UMPQUA HEALTH ALLIANCE

INTRODUCTION

The information contained in the Umpqua Health Alliance (UHA) Formulary and its appendices is provided for the convenience of medical providers and UHA members. UHA does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. The UHA 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. UHA 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.

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

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 Umpqua Health Alliance (UHA) formulary are grouped into categories depending on the type of medical conditions that they are used to treat. Medications are listed in alphabetical order by the generic name listed in the second column of the drug table. Brand name drugs are capitalized, and generic drugs are listed in lower case.

Every effort has been made to accurately list Prior Authorization requirements, Quantity 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 drugs, if available are preferred over the brand name drug.

GENERIC AND BRAND NAME MEDICATIONS

Umpqua Health Alliance covers both brand name and generic medications. 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 UHA formulary that have generic equivalents available may require prior approval, as generic is preferred over brand name.

LEGEND

The following restriction and coverage notes may be found within the body of the UHA formulary:

Abbreviations	Description	Explanation
PA	Prior Authorization Required	Prior authorization is required before filling a prescription for this medication. Without prior approval, UHA may not cover this medication. Documentation (including recent chart notes, the appropriate UHA request form, etc.) is required to be submitted by the member's provider prior to the dispensing of the requested medication.
QL	Quantity Limit	UHA limits the amount of this medication that is covered per prescription, or within a specific time frame. Exceptions may be allowed with prior approval.
ST	Step Therapy Restriction	Coverage for this medication may require you to have a claim history indicating you have tried a different medication in the past.
SPEC	Specialty Drug	Coverage for specialty drugs will only be provided if obtained from Medimpact Direct Specialty Pharmacy, which is the contracted pharmacy for UHA. **Medimpact Direct Specialty Hub** Telephone: (877) 391-1103 Fax: (888) 807-5716 Website: www.medimpactdirect.com

ABBREVIATIONS

Abbreviations	Description	Abbreviations	Description
amps	ampules	MDI	metered dose inhaler
APAP	acetaminophen	Mg	magnesium
ASA	aspirin	mg	milligram
blst w/dev	blister pack with device	mL	milliliter
Ca	calcium	neb	nebulizer
cap	capsule	ODT	orally disintegrating tablets
chew	chewable	oint	ointment
conc	concentrated	recon	reconstitution
crm	cream	SA	sustained action
DR	delayed release	SL	sublingual
ER	extended release	sol	solution
g	gram	soln	solution
gm	gram	SR	sustained release
HCTZ	hydrochlorothiazide	subl	sublingual
hr	hour	subq	subcutaneous
IM	intramuscular	supp	suppository
inj	injection	susp	suspension
IV	intravenous	tab	tablet
mcg	microgram	w/dev	with device

FOR MORE INFORMATION

If you should have additional questions about the UHA Formulary, please contact Customer Service at 541-229-4842 Monday through Friday from 8:00 a.m. to 5:00 p.m. Pacific Time. TTY: (541)-440-6304 | Toll Free TTY: (888)-877-6304

Cardiac/Heart Agents				
Angiotensin Converting Enzyme (ACE) Inhibitors				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Lotensin	benazepril	Tablet	5mg, 10mg, 20mg, and 40mg	
Capoten	captopril	Tablet	12.5mg, 25mg, 50mg, and 100mg	
Vasotec	enalapril	Tablet	2.5mg, 5mg, 10mg, and 20mg	
Monopril	fosinopril	Tablet	10mg, 20mg, and 40mg	
Zestril	lisinopril	Tablet	2.5mg, 5mg, 10mg, 20mg, 30mg, and 40mg	
Aceon	perindopril	Tablet	2mg, 4mg, and 8mg	PA Required
Accupril	quinapril	Tablet	5mg, 10mg, 20mg, and 40mg	
Altace	ramipril	Capsule	1.25mg, 2.5mg, 5mg, and 10mg,	
Mavik	trandolapril	Tablet	1mg, 2mg, and 4mg	PA Required
Angiotensin Converting Enzyme (ACE) Inhibitor and Calcium Channel Blocker				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Lotrel	amlodipine/benazepril	Capsule	2.5/10mg, 5/10mg, 5/20mg, 5/40mg, 10/20mg, and 10/40mg	
Tarka	trandolapril/verapamil	ER Tablet	1/240mg, 2/180mg, 2/240mg, and 4/240mg	PA Required
Angiotensin Converting Enzyme (ACE) Inhibitor and Thiazide Diuretic Combination Products				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Lotensin HCT	benazepril/HCTZ	Tablet	5/6.25mg, 10/12.5mg, and 20/25mg	
Capozide	captopril/HCTZ	Tablet	25/15mg, 25/25mg, 50/15mg, and 50/25mg	
Vasoretic	enalapril/HCTZ	Tablet	5/12.5mg and 10/25mg	
Monopril HCT	fosinopril/HCTZ	Tablet	10/12.5mg and 20/12.5mg	
Zestoretic	lisinopril/HCTZ	Tablet	10/12.5mg, 20/12.5mg, and 20/25mg	
Accuretic	quinapril/HCTZ	Tablet	10/12.5mg, 20/12.5mg, and 20/25mg	
Angiotensin II Receptor Antagonists				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Edarbi	azilsartan	Tablet	40mg and 80mg	PA Required
Avapro	irbesartan	Tablet	75mg, 150mg, and 300mg	
Cozaar	losartan	Tablet	25mg, 50mg, and 100mg	
Micardis	telmisartan	Tablet	20mg, 40mg, and 80mg	*ST - Must meet the following requirements: irbesartan and losartan claim w/in last 180 days*

Diovan	valsartan	Tablet	40mg, 80mg, 160mg, and 320mg	*ST - Must meet the following requirements: irbesartan and losartan claim w/in last 180 days*
Angiotensin II Receptor Antagonist and Thiazide Diuretic Combination Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Avalide	irbesartan/HCTZ	Tablet	150/12.5mg and 300/12.5mg	
Hyzaar	losartan/HCTZ	Tablet	50/12.5mg, 100/12.5mg, and 100/25mg	
Micardis HCT	telmisartan/HCTZ	Tablet	40/12.5mg, 80/12.5mg, and 80/25mg	*ST - Must meet the following requirements: irbesartan and losartan claim w/in last 180 days*
Diovan HCT	valsartan/HCTZ	Tablet	80/12.5mg, 160/12.5mg, 160/25mg, 320/12.5mg, and 320/25mg	*ST - Must meet the following requirements: irbesartan and losartan claim w/in last 180 days*
Alpha-Adrenergic Blocking Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Cardura	doxazosin	Tablet	1mg, 2mg, 4mg, and 8mg	
Dibenzyline	phenoxybenzamine	Capsule	10mg	PA Required **SPEC***
	prazosin	Capsule	1mg, 2mg, and 5mg	
	terazosin	Capsule	1mg, 2mg, 5mg, and 10mg	
Alpha/Beta-Adrenergic Blocking Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Coreg	carvedilol	Tablet	3.125mg, 6.25mg, 12.5mg, and 25mg	
Trandate	labetalol	Tablet	100mg, 200mg, and 300mg	
Beta-Adrenergic Blocking Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Sectral	acebutolol	Capsule	200mg and 400mg	
Tenormin	atenolol	Tablet	25mg, 50mg, and 100mg	
Zebeta	bisoprolol	Tablet	5mg and 10mg	
Toprol XL	metoprolol succinate	ER Tablet	25mg, 50mg, 100mg, and 200mg	
Lopressor	metoprolol tartrate	Tablet	25mg, 50mg, and 100mg	
Corgard	nadolol	Tablet	20mg, 40mg, and 80mg	
Bystolic	nebivolol	Tablet	2.5mg, 5mg, and 10mg	PA Required; QL of 1 per day
	pindolol	Tablet	5mg and 10mg	
Inderal	propranolol	Solution	20mg/5mL and 40mg/5mL	
Inderal	propranolol	Tablet	10mg, 20mg, 40mg, 60mg, and 80mg	
Inderal LA	propranolol	SA Capsule	60mg, 80mg, 120mg, and 160mg	
Betapace	sotolol	Tablet	80mg, 120mg, 160mg, and 240mg	

