2020 Drug Coverage

INTRODUCTION

The Advanced Health (AH) Formulary document is provided for the convenience of medical providers and AH members. AH does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. The AH Formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in his/her choice of prescription drugs. AH assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

This document contains references to brand name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Advanced Health.

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

HOW TO USE THE FORMULARY

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

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

GENERIC AND BRAND NAME MEDICATIONS

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

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Therapeutic Indication		Drug	Comments
ALLERGY	ANTIHISTAMINES - 1ST GENERATION	CHLORPHENIRAMINE MALEATE (SYRUP) 2 MG/5 ML	AL: <= 8 YEARS
		CHLORPHENIRAMINE MALEATE (TABLET ER) 12 MG	
		CHLORPHENIRAMINE MALEATE (TABLET) 4 MG	
		CYPROHEPTADINE HCL (SYRUP) 2 MG/5 ML	
		CYPROHEPTADINE HCL (TABLET) 4 MG	
		DEXCHLORPHENIRAMINE MALEATE (SOLUTION) 2 MG/5 ML	
		DIPHENHYDRAMINE HCL (CAPSULE) 25 MG	
		DIPHENHYDRAMINE HCL (CAPSULE) 50 MG	
		DIPHENHYDRAMINE HCL (ELIXIR) 12.5MG/5ML	AL: <= 8 YEARS
		DIPHENHYDRAMINE HCL (LIQUID) 12.5MG/5ML	AL: >= 8 YEARS
		DIPHENHYDRAMINE HCL (SYRUP) 12.5MG/5ML	AL: <= 8 YEARS
		DIPHENHYDRAMINE HCL (TABLET) 25 MG	
		HYDROXYZINE HCL (SOLUTION) 10 MG/5 ML	
		HYDROXYZINE HCL (TABLET) 10 MG	
		HYDROXYZINE HCL (TABLET) 25 MG	
		HYDROXYZINE HCL (TABLET) 50 MG	
		HYDROXYZINE HCL (VIAL) 25 MG/ML	
		HYDROXYZINE HCL (VIAL) 50 MG/ML	
		HYDROXYZINE PAMOATE (CAPSULE) 100 MG	
		HYDROXYZINE PAMOATE (CAPSULE) 25 MG	
		HYDROXYZINE PAMOATE (CAPSULE) 50 MG	
		PROMETHAZINE HCL (SYRUP) 6.25MG/5ML	
		PROMETHAZINE HCL (TABLET) 12.5 MG	
		PROMETHAZINE HCL (TABLET) 25 MG	
		PROMETHAZINE HCL (TABLET) 50 MG	
	ANTIHISTAMINES - 2ND GENERATION	CETIRIZINE HCL (SOLUTION) 1 MG/ML	
		CETIRIZINE HCL (SOLUTION) 5 MG/5 ML	
		CETIRIZINE HCL (TABLET) 10 MG	
		LORATADINE (SOLUTION) 5 MG/5 ML	
		LORATADINE (TAB CHEW) 5 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		LORATADINE (TAB RAPDIS) 10 MG	
		LORATADINE (TABLET) 10 MG	
	NASAL ANTI-INFLAMMATORY STEROIDS	BUDESONIDE (SPRAY/PUMP) 32MCG	PA
		MOMETASONE FUROATE (SPRAY/PUMP) 50 MCG	PA
ANTIEMESIS/ANTIVERTIGO	ANTIEMETIC/ANTIVERTIGO AGENTS	DIMENHYDRINATE (TABLET) 50 MG	
		MECLIZINE HCL (TAB CHEW) 25 MG	
		MECLIZINE HCL (TABLET) 12.5 MG	
		MECLIZINE HCL (TABLET) 25 MG	
		ONDANSETRON (TAB RAPDIS) 4 MG	QL: 20 PER FILL
		ONDANSETRON (TAB RAPDIS) 8 MG	QL: 20 PER FILL
		ONDANSETRON HCL (TABLET) 4 MG	QL: 20 PER FILL
		ONDANSETRON HCL (TABLET) 8 MG	QL: 20 PER FILL
		PROCHLORPERAZINE (SUPP.RECT) 25 MG	
		PROCHLORPERAZINE EDISYLATE (VIAL) 10 MG/2 ML	
		PROCHLORPERAZINE EDISYLATE (VIAL) 5 MG/ML	
		PROCHLORPERAZINE MALEATE (TABLET) 10 MG	
		PROCHLORPERAZINE MALEATE (TABLET) 5 MG	
		PROMETHAZINE HCL (SUPP.RECT) 12.5 MG	
		PROMETHAZINE HCL (SUPP.RECT) 25 MG	
		PROMETHAZINE HCL (SUPP.RECT) 50 MG	
		SCOPOLAMINE (PATCH TD 3) 1 MG/3 DAY	PA
ASTHMA AND COPD	ANTICHOLINERGIC, ORALLY INHALED SHORT ACTING	IPRATROPIUM BROMIDE (SOLUTION) 0.2 MG/ML	
	ANTICHOLINERGICS, ORALLY INHALED LONG ACTING	TIOTROPIUM BROMIDE (CAP W/DEV) 18 MCG	
		TIOTROPIUM BROMIDE (MIST INHAL) 1.25 MCG	
		TIOTROPIUM BROMIDE (MIST INHAL) 2.5 MCG	
	BETA-ADRENERGIC AGENTS	ALBUTEROL SULFATE (SYRUP) 2 MG/5 ML	
		METAPROTERENOL SULFATE (SYRUP) 10 MG/5 ML	
		METAPROTERENOL SULFATE (TABLET) 10 MG	
		METAPROTERENOL SULFATE (TABLET) 20 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
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Therapeutic Indication		Drug	Comments
		TERBUTALINE SULFATE (TABLET) 2.5 MG	
		TERBUTALINE SULFATE (TABLET) 5 MG	
	BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	ALBUTEROL SULFATE (HFA AER AD) 90 MCG	QL: 2 IN 30 DAYS
		ALBUTEROL SULFATE (SOLUTION) 5 MG/ML	
		ALBUTEROL SULFATE (VIAL-NEB) 0.63MG/3ML	
		ALBUTEROL SULFATE (VIAL-NEB) 1.25MG/3ML	
		ALBUTEROL SULFATE (VIAL-NEB) 2.5 MG/0.5	
		ALBUTEROL SULFATE (VIAL-NEB) 2.5 MG/3ML	
	BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS	IPRATROPIUM/ALBUTEROL SULFATE (AMPUL-NEB) 0.5-3MG/3	
	BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	BUDESONIDE/FORMOTEROL FUMARATE (HFA AER AD) 160-4.5MCG	
		BUDESONIDE/FORMOTEROL FUMARATE (HFA AER AD) 80-4.5 MCG	
		FLUTICASONE PROPION/SALMETEROL (AER POW BA) 113-14 MCG	
		FLUTICASONE PROPION/SALMETEROL (AER POW BA) 232-14 MCG	
		FLUTICASONE PROPION/SALMETEROL (AER POW BA) 55-14 MCG	
		FLUTICASONE PROPION/SALMETEROL (BLST W/DEV) 100-50 MCG	
		FLUTICASONE PROPION/SALMETEROL (BLST W/DEV) 250-50 MCG	
		FLUTICASONE PROPION/SALMETEROL (BLST W/DEV) 500-50 MCG	
		FLUTICASONE PROPION/SALMETEROL (HFA AER AD) 115-21MCG	
		FLUTICASONE PROPION/SALMETEROL (HFA AER AD) 230-21MCG	
		FLUTICASONE PROPION/SALMETEROL (HFA AER AD) 45-21 MCG	
	GLUCOCORTICOIDS, ORALLY INHALED	BECLOMETHASONE DIPROPIONATE (AER W/ADAP) 40 MCG	
		BECLOMETHASONE DIPROPIONATE (AER W/ADAP) 80 MCG	
		BECLOMETHASONE DIPROPIONATE (HFA AEROBA) 40 MCG	
		BECLOMETHASONE DIPROPIONATE (HFA AEROBA) 80 MCG	
		BUDESONIDE (AER POW BA) 180 MCG	
		BUDESONIDE (AER POW BA) 90 MCG	
		BUDESONIDE (AMPUL-NEB) 0.25MG/2ML	AL: <= 7 YEARS
		BUDESONIDE (AMPUL-NEB) 0.5 MG/2ML	AL: <= 7 YEARS

Legend

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Therapeutic Indication		Drug	Comments
		FLUTICASONE PROPIONATE (AER W/ADAP) 110 MCG	
		FLUTICASONE PROPIONATE (AER W/ADAP) 220 MCG	
		FLUTICASONE PROPIONATE (AER W/ADAP) 44 MCG	
		FLUTICASONE PROPIONATE (BLST W/DEV) 100 MCG	
		FLUTICASONE PROPIONATE (BLST W/DEV) 250 MCG	
		FLUTICASONE PROPIONATE (BLST W/DEV) 50 MCG	
		MOMETASONE FUROATE (AER POW BA) 110MCG(30)	
		MOMETASONE FUROATE (AER POW BA) 220MCG 120	
		MOMETASONE FUROATE (AER POW BA) 220MCG(30)	
		MOMETASONE FUROATE (AER POW BA) 220MCG(60)	
	LEUKOTRIENE RECEPTOR ANTAGONISTS	MONTELUKAST SODIUM (GRAN PACK) 4 MG	QL: 40 IN 30 DAYS
		MONTELUKAST SODIUM (TAB CHEW) 4 MG	QL: 40 IN 30 DAYS
		MONTELUKAST SODIUM (TAB CHEW) 5 MG	QL: 40 IN 30 DAYS
		MONTELUKAST SODIUM (TABLET) 10 MG	QL: 40 IN 30 DAYS
	MAST CELL STABILIZERS, ORALLY INHALED	CROMOLYN SODIUM (AMPUL-NEB) 20 MG/2 ML	
	XANTHINES	THEOPHYLLINE ANHYDROUS (ELIXIR) 80 MG/15ML	DL: 90 DAYS
		THEOPHYLLINE ANHYDROUS (SOLUTION) 80 MG/15ML	DL: 90 DAYS
		THEOPHYLLINE ANHYDROUS (TAB ER 12H) 100 MG	DL: 90 DAYS
		THEOPHYLLINE ANHYDROUS (TAB ER 12H) 200 MG	DL: 90 DAYS
		THEOPHYLLINE ANHYDROUS (TAB ER 12H) 300 MG	DL: 90 DAYS
		THEOPHYLLINE ANHYDROUS (TAB ER 12H) 450 MG	DL: 90 DAYS
		THEOPHYLLINE ANHYDROUS (TAB ER 24H) 600 MG	DL: 90 DAYS
AUTONOMIC NERVOUS SYSTEM DISORDERS	ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS	MEMANTINE HCL (TAB DS PK) 5 MG-10 MG	PA
		MEMANTINE HCL (TABLET) 10 MG	PA
		MEMANTINE HCL (TABLET) 5 MG	PA
	CHOLINESTERASE INHIBITORS	DONEPEZIL HCL (TABLET) 10 MG	PA
		DONEPEZIL HCL (TABLET) 5 MG	PA
		NEOSTIGMINE METHYLSULFATE (VIAL) 0.5 MG/ML	
		NEOSTIGMINE METHYLSULFATE (VIAL) 1 MG/ML	

Legend

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Therapeutic Indication		Drug	Comments
		PYRIDOSTIGMINE BROMIDE (AMPUL) 5 MG/ML	
		PYRIDOSTIGMINE BROMIDE (SYRUP) 60 MG/5 ML	
		PYRIDOSTIGMINE BROMIDE (TABLET ER) 180 MG	
		PYRIDOSTIGMINE BROMIDE (TABLET) 60 MG	
BEHAVIORAL HEALTH - OTHER	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	DEXTROAMPHETAMINE SULFATE (TABLET) 10 MG	AL: <= 22 YEARS
		DEXTROAMPHETAMINE SULFATE (TABLET) 5 MG	AL: <= 22 YEARS
		DEXTROAMPHETAMINE/AMPHETAMINE (TABLET) 10 MG	AL: <= 22 YEARS
		DEXTROAMPHETAMINE/AMPHETAMINE (TABLET) 12.5 MG	AL: <= 22 YEARS
		DEXTROAMPHETAMINE/AMPHETAMINE (TABLET) 15 MG	AL: <= 22 YEARS
		DEXTROAMPHETAMINE/AMPHETAMINE (TABLET) 20 MG	AL: <= 22 YEARS
		DEXTROAMPHETAMINE/AMPHETAMINE (TABLET) 30 MG	AL: <= 22 YEARS
		DEXTROAMPHETAMINE/AMPHETAMINE (TABLET) 5 MG	AL: <= 22 YEARS
		DEXTROAMPHETAMINE/AMPHETAMINE (TABLET) 7.5 MG	AL: <= 22 YEARS
		METHAMPHETAMINE HCL (TABLET) 5 MG	PA
	ANTI-ALCOHOLIC PREPARATIONS	ACAMPROSATE CALCIUM (TABLET DR) 333 MG	
		DISULFIRAM (TABLET) 250 MG	
		DISULFIRAM (TABLET) 500 MG	
	ANTIPSYCHOTICS,DOPAMINE ANTAGONST,DIHYDROINDOLONES	MOLINDONE HCL (TABLET) 10 MG	PA
		MOLINDONE HCL (TABLET) 25 MG	PA
		MOLINDONE HCL (TABLET) 5 MG	PA
	BARBITURATES	BUTABARBITAL SODIUM (TABLET) 30 MG	PA
		BUTABARBITAL SODIUM (TABLET) 50 MG	PA
		PHENOBARBITAL (ELIXIR) 20 MG/5 ML	
		PHENOBARBITAL (TABLET) 100 MG	
		PHENOBARBITAL (TABLET) 15 MG	
		PHENOBARBITAL (TABLET) 16.2 MG	
		PHENOBARBITAL (TABLET) 30 MG	
		PHENOBARBITAL (TABLET) 32.4 MG	
		PHENOBARBITAL (TABLET) 60 MG	

Legend

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Therapeutic Indication		Drug	Comments
		PHENOBARBITAL (TABLET) 64.8 MG	
		PHENOBARBITAL (TABLET) 97.2MG	
	NARCOTIC ANTAGONISTS	NALOXONE HCL (CARTRIDGE) 0.4 MG/ML	
		NALOXONE HCL (SPRAY) 4 MG	
		NALOXONE HCL (SYRINGE) 1 MG/ML	
		NALOXONE HCL (VIAL) 0.4 MG/ML	
		NALTREXONE HCL (TABLET) 50 MG	
	SEDATIVE-HYPNOTICS - BENZODIAZEPINES	FLURAZEPAM HCL (CAPSULE) 15 MG	PA
		FLURAZEPAM HCL (CAPSULE) 30 MG	PA
	SEDATIVE-HYPNOTICS,NON-BARBITURATE	DIPHENHYDRAMINE HCL (CAPSULE) 25 MG	
		DIPHENHYDRAMINE HCL (CAPSULE) 50 MG	
		DIPHENHYDRAMINE HCL (TABLET) 25 MG	
		DIPHENHYDRAMINE HCL (TABLET) 50 MG	
		DOXYLAMINE SUCCINATE (TABLET) 25 MG	
		ZOLPIDEM TARTRATE (TABLET) 10 MG	PA
		ZOLPIDEM TARTRATE (TABLET) 10MG	PA
		ZOLPIDEM TARTRATE (TABLET) 5 MG	PA
		ZOLPIDEM TARTRATE (TABLET) 5MG	PA
	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	DEXMETHYLPHENIDATE HCL (TABLET) 10 MG	AL: <= 22 YEARS
		DEXMETHYLPHENIDATE HCL (TABLET) 2.5 MG	AL: <= 22 YEARS
		DEXMETHYLPHENIDATE HCL (TABLET) 5 MG	AL: <= 22 YEARS
		METHYLPHENIDATE HCL (CPBP 30-70) 10 MG	QL: 1 IN 1 DAYS, ST
		METHYLPHENIDATE HCL (CPBP 30-70) 20 MG	QL: 1 IN 1 DAYS, ST
		METHYLPHENIDATE HCL (CPBP 30-70) 30 MG	QL: 1 IN 1 DAYS, ST
		METHYLPHENIDATE HCL (CPBP 30-70) 40 MG	QL: 1 IN 1 DAYS, ST
		METHYLPHENIDATE HCL (CPBP 30-70) 50 MG	QL: 1 IN 1 DAYS, ST
		METHYLPHENIDATE HCL (CPBP 30-70) 60 MG	QL: 1 IN 1 DAYS, ST
		METHYLPHENIDATE HCL (CPBP 50-50) 10 MG	QL: 1 IN 1 DAYS, ST
		METHYLPHENIDATE HCL (CPBP 50-50) 20 MG	QL: 1 IN 1 DAYS, ST

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		METHYLPHENIDATE HCL (CPBP 50-50) 30 MG	QL: 1 IN 1 DAYS, ST
		METHYLPHENIDATE HCL (CPBP 50-50) 40 MG	QL: 1 IN 1 DAYS, ST
		METHYLPHENIDATE HCL (CPBP 50-50) 60 MG	QL: 1 IN 1 DAYS, ST
		METHYLPHENIDATE HCL (SOLUTION) 10 MG/5 ML	AL: <= 22 YEARS
		METHYLPHENIDATE HCL (SOLUTION) 5 MG/5 ML	AL: <= 22 YEARS
		METHYLPHENIDATE HCL (TAB CHEW) 10 MG	AL: <= 22 YEARS
		METHYLPHENIDATE HCL (TAB CHEW) 2.5 MG	AL: <= 22 YEARS
		METHYLPHENIDATE HCL (TAB CHEW) 5 MG	AL: <= 22 YEARS
		METHYLPHENIDATE HCL (TABLET ER) 10 MG	QL: 1 IN 1 DAYS, AL: <= 22 YEARS
		METHYLPHENIDATE HCL (TABLET ER) 20 MG	QL: 1 IN 1 DAYS, AL: <= 22 YEARS
		METHYLPHENIDATE HCL (TABLET) 10 MG	AL: <= 22 YEARS
		METHYLPHENIDATE HCL (TABLET) 20 MG	AL: <= 22 YEARS
		METHYLPHENIDATE HCL (TABLET) 5 MG	AL: <= 22 YEARS
CARDIOVASCULAR DISEASE - ARRHYTHMIA	ANTIARRHYTHMICS	AMIODARONE HCL (TABLET) 100 MG	
		AMIODARONE HCL (TABLET) 200 MG	
		AMIODARONE HCL (TABLET) 400 MG	
		DISOPYRAMIDE PHOSPHATE (CAPSULE ER) 100 MG	
		DISOPYRAMIDE PHOSPHATE (CAPSULE ER) 150 MG	
		DISOPYRAMIDE PHOSPHATE (CAPSULE) 100 MG	
		DISOPYRAMIDE PHOSPHATE (CAPSULE) 150 MG	
		FLECAINIDE ACETATE (TABLET) 100 MG	
		FLECAINIDE ACETATE (TABLET) 150 MG	
		FLECAINIDE ACETATE (TABLET) 50 MG	
		MEXILETINE HCL (CAPSULE) 150 MG	
		MEXILETINE HCL (CAPSULE) 200 MG	
		MEXILETINE HCL (CAPSULE) 250 MG	
		PROPAFENONE HCL (TABLET) 150 MG	
		PROPAFENONE HCL (TABLET) 225 MG	
		PROPAFENONE HCL (TABLET) 300 MG	

