 mg/5ml, 325/10.15, 650mg/20.3	1	
acetaminophen solution 160 mg/5ml, 325/10.15, 650mg/20.3	1	
acetaminophen supp.rect 120 mg, 650 mg	1	
acetaminophen tab chew 160 mg, 325 mg	1	
acetaminophen tab rapdis 80 mg	1	
acetaminophen tablet 325 mg, 500 mg	1	
acetaminophen tablet er 650 mg	1	
<b>Salicylates</b>		
aspirin tab chew 81 mg	1	
aspirin tablet 325 mg	1	
aspirin tablet dr 81 mg	1	
aspirin tablet dr 325 mg, 81 mg	1	
<b>ANALGESICS - OPIOID</b>		
*For all opioids: Initial fill for naïve patients limited to <=7 days and <=14 day supplies thereafter without a PA. PA also required to exceed cumulative QL of 90mme per day. Opioid PA Form needed for requests. Opioid medications without a lower quantity limit may also need PA for excessive pill count prescriptions exceeding 180/30 days. PA required to receive opioids in combination with multiple potentiators or MAT.		
<b>Opioid Agonists</b>		
codeine sulfate tablet 15 mg, 30 mg, 60 mg	1	QL*
fentanyl patch td72 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr	1	PA; QL*
hydromorphone hcl tablet 2 mg, 4 mg, 8 mg	1	QL*
meperidine hcl solution 50 mg/5 ml	1	QL*
meperidine hcl tablet 50 mg	1	QL*
methadone hcl oral conc 10 mg/ml	1	PA; QL*
methadone hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1	PA; QL*
methadone hcl tablet 10 mg, 5 mg	1	PA; QL*
methadone hcl tablet sol 40 mg	1	PA; QL*
morphine sulfate cap er pel 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	PA; QL*
morphine sulfate solution 10 mg/5 ml	1	QL*
morphine sulfate tablet 15 mg, 30 mg	1	QL*

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
morphine sulfate tablet 15 mg, 30 mg	1	QL*
morphine sulfate tablet er 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	PA; QL*
oxycodone hcl capsule 5 mg	1	QL*
oxycodone hcl oral conc 20 mg/ml	1	QL*
oxycodone hcl solution 5 mg/5 ml	1	QL*
oxycodone hcl tab er 12h 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1	PA; QL*
oxycodone hcl tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL*
tramadol hcl tablet 100 mg, 50 mg	1	QL*
tramadol hcl tablet er 24h 100mg, 200mg, 300mg	1	PA; QL*
<b>Codeine Combinations</b>		
acetaminophen w/ codeine solution 120-12mg/5, 300mg/12.5	1	QL*
acetaminophen w/ codeine tablet 300mg-15mg, 300mg-30mg, 300mg-60mg	1	QL*
tramadol-acetaminophen tablet 37.5-325mg	1	QL*
<b>Hydrocodone Combinations</b>		
hydrocodone-acetaminophen tablet 10mg-325mg, 5 mg-300mg, 5 mg-325mg, 7.5-325 mg	1	QL*
<b>Opioid Combinations</b>		
oxycodone w/ acetaminophen solution 10-300mg/5, 5-325/5 ml	1	QL*
oxycodone w/ acetaminophen tablet 5 mg-325mg	1	QL*
<b>ANDROGENS-ANABOLIC</b>		
<b>Androgens</b>		
danazol capsule 100 mg, 200 mg, 50 mg	1	
methyltestosterone oral capsule 10 mg	1	
testosterone cypionate vial 200 mg/ml	1	PA
testosterone transdermal gel 1%, 1.62%	1	PA
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>Intrarectal Steroids</b>		
hydrocortisone (intrarectal) enema 100mg/60ml	1	
<b>Rectal Steroids</b>		
hydrocortisone (rectal) crm/pe app 1 %, 2.5 %	1	
<b>ANTACIDS</b>		
<b>Antacid &amp; Simethicone</b>		
alum & mag hydrox-simethicone oral susp 200-200-20	1	
<b>Antacids - Aluminum Salts</b>		
aluminum hydroxide gel oral susp 320 mg/5ml	1	
<b>Antacids - Calcium Salts</b>		
calcium carbonate (antacid)	1	
calcium carbonate (antacid) tab chew 200(500)mg	1	
calcium carbonate (antacid) tablet 260mg(648)	1	



<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
<b>Anti-IgE Monoclonal Antibodies</b>		
XOLAIR SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	PA
XOLAIR VIAL 150 MG	2	PA
<b>Anti-Inflammatory Agents</b>		
cromolyn sodium ampul-neb 20 mg/2 ml	1	
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA HFA AER AD 17MCG	2	
ipratropium bromide solution 0.2 mg/ml	1	
SPIRIVA RESPIMAT MIST INHAL 1.25 MCG, 2.5 MCG	2	
tiotropium bromide monohydrate cap w/dev 18 mcg	1	
TUDORZA PRESSAIR AER POW BA 400 MCG	2	PA; QL = 1 inh / 30 days
<b>Leukotriene Receptor Antagonists</b>		
montelukast sodium gran pack 4 mg	1	
montelukast sodium tab chew 4 mg, 5 mg	1	
montelukast sodium tablet 10 mg	1	
<b>Steroid Inhalants</b>		
budesonide (inhalation) ampul-neb 0.25mg/2ml, 0.5 mg/2ml, 1 mg/2 ml	1	QL=60mL / 30 days; AL<= 8 years
fluticasone propionate (inhalation) blst w/dev 100 mcg, 250 mcg	1	
fluticasone propionate hfa aer w/adap 110 mcg, 220 mcg, 44 mcg	1	
PULMICORT FLEXHALER AER POW BA 180 MCG, 90 MCG	2	
SEREVENT DISKUS	2	PA
<b>Adrenergic Combinations</b>		
ANORO ELLIPTA BLST W/DEV 62.5-25MCG	2	PA
budesonide-formoterol fumarate dihydrate hfa aer ad 160-4.5mcg, 80-4.5 mcg	1	PA
COMBIVENT RESPIMAT MIST INHAL 20-100 MCG	2	
fluticasone-salmeterol aer pow ba 113-14 mcg, 232-14 mcg, 55-14 mcg	1	PA
fluticasone-salmeterol blst w/dev 100-50 mcg, 250-50 mcg, 500-50 mcg	1	PA
fluticasone-salmeterol hfa aer ad 115-21mcg, 230-21mcg, 45-21 mcg	1	PA
ipratropium-albuterol ampul-neb 0.5-3mg/3	1	
STIOLTO RESPIMAT MIST INHAL 2.5-2.5 MCG	2	
TRELEGY ELLIPTA BLST W/DEV 100-62.5 , 200-62.5	2	PA
<b>Beta Adrenergics</b>		
albuterol sulfate hfa aer ad 90 mcg	1	
albuterol sulfate solution 5 mg/ml	1	
albuterol sulfate vial-neb 2.5 mg/0.5, 2.5 mg/3ml	1	
STRIVERDI RESPIMAT MIST INHAL 2.5 MCG	2	PA
<b>Xanthines</b>		

Drug	Level	Instruction
aminophylline ampul 500mg/20ml	1	
aminophylline vial 250mg/10ml, 500mg/20ml	1	
theophylline elixir 80 mg/15 ml	1	
theophylline solution 80 mg/15 ml	1	
theophylline tab er 12h 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline tab er 24h 400 mg, 600 mg	1	
<b>ANTICOAGULANTS</b>		
<b>Coumarin Anticoagulants</b>		
warfarin sodium tablet 2 mg, 2.5 mg	1	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS DVT/PE STARTER PACK TAB DS PK 5 MG (74)	2	
ELIQUIS TABLET 2.5 MG	2	
XARELTO TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
<b>Low Molecular Weight Heparins</b>		
enoxaparin sodium syringe 100 mg/ml, 120mg/.8ml, 150 mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	1	
enoxaparin sodium syringe 120mg/.8ml, 150 mg/ml	1	
enoxaparin sodium vial 300 mg/3ml	1	
<b>Thrombin Inhibitors - Selective Direct &amp; Reversible</b>		
dabigatran etexilate mesylate capsule 150 mg, 75 mg	1	
<b>ANTICONVULSANTS</b>		
<b>Anticonvulsants - Misc.</b>		
primidone tablet 125 mg, 250 mg, 50 mg	1	
<b>Hydantoins</b>		
phenytoin oral susp 100 mg/4ml, 125 mg/5ml	1	
phenytoin sodium extended capsule 100 mg, 200 mg, 300 mg	1	
phenytoin tab chew 50 mg	1	
<b>Succinimides</b>		
ethosuximide capsule 250 mg	1	
ethosuximide oral solution 250 mg/5ml	1	
<b>ANTIDIABETICS</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
acarbose tablet 100 mg, 25 mg, 50 mg	1	PA; QL = 90 tabs / 30 days
<b>SGLT2 Inhibitor - DPP-4 Inhibitor Combinations</b>		
GLYXAMBI TABLET 10 MG-5 MG, 25 MG-5 MG	2	PA
<b>Sulfonylurea-Thiazolidinedione Combinations</b>		
pioglitazone hcl-glimepiride tablet 30 mg-2 mg, 30 mg-4 mg	1	QL = 30 / 30 days
<b>Thiazolidinedione-Biguanide Combinations</b>		
pioglitazone hcl-metformin hcl tablet 15mg-500mg, 15mg-850mg	1	QL = 30 / 30 days

Drug	Level	Instruction
<b>Biguanides</b>		
metformin hcl tab er 24h 500 mg, 750 mg	1	
metformin hcl tablet 1000 mg, 500 mg, 850 mg	1	
<b>Diabetic Other</b>		
glucagon (rdna) vial 1 mg	1	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
alogliptin benzoate tablet 12.5 mg, 25 mg, 6.25 mg	1	ST
JANUVIA TABLET 100 MG, 25 MG, 50 MG	2	ST
<b>Incretin Mimetic Agents (GLP-1 Receptor Agonists)</b>		
BYDUREON BCISE AUTO INJCT 2MG/0.85ML	2	PA
TRULICITY PEN INJCTR 0.75 MG/0.5ML, 1.5MG/0.5ML, 3 MG/0.5ML, 4.5MG/0.5ML	2	PA
VICTOZA PEN INJCTR 0.6MG/0.1	2	PA
<b>Human Insulin</b>		
ADMELOG SOLOSTAR INSULN PEN 100/ML	2	
ADMELOG VIAL 100/ML	2	
BASAGLAR KWIKPEN INSULN PEN 100/ML (3)	2	
HUMALOG CARTRIDGE 100/ML	1	
HUMALOG KWIKPEN INSULN PEN 100/ML, 200/ML (3)	1	
HUMALOG MIX 50/50 KWIKPEN INSULN PEN 50-50/ML	1	
HUMALOG MIX 50/50 VIAL 50-50/ML	1	
HUMALOG MIX 75/25 KWIKPEN INSULN PEN 75-25/ML	1	
HUMALOG MIX 75/25 VIAL 75-25/ML	1	
HUMALOG VIAL 100/ML	1	
HUMULIN 70/30 KWIKPEN INSULN PEN 70-30/ML	1	
HUMULIN 70/30 VIAL 70-30/ML	1	
HUMULIN N KWIKPEN INSULN PEN 100/ML (3)	1	
HUMULIN N VIAL 100/ML	1	
HUMULIN R U-500 (CONCENTRATED) VIAL 500/ML	1	
HUMULIN R VIAL 100/ML	1	
INSULIN ASP PROT & ASP FLEXPEN INSULN PEN 70-30/ML	1	
insulin aspart cartridge 100/ml	1	
INSULIN ASPART FLEXPEN INSULN PEN 100/ML (3)	1	
INSULIN ASPART PENFILL CARTRIDGE 100/ML	1	
INSULIN ASPART PROT & ASPART VIAL 70-30/ML	1	
insulin aspart vial 100/ml	1	
insulin glargine insuln pen 300/ml, 300/ml (3)	1	QL = 13.5 ml / 30 days
insulin glargine solostar insuln pen 100/ml (3)	1	
insulin glargine-yfgn insuln pen 100/ml (3)	1	
insulin glargine-yfgn vial 100/ml	1	
insulin lispro insuln pen 100/ml	1	
INSULIN LISPRO PROT & LISPRO INSULN PEN 75-25/ML	1	