	timolol	Tablet	5mg, 10mg, and 20mg	
Beta-Adrenergic Blockers and Thiazide Diuretic Combination Products				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Tenoretic	atenolol/chlorthalidone	Tablet	50/25mg and 100/25mg	
Ziac	bisoprolol/HCTZ	Tablet	5/6.25mg and 10/6.25mg	
Lopressor HCT	metoprolol/HCTZ	Tablet	50/25mg and 100/25mg	
Inderide	propranolol/HCTZ	Tablet	40/25mg and 80/25mg	
Calcium Channel Blocking Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Norvasc	amlodipine	Tablet	2.5mg, 5mg, and 10mg	
	diltiazem	12hr ER Capsule	60mg, 90mg, and 120mg	
Cardizem CD, Cartia XT,	diltiazem	24hr ER Capsule	120mg, 180mg, 240mg, 300mg, and 360mg	
Cardizem LA	diltiazem	24hr ER Tablet	120mg, 180mg, 240mg, 300mg, 360mg, and 420mg	
	diltiazem	ER Capsule	120mg, 180mg, 240mg, 300mg, 360mg, and 420mg	
Cardizem	diltiazem	Tablet	30mg, 60mg, 90mg, and 120mg	
Plendil	felodipine	ER Tablet	2.5mg, 5mg, and 10mg	
Dynacirc	isradipine	Capsule	2.5mg and 5mg	
Procardia	nifedipine	Capsule	10mg and 20mg	
Procardia XL	nifedipine	ER Tablet	30mg, 60mg, and 90mg	
Nimotop	nimodipine	Capsule	30mg	
Sular	nisoldipine	24hr ER Tablet	8.5mg, 17mg, 25.5mg, and 34mg	PA Required
Verelan, Verelan PM, Verapamil SR	verapamil	24hr ER Capsule	100mg, 120mg, 180mg, 200mg, 240mg, 300mg, and 360mg	
Calan SR	verapamil	ER Tablet	120mg, 180mg, and 240mg	
Calan	verapamil	Tablet	40mg, 80mg, and 120mg	
Calcium Channel Blocker Agents and Angiotensin II Receptor Antagonist Combination Products				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Azor	amlodipine/olmesartan	Tablet	5/40mg	PA Required
Exforge	amlodipine/valsartan	Tablet	5/160mg, 5/320mg, 10/160mg, and 10/320mg	PA Required
Calcium Channel Blocker Agents, Angiotensin II Receptor Antagonist, and Thiazide Diuretic Combination Products				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Exforge HCT	amlodipine/valsartan/HCTZ	Tablet	5/160/12.5mg, 5/160/25mg, 10/160/25mg, and 10/320/25mg	
Tribenzor	olmesartan/amlodipine/ HCTZ	Tablet	20/5/12.5mg, 40/5/12.5mg, 40/5/25mg, 40/10/12.5mg, and 40/10/25mg	PA Required
Pulmonary Anti-Hypertensive Endothelin Receptor Antagonist				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Letairis	ambrisentan	Tablet	5mg and 10mg	PA Required **SPEC***

Tracleer	bosentan	Tablet	62.5mg and 125mg	PA Required **SPEC***
Pulmonary Anti-Hypertensive PDE-5 Inhibitor				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Revatio	sildenafil	Tablet	20mg	PA Required
Adcirca	tadalafil	Tablet	20mg	PA Required **SPEC***
Renin Inhibitor Direct				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Tekturna	aliskiren	Tablet	150mg and 300mg	PA Required
Renin Inhibitor Direct and Calcium Channel Blocker				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Tekamlo	aliskiren/amlodipine	Tablet	150/5mg, 150/10mg, 300/5mg, and 300/10mg	PA Required
Renin Inhibitor Direct and Thiazide Diuretic				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Tekturna HCT	aliskiren/HCTZ	Tablet	150/125mg, 150/25mg, 300/12.5mg, and 300/25mg	PA Required
Sympatholytic Antihypertensives				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Catapress	clonidine	Tablet	0.1mg, 0.2mg, and 0.3mg	
Catapress-TTS	clonidine	Patch	0.1mg/24hr, 0.2mg/24hr, and 0.3mg/24hr	PA Required
Tenex	guanfacine	Tablet	1mg and 2mg	
Aldomet	methyldopa	Tablet	250mg and 500mg	
	reserpine	Tablet	0.1mg and 0.25mg	
Vasodilators				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	hydralazine	Tablet	10mg, 25mg, 50mg, and 100mg	
Loop Diuretics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Bumex	bumetanide	Tablet	0.5mg, 1mg, and 2mg	
Lasix	furosemide	Solution	10mg/mL and 40mg/5mL	
Lasix	furosemide	Tablet	20mg, 40mg, and 80mg	
Demadex	torsemide	Tablet	5mg, 10mg, 20mg, and 100mg	
Potassium Sparing Diuretics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Midamor	amiloride	Tablet	5mg	
Inspra	eplerenone	Tablet	25mg and 50mg	PA Required
Aldactone	spironolactone	Tablet	25mg, 50mg, and 100mg	
Potassium Sparing Diuretics in Combination				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Dyazide	triamterene/HCTZ	Capsule	37.5/25mg and 50/25mg	
Maxzide	triamterene/HCTZ	Tablet	37.5/25mg and 75/50mg	
Thiazide Diuretics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	chlorthalidone	Tablet	25mg and 50mg	
	HCTZ	Capsule	12.5mg	
	HCTZ	Tablet	25mg and 50mg	
	indapamide	Tablet	1.25mg and 2.5mg	
	metolazone	Tablet	2.5mg, 5mg, and 10mg	

Antiarrhythmics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Pacerone	amiodarone	Tablet	200mg and 400mg	
Norpace	disopyramide	Capsule	100mg and 150mg	
Norpace CR	disopyramide	ER Capsule	100mg and 150mg	
Tikosyn	dofeltilide	Capsule	125mcg, 250mcg, and 500mcg	
Tambocor	flecainide	Tablet	50mg, 100mg, and 150mg	
Mexiletine	mexiletine	Capsule	150mg, 200mg, and 250mg	
Rythmol	propafenone	Tablet	150mg, 225mg, and 300mg	
Rythmol SR	propafenone	ER Capsule	225mg, 325mg, and 425mg	PA Required
Quinaglute	quinidine gluconate	ER Tablet	324mg	
Qualaquin	quinidine sulfate	Tablet	200mg and 300mg	
Digitalis Glycosides				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Digitek	digoxin	Tablet	125mcg and 250mcg	
Digox	digoxin	Tablet	125mcg and 250mcg	
Digoxin	digoxin	Solution	50mcg/mL	
Digoxin	digoxin	Tablet	125mcg and 250mcg	
Lanoxin	digoxin	Tablet	125mcg and 250mcg	
Antihyperlipidemic HMG-CoA Reductase Inhibitor				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Lipitor	atorvastatin	Tablet	10mg, 20mg, 40mg, and 80mg	QL of 1 tablet per day w/o PA.
Lescol	fluvastatin	Tablet	20mg and 40mg	
Lescol XL	fluvastatin	ER Tablet	80mg	
Mevacor	lovastatin	Tablet	20mg and 40mg	QL of 1 tablet per day w/o PA.
Pravachol	pravastatin	Tablet	20mg, 40mg, and 80mg	QL of 1 tablet per day w/o PA.
Crestor	rosuvastatin	Tablet	5mg, 10mg, 20mg, and 40mg	Use ½ tab of next highest strength for dose
Zocor	simvastatin	Tablet	5mg, 10mg, 20mg, 40mg, and 80mg	
Antihyperlipidemic HMG-CoA and Calcium Channel Blocker Combination				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Caduet	amlodipine/atorvastatin	Tablet	2.5/10mg, 2.5/20mg, 2.5/40mg, 5/10mg, 5/20mg, 5/40mg, 5/80mg, 10/10mg, 10/20mg, 10/40mg, and 10/80mg	PA Required
Bile Salt Sequestrants				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Questran	cholestyramine (with sugar)	Powder and Power Pack	4g	PA Required
Questran Light or Prevalite	cholestyramine (with aspartame)	Powder and Power Pack	4g	PA Required
Welchol	colesevelam	Tablet	625mg	
Welchol	colesevelam	Powder Pack	3.7g	PA Required