Legend

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Therapeutic Indication		Drug	Comments
		QUINIDINE GLUCONATE (TABLET ER) 324 MG	
		QUINIDINE SULFATE (TABLET ER) 300 MG	
		QUINIDINE SULFATE (TABLET) 200 MG	
		QUINIDINE SULFATE (TABLET) 300 MG	
CARDIOVASCULAR DISEASE - CARDIAC STIMULANT	ADRENERGIC AGENTS,CATECHOLAMINES	EPINEPHRINE (AMPUL) 1 MG/ML(1)	PA
		EPINEPHRINE (VIAL) 1 MG/ML	PA
		EPINEPHRINE (VIAL) 1 MG/ML(1)	PA
		EPINEPHRINE HCL/PF (AMPUL) 1 MG/ML(1)	PA
	DIGITALIS GLYCOSIDES	DIGOXIN (SOLUTION) 50 MCG/ML	DL: 90 DAYS
		DIGOXIN (TABLET) 125 MCG	DL: 90 DAYS
		DIGOXIN (TABLET) 250 MCG	DL: 90 DAYS
CARDIOVASCULAR DISEASE - HYPERTENSION	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	AMLODIPINE BESYLATE/BENAZEPRIL (CAPSULE) 10 MG-20MG	
		AMLODIPINE BESYLATE/BENAZEPRIL (CAPSULE) 10 MG-40MG	
		AMLODIPINE BESYLATE/BENAZEPRIL (CAPSULE) 2.5MG-10MG	
		AMLODIPINE BESYLATE/BENAZEPRIL (CAPSULE) 5 MG-10 MG	
		AMLODIPINE BESYLATE/BENAZEPRIL (CAPSULE) 5 MG-20 MG	
		AMLODIPINE BESYLATE/BENAZEPRIL (CAPSULE) 5 MG-40 MG	
	ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	BENAZEPRIL/HYDROCHLOROTHIAZIDE (TABLET) 10-12.5MG	
		BENAZEPRIL/HYDROCHLOROTHIAZIDE (TABLET) 20 MG-25MG	
		BENAZEPRIL/HYDROCHLOROTHIAZIDE (TABLET) 20-12.5 MG	
		BENAZEPRIL/HYDROCHLOROTHIAZIDE (TABLET) 5-6.25MG	
		CAPTOPRIL/HYDROCHLOROTHIAZIDE (TABLET) 25 MG-15MG	
		CAPTOPRIL/HYDROCHLOROTHIAZIDE (TABLET) 25 MG-25MG	
		CAPTOPRIL/HYDROCHLOROTHIAZIDE (TABLET) 50 MG-15MG	
		CAPTOPRIL/HYDROCHLOROTHIAZIDE (TABLET) 50 MG-25MG	
		ENALAPRIL/HYDROCHLOROTHIAZIDE (TABLET) 10 MG-25MG	
		ENALAPRIL/HYDROCHLOROTHIAZIDE (TABLET) 5MG-12.5MG	
		FOSINOPRIL/HYDROCHLOROTHIAZIDE (TABLET) 10-12.5MG	
		FOSINOPRIL/HYDROCHLOROTHIAZIDE (TABLET) 20-12.5 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
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Therapeutic Indication		Drug	Comments
		LISINOPRIL/HYDROCHLOROTHIAZIDE (TABLET) 10-12.5MG	
		LISINOPRIL/HYDROCHLOROTHIAZIDE (TABLET) 20 MG-25MG	
		LISINOPRIL/HYDROCHLOROTHIAZIDE (TABLET) 20-12.5 MG	
		QUINAPRIL/HYDROCHLOROTHIAZIDE (TABLET) 10-12.5MG	
		QUINAPRIL/HYDROCHLOROTHIAZIDE (TABLET) 20 MG-25MG	
		QUINAPRIL/HYDROCHLOROTHIAZIDE (TABLET) 20-12.5 MG	
	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	CARVEDILOL (TABLET) 12.5 MG	
		CARVEDILOL (TABLET) 25 MG	
		CARVEDILOL (TABLET) 3.125 MG	
		CARVEDILOL (TABLET) 6.25 MG	
		LABETALOL HCL (TABLET) 100 MG	
		LABETALOL HCL (TABLET) 200 MG	
		LABETALOL HCL (TABLET) 300 MG	
	ALPHA-ADRENERGIC BLOCKING AGENTS	DOXAZOSIN MESYLATE (TABLET) 1 MG	
		DOXAZOSIN MESYLATE (TABLET) 2 MG	
		DOXAZOSIN MESYLATE (TABLET) 4 MG	
		DOXAZOSIN MESYLATE (TABLET) 8 MG	
		PRAZOSIN HCL (CAPSULE) 1 MG	
		PRAZOSIN HCL (CAPSULE) 2 MG	
		PRAZOSIN HCL (CAPSULE) 5 MG	
		TERAZOSIN HCL (CAPSULE) 1 MG	
		TERAZOSIN HCL (CAPSULE) 10 MG	
		TERAZOSIN HCL (CAPSULE) 2 MG	
		TERAZOSIN HCL (CAPSULE) 5 MG	
	ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	LOSARTAN/HYDROCHLOROTHIAZIDE (TABLET) 100-12.5MG	
			ST
		LOSARTAN/HYDROCHLOROTHIAZIDE (TABLET) 100MG-25MG	
			ST
		LOSARTAN/HYDROCHLOROTHIAZIDE (TABLET) 50-12.5 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
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Therapeutic Indication		Drug	Comments
			ST
			ST
	ANTIHYPERTENSIVES, ACE INHIBITORS	BENAZEPRIL HCL (TABLET) 10 MG	
		BENAZEPRIL HCL (TABLET) 20 MG	
		BENAZEPRIL HCL (TABLET) 40 MG	
		BENAZEPRIL HCL (TABLET) 5 MG	
		CAPTOPRIL (TABLET) 100 MG	
		CAPTOPRIL (TABLET) 12.5 MG	
		CAPTOPRIL (TABLET) 25 MG	
		CAPTOPRIL (TABLET) 50 MG	
		ENALAPRIL MALEATE (TABLET) 10 MG	
		ENALAPRIL MALEATE (TABLET) 2.5 MG	
		ENALAPRIL MALEATE (TABLET) 20 MG	
		ENALAPRIL MALEATE (TABLET) 5 MG	
		FOSINOPRIL SODIUM (TABLET) 10 MG	
		FOSINOPRIL SODIUM (TABLET) 20 MG	
		FOSINOPRIL SODIUM (TABLET) 40 MG	
		LISINOPRIL (TABLET) 10 MG	
		LISINOPRIL (TABLET) 2.5 MG	
		LISINOPRIL (TABLET) 20 MG	
		LISINOPRIL (TABLET) 30 MG	
		LISINOPRIL (TABLET) 40 MG	
		LISINOPRIL (TABLET) 5 MG	
		MOEXIPRIL HCL (TABLET) 15 MG	
		MOEXIPRIL HCL (TABLET) 7.5 MG	
		QUINAPRIL HCL (TABLET) 10 MG	
		QUINAPRIL HCL (TABLET) 20 MG	
		QUINAPRIL HCL (TABLET) 40 MG	
		QUINAPRIL HCL (TABLET) 5 MG	
		RAMIPRIL (CAPSULE) 1.25 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		RAMIPRIL (CAPSULE) 10 MG	
		RAMIPRIL (CAPSULE) 2.5 MG	
		RAMIPRIL (CAPSULE) 5 MG	
		TRANDOLAPRIL (TABLET) 1 MG	ST
		TRANDOLAPRIL (TABLET) 2 MG	ST
		TRANDOLAPRIL (TABLET) 4 MG	ST
	ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	LOSARTAN POTASSIUM (TABLET) 100 MG	
		LOSARTAN POTASSIUM (TABLET) 25 MG	
		LOSARTAN POTASSIUM (TABLET) 50 MG	
		TELMISARTAN (TABLET) 40 MG	PA
		TELMISARTAN (TABLET) 80 MG	PA
	ANTIHYPERTENSIVES, SYMPATHOLYTIC	CLONIDINE (PATCH TDWK) 0.1MG/24HR	PA
		CLONIDINE (PATCH TDWK) 0.2MG/24HR	PA
		CLONIDINE (PATCH TDWK) 0.3MG/24HR	PA
		CLONIDINE HCL (TABLET) 0.1 MG	
		CLONIDINE HCL (TABLET) 0.2 MG	
		CLONIDINE HCL (TABLET) 0.3 MG	
		GUANFACINE HCL (TABLET) 1 MG	
		GUANFACINE HCL (TABLET) 2 MG	
		METHYLDOPA (TABLET) 250 MG	
		METHYLDOPA (TABLET) 500 MG	
		RESERPINE (TABLET) 0.1 MG	
		RESERPINE (TABLET) 0.25 MG	
	ANTIHYPERTENSIVES, VASODILATORS	HYDRALAZINE HCL (TABLET) 10 MG	
		HYDRALAZINE HCL (TABLET) 100 MG	
		HYDRALAZINE HCL (TABLET) 25 MG	
		HYDRALAZINE HCL (TABLET) 50 MG	
		MINOXIDIL (TABLET) 10 MG	PA
		MINOXIDIL (TABLET) 2.5 MG	PA

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
	BETA-ADRENERGIC BLOCKING AGENTS	ACEBUTOLOL HCL (CAPSULE) 200 MG	
		ACEBUTOLOL HCL (CAPSULE) 400 MG	PA
		ATENOLOL (TABLET) 100 MG	
		ATENOLOL (TABLET) 25 MG	
		ATENOLOL (TABLET) 50 MG	
		BISOPROLOL FUMARATE (TABLET) 10 MG	QL: QUANTITY SUPPLY = DAYS SUPPLY
		BISOPROLOL FUMARATE (TABLET) 5 MG	QL: QUANTITY SUPPLY = DAYS SUPPLY
		METOPROLOL SUCCINATE (TAB ER 24H) 100 MG	
		METOPROLOL SUCCINATE (TAB ER 24H) 200 MG	
		METOPROLOL SUCCINATE (TAB ER 24H) 25 MG	
		METOPROLOL SUCCINATE (TAB ER 24H) 50 MG	
		METOPROLOL TARTRATE (TABLET) 100 MG	
		METOPROLOL TARTRATE (TABLET) 25 MG	
		METOPROLOL TARTRATE (TABLET) 50 MG	
		NADOLOL (TABLET) 20 MG	
		NADOLOL (TABLET) 40 MG	
		NADOLOL (TABLET) 80 MG	
		PINDOLOL (TABLET) 10 MG	
		PINDOLOL (TABLET) 5 MG	
		PROPRANOLOL HCL (CAP SA 24H) 120 MG	
		PROPRANOLOL HCL (CAP SA 24H) 160 MG	
		PROPRANOLOL HCL (CAP SA 24H) 60 MG	
		PROPRANOLOL HCL (CAP SA 24H) 80 MG	
		PROPRANOLOL HCL (SOLUTION) 20 MG/5 ML	
		PROPRANOLOL HCL (TABLET) 10 MG	
		PROPRANOLOL HCL (TABLET) 20 MG	
		PROPRANOLOL HCL (TABLET) 40 MG	
		PROPRANOLOL HCL (TABLET) 60 MG	
		PROPRANOLOL HCL (TABLET) 80 MG	
		SOTALOL HCL (TABLET) 120 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		SOTALOL HCL (TABLET) 160 MG	
		SOTALOL HCL (TABLET) 240 MG	
		SOTALOL HCL (TABLET) 80 MG	
	BETA-ADRENERGIC BLOCKING AGENTS/THIAZIDE & RELATED	ATENOLOL/CHLORTHALIDONE (TABLET) 100MG-25MG	
		ATENOLOL/CHLORTHALIDONE (TABLET) 50 MG-25MG	
		BISOPROLOL/HYDROCHLOROTHIAZIDE (TABLET) 10-6.25MG	QL: QUANTITY SUPPLY = DAYS SUPPLY
		BISOPROLOL/HYDROCHLOROTHIAZIDE (TABLET) 2.5-6.25MG	QL: QUANTITY SUPPLY = DAYS SUPPLY
		BISOPROLOL/HYDROCHLOROTHIAZIDE (TABLET) 5-6.25MG	QL: QUANTITY SUPPLY = DAYS SUPPLY
	CALCIUM CHANNEL BLOCKING AGENTS	AMLODIPINE BESYLATE (TABLET) 10 MG	
		AMLODIPINE BESYLATE (TABLET) 2.5 MG	
		AMLODIPINE BESYLATE (TABLET) 5 MG	
		DILTIAZEM HCL (CAP ER 12H) 120 MG	
		DILTIAZEM HCL (CAP ER 12H) 60 MG	
		DILTIAZEM HCL (CAP ER 12H) 90 MG	
		DILTIAZEM HCL (CAP ER 24H) 120 MG	
		DILTIAZEM HCL (CAP ER 24H) 180 MG	
		DILTIAZEM HCL (CAP ER 24H) 240 MG	
		DILTIAZEM HCL (CAP ER 24H) 300 MG	
		DILTIAZEM HCL (CAP ER 24H) 360 MG	
		DILTIAZEM HCL (CAP ER DEG) 120 MG	
		DILTIAZEM HCL (CAP ER DEG) 180 MG	
		DILTIAZEM HCL (CAP ER DEG) 240 MG	
		DILTIAZEM HCL (CAP SA 24H) 120 MG	
		DILTIAZEM HCL (CAP SA 24H) 180 MG	
		DILTIAZEM HCL (CAP SA 24H) 240 MG	
		DILTIAZEM HCL (CAP SA 24H) 300 MG	
		DILTIAZEM HCL (CAP SA 24H) 360 MG	
		DILTIAZEM HCL (CAP SA 24H) 420 MG	
		DILTIAZEM HCL (TABLET) 120 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication	Drug	Comments
	DILTIAZEM HCL (TABLET) 30 MG	
	DILTIAZEM HCL (TABLET) 60 MG	
	DILTIAZEM HCL (TABLET) 90 MG	
	FELODIPINE (TAB ER 24H) 10 MG	
	FELODIPINE (TAB ER 24H) 2.5 MG	
	FELODIPINE (TAB ER 24H) 5 MG	
	ISRADIPINE (CAPSULE) 2.5 MG	PA
	ISRADIPINE (CAPSULE) 5 MG	PA
	NICARDIPINE HCL (CAPSULE) 20 MG	PA
	NICARDIPINE HCL (CAPSULE) 30 MG	PA
	NIFEDIPINE (CAPSULE) 10 MG	
	NIFEDIPINE (CAPSULE) 20 MG	
	NIFEDIPINE (TAB ER 24) 30 MG	
	NIFEDIPINE (TAB ER 24) 60 MG	
	NIFEDIPINE (TAB ER 24) 90 MG	
	NIFEDIPINE (TABLET ER) 30 MG	
	NIFEDIPINE (TABLET ER) 60 MG	
	NIFEDIPINE (TABLET ER) 90 MG	
	NIMODIPINE (CAPSULE) 30 MG	PA
	NISOLDIPINE (TAB ER 24H) 20 MG	
	NISOLDIPINE (TAB ER 24H) 30 MG	
	NISOLDIPINE (TAB ER 24H) 40 MG	
	VERAPAMIL HCL (CAP24H PEL) 120 MG	
	VERAPAMIL HCL (CAP24H PEL) 180 MG	
	VERAPAMIL HCL (CAP24H PEL) 240 MG	
	VERAPAMIL HCL (CAP24H PEL) 360 MG	
	VERAPAMIL HCL (TABLET ER) 120 MG	
	VERAPAMIL HCL (TABLET ER) 180 MG	
	VERAPAMIL HCL (TABLET ER) 240 MG	
	VERAPAMIL HCL (TABLET) 120 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		VERAPAMIL HCL (TABLET) 40 MG	
		VERAPAMIL HCL (TABLET) 80 MG	
	LOOP DIURETICS	BUMETANIDE (TABLET) 0.5 MG	
		BUMETANIDE (TABLET) 1 MG	
		BUMETANIDE (TABLET) 2 MG	
		FUROSEMIDE (SOLUTION) 10 MG/ML	
		FUROSEMIDE (TABLET) 20 MG	
		FUROSEMIDE (TABLET) 40 MG	
		FUROSEMIDE (TABLET) 80 MG	
		TORSEMIDE (TABLET) 10 MG	
		TORSEMIDE (TABLET) 100 MG	
		TORSEMIDE (TABLET) 20 MG	
		TORSEMIDE (TABLET) 5 MG	
	POTASSIUM SPARING DIURETICS	AMILORIDE HCL (TABLET) 5 MG	
		SPIRONOLACTONE (TABLET) 100 MG	
		SPIRONOLACTONE (TABLET) 25 MG	
		SPIRONOLACTONE (TABLET) 50 MG	
		TRIAMTERENE (CAPSULE) 100 MG	PA
		TRIAMTERENE (CAPSULE) 50 MG	PA
	POTASSIUM SPARING DIURETICS IN COMBINATION	AMILORIDE/HYDROCHLOROTHIAZIDE (TABLET) 5 MG-50 MG	
		SPIRONOLACT/HYDROCHLOROTHIAZID (TABLET) 25 MG-25MG	
		SPIRONOLACT/HYDROCHLOROTHIAZID (TABLET) 50 MG-50MG	
		TRIAMTERENE/HYDROCHLOROTHIAZID (CAPSULE) 37.5-25 MG	
		TRIAMTERENE/HYDROCHLOROTHIAZID (CAPSULE) 50 MG-25MG	
		TRIAMTERENE/HYDROCHLOROTHIAZID (TABLET) 37.5-25 MG	
		TRIAMTERENE/HYDROCHLOROTHIAZID (TABLET) 75 MG-50MG	
	THIAZIDE AND RELATED DIURETICS	CHLORTHALIDONE (TABLET) 25 MG	
		CHLORTHALIDONE (TABLET) 50 MG	
		HYDROCHLOROTHIAZIDE (CAPSULE) 12.5 MG	DL: 90 DAYS

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		HYDROCHLOROTHIAZIDE (TABLET) 12.5 MG	DL: 90 DAYS
		HYDROCHLOROTHIAZIDE (TABLET) 25 MG	DL: 90 DAYS
		HYDROCHLOROTHIAZIDE (TABLET) 50 MG	DL: 90 DAYS
		INDAPAMIDE (TABLET) 1.25 MG	
		INDAPAMIDE (TABLET) 2.5 MG	
		METOLAZONE (TABLET) 10 MG	
		METOLAZONE (TABLET) 2.5 MG	
		METOLAZONE (TABLET) 5 MG	
CARDIOVASCULAR DISEASE - LIPID IRREGULARITY	ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	ATORVASTATIN CALCIUM (TABLET) 10 MG	QL: 1 IN 1 DAYS
		ATORVASTATIN CALCIUM (TABLET) 20 MG	QL: 1 IN 1 DAYS
		ATORVASTATIN CALCIUM (TABLET) 40 MG	QL: 1 IN 1 DAYS
		ATORVASTATIN CALCIUM (TABLET) 80 MG	QL: 1 IN 1 DAYS
		FLUVASTATIN SODIUM (CAPSULE) 20 MG	ST
		FLUVASTATIN SODIUM (CAPSULE) 40 MG	ST
		FLUVASTATIN SODIUM (TAB ER 24H) 80 MG	ST
		LOVASTATIN (TABLET) 10 MG	
		LOVASTATIN (TABLET) 20 MG	
		LOVASTATIN (TABLET) 40 MG	
		PRAVASTATIN SODIUM (TABLET) 10 MG	
		PRAVASTATIN SODIUM (TABLET) 20 MG	
		PRAVASTATIN SODIUM (TABLET) 40 MG	
		PRAVASTATIN SODIUM (TABLET) 80 MG	
		ROSUVASTATIN CALCIUM (TABLET) 10 MG	QL: QUANTITY SUPPLY = DAYS SUPPLY
		ROSUVASTATIN CALCIUM (TABLET) 20 MG	QL: QUANTITY SUPPLY = DAYS SUPPLY
		ROSUVASTATIN CALCIUM (TABLET) 40 MG	QL: QUANTITY SUPPLY = DAYS SUPPLY
		ROSUVASTATIN CALCIUM (TABLET) 5 MG	QL: QUANTITY SUPPLY = DAYS SUPPLY
		SIMVASTATIN (TABLET) 10 MG	
		SIMVASTATIN (TABLET) 20 MG	
		SIMVASTATIN (TABLET) 40 MG	QL: 30 IN 27 DAYS