Drug	Level	Instruction
insulin lispro vial 100/ml	1	
LANTUS PEN	1	QL = 30 ml / 30 days
NOVOLIN 70/30 FLEXPEN INSULN PEN 70-30/ML	1	
NOVOLIN 70/30 FLEXPEN RELION INSULN PEN 70-30/ML	1	
NOVOLIN 70/30 RELION VIAL 70-30/ML	1	
NOVOLIN 70/30 VIAL 70-30/ML	1	
NOVOLIN N RELION VIAL 100/ML	1	
NOVOLIN N VIAL 100/ML	1	
NOVOLIN R RELION VIAL 100/ML	1	
NOVOLIN R VIAL 100/ML	1	
NOVOLOG 70/30 FLEXPEN RELION INSULN PEN 70-30/ML	1	
NOVOLOG FLEXPEN INSULN PEN 100/ML (3)	1	
NOVOLOG FLEXPEN RELION INSULN PEN 100/ML (3)	1	
NOVOLOG MIX 70/30 FLEXPEN INSULN PEN 70-30/ML	1	
NOVOLOG MIX 70/30 RELION VIAL 70-30/ML	1	
NOVOLOG MIX 70/30 VIAL 70-30/ML	1	
NOVOLOG PENFILL CARTRIDGE 100/ML	1	
NOVOLOG RELION VIAL 100/ML	1	
NOVOLOG VIAL 100/ML	1	
rezvoglar kwikpen INSULN PEN 100/ml	1	
<b>Thiazolidinediones</b>		
pioglitazone hcl tablet 15 mg, 30 mg, 45 mg	1	QL = 30 / 30 days
<b>Meglitinide Analogues</b>		
repaglinide tablet 0.5 mg, 1 mg, 2 mg	1	PA
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>		
dapagliflozin propanediol tablet 10 mg, 5 mg	1	ST
JARDIANCE TABLET 10 MG	1	ST
<b>Sulfonylureas</b>		
glimepiride tablet 1 mg, 2 mg, 4 mg	1	
glipizide tab er 24 10 mg, 2.5 mg, 5 mg	1	
glipizide tablet 10 mg, 2.5 mg, 5 mg	1	
glyburide tablet 1.25 mg, 2.5 mg	1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>Antidiarrheal/Probiotic Agents - Misc.</b>		
bismuth subsalicylate oral susp 262mg/15ml, 525mg/15ml	1	
bismuth subsalicylate tab chew 262 mg	1	
<b>Antiperistaltic Agents</b>		
diphenoxylate w/ atropine liquid 2.5-.025/5	1	
diphenoxylate w/ atropine tablet 2.5-.025mg	1	
loperamide hcl capsule 2 mg	1	OTC
loperamide hcl liquid 1mg/7.5ml	1	OTC

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
loperamide hcl tablet 2 mg	1	OTC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
succimer capsule 100 mg	1	PA
<b>Antidotes and Specific Antagonists</b>		
acetylcysteine (antidote) vial 200 mg/ml	1	
charcoal activated capsule 260 mg, 280 mg	1	OTC
<b>ANTIEMETICS</b>		
<b>5-HT3 Receptor Antagonists</b>		
ondansetron hcl oral solution 4 mg/5 ml	1	QL = 50 mls per fill
ondansetron hcl tablet 4 mg, 8 mg	1	QL = 10 tabs per fill
ondansetron tab rapdis 4 mg, 8 mg	1	QL = 10 tabs per fill
ondansetron tab rapdis 16mg	1	QL = 10 tabs per fill
<b>Antiemetics - Anticholinergic</b>		
meclizine hcl tab chew 25 mg	1	
meclizine hcl tablet 12.5 mg, 25 mg, 50 mg	1	
<b>Antiemetic Combinations</b>		
pyridoxine (Vitamin B-6)	1	
doxylamine-pyridoxine tablet dr 10 mg-10mg	1	QL= 40 / 10 days
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
aprepitant cap ds pk 125mg-80mg	1	PA
aprepitant capsule 125 mg, 40 mg, 80 mg	1	PA
EMEND SUSP RECON 125 MG	2	PA
<b>ANTIHISTAMINES</b>		
<b>Antihistamines - Alkylamines</b>		
chlorpheniramine maleate tablet 4 mg	1	
chlorpheniramine maleate tablet er 12 mg	1	
<b>Antihistamines - Ethanolamines</b>		
clemastine fumarate syrup 0.5 mg/5ml	1	
clemastine fumarate tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
clemastine fumarate tablet 2.68 mg	1	
diphenhydramine hcl capsule 25 mg, 50 mg	1	
diphenhydramine hcl elixir 12.5mg/5ml	1	
diphenhydramine hcl liquid 12.5mg/5ml	1	
diphenhydramine hcl syringe 50 mg/ml	1	
diphenhydramine hcl tab chew 12.5 mg	1	
diphenhydramine hcl tablet 25 mg	1	

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
diphenhydramine hcl vial 50 mg/ml	1	
<b>Antihistamines - Non-Sedating</b>		
cetirizine hcl solution 1 mg/ml, 5 mg/5 ml	1	AL<=18 years
cetirizine hcl solution 1 mg/ml	1	AL<=18 years
cetirizine hcl tab chew 10 mg, 5 mg	1	AL<=18 years
cetirizine hcl tablet 10 mg, 5 mg	1	
fexofenadine hcl tablet 180 mg	1	QL = 30 / 30 days
fexofenadine hcl tablet 180 mg, 60 mg	1	180mg QL = 30 / 30 days; 60mg L = 60 / 30 days
loratadine solution 5 mg/5 ml	1	
loratadine tab rapdis 10 mg	1	
loratadine tablet 10 mg	1	
<b>Antihistamines - Phenothiazines</b>		
promethazine oral syrup 6.25 Mg/5 Ml	1	AL > 2 years
promethazine hcl tablet 12.5 mg, 25mg, 50mg	1	AL > 2 years
<b>ANTI-INFECTIVE AGENTS</b>		
<b>AMINOGLYCOSIDES</b>		
gentamicin sulfate vial 40 mg/ml	1	
neomycin sulfate tablet 500 mg	1	
<b>ANTHELMINTICS</b>		
albendazole tablet 200 mg	1	
ivermectin tablet 3 mg	1	
<b>ANTIFUNGALS</b>		
fluconazole susp recon 10 mg/ml, 40 mg/ml	1	PA
fluconazole tablet 100 mg, 150 mg, 200 mg	1	PA; 150mg No PA needed for QL 2 / 30 days
griseofulvin microsize oral susp 125 mg/5ml	1	
griseofulvin microsize tablet 500 mg	1	
griseofulvin ultramicrosize tablet 125 mg, 250 mg	1	
itraconazole capsule 100 mg	1	PA
itraconazole solution 10 mg/ml	1	PA
ketoconazole tablet 200 mg	1	
nystatin tablet 500k unit	1	
terbinafine hcl tablet 250 mg	1	
<b>Anti-infective Agents - Misc.</b>		
metronidazole capsule 375 mg	1	
metronidazole tablet 250 mg, 500 mg	1	
trimethoprim tablet 100 mg	1	
XIFAXAN TABLET 550 mg	1	PA
<b>Anti-infective Misc. - Combinations</b>		
sulfamethoxazole-trimethoprim oral susp 200-400mg/5ml, 800-160mg/20mL	1	

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
sulfamethoxazole-trimethoprim tablet 400mg-80mg, 800-160 mg	1	
<b>Antiprotozoal Agents</b>		
atovaquone oral susp 750 mg/5ml	1	
<b>Leprostatics</b>		
dapsone tablet 100 mg, 25 mg	1	
<b>Lincosamides</b>		
clindamycin hcl capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hydrochloride soln recon 75 mg/5 ml	1	
<b>Urinary Anti-infectives</b>		
methenamine mandelate tablet 1 g, 500 mg	1	
nitrofurantoin macrocrystal capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohyd macro capsule 100 mg	1	
nitrofurantoin oral susp 25 mg/5 ml, 50 mg/5 ml	1	
<b>ANTIMALARIALS</b>		
atovaquone-proguanil hcl tablet 250-100 mg, 62.5-25 mg	1	
chloroquine phosphate tablet 250 mg	1	
COARTEM TABLET 20-120 MG	2	PA; QL = 24 / 3 days
hydroxychloroquine sulfate tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
mefloquine hcl tablet 250 mg	1	
pyrimethamine tablet 25 mg	1	
<b>Antimycobacterial Agents</b>		
cycloserine capsule 250 mg	1	
ethambutol hcl tablet 100 mg, 400 mg	1	
isoniazid solution 50 mg/5 ml	1	
isoniazid tablet 100 mg, 300 mg	1	
pyrazinamide tablet 500 mg	1	
rifabutin capsule 150 mg	1	
rifampin capsule 150 mg, 300 mg	1	
rifampin vial 600 mg	1	
trecator TABLET 250 mg	1	
<b>ANTIVIRALS *\$1 copay for HIV/AIDS medications</b>		
<b>Antiretroviral Combinations</b>		
abacavir sulfate-lamivudine tablet 600-300 mg	1*	QL = 30 tabs / 30 days
BIKTARVY TABLET 50-200-25	1*	QL = 30 tabs / 30 days
COMPLERA TABLET 200-25-300	1*	QL = 30 tabs / 30 days
DESCOVY TABLET 200MG-25MG	1*	QL = 30 tabs / 30 days
DOVATO TABLET 50-300 MG	1*	QL = 30 tabs / 30 days

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
efavirenz-emtricitab-tenofovir disoproxil fumarate tablet 600-200mg	1*	QL = 30 tabs / 30 days
efavirenz-emtricitabine-tenofovir disoproxil fumarate tablet 600-200mg	1*	QL = 30 tabs / 30 days
emtricitabine-tenofovir disoproxil fumarate tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	1*	QL = 30 tabs / 30 days
EVOTAZ TABLET 300-150 MG	1*	QL = 30 tabs / 30 days
GENVOYA TABLET 150-200-10	1*	QL = 30 tabs / 30 days
JULUCA TABLET 50 MG-25MG	1*	QL = 30 tabs / 30 days
lamivudine-zidovudine tablet 150-300 mg	1*	QL = 60 tabs / 30 days
lopinavir-ritonavir solution 400-100/5	1*	QL = 300ml / 30 days
lopinavir-ritonavir tablet 100mg-25mg, 200mg-50mg	1*	QL = 120 tabs / 30 days
ODEFSEY TABLET 200-25-25	1*	QL = 30 tabs / 30 days
PREZCOBIX TABLET 800-150 MG	1*	QL = 30 tabs / 30 days
STRIBILD TABLET 150-200 MG	1*	QL = 30 tabs / 30 days
SYMTUZA TABLET 800-150 MG	1*	QL = 30 tabs / 30 days
TRIUMEQ TABLET 600-50-300	1*	QL = 30 tabs / 30 days
<b>Antiretrovirals - Integrase Inhibitors</b>		
ISENTRESS TABLET 400 MG	1*	QL = 60 tabs / 30 days
TIVICAY TABLET 10 MG, 25 MG, 50 MG	1*	QL = 30 tabs / 30 days
<b>Antiretrovirals - Protease Inhibitors</b>		
atazanavir sulfate capsule 150 mg, 300 mg	1*	QL = 30 tabs / 30 days
fosamprenavir calcium tablet 700 mg	1*	QL = 60 tabs / 30 day
PREZISTA TABLET 75 MG	1*	QL = 60 tabs / 30 days
PREZISTA TABLET 600 MG, 800 MG	2*	QL = 60 tabs / 30 days
ritonavir tablet 100 mg	1*	QL = 30 tabs / 30 days
<b>Antiretrovirals - RTI-Non-Nucleoside Analogues</b>		