Colestid	colestipol	Granules for Suspension	5g	
Colestid	colestipol	Packets (containing Granules for Suspension)	5g	PA Required
Lipotropics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Zetia	ezetimibe	Tablet	10mg	
Fenoglide	fenofibrate	Tablet	40mg and 120mg	PA Required
Lofibra	fenofibrate	Tablet	54mg and 160mg	
Lofibra	fenofibrate micronized	Capsule	67mg, 134mg, and 200mg	
Triglide	fenofibrate nanocrystals	Tablet	160mg	
TriLipix	fenofibric acid	Capsule	45mg and 135mg	
Fibricor	fenofibric acid	Tablet	35mg and 105mg	
Lopid	gemfibrozil	Tablet	600mg	
	fish oil/DHA/EPA	Capsule	1,200/144mg	PA Required
	fish oil/DHA/EPA	Capsule	1,200/144mg	PA Required
	omega-3 fatty acid	Capsule	1,000mg	QL of 4 per day
	omega-3 fatty acids/fish oil	Capsule	300/1,000mg	QL of 4 per day
	omega-3 fatty acids/fish oil	Capsule	340/1,000mg	QL of 4 per day
	omega-3 fatty acids/fish oil	Capsule	500/1,000mg	QL of 4 per day
	omega-3 fatty acids/fish oil	Capsule	600/1,000mg	QL of 4 per day
	omega-3/DHA/EPA/fish oil	Capsule	300/1,000mg	QL of 4 per day
	omega-3/DHA/EPA/fish oil	Capsule	1,000mg	QL of 4 per day
Niacin Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	niacin	ER Capsule	125mg	PA Required
	niacin	ER Capsule	250mg and 500mg	
	niacin	ER Tablet	250mg, 500mg, and 750mg	
	niacin	Tablet	50mg, 100mg, 250mg, and 500mg	
	niacinamide	ER Tablet	500mg	
	niacinamide	Tablet	100mg and 500mg	
Adrenergic Vasopressor Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Northera	droxidopa	Capsule	100mg, 200mg, and 300mg	PA Required **SPEC***
Proamatine	midodrine	Tablet	2.5mg, 5mg, and 10mg	
Anti-Anginal and Anti-Ischemic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Ranexa	ranolazine	ER Tablet	500mg and 1000mg	PA Required
Coronary Vasodilators				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	isosorbide dinitrate	ER Tablet	40mg	
Isordil	isosorbide dinitrate	Tablet	5mg, 10mg, 20mg, 30mg, and 40mg	
Imdur	isosorbide mononitrate	ER Tablet	30mg, 60mg, and 120mg	
Monoket	isosorbide mononitrate	Tablet	10mg and 20mg	
Nitro-Bid	nitroglycerin	Ointment	2%	

Minitran or Nitro-Dur	nitroglycerin	Patch	0.1mg/hr, 0.2mg/hr, 0.3mg/hr, 0.4mg/hr, 0.6mg/hr, and 0.8mg/hr	
Nitrostat	nitroglycerin	SL Tablet	0.3mg, 0.4mg, and 0.6mg	
Nitrolingual	nitroglycerin	Spray	0.4mg/spray	
Anticoagulants				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Pradaxa	dabigatran	Capsule	75mg and 150mg	PA Required
Fragmin	dalteparin	Injection Solution (Prefilled Syringe)	2500u/0.2mL, 5000u/0.2mL, 7500u/0.3mL, 10,000u/mL, 12,500u/0.5mL, 15,000u/0.6mL, and 18,000u/0.72mL	PA Required **SPEC***
Fragmin	dalteparin	Injection Solution (Vial)	25,000u/mL	PA Required **SPEC***
Lovenox	enoxaparin	Injection Solution (Prefilled Syringe)	30mg/0.3mL, 40mg/0.4mL, 60mg/0.6mL, 80mg/0.8mL, 100mg/mL, 120mg/0.8mL, and 150mg/mL	QL of up to 12 day bridging supply at retail pharmacy. **SPEC*:** Supply greater than 12 days must be obtained through specialty pharmacy
Lovenox	enoxaparin	Injection Solution (Vial)	300mg/3mL	QL of up to 12 day bridging supply at retail pharmacy. **SPEC*:** Supply greater than 12 days must be obtained through specialty pharmacy
Coumadin	warfarin	Tablet	1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, and 10mg	
Antifibrinolytic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Amicar	aminocaproic acid	Tablet	500mg and 1000mg	PA Required
Lysteda	tranexamic acid	Tablet	650mg	PA Required
Hemorrheologic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Trental	pentoxifylline	Tablet	400mg	
Leukocyte WBC Stimulants				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Neupogen	filgrastim	Injection Solution (Prefilled Syringe)	300mcg/0.5mL and 480mcg/0.8mL	PA Required **SPEC***
Neupogen	filgrastim	Injection Solution (Vial)	300mcg/mL and 480mcg/1.6mL	PA Required **SPEC***
Neulasta	pegfilgrastim	Injection Solution (Prefilled Syringe)	6mg/0.6mL	PA Required **SPEC***
Leukine	sargramostim	Injection Powder for Solution (Recon) – Vial	250mcg	PA Required **SPEC***
Other Hematinics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**

Epogen	epoetin alfa	Injection Solution (Vial)	2,000u/mL, 3,000u/mL, 4,000u/mL, 10,000u/mL, 20,000u/mL, and 20,000u/2mL	PA Required **SPEC***
Procrit	epoetin alfa	Injection Solution (Vial)	Single Dose Vials (1mL each): 2,000u/mL, 3,000u/mL, 4,000u/mL, 10,000u/mL, 20,000u/2mL, and 40,000u/mL Multi dose vials: 10,000u/mL (2mL) and 20,000u/mL (1mL)	PA Required **SPEC***
Platelet Aggregation Inhibitors				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Aggrenox	ASA/dipyridamole	ER Capsule	25/200mg	PA Required
Pletal	cilostazol	Tablet	50mg and 100mg	
Plavix	clopidogrel	Tablet	75mg	
Plavix	clopidogrel	Tablet	300mg	PA Required
	dipyridamole	Tablet	25mg, 50mg, and 75mg	
Effient	prasugrel	Tablet	5mg and 10mg	PA Required
Ticlid	ticlopidine	Tablet	250mg	
Platelet Reducing Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Agrylin	anagrelide	Capsule	0.5mg	PA Required **SPEC***
Agrylin	anagrelide	Capsule	1mg	
Thrombopoietin Receptor Agonists				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Promacta	eltrombopag	Tablet	12.5mg, 25mg, 50mg, and 75mg	PA Required **SPEC***
Vitamin K Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Mephyton	phytonadione	Tablet	5mg	