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		SIMVASTATIN (TABLET) 5 MG	
		SIMVASTATIN (TABLET) 80 MG	PA
	BILE SALT SEQUESTRANTS	CHOLESTYRAMINE (WITH SUGAR) (POWD PACK) 4 G	
		CHOLESTYRAMINE (WITH SUGAR) (POWDER) 4 G	
		CHOLESTYRAMINE/ASPARTAME (POWD PACK) 4 G	
		CHOLESTYRAMINE/ASPARTAME (POWDER) 4 G	
		COLESTIPOL HCL (GRANULES) 5 G	
		COLESTIPOL HCL (PACKET) 5 G	PA
		COLESTIPOL HCL (PACKET) 7.5 G	PA
		COLESTIPOL HCL (TABLET) 1 G	
	LIPOTROPICS	EZETIMIBE (TABLET) 10 MG	
		FENOFIBRATE (TABLET) 160 MG	
		FENOFIBRATE (TABLET) 54 MG	
		FENOFIBRATE NANOCRYSTALLIZED (TABLET) 160 MG	
		FENOFIBRATE,MICRONIZED (CAPSULE) 130 MG	
		FENOFIBRATE,MICRONIZED (CAPSULE) 134 MG	
		FENOFIBRATE,MICRONIZED (CAPSULE) 200 MG	
		FENOFIBRATE,MICRONIZED (CAPSULE) 43 MG	
		FENOFIBRATE,MICRONIZED (CAPSULE) 67 MG	
		GEMFIBROZIL (TABLET) 600 MG	
		NIACIN (TAB ER 24H) 1000 MG	PA
		NIACIN (TAB ER 24H) 500 MG	PA
		NIACIN (TAB ER 24H) 750 MG	PA
		NIACIN (TABLET) 500 MG	
	NIACIN PREPARATIONS	NIACIN (TABLET) 100 MG	DL: 90 DAYS
		NIACIN (TABLET) 500 MG	DL: 90 DAYS
CARDIOVASCULAR DISEASE - VASODILATION	VASODILATORS,CORONARY	ISOSORBIDE DINITRATE (CAPSULE ER) 40 MG	
		ISOSORBIDE DINITRATE (TABLET ER) 40 MG	
		ISOSORBIDE DINITRATE (TABLET) 10 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		ISOSORBIDE DINITRATE (TABLET) 20 MG	
		ISOSORBIDE DINITRATE (TABLET) 30 MG	
		ISOSORBIDE DINITRATE (TABLET) 40 MG	
		ISOSORBIDE DINITRATE (TABLET) 5 MG	
		ISOSORBIDE MONONITRATE (TAB ER 24H) 120 MG	
		ISOSORBIDE MONONITRATE (TAB ER 24H) 30 MG	
		ISOSORBIDE MONONITRATE (TAB ER 24H) 60 MG	
		ISOSORBIDE MONONITRATE (TABLET) 10 MG	
		ISOSORBIDE MONONITRATE (TABLET) 20 MG	
		NITROGLYCERIN (CAPSULE ER) 2.5 MG	
		NITROGLYCERIN (CAPSULE ER) 6.5 MG	
		NITROGLYCERIN (CAPSULE ER) 9 MG	
		NITROGLYCERIN (OINT. (G)) 0.02	
		NITROGLYCERIN (PATCH TD24) 0.1MG/HR	
		NITROGLYCERIN (PATCH TD24) 0.2MG/HR	
		NITROGLYCERIN (PATCH TD24) 0.3 MG/HR	
		NITROGLYCERIN (PATCH TD24) 0.4MG/HR	
		NITROGLYCERIN (PATCH TD24) 0.6MG/HR	
		NITROGLYCERIN (PATCH TD24) 0.8MG/HR	
		NITROGLYCERIN (SPRAY) 400MCG/SPR	
		NITROGLYCERIN (TAB SUBL) 0.3 MG	
		NITROGLYCERIN (TAB SUBL) 0.4 MG	
		NITROGLYCERIN (TAB SUBL) 0.6 MG	
	VASODILATORS,PERIPHERAL	ISOXSUPRINE HCL (TABLET) 10 MG	PA
		ISOXSUPRINE HCL (TABLET) 20 MG	PA
CONTRACEPTION/OXYTOCICS	CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	ETONOGESTREL/ETHINYL ESTRADIOL (VAG RING) .12-.015MG	
	CONTRACEPTIVES,INJECTABLE	MEDROXYPROGESTERONE ACETATE (SYRINGE) 104MG/0.65	DL: 90 DAYS
		MEDROXYPROGESTERONE ACETATE (SYRINGE) 150 MG/ML	DL: 90 DAYS
		MEDROXYPROGESTERONE ACETATE (VIAL) 150 MG/ML	
	CONTRACEPTIVES,INTRAVAGINAL	NONOXYNOL 9 (CON.SPONGE) 1000 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		NONOXYNOL 9 (FILM) 0.28	
		NONOXYNOL 9 (FOAM/APPL) 0.125	
		NONOXYNOL 9 (GEL/PF APP) 0.04	
		NONOXYNOL 9 (JELLY/APPL) 0.03	
	CONTRACEPTIVES,ORAL	DESOG-E.ESTRADIOL/E.ESTRADIOL (TABLET) 21-5 (28)	DL: 90 DAYS
		DESOGESTREL-ETHINYL ESTRADIOL (TABLET) 0.15-0.03	DL: 90 DAYS
		DESOGESTREL-ETHINYL ESTRADIOL (TABLET) 7 DAYS X 3	DL: 90 DAYS
		ETHYNODIOL D-ETHINYL ESTRADIOL (TABLET) 1 MG-35MCG	DL: 90 DAYS
		ETHYNODIOL D-ETHINYL ESTRADIOL (TABLET) 1 MG-50MCG	DL: 90 DAYS
		LEVONORGESTREL (TABLET) 0.75 MG	DL: 90 DAYS
		LEVONORGESTREL (TABLET) 1.5 MG	DL: 90 DAYS
		LEVONORGESTREL-ETHIN ESTRADIOL (TABLET) 0.1-0.02MG	DL: 90 DAYS
		LEVONORGESTREL-ETHIN ESTRADIOL (TABLET) 0.15-0.03	DL: 90 DAYS
		LEVONORGESTREL-ETHIN ESTRADIOL (TABLET) 40334	DL: 90 DAYS
		LEVONORGESTREL-ETHIN ESTRADIOL (TABLET) 90-20 MCG	DL: 90 DAYS
		LEVONORGESTREL-ETHIN ESTRADIOL (TBDSPK 3MO) 0.15-0.03	DL: 90 DAYS|91 DAYS
		L-NORGEST/E.ESTRADIOL-E.ESTRAD (TBDSPK 3MO) 100-20(84)	DL: 90 DAYS|91 DAYS
		L-NORGEST/E.ESTRADIOL-E.ESTRAD (TBDSPK 3MO) 150-30(84)	DL: 90 DAYS|91 DAYS
		NORETHINDRONE (TABLET) 0.35 MG	DL: 90 DAYS
		NORETHINDRONE AC-ETH ESTRADIOL (TABLET) 1.5-0.03MG	DL: 90 DAYS
		NORETHINDRONE AC-ETH ESTRADIOL (TABLET) 1MG-20MCG	DL: 90 DAYS
		NORETHINDRONE-E.ESTRADIOL-IRON (TABLET) 1.5-30(21)	DL: 90 DAYS
		NORETHINDRONE-E.ESTRADIOL-IRON (TABLET) 1MG-20(21)	DL: 90 DAYS
		NORETHINDRONE-E.ESTRADIOL-IRON (TABLET) 1MG-20(24)	DL: 90 DAYS
		NORETHINDRONE-E.ESTRADIOL-IRON (TABLET) 5-7-9-7	DL: 90 DAYS
		NORETHINDRONE-ETHIN. ESTRADIOL (TABLET) 0.4-0.035	DL: 90 DAYS
		NORETHINDRONE-ETHIN. ESTRADIOL (TABLET) 0.5-0.035	DL: 90 DAYS
		NORETHINDRONE-ETHIN. ESTRADIOL (TABLET) 1 MG-35MCG	DL: 90 DAYS
		NORETHINDRONE-ETHIN. ESTRADIOL (TABLET) 38542	DL: 90 DAYS

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		NORETHINDRONE-ETHIN. ESTRADIOL (TABLET) 44115	DL: 90 DAYS
		NORETHINDRONE-ETHIN. ESTRADIOL (TABLET) 7 DAYS X 3	DL: 90 DAYS
		NORETHINDRONE-MESTRANOL (TABLET) 1 MG-50MCG	DL: 90 DAYS
		NORGESTIMATE-ETHINYL ESTRADIOL (TABLET) 0.25-0.035	DL: 90 DAYS
		NORGESTIMATE-ETHINYL ESTRADIOL (TABLET) 7DAYSX3 28	DL: 90 DAYS
		NORGESTIMATE-ETHINYL ESTRADIOL (TABLET) 7DAYSX3 LO	DL: 90 DAYS
		NORGESTREL-ETHINYL ESTRADIOL (TABLET) 0.3-0.03MG	DL: 90 DAYS
		NORGESTREL-ETHINYL ESTRADIOL (TABLET) 0.5 MG-50	DL: 90 DAYS
		ULIPRISTAL ACETATE (TABLET) 30 MG	DL: 90 DAYS
	CONTRACEPTIVES,TRANSDERMAL	NORELGESTROMIN/ETHIN.ESTRADIOL (PATCH TDWK) 150-35/24H	
	DIAPHRAGMS/CERVICAL CAP	CERVICAL CAP (EACH) 22MM	
		CERVICAL CAP (EACH) 26MM	
		CERVICAL CAP (EACH) 30MM	
		DIAPHRAGMS, CONTOURED (DIAPHRAGM) 65 MM-80MM	
		DIAPHRAGMS, WIDE SEAL (DIAPHRAGM) 60MM	
		DIAPHRAGMS, WIDE SEAL (DIAPHRAGM) 65MM	
		DIAPHRAGMS, WIDE SEAL (DIAPHRAGM) 70MM	
		DIAPHRAGMS, WIDE SEAL (DIAPHRAGM) 75MM	
		DIAPHRAGMS, WIDE SEAL (DIAPHRAGM) 80MM	
		DIAPHRAGMS, WIDE SEAL (DIAPHRAGM) 85MM	
		DIAPHRAGMS, WIDE SEAL (DIAPHRAGM) 90MM	
		DIAPHRAGMS, WIDE SEAL (DIAPHRAGM) 95MM	
	OXYTOCICS	METHYLERGONOVINE MALEATE (AMPUL) .2MG/ML(1)	
		METHYLERGONOVINE MALEATE (TABLET) 0.2 MG	
		METHYLERGONOVINE MALEATE (VIAL) .2MG/ML(1)	
		OXYTOCIN (VIAL) 10 UNIT/ML	PA
COUGH AND COLD	ANTITUSSIVES,NON-NARCOTIC	DEXTROMETHORPHAN POLISTIREX (SUS ER 12H) 30 MG/5 ML	
	EXPECTORANTS	GUAIFENESIN (LIQUID) 100 MG/5ML	
		POTASSIUM IODIDE (SOLUTION) 1 G/ML	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
	NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	CODEINE PHOSPHATE/GUAIFENESIN (LIQUID) 10-200MG/5	
	NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.	GUAIFENESIN/DEXTROMETHORPHAN (LIQUID) 100-10MG/5	
		GUAIFENESIN/DEXTROMETHORPHAN (LIQUID) 200-30MG/5	
		GUAIFENESIN/DEXTROMETHORPHAN (LIQUID) 300-20MG/5	
		GUAIFENESIN/DEXTROMETHORPHAN (SYRUP) 100-15MG/5	
	SYMPATHOMIMETIC AGENTS	EPHEDRINE SULFATE (AMPUL) 50 MG/ML	PA
DERMATOLOGY - ACNE	TOPICAL PREPARATIONS,ANTIBACTERIALS	HYDROCORTISONE/IODOQUINOL (CREAM (G)) 1 %-1 %	PA
	VITAMIN A DERIVATIVES	ADAPALENE (GEL (GRAM)) 0.001	PA
DERMATOLOGY - ANTIINFECTIVE	TOPICAL ANTIBIOTICS	BACITRACIN/POLYMYXIN B SULFATE (OINT. (G)) 500-10K/G	QL: 60 IN 27 DAYS
		GENTAMICIN SULFATE (CREAM (G)) 0.001	
		GENTAMICIN SULFATE (OINT. (G)) 0.001	
		MUPIROCIN (OINT. (G)) 0.02	QL: 22 IN 180 DAYS
		MUPIROCIN CALCIUM (CREAM (G)) 0.02	PA
		NEOMYCIN/BACITRACIN/POLYMYXINB (OINT PACK) 3.5-400-5K	QL: 60 IN 27 DAYS
		NEOMYCIN/BACITRACIN/POLYMYXINB (OINT. (G)) 3.5-400-5K	QL: 60 IN 27 DAYS
		NEOMYCN/BACITRC/POLYMYX/PRAMOX (OINT. (G)) 3.5-10K-10	QL: 60 IN 27 DAYS
	TOPICAL ANTIFUNGAL/ANTIINFLAMMATORY,STERIOD AGENT	CLOTRIMAZOLE/BETAMETHASONE DIP (CREAM (G)) 1 %-0.05 %	PA
	TOPICAL ANTIFUNGALS	CICLOPIROX OLAMINE (CREAM (G)) 0.0077	PA
		CICLOPIROX OLAMINE (SUSPENSION) 0.0077	PA
		CLOTRIMAZOLE (CREAM (G)) 0.01	
		CLOTRIMAZOLE (SOLUTION) 0.01	PA
		ECONAZOLE NITRATE (CREAM (G)) 0.01	PA
		MICONAZOLE NITRATE (AERO POWD) 0.02	
			PA
		MICONAZOLE NITRATE (CREAM (G)) 0.02	
		MICONAZOLE NITRATE (CREAM(ML)) 0.02	
		MICONAZOLE NITRATE (POWDER) 0.02	PA

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		MICONAZOLE NITRATE (SPRAY) 0.02	PA
		NAFTIFINE HCL (CREAM (G)) 0.01	PA
		NAFTIFINE HCL (GEL (GRAM)) 0.01	PA
		NYSTATIN (CREAM (G)) 100000/G	
		NYSTATIN (OINT. (G)) 100000/G	
		NYSTATIN (POWDER) 100000/G	
		OXICONAZOLE NITRATE (CREAM (G)) 0.01	PA
		OXICONAZOLE NITRATE (LOTION) 0.01	PA
		SULCONAZOLE NITRATE (CREAM (G)) 0.01	PA
		SULCONAZOLE NITRATE (SOLUTION) 0.01	PA
		TERBINAFINE HCL (CREAM (G)) 0.01	PA
		TERBINAFINE HCL (SPRAY) 0.01	PA
		TOLNAFTATE (CREAM (G)) 0.01	
		TOLNAFTATE (SOLUTION) 0.01	
	TOPICAL ANTIPARASITICS	CROTAMITON (CREAM (G)) 0.1	
		LINDANE (LOTION) 0.01	PA
		LINDANE (SHAMPOO) 0.01	PA
		PERMETHRIN (CREAM (G)) 0.05	
		PERMETHRIN (LIQUID) 0.01	
		PIPERONYL BUTOX/PYRETHR/PERMET (KIT) 4-.33-.5%	
		PIPERONYL BUTOXIDE/PYRETHRINS (KIT)	
		PIPERONYL BUTOXIDE/PYRETHRINS (LIQUID)	
		PIPERONYL BUTOXIDE/PYRETHRINS (LIQUID) 4%-0.33%	
		PIPERONYL BUTOXIDE/PYRETHRINS (SHAMPOO) 4%-0.33%	
		PIPERONYL/PYRETHRINS/RESMETHRN (KIT) 4-.33-.5%	
	TOPICAL SULFONAMIDES	SILVER SULFADIAZINE (CREAM (G)) 0.01	
DERMATOLOGY - ANTIINFLAMMATORY	TOPICAL ANTIBIOTICS/ANTIINFLAMMATORY,STEROIDAL	NEOMYC/BACIT/POLYMYX/HYDROCORT (OINT. (G)) 0.01	
		NEOMYCIN/POLYMYXIN B/HYDROCORT (CREAM (G)) 0.005	
	TOPICAL ANTI-INFLAMMATORY STEROIDAL	ALCLOMETASONE DIPROPIONATE (CREAM (G)) 0.0005	PA

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication	Drug	Comments
	ALCLOMETASONE DIPROPIONATE (OINT. (G)) 0.0005	PA
	AMCINONIDE (CREAM (G)) 0.001	PA
	AMCINONIDE (LOTION) 0.001	PA
	AMCINONIDE (OINT. (G)) 0.001	PA
	BETAMETHASONE DIPROPIONATE (CREAM (G)) 0.0005	
	BETAMETHASONE DIPROPIONATE (GEL (GRAM)) 0.0005	
	BETAMETHASONE DIPROPIONATE (LOTION) 0.0005	
	BETAMETHASONE DIPROPIONATE (OINT. (G)) 0.0005	
	BETAMETHASONE VALERATE (CREAM (G)) 0.001	
	BETAMETHASONE VALERATE (LOTION) 0.001	
	BETAMETHASONE VALERATE (OINT. (G)) 0.001	
	BETAMETHASONE/PROPYLENE GLYC (CREAM (G)) 0.0005	PA
	BETAMETHASONE/PROPYLENE GLYC (LOTION) 0.0005	PA
	BETAMETHASONE/PROPYLENE GLYC (OINT. (G)) 0.0005	
	CLOBETASOL PROPIONATE (CREAM (G)) 0.0005	
	CLOBETASOL PROPIONATE (GEL (GRAM)) 0.0005	
	CLOBETASOL PROPIONATE (OINT. (G)) 0.0005	
	CLOBETASOL PROPIONATE (SOLUTION) 0.0005	
	CLOCORTOLONE PIVALATE (CREAM (G)) 0.001	PA
	DESONIDE (CREAM (G)) 0.0005	
	DESONIDE (LOTION) 0.0005	
	DESONIDE (OINT. (G)) 0.0005	
	DESOXIMETASONE (CREAM (G)) 0.0005	PA
	DESOXIMETASONE (CREAM (G)) 0.0025	PA
	DESOXIMETASONE (OINT. (G)) 0.0025	PA
	DIFLORASONE DIACETATE (CREAM (G)) 0.0005	PA
	DIFLORASONE DIACETATE (OINT. (G)) 0.0005	PA
	DIFLORASONE DIACETATE/EMOLL (CREAM (G)) 0.0005	PA
	FLUOCINOLONE ACETONIDE (CREAM (G)) 0.0001	
	FLUOCINOLONE ACETONIDE (CREAM (G)) 0.0003	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication	Drug	Comments
	FLUOCINOLONE ACETONIDE (OINT. (G)) 0.0003	
	FLUOCINOLONE ACETONIDE (SOLUTION) 0.0001	
	FLUOCINONIDE (CREAM (G)) 0.0005	
	FLUOCINONIDE (GEL (GRAM)) 0.0005	
	FLUOCINONIDE (OINT. (G)) 0.0005	
	FLUOCINONIDE (SOLUTION) 0.0005	
	FLUOCINONIDE/EMOLLIENT BASE (CREAM (G)) 0.0005	
	FLURANDRENOLIDE (LOTION) 0.0005	PA
	FLURANDRENOLIDE (MED. TAPE) 4MCG/SQ CM	PA
	FLURANDRENOLIDE (OINT. (G)) 0.0005	PA
	FLUTICASONE PROPIONATE (CREAM (G)) 0.0005	
	FLUTICASONE PROPIONATE (OINT. (G)) 0.0001	
	HALCINONIDE (CREAM (G)) 0.001	PA
	HALCINONIDE (OINT. (G)) 0.001	PA
	HALOBETASOL PROPIONATE (CREAM (G)) 0.0005	PA
	HALOBETASOL PROPIONATE (OINT. (G)) 0.0005	PA
	HYDROCORTISONE (CREAM (G)) 0.01	
	HYDROCORTISONE (CREAM (G)) 0.025	
	HYDROCORTISONE (CREAM PACK) 0.01	
	HYDROCORTISONE (CRM/PE APP) 0.01	
	HYDROCORTISONE (LOTION) 0.005	
	HYDROCORTISONE (LOTION) 0.025	
	HYDROCORTISONE (OINT. (G)) 0.01	
	HYDROCORTISONE (OINT. (G)) 0.025	
	HYDROCORTISONE ACETATE (CREAM (G)) 0.01	
	HYDROCORTISONE ACETATE (OINT. (G)) 0.01	
	HYDROCORTISONE BUTYRATE (CREAM (G)) 0.001	PA
	HYDROCORTISONE BUTYRATE (OINT. (G)) 0.001	PA
	HYDROCORTISONE BUTYRATE (SOLUTION) 0.001	PA
	HYDROCORTISONE VALERATE (CREAM (G)) 0.002	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		HYDROCORTISONE VALERATE (OINT. (G)) 0.002	
		HYDROCORTISONE/ALOE VERA (CREAM (G)) 0.01	
		MOMETASONE FUROATE (OINT. (G)) 0.001	PA
		MOMETASONE FUROATE (SOLUTION) 0.001	PA
		TRIAMCINOLONE ACETONIDE (AEROSOL) 0.147MG/G	PA
		TRIAMCINOLONE ACETONIDE (CREAM (G)) 0.0003	
		TRIAMCINOLONE ACETONIDE (CREAM (G)) 0.001	
		TRIAMCINOLONE ACETONIDE (CREAM (G)) 0.005	
		TRIAMCINOLONE ACETONIDE (LOTION) 0.0003	
		TRIAMCINOLONE ACETONIDE (LOTION) 0.001	
		TRIAMCINOLONE ACETONIDE (OINT. (G)) 0.0003	
		TRIAMCINOLONE ACETONIDE (OINT. (G)) 0.001	
		TRIAMCINOLONE ACETONIDE (OINT. (G)) 0.005	
	TOPICAL ANTI-INFLAMMATORY, NSAIDS	DICLOFENAC SODIUM (GEL (GRAM)) 0.01	QL: 100 IN 30 DAYS
DERMATOLOGY - MISCELLANEOUS	ANTIPERSPIRANTS	ALUMINUM CHLORIDE (SOLUTION) 0.2	PA
	ANTISEBORRHEIC AGENTS	SELENIUM SULFIDE (LOTION) 0.025	PA
	EMOLLIENTS	AMMONIUM LACTATE (LOTION) 0.05	PA
		AMMONIUM LACTATE (LOTION) 0.12	PA
	IODINE ANTISEPTICS	POVIDONE-IODINE (SOLUTION) 0.075	
	IRRITANTS/COUNTER-IRRITANTS	CAPSAICIN (ADH. PATCH) 0.0003	QL: 1 IN 1 DAYS
		CAPSAICIN (CREAM (G)) 0.0003	
		CAPSAICIN (CREAM (G)) 0.0008	
		CAPSAICIN (CREAM (G)) 0.001	
		CAPSAICIN/MENTHOL (ADH. PATCH) 0.025-1.25	QL: 1 IN 1 DAYS
		METHYL SALICYLATE/MENTH/CAMPH (ADH. PATCH)	
		METHYL SALICYLATE/MENTHOL (ADH. PATCH) 10 %-3 %	QL: 1 IN 1 DAYS
		METHYL SALICYLATE/MENTHOL (FOAM (ML)) 10 %-3 %	
		METHYL SALICYLATE/MENTHOL (SPRAY) 10 %-3 %	
	KERATOLYTICS	BENZOYL PEROXIDE (BAR) 0.1	
		PODOFILOX (GEL (GRAM)) 0.005	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		PODOFILOX (SOLUTION) 0.005	
		SALICYLIC ACID (ADH. PATCH) 0.4	PA
		SALICYLIC ACID (GEL (GRAM)) 0.17	PA
		SALICYLIC ACID (KIT) 0.17	PA
		SALICYLIC ACID (LIQUID) 0.17	PA
	PROTECTIVES	ZINC OXIDE (OINT. (G)) 0.2	
	TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC	HYDROCORTISONE/PRAMOXINE (CREAM (G)) 1 %-1 %	
		HYDROCORTISONE/PRAMOXINE (FOAM) 1 %-1 %	PA
		HYDROCORTISONE/PRAMOXINE (LOTION) 1 %-1 %	
		HYDROCORTISONE/PRAMOXINE (LOTION) 2.5 %-1 %	
	TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGNTS	FLUOROURACIL (CREAM (G)) 0.05	
		FLUOROURACIL (SOLUTION) 0.02	
		FLUOROURACIL (SOLUTION) 0.05	
	TOPICAL LOCAL ANESTHETICS	LIDOCAINE (OINT. (G)) 0.05	PA , QL: 60 IN 27 DAYS
	TOPICAL PREPARATIONS,MISCELLANEOUS	CALCIUM ACETATE/ALUMINUM SULF (POWD PACK) 51 %-49 %	
		CALCIUM ACETATE/ALUMINUM SULF (POWD PACK) 839-1191MG	
		CALCIUM ACETATE/ALUMINUM SULF (POWD PACK) 952-1347MG	
	TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES	COLLAGENASE CLOSTRIDIUM HIST. (OINT. (G)) 250 UNIT/G	
DERMATOLOGY - PIGMENTATION DISORDERS	HYPOPIGMENTATION AGENTS	DIOXYBENZONE/PDO/HYDROQUINONE (CREAM (G)) 3%-5%-4%	PA
		DIOXYBENZONE/PDO/HYDROQUINONE (GEL (GRAM)) 3%-5%-4%	PA
		HYDROQUINONE (CREAM (G)) 0.04	PA
		HYDROQUINONE MICROSPHERES (CRM ER (G)) 0.04	PA
		HYDROQUINONE/OXYBEN/OCTINOXATE (CREAM (G)) 4%(5-7.5%)	PA
	TOPICAL HYPERPIGMENTATION AGENTS	METHOXSALEN (LOTION) 0.01	PA
DERMATOLOGY - PSORIASIS/ECZEMA	ANTIPSORIATICS AGENTS	CALCIPOTRIENE (CREAM (G)) 0.0001	PA
		CALCIPOTRIENE (OINT. (G)) 0.0001	PA
		CALCIPOTRIENE (SOLUTION) 0.0001	PA