<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
efavirenz capsule 200 mg, 50 mg	1*	QL = 60 tabs / 30 days
efavirenz tablet 600 mg	1*	QL = 60 tabs / 30 days
etravirine tablet 100 mg, 200 mg	1*	QL = 60 tabs / 30 days
nevirapine tablet 200 mg	1*	QL = 60 tabs / 30 days
<b>Antiretrovirals - RTI-Nucleoside Analogues-Purines</b>		
abacavir sulfate solution 20 mg/ml	1*	QL = 900ml / 30 days
abacavir sulfate tablet 300 mg	1*	QL = 60 tabs / 30 days
<b>Antiretrovirals - RTI-Nucleoside Analogues-Pyrimidines</b>		
lamivudine tablet 150 mg, 300 mg	1*	QL = 30 tabs / 30 days
<b>Antiretrovirals - RTI-Nucleoside Analogues-Thymidines</b>		
stavudine capsule 15 mg, 20 mg, 30 mg, 40 mg	1*	QL = 60 tabs / 30 days
zidovudine capsule 100 mg	1*	QL = 60 tabs / 30 days
zidovudine syrup 10 mg/ml	1*	QL = 600ml / 30 days
zidovudine tablet 300 mg	1*	QL = 60 tabs / 30 days
<b>Antiretrovirals - RTI-Nucleotide Analogues</b>		
tenofovir disoproxil fumarate tablet 300 mg	1*	QL = 30 tabs / 30 days
<b>Antiviral Combinations</b>		
PAXLOVID (150/100) TAB DS PK 150-100 MG	1	QL = 30 tabs / 5 days
PAXLOVID (300/100) TAB DS PK 300-100 MG	1	QL = 30 tabs / 5 days
<b>CMV Agents</b>		
ganciclovir sodium vial 500 mg, 500mg/10ml	1	
<b>Hepatitis B Agents</b>		
entecavir tablet 0.5 mg, 1 mg	1	QL = 30 tabs / 30 day
lamivudine (hbv) tablet 100 mg	1	QL = 30 tabs / 30 days
<b>Hepatitis C Agent – Combinations – Special PA Forms for Hepatitis C Treatment</b>		
ledipasvir-sofosbuvir tablet 90mg-400mg	1	PA
MAVYRET TABLET 100MG-40MG	2	PA
sofosbuvir-velpatasvir tablet 400-100 mg	1	PA
VOSEVI TABLET 400-100 MG	2	PA

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
ZEPATIER TABLET 50MG-100MG	2	PA
<b>Hepatitis C Agents</b>		
PEGASYS SYRINGE 180MCG/0.5	2	PA
PEGASYS VIAL 180MCG/ML	2	PA
<b>Herpes Agents - Purine Analogues</b>		
acyclovir capsule 200 mg	1	
acyclovir oral susp 200 mg/5ml	1	PA
acyclovir tablet 400 mg, 800 mg	1	
valacyclovir hcl tablet 1000 mg, 500 mg	1	PA
<b>Neuraminidase Inhibitors</b>		
oseltamivir phosphate capsule 30 mg, 45 mg, 75 mg	1	QL = 1 course of treatment per calendar year
oseltamivir phosphate susp recon 6 mg/ml	1	QL = 1 course of treatment per calendar year
<b>RSV Agents - Nucleoside Analogues</b>		
ribavirin oral tablet 200 Mg	1	PA
ribavirin vial-neb 6 g	1	PA
<b>CEPHALOSPORINS</b>		
<b>Cephalosporins - 1st Generation</b>		
cephalexin capsule 250 mg, 500 mg, 750 mg	1	
cephalexin susp recon 125 mg/5ml, 250 mg/5ml	1	
<b>Cephalosporins - 2nd Generation</b>		
cefaclor capsule 250 mg, 500 mg	1	
cefaclor monohydrate tab er 12h 500 mg	1	
cefaclor susp recon 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	1	
cefprozil susp recon 125 mg/5ml, 250 mg/5ml	1	
cefprozil tablet 250 mg, 500 mg	1	
cefuroxime axetil tablet 250 mg, 500 mg	1	
<b>Cephalosporins - 3rd Generation</b>		
cefdinir capsule 300 mg	1	
cefdinir susp recon 125 mg/5ml, 250 mg/5ml	1	
cefixime capsule 400 mg	1	QL = 1 tab
cefixime susp recon 100 mg/5ml, 200 mg/5ml	1	
ceftriaxone sodium vial 1 g, 2 g, 250 mg, 500 mg	1	
ceftriaxone sodium vial 10 g	1	
<b>FLUOROQUINOLONES</b>		
<b>Fluoroquinolones</b>		
ciprofloxacin hcl tablet 100 mg, 250 mg, 500 mg, 750 mg	1	
ciprofloxacin sus mc rec 250 mg/5ml, 500 mg/5ml	1	
levofloxacin solution 250mg/10ml	1	

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
levofloxacin tablet 250 mg, 500 mg, 750 mg	1	
levofloxacin vial 25 mg/ml	1	
moxifloxacin hcl tablet 400 mg	1	PA; QL = 14 per 30 days
<b>MACROLIDES</b>		
<b>Azithromycin</b>		
azithromycin packet 1 g	1	QL = 1 single dose packet
azithromycin susp recon 100 mg/5ml, 200 mg/5ml	1	QL
azithromycin tablet 250 mg, 500 mg, 600 mg	1	
<b>Clarithromycin</b>		
clarithromycin susp recon 125 mg/5ml, 250 mg/5ml	1	
clarithromycin tab er 24h 500 mg	1	
clarithromycin tablet 250 mg, 500 mg	1	
<b>Erythromycins</b>		
erythromycin base capsule dr 250 mg	1	
erythromycin base tablet 250 mg, 500 mg	1	
erythromycin base tablet dr 250 mg, 333 mg, 500 mg	1	
erythromycin ethylsuccinate susp recon 200 mg/5ml, 400 mg/5ml	1	
erythromycin ethylsuccinate tablet 400 mg	1	
<b>PENICILLINS</b>		
<b>Aminopenicillins</b>		
amoxicillin capsule 250 mg, 500 mg	1	
amoxicillin susp recon 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin tablet 500 mg, 875 mg	1	
ampicillin capsule 500 mg	1	
<b>Natural Penicillins</b>		
penicillin v potassium soln recon 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium tablet 250 mg, 500 mg	1	
<b>Penicillin Combinations</b>		
amoxicillin & pot clavulanate susp recon 200-28.5/5, 250-62.5/5, 400-57mg/5, 600-42.9/5	1	
amoxicillin & pot clavulanate tab er 12h 1000-62.5	1	
amoxicillin & pot clavulanate tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
<b>Penicillinase-Resistant Penicillins</b>		
dicloxacillin sodium capsule 250 mg, 500 mg	1	
oxacillin sodium vial 1 g, 2 g	1	
<b>SULFONAMIDES</b>		
<b>Sulfonamides</b>		
sulfadiazine tablet 500 mg	1	
<b>TETRACYCLINES</b>		

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
<b>Tetracyclines</b>		
doxycycline (monohydrate) capsule 100 mg, 150 mg, 75 mg	1	
doxycycline (monohydrate) susp recon 25 mg/5 ml	1	
doxycycline (monohydrate) tablet 100 mg, 150 mg, 75 mg	1	
doxycycline hyclate capsule 100 mg, 50 mg	1	
doxycycline hyclate tablet 20 mg	1	
doxycycline hyclate tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate tablet dr 100 mg, 150 mg, 200 mg, 75 mg, 80 mg	1	
doxycycline hyclate vial 100 mg	1	
tetracycline hcl capsule 500 mg	1	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
pyridostigmine bromide solution 60 mg/ 5 ml	1	
pyridostigmine bromide tablet 30 mg, 60 mg	1	
pyridostigmine bromide tablet er 180 mg	1	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>Alkylating Agents</b>		
MYLERAN TABLET 2 MG	2	
<b>Nitrogen Mustards and Related Analogues</b>		
ALKERAN TABLET 2 MG	2	
ALKERAN VIAL 50 MG	2	
cyclophosphamide capsule 25 mg, 50 mg	1	
cyclophosphamide tablet 25 mg, 50 mg	1	
cyclophosphamide vial 1 g, 2 g, 500 mg	1	
cyclophosphamide vial 200 mg/ml, 500 mg/ml	1	
LEUKERAN TABLET 2 MG	2	
<b>Antimetabolites</b>		
capecitabine tablet 150 mg, 500 mg	1	
mercaptopurine tablet 50 mg	1	
methotrexate sodium tablet 2.5 mg	1	
methotrexate sodium vial 25 mg/ml	1	
<b>Antineoplastic - EGFR Inhibitors</b>		
erlotinib hcl tablet 100 mg, 150 mg, 25 mg	1	
GILOTRIF TABLET 20 MG, 30 MG, 40 MG	2	
<b>Antiandrogens</b>		
bicalutamide tablet 50 mg	1	
flutamide capsule 125 mg	1	
<b>Antiestrogens</b>		
tamoxifen citrate tablet 10 mg, 20 mg	1	
<b>Aromatase Inhibitors</b>		
anastrozole tablet 1 mg	1	
exemestane tablet 25 mg	1	

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
letrozole tablet 2.5 mg	1	
<b>LHRH Analogs</b>		
LUPRON DEPOT (1-MONTH) SYRINGEKIT 3.75 MG, 7.5 MG	2	PA
LUPRON DEPOT (3-MONTH) SYRINGEKIT 11.25 MG, 22.5 MG	2	PA
LUPRON DEPOT (4-MONTH) SYRINGEKIT 30 MG	2	PA
LUPRON DEPOT (6-MONTH) SYRINGEKIT 45 MG	2	PA
<b>Progestins-Antineoplastic</b>		
megestrol acetate oral susp 400mg/10ml	1	
megestrol acetate tablet 20 mg, 40 mg	1	
<b>Antineoplastic - BCR-ABL Kinase Inhibitors</b>		
imatinib mesylate tablet 100 mg, 400 mg	1	QL = 90 tabs / 30 days
<b>Antineoplastic - Multikinase Inhibitors</b>		
sorafenib tosylate tablet 200 mg	1	
<b>Antineoplastics Misc.</b>		
ALFERON N VIAL 5MMUNIT/ML	2	PA
hydroxyurea capsule 500 mg	1	
INTRON A VIAL 10MM UNIT, 18MM UNIT, 50MM UNIT	2	PA
MATULANE CAPSULE 50 MG	2	
<b>Folic Acid Antagonists Rescue Agents</b>		
leucovorin calcium tablet 10 mg, 15 mg, 25 mg	1	
<b>Mitotic Inhibitors</b>		
etoposide capsule 50 mg	1	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>Peripheral COMT Inhibitors</b>		
entacapone tablet 200 mg	1	PA
<b>Antiparkinson Dopaminergics</b>		
amantadine hcl capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5 ml	1	
amantadine hcl tablet 100 mg	1	
bromocriptine mesylate capsule 5 mg	1	No postpartum use
bromocriptine mesylate tablet 2.5 mg	1	No postpartum use
<b>Levodopa Combinations</b>		
carbidopa-levodopa tab rapdis 10mg-100mg, 25mg-250mg	1	
carbidopa-levodopa tablet 10mg-100mg, 25mg-100mg, 25mg-250mg	1	
carbidopa-levodopa tablet er 50mg-200mg	1	
<b>Nonergoline Dopamine Receptor Agonists</b>		
ropinirole hydrochloride tablet 0.25mg, 0.5 mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	PA; QL= 90 / 30 days
ropinirole ER tablet 2mg, 4mg, 6mg, 8mg, 12 mg	1	PA; QL= 90 / 30 days