Central Nervous System/Behavioral Health				
Addiction Medicine				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Campral	acamprosate	DR Tablet	333mg	PA Required
Antabuse	disulfiram	Tablet	250mg and 500mg	
	buprenorphine	SL Tablet	2mg and 8mg	PA Required; Must follow Suboxone/ buprenorphine Policy
	buprenorphine/naloxone	SL Tablet	2/0.5mg and 8/2mg	PA Required; Must follow Suboxone/ buprenorphine Policy
Agents to Treat Multiple Sclerosis				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Zinbryta	daclizumab	Injection Solution (Prefilled Syringe)	5mg/mL	PA Required **SPEC***
Tecfidera	dimethyl fumarate	DR Capsule (Starter Pack)	120mg and 240mg combo pack	PA Required **SPEC***
Tecfidera	dimethyl fumarate	DR Capsule	120mg and 240mg	PA Required **SPEC***
Gilenya	fingolimod	Capsule	0.5mg	PA Required **SPEC***
Copaxone	glatiramer acetate	Injection Solution (Prefilled Syringe)	40mg/mL	PA Required **SPEC***
Avonex	interferon beta-1a	Injection Solution (Prefilled Syringe or Injection Pen)	30mcg/0.5mL	PA Required **SPEC***
Rebif	interferon beta-1a/albumin	Injection Solution (Prefilled Syringe)	22mcg/0.5mL and 44mcg/0.5mL	PA Required **SPEC***
Rebif Rebidose	interferon beta-1a/albumin	Injection Solution (Injection Pen)	22mcg/0.5mL and 44mcg/0.5mL	PA Required **SPEC***
Tysabri	natalizumab	Injection Solution (Vial)	300mg/15mL	PA Required **SPEC***
Aubagio	teriflunomide	Tablet	7mg and 14mg	PA Required **SPEC***
Alzheimer's Therapy, NMDA Receptor Antagonists				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Namenda	memantine	Solution	10mg/5mL	PA Required
Namenda	memantine	Tablet	5 and 10mg	PA Required
Anticonvulsants				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Tegretol	carbamazepine	Chewable Tablet	100mg	
Tegretol	carbamazepine	Suspension	100mg/5mL	
Tegretol	carbamazepine	Tablet	200mg	
Tegretol ER	carbamazepine	12hr ER Tablet	100mg, 200mg, and 400mg	
Carbatrol or Equetro	carbamazepine	12hr ER Capsule	100mg, 200mg, and 300mg	PA Required
	clonazepam	Rapid Tablet	0.125mg, 0.25mg, 0.5mg, 1mg, and 2mg	PA Required

Zarontin	ethosuximide	Capsule	250mg	PA Required
Zarontin	ethosuximide	Solution	250mg/5mL	
Neurontin	gabapentin	Capsule	100mg	QL of #360/month
Neurontin	gabapentin	Capsule	300mg and 400mg,	QL of 3600mg/day
Neurontin	gabapentin	Solution	250mg/5mL	Limited to members 12 and under and QL of #450mL per month w/o PA
Neurontin	gabapentin	Tablet	600mg and 800mg	QL of 3600mg/day
Vimpat	lacosamide	Tablet	50mg, 100mg, 150mg, and 200mg	PA Required
Keppra	levetiracetam	Solution	100mg/mL	solution 1000mL/30 days w/o pa
Keppra	levetiracetam	Tablet	250mg, 500mg, 750mg, and 1000mg	QL of 6 tabs per day w/o PA
Keppra XR	levetiracetam	ER Tablet	500mg and 750mg	PA Required
Trileptal	oxcarbazepine	Suspension	300mg/5mL	PA Required
Trileptal	oxcarbazepine	Tablet	150mg, 300mg, and 600mg	
	phenobarbital	Elixir	20mg/5mL	
	phenobarbital	Tablet	15mg, 30mg, 60mg, and 100mg	
	phenobarbital	Tablet	½ gr, 1 gr, and 1.5 gr	
	phenytoin	Capsule	30mg and 100mg	
	phenytoin	Chewable Tablet	50mg	
	phenytoin	ER Capsule	100mg, 200mg, and 300mg	200mg Capsule: QL of 4 capsules per day
	phenytoin	Suspension	125mg/5mL	
Lyrica	pregabalin	Capsule	25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, and 300mg	PA Required *CONTROLLED SUBSTANCE*
Lyrica	pregabalin	Solution	20mg/mL	PA Required *CONTROLLED SUBSTANCE*
Mysoline	primidone	Tablet	50mg and 250mg	
Banzel	rufinamide	Suspension	40mg/mL	PA Required
Gabitril	tiagabine	Tablet	2mg, 4mg, 12mg, and 16mg	PA Required
Topamax	topiramate	Capsule (Sprinkles)	15mg and 25mg	PA Required
Topamax	topiramate	Tablet	25mg, 50mg, 100mg, and 200mg	QL of 4 tablets per day w/o PA
Zonegran	zonisamide	Capsule	25mg, 50mg, and 100mg	PA Required
Antiparkinsonism Drugs, Anticholinergic				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Cogentin	benztropine	Tablet	0.5mg, 1mg, and 2mg	
	trihexyphenidyl	Elixir	2mg/5mL	
	trihexyphenidyl	Tablet	2mg and 5mg	
Antiparkinsonism Drugs, Other				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Symmetrel	amantadine	Capsule	100mg	
Symmetrel	amantadine	Solution	50mg/5mL	
	bromocriptine	Capsule	5mg	
	bromocriptine	Tablet	2.5mg	
Lodosyn	carbidopa	Tablet	25mg	

Sinemet	carbidopa/levodopa	Tablet	10/100mg, 25/100mg, and 25/250mg	
Sinemet CR	carbidopa/levodopa	ER Tablet	25/100mg, and 50/200mg	
Stalevo	carbidopa/levodopa/ entacapone	Tablet	12.5/50/200mg, 18.75/75/200mg, 25/100/200mg, 31.25/125/200mg, 37.5/150/200mg, and 50/200/200mg	
Comtan	entacapone	Tablet	200mg	
Mirapex	pramipexole	Tablet	0.125mg, 0.25mg, 0.5mg, 0.75mg, 1mg, and 1.5mg	
	pramipexole	ER Tablet	0.375mg, 0.75mg, 1.5mg, 3mg, and 4.5mg	PA Required
Azilect	rasagiline	Tablet	0.5mg and 1mg	PA Required
Requip	ropinirole	Tablet	0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, and 5mg	PA Required; QL of 1 per day
Requip XL	ropinirole	ER Tablet	2mg, 3mg, 4mg, 6mg, 8mg, and 12mg	PA Required
Neupro	rotigotine	Patch	2mg/24hr, 4mg/24hr and 6mg/24hr	PA Required
	selegiline	Capsule	5mg	
Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy Drugs				
• **For Members age 6-18 medications without a Prior authorization Requirement will process without a prior authorization.** • **Members under 6 and aged 19 and older will require a PA even if no PA requirements are listed** • **Members over 18 must follow UHA Stimulant Guideline**				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Focalin	dexmethylphenidate	Tablet	2.5mg, 5mg, and 10mg	PA Required
Focalin XR	dexmethylphenidate	ER Capsule	5mg, 10mg, 15mg, 20mg, and 30mg	PA Required
DextroStat	dextroamphetamine	Tablet	5mg and 10mg	
Dexedrine	dextroamphetamine	ER Capsule	5mg, 10mg, and 15mg	PA Required
Adderall	dextroamphetamine/ amphetamine	Tablet	5mg, 7.5mg, 10mg, 12.5mg, 15mg, 20mg, and 30mg	
Adderall XR	dextroamphetamine/ amphetamine	ER Capsule	5mg, 10mg, 15mg, 20mg, 25mg, and 30mg	PA Required
Vyvanse	lisdexamphetamine	Capsule	20mg, 30mg, 40mg, 50mg, 60mg, and 70mg	PA Required
Metadate CD	methylphenidate	ER Capsule (bimodal 30/70)	10mg, 20mg, 30mg, 40mg, 50mg, and 60mg	PA Required
Ritalin LA	methylphenidate	ER Capsule (bimodal 50/50)	10mg, 20mg, and 30mg	PA Required
Ritalin SR or Metadate ER	methylphenidate	ER Tablet	10mg and 20mg	Limit 3 per day w/o PA
Concerta	methylphenidate	24 hr ER Tablet (bimodal 22/78)	18mg, 27mg, 36mg, and 54mg	PA Required
Methylin	methylphenidate	Solution	5mg/5mL and 10mg/5mL	PA Required
Methylin	methylphenidate	Chewable Tablet	2.5mg, 5mg, and 10mg	PA Required
Ritalin	methylphenidate	Tablet	5mg, 10mg, and 20mg	QL of 4 per day w/o PA
Cholinesterase Inhibitor				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**