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		TAZAROTENE (GEL (GRAM)) 0.0005	PA
		TAZAROTENE (GEL (GRAM)) 0.001	PA
DIABETES	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	EXENATIDE (PEN INJCTR) 10MCG/0.04	PA
		EXENATIDE (PEN INJCTR) 5MCG/0.02	PA
	ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIB (N-S)	ACARBOSE (TABLET) 100 MG	PA
		ACARBOSE (TABLET) 25 MG	PA
		ACARBOSE (TABLET) 50 MG	PA
	ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	ALOGLIPTIN BENZOATE (TABLET) 12.5 MG	ST
		ALOGLIPTIN BENZOATE (TABLET) 6.25 MG	ST
	ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE	CHLORPROPAMIDE (TABLET) 250 MG	
		GLIMEPIRIDE (TABLET) 1 MG	
		GLIMEPIRIDE (TABLET) 2 MG	
		GLIMEPIRIDE (TABLET) 4 MG	
		GLIPIZIDE (TAB ER 24) 10 MG	
		GLIPIZIDE (TAB ER 24) 2.5 MG	
		GLIPIZIDE (TAB ER 24) 5 MG	
		GLIPIZIDE (TABLET) 10 MG	
		GLIPIZIDE (TABLET) 5 MG	
		GLYBURIDE (TABLET) 1.25 MG	
		GLYBURIDE (TABLET) 2.5 MG	
		GLYBURIDE (TABLET) 5 MG	
		GLYBURIDE,MICRONIZED (TABLET) 1.5 MG	
		GLYBURIDE,MICRONIZED (TABLET) 3 MG	
		GLYBURIDE,MICRONIZED (TABLET) 6 MG	
		TOLAZAMIDE (TABLET) 250 MG	
		TOLAZAMIDE (TABLET) 500 MG	
		TOLBUTAMIDE (TABLET) 500 MG	
	ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)	PIOGLITAZONE HCL (TABLET) 15 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		PIOGLITAZONE HCL (TABLET) 30 MG	
		PIOGLITAZONE HCL (TABLET) 45 MG	
	ANTIHYPERGLYCEMIC,BIGUANIDE TYPE(NON-SULFONYLUREA)	METFORMIN HCL (TAB ER 24H) 500 MG	
		METFORMIN HCL (TAB ER 24H) 750 MG	
		METFORMIN HCL (TABLET) 1000 MG	
		METFORMIN HCL (TABLET) 500 MG	
		METFORMIN HCL (TABLET) 850 MG	
	HYPERGLYCEMICS	GLUCAGON,HUMAN RECOMBINANT (VIAL) 1 MG	QL: 1 IN 25 DAYS
	INSULINS	INSULIN GLARGINE,HUM.REC.ANLOG (INSULN PEN) 100/ML (3)	PA , DL: 90 DAYS
		INSULIN GLARGINE,HUM.REC.ANLOG (VIAL) 100/ML	DL: 90 DAYS
		INSULIN LISPRO (INSULN PEN) 100/ML	DL: 90 DAYS
		INSULIN LISPRO (VIAL) 100/ML	DL: 90 DAYS
		INSULIN NPH HUM/REG INSULIN HM (INSULN PEN) 70-30/ML	PA , DL: 90 DAYS
		INSULIN NPH HUM/REG INSULIN HM (VIAL) 70-30/ML	DL: 90 DAYS
		INSULIN NPH HUMAN ISOPHANE (VIAL) 100/ML	DL: 90 DAYS
		INSULIN REGULAR, HUMAN (VIAL) 100/ML	DL: 90 DAYS
EAR - GENERAL DISORDERS	EAR PREPARATIONS, MISC. ANTI-INFECTIVES	ACETIC ACID (SOLUTION) 0.02	
		HYDROCORTISONE/ACETIC ACID (DROPS) 1 %-2 %	
	EAR PREPARATIONS,ANTIBIOTICS	NEOMYCIN/POLYMYXIN B/HYDROCORT (DROPS SUSP) 3.5-10K-1	
		NEOMYCIN/POLYMYXIN B/HYDROCORT (SOLUTION) 3.5-10K-1	
		OFLOXACIN (DROPS) 0.003	
	EAR PREPARATIONS,LOCAL ANESTHETICS	ANTIPYRINE/BENZOCAINE (DROPS) 5.4 %-1.4%	
	OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS	CIPROFLOXACIN HCL/DEXAMETH (DROPS SUSP) 0.3 %-0.1%	
		CIPROFLOXACIN/HYDROCORTISONE (DROPS SUSP) 0.2 %-1 %	
ELECTROLYTE REGULATION	BICARBONATE PRODUCING/CONTAINING AGENTS	SODIUM BICARBONATE (VIAL) 1 MEQ/ML	
	ELECTROLYTE DEPLETERS	CALCIUM ACETATE (CAPSULE) 667 MG	
		CALCIUM ACETATE (TABLET) 667 MG	
		SODIUM POLYSTYRENE SULFON/SORB (ORAL SUSP) 15 G/60 ML	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		SODIUM POLYSTYRENE SULFONATE (ENEMA) 30 G/120ML	
		SODIUM POLYSTYRENE SULFONATE (ENEMA) 50 G/200ML	
		SODIUM POLYSTYRENE SULFONATE (ORAL SUSP) 15 G/60 ML	
		SODIUM POLYSTYRENE SULFONATE (POWDER)	
	POTASSIUM REPLACEMENT	POT CHLORIDE/POT BICARB/CIT AC (TABLET EFF) 25 MEQ	
		POTASSIUM BICARBONATE/CIT AC (TABLET EFF) 25 MEQ	
		POTASSIUM CHLORIDE (CAPSULE ER) 10 MEQ	
		POTASSIUM CHLORIDE (CAPSULE ER) 8 MEQ	
		POTASSIUM CHLORIDE (LIQUID) 20MEQ/15ML	
		POTASSIUM CHLORIDE (PACKET) 20 MEQ	
		POTASSIUM CHLORIDE (PACKET) 25 MEQ	
		POTASSIUM CHLORIDE (TAB ER PRT) 10 MEQ	
		POTASSIUM CHLORIDE (TAB ER PRT) 15 MEQ	
		POTASSIUM CHLORIDE (TAB ER PRT) 20 MEQ	
		POTASSIUM CHLORIDE (TABLET ER) 10 MEQ	
		POTASSIUM CHLORIDE (TABLET ER) 20 MEQ	
		POTASSIUM CHLORIDE (TABLET ER) 8 MEQ	
	SODIUM/SALINE PREPARATIONS	SODIUM CHLORIDE (TABLET SOL) 1000 MG	
		SODIUM CHLORIDE (TABLET) 1 G	
ENDOCRINE DISORDER - FERTILITY	PREGNANCY FACILITATING/MAINTAINING AGENT,HORMONAL	PROGESTERONE (SUPP.VAG) 25 MG	
ENDOCRINE DISORDER - OTHER	ANTIDIURETIC AND VASOPRESSOR HORMONES	DESMOPRESSIN ACETATE (SOLUTION) 0.1 MG/ML	
		DESMOPRESSIN ACETATE (TABLET) 0.1 MG	PA
		DESMOPRESSIN ACETATE (TABLET) 0.2 MG	PA
	ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.	LEUPROLIDE ACETATE (KIT) 1 MG/0.2ML	PA
	BONE RESORPTION INHIBITORS	ALENDRONATE SODIUM (SOLUTION) 70 MG/75ML	
		ALENDRONATE SODIUM (TABLET) 10 MG	
		ALENDRONATE SODIUM (TABLET) 35 MG	
		ALENDRONATE SODIUM (TABLET) 40 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		ALENDRONATE SODIUM (TABLET) 5 MG	
		ALENDRONATE SODIUM (TABLET) 70 MG	
		CALCITONIN,SALMON,SYNTHETIC (SPRAY/PUMP) 200/SPRAY	
		CALCITONIN,SALMON,SYNTHETIC (VIAL) 200/ML	
		RALOXIFENE HCL (TABLET) 60 MG	
	HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE	DOXERCALCIFEROL (CAPSULE) 0.5 MCG	
	PITUITARY SUPPRESSIVE AGENTS	DANAZOL (CAPSULE) 100 MG	PA
		DANAZOL (CAPSULE) 200 MG	PA
		DANAZOL (CAPSULE) 50 MG	PA
ENDOCRINE DISORDER - THYROID	ANTITHYROID PREPARATIONS	METHIMAZOLE (TABLET) 10 MG	
		METHIMAZOLE (TABLET) 5 MG	
		PROPYLTHIOURACIL (TABLET) 50 MG	
	IODINE CONTAINING AGENTS	POTASSIUM IODIDE (TABLET) 65 MG	
	THYROID HORMONES	LEVOTHYROXINE SODIUM (TABLET) 100 MCG	DL: 90 DAYS
		LEVOTHYROXINE SODIUM (TABLET) 112 MCG	DL: 90 DAYS
		LEVOTHYROXINE SODIUM (TABLET) 125 MCG	DL: 90 DAYS
		LEVOTHYROXINE SODIUM (TABLET) 137 MCG	DL: 90 DAYS
		LEVOTHYROXINE SODIUM (TABLET) 150 MCG	DL: 90 DAYS
		LEVOTHYROXINE SODIUM (TABLET) 175 MCG	DL: 90 DAYS
		LEVOTHYROXINE SODIUM (TABLET) 200 MCG	DL: 90 DAYS
		LEVOTHYROXINE SODIUM (TABLET) 25 MCG	DL: 90 DAYS
		LEVOTHYROXINE SODIUM (TABLET) 300 MCG	DL: 90 DAYS
		LEVOTHYROXINE SODIUM (TABLET) 50 MCG	DL: 90 DAYS
		LEVOTHYROXINE SODIUM (TABLET) 75 MCG	DL: 90 DAYS
		LEVOTHYROXINE SODIUM (TABLET) 88 MCG	DL: 90 DAYS
		LIOTHYRONINE SODIUM (TABLET) 25 MCG	
		LIOTHYRONINE SODIUM (TABLET) 5 MCG	
		LIOTHYRONINE SODIUM (TABLET) 50 MCG	
		LIOTRIX (TABLET) 12.5-50MCG	PA

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		LIOTRIX (TABLET) 25-100MCG	PA
		LIOTRIX (TABLET) 3.1-12.5	
		LIOTRIX (TABLET) 37.5-150	PA
		LIOTRIX (TABLET) 6.25-25MCG	PA
		THYROID,PORK (TABLET) 120 MG	
			DL: 90 DAYS
		THYROID,PORK (TABLET) 15 MG	
			DL: 90 DAYS
		THYROID,PORK (TABLET) 180 MG	
		THYROID,PORK (TABLET) 240 MG	
		THYROID,PORK (TABLET) 30 MG	
			DL: 90 DAYS
		THYROID,PORK (TABLET) 300 MG	
		THYROID,PORK (TABLET) 60 MG	
			DL: 90 DAYS
		THYROID,PORK (TABLET) 90 MG	
			DL: 90 DAYS
EYE - GENERAL DISORDERS	EYE ANTIBIOTIC-CORTICOID COMBINATIONS	GENTAMICIN SULF/PREDNISOLONE (DROPS SUSP) 0.3%-1%	
		GENTAMICIN SULF/PREDNISOLONE (OINT. (G)) 0.3-0.6%	
		NEOMYCIN/BACIT/P-MYX/HYDROCORT (OINT. (G)) 3.5-10K-1	
		NEOMYCIN/POLYMYXIN B/DEXAMETHA (DROPS SUSP) 0.001	
		NEOMYCIN/POLYMYXIN B/DEXAMETHA (OINT. (G)) 3.5-10K-.1	
		NEOMYCIN/POLYMYXIN B/HYDROCORT (DROPS SUSP) 3.5-10K-10	
	EYE ANTIHISTAMINES	OLOPATADINE HCL (DROPS) 0.001	PA
	EYE ANTIINFLAMMATORY AGENTS	DEXAMETHASONE SODIUM PHOSPHATE (DROPS) 0.001	
		DICLOFENAC SODIUM (DROPS) 0.001	
		FLUOROMETHOLONE (DROPS SUSP) 0.001	
		FLUOROMETHOLONE (DROPS SUSP) 0.0025	
		FLUOROMETHOLONE (OINT. (G)) 0.001	
		FLUOROMETHOLONE ACETATE (DROPS SUSP) 0.001	PA

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		FLURBIPROFEN SODIUM (DROPS) 0.0003	
		KETOROLAC TROMETHAMINE (DROPS) 0.005	
		PREDNISOLONE ACETATE (DROPS SUSP) 0.0012	
		PREDNISOLONE ACETATE (DROPS SUSP) 0.01	
		PREDNISOLONE SODIUM PHOSPHATE (DROPS) 0.01	
	EYE ANTIVIRALS	GANCICLOVIR (GEL (GRAM)) 0.0015	
		TRIFLURIDINE (DROPS) 0.01	
	EYE SULFONAMIDES	SULFACETAMIDE SODIUM (DROPS) 0.1	
		SULFACETAMIDE SODIUM (OINT. (G)) 0.1	
		SULFACETAMIDE/PREDNISOLONE (DROPS SUSP) 10 %-0.2 %	
		SULFACETAMIDE/PREDNISOLONE (OINT. (G)) 10 %-0.2 %	
		SULFACETAMIDE/PREDNISOLONE SP (DROPS) 10 %-0.23%	
	OPHTHALMIC ANTIBIOTICS	BACITRACIN (OINT. (G)) 500 UNIT/G	
		BACITRACIN/POLYMYXIN B SULFATE (OINT. (G)) 500-10K/G	
		CIPROFLOXACIN HCL (DROPS) 0.003	
		ERYTHROMYCIN BASE (OINT. (G)) 5 MG/GRAM	
		GENTAMICIN SULFATE (DROPS) 0.003	
		GENTAMICIN SULFATE (OINT. (G)) 0.003	
		LEVOFLOXACIN (DROPS) 0.005	
		MOXIFLOXACIN HCL (DROPS VISC) 0.005	
		MOXIFLOXACIN HCL (DROPS) 0.005	
		NEOMYCIN SULF/BACITRACIN/POLY (OINT. (G)) 3.5MG-400	
		NEOMYCIN/POLYMYXN B/GRAMICIDIN (DROPS) 1.75MG-10K	
		OFLOXACIN (DROPS) 0.003	
		POLYMYXIN B SULF/TRIMETHOPRIM (DROPS) 10000-1/ML	
		TOBRAMYCIN (DROPS) 0.003	
		TOBRAMYCIN (OINT. (G)) 0.003	
	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	CYCLOSPORINE (DROPERETTE) 0.0005	PA
EYE - GLAUCOMA	CARBONIC ANHYDRASE INHIBITORS	ACETAZOLAMIDE (CAPSULE ER) 500 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		ACETAZOLAMIDE (TABLET) 125 MG	
		ACETAZOLAMIDE (TABLET) 250 MG	
		METHAZOLAMIDE (TABLET) 25 MG	
		METHAZOLAMIDE (TABLET) 50 MG	
	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	BETAXOLOL HCL (DROPS SUSP) 0.0025	
		BETAXOLOL HCL (DROPS) 0.005	
		BIMATOPROST (DROPS) 0.0001	
		BIMATOPROST (DROPS) 0.0003	
		BRIMONIDINE TARTRATE (DROPS) 0.001	
		BRIMONIDINE TARTRATE (DROPS) 0.0015	
		BRIMONIDINE TARTRATE (DROPS) 0.002	
		BRINZOLAMIDE (DROPS SUSP) 0.01	
		CARTEOLOL HCL (DROPS) 0.01	
		DORZOLAMIDE HCL (DROPS) 0.02	
		DORZOLAMIDE HCL/TIMOLOL MALEAT (DROPS) 22.3-6.8/1	
		ECHOTHIOPHATE IODIDE (DROPS) 0.0013	PA
		LATANOPROST (DROPS) 0.0001	
		LEVOBUNOLOL HCL (DROPS) 0.005	
		METIPRANOLOL (DROPS) 0.003	PA
		PILOCARPINE HCL (DROPS) 0.01	
		PILOCARPINE HCL (DROPS) 0.02	
		PILOCARPINE HCL (DROPS) 0.04	
		TIMOLOL (DROPS) 0.0025	
		TIMOLOL (DROPS) 0.005	
		TIMOLOL MALEATE (DROPS) 0.0025	
		TIMOLOL MALEATE (DROPS) 0.005	
		TIMOLOL MALEATE (SOL-GEL) 0.0025	
		TIMOLOL MALEATE (SOL-GEL) 0.005	
		TRAVOPROST (BENZALKONIUM) (DROPS) 0	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		TRAVOPROST (DROPS) 0	
	MYDRIATICS	ATROPINE SULFATE (DROPS) 0.01	
		CYCLOPENTOLATE HCL (DROPS) 0.005	PA
		CYCLOPENTOLATE HCL (DROPS) 0.01	PA
		CYCLOPENTOLATE HCL (DROPS) 0.02	PA
		HOMATROPINE HBR (DROPS) 0.05	
		SCOPOLAMINE HYDROBROMIDE (DROPS) 0.0025	
		TROPICAMIDE (DROPS) 0.005	PA
		TROPICAMIDE (DROPS) 0.01	PA
EYE - MISCELLANEOUS	EYE PREPARATIONS, MISCELLANEOUS (OTC)	MINERAL OIL/PETROLATUM,WHITE (OINT. (G))	
		MINERAL OIL/PETROLATUM,WHITE (OINT. (G)) 3 %-94 %	
		MINERAL OIL/PETROLATUM,WHITE (OINT. (G)) 41.5-56.8%	
		MINERAL OIL/PETROLATUM,WHITE (OINT. (G)) 42.5-57.3%	
GOUT AND RELATED DISEASES	COLCHICINE	COLCHICINE (TABLET) 0.6 MG	
	HYPERURICEMIA TX - PURINE INHIBITORS	ALLOPURINOL (TABLET) 100 MG	
		ALLOPURINOL (TABLET) 300 MG	
	URICOSURIC AGENTS	PROBENECID (TABLET) 500 MG	
		PROBENECID/COLCHICINE (TABLET) 500-0.5 MG	
HEMATOLOGICAL DISORDERS	ANTICOAGULANTS,COUMARIN TYPE	WARFARIN SODIUM (TABLET) 1 MG	
		WARFARIN SODIUM (TABLET) 10 MG	
		WARFARIN SODIUM (TABLET) 2 MG	
		WARFARIN SODIUM (TABLET) 2.5 MG	
		WARFARIN SODIUM (TABLET) 3 MG	
		WARFARIN SODIUM (TABLET) 4 MG	
		WARFARIN SODIUM (TABLET) 5 MG	
		WARFARIN SODIUM (TABLET) 6 MG	
		WARFARIN SODIUM (TABLET) 7.5 MG	
	DIRECT FACTOR XA INHIBITORS	APIXABAN (TABLET) 2.5 MG	DL: 90 IN 365 DAYS
		APIXABAN (TABLET) 5 MG	DL: 90 IN 365 DAYS
		EDOXABAN TOSYLATE (TABLET) 15 MG	DL: 90 IN 365 DAYS