Drug	Level	Instruction
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
selegiline hcl capsule 5 mg	1	
selegiline hcl tablet 5 mg	1	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>Phenothiazines</b>		
prochlorperazine maleate tablet 10 mg	1	
prochlorperazine supp.rect 25 mg	1	
<b>CARDIOVASCULAR AGENTS</b>		
<b>ANTIANGINAL AGENTS</b>		
<b>Anthelmintics</b>		
pyrantel pamoate oral susp 50 mg/ml	1	OTC
<b>Nitrates</b>		
isosorbide dinitrate tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate tab er 24h 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate tablet 10 mg, 20 mg	1	
nitroglycerin patch td24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	1	
nitroglycerin tab subl 0.3 mg, 0.4 mg, 0.6 mg	1	
<b>ANTIARRHYTHMICS</b>		
<b>Antiarrhythmics Type I-A</b>		
disopyramide phosphate capsule 100 mg, 150 mg	1	
quinidine sulfate tablet 200mg, 300mg	1	
<b>Antiarrhythmics Type I-B</b>		
mexiletine hcl capsule 150 mg, 200 mg, 250 mg	1	
<b>Antiarrhythmics Type I-C</b>		
flecainide acetate tablet 100 mg, 150 mg, 50 mg	1	
<b>Antiarrhythmics Type III</b>		
propafenone hcl cap er 12h 225 mg, 325 mg, 425 mg	1	
propafenone hcl tablet 150 mg, 300 mg	1	
<b>ANTIHYPERLIPIDEMICS</b>		
<b>Intest Cholest Absorp Inhib-HMG CoA Reductase Inhib Comb</b>		
ezetimibe-simvastatin tablet 10 mg-10mg, 10 mg-20mg, 10 mg-40mg, 10 mg-80mg	1	PA
<b>Antihyperlipidemics - Misc.</b>		
omega-3-acid ethyl esters capsule 1 g	1	OTC
<b>Bile Acid Sequestrants</b>		
cholestyramine light powder 4 g	1	Cans Only
colestipol hcl granules 5 g	1	
colestipol hcl packet 5 g	1	
<b>Fibric Acid Derivatives</b>		
choline fenofibrate capsule dr 135 mg, 45 mg	1	ST
fenofibrate micronized capsule 134 mg, 200 mg	1	

Drug	Level	Instruction
fenofibrate tablet 120 mg, 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid tablet 105 mg, 35 mg	1	ST
gemfibrozil tablet 600 mg	1	
<b>HMG CoA Reductase Inhibitors* 90 day supplies allowed after 30 day fill</b>		
atorvastatin calcium tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
fluvastatin sodium capsule 20 mg, 40 mg	1	
fluvastatin sodium tab er 24h 80 mg	1	
lovastatin tablet 10 mg, 20 mg, 40 mg	1	
pravastatin sodium tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
rosuvastatin calcium tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin tablet 10 mg, 20 mg, 40mg, 5 mg	1	
simvastatin tablet 80 mg	1	PA
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
ezetimibe tablet 10 mg	1	QL = 30 tabs / 30 days
<b>Nicotinic Acid Derivatives</b>		
niacin (antihyperlipidemic) tab er 24h 1000 mg, 500 mg, 750 mg	1	OTC
niacin (antihyperlipidemic) tablet 500 mg	1	OTC
<b>PCSK9 Inhibitors</b>		
REPATHA SURECLICK PEN INJCTR 140 MG/ML	2	PA
REPATHA SYRINGE 140 MG/ML	2	PA
<b>ANTIHYPERTENSIVES</b>		
<b>ACE Inhibitors</b>		
benazepril hcl tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
captopril tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
enalapril maleate solution 1 mg/ml	1	
enalapril maleate tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
fosinopril sodium tablet 10 mg, 20 mg, 40 mg	1	
lisinopril tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg	1	
quinapril hcl tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
<b>Angiotensin II Receptor Antagonists</b>		
irbesartan tablet 150 mg, 300 mg, 75 mg	1	QL = 30 tabs / month
losartan potassium tablet 100 mg, 25 mg, 50 mg	1	QL = 30 tabs / 30 days
valsartan tablet 160 mg, 320 mg, 40 mg, 80 mg	1	PA; QL = 30 tabs / 30 days
<b>Antiadrenergics - Centrally Acting</b>		
clonidine hcl tablet 0.1 mg, 0.2 mg, 0.3 mg	1	AL >=18 years
guanfacine hcl tablet 1 mg, 2 mg	1	AL >=18 years
methyldopa tablet 250 mg, 500 mg	1	
<b>Antiadrenergics - Peripherally Acting</b>		
doxazosin mesylate tablet 1 mg, 2 mg, 4 mg, 8 mg	1	

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
prazosin hcl capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
<b>ACE Inhibitor &amp; Calcium Channel Blocker Combinations</b>		
amlodipine besylate-benazepril hcl capsule 10 mg-20mg, 10 mg-40mg, 2.5mg-10mg, 5 mg-10 mg, 5 mg-20 mg, 5 mg-40 mg	1	
<b>ACE Inhibitors &amp; Thiazide/Thiazide-Like</b>		
lisinopril & hydrochlorothiazide tablet 10-12.5 mg	1	
<b>Adrenolytics-Central &amp; Thiazide/Thiazide-Like Comb</b>		
methyldopa & hydrochlorothiazide tablet 250mg-15mg, 250mg-25mg	1	
<b>Angiotensin II Receptor Antag &amp; Thiazide/Thiazide-Like</b>		
irbesartan-hydrochlorothiazide tablet 150-12.5mg, 300-12.5mg	1	QL = 30 tablets / 30 days
losartan potassium & hydrochlorothiazide tablet 100-12.5mg, 100mg-25mg, 50-12.5 mg	1	QL = 30 tablets / 30 days
valsartan-hydrochlorothiazide tablet 160-12.5mg, 160mg-25mg, 320mg-12.5mg, 320mg-25mg, 80mg-12.5mg	1	PA; QL = 30 tabs / 30 days
<b>Beta Blocker &amp; Diuretic Combinations</b>		
atenolol & chlorthalidone tablet 100mg-25mg, 50 mg-25mg	1	
metoprolol & hydrochlorothiazide tablet 100mg-25mg, 100mg-50mg, 50 mg-25mg	1	
propranolol & hydrochlorothiazide tablet 40 mg-25mg, 80 mg-25mg	1	
<b>Vasodilators</b>		
hydralazine hcl tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
minoxidil tablet 10 mg, 2.5 mg	1	
<b>BETA BLOCKERS</b>		
<b>Alpha-Beta Blockers</b>		
carvedilol tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
labetalol hcl tablet 100 mg, 200 mg, 300 mg	1	
<b>Beta Blockers Cardio-Selective</b>		
atenolol tablet 100 mg, 25 mg, 50 mg	1	
betaxolol hcl tablet 10 mg, 20 mg	1	
metoprolol succinate tab er 24h 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
<b>Beta Blockers Non-Selective</b>		
propranolol hcl cap sa 24h 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl solution 20 mg/5 ml, 40mg/5 ml	1	
propranolol hcl tablet 10 mg, 20 mg, 40mg, 60 mg, 80mg	1	
sotalol hcl (afib/afll) tablet 120 mg, 160 mg, 80 mg	1	
timolol maleate tablet 10 mg, 20 mg, 5 mg	1	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>Calcium Channel Blockers</b>		
amlodipine besylate tablet 10 mg, 2.5 mg	1	



<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
diltiazem hcl cap er 12h 120 mg, 60 mg, 90 mg	1	
diltiazem hcl cap er deg 120 mg, 180 mg, 240 mg	1	
diltiazem hcl coated beads cap er 24h 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl extended release beads cap sa 24h 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl tab er 24h 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
diltiazem hcl vial 5 mg/ml	1	
diltiazem hcl vial port 100 mg	1	
felodipine tab er 24h 10 mg, 2.5 mg	1	
nifedipine capsule 10 mg, 20 mg	1	
nifedipine tab er 24 30 mg, 60 mg, 90 mg	1	
nifedipine tablet er 30 mg, 60 mg, 90 mg	1	
verapamil oral tablet 40mg, 80mg, 120mg	1	
verapamil oral tablet extended release 40mg, 80mg, 120mg	1	
<b>CARDIOTONICS</b>		
<b>Cardiac Glycosides</b>		
digoxin oral solution 50 mcg/ml	1	
digoxin tablet 125 mcg, 250 mcg, 62.5 mcg	1	
<b>DIURETICS</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
acetazolamide tablet 125 mg, 250 mg	1	
methazolamide tablet 25 mg, 50 mg	1	
<b>Diuretic Combinations</b>		
spironolactone & hydrochlorothiazide tablet 25 mg-25mg	1	
triamterene & hydrochlorothiazide capsule 37.5-25 mg	1	
triamterene & hydrochlorothiazide tablet 37.5-25 mg, 75 mg-50mg	1	
<b>Loop Diuretics</b>		
furosemide oral solution 10 mg/ml, 40mg/5ml	1	
furosemide tablet 20 mg, 40 mg, 80 mg	1	
<b>Potassium Sparing Diuretics</b>		
spironolactone oral susp 25 mg/5 ml	1	
spironolactone tablet 100 mg, 25 mg, 50 mg	1	
<b>Thiazides and Thiazide-Like Diuretics</b>		
chlorthalidone tablet 25 mg, 50 mg	1	
hydrochlorothiazide capsule 12.5 mg	1	
hydrochlorothiazide tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide tablet 1.25 mg, 2.5 mg	1	
metolazone tablet 10 mg, 2.5 mg	1	
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>Calcium Channel Blocker &amp; HMG CoA Reductase Inhibit Comb</b>		