Aricept	donepezil	Tablet	5mg	QL of 2 per day
Aricept	donepezil	Tablet	10mg	QL of 1 per day
Aricept	donepezil	Tablet	23mg	PA Required
Aricept ODT	donepezil	Rapid Tablet	5mg and 10mg	PA Required
Mestinon	pyridostigmine	Syrup	60mg/5mL	
Mestinon	pyridostigmine	Tablet	60mg	
Mestinon Timespan	pyridostigmine	ER Tablet	180mg	
Exelon	rivastigmine	Capsule	1.5mg, 3mg, 4.5mg, and 6mg	PA Required
Exelon	rivastigmine	Patch	4.6mg/24hr and 9.5mg/24hr	PA Required
Fibromyalgia Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Savella	milnacipran	Tablet	12.5mg, 25mg, and 50mg	PA Required
Savella Dose Pack	milnacipran	Dose Pack	Dose Pack- 12.5mg, 25mg, 50mg combo	PA Required
Movement Disorder (Drug Therapy)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Horizant	gabapentin enacarbil	ER Tablet	600mg	PA Required
Narcotic Antagonists				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Narcan	naloxone	Nasal Spray	4mg	QL of 2 per 180 day w/o pa
	naltrexone	Tablet	50mg	
Sedative Hypnotics Non Barbiturate				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Klonopin	clonazepam	Tablet	0.5mg, 1mg, and 2mg	
	diphenhydramine	Capsule	25mg	QL of 3 per day w/o PA
	diphenhydramine	Rapid Tablet	25mg	QL of 3 per day w/o PA
	diphenhydramine	Tablet	25mg and 50mg	QL of 3 per day w/o PA
Unisom, Wal-Som, etc	doxylamine	Tablet	25mg	QL of 2 per day w/o PA
	estazolam	Tablet	1mg and 2mg	PA Required
Lunesta	eszopiclone	Tablet	1mg, 2mg, and 3mg	PA Required
	flurazepam	Capsule	15mg and 30mg	PA Required
Restoril	temazepam	Capsule	15mg, 22.5mg, and 30mg	PA Required
	triazolam	Tablet	0.125mg and 0.25mg	PA Required
Ambien	zolpidem	Tablet	5mg	QL of 2 per day; Max of 90 days per 180 days without PA
Ambien	zolpidem	Tablet	10mg	QL of 1 per day; Max of 90 days per 180 days without PA
Ambien CR	zolpidem	ER Tablet	6.25mg and 12.5mg	PA Required QL of 1 per day

Pain Management				
Anti-Arthritic And Chelating Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Cuprimine	penicillamine	Capsule	250mg	PA Required **SPEC***
Depen	penicillamine	Tablet	250mg	PA Required **SPEC***
Anti-Inflammatory/Miscellaneous Antiarthritics Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Glucosamine Chondroitin	glucosamine/chondroitin	Capsule	500/400mg	PA Required
Cosamin DS	glucosamine/chondroitin/ vitamin C/ manganese	Capsule	500/400mg	PA Required
Osteo Bi-Flex	glucosamine/chondroitin MSM Complex/vitamin C/ manganese/boswella/boron	Tablet	750/644mg	PA Required
Antimigraine Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Axert	almotriptan	Tablet	6.25mg and 12.5mg	PA Required; QL of 6 per 30 days
Replax	eletriptan	Tablet	20mg and 40mg	PA Required; QL of 6 per 30 days
Frova	frovatriptan	Tablet	2.5mg	PA Required; QL of 9 per 30 days
Amerge	naratriptan	Tablet	1mg and 2.5mg	QL of 9 per 30 days
Maxalt	rizatriptan	Tablet	5mg and 10mg	QL of 9 per 30 days
Maxalt MLT	rizatriptan	Rapid Tablet	5mg and 10mg	QL of 9 per 30 days
Imitrex	sumatriptan	Cartridge	4mg/0.5mg and 6mg/0.5mg	PA Required; QL of 1 per 30 days
Imitrex	sumatriptan	Nasal Spray	5mg and 20mg	PA Required; QL of 6 per 30 days
Imitrex	sumatriptan	Solution (Pen Injector)	4mg/0.5mL, and 6mg/0.5mL	PA Required; QL of 1 per 30 days
Imitrex	sumatriptan	Solution (Vial)	6mg/0.5mg	PA Required; QL of 1 per 30 days
Imitrex	sumatriptan	Tablet	25mg, 50mg, and 100mg	QL of 9 per 24 days
Sumavel DosePro	sumatriptan	Needle Free Injector	6mg/0.5mg	PA Required; QL of 1 per 30 days
Treximet	sumatriptan/naproxen sodium	Tablet	85/500mg	PA Required; QL of 9 per 30 days
Zomig	zolmitriptan	Nasal Spray	5mg/0.1mL	PA Required; QL of 6 per 30 days
Zomig	zolmitriptan	Tablet	2.5mg and 5mg	QL of 6 per 30 days
Zomig ZMT	zolmitriptan	Rapid Tablet	2.5mg and 5mg	PA Required; QL of 6 per 30 days
Irritants/Counter-Irritants				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	capsaicin	Cream	0.025% and 0.1%	QL of 1 tube per month w/o PA
Salonpas	methyl salicylate/menthol/ camphor	Patch		QL of 40 patches per month w/o PA
Local Anesthetics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	lidocaine	solution	2%	PA Required