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		EDOXABAN TOSYLATE (TABLET) 30 MG	DL: 90 IN 365 DAYS
		EDOXABAN TOSYLATE (TABLET) 60 MG	DL: 90 IN 365 DAYS
		RIVAROXABAN (TAB DS PK) 15 MG-20MG	DL: 90 IN 365 DAYS
		RIVAROXABAN (TABLET) 10 MG	DL: 90 IN 365 DAYS
		RIVAROXABAN (TABLET) 15 MG	DL: 90 IN 365 DAYS
		RIVAROXABAN (TABLET) 20 MG	DL: 90 IN 365 DAYS
	HEMORRHEOLOGIC AGENTS	PENTOXIFYLLINE (TABLET ER) 400 MG	
	HEPARIN AND RELATED PREPARATIONS	ENOXAPARIN SODIUM (SYRINGE) 100 MG/ML	QL: 20 IN 10 DAYS, DL: 10 IN 10 DAYS
		ENOXAPARIN SODIUM (SYRINGE) 120MG/.8ML	QL: 16 IN 10 DAYS, DL: 10 IN 10 DAYS
		ENOXAPARIN SODIUM (SYRINGE) 150 MG/ML	QL: 10 PER FILL|20 IN 10 DAYS
		ENOXAPARIN SODIUM (SYRINGE) 30MG/0.3ML	QL: 6 IN 10 DAYS, DL: 10 IN 10 DAYS
		ENOXAPARIN SODIUM (SYRINGE) 40MG/0.4ML	QL: 8 IN 10 DAYS, DL: 10 IN 10 DAYS
		ENOXAPARIN SODIUM (SYRINGE) 60MG/0.6ML	QL: 12 IN 10 DAYS, DL: 10 IN 10 DAYS
		ENOXAPARIN SODIUM (SYRINGE) 80MG/0.8ML	QL: 16 IN 10 DAYS, DL: 10 IN 10 DAYS
		HEPARIN SODIUM,PORCINE (CARTRIDGE) 5000/ML(1)	
		HEPARIN SODIUM,PORCINE (SYRINGE) 5000/ML	
		HEPARIN SODIUM,PORCINE (VIAL) 10 UNIT/ML	
		HEPARIN SODIUM,PORCINE (VIAL) 100/ML	
		HEPARIN SODIUM,PORCINE (VIAL) 1000/ML	
		HEPARIN SODIUM,PORCINE (VIAL) 10000/ML	
		HEPARIN SODIUM,PORCINE (VIAL) 20000/ML	
		HEPARIN SODIUM,PORCINE (VIAL) 5000/ML	
		HEPARIN SODIUM,PORCINE/PF (VIAL) 10 UNIT/ML	
		HEPARIN SODIUM,PORCINE/PF (VIAL) 100/ML (1)	
		HEPARIN SODIUM,PORCINE/PF (VIAL) 1000/ML	
	PLATELET AGGREGATION INHIBITORS	ASPIRIN (TAB CHEW) 81 MG	QL: 90 IN 26 DAYS, DL: 90 DAYS
		ASPIRIN (TABLET DR) 81 MG	QL: 90 IN 26 DAYS, DL: 90 DAYS
		CILOSTAZOL (TABLET) 100 MG	
		CILOSTAZOL (TABLET) 50 MG	
		CLOPIDOGREL BISULFATE (TABLET) 75 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		DIPYRIDAMOLE (TABLET) 25 MG	
		DIPYRIDAMOLE (TABLET) 50 MG	
		DIPYRIDAMOLE (TABLET) 75 MG	
	PLATELET REDUCING AGENTS	ANAGRELIDE HCL (CAPSULE) 0.5 MG	PA
	THROMBIN INHIBITORS,SELECTIVE,DIRECT, & REVERSIBLE	DABIGATRAN ETEXILATE MESYLATE (CAPSULE) 110 MG	DL: 90 IN 365 DAYS
		DABIGATRAN ETEXILATE MESYLATE (CAPSULE) 150 MG	DL: 90 IN 365 DAYS
		DABIGATRAN ETEXILATE MESYLATE (CAPSULE) 75 MG	DL: 90 IN 365 DAYS
	VITAMIN K PREPARATIONS	PHYTONADIONE (VIT K1) (TABLET) 5 MG	
HORMONAL DEFICIENCY	ANDROGENIC AGENTS	FLUOXYMESTERONE (TABLET) 10 MG	
		METHYLTESTOSTERONE (TABLET) 10 MG	
		OXANDROLONE (TABLET) 2.5 MG	PA
		TESTOSTERONE (PATCH TD24) 4 MG/24 HR	PA
		TESTOSTERONE CYPIONATE (VIAL) 100 MG/ML	
		TESTOSTERONE CYPIONATE (VIAL) 200 MG/ML	
	ESTROGEN/ANDROGEN COMBINATIONS	ESTROGEN,ESTER/ME-TESTOSTERONE (TABLET) 0.625-1.25	
		ESTROGEN,ESTER/ME-TESTOSTERONE (TABLET) 1.25-2.5MG	
	ESTROGENIC AGENTS	ESTRADIOL (PATCH TDSW) .0375MG/24	DL: 90 DAYS
		ESTRADIOL (PATCH TDSW) .075MG/24H	
			DL: 90 DAYS
		ESTRADIOL (PATCH TDSW) 0.05MG/24H	
			DL: 90 DAYS
		ESTRADIOL (PATCH TDSW) 0.1MG/24HR	
			DL: 90 DAYS
		ESTRADIOL (PATCH TDWK) 0.05MG/24H	
		ESTRADIOL (PATCH TDWK) 0.1MG/24HR	
		ESTRADIOL (TABLET) 0.5 MG	DL: 90 DAYS
		ESTRADIOL (TABLET) 1 MG	DL: 90 DAYS
		ESTRADIOL (TABLET) 2 MG	DL: 90 DAYS
		ESTRADIOL VALERATE (VIAL) 10 MG/ML	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		ESTRADIOL/NORETHINDRONE ACET (PATCH TDSW) .05-.14/24	
		ESTRADIOL/NORETHINDRONE ACET (PATCH TDSW) .05-.25/24	
		ESTROGENS,ESTERIFIED (TABLET) 0.3 MG	
		ESTROGENS,ESTERIFIED (TABLET) 0.625 MG	
		ESTROGENS,ESTERIFIED (TABLET) 1.25 MG	
		ESTROGENS,ESTERIFIED (TABLET) 2.5 MG	
		ESTROPIPATE (TABLET) 0.75 MG	
		ESTROPIPATE (TABLET) 1.5 MG	
		ESTROPIPATE (TABLET) 3 MG	
		NORETHINDRONE AC-ETH ESTRADIOL (TABLET) 1MG-5MCG	
	PROGESTATIONAL AGENTS	MEDROXYPROGESTERONE ACETATE (TABLET) 10 MG	DL: 90 DAYS
		MEDROXYPROGESTERONE ACETATE (TABLET) 2.5 MG	DL: 90 DAYS
		MEDROXYPROGESTERONE ACETATE (TABLET) 5 MG	DL: 90 DAYS
		MEDROXYPROGESTERONE ACETATE (VIAL) 400 MG/ML	DL: 90 DAYS
		NORETHINDRONE ACETATE (TABLET) 5 MG	
		PROGESTERONE, MICRONIZED (CAPSULE) 100 MG	
		PROGESTERONE, MICRONIZED (CAPSULE) 200 MG	
IMMUNIZATION	GRAM NEGATIVE COCCI VACCINES	MENINGOCOCCAL B VACCINE,4-COMP (SYRINGE) 50-50/0.5	AL: <= 25 YEARS|>= 19 YEARS
		N.MENINGITIDIS B,LIPID FHBP RC (SYRINGE) 120MCG/0.5	AL: <= 25 YEARS|>= 19 YEARS
IMMUNOSUPPRESSION/MODULATION	IMMUNOMODULATORS	IMIQUIMOD (CREAM PACK) 0.05	
	IMMUNOSUPPRESSIVES	AZATHIOPRINE (TABLET) 50 MG	
		CYCLOSPORINE (CAPSULE) 100 MG	PA
		CYCLOSPORINE (CAPSULE) 25 MG	
		CYCLOSPORINE (SOLUTION) 100 MG/ML	PA
		CYCLOSPORINE, MODIFIED (CAPSULE) 100 MG	PA
		CYCLOSPORINE, MODIFIED (CAPSULE) 25 MG	PA
		CYCLOSPORINE, MODIFIED (SOLUTION) 100 MG/ML	PA
		MYCOPHENOLATE MOFETIL (CAPSULE) 250 MG	PA
		MYCOPHENOLATE MOFETIL (TABLET) 500 MG	PA
		SIROLIMUS (TABLET) 2 MG	PA

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
INFECTIOUS DISEASE - BACTERIAL	ABSORBABLE SULFONAMIDES	SULFAMETHOXAZOLE/TRIMETHOPRIM (ORAL SUSP) 200-40MG/5	
		SULFAMETHOXAZOLE/TRIMETHOPRIM (TABLET) 400MG-80MG	
		SULFAMETHOXAZOLE/TRIMETHOPRIM (TABLET) 800-160 MG	
	CEPHALOSPORINS - 1ST GENERATION	CEFADROXIL (CAPSULE) 500 MG	
		CEFADROXIL (SUSP RECON) 500 MG/5ML	
		CEFADROXIL (TABLET) 1 G	PA
		CEPHALEXIN (CAPSULE) 250 MG	
		CEPHALEXIN (CAPSULE) 500 MG	
		CEPHALEXIN (SUSP RECON) 125 MG/5ML	
		CEPHALEXIN (SUSP RECON) 250 MG/5ML	
	CEPHALOSPORINS - 2ND GENERATION	CEFACLOR (CAPSULE) 250 MG	
		CEFACLOR (CAPSULE) 500 MG	
		CEFACLOR (SUSP RECON) 125 MG/5ML	
		CEFACLOR (SUSP RECON) 250 MG/5ML	
		CEFACLOR (SUSP RECON) 375 MG/5ML	
		CEFACLOR (TAB ER 12H) 500 MG	
		CEFPROZIL (SUSP RECON) 125 MG/5ML	
		CEFPROZIL (SUSP RECON) 250 MG/5ML	
		CEFPROZIL (TABLET) 250 MG	
		CEFPROZIL (TABLET) 500 MG	
		CEFUROXIME AXETIL (SUSP RECON) 125 MG/5ML	
		CEFUROXIME AXETIL (SUSP RECON) 250 MG/5ML	
		CEFUROXIME AXETIL (TABLET) 250 MG	
		CEFUROXIME AXETIL (TABLET) 500 MG	
	CEPHALOSPORINS - 3RD GENERATION	CEFDINIR (CAPSULE) 300 MG	
		CEFDINIR (SUSP RECON) 125 MG/5ML	
		CEFDINIR (SUSP RECON) 250 MG/5ML	
		CEFDITOREN PIVOXIL (TABLET) 200 MG	PA
		CEFIXIME (SUSP RECON) 100 MG/5ML	
		CEFPODOXIME PROXETIL (SUSP RECON) 100 MG/5ML	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		CEFPODOXIME PROXETIL (SUSP RECON) 50 MG/5 ML	
		CEFPODOXIME PROXETIL (TABLET) 100 MG	
		CEFPODOXIME PROXETIL (TABLET) 200 MG	
		CEFTRIAXONE IN IS-OSM DEXTROSE (PIGGYBACK) 1 G/50 ML	
		CEFTRIAXONE IN IS-OSM DEXTROSE (PIGGYBACK) 2 G/50 ML	
		CEFTRIAXONE SODIUM (VIAL PORT) 2 G	
	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	METH/MEBLUE/SOD PHOS/PSAL/HYOS (TABLET) 81.6-10.8	PA
		TRIMETHOPRIM (SOLUTION) 50 MG/5 ML	
		TRIMETHOPRIM (TABLET) 100 MG	
	KETOLIDES	TELITHROMYCIN (TABLET) 400 MG	DL: 5 DAYS
	MACROLIDES	AZITHROMYCIN (PACKET) 1 G	
		AZITHROMYCIN (SUSP RECON) 100 MG/5ML	
		AZITHROMYCIN (SUSP RECON) 200 MG/5ML	
		AZITHROMYCIN (TABLET) 250 MG	
		AZITHROMYCIN (TABLET) 500 MG	
		AZITHROMYCIN (TABLET) 600 MG	
		CLARITHROMYCIN (SUSP RECON) 125 MG/5ML	
		CLARITHROMYCIN (SUSP RECON) 250 MG/5ML	
		CLARITHROMYCIN (TABLET) 250 MG	
		CLARITHROMYCIN (TABLET) 500 MG	
		ERYTHROMYCIN BASE (CAPSULE DR) 250 MG	
		ERYTHROMYCIN BASE (TAB PART) 333 MG	
		ERYTHROMYCIN BASE (TAB PART) 500 MG	
		ERYTHROMYCIN BASE (TABLET DR) 250 MG	
		ERYTHROMYCIN BASE (TABLET DR) 333 MG	
		ERYTHROMYCIN BASE (TABLET DR) 500 MG	
		ERYTHROMYCIN BASE (TABLET) 250 MG	
		ERYTHROMYCIN BASE (TABLET) 500 MG	
		ERYTHROMYCIN ETHYLSUCCINATE (SUSP RECON) 200 MG/5ML	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		ERYTHROMYCIN ETHYLSUCCINATE (SUSP RECON) 400 MG/5ML	
		ERYTHROMYCIN ETHYLSUCCINATE (TABLET) 400 MG	
		ERYTHROMYCIN STEARATE (TABLET) 250 MG	
	NITROFURAN DERIVATIVES	NITROFURANTOIN (ORAL SUSP) 25 MG/5 ML	
		NITROFURANTOIN MACROCRYSTAL (CAPSULE) 100 MG	
		NITROFURANTOIN MACROCRYSTAL (CAPSULE) 25 MG	
		NITROFURANTOIN MACROCRYSTAL (CAPSULE) 50 MG	
		NITROFURANTOIN MONOHYD/M-CRYST (CAPSULE) 100 MG	
	PENICILLINS	AMOXICILLIN (CAPSULE) 250 MG	
		AMOXICILLIN (CAPSULE) 500 MG	
		AMOXICILLIN (SUSP RECON) 125 MG/5ML	
		AMOXICILLIN (SUSP RECON) 200 MG/5ML	
		AMOXICILLIN (SUSP RECON) 250 MG/5ML	
		AMOXICILLIN (SUSP RECON) 400 MG/5ML	
		AMOXICILLIN (TAB CHEW) 125 MG	
		AMOXICILLIN (TAB CHEW) 250 MG	
		AMOXICILLIN (TABLET) 875 MG	
		AMOXICILLIN/POTASSIUM CLAV (SUSP RECON) 125-31.25/	
		AMOXICILLIN/POTASSIUM CLAV (SUSP RECON) 200-28.5/5	
		AMOXICILLIN/POTASSIUM CLAV (SUSP RECON) 250-62.5/5	
		AMOXICILLIN/POTASSIUM CLAV (SUSP RECON) 400-57MG/5	
		AMOXICILLIN/POTASSIUM CLAV (SUSP RECON) 600-42.9/5	
		AMOXICILLIN/POTASSIUM CLAV (TAB CHEW) 200-28.5MG	
		AMOXICILLIN/POTASSIUM CLAV (TAB CHEW) 400-57MG	
		AMOXICILLIN/POTASSIUM CLAV (TABLET) 250-125 MG	
		AMOXICILLIN/POTASSIUM CLAV (TABLET) 500-125 MG	
		AMOXICILLIN/POTASSIUM CLAV (TABLET) 875-125 MG	
		AMPICILLIN TRIHYDRATE (CAPSULE) 250 MG	
		AMPICILLIN TRIHYDRATE (CAPSULE) 500 MG	
		AMPICILLIN TRIHYDRATE (SUSP RECON) 125 MG/5ML	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		AMPICILLIN TRIHYDRATE (SUSP RECON) 250 MG/5ML	
		DICLOXACILLIN SODIUM (CAPSULE) 250 MG	
		DICLOXACILLIN SODIUM (CAPSULE) 500 MG	
		PENICILLIN V POTASSIUM (SOLN RECON) 125 MG/5ML	
		PENICILLIN V POTASSIUM (SOLN RECON) 250 MG/5ML	
		PENICILLIN V POTASSIUM (TABLET) 250 MG	
		PENICILLIN V POTASSIUM (TABLET) 500 MG	
	QUINOLONES	CIPROFLOXACIN (SUS MC REC) 250 MG/5ML	
		CIPROFLOXACIN (SUS MC REC) 500 MG/5ML	
		CIPROFLOXACIN HCL (TABLET) 100 MG	
		CIPROFLOXACIN HCL (TABLET) 250 MG	
		CIPROFLOXACIN HCL (TABLET) 500 MG	
		CIPROFLOXACIN HCL (TABLET) 750 MG	
		CIPROFLOXACIN/CIPROFLOXA HCL (TBMP 24HR) 1000 MG	QL: 1 IN 3 DAYS
		LEVOFLOXACIN (SOLUTION) 250MG/10ML	
		LEVOFLOXACIN (TABLET) 250 MG	
		LEVOFLOXACIN (TABLET) 500 MG	
		LEVOFLOXACIN (TABLET) 750 MG	
		LEVOFLOXACIN (VIAL) 25 MG/ML	
		OFLOXACIN (TABLET) 300 MG	PA
		OFLOXACIN (TABLET) 400 MG	PA
	TETRACYCLINES	DOXYCYCLINE HYCLATE (CAPSULE) 100 MG	DL: 14 IN 180 DAYS
		DOXYCYCLINE HYCLATE (CAPSULE) 50 MG	DL: 14 IN 180 DAYS
		DOXYCYCLINE HYCLATE (TABLET) 100 MG	DL: 14 IN 180 DAYS
		DOXYCYCLINE MONOHYDRATE (CAPSULE) 100 MG	QL: 28 IN 14 DAYS
		DOXYCYCLINE MONOHYDRATE (SUSP RECON) 25 MG/5 ML	
INFECTIOUS DISEASE - FUNGAL	ANTIFUNGAL AGENTS	CLOTRIMAZOLE (TROCHE) 10 MG	
		FLUCONAZOLE (SUSP RECON) 10 MG/ML	
		FLUCONAZOLE (SUSP RECON) 40 MG/ML	
		FLUCONAZOLE (TABLET) 100 MG	QL: 14 IN 30 DAYS