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
amlodipine besylate-atorvastatin calcium tablet 10 mg-10mg, 10 mg-20mg, 10 mg-40mg, 10 mg-80mg, 2.5mg-10mg, 2.5mg-20mg, 2.5mg-40mg, 5 mg-10 mg, 5 mg-20 mg, 5 mg-40 mg, 5 mg-80 mg	1	
<b>Nepriylsin Inhib (ARNI)-Angiotensin II Recept Antag Comb</b>		
ENTRESTO TABLET 24 MG-26MG, 49 MG-51MG, 97MG-103MG	2	
<b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>		
ambrisentan tablet 10 mg, 5 mg	1	PA
<b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>		
sildenafil (pulmonary hypertension) tablet 20 mg	1	PA
Sildenafil (Pulm.Hypertension) Oral Suspension For Reconstitution 10 Mg/MI	1	PA
<b>Glucagon-like peptide 1 receptor agonists</b>		
Wegovy Soln Auto-Injector 2.4 MG/0.75ML, 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML	2	PA - not covered for weight loss
<b>CONTRACEPTIVES</b>		
*Most generic (as well as brand-only) oral contraceptives are covered, but a partial list of covered oral contraceptives is included below as an example. There is no copay for family planning medications. Oral Contraceptives allowed to fill more than a 30 day supply at a time with prescription.		
afirmelle oral tablet 0.1-20 mg-mcg	1*	GL = Females Only
altavera (28) oral tablet 0.15-0.03 mg	1*	GL = Females Only
alyacen 1/35 (28) oral tablet 1-35 mg-mcg, alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1*	GL = Females Only
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1*	GL = Females Only
amethyst (28) oral tablet 90-20 mcg (28)	1*	GL = Females Only
apri oral tablet 0.15-0.03 mg	1*	GL = Females Only
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1*	GL = Females Only
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1*	GL = Females Only
aubra eq oral tablet 0.1-20 mg-mcg, aubra oral tablet 0.1-20 mg-mcg	1*	GL = Females Only
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg, aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1*	GL = Females Only
aurovela 1/20 (21) oral tablet 1-20 mg-mcg, aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1*	GL = Females Only
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1*	GL = Females Only
aviane oral tablet 0.1-20 mg-mcg	1*	GL = Females Only
ayuna oral tablet 0.15-0.03 mg	1*	GL = Females Only
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1*	GL = Females Only
balziva (28) oral tablet 0.4-35 mg-mcg	1*	GL = Females Only
camila oral tablet 0.35 mg	1*	GL = Females Only
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	1*	GL = Females Only
charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1*	GL = Females Only

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
cryselle (28) oral tablet 0.3-30 mg-mcg	1*	GL = Females Only
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1*	GL = Females Only
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1*	GL = Females Only
dolishale oral tablet 90-20 mcg (28)	1*	GL = Females Only
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	1*	GL = Females Only
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	1*	GL = Females Only
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1*	GL = Females Only
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1*	GL = Females Only
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	1*	GL = Females Only
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	1*	GL = Females Only
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	1*	GL = Females Only
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1*	GL = Females Only
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1*	GL = Females Only
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1*	GL = Females Only
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1*	GL = Females Only
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	1*	GL = Females Only
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	1*	GL = Females Only
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	1*	GL = Females Only
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	1*	GL = Females Only
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1*	GL = Females Only
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1*	GL = Females Only
lo loestrin fe oral tablet 1 mg-10 mcg (24)/10 mcg (2)	1*	GL = Females Only
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	1*	GL = Females Only
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1*	GL = Females Only
norethindrone (contraceptive) oral tablet 0.35 mg	1*	GL = Females Only
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	1*	GL = Females Only
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1*	GL = Females Only
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	1*	GL = Females Only
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	1*	GL = Females Only
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1*	GL = Females Only
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1*	GL = Females Only
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	1*	GL = Females Only

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1*	GL = Females Only
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	1*	GL = Females Only
ortho-novum 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1*	GL = Females Only
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1*	GL = Females Only
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	1*	GL = Females Only
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	1*	GL = Females Only
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1*	GL = Females Only
vyfemla (28) oral tablet 0.4-35 mg-mcg	1*	GL = Females Only
wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	1*	GL = Females Only
zarah oral tablet 3-0.03 mg	1*	GL = Females Only
zovia 1-35 (28) oral tablet 1-35 mg-mcg	1*	GL = Females Only
zumandimine (28) oral tablet 3-0.03 mg	1*	GL = Females Only
<b>Combination Contraceptives - Transdermal</b>		
XULANE PATCH TDWK 150-35/24H	1*	GL = Females Only
ZAFEMY PATCH TDWK 150-35/24H	1*	GL = Females Only
<b>Combination Contraceptives - Vaginal</b>		
etonogestrel-ethinyl estradiol vag ring .12-.015mg	1*	QL = 1 ring / 30 days / GL = Females Only
<b>Emergency Contraceptives</b>		
levonorgestrel (emergency oc) tablet 1.5 mg	1*	GL = Females Only; No prescription needed for OTC product; QL= 1 kit / 30 days, 3 kits / year
<b>Progestin Contraceptives – Injectable</b>		
medroxyprogesterone acetate (contraceptive) syringe 150 mg/ml	1*	GL = Females Only
medroxyprogesterone acetate (contraceptive) vial 150 mg/ml	1*	GL = Females Only
<b>CORTICOSTEROIDS</b>		
<b>Glucocorticosteroids</b>		
cortisone acetate tablet 25 mg	1	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone sodium phosphate syringe 10 mg/ml, 4 mg/ml	1	
dexamethasone sodium phosphate vial 10 mg/ml, 4 mg/ml	1	

Drug	Level	Instruction
dexamethasone oral solution 0.5 mg/5ml	1	
dexamethasone tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
hydrocortisone tablet 10 mg, 20 mg, 5 mg	1	
methylprednisolone tab ds pk 4 mg	1	
methylprednisolone tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml, 20 mg/5 ml, 25 mg/5 ml, 5 mg/5 ml	1	
prednisolone sodium phosphate tab rapdis 10 mg, 15 mg, 30 mg	1	
prednisolone solution oral 15 mg/5 ml	1	
prednisolone tablet 5 mg	1	
prednisone oral solution 5 mg/5 ml	1	
Prednisone oral tablet 1mg, 2.5mg, 10mg, 20mg, 50mg		
prednisone tab ds pk 10 mg, 5 mg	1	
triamcinolone acetonide vial 40 mg/ml	1	
<b>Mineralocorticoids</b>		
fludrocortisone acetate tablet 0.1 mg	1	
<b>COUGH/COLD/ALLERGY</b>		
<b>Antitussive - Nonnarcotic</b>		
benzonatate capsule 100 mg, 200 mg	1	
benzonatate capsule 100 mg, 150 mg, 200 mg	1	
<b>Antitussive-Expectorant</b>		
dextromethorphan-guaifenesin liquid 100-5 mg/5	1	
dextromethorphan-guaifenesin syrup 100-10mg/5	1	
dextromethorphan-guaifenesin tab er 12h 1200-60mg	1	
dextromethorphan-guaifenesin tablet 400mg-20mg	1	
guaifenesin-codeine liquid 10-100mg/5	1	
<b>Antitussive-Expectorants-Decongestant</b>		
phenylephrine w/ dm-gg liquid 18-10mg/15	1	
<b>Decongestant &amp; Antihistamine</b>		
fexofenadine-pseudoephedrine tab er 12h 60mg-120mg	1	
fexofenadine-pseudoephedrine tab er 24h 180-240mg	1	
loratadine & pseudoephedrine tab er 12h 5 mg-120mg	1	OTC
loratadine & pseudoephedrine tab er 24h 10mg-240mg	1	OTC
<b>Expectorants</b>		
guaifenesin liquid 100 mg/5ml	1	
guaifenesin tablet 200 mg, 400 mg	1	
<b>Mucolytics</b>		
acetylcysteine vial 100 mg/ml, 200 mg/ml	1	
<b>Non-Narc Antitussive-Decongestant-Antihistamine</b>		
pseudoephed-bromphen-dm syrup 2-30-10/5	1	
<b>DERMATOLOGICALS</b>		

Drug	Level	Instruction
<b>Acne Antibiotics</b>		
clindamycin phosphate (topical) foam 1 %	1	
clindamycin phosphate (topical) gel (gram) 1 %	1	
clindamycin phosphate (topical) gel daily 1 %	1	
clindamycin phosphate (topical) lotion 1 %	1	
clindamycin phosphate (topical) med. swab 1 %	1	
clindamycin phosphate (topical) solution 1 %	1	
erythromycin (acne aid) gel (gram) 2 %	1	
sulfacetamide sodium (acne) suspension 10 %	1	
<b>Acne Products</b>		
adapalene cream (g) 0.1 %	1	AL < 21 years
adapalene gel (gram) 0.1 %, 0.3 %	1	AL < 21 years
benzoyl peroxide cleanser 10 %, 5 %, 6 %, 7 %	1	
benzoyl peroxide foam 9.8 %	1	
benzoyl peroxide gel (gram) 10 %, 2.5 %, 5 %	1	
tretinoin cream (g) 0.025 %, 0.05%, 0.1 %	1	AL ≤ 32 years
tretinoin gel (gram) 0.01 %, 0.025%, 0.05%	1	AL ≤ 32 years
<b>Antibiotics - Topical</b>		
bacitracin (topical) oint. (g) 500 unit/g	1	
bacitracin zinc oint. (g) 500 unit/g	1	
gentamicin sulfate (topical) cream (g) 0.1 %	1	
gentamicin sulfate (topical) oint. (g) 0.1 %	1	
mupirocin calcium (topical) cream (g) 2 %	1	
mupirocin oint. (g) 2 %	1	
<b>Antifungals - Topical</b>		
nystatin (topical) cream (g) 100000/g	1	
nystatin (topical) oint. (g) 100000/g	1	
terbinafine hcl (topical) cream (g) 1 %	1	
<b>Antifungals - Topical Combinations</b>		
nystatin-triamcinolone cream (g) 100000-0.1	1	
nystatin-triamcinolone oint. (g) 100000-0.1	1	
<b>Imidazole-Related Antifungals - Topical</b>		
clotrimazole (topical) cream (g) 1 %	1	OTC
ketoconazole (topical) cream (g) 2 %	1	
ketoconazole (topical) foam 2 %	1	
ketoconazole (topical) shampoo 2 %	1	
miconazole nitrate (topical) cream (g) 2 %	1	OTC
miconazole nitrate (topical) sol w/appl 2 %	1	OTC
<b>Anti-inflammatory Agents - Topical</b>		
diclofenac sodium (topical) gel (gram) 1 %	1	OTC; QL = 100 gm / 30 days and High Dollar Limit of \$60

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
<b>Antineoplastic Antimetabolites - Topical</b>		
fluorouracil (topical) cream (g) 5%	1	
<b>Antipsoriatics</b>		
calcipotriene cream (g) 0.005 %	1	
calcipotriene foam 0.005 %	1	
calcipotriene oint. (g) 0.005 %	1	
calcipotriene solution 0.005 %	1	
<b>Antipsoriatics - Systemic</b>		
SKYRIZI (150 MG DOSE) SYRINGEKIT 150MG/1.66	2	PA
SKYRIZI PEN INJCTR 150 MG/ML	2	PA
SKYRIZI SYRINGE 150 MG/ML	2	PA
TALTZ AUTO INJCT 80 MG/ML	2	PA
TALTZ SYRINGE 80 MG/ML	2	PA
<b>Antivirals - Topical</b>		
acyclovir topical oint. (g) 5 %	1	PA
<b>Antiseborrheic Products</b>		
sulfacetamide sodium cleanser 10 %	1	
sulfacetamide sodium clnsr gel 10 %	1	
sulfacetamide sodium shampoo 10 %, 9.8 %	1	
<b>Burn Products</b>		
silver sulfadiazine cream (g) 1 %	1	
<b>Corticosteroids - Topical</b>		
betamethasone dipropionate (topical) cream (g) 0.05 %	1	
betamethasone dipropionate (topical) lotion 0.05 %	1	
betamethasone dipropionate (topical) oint. (g) 0.05 %	1	
betamethasone valerate cream (g) 0.1 %	1	
betamethasone valerate foam 0.12 %	1	
betamethasone valerate lotion 0.1 %	1	
betamethasone valerate oint. (g) 0.1 %	1	
clobetasol propionate cream (g) 0.05 %	1	
clobetasol propionate emollient base cream (g) 0.05 %	1	
clobetasol propionate foam 0.05 %	1	
clobetasol propionate gel (gram) 0.05 %	1	
clobetasol propionate lotion 0.05 %	1	
clobetasol propionate oint. (g) 0.05 %	1	
clobetasol propionate shampoo 0.05 %	1	
clobetasol propionate solution 0.05 %	1	
clobetasol propionate spray 0.05 %	1	
desonide cream (g) 0.05 %	1	
desonide lotion 0.05 %	1	
desonide oint. (g) 0.05 %	1	
fluocinolone acetonide cream (g) 0.01 %, 0.025 %	1	