	lidocaine	jelly	2%	QL of up to 30g w/o PA every 30 days
Medications to Treat Gout				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Zyloprim	allopurinol	Tablet	100mg and 300mg	
	colchicine	Tablet	0.6mg	
	colchicine/probenecid	Tablet	0.5/500mg	
	probenecid	Tablet	500mg	
Narcotic Analgesics				
• **Excluding conditions of the back and spine covered by Guideline Note 60 of the prioritized list, must follow UHA's Opioid Policy** • **Members are limited to up to 30 days every 180 (continuous) without PA** • **Prescriptions that exceed 90 morphine equivalents per day require review by UHA staff**				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Tylenol w/Codeine	acetaminophen and codeine	Solution	120/12mg per 5mL	QL of 300mL per 365 days
Tylenol w/Codeine	acetaminophen and codeine	Solution	240/24mg per 5mL, 300/12.5mg per 5mL, and 360/36mg per 5mL	QL of 120mL/fill limited to members under 12
Tylenol w/Codeine	acetaminophen and codeine	Tablet	300/15mg, 300/30mg, 300/60mg, and 650/30mg	
Stadol	butorphanol tartrate	Nasal Spray	10mg/mL	PA Required
	codeine	Tablet	15mg, 30mg, and 60mg	
Duragesic	fentanyl	Patch	12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, and 100mcg/hr	PA Required
Actiq	fentanyl	Buccal Lozenge	200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, and 1600mcg	PA Required
	hydrocodone/APAP	Solution	2.5/167mg per 15mL	
	hydrocodone/APAP	Solution	7.5/325mg per 15mL	QL of 480mL per 365 days w/o PA
	hydrocodone/APAP	Tablet	5/325mg, 7.5/325mg, and 10/325mg	
Vicoprofen	hydrocodone/IBU	Tablet	7.5/200mg	
Dilaudid	hydromorphone	Solution	1mg/mL	PA Required
Dilaudid	hydromorphone	Tablet	2mg, 4mg, and 8mg	
Demerol	meperidine	Solution	50mg/5mL	
Demerol	meperidine	Tablet	50mg and 100mg	
	methadone	Tablet	5mg and 10mg	
	morphine	ER Tablet	15mg, 30mg, 60mg, 100mg, and 200mg	ER Tabs – Preferred long acting opioid
	morphine	Solution	10mg/5mL, 20mg/5mL, and 100mg/5mL	PA Required
	morphine	Tablet	15mg and 30mg	
	morphine	ER Capsule	30mg, 45mg, 60mg, 75mg, 90mg, and 120mg	PA Required
	oxycodone	ER Tablet	10mg, 20mg, 40mg, and 80mg	PA Required
	oxycodone	Oral Concentrate	20mg/mL	PA Required
	oxycodone	Solution	5mg/5mL	QL of 100mL per 365 days

	oxycodone	Tablet	5mg, 10mg, 15mg, and 30mg	
	oxycodone/APAP	Solution	5/325mg per 5mL	
	oxycodone/APAP	Tablet	2.5/325mg, 5/325mg, 7.5/325mg, and 10/325mg	
Ultram	tramadol	Tablet	50mg	
Narcotic, Analgesic, Barbiturate Combination				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Fioricet W/Cod.	butalbital/APAP/caffeine/ codeine	Capsule	50/325/40/30mg	
Asacomp	butalbital/ASA/caffeine/ codeine	Capsule	50/325/40/30mg	
Non-Narcotic, Analgesic, Barbiturate Combination				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	butalbital/APAP	Capsule	50/650mg	
	butalbital/APAP	Tablet	50/325mg	
Fioricet Tablets	butalbital/APAP/caffeine	Tablet	50/325/40mg	
	butalbital/ASA/caffeine	Tablet	50/325/40mg	
Non-Narcotic Analgesic/Antipyretics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	acetaminophen	Capsule	500mg	
	acetaminophen	Chewable Tablet	80mg and 160mg	
	acetaminophen	Drops	80mg/0.8mL and 100mg/mL	
	acetaminophen	ER Tablet	650mg	
	acetaminophen	Liquid (Elixir, Suspension, etc)	160mg/5mL	QL of 120mL per fill w/o PA Limited to members under 12
	acetaminophen	Suppository	120mg, 325mg, and 650mg	
	acetaminophen	Tablet	325mg and 500mg	
	aspirin	Chewable Tablet	81mg	
	aspirin	DR Tablet	81mg, 325mg, and 650mg	
	aspirin	Suppository	300mg and 600mg	
	aspirin	Tablet	325mg and 500mg	
	aspirin/calcium carbonate	Tablet	325mg	
Choline	choline/magnesium trisalicylate	Liquid	500mg/5mL	PA Required
	diflunisal	Tablet	500mg	PA Required
	salsalate	Tablet	500mg and 750mg	
NSAIDs				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Celebrex	celecoxib	Capsule	50mg, 100mg, 200mg, and 400mg	PA Required
	diclofenac sodium	24hr ER Tablet	100mg	PA Required
	diclofenac sodium	DR Tablet	25mg	PA Required
	diclofenac sodium	DR Tablet	50mg and 75mg	
Voltaren Gel	diclofenac sodium	Topical Gel	1%	QL of up to 100g per 30 days w/o PA
Arthrotec	diclofenac sodium/misoprostol	IR/DR Tablet (Biphase)	50/200mg and 75/200mg	PA Required
	etodolac	24hr ER Tablet	400mg, 500mg, and 600mg	PA Required
	etodolac	Capsule	200mg and 300mg	PA Required

	etodolac	Tablet	400mg and 500mg	
	fenoprofen	Capsule	200mg	PA Required
	fenoprofen	Tablet	600mg	PA Required
	flurbiprofen	Tablet	50mg and 100mg	
	ibuprofen	Capsule	200mg	PA Required
	ibuprofen	Chewable Tablet	100mg	PA Required
	ibuprofen	Suspension	50mg/1.2mL and 100mg/5mL	QL of up to 500mL per 30 days w/o PA
	ibuprofen	Tablet	200mg, 400mg, 600mg, and 800mg	
Indocin	indomethacin	Capsule	25mg and 50mg	
Indocin	indomethacin	ER Capsule	75mg	PA Required
Indocin	indomethacin	Suspension	25mg/5mL	
Indocin	indomethacin	Suppository	50mg	
	ketoprofen	24hr Capsule	200mg	PA Required
	ketoprofen	Capsule	50mg and 75mg	PA Required
	ketorolac	Tablet	10mg	
	meclofenamate	Capsule	50mg and 100mg	PA Required
	meloxicam	Suspension	7.5mg/5mL	PA Required
Mobic	meloxicam	Tablet	7.5mg and 15mg	Max of 15mg per day w/o PA
	nabumetone	Tablet	500mg and 750mg	PA Required
	naproxen	DR Tablet	375mg and 500mg	
	naproxen	Suspension	125mg/5mL	QL of up to 450mL per 30 days
	naproxen	Tablet	250mg, 375mg, and 500mg	QL of 3 per day
	naproxen sodium	Capsule	220mg	PA Required
	naproxen sodium	Tablet	220mg	
	naproxen sodium	Tablet	275mg and 550mg	QL of 3 per day
Daypro	oxaprozin	Tablet	600mg	PA Required
	piroxicam	Capsule	10mg and 20mg	PA Required
	sulindac	Tablet	150mg and 200mg	
	tolmetin	Capsule	400mg	
	tolmetin	Tablet	200mg and 600mg	
Skeletal Muscle Relaxants				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	baclofen	Tablet	10mg and 20mg	QL of 4 per day and #120 per month
Parafon Forte	chlorzoxazone	Tablet	500mg	PA Required
Amrix	cyclobenzaprine	24hr ER Capsule	15mg and 30mg	PA Required
Flexeril	cyclobenzaprine	Tablet	5mg and 10mg	QL of 3 per day w/o PA
	dantrolene	Capsule	25mg, 50mg, and 100mg	PA Required
Skelaxin	metaxalone	Tablet	800mg	PA Required
Robaxin	methocarbamol	Tablet	500mg	QL of 16 per day
Robaxin	methocarbamol	Tablet	750mg	QL of 10 per day
Norflex	orphenadrine	ER Tablet	100mg	PA Required
Zanaflex	tizanidine	Capsule	2mg, 4mg, and 6mg	PA Required; Tablets preferred over Capsules
	tizanidine	Tablet	2mg	QL of 18 per day
	tizanidine	Tablet	4mg	QL of 9 per day

Dental Drugs				
Dental Aids And Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Periogard	chlorhexidine gluconate	Mouthwash	0.12%	QL of 480mL per 30 days
Gumsol	zinc chloride/benzocaine	Spray	0.1/5%	PA Required