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		FLUCONAZOLE (TABLET) 150 MG	QL: 14 IN 30 DAYS
		FLUCONAZOLE (TABLET) 200 MG	QL: 14 IN 30 DAYS
		FLUCONAZOLE (TABLET) 50 MG	QL: 14 IN 30 DAYS
		ITRACONAZOLE (CAPSULE) 100 MG	PA
		ITRACONAZOLE (SOLUTION) 10 MG/ML	PA
		KETOCONAZOLE (TABLET) 200 MG	PA
		TERBINAFINE HCL (TABLET) 250 MG	PA
	ANTIFUNGAL ANTIBIOTICS	GRISEOFULVIN ULTRAMICROSIZE (TABLET) 125 MG	
		GRISEOFULVIN ULTRAMICROSIZE (TABLET) 250 MG	
		GRISEOFULVIN, MICROSIZE (ORAL SUSP) 125 MG/5ML	PA
		NYSTATIN (ORAL SUSP) 100000/ML	
		NYSTATIN (POWDER(EA)) 150MM UNIT	
		NYSTATIN (TABLET) 500K UNIT	
INFECTIOUS DISEASE - MISCELLANEOUS	AMINOGLYCOSIDES	NEOMYCIN SULFATE (TABLET) 500 MG	
	ANTILEPROTICS	DAPSONE (TABLET) 100 MG	
		DAPSONE (TABLET) 25 MG	
	ANTI-MYCOBACTERIUM AGENTS	ETHAMBUTOL HCL (TABLET) 100 MG	
		ETHAMBUTOL HCL (TABLET) 400 MG	
		ISONIAZID (SOLUTION) 50 MG/5 ML	
		ISONIAZID (TABLET) 100 MG	
		ISONIAZID (TABLET) 300 MG	
		PYRAZINAMIDE (TABLET) 500 MG	
	ANTITUBERCULAR ANTIBIOTICS	RIFAMPIN (CAPSULE) 150 MG	
		RIFAMPIN (CAPSULE) 300 MG	
	LINCOSAMIDES	CLINDAMYCIN HCL (CAPSULE) 150 MG	
		CLINDAMYCIN HCL (CAPSULE) 300 MG	
		CLINDAMYCIN HCL (CAPSULE) 75 MG	
		CLINDAMYCIN PALMITATE HCL (SOLN RECON) 75 MG/5 ML	
	VANCOMYCIN AND DERIVATIVES	VANCOMYCIN HCL (CAPSULE) 125 MG	PA

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		VANCOMYCIN HCL (CAPSULE) 250 MG	PA
		VANCOMYCIN HCL (SOLN RECON) 50 MG/ML	PA
INFECTIOUS DISEASE - PARASITIC	AMEBACIDES	PAROMOMYCIN SULFATE (CAPSULE) 250 MG	
	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	METRONIDAZOLE (TABLET) 250 MG	
		METRONIDAZOLE (TABLET) 500 MG	
	ANTHELMINTICS	IVERMECTIN (TABLET) 3 MG	
		MEBENDAZOLE (TAB CHEW) 100 MG	
		PRAZIQUANTEL (TABLET) 600 MG	
		PYRANTEL PAMOATE (ORAL SUSP) 50 MG/ML	
			QL: 20 PER FILL
		PYRANTEL PAMOATE (TAB CHEW) 250 MG	
	ANTIMALARIAL DRUGS	CHLOROQUINE PHOSPHATE (TABLET) 250 MG	PA
		CHLOROQUINE PHOSPHATE (TABLET) 500 MG	PA
		HYDROXYCHLOROQUINE SULFATE (TABLET) 200 MG	
		MEFLOQUINE HCL (TABLET) 250 MG	PA
		PRIMAQUINE PHOSPHATE (TABLET) 26.3 MG	
	ANTIPARASITICS	NITAZOXANIDE (SUSP RECON) 100 MG/5ML	
	ANTIPROTOZOAL DRUGS,MISCELLANEOUS	PENTAMIDINE ISETHIONATE (VIAL-NEB) 300 MG	
INFECTIOUS DISEASE - VIRAL	ANTIVIRALS, GENERAL	ACYCLOVIR (CAPSULE) 200 MG	
		ACYCLOVIR (ORAL SUSP) 200 MG/5ML	
		ACYCLOVIR (TABLET) 400 MG	
		ACYCLOVIR (TABLET) 800 MG	
		FAMCICLOVIR (TABLET) 125 MG	PA
		FAMCICLOVIR (TABLET) 250 MG	PA
		FAMCICLOVIR (TABLET) 500 MG	PA
		GANCICLOVIR SODIUM (VIAL) 500 MG	
		OSELTAMIVIR PHOSPHATE (CAPSULE) 30 MG	
		OSELTAMIVIR PHOSPHATE (CAPSULE) 45 MG	
		OSELTAMIVIR PHOSPHATE (CAPSULE) 75 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		OSELTAMIVIR PHOSPHATE (SUSP RECON) 6 MG/ML	
		RIBAVIRIN (VIAL-NEB) 6 G	
		RIMANTADINE HCL (TABLET) 100 MG	
		VALACYCLOVIR HCL (TABLET) 1000 MG	PA
		VALACYCLOVIR HCL (TABLET) 500 MG	PA
		VALGANCICLOVIR HCL (TABLET) 450 MG	
	ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG	EMTRICITABINE/TENOFOVIR (TDF) (TABLET) 100-150 MG	QL: 30 IN 30 DAYS
		EMTRICITABINE/TENOFOVIR (TDF) (TABLET) 133-200 MG	QL: 30 IN 30 DAYS
		EMTRICITABINE/TENOFOVIR (TDF) (TABLET) 167-250 MG	QL: 30 IN 30 DAYS
		EMTRICITABINE/TENOFOVIR (TDF) (TABLET) 200-300 MG	QL: 30 IN 30 DAYS
	ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB	LAMIVUDINE/ZIDOVUDINE (TABLET) 150-300 MG	
	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	DELAVIRDINE MESYLATE (TAB DISPER) 100 MG	
		DELAVIRDINE MESYLATE (TABLET) 200 MG	
		NEVIRAPINE (ORAL SUSP) 50 MG/5 ML	
		NEVIRAPINE (TABLET) 200 MG	
	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	DIDANOSINE (SOLN RECON) FNL10MG/ML	
		EMTRICITABINE (CAPSULE) 200 MG	
		EMTRICITABINE (SOLUTION) 10 MG/ML	
		LAMIVUDINE (SOLUTION) 10 MG/ML	
		LAMIVUDINE (TABLET) 150 MG	
		LAMIVUDINE (TABLET) 300 MG	
		STAVUDINE (CAPSULE) 15 MG	
		STAVUDINE (CAPSULE) 20 MG	
		STAVUDINE (CAPSULE) 30 MG	
		STAVUDINE (CAPSULE) 40 MG	
		STAVUDINE (SOLN RECON) 1 MG/ML	
		ZIDOVUDINE (CAPSULE) 100 MG	
		ZIDOVUDINE (SYRUP) 10 MG/ML	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		ZIDOVUDINE (TABLET) 300 MG	
	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	INDINAVIR SULFATE (CAPSULE) 200 MG	
		INDINAVIR SULFATE (CAPSULE) 400 MG	
	ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBTR	DOLUTEGRAVIR SODIUM (TABLET) 10 MG	QL: 30 IN 30 DAYS
		DOLUTEGRAVIR SODIUM (TABLET) 25 MG	QL: 30 IN 30 DAYS
		DOLUTEGRAVIR SODIUM (TABLET) 50 MG	QL: 30 IN 30 DAYS
		RALTEGRAVIR POTASSIUM (POWD PACK) 100 MG	QL: 60 IN 30 DAYS
		RALTEGRAVIR POTASSIUM (TAB CHEW) 100 MG	QL: 60 IN 30 DAYS
		RALTEGRAVIR POTASSIUM (TAB CHEW) 25 MG	QL: 60 IN 30 DAYS
		RALTEGRAVIR POTASSIUM (TABLET) 400 MG	QL: 60 IN 30 DAYS
		RALTEGRAVIR POTASSIUM (TABLET) 600 MG	QL: 60 IN 30 DAYS
	HEPATITIS B TREATMENT AGENTS	LAMIVUDINE (SOLUTION) 25 MG/5 ML	
		LAMIVUDINE (TABLET) 100 MG	
	HEPATITIS C TREATMENT AGENTS	PEGINTERFERON ALFA-2B (KIT) 120MCG/0.5	PA
		PEGINTERFERON ALFA-2B (KIT) 150MCG/0.5	PA
		PEGINTERFERON ALFA-2B (KIT) 80MCG/0.5	PA
		PEGINTERFERON ALFA-2B (PEN IJ KIT) 150MCG/0.5	PA
		PEGINTERFERON ALFA-2B (PEN IJ KIT) 50 MCG/0.5	PA
		PEGINTERFERON ALFA-2B (PEN IJ KIT) 80MCG/0.5	PA
		RIBAVIRIN (TABLET) 200 MG	PA
INFLAMMATORY DISEASE	ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	METHOTREXATE SODIUM (TAB DS PK) 2.5 MG	
	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	LEFLUNOMIDE (TABLET) 10 MG	
		LEFLUNOMIDE (TABLET) 20 MG	
	GLUCOCORTICOIDS	CORTISONE ACETATE (TABLET) 25 MG	
		DEXAMETHASONE (ELIXIR) 0.5 MG/5ML	
		DEXAMETHASONE (SOLUTION) 0.5 MG/5ML	
		DEXAMETHASONE (TAB DS PK) 1.5MG (51)	
		DEXAMETHASONE (TABLET) 0.5 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		DEXAMETHASONE (TABLET) 0.75 MG	
		DEXAMETHASONE (TABLET) 1 MG	
		DEXAMETHASONE (TABLET) 1.5 MG	
		DEXAMETHASONE (TABLET) 2 MG	
		DEXAMETHASONE (TABLET) 4 MG	
		DEXAMETHASONE (TABLET) 6 MG	
		HYDROCORTISONE (TABLET) 10 MG	
		HYDROCORTISONE (TABLET) 20 MG	
		HYDROCORTISONE (TABLET) 5 MG	
		METHYLPREDNISOLONE (TAB DS PK) 4 MG	
		METHYLPREDNISOLONE (TABLET) 16 MG	
		METHYLPREDNISOLONE (TABLET) 2 MG	
		METHYLPREDNISOLONE (TABLET) 32 MG	PA
		METHYLPREDNISOLONE (TABLET) 4 MG	
		METHYLPREDNISOLONE (TABLET) 8 MG	PA
		PREDNISOLONE (SOLUTION) 15 MG/5 ML	
		PREDNISOLONE SODIUM PHOSPHATE (SOLUTION) 15 MG/5 ML	
		PREDNISOLONE SODIUM PHOSPHATE (SOLUTION) 5 MG/5 ML	
		PREDNISOLONE SODIUM PHOSPHATE (TAB RAPDIS) 10 MG	AL: <= 7 YEARS
		PREDNISOLONE SODIUM PHOSPHATE (TAB RAPDIS) 15 MG	AL: <= 7 YEARS
		PREDNISOLONE SODIUM PHOSPHATE (TAB RAPDIS) 30 MG	AL: <= 7 YEARS
		PREDNISONE (SOLUTION) 5 MG/5 ML	
		PREDNISONE (TAB DS PK) 10 MG	
		PREDNISONE (TAB DS PK) 5 MG	
		PREDNISONE (TABLET) 1 MG	
		PREDNISONE (TABLET) 10 MG	
		PREDNISONE (TABLET) 2.5 MG	
		PREDNISONE (TABLET) 20 MG	
		PREDNISONE (TABLET) 5 MG	
		PREDNISONE (TABLET) 50 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
	MINERALOCORTICOIDS	FLUDROCORTISONE ACETATE (TABLET) 0.1 MG	
	NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	DICLOFENAC SODIUM (TAB ER 24H) 100 MG	
		DICLOFENAC SODIUM (TABLET DR) 25 MG	
		DICLOFENAC SODIUM (TABLET DR) 50 MG	
		DICLOFENAC SODIUM (TABLET DR) 75 MG	
		ETODOLAC (CAPSULE) 200 MG	
		ETODOLAC (CAPSULE) 300 MG	PA
		ETODOLAC (TAB ER 24H) 400 MG	PA
		ETODOLAC (TAB ER 24H) 500 MG	PA
		ETODOLAC (TAB ER 24H) 600 MG	PA
		ETODOLAC (TABLET) 400 MG	PA
		ETODOLAC (TABLET) 500 MG	PA
		FENOPROFEN CALCIUM (CAPSULE) 200 MG	PA
		FENOPROFEN CALCIUM (TABLET) 600 MG	PA
		IBUPROFEN (ORAL SUSP) 100 MG/5ML	
		IBUPROFEN (TABLET) 200 MG	
		IBUPROFEN (TABLET) 400 MG	
		IBUPROFEN (TABLET) 600 MG	
		IBUPROFEN (TABLET) 800 MG	
		INDOMETHACIN (CAPSULE) 25 MG	
		INDOMETHACIN (CAPSULE) 50 MG	
		INDOMETHACIN (ORAL SUSP) 25 MG/5 ML	
		KETOPROFEN (CAP24H PEL) 200 MG	PA
		KETOROLAC TROMETHAMINE (CARTRIDGE) 30 MG/ML	PA
		KETOROLAC TROMETHAMINE (CARTRIDGE) 60 MG/2 ML	PA
		KETOROLAC TROMETHAMINE (TABLET) 10 MG	PA
		MECLOFENAMATE SODIUM (CAPSULE) 100 MG	PA
		MECLOFENAMATE SODIUM (CAPSULE) 50 MG	PA
		MELOXICAM (ORAL SUSP) 7.5 MG/5ML	
		MELOXICAM (TABLET) 15 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		MELOXICAM (TABLET) 7.5 MG	
		NABUMETONE (TABLET) 500 MG	PA
		NABUMETONE (TABLET) 750 MG	PA
		NAPROXEN (ORAL SUSP) 125 MG/5ML	
		NAPROXEN (TABLET) 250 MG	
		NAPROXEN (TABLET) 375 MG	
		NAPROXEN (TABLET) 500 MG	
		NAPROXEN SODIUM (TABLET) 275 MG	
		NAPROXEN SODIUM (TABLET) 550 MG	
		OXAPROZIN (TABLET) 600 MG	PA
		SULINDAC (TABLET) 150 MG	
		SULINDAC (TABLET) 200 MG	
LOCAL ANESTHESIA	LOCAL ANESTHETICS	LIDOCAINE HCL (JELLY(ML)) 0.02	
		LIDOCAINE HCL (SOLUTION) 0.02	
LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMAT	BOWEL ANTIINFLAMATORY AGENTS	SULFADIAZINE (TABLET) 500 MG	
	CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX	MESALAMINE (ENEMA) 4 G/60 ML	PA
	DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT	BALSALAZIDE DISODIUM (CAPSULE) 750 MG	
		MESALAMINE (CAPSULE ER) 250 MG	PA
		OLSALAZINE SODIUM (CAPSULE) 250 MG	PA
		SULFASALAZINE (TABLET DR) 500 MG	
		SULFASALAZINE (TABLET) 500 MG	
	HEMORRHOIDAL PREP, ANTI-INFAM STEROID/LOCAL ANESTH	HYDROCORTISONE/PRAMOXINE (CREAM/APPL) 1 %-1 %	PA
		HYDROCORTISONE/PRAMOXINE (FOAM) 1 %-1 %	PA
	RECTAL PREPARATIONS	HYDROCORTISONE ACETATE (SUPP.RECT) 25 MG	
	RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)	HYDROCORTISONE (ENEMA) 100MG/60ML	PA
		HYDROCORTISONE ACETATE (FOAM/APPL) 0.1	PA
LOWER GASTROINTESTINAL DISORDERS - OTHER	AMMONIA INHIBITORS	LACTULOSE (SOLUTION) 10 G/15 ML	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
	ANTIDIARRHEALS	BISMUTH SUBSALICYLATE (TAB CHEW) 262 MG	
		BISMUTH SUBSALICYLATE (TABLET) 262 MG	
		DIPHENOXYLATE HCL/ATROPINE (LIQUID) 2.5-.025/5	
		DIPHENOXYLATE HCL/ATROPINE (TABLET) 2.5-.025MG	
		LOPERAMIDE HCL (CAPSULE) 2 MG	
	BILE SALTS	URSODIOL (CAPSULE) 300 MG	PA
		URSODIOL (TABLET) 500 MG	PA
	LAXATIVES AND CATHARTICS	CALCIUM POLYCARBOPHIL (TABLET) 625 MG	
		DOCUSATE CALCIUM (CAPSULE) 240 MG	
		DOCUSATE SODIUM (CAPSULE) 100 MG	
		DOCUSATE SODIUM (CAPSULE) 250 MG	
		DOCUSATE SODIUM (CAPSULE) 50 MG	
		DOCUSATE SODIUM (LIQUID) 50 MG/5 ML	
		DOCUSATE SODIUM (SYRUP) 60 MG/15ML	
		LACTULOSE (SOLUTION) 10 G/15 ML	
		LACTULOSE (SOLUTION) 20 G/30 ML	
		MAGNESIUM CITRATE (SOLUTION)	
		PEG3350/SOD SULF,BICARB,CL/KCL (POWD PACK) 227.1-21.5	
		PEG3350/SOD SULF,BICARB,CL/KCL (SOLN RECON) 236-22.74G	
		PEG3350/SOD SULF,BICARB,CL/KCL (SOLN RECON) 240-22.72G	
		POLYETHYLENE GLYCOL 3350 (POWD PACK) 17G	
		POLYETHYLENE GLYCOL 3350 (POWDER) 17G/DOSE	
		PSYLLIUM HUSK/ASPARTAME (POWDER) 3.4G/5.8G	
		SENNOSIDES (CAPSULE) 8.6 MG	
		SENNOSIDES (TABLET) 8.6 MG	
		SENNOSIDES/DOCUSATE SODIUM (TABLET) 8.6MG-50MG	
		SODIUM CHLORIDE/NAHCO3/KCL/PEG (SOLN RECON) 420G	
		SODIUM, POTASSIUM,MAG SULFATES (SOLN RECON) 17.5-3.13G	
	LAXATIVES, LOCAL/RECTAL	GLYCERIN (SOL/PF APP) 2.8G/2.7ML	
MISCELLANEOUS AGENTS	ANAPHYLAXIS THERAPY AGENTS	EPINEPHRINE (AUTO INJCT) 0.15/0.15	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		EPINEPHRINE (AUTO INJCT) 0.15MG/0.3	QL: 2 PER FILL
		EPINEPHRINE (AUTO INJCT) 0.3MG/0.3	QL: 2 PER FILL
	PARASYMPATHETIC AGENTS	BETHANECHOL CHLORIDE (TABLET) 10 MG	
		BETHANECHOL CHLORIDE (TABLET) 25 MG	
		BETHANECHOL CHLORIDE (TABLET) 5 MG	
		BETHANECHOL CHLORIDE (TABLET) 50 MG	
		PILOCARPINE HCL (TABLET) 5 MG	
		PILOCARPINE HCL (TABLET) 7.5 MG	
NEOPLASTIC DISEASE	ALKYLATING AGENTS	HYDROXYUREA (CAPSULE) 500 MG	
		LOMUSTINE (CAPSULE) 10 MG	
		LOMUSTINE (CAPSULE) 100 MG	
		LOMUSTINE (CAPSULE) 40 MG	
		MELPHALAN (TABLET) 2 MG	
	ANTIANDROGENIC AGENTS	BICALUTAMIDE (TABLET) 50 MG	
		FLUTAMIDE (CAPSULE) 125 MG	
	ANTIMETABOLITES	MERCAPTOPURINE (TABLET) 50 MG	
		METHOTREXATE SODIUM (TABLET) 10 MG	PA
		METHOTREXATE SODIUM (TABLET) 15 MG	PA
		METHOTREXATE SODIUM (TABLET) 2.5 MG	
		METHOTREXATE SODIUM (TABLET) 5 MG	PA
		METHOTREXATE SODIUM (TABLET) 7.5 MG	PA
		METHOTREXATE SODIUM (VIAL) 25 MG/ML	
		METHOTREXATE SODIUM/PF (VIAL) 25 MG/ML	
	ANTINEOPLASTIC AROMATASE INHIBITORS	ANASTROZOLE (TABLET) 1 MG	
		LETROZOLE (TABLET) 2.5 MG	
	ANTINEOPLASTICS,MISCELLANEOUS	ETOPOSIDE (CAPSULE) 50 MG	PA
	CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	LEUCOVORIN CALCIUM (TABLET) 10 MG	
		LEUCOVORIN CALCIUM (TABLET) 15 MG	
		LEUCOVORIN CALCIUM (TABLET) 25 MG	
		LEUCOVORIN CALCIUM (TABLET) 5 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	TAMOXIFEN CITRATE (TABLET) 10 MG	
		TAMOXIFEN CITRATE (TABLET) 20 MG	
	STEROID ANTINEOPLASTICS	MEGESTROL ACETATE (TABLET) 20 MG	
		MEGESTROL ACETATE (TABLET) 40 MG	
ORAL/PHARYNGEAL DISORDERS	DENTAL AIDS AND PREPARATIONS	CHLORHEXIDINE GLUCONATE (MOUTHWASH) 0.0012	
		TRIAMCINOLONE ACETONIDE (PASTE (G)) 0.001	
OTHER DRUGS	ANTIDOTES,MISCELLANEOUS	ACTIVATED CHARCOAL (POWDER)	
	APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.	MEGESTROL ACETATE (ORAL SUSP) 400MG/10ML	
	BULK CHEMICALS	HYDROGEN PEROXIDE (SOLUTION) 0.3	
	CARBOHYDRATES	DEXTROSE (SOLUTION) 0.05	
	CONDOMS	CONDOMS, FEMALE (EACH)	
		CONDOMS, LATEX, LUBRICATED (EACH)	
		CONDOMS, LATEX, NON-LUBRICATED (EACH)	
		CONDOMS, NON-LATEX, LUBRICATED (EACH)	
	GENERAL INHALATION AGENTS	SODIUM CHLORIDE FOR INHALATION (VIAL-NEB) 0.009	
	METABOLIC DEFICIENCY AGENTS	LEVOCARNITINE (SOLUTION) 100 MG/ML	
	VEHICLES	CHERRY FLAVOR (SYRUP)	
		SORBITOL SOLUTION (SOLUTION) 0.7	
OTHER RESPIRATORY DISORDERS	MUCOLYTICS	ACETYLCYSTEINE (VIAL) 100 MG/ML	
		ACETYLCYSTEINE (VIAL) 200 MG/ML	
PAIN MANAGEMENT - ANALGESICS	ANALGESIC/ANTIPYRETICS, SALICYLATES	ASA/CALCIUM CARB/MAG/ALUMINUM (TABLET) 500 MG	QL: 90 IN 26 DAYS
		ASPIRIN (SUPP.RECT) 300 MG	QL: 90 IN 26 DAYS, DL: 90 DAYS
		ASPIRIN (SUPP.RECT) 600 MG	QL: 90 IN 26 DAYS, DL: 90 DAYS
		ASPIRIN (TABLET DR) 325 MG	QL: 90 IN 26 DAYS, DL: 90 DAYS
		ASPIRIN (TABLET DR) 500 MG	QL: 90 IN 26 DAYS, DL: 90 DAYS
		ASPIRIN (TABLET DR) 650 MG	QL: 90 IN 26 DAYS, DL: 90 DAYS
		ASPIRIN (TABLET) 325 MG	QL: 90 IN 26 DAYS, DL: 90 DAYS
		ASPIRIN (TABLET) 500 MG	QL: 90 IN 26 DAYS, DL: 90 DAYS
		ASPIRIN/ACETAMINOPHEN/CAFFEINE (TABLET) 250-250-65	QL: 90 IN 26 DAYS