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
fluocinolone acetonide oint. (g) 0.025 %	1	
fluocinolone acetonide solution 0.01 %	1	
fluocinonide cream (g) 0.05 %, 0.1 %	1	
fluocinonide gel (gram) 0.05 %	1	
fluocinonide oint. (g) 0.05 %	1	
fluocinonide solution 0.05 %	1	
hydrocortisone (topical) cream (g) 0.5 %, 1 %, 2.5 %	1	
hydrocortisone (topical) cream pack 1 %	1	
hydrocortisone (topical) lotion 1 %, 2.5 %	1	
hydrocortisone (topical) oint. (g) 0.5 %, 1 %, 2.5 %	1	
triamcinolone acetonide (topical) lotion 0.1 %	1	
<b>Atopic Dermatitis - Monoclonal Antibodies</b>		
DUPIXENT PEN INJCTR 200MG/1.14, 300 MG/2ML	2	PA
DUPIXENT SYRINGE 100MG/0.67, 200MG/1.14, 300 MG/2ML	2	PA
<b>Emollient/Keratolytic Agents</b>		
urea cream (g) 41 %	1	
<b>Emollients</b>		
lactic acid (ammonium lactate) cream (g) 12 %	1	
lactic acid (ammonium lactate) lotion 12 %	1	
<b>Enzymes - Topical</b>		
SANTYL OINT. (G) 250 UNIT/G	2	QL = 90g
<b>Type II 5-Alpha Reductase Inhibitors</b>		
finasteride tablet 1 mg	1	
<b>Macrolide Immunosuppressants - Topical</b>		
pimecrolimus cream (g) 1 %	1	PA
tacrolimus (topical) oint. (g) 0.03 %, 0.1%	1	PA
<b>Keratolytic/Antimitotic/Vesicant Agents</b>		
podofilox gel (gram) 0.5 %	1	
podofilox solution 0.5 %	1	
<b>Local Anesthetics - Topical</b>		
lidocaine adh. patch 5 %	1	PA; QL = 90 patches /30 days
lidocaine hcl cream (g) 3 %	1	QL = 60gm / 30 days
lidocaine hcl jelly(ml) 2 %	1	
lidocaine oint. (g) 5 %	1	QL = 50gm / 30 days
<b>Topical Anesthetic Combinations</b>		
lidocaine-prilocaine cream (g) 2.5 %-2.5%	1	QL = 60 gm / 30 days
<b>Rosacea Agents</b>		
doxycycline (rosacea) cap ir dr 40 mg	1	



<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
metronidazole (topical) cream (g) 0.75 %	1	
metronidazole (topical) gel (gram) 0.75 %, 1 %	1	
metronidazole (topical) lotion 0.75 %	1	
<b>Scabicides &amp; Pediculicides</b>		
lindane shampoo 1 %	1	
permethrin cream (g) 5 %	1	
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>Infant Foods</b>		
ENFAMIL 24 LIQUID 2.1 G/100	1	OTC
<b>Nutritional Supplements</b>		
BOOST LIQUID 0.04G-1/ML	2	PA; For those without enteral access, follow DME auth. process
ENSURE ORIGINAL LIQUID	1	PA; For those without enteral access, follow DME auth. process
PHENYL-FREE 2HP POWDER 40G-390	1	OTC
<b>DIGESTIVE AIDS</b>		
<b>Digestive Enzymes</b>		
CREON CAPSULE DR 12K-38K-60, 24-76-120K, 3-9.5-15K, 36K-114K, 6K-19K-30K	2	QL=28 caps / day; approval needed to exceed \$2,000 per claim
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>Bisphosphonates</b>		
alendronate sodium solution 70 mg/75ml	1	
alendronate sodium tablet 10 mg, 35 mg, 70 mg	1	
FOSAMAX PLUS D TABLET 70 MG-2800, 70 MG-5600	2	
ibandronate sodium syringe 3 mg/3 ml	1	
ibandronate sodium tablet 150 mg	1	
ibandronate sodium vial 3 mg/3 ml	1	
risedronate sodium tablet 150 mg, 30 mg, 35mg, 5mg	1	
risedronate sodium tablet dr 35 mg	1	
<b>Calcitonins</b>		
calcitonin (salmon) spray/pump 200/spray	1	PA
calcitonin (salmon) vial 200/ml	1	PA
<b>Parathyroid Hormone And Derivatives</b>		
FORTEO PEN INJCTR 20MCG/DOSE	2	
<b>Growth Hormones</b>		

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
HUMATROPE CARTRIDGE 12 MG, 24 MG, 6 MG	2	PA
<b>Selective Estrogen Receptor Modulators (SERMs)</b>		
raloxifene hcl tablet 60 mg	1	PA
<b>LHRH/GnRH Agonist Analog Pituitary Suppressants</b>		
SYNAREL SPRAY 2 MG/ML	2	PA
<b>Vasopressin</b>		
desmopressin acetate ampul 4 mcg/ml	1	PA
desmopressin acetate spray refrigerated spray/pump 10/spray	1	PA
desmopressin acetate spray spray/pump 10/spray	1	PA
desmopressin acetate spray/pump 150/spray	1	PA
desmopressin acetate tablet 0.1 mg, 0.2 mg	1	PA
desmopressin acetate vial 4 mcg/ml	1	PA
<b>Somatostatic Agents</b>		
octreotide acetate syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA
octreotide acetate vial 100 mcg/ml, 1000mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA
<b>ESTROGENS</b>		
<b>Estrogen &amp; Progestin</b>		
PREMPHASE TABLET 0.625 (14)	2	
PREMPRO TABLET 0.3-1.5MG, 0.45-1.5MG, 0.625-2.5, 0.625-5 MG	2	
<b>Estrogens</b>		
estradiol gel packet 0.25/0.25g, 0.5mg/0.5g, 0.75/0.75g, 1 mg/gram, 1.25/1.25g	1	
estradiol patch tds .025mg/24h, .0375mg/24, .075mg/24h, 0.05mg/24h, 0.1mg/24hr	1	
estradiol patch tdwk .025mg/24h, .0375mg/24, .075mg/24h, 0.05mg/24h, 0.06mg/24h, 0.1mg/24hr	1	
estradiol tablet 0.5 mg, 1 mg, 2 mg	1	
MENEST TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	
PREMARIN TABLET 0.3 MG, 0.45MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>Gastrointestinal Chloride Channel Activators</b>		
lubiprostone capsule 24mcg, 8 mcg	1	PA
<b>Gastrointestinal Stimulants</b>		
metoclopramide hcl tablet 10 mg	1	
<b>Inflammatory Bowel Agents</b>		
mesalamine cap er 24h 0.375g	1	
mesalamine capsule er 500 mg	1	
mesalamine enema 4 g/60 ml	1	
mesalamine supp. rect 1000 mg	1	
mesalamine tablet dr/ec 1.2 g, 800 mg	1	

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
sulfasalazine tablet 500 mg	1	
<b>Interleukin Antagonists</b>		
SKYRIZI VIAL 600MG/10ML	2	PA
SKYRIZI 150 MG/ML SYRINGE	2	PA
SKYRIZI 150 MG/ML PEN INJECTOR	2	PA
<b>Intestinal Acidifiers</b>		
lactulose (encephalopathy) solution 10 g/15 ml	1	
<b>Phosphate Binder Agents</b>		
calcium acetate (phosphate binder) capsule 667 mg	1	
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>Citrates</b>		
citric acid/sodium citrate solution 334-500mg	1	
sodium citrate & citric acid solution 500-334mg	1	
<b>5-Alpha Reductase Inhibitors</b>		
finasteride tablet 5mg	1	
<b>Alpha 1-Adrenoceptor Antagonists</b>		
tamsulosin hcl capsule 0.4 mg	1	
<b>Urinary Analgesics</b>		
phenazopyridine hcl tablet 100 mg, 200 mg	1	
<b>GOUT AGENTS</b>		
<b>Gout Agents</b>		
allopurinol tablet 100 mg, 300 mg	1	
allopurinol tablet 100 mg, 200 mg, 300 mg	1	
colchicine capsule 0.6 mg	1	
colchicine tablet 0.6 mg	1	
<b>Uricosurics</b>		
probenecid tablet 500 mg	1	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>Antihemophilic Products</b>		
FEIBA VIAL 1750-3250, 350-650, 700-1300	2	PA
HEMOPIL M VIAL 1501-2000, 220-400, 401-800, 801-1500	2	PA
HUMATE-P VIAL 1000-2400, 250-600, 500-1200	2	PA
KOATE VIAL 1000 (+/-), 250 (+/-), 500 (+/-)	2	PA
KOATE-DVI VIAL 1000 (+/-)	2	PA
<b>Hematorheologic Agents</b>		
pentoxifylline tablet er 400 mg	1	PA
<b>Plasma Proteins</b>		
THROMBATE III VIAL 500 (+/-)	2	PA
<b>Phosphodiesterase III Inhibitors</b>		
cilostazol tablet 100 mg, 50 mg	1	

Drug	Level	Instruction
<b>Platelet Aggregation Inhibitors</b>		
dipyridamole tablet 25 mg, 50 mg, 75 mg	1	
<b>Thienopyridine Derivatives</b>		
clopidogrel bisulfate tablet 75 mg	1	
clopidogrel bisulfate tablet 300 mg, 75 mg	1	
<b>HEMATOPOIETIC AGENTS</b>		
<b>Cobalamins</b>		
cyanocobalamin tablet 1000 mcg	1	
cyanocobalamin vial 1000mcg/ml	1	PA
hydroxocobalamin acetate vial 1000mcg/ml	1	PA
<b>Folic Acid/Folates</b>		
FYLNTRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA
RELEUKO 300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SYRINGE	2	PA
<b>Folic Acid/Folates</b>		
folic acid tablet 0.8 mg, 1 mg	1	
<b>Erythropoiesis-Stimulating Agents (ESAs)</b>		
ARANESP (ALBUMIN FREE) SYRINGE 100MCG/0.5, 10MCG/0.4, 150MCG/0.3, 200MCG/0.4, 25MCG/0.42, 300MCG/0.6, 40 MCG/0.4, 500 MCG/ML, 60 MCG/0.3	2	PA; QL = 4 injections / 30 days
ARANESP (ALBUMIN FREE) VIAL 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA; QL = 4 injections / 30 days
EPOGEN VIAL 10000/ML, 2000/ML, 3000/ML, 4000/ML	2	PA; QL = 12 injections / 30 days
EPOGEN VIAL 20000/2ML, 20000/ML	2	PA; QL = 4 injections / 30 days
<b>Iron</b>		
ferrous gluconate tablet 324(37.5)	1	
ferrous sulfate tablet 325(65) mg	1	
ferrous sulfate tablet dr 325(65) mg	1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Barbiturate Hypnotics</b>		
phenobarbital elixir 20 mg/5 ml	1	
phenobarbital tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2mg	1	
<b>LAXATIVES</b>		
<b>Bulk Laxatives</b>		
calcium polycarbophil tablet 625 mg	1	OTC