Dermatological Agents				
Antiperspirants				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Drysol	aluminum chloride	Topical Solution	20%	PA Required
Antipsoriatic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Dritho-Scalp	anthralin	Topical Cream	1%	PA Required
Calcitrene	calcipotriene	Topical Ointment	0.005%	PA Required
Dovonex	calcipotriene	Topical Cream	0.005%	PA Required
	calcipotriene	Topical Solution	0.005%	PA Required
Tazorac	tazarotene	Topical Cream	0.05% and 0.1%	PA Required
Tazorac	tazarotene	Topical Gel	0.05% and 0.1%	PA Required
Antiseborrheic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	selenium sulfide	Lotion	2.5%	PA Required
Ovace Plus	sulfacetamide sodium	Shampoo	10%	PA Required
Emollients				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Amlactin	ammonium lactate	Kit (Cream)	12/12%	PA Required
Aspercreme	trolamine salicylate/aloe vera	Cream	10%	PA Required
Vitamin E Ointment	vitamin E/wheat germ/ aloe	Ointment		PA Required
Keratolytics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Condylox	podofilox	Gel	0.5%	PA Required
Condylox	podofilox	Solution	0.5%	PA Required
Uramaxin	urea	Lotion	45%	PA Required
Skin Tissue Replacement				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Dermagraft	cult skin subst,human-bovine	Sheet	2" x 3"	
Systemic Acne Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Absorica	isotretinoin	Capsule	10mg, 20mg, 30mg, and 40mg	PA Required
Amnesteem	isotretinoin	Capsule	10mg, 20mg, and 40mg	PA Required
Claravis	isotretinoin	Capsule	10mg, 20mg, 30mg, and 40mg	PA Required
Myorisan	isotretinoin	Capsule	10mg, 20mg, 30mg, and 40mg	PA Required

Zenatane	isotretinoin	Capsule	10mg, 20mg, 30mg, and 40mg	PA Required
Systemic Antipsoriatic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Soriatane	acitretin	Capsule	10mg and 25mg	PA Required **SPEC***
	methoxsalen	Capsule	10mg	PA Required
Topical Acne Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Benzaclin	clindamycin/benzoyl peroxide	Gel	1/5%	PA Required
Klaron	sulfacetamide sodium	Topical Suspension	10%	PA Required
Topical Antibacterial Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Epi-Clenz	ethyl alcohol	Foam	62%	PA Required
Epi-Clenz	ethyl alcohol	Gel	70%	PA Required
Dermazene	hydrocortisone/iodoquinol	Cream	1/1%	PA Required
Topical Antibiotics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Evoclin	clindamycin phosphate	Foam	1%	PA Required
Cleocin T	clindamycin phosphate	Gel	1%	PA Required
Cleocin T	clindamycin phosphate	Lotion	1%	PA Required
Cleocin T	clindamycin phosphate	Medicated Swab	1%	PA Required
Cleocin T	clindamycin phosphate	Solution	1%	PA Required
Erygel	erythromycin	Gel	2%	PA Required
	erythromycin/benzoyl peroxide	Gel	3/5%	PA Required
	gentamicin	Cream	0.1%	PA Required
	gentamicin	Ointment	0.1%	PA Required
Bactroban	mupirocin	Cream	2%	PA Required
Bactroban	mupirocin	Topical Ointment	2%	
Topical Antibiotics and Steroidal Anti-Inflammatories				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Cortisporin	neomycin/bacitracin/ polymyxin b/HC	Ointment	1%	PA Required
Cortisporin	neomycin/polymyxin b/ bacitracin/HC	Cream	0.5%	PA Required
Topical Antifungals				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Loprox	ciclopirox olamine	Cream	0.77%	PA Required
Loprox	ciclopirox olamine	Suspension	0.77%	PA Required
Loprox	ciclopirox	Gel	0.77%	PA Required
Loprox	ciclopirox	Shampoo	1%	PA Required
Penlac	ciclopirox	Solution	8%	PA Required
	clotrimazole	Cream	1%	
Nizoral	ketoconazole	Cream	2%	PA Required
Nizoral	ketoconazole	Shampoo	2%	PA Required
	miconazole nitrate	Cream	2%	PA Required
Naftin	naftifine	Cream	1%	PA Required
Naftin	naftifine	Gel	1%	PA Required
	nystatin	Cream	100,000u/g	PA Required
	nystatin	Ointment	100,000u/g	PA Required
	nystatin	Powder	100,000u/g	PA Required
	nystatin/triamcinolone	Cream	100,000u/g / 0.1%	PA Required
	nystatin/triamcinolone	Ointment	100,000u/g / 0.1%	PA Required
Exelderm	sulconazole	Cream	1%	PA Required

Exelderm	sulconazole	Solution	1%	PA Required
Lamisil	terbinafine	Spray	1%	PA Required
Topical Antifungals and Anti-Inflammatory Steroid Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Lotrisone	clotrimazole/betamethasone	Cream	1/0.05%	PA Required
Lotrisone	clotrimazole/betamethasone	Lotion	1/0.05%	PA Required
Topical Anti-Inflammatory Steroidal				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	amcinonide	Cream	0.1%	PA Required
	amcinonide	Lotion	0.1%	PA Required
	amcinonide	Ointment	0.1%	PA Required
	betamethasone dipropionate	Gel	0.05%	PA Required
	betamethasone valerate	Cream	0.1%	QL of 15g in 365 days w/o PA
	betamethasone valerate	Ointment	0.1%	QL of 15g in 365 days w/o PA
Temovate	clobetasol propionate	Cream	0.05%	PA Required
Temovate	clobetasol propionate	Ointment	0.05%	PA Required
Clobex or Clodan	clobetasol propionate	Shampoo	0.05%	PA Required
	clobetasol propionate/emollient	Cream	0.05%	PA Required
Olux-E	clobetasol propionate/emollient	Foam	0.05%	PA Required
Cloderm	clocortolone pivalate	Cream	0.1%	PA Required
Apexicon E	diflorasone diacetate/emollient	Cream	0.05%	PA Required
Synalar	fluocinolone acetonide	Cream	0.025%	PA Required
Synalar	fluocinolone acetonide	Ointment	0.025%	PA Required
Synalar	fluocinolone acetonide	Solution	0.01%	PA Required
Vanos	fluocinonide	Cream	0.1%	PA Required
	hydrocortisone	Cream	0.5%	PA Required
	hydrocortisone	Ointment	0.5%	PA Required
	hydrocortisone	Cream	1%	QL of 60g per 365 days w/o PA
Cortizone10	hydrocortisone	Gel	1%	PA Required
	hydrocortisone	Ointment	1%	QL of 60g per 365 days w/o PA
Scalpicin or Scalp Relief	hydrocortisone	Solution	1%	PA Required
Ala-Scalp	hydrocortisone	Lotion	2%	PA Required
Ala-Cort	hydrocortisone	Cream	2.5%	QL of 60g per 365 days w/o PA
	hydrocortisone	Ointment	2.5%	QL of 60g per 365 days w/o PA
Texacort	hydrocortisone	Solution	2.5%	PA Required
	hydrocortisone/aloe	Cream	0.5%	PA Required
Hydroskin or Cortizone10	hydrocortisone/aloe	Cream	0.1%	PA Required
NuCort	hydrocortisone/aloe	Lotion	2%	PA Required
	hydrocortisone butyrate/emollient	Cream	0.1%	PA Required
Pandel	hydrocortisone probutate	Cream	0.1%	PA Required
Scalacort DK	hydrocortisone/salicylic acid/sulfur/shampoo #1	Combo Package	2%/2%/2%	PA Required
Elocon	mometasone furoate	Ointment	0.1%	QL of 15g per 365 days w/o PA
	triamcinolone acetonide	Cream	0.025%	
	triamcinolone acetonide	Ointment	0.025%	