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		SALSALATE (TABLET) 500 MG	
		SALSALATE (TABLET) 750 MG	
	ANALGESIC/ANTIPYRETICS,NON-SALICYLATE	ACETAMINOPHEN (CAPSULE) 325 MG	QL: 180 IN 30 DAYS
		ACETAMINOPHEN (CAPSULE) 500 MG	QL: 180 IN 30 DAYS
		ACETAMINOPHEN (DROPS SUSP) 80MG/0.8ML	QL: 480 IN 30 DAYS
		ACETAMINOPHEN (DROPS) 100 MG/ML	QL: 480 IN 30 DAYS
		ACETAMINOPHEN (DROPS) 80MG/0.8ML	QL: 480 IN 30 DAYS
		ACETAMINOPHEN (ELIXIR) 160 MG/5ML	QL: 480 IN 30 DAYS
		ACETAMINOPHEN (LIQUID) 160 MG/5ML	QL: 480 IN 30 DAYS
		ACETAMINOPHEN (LIQUID) 500MG/15ML	QL: 480 IN 30 DAYS
		ACETAMINOPHEN (ORAL SUSP) 160 MG/5ML	QL: 480 IN 30 DAYS
		ACETAMINOPHEN (SOLUTION) 160 MG/5ML	
		ACETAMINOPHEN (SOLUTION) 325/10.15	
		ACETAMINOPHEN (SOLUTION) 650MG/20.3	
		ACETAMINOPHEN (SUPP.RECT) 120 MG	QL: 180 IN 30 DAYS
		ACETAMINOPHEN (SUPP.RECT) 325 MG	QL: 180 IN 30 DAYS
		ACETAMINOPHEN (SUPP.RECT) 80 MG	QL: 180 IN 30 DAYS
		ACETAMINOPHEN (TAB CHEW) 160 MG	QL: 180 IN 30 DAYS
		ACETAMINOPHEN (TAB CHEW) 80 MG	QL: 180 IN 30 DAYS
		ACETAMINOPHEN (TABLET ER) 650 MG	QL: 180 IN 30 DAYS
		ACETAMINOPHEN (TABLET) 325 MG	QL: 180 IN 30 DAYS
		ACETAMINOPHEN (TABLET) 500 MG	QL: 180 IN 30 DAYS
	ANALGESICS,NARCOTICS	BUTORPHANOL TARTRATE (SPRAY) 10 MG/ML	PA , DL: 30 IN 180 DAYS
		CODEINE SULFATE (TABLET) 15 MG	DL: 30 IN 180 DAYS
		CODEINE SULFATE (TABLET) 30 MG	DL: 30 IN 180 DAYS
		HYDROMORPHONE HCL (SUPP.RECT) 3 MG	PA , DL: 30 IN 180 DAYS
		HYDROMORPHONE HCL (TABLET) 2 MG	PA , DL: 30 IN 180 DAYS
		HYDROMORPHONE HCL (TABLET) 4 MG	PA , DL: 30 IN 180 DAYS
		HYDROMORPHONE HCL (TABLET) 8 MG	PA , DL: 30 IN 180 DAYS
		METHADONE HCL (ORAL CONC) 10 MG/ML	PA , DL: 30 IN 180 DAYS

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		METHADONE HCL (SOLUTION) 10 MG/5 ML	PA , DL: 30 IN 180 DAYS
		METHADONE HCL (SOLUTION) 5 MG/5 ML	PA , DL: 30 IN 180 DAYS
		METHADONE HCL (TABLET) 10 MG	PA , DL: 30 IN 180 DAYS
		METHADONE HCL (TABLET) 5 MG	PA , DL: 30 IN 180 DAYS
		MORPHINE SULFATE (SOLUTION) 10 MG/5 ML	QL: 30 IN 365 DAYS, DL: 30 IN 180 DAYS
		MORPHINE SULFATE (SOLUTION) 100 MG/5ML	QL: 30 IN 365 DAYS, DL: 30 IN 180 DAYS
		MORPHINE SULFATE (SOLUTION) 20 MG/5 ML	QL: 30 IN 365 DAYS, DL: 30 IN 180 DAYS
		MORPHINE SULFATE (TABLET ER) 100 MG	PA , DL: 30 IN 180 DAYS
		MORPHINE SULFATE (TABLET ER) 15 MG	PA , DL: 30 IN 180 DAYS
		MORPHINE SULFATE (TABLET ER) 200 MG	PA , DL: 30 IN 180 DAYS
		MORPHINE SULFATE (TABLET ER) 30 MG	PA , DL: 30 IN 180 DAYS
		MORPHINE SULFATE (TABLET ER) 60 MG	PA , DL: 30 IN 180 DAYS
		MORPHINE SULFATE (TABLET) 15 MG	DL: 30 IN 180 DAYS
		MORPHINE SULFATE (TABLET) 30 MG	DL: 30 IN 180 DAYS
		OPIUM/BELLADONNA ALKALOIDS (SUPP.RECT) 60-16.2 MG	DL: 30 IN 180 DAYS
		OXYCODONE HCL (CAPSULE) 5 MG	QL: 60 IN 180 DAYS, DL: 30 IN 180 DAYS
		OXYCODONE HCL (TABLET) 5 MG	QL: 60 IN 180 DAYS, DL: 30 IN 180 DAYS
		TRAMADOL HCL (TABLET) 50 MG	QL: 60 IN 180 DAYS|60 IN 30 DAYS, DL: 30 IN 180 DAYS
	ANTIMIGRAINE PREPARATIONS	DIHYDROERGOTAMINE MESYLATE (AMPUL) 1 MG/ML	PA , QL: 10 IN 30 DAYS
		RIZATRIPTAN BENZOATE (TAB RAPDIS) 10 MG	QL: 9 IN 30 DAYS
		RIZATRIPTAN BENZOATE (TAB RAPDIS) 5 MG	QL: 9 IN 30 DAYS
		RIZATRIPTAN BENZOATE (TABLET) 10 MG	QL: 9 IN 30 DAYS
		RIZATRIPTAN BENZOATE (TABLET) 5 MG	QL: 9 IN 30 DAYS
		SUMATRIPTAN SUCCINATE (TABLET) 100 MG	QL: 9 IN 30 DAYS
		SUMATRIPTAN SUCCINATE (TABLET) 25 MG	QL: 9 IN 30 DAYS
		SUMATRIPTAN SUCCINATE (TABLET) 50 MG	QL: 9 IN 30 DAYS
		SUMATRIPTAN SUCCINATE (VIAL) 6 MG/0.5ML	PA , QL: 4 IN 30 DAYS
	NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB	ACETAMINOPHEN WITH CODEINE (SOLUTION) 120-12MG/5	QL: 240 IN 365 DAYS, DL: 30 IN 180 DAYS, AL: >= 12 YEARS
		ACETAMINOPHEN WITH CODEINE (SOLUTION) 300MG/12.5	DL: 30 IN 180 DAYS

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		ACETAMINOPHEN WITH CODEINE (TABLET) 300MG-15MG	QL: 60 IN 180 DAYS, DL: 30 IN 180 DAYS
		ACETAMINOPHEN WITH CODEINE (TABLET) 300MG-30MG	QL: 60 IN 180 DAYS, DL: 30 IN 180 DAYS
		ACETAMINOPHEN WITH CODEINE (TABLET) 300MG-60MG	QL: 60 IN 180 DAYS, DL: 30 IN 180 DAYS
		HYDROCODONE/ACETAMINOPHEN (SOLUTION) 7.5-325/15	QL: 240 IN 365 DAYS, DL: 30 IN 180 DAYS, AL: >= 12 YEARS
		HYDROCODONE/ACETAMINOPHEN (TABLET) 10MG-325MG	QL: 60 IN 180 DAYS, DL: 30 IN 180 DAYS
		HYDROCODONE/ACETAMINOPHEN (TABLET) 5 MG-325MG	QL: 60 IN 180 DAYS, DL: 30 IN 180 DAYS
		HYDROCODONE/ACETAMINOPHEN (TABLET) 7.5-325 MG	QL: 60 IN 180 DAYS, DL: 30 IN 180 DAYS
		OXYCODONE HCL/ACETAMINOPHEN (TABLET) 10MG-325MG	QL: 60 IN 180 DAYS, DL: 30 IN 180 DAYS
		OXYCODONE HCL/ACETAMINOPHEN (TABLET) 2.5-325 MG	QL: 60 IN 180 DAYS, DL: 30 IN 180 DAYS
		OXYCODONE HCL/ACETAMINOPHEN (TABLET) 5 MG-325MG	QL: 60 IN 180 DAYS, DL: 30 IN 180 DAYS
		OXYCODONE HCL/ACETAMINOPHEN (TABLET) 7.5-325 MG	QL: 60 IN 180 DAYS, DL: 30 IN 180 DAYS
	NARCOTIC AND SALICYLATE ANALGESIC COMBINATION	OXYCODONE HCL/ASPIRIN (TABLET) 4.8355-325	
	NARCOTIC WITHDRAWAL THERAPY AGENTS	BUPRENORPHINE HCL (TAB SUBL) 2 MG	
		BUPRENORPHINE HCL (TAB SUBL) 8 MG	
		BUPRENORPHINE HCL/NALOXONE HCL (FILM) 12 MG-3 MG	
		BUPRENORPHINE HCL/NALOXONE HCL (FILM) 2 MG-0.5MG	
		BUPRENORPHINE HCL/NALOXONE HCL (FILM) 2.1-0.3 MG	
		BUPRENORPHINE HCL/NALOXONE HCL (FILM) 4.2-0.7 MG	
		BUPRENORPHINE HCL/NALOXONE HCL (FILM) 4MG-1MG	
		BUPRENORPHINE HCL/NALOXONE HCL (FILM) 6.3MG-1MG	
		BUPRENORPHINE HCL/NALOXONE HCL (FILM) 8 MG-2 MG	
		BUPRENORPHINE HCL/NALOXONE HCL (TAB SUBL) 0.7-0.18MG	
		BUPRENORPHINE HCL/NALOXONE HCL (TAB SUBL) 1.4-0.36MG	
		BUPRENORPHINE HCL/NALOXONE HCL (TAB SUBL) 11.4-2.9MG	
		BUPRENORPHINE HCL/NALOXONE HCL (TAB SUBL) 2 MG-0.5MG	
		BUPRENORPHINE HCL/NALOXONE HCL (TAB SUBL) 2.9-0.71MG	
		BUPRENORPHINE HCL/NALOXONE HCL (TAB SUBL) 5.7-1.4 MG	
		BUPRENORPHINE HCL/NALOXONE HCL (TAB SUBL) 8 MG-2 MG	
		BUPRENORPHINE HCL/NALOXONE HCL (TAB SUBL) 8.6-2.1 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
PARKINSONS DISEASE	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	BENZTROPINE MESYLATE (TABLET) 0.5 MG	
		BENZTROPINE MESYLATE (TABLET) 1 MG	
		BENZTROPINE MESYLATE (TABLET) 2 MG	
		TRIHEXYPHENIDYL HCL (ELIXIR) 2 MG/5 ML	
		TRIHEXYPHENIDYL HCL (TABLET) 2 MG	
		TRIHEXYPHENIDYL HCL (TABLET) 5 MG	
	ANTIPARKINSONISM DRUGS,OTHER	AMANTADINE HCL (CAPSULE) 100 MG	
		AMANTADINE HCL (SOLUTION) 50 MG/5 ML	
		AMANTADINE HCL (TABLET) 100 MG	
		BROMOCRIPTINE MESYLATE (CAPSULE) 5 MG	
		BROMOCRIPTINE MESYLATE (TABLET) 2.5 MG	
		CARBIDOPA/LEVODOPA (TABLET ER) 25MG-100MG	
		CARBIDOPA/LEVODOPA (TABLET ER) 50MG-200MG	
		CARBIDOPA/LEVODOPA (TABLET) 10MG-100MG	
		CARBIDOPA/LEVODOPA (TABLET) 25MG-100MG	
		CARBIDOPA/LEVODOPA (TABLET) 25MG-250MG	
		PRAMIPEXOLE DI-HCL (TABLET) 0.125 MG	PA
		PRAMIPEXOLE DI-HCL (TABLET) 0.25 MG	PA
		PRAMIPEXOLE DI-HCL (TABLET) 0.5 MG	PA
		PRAMIPEXOLE DI-HCL (TABLET) 1 MG	PA
		PRAMIPEXOLE DI-HCL (TABLET) 1.5 MG	PA
		ROPINIROLE HCL (TABLET) 3 MG	PA
		SELEGILINE HCL (CAPSULE) 5 MG	
		SELEGILINE HCL (TABLET) 5 MG	
SEIZURE DISORDER	ANTICONVULSANT - BENZODIAZEPINE TYPE	CLONAZEPAM (TABLET) 0.5 MG	DL: 28 IN 310 DAYS
		CLONAZEPAM (TABLET) 1 MG	DL: 28 IN 310 DAYS
		CLONAZEPAM (TABLET) 2 MG	DL: 28 IN 310 DAYS
	ANTICONVULSANTS	CARBAMAZEPINE (CPMP 12HR) 100 MG	
		CARBAMAZEPINE (CPMP 12HR) 200 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication	Drug	Comments
	CARBAMAZEPINE (CPMP 12HR) 300 MG	
	CARBAMAZEPINE (ORAL SUSP) 100 MG/5ML	
	CARBAMAZEPINE (TAB CHEW) 100 MG	
	CARBAMAZEPINE (TAB ER 12H) 100 MG	
	CARBAMAZEPINE (TAB ER 12H) 200 MG	
	CARBAMAZEPINE (TAB ER 12H) 400 MG	
	CARBAMAZEPINE (TABLET) 200 MG	
	ETHOSUXIMIDE (CAPSULE) 250 MG	
	ETHOSUXIMIDE (SOLUTION) 250 MG/5ML	
	GABAPENTIN (CAPSULE) 100 MG	
	GABAPENTIN (CAPSULE) 300 MG	
	GABAPENTIN (CAPSULE) 400 MG	
	LEVETIRACETAM (SOLUTION) 100 MG/ML	AL: < 12 YEARS
	LEVETIRACETAM (SOLUTION) 500 MG/5ML	AL: < 12 YEARS
	LEVETIRACETAM (TAB ER 24H) 500 MG	
	LEVETIRACETAM (TAB ER 24H) 750 MG	
	LEVETIRACETAM (TABLET) 1000 MG	
	LEVETIRACETAM (TABLET) 250 MG	
	LEVETIRACETAM (TABLET) 500 MG	
	LEVETIRACETAM (TABLET) 750 MG	
	METHSUXIMIDE (CAPSULE) 300 MG	
	OXCARBAZEPINE (TABLET) 150 MG	
	OXCARBAZEPINE (TABLET) 300 MG	
	OXCARBAZEPINE (TABLET) 600 MG	
	PHENYTOIN (ORAL SUSP) 100 MG/4ML	
	PHENYTOIN (ORAL SUSP) 125 MG/5ML	
	PHENYTOIN (TAB CHEW) 50 MG	
	PHENYTOIN SODIUM EXTENDED (CAPSULE) 100 MG	
	PHENYTOIN SODIUM EXTENDED (CAPSULE) 30 MG	
	PRIMIDONE (TABLET) 250 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		PRIMIDONE (TABLET) 50 MG	
		TIAGABINE HCL (TABLET) 12 MG	
		TIAGABINE HCL (TABLET) 16 MG	
		TIAGABINE HCL (TABLET) 4 MG	
		TOPIRAMATE (TABLET) 100 MG	
		TOPIRAMATE (TABLET) 200 MG	
		TOPIRAMATE (TABLET) 25 MG	
		TOPIRAMATE (TABLET) 50 MG	
		VALPROIC ACID (AS SODIUM SALT) (SOLUTION) 250 MG/5ML	
		VALPROIC ACID (CAPSULE) 250 MG	
		ZONISAMIDE (CAPSULE) 100 MG	
		ZONISAMIDE (CAPSULE) 25 MG	
SKELETAL MUSCLE DISORDER	SKELETAL MUSCLE RELAXANTS	BACLOFEN (TABLET) 10 MG	
		BACLOFEN (TABLET) 20 MG	
		CARISOPRODOL (TABLET) 350 MG	PA
		CARISOPRODOL/ASPIRIN (TABLET) 200-325 MG	PA
		CHLORZOXAZONE (TABLET) 500 MG	
		CYCLOBENZAPRINE HCL (TABLET) 10 MG	
		CYCLOBENZAPRINE HCL (TABLET) 5 MG	
		DANTROLENE SODIUM (CAPSULE) 100 MG	PA
		DANTROLENE SODIUM (CAPSULE) 25 MG	PA
		DANTROLENE SODIUM (CAPSULE) 50 MG	PA
		DANTROLENE SODIUM (VIAL) 20 MG	PA
		METHOCARBAMOL (TABLET) 500 MG	
		METHOCARBAMOL (TABLET) 750 MG	
		METHOCARBAMOL (VIAL) 100 MG/ML	PA
		ORPHENADRINE CITRATE (AMPUL) 30 MG/ML	PA
		ORPHENADRINE CITRATE (TABLET ER) 100 MG	PA
		ORPHENADRINE/ASPIRIN/CAFFEINE (TABLET) 50-770-60	PA
		TIZANIDINE HCL (TABLET) 4 MG	PA