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
psyllium capsule 0.52g	1	OTC
psyllium powder 3.4 g/7 g	1	OTC
<b>Bowel Evacuant Combinations</b>		
GAVILYTE-C SOLN RECON 240-22.72G	2	
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid powd pack 7.5-2.691g	1	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate soln recon 236-22.74g	1	
peg 3350-potassium chloride-sod bicarbonate-sod chloride soln recon 420g	1	
PLENVU POWD PK SQ 140-9-5.2G	2	
sodium sulfate-potassium sulfate-magnesium sulfate soln recon 17.5-3.13g	1	
SUTAB TABLET 1.479 G	2	
<b>Laxatives &amp; DSS</b>		
sennosides-docusate sodium tablet 8.6mg-50mg	1	OTC
<b>Laxatives - Miscellaneous</b>		
glycerin (laxative) supp.rect adult, pediatric	1	OTC
lactulose packet 10 g	1	
lactulose solution 10 g/15 ml, 20 g/30 ml	1	
polyethylene glycol 3350 powd pack 17 g	1	
polyethylene glycol 3350 powder 17 g/dose	1	
<b>Saline Laxatives</b>		
magnesium citrate solution	1	OTC
<b>Stimulant Laxatives</b>		
bisacodyl supp.rect 10 mg	1	OTC
bisacodyl tablet dr 5 mg	1	OTC
senna syrup 176mg/5ml	1	OTC
sennosides tablet 8.6 mg	1	OTC
<b>Surfactant Laxatives</b>		
docusate calcium capsule 240 mg	1	OTC
docusate sodium capsule 100 mg, 250 mg	1	OTC
docusate sodium enema 283 mg/5ml	1	OTC
docusate sodium oral liquid 50 mg/5 ml	1	OTC
docusate sodium tablet 100 mg	1	OTC
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Condoms</b>		
Condoms (No prescription required for latex condoms) – No copays for condoms	1	OTC; \$0 copay
<b>Glucose Monitoring Test Supplies</b>		
CONTOUR, CONTOUR NEXT, or CONTOUR NEXT EZ GLUCOMETER	1	
FREESTYLE LIBRE 14 DAY, FREESTYLE LIBRE 2, or FREESTYLE LIBRE 3 DEVICE	2	PA

Drug	Level	Instruction
<b>Glucose Monitoring Test Supplies</b>		
CONTOUR, CONTOUR NEXT, or CONTOUR NEXT EZ TEST STRIP	1	
CONTOUR CONTROL SOLUTION	1	
FREESTYLE CONTROL SOLUTION	2	
FREESTYLE LIBRE 14 DAY, FREESTYLE LIBRE 2, or FREESTYLE LIBRE 3 SENSOR KIT	2	PA
lancet devices each	1	
lancets each 30 gauge	1	
<b>Applicators, Cotton Balls, etc</b>		
alcohol swabs pads	1	
<b>Needles &amp; Syringes</b>		
BD DISP NEEDLES DIS NEEDLE 25GX0.875"	1	
BD INSULIN SYRINGE U/F DISP SYRIN 31 GX5/16"	1	
EXEL COMFORT POINT PEN NEEDLE DIS NEEDLE 29 G X1/2"	1	
<b>Spacer/Aerosol-Holding Chambers &amp; Supplies</b>		
OPTICHAMBER DIAMOND SPACER	1	QL = 1/180 days
<b>MIGRAINE PRODUCTS</b>		
<b>Selective Serotonin Agonist-NSAID Combinations</b>		
sumatriptan-naproxen sodium tablet 85mg-500mg	1	QL = 9 tabs / 30 days
<b>Selective Serotonin Agonists</b>		
rizatriptan benzoate tablet 10 mg, 5 mg	1	PA; QL = 6 tabs/30 days
sumatriptan succinate cartridge 4 mg/0.5ml, 6 mg/0.5 ml	1	QL = 2 injections / 30 days
sumatriptan succinate pen injctr 4 mg/0.5ml, 6 mg/0.5ml	1	QL = 2 injections / 30 days
sumatriptan succinate syringe 6 mg/0.5ml	1	QL = 2 injections / 30 days
sumatriptan succinate tablet 100 mg, 25 mg, 50 mg	1	QL = 9 tabs / 30 days
sumatriptan succinate vial 6 mg/0.5ml	1	QL = 2 injections / 30 days
zolmitriptan tablet 2.5 mg, 5 mg	1	PA; QL = 6 tabs / 30 days
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>		
AJOVY 225 MG/1.5 ML AUTOINJECT/SYRINGE	2	PA
EMGALITY PEN/Syringe	2	PA
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Calcium</b>		
calcium carbonate tab chew 500(1250)	1	
calcium carbonate tablet 500(1250), 600 mg	1	
calcium tablet 600 mg	1	

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
oyster shell tablet 500(1250)	1	
<b>Calcium Combinations</b>		
CALCIUM 1000 + D TABLET 1000 MG-20	1	
calcium carbonate-cholecalciferol capsule 600 mg-10, 600mg-12.5, 600mg-62.5	1	
calcium carbonate-cholecalciferol tab chew 500 mg-10, 500 mg-2.5	1	
calcium carbonate-cholecalciferol tablet 250-3.125, 500 mg-10, 500-15 mcg, 500-3.125, 500mg-5mcg, 600 mg-10, 600 mg-20, 600mg-5mcg	1	
calcium carbonate-vitamin d tablet 600 mg-10, 600mg-5mcg	1	
<b>Electrolytes Oral</b>		
oral electrolytes packet	1	
oral electrolytes solution	1	
<b>Fluoride</b>		
sodium fluoride drops 0.5 mg/ml	1	
sodium fluoride tab chew 0.5(1.1)mg, 1mg(2.2mg)	1	
<b>Magnesium</b>		
magnesium citrate (mg supplement) capsule 125 mg	1	
magnesium citrate (mg supplement) tablet 100 mg	1	
<b>Potassium</b>		
potassium chloride liquid 20meq/15ml	1	
potassium chloride tablet er 10 meq	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
CUPRIMINE CAPSULE 250 MG	2	
<b>Cyclosporine Analogs</b>		
cyclosporine capsule 25 mg	1	
cyclosporine capsule 100 mg, 25 mg	1	
cyclosporine modified (for microemulsion) capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified (for microemulsion) solution 100 mg/ml	1	
<b>Inosine Monophosphate Dehydrogenase Inhibitors</b>		
mycophenolate mofetil capsule 250 mg	1	
mycophenolate mofetil susp recon 200 mg/ml	1	
mycophenolate mofetil tablet 500 mg	1	
mycophenolate sodium tablet dr 180 mg, 360 mg	1	
<b>Macrolide Immunosuppressants</b>		
sirolimus tablet 1 mg	1	
tacrolimus capsule 0.5 mg, 1 mg	1	
<b>Potassium Removing Agents</b>		
sodium polystyrene sulfonate powder	1	
<b>Purine Analogs</b>		

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
azathioprine tablet 50 mg	1	
azathioprine tablet 100 mg, 50 mg, 75 mg	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
lidocaine hcl (mouth-throat) solution 2 %	1	
<b>Anti-infectives - Throat</b>		
clotrimazole troche 10 mg	1	OTC
nystatin (mouth-throat) oral susp 100000/ml	1	
<b>Antiseptics - Mouth/Throat</b>		
chlorhexidine gluconate (mouth-throat) mouthwash 0.12 %	1	
<b>Fluoride Dental Products</b>		
sodium fluoride (dental) cream (g) 1.1 %	1	
sodium fluoride (dental) gel (gram) 1.1 %	1	
sodium fluoride (dental) paste (ml) 1.1 %	1	
sodium fluoride (dental) solution 0.2 %	1	
<b>Steroids - Mouth/Throat/Dental</b>		
triamcinolone acetonide (mouth) paste (g) 0.1 %	1	
<b>MULTIVITAMINS* Cost Limit of \$50 / 30 day supply</b>		
<b>B-Complex w/ C &amp; Folic Acid</b>		
B-COMPLEX/FOLIC ACID/VITAMIN C TABLET ER 400 MCG	1	
<b>Multiple Vitamins w/ Minerals</b>		
multiple vitamins w/ minerals tablet	1	
<b>Ped MV w/ Fluoride</b>		
pediatric multivitamins w/fl drops 0.25 mg/ml	1	
pediatric multivitamins w/fl tab chew 1 mg	1	
POLY-VI-FLOR DROPS 0.25 MG/ML	1	
<b>Prenatal MV &amp; Min w/FE-FA</b>		
PRENATAL TABLET 27MG-0.8MG	1	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>Central Muscle Relaxants</b>		
baclofen tablet 10 mg, 20 mg	1	
baclofen tablet 10 mg, 20 mg, 5 mg	1	
cyclobenzaprine hcl tablet 10 mg	1	
cyclobenzaprine hcl tablet 10 mg, 7.5 mg, 5mg	1	
methocarbamol tablet 500 mg, 750 mg	1	
methocarbamol tablet 1000 mg, 500 mg, 750 mg	1	
methocarbamol vial 100 mg/ml	1	
<b>Direct Muscle Relaxants</b>		
dantrolene sodium capsule 25 mg	1	PA
dantrolene sodium capsule 100 mg, 25 mg, 50 mg	1	PA



Drug	Level	Instruction
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>Nasal Mast Cell Stabilizers</b>		
cromolyn sodium (nasal) spray/pump 5.2 mg	1	
<b>Nasal Anticholinergics</b>		
ipratropium bromide (nasal) spray 21 mcg, 42 mcg	1	
<b>Nasal Antihistamines</b>		
Azelastine Nasal Spray	1	PA
<b>Nasal Steroids</b>		
flunisolide (nasal) spray 25 mcg	1	
fluticasone propionate (nasal) spray susp 50 mcg	1	
mometasone furoate (nasal) spray/pump 50 mcg	1	
triamcinolone acetonide (nasal) spray 55 mcg	1	
<b>Systemic Decongestants</b>		
phenylephrine hcl (oral) tablet 10 mg	1	OTC
pseudoephedrine hcl tablet 30 mg, 60 mg	1	OTC
pseudoephedrine hcl tablet er 120 mg	1	OTC
<b>NEUROMUSCULAR AGENTS</b>		
<b>Benzothiazoles</b>		
riluzole tablet 50 mg	1	PA
<b>OPHTHALMIC AGENTS</b>		
<b>Beta-blockers - Ophthalmic</b>		
betaxolol hcl (ophth) drops 0.5 %	1	
BETIMOL DROPS 0.25 %, 0.5 %	2	GP
BETOPTIC-S DROPS SUSP 0.25 %	2	
<b>Beta-blockers - Ophthalmic Combinations</b>		
dorzolamide hcl-timolol maleate drops 22.3-6.8/1	1	
<b>Cycloplegic Mydriatics</b>		
atropine sulfate (ophthalmic) drops 1 %	1	
atropine sulfate (ophthalmic) drps emuls 0.01 %	1	
atropine sulfate (ophthalmic) oint. (g) 1 %	1	
phenylephrine hcl (mydriatic) drops 10 %, 2.5 %	1	
<b>Miotics - Direct Acting</b>		
pilocarpine hcl drops 1 %, 2 %, 4 %	1	
<b>Ophthalmic Selective Alpha Adrenergic Agonists</b>		
brimonidine tartrate drops 0.1 %, 0.15 %, 0.2 %	1	QL = 10mls / 30 days
<b>Ophthalmic Antibiotics</b>		
bacitracin (ophthalmic) oint. (g) 500 unit/g	1	
ciprofloxacin hcl (ophth) drops 0.3 %	1	
erythromycin (ophth) oint. (g) 5 mg/gram	1	

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
gatifloxacin (ophth) drops 0.5 %	1	PA
gentamicin sulfate (ophth) drops 0.3 %	1	
levofloxacin (ophth) drops 0.5 %, 1.5 %	1	
moxifloxacin hcl (ophth) drops 0.5 %	1	AL <= 18 years
ofloxacin (ophth) drops 0.3 %	1	
trifluridine drops 1 %	1	
sulfacetamide sodium (ophth) drops 10 %	1	
sulfacetamide sodium (ophth) oint. (g) 10 %	1	
<b>Ophthalmic Anti-infective Combinations</b>		
bacitracin-polymyxin b (ophth) oint. (g) 500-10k/g	1	
neomycin-bacitracin zn-polymyxin oint. (g) 3.5mg-400	1	
neomycin-polymyxin-gramicidin drops 1.75mg-10k	1	
polymyxin b-trimethoprim drops 10000-1/ml	1	
<b>Ophthalmic Immunomodulators</b>		
cyclosporine (ophth) droperette 0.05 %	1	PA
<b>Ophthalmic Steroid Combinations</b>		
bacitracin-poly-neomycin-hc oint. (g) 3.5-10k-1	1	
neomycin-polymy-dexameth drops susp 0.1 %	1	
neomycin-polymy-dexameth oint. (g) 3.5-10k-.1	1	
neomycin-polymyxin-hc (ophth) drops susp 3.5-10k-10	1	
sulfacetamide sod-prednisolone drops 10 %-0.23%	1	
tobramycin-dexamethasone drops susp 0.3 %-0.1%	1	
<b>Ophthalmic Steroids</b>		
dexamethasone sodium phosphate (ophth) drops 0.1 %	1	
prednisolone acetate (ophth) drops susp 1 %	1	
prednisolone sodium phosphate (ophth) drops 1 %	1	
<b>Ophthalmic Antiallergic</b>		
ALOMIDE DROPS 0.1 %	2	QL = 10 mls / 30 days
azelastine hcl (ophth) drops 0.05 %	1	QL = 12 mls / 30 days
ketotifen fumarate (ophth) drops 0.025 %	1	
olopatadine hcl drops 0.1 %	1	QL = 10 mls / 30 days
olopatadine hcl drops 0.1 %, 0.2 %	1	QL = 10 mls / 30 days
<b>Ophthalmic Carbonic Anhydrase Inhibitors</b>		
dorzolamide hcl drops 2 %	1	
<b>Ophthalmic Nonsteroidal Anti-inflammatory Agents</b>		
diclofenac sodium (ophth) drops 0.1 %	1	
flurbiprofen sodium drops 0.03 %	1	

Drug	Level	Instruction
<b>Prostaglandins - Ophthalmic</b>		
latanoprost drops 0.005 %	1	
<b>OTIC AGENTS</b>		
<b>Otic Anti-infectives</b>		
ciprofloxacin hcl (otic) dropperette 0.2 %	1	
ofloxacin (otic) drops 0.3 %	1	QL = 20 mls / 30 days
<b>Otic Steroid-Anti-infective Combinations</b>		
neomycin-polymyxin-hc (otic) drops susp 3.5-10k-1	1	QL = 20 mls / 30 days
neomycin-polymyxin-hc (otic) solution 3.5-10k-1	1	QL = 20 mls / 30 days
<b>Otic Steroids</b>		
hydrocortisone w/acetic acid drops 1 %-2 %	1	QL = 20 mls / 30 days
<b>OXYTOCICS</b>		
<b>Oxytocics</b>		
methylergonovine maleate tablet 0.2 mg	1	
methylergonovine maleate injections sol .2mg/ml(1 ml)	1	
<b>PROGESTINS</b>		
<b>Progestins</b>		
medroxyprogesterone acetate tablet 10 mg, 2.5 mg, 5 mg	1	GL = Females Only
megestrol acetate oral susp 625mg/5ml	1	
norethindrone acetate tablet 5 mg	1	GL = Females Only
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>Cholinomimetics - ACHE Inhibitors</b>		
donepezil hydrochloride tablet 10 mg, 23 mg, 5 mg	1	PA
galantamine hydrobromide cap24h pel 16 mg, 24 mg, 8 mg	1	PA
galantamine hydrobromide tablet 12 mg, 4 mg, 8 mg	1	PA
rivastigmine patch td24 13.3mg/24h, 4.6mg/24h, 9.5mg/24hr	1	PA
<b>Fibromyalgia Agent - SNRIs</b>		
SAVELLA TABLET 100 MG, 12.5 MG, 25MG, 50MG	2	PA
SAVELLA TITRATION PACK TAB DS PK 12.5-25-50	2	PA
<b>N-Methyl-D-Aspartate (NMDA) Receptor Antagonists</b>		
memantine hcl cap spr 24 14 mg, 21 mg, 28 mg, 7 mg	1	PA
memantine hcl solution 2 mg/ml	1	PA
memantine hcl tab ds pk 5 mg-10 mg	1	PA

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
memantine hcl tablet 10 mg, 5 mg	1	PA
<b>Multiple Sclerosis Injectable Agents</b>		
AVONEX SYRINGE 30MCG/.5ML, PEN IJ KIT 30MCG/.5ML	2	PA
AVONEX PREFILLED SYRINGEKIT 30MCG/.5ML	2	PA
BETASERON KIT 0.3 MG	2	PA
glatiramer acetate syringe 20 mg/ml, 40 mg/ml	1	PA
REBIF REBIDOSE PEN INJCTR 22MCG/.5ML, 44MCG/.5ML	2	PA
<b>Multiple Sclerosis Oral Agents</b>		
dalfampridine tab er 12h 10 mg	1	PA; QL = 60 tabs / 30 days
dimethyl fumarate capsule dr 120 mg, 120-240 mg, 240 mg	1	PA; QL = 60 tabs / 30 days
fingolimod hcl cap 0.5 mg	1	PA
teriflunomide tablet 14 mg, 7 mg	1	PA; QL = 60 tabs / 30 days
<b>Psychotherapeutic and Neurological Agents - Misc.</b>		
ergoloid mesylates tablet 1 mg	1	
<b>THYROID AGENTS</b>		
<b>Antithyroid Agents</b>		
methimazole tablet 10 mg, 5 mg	1	
propylthiouracil tablet 50 mg	1	
<b>Thyroid Hormones</b>		
ARMOUR THYROID TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
levothyroxine sodium capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 75 mcg, 88 mcg	1	
levothyroxine sodium tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 75 mcg, 88 mcg	1	
levothyroxine sodium vial 100 mcg, 100 mcg/ml, 100mcg/5ml, 200 mcg, 200mcg/5ml, 500 mcg, 500mcg/5ml	1	
liothyronine sodium tablet 25 mcg, 50 mcg	1	
liothyronine sodium vial 10 mcg/ml	1	
NP THYROID TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	1	
<b>ULCER DRUGS/ANTISPASMODICS/ ANTICHOLINERGICS</b>		
<b>Antispasmodics</b>		
dicyclomine hcl ampul 10 mg/ml	1	
dicyclomine hcl capsule 10 mg	1	
dicyclomine hcl oral solution 10 mg/5 ml	1	
dicyclomine hcl tablet 20 mg	1	
dicyclomine hcl vial 10 mg/ml	1	

Drug	Level	Instruction
<b>Belladonna Alkaloids</b>		
hyoscyamine sulfate tab subl 0.125 mg	1	
hyoscyamine sulfate tablet 0.125 mg	1	
<b>H-2 Antagonists</b>		
famotidine tablet 10 mg, 20 mg, 40 mg	1	
<b>Misc. Anti-Ulcer</b>		
sucralfate tablet 1 g	1	
<b>Proton Pump Inhibitors</b>		
lansoprazole capsule dr 15 mg, 30 mg	1	
lansoprazole tab rap dr 15 mg, 30 mg	1	PA
NEXIUM 24HR TABLET DR 20 MG	2	OTC
omeprazole capsule dr 10 mg, 20 mg, 40 mg	1	
omeprazole magnesium capsule dr 20 mg	1	
omeprazole magnesium tablet dr 20 mg	1	
omeprazole tab rap dr 20 mg	1	
omeprazole tablet dr 20 mg	1	
pantoprazole sodium tablet dr 20 mg, 40 mg	1	
<b>URINARY ANTISPASMODICS</b>		
<b>Urinary Antispasmodic - Antimuscarinic (Anticholinergic)</b>		
darifenacin hydrobromide tab er 24h 15 mg, 7.5 mg	1	PA
fesoterodine fumarate tab er 24h 4 mg, 8 mg	1	ST
oxybutynin chloride syrup 5 mg/5 ml	1	
oxybutynin chloride tab er 24 10 mg, 5 mg	1	QL = 30 tabs / 30 days
oxybutynin chloride tablet 5 mg	1	
oxybutynin chloride tablet 2.5 mg, 5 mg	1	
solifenacin succinate tablet 10 mg, 5mg	1	ST
tolterodine tartrate tablet 1 mg, 2 mg	1	ST
tropium chloride cap er 24h 60 mg	1	ST
tropium chloride tablet 20 mg	1	ST
<b>Urinary Antispasmodics - Beta-3 Adrenergic Agonists</b>		
MYRBETRIQ SUS ER REC 8 MG/ML	2	PA
MYRBETRIQ TAB ER 24H 25 MG, 50 MG	2	PA
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
bethanechol chloride tablet 10 mg, 25 mg	1	
bethanechol chloride tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
flavoxate hcl tablet 100 mg	1	
<b>VAGINAL AND RELATED PRODUCTS</b>		

<b>Drug</b>	<b>Level</b>	<b>Instruction</b>
<b>Imidazole-Related Antifungals</b>		
clotrimazole vaginal cream/appl 1 %, 2 %	1	
miconazole nitrate vaginal cmb pf crm 200 mg-2 %	1	OTC
miconazole nitrate vaginal cream/appl 2 %, 4 %	1	OTC
miconazole nitrate vaginal cream/appl 2 %	1	OTC
miconazole nitrate vaginal kit 1200mg-2%, 200 mg-2 %	1	OTC
miconazole nitrate vaginal supp.vag 100 mg	1	OTC
miconazole nitrate vaginal supp.vag 100 mg, 200 mg	1	OTC
<b>Vaginal Anti-infectives</b>		
clindamycin phosphate vaginal cream/appl 2 %	1	
metronidazole vaginal gel w/appl 0.75 %	1	PA
<b>Vaginal Estrogens</b>		
estradiol vaginal cream/appl 0.01 %	1	
estradiol vaginal tablet 10 mcg	1	
PREMARIN CREAM/APPL 0.625 MG/G	2	
<b>VASOPRESSORS</b>		
<b>Anaphylaxis Therapy Agents</b>		
epinephrine (anaphylaxis) auto injct 0.15/0.15, 0.15mg/0.3, 0.3mg/0.3	1	
<b>Vasopressors</b>		
midodrine hcl tablet 10 mg, 2.5 mg	1	
<b>VITAMINS</b>		
<b>Vitamin D</b>		
calcitriol oral capsule 0.25mcg, 0.5mcg	1	
cholecalciferol (vitamin d3) capsules	1	
ergocalciferol capsule 50 mcg	1	
ergocalciferol tablet 50 mcg	1	
<b>Vitamin K</b>		
phytonadione tablet 5 mg	1	QL = 5 tabs / 30 days
<b>Vitamin B-1</b>		
thiamine hcl tablet 100 mg, 250 mg, 500mg	1	
<b>Vitamin B-3</b>		
niacin tablet 500 mg	1	OTC