Trianex	triamcinolone acetonide	Ointment	0.05%	PA Required
	triamcinolone acetonide	Cream	0.1%	
	triamcinolone acetonide	Lotion	0.1%	PA Required
	triamcinolone acetonide	Ointment	0.1%	
	triamcinolone acetonide	Aerosol	0.147mg/g	PA Required
	triamcinolone acetonide	Cream	0.5%	
	triamcinolone acetonide	Ointment	0.5%	
Topical Anti-Inflammatory Steroid and Local Anesthetic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Pramosone	hydrocortisone/pramoxine	Cream	1/1%	
	hydrocortisone/pramoxine	Cream	2.5/1%	PA Required
	hydrocortisone/pramoxine	Lotion	1/1% and 2.5/1%	
Pramosone	hydrocortisone/pramoxine	Ointment	1/1%	
Pramosone	hydrocortisone/pramoxine	Ointment	2.5/1%	PA Required
Topical Antineoplastic and Premalignant Lesion Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	bexarotene	Gel	1%	PA Required **SPEC***
	fluorouracil	Cream	5%	PA Required
	fluorouracil	Solution	2% and 5%	
Topical Antiparasitic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Eurax	crotamiton	Cream	10%	PA Required
Eurax	crotamiton	Lotion	10%	PA Required
	permethrin	Cream	5%	QL of 60g per fill w/o PA
	permethrin	Liquid	1%	QL of 60mL per fill w/o PA
RID or Lice Killing	piperonyl butoxide/pyrethrins	Shampoo	4/0.33%	
Topical Antipruritics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	diphenhydramine	Topical Spray	2%	PA Required
Topical Antivirals				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Zovirax	acyclovir	Ointment	5%	PA Required
Topical Immunosuppressive Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Elidel	pimecrolimus	Cream	1%	PA Required
Protopic	tacrolimus	Ointment	0.03% and 0.1%	PA Required
Topical Mucous Membrane and Subcutaneous Enzymes				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Santyl	collagenase clostridium	Ointment	250u/g	PA Required
Topical Rosacea Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Rosadan or Vitazol	metronidazole	Cream	0.75%	PA Required
Metrolotion	metronidazole	Lotion	0.75%	PA Required
Topical Sulfonamides				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
SSD	silver sulfadiazine	Cream	1%	QL of 50g per fill and 250g per 365 days w/o PA
Rosula	sulfacetamide/sulfur	medicated pad	10/5%	PA Required
Topical Vitamin D Analog/Anti-Inflammatory				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Taclonex	calcipotriene/betamethasone	Ointment	0.005/0.064%	PA Required

Vitamin A Derivatives				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Differin	adapalene	Cream	0.1%	PA Required
Differin	adapalene	Gel	0.1% and 0.3%	PA Required
	tretinoin	Cream	0.03%, 0.05%, and 0.1%	PA Required
	tretinoin	Gel	0.01% and 0.03%	PA Required
	tretinoin microspheres	Gel	0.04% and 0.1%	PA Required
Vitamin A Derivatives, Topical Cosmetic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Renova	tretinoin/emollient base	Cream	0.02%	PA Required
Refissa	tretinoin/emollient base	Cream	0.05%	PA Required

DMARDs and Rheumatology Medications

AS - Ankylosing Spondylitis
CD – Crohn's Disease
JIA – Juvenile Idiopathic Arthritis
PJIA – Polyarticular Juvenile Idiopathic Arthritis
Pso – Psoriasis
PsA – Psoriatic Arthritis
RA – Rheumatoid Arthritis
SJIA – Systemic Juvenile Idiopathic Arthritis
UC – Ulcerative Colitis

Anti-Inflammatory Interleukin-1 Receptor Antagonist				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Kineret	anakinra	Injection Solution (Prefilled Syringe)	100mg/0.67mL	PA Required **SPEC*** Used to treat RA for patients with 1 or more drug failures
Anti-Inflammatory Interleukin-1 Receptor Antagonist				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Humira	adalimumab	Injection Solution (Prefilled Syringe or Pen)	10mg/0.2mL, 20mg/0.4mL, and 40mg/0.8mL	PA Required **SPEC*** Used to treat RA, Pso, CD, UC, PsA, and AS
Enbrel	etanercept	Injection Powder for Solution (Recon) – Vial	25mg	PA Required **SPEC*** Used to treat RA, JIA, PsA, AS, and Pso
Enbrel	etanercept	Injection Solution (Prefilled Syringe)	25mg/0.5mL	PA Required **SPEC*** Used to treat RA, JIA, PsA, AS, and Pso

Enbrel	etanercept	Injection Solution (Prefilled Syringe or Pen)	50mg/mL	PA Required **SPEC*** Used to treat RA, JIA, PsA, AS, and Pso
Simponi	golimumab	Injection Solution (Prefilled Syringe or Pen)	50mg/0.5mL and 100mg/mL	PA Required **SPEC*** Used to treat Pso, RA, PsA, and AS
Cosentyx	secukinumab	Injection Solution (Pen Injector and Prefilled Syringe)	150mg/mL	PA Required **SPEC*** Used to treat adults with plaque Pso, active PsA, and AS
Anti-Inflammatory Selective Costim Modulator T-Cell Inhibitor				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Orencia	abatacept	Injection Powder for Solution (Recon) - Prefilled Syringe	125mg/mL	PA Required **SPEC*** Used to treat RA
Orencia	abatacept	Injection Solution (Vial)	250mg	PA Required **SPEC*** Used to treat RA
Drugs to Treat Chronic Inflammation				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Cimzia	certolizumab	Injection Powder for Solution (Recon) - Vial	400mg	PA Required **SPEC*** Used to treat CD, RA, PsA, and AS Dosed as 1 injection (400mg)/month
Cimzia	certolizumab	Injection Solution (Prefilled Syringe)	400mg/2mL	PA Required **SPEC*** Used to treat CD, RA, PsA, and AS Dosed as 1 injection (400mg)/month
Folate Antagonist Agents – Anti-Arthritic				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Rheumatrex	methotrexate	Tablet	2.5mg	
Interleukin-6 (Il-6) Receptor Inhibitors				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Actemra	tocilizumab	Injection Solution (Prefilled Syringe)	162mg/0.9mL	PA Required **SPEC*** Used to treat RA, JIA, and SJIA

Monoclonal Antibody-Human Interleukin 12/23 Inhibitor				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Stelara	ustekinumab	Injection Solution (Prefilled Syringe)	45mg/0.5mL and 90mg/mL	PA Required **SPEC*** Used to treat Pso, CD, and PsA

Ear Preparations				
Antibiotic Ear Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Coly-Mycin S	neomycin/colistin/HC/ thonzonium bromide	Otic Susp	0.33%/0.3%/1%/ 0.05%	PA Required
Cortomycin or Cortisporin	neomycin/polymyxin b/HC	Otic Sol	3.5mg/10,000u/10mg per mL	
	neomycin/polymyxin b/HC	Otic Susp	3.5mg/10,000u/10mg per mL	
	ofloxacin	Otic Sol	0.3%	
Anti-Inflammatory Antibiotics Otic Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Ciprodex	ciprofloxacin/ dexamethasone	Otic Susp	0.3/1%	QL of 7.5mL per fill
Cipro HC	ciprofloxacin/HC	Otic Susp	0.2/1%	
Local Anesthetics Ear Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	antipyrine/benzocaine	Otic Sol	5.4/1.4%	PA Required
Miscellaneous Ear Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	acetic acid	Otic Sol	2%	
	acetic acid/aluminum	Otic Sol	2%	
	acetic acid/HC	Otic Sol	2/1%	

Eye Preparations				
Artificial Tears				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	propylene glycol/PEG 400	Ophthalmic