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
SMOKING CESSATION	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	NICOTINE (CARTRIDGE) 10 MG	DL: 30 DAYS
		NICOTINE (PATCH DYSQ) 21-14-7MG	QL: 180 IN 365 DAYS, DL: 30 DAYS
		NICOTINE (PATCH TD24) 14MG/24HR	QL: 180 IN 365 DAYS, DL: 30 DAYS
		NICOTINE (PATCH TD24) 21 MG/24HR	QL: 180 IN 365 DAYS, DL: 30 DAYS
		NICOTINE (PATCH TD24) 22 MG/24HR	QL: 180 IN 365 DAYS, DL: 30 DAYS
		NICOTINE (PATCH TD24) 7MG/24HR	QL: 180 IN 365 DAYS, DL: 30 DAYS
		NICOTINE (SPRAY) 10 MG/ML	DL: 30 DAYS
		NICOTINE POLACRILEX (GUM) 2 MG	QL: 4320 IN 365 DAYS, DL: 30 DAYS
		NICOTINE POLACRILEX (GUM) 4 MG	QL: 4320 IN 365 DAYS, DL: 30 DAYS
		NICOTINE POLACRILEX (LOZENGE) 2 MG	QL: 3600 IN 365 DAYS, DL: 30 DAYS
		NICOTINE POLACRILEX (LOZENGE) 4 MG	QL: 3600 IN 365 DAYS, DL: 30 DAYS
		NICOTINE POLACRILEX (LOZNG MINI) 2 MG	QL: 3600 IN 365 DAYS, DL: 30 DAYS
		NICOTINE POLACRILEX (LOZNG MINI) 4 MG	QL: 3600 IN 365 DAYS, DL: 30 DAYS
	SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST	VARENICLINE TARTRATE (TABLET) 0.5 MG	QL: 336 IN 365 DAYS
	SMOKING DETERRENTS, OTHER	BUPROPION HCL (TAB ER 12H) 150 MG	QL: 360 IN 365 DAYS, DL: 30 DAYS
UPPER GASTROINTESTINAL DISORDERS - DIGESTIVE	ANTIFLATULENTS	SIMETHICONE (CAPSULE) 125 MG	
		SIMETHICONE (TAB CHEW) 125 MG	
		SIMETHICONE (TAB CHEW) 80 MG	
		SIMETHICONE (TABLET) 125 MG	
UPPER GASTROINTESTINAL DISORDERS - SPASTIC DISEASE	ANTICHOLINERGICS/ANTISPASMODICS	DICYCLOMINE HCL (CAPSULE) 10 MG	
		DICYCLOMINE HCL (SOLUTION) 10 MG/5 ML	
		DICYCLOMINE HCL (TABLET) 20 MG	
UPPER GASTROINTESTINAL DISORDERS - ULCER DISEASE	ANTACIDS	MAG HYDROX/ALUMINUM HYD/SIMETH (TAB CHEW) 200-200-25	
		MAG/ALUMINUM/SOD BICARB/ALGINC (TAB CHEW) 14.2-80MG	
		MAG/ALUMINUM/SOD BICARB/ALGINC (TAB CHEW) 20 MG-80MG	
		MAGNESIUM CARB/ALUMINUM HYDROX (TAB CHEW) 105-160MG	
	ANTICHOLINERGICS,QUATERNARY AMMONIUM	CHLORDIAZEPOXIDE/CLIDINIUM BR (CAPSULE) 5 MG-2.5MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
		GLYCOPYRROLATE (TABLET) 1 MG	PA
		GLYCOPYRROLATE (TABLET) 2 MG	
	ANTI-ULCER PREPARATIONS	MISOPROSTOL (TABLET) 100 MCG	
		MISOPROSTOL (TABLET) 200 MCG	
		SUCRALFATE (TABLET) 1 G	
	HISTAMINE H2-RECEPTOR INHIBITORS	CIMETIDINE (TABLET) 200 MG	
		CIMETIDINE (TABLET) 300 MG	
		CIMETIDINE (TABLET) 400 MG	
		CIMETIDINE (TABLET) 800 MG	
		CIMETIDINE HCL (SOLUTION) 300 MG/5ML	
		FAMOTIDINE (ORAL SUSP) 40MG/5ML	PA
		FAMOTIDINE (TABLET) 10 MG	
		FAMOTIDINE (TABLET) 20 MG	
		FAMOTIDINE (TABLET) 40 MG	
		NIZATIDINE (CAPSULE) 150 MG	PA
		NIZATIDINE (CAPSULE) 300 MG	PA
		RANITIDINE HCL (SYRUP) 15 MG/ML	
		RANITIDINE HCL (TABLET) 150 MG	
		RANITIDINE HCL (TABLET) 300 MG	
		RANITIDINE HCL (TABLET) 75 MG	
	INTESTINAL MOTILITY STIMULANTS	METOCLOPRAMIDE HCL (SOLUTION) 10 MG/10ML	
		METOCLOPRAMIDE HCL (SOLUTION) 5 MG/5 ML	
		METOCLOPRAMIDE HCL (TABLET) 10 MG	
		METOCLOPRAMIDE HCL (TABLET) 5 MG	
	PROTON-PUMP INHIBITORS	OMEPRAZOLE (CAPSULE DR) 10 MG	
		OMEPRAZOLE (CAPSULE DR) 20 MG	
		OMEPRAZOLE (CAPSULE DR) 40 MG	
		OMEPRAZOLE (TABLET DR) 20 MG	
		PANTOPRAZOLE SODIUM (TABLET DR) 20 MG	
		PANTOPRAZOLE SODIUM (TABLET DR) 40 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
URINARY TRACT - FUNCTIONAL DISORDERS	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	FINASTERIDE (TABLET) 5 MG	
		TAMSULOSIN HCL (CAPSULE) 0.4 MG	
	URINARY TRACT ANALGESIC AGENTS	PENTOSAN POLYSULFATE SODIUM (CAPSULE) 100 MG	PA
	URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)	PHENAZOPYRIDINE HCL (TABLET) 100 MG	
		PHENAZOPYRIDINE HCL (TABLET) 200 MG	
	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	FLAVOXATE HCL (TABLET) 100 MG	PA
		OXYBUTYNIN CHLORIDE (SYRUP) 5 MG/5 ML	
		OXYBUTYNIN CHLORIDE (TABLET) 5 MG	
		TOLTERODINE TARTRATE (CAP ER 24H) 2 MG	ST
		TOLTERODINE TARTRATE (CAP ER 24H) 4 MG	ST
		TOLTERODINE TARTRATE (TABLET) 1 MG	ST
		TOLTERODINE TARTRATE (TABLET) 2 MG	ST
VAGINAL DISORDERS	VAGINAL ANTIBIOTICS	CLINDAMYCIN PHOSPHATE (CREAM/APPL) 0.02	
		CLINDAMYCIN PHOSPHATE (CRM ER (G)) 0.02	
		CLINDAMYCIN PHOSPHATE (SUPP.VAG) 100 MG	
		METRONIDAZOLE (GEL W/APPL) 0.0075	
	VAGINAL ANTIFUNGALS	BUTOCONAZOLE NITRATE (CRM/PF APP) 0.02	PA
		CLOTRIMAZOLE (CREAM/APPL) 0.01	
		CLOTRIMAZOLE (TABLET) 100 MG	
		MICONAZOLE NITRATE (CMB PF CRM) 200 MG-2 %	
		MICONAZOLE NITRATE (CREAM/APPL) 0.02	
		MICONAZOLE NITRATE (KIT) 200 MG-2 %	
		MICONAZOLE NITRATE (SUPP.VAG) 100 MG	
		MICONAZOLE NITRATE (SUPP.VAG) 200 MG	
		MICONAZOLE/CLEANSER 17 ON WIPE (KIT) 200 MG-2 %	
		TERCONAZOLE (CREAM/APPL) 0.004	
		TERCONAZOLE (CREAM/APPL) 0.008	
		TERCONAZOLE (SUPP.VAG) 80 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
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Therapeutic Indication		Drug	Comments
		TIOCONAZOLE (OIN/PF APP) 0.065	PA
	VAGINAL ESTROGEN PREPARATIONS	ESTRADIOL (CREAM/APPL) 0.0001	
		ESTRADIOL (TABLET) 10 MCG	
VITAMIN AND/OR MINERAL DEFICIENCY	FLUORIDE PREPARATIONS	FLUORIDE (SODIUM) (DROPS) 0.125/DROP	
		FLUORIDE (SODIUM) (DROPS) 0.25MG/0.6	
		FLUORIDE (SODIUM) (DROPS) 0.25MG/DRP	
		FLUORIDE (SODIUM) (DROPS) 0.5 MG/ML	
		FLUORIDE (SODIUM) (DROPS) 2.5 MG/ML	
		FLUORIDE (SODIUM) (TAB CHEW) 0.25(0.55)	
		FLUORIDE (SODIUM) (TAB CHEW) 0.5(1.1)MG	
		FLUORIDE (SODIUM) (TAB CHEW) 1MG(2.2MG)	
		SODIUM FLUORIDE/XYLITOL (TAB CHEW) 0.25(0.55)	
		SODIUM FLUORIDE/XYLITOL (TAB CHEW) 0.5(1.1)MG	
		SODIUM FLUORIDE/XYLITOL (TAB CHEW) 1MG(2.2MG)	
	FOLIC ACID PREPARATIONS	FOLIC ACID (TABLET) 0.4 MG	
		FOLIC ACID (TABLET) 0.8 MG	
		FOLIC ACID (TABLET) 1 MG	
	IRON REPLACEMENT	FERROUS GLUCONATE (TABLET) 256(28)MG	
		FERROUS GLUCONATE (TABLET) 324(37.5)	
		FERROUS GLUCONATE (TABLET) 324(38)MG	
		FERROUS SULFATE (DROPS) 15 MG/ML	
		FERROUS SULFATE (ELIXIR) 220 (44)/5	
		FERROUS SULFATE (SOLUTION) 220 (44)/5	
		FERROUS SULFATE (TABLET DR) 324(65)MG	
		FERROUS SULFATE (TABLET DR) 325(65) MG	
		FERROUS SULFATE (TABLET) 325(65) MG	
		IRON POLYSACCHARIDE COMPLEX (DROPS) 15 MG/ML	AL: <= 3 YEARS
	MAGNESIUM SALTS REPLACEMENT	MAGNESIUM CHLORIDE (TABLET DR) 64 MG	
		MAGNESIUM CHLORIDE (TABLET DR) 70 MG	

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
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Therapeutic Indication		Drug	Comments
		MAGNESIUM CHLORIDE (TABLET DR) 71.5 MG	
		MAGNESIUM OXIDE (TABLET) 400 MG	
	MINERAL REPLACEMENT,MISCELLANEOUS	CHROMIUM PICOLINATE (CAPSULE) 200 MCG	
		CHROMIUM PICOLINATE (TABLET) 200 MCG	
		SELENIUM (TABLET DR) 200 MCG	
		SELENIUM (TABLET) 100 MCG	
		SELENIUM (TABLET) 200 MCG	
		SELENIUM (TABLET) 50 MCG	
	MULTIVITAMIN PREPARATIONS	MULTIVIT-MINS NO.7/FOLIC ACID (CAPSULE) 1 MG	DL: 90 DAYS
	PEDIATRIC VITAMIN PREPARATIONS	FLUORIDE/IRON/VITAMINS A,C,D (DROPS) 0.25 MG/ML	DL: 90 DAYS
		PED MVIT A,C,D3 NO.21/FLUORIDE (DROPS) 0.25 MG/ML	DL: 90 DAYS
		PED MVIT A,C,D3 NO.21/FLUORIDE (DROPS) 0.5 MG/ML	DL: 90 DAYS
		PEDI MULTIVIT 45/FLUORIDE/IRON (DROPS) 0.25-10/ML	DL: 90 DAYS
		PEDI MULTIVIT 75/FLUORIDE/IRON (DROPS) 0.25-10/ML	DL: 90 DAYS
		PEDI MULTIVIT A,C,AND D3 NO.21 (DROPS) 1500-35/ML	DL: 90 DAYS
		PEDI MULTIVIT NO.16 W-FLUORIDE (TAB CHEW) 0.25 MG	DL: 90 DAYS
		PEDI MULTIVIT NO.16 W-FLUORIDE (TAB CHEW) 0.5 MG	DL: 90 DAYS
		PEDI MULTIVIT NO.16 W-FLUORIDE (TAB CHEW) 1 MG	DL: 90 DAYS
		PEDI MULTIVIT NO.2 W-FLUORIDE (DROPS) 0.25 MG/ML	DL: 90 DAYS
		PEDI MULTIVIT NO.33/FLUORIDE (TAB CHEW) 0.25 MG	DL: 90 DAYS
		PEDI MULTIVIT NO.33/FLUORIDE (TAB CHEW) 0.5 MG	DL: 90 DAYS
		PEDI MULTIVIT NO.33/FLUORIDE (TAB CHEW) 1 MG	DL: 90 DAYS
		PEDI MULTIVIT NO.46/IRON SULF (DROPS) 1500-10/ML	DL: 90 DAYS
		PEDI MULTIVIT NO.82 W-FLUORIDE (DROPS) 0.25 MG/ML	DL: 90 DAYS
		PEDI MULTIVIT NO.82 W-FLUORIDE (DROPS) 0.5 MG/ML	DL: 90 DAYS
		PEDI MV NO.80/FERROUS SULFATE (DROPS) 750-10/ML	DL: 90 DAYS
		PEDIATRIC MULTIVITAMIN NO.171 (DROPS) 750-35/ML	DL: 90 DAYS
		PEDIATRIC MULTIVITAMIN NO.20 (DROPS) 1500-400/1	DL: 90 DAYS
		PEDIATRIC MULTIVITAMIN NO.81 (DROPS) 750-35/ML	DL: 90 DAYS
		VIT A PALMITATE/VIT C/VIT D3 (DROPS) 750-35/ML	DL: 90 DAYS

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
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Therapeutic Indication		Drug	Comments
	PRENATAL VITAMIN PREPARATIONS	MULTIVITAMIN NO.43/IRON/FA (TAB CHEW) 40 MG-1 MG	DL: 90 DAYS, AL: <= 50 YEARS
		MULTIVIT-MINS NO.61/IRON/FOLIC (TABLET) 27 MG-1 MG	DL: 90 DAYS, AL: <= 50 YEARS
		MULTIVIT-MINS NO.63/IRON/FOLIC (TABLET) 27 MG-1 MG	DL: 90 DAYS, AL: <= 50 YEARS
		MULTIVIT-MINS60/IRON FUM/FOLIC (TABLET) 27 MG-1 MG	DL: 90 DAYS, AL: <= 50 YEARS
		PNV NO.118/IRON FUMARATE/FA (TAB CHEW) 29 MG-1 MG	DL: 90 DAYS, AL: <= 50 YEARS
		PNV NO.95/FERROUS FUM/FOLIC AC (TABLET) 28MG-0.8MG	DL: 90 DAYS, AL: <= 50 YEARS
		PNV,CALCIUM 72/IRON,CARB/FOLIC (TABLET) 29 MG-1 MG	DL: 90 DAYS, AL: <= 50 YEARS
		PNV,CALCIUM 72/IRON/FOLIC ACID (TABLET) 27 MG-1 MG	DL: 90 DAYS, AL: <= 50 YEARS
		PNV/FERROUS FUM/DOCUSATE/FOLIC (TABLET ER) 90-50-1MG	DL: 90 DAYS, AL: <= 50 YEARS
		PNV/IRON,CARB/DOCUSAT/FOLIC AC (TABLET) 90-50-1MG	DL: 90 DAYS, AL: <= 50 YEARS
		PRENATAL VIT NO.127/IRON/FOLIC (TABLET) 15 MG-1 MG	DL: 90 DAYS, AL: <= 50 YEARS
		PRENATAL VIT,CAL 74/IRON/FOLIC (TABLET) 27 MG-1 MG	DL: 90 DAYS, AL: <= 50 YEARS
		PRENATAL VIT/IRON FUM/FOLIC AC (CAPSULE) 65 MG-1 MG	DL: 90 DAYS, AL: <= 50 YEARS
		PRENATAL VIT/IRON FUM/FOLIC AC (TABLET) 65 MG-1 MG	DL: 90 DAYS, AL: <= 50 YEARS
		PRENATAL VIT103/IRON FUM/FOLIC (TABLET) 27 MG-1 MG	DL: 90 DAYS, AL: <= 50 YEARS
		PRENATAL VIT136/IRON/FOLIC ACD (TABLET) 27 MG-1 MG	DL: 90 DAYS, AL: <= 50 YEARS
		PRENATAL VIT27,CALCIUM/IRON/FA (TABLET) 60 MG-1 MG	DL: 90 DAYS, AL: <= 50 YEARS
		PRENATAL VITS15/IRON/FOLIC/DSS (TABLET) 90-1-50 MG	DL: 90 DAYS, AL: <= 50 YEARS
		PRENATAL VITS16/IRON/FOLIC/DSS (TABLET) 90-1-50 MG	DL: 90 DAYS, AL: <= 50 YEARS
		PRENATAL VITS18/IRON/FOLIC/DSS (TABLET) 90-1-50 MG	DL: 90 DAYS, AL: <= 50 YEARS
	VITAMIN A PREPARATIONS	BETA-CAROTENE (CAPSULE) 30 MG	DL: 90 DAYS
	VITAMIN B PREPARATIONS	VIT B COMP C 19/FOLIC ACID/D3 (TAB RAPDIS) 800-2000	DL: 90 DAYS
		VIT B COMP NO.3/FOLIC/C/BIOTIN (TABLET) 1MG-60MG	DL: 90 DAYS
	VITAMIN B12 PREPARATIONS	CYANOCOBALAMIN (VITAMIN B-12) (VIAL) 1000MCG/ML	DL: 90 DAYS
	VITAMIN B2 PREPARATIONS	RIBOFLAVIN (VITAMIN B2) (TABLET) 100 MG	DL: 90 DAYS
		RIBOFLAVIN (VITAMIN B2) (TABLET) 25 MG	DL: 90 DAYS
	VITAMIN B6 PREPARATIONS	PYRIDOXINE HCL (VITAMIN B6) (TABLET) 100 MG	DL: 90 DAYS
		PYRIDOXINE HCL (VITAMIN B6) (TABLET) 25 MG	DL: 90 DAYS
		PYRIDOXINE HCL (VITAMIN B6) (VIAL) 100 MG/ML	DL: 90 DAYS

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Therapeutic Indication		Drug	Comments
	VITAMIN D PREPARATIONS	CALCITRIOL (AMPUL) 1 MCG/ML	
		CALCITRIOL (CAPSULE) 0.25 MCG	
		CALCITRIOL (CAPSULE) 0.5 MCG	
		CALCITRIOL (SOLUTION) 1 MCG/ML	
		CHOLECALCIFEROL (VITAMIN D3) (CAPSULE) 10000 UNIT	DL: 90 DAYS
		CHOLECALCIFEROL (VITAMIN D3) (CAPSULE) 125 MCG	DL: 90 DAYS
		CHOLECALCIFEROL (VITAMIN D3) (CAPSULE) 1250 MCG	DL: 90 DAYS
		CHOLECALCIFEROL (VITAMIN D3) (CAPSULE) 25 MCG	DL: 90 DAYS
		CHOLECALCIFEROL (VITAMIN D3) (CAPSULE) 400 UNIT	DL: 90 DAYS
		CHOLECALCIFEROL (VITAMIN D3) (CAPSULE) 4000 UNIT	DL: 90 DAYS
		CHOLECALCIFEROL (VITAMIN D3) (CAPSULE) 50 MCG	DL: 90 DAYS
		CHOLECALCIFEROL (VITAMIN D3) (DROPS) 10(400)/ML	DL: 90 DAYS, AL: < 4 YEARS
		CHOLECALCIFEROL (VITAMIN D3) (DROPS) 125 MCG/ML	DL: 90 DAYS, AL: < 4 YEARS
		CHOLECALCIFEROL (VITAMIN D3) (DROPS) 2000/DROP	DL: 90 DAYS, AL: < 4 YEARS
		CHOLECALCIFEROL (VITAMIN D3) (DROPS) 400/DROP	DL: 90 DAYS, AL: < 4 YEARS
		CHOLECALCIFEROL (VITAMIN D3) (SPRAY SUSP) 1000/SPRAY	DL: 90 DAYS
		CHOLECALCIFEROL (VITAMIN D3) (TAB CHEW) 25 MCG	DL: 90 DAYS
		CHOLECALCIFEROL (VITAMIN D3) (TAB CHEW) 400 UNIT	DL: 90 DAYS
		CHOLECALCIFEROL (VITAMIN D3) (TABLET) 10 MCG	DL: 90 DAYS
		CHOLECALCIFEROL (VITAMIN D3) (TABLET) 125 MCG	DL: 90 DAYS
		CHOLECALCIFEROL (VITAMIN D3) (TABLET) 2000 UNIT	DL: 90 DAYS
		CHOLECALCIFEROL (VITAMIN D3) (TABLET) 25 MCG	DL: 90 DAYS
		CHOLECALCIFEROL (VITAMIN D3) (TABLET) 3000 UNIT	DL: 90 DAYS
		CHOLECALCIFEROL (VITAMIN D3) (WAFER) 50000 UNIT	DL: 90 DAYS
		ERGOCALCIFEROL (VITAMIN D2) (CAPSULE) 1250 MCG	DL: 90 DAYS
		ERGOCALCIFEROL (VITAMIN D2) (TABLET) 400 UNIT	DL: 90 DAYS

Legend

PA	Prior Authorization Request	DL	Day Supply Limit	AL	Age Limit
ST	Step Therapy	QA	Quality Limit		

Prescription and Other Important Information

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

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

HIV Medications approved by the FDA for treatment of HIV disease are covered (Must use Specialty Pharmacy).

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

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

All Stimulants require a PA for age 23 years and older. Products are covered under step therapy edit for members less than 23 years of age.

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

Insulin Pens All Insulin pen prescriptions require PA.

Opioids are subject to Advanced Health quantity limits and prior authorization criteria. Up to 60 tablets per 180-day period may be covered without a PA for acute conditions. Opioid use beyond 60 tablets within a 180-day period requires PA. PA will also be required for all long-acting opioids, acute use >14 days, or MED >90. Local Oncology providers are excluded from PA requirement for formulary opioids.

Contraceptive Products 12 months of formulary oral contraceptives are a covered benefit after an initial 3-month trial. Preferred agents: Sprintec (Ortho Cyclen), Seasonale for extended cycle, Levlen/Nordette, Lo Ovral, Nor QD/Micronor

Smoking Cessation Nicotine Patches/Gum/Lozenges, Varenicline, and Bupropion SR are available without a prior authorization for up to two quit attempts per year. One quit attempt equals a 90-day supply of medication dispensed in 30-day increments. Pharmacy provider may contact Advanced Health at 541-269-0388 for information.

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

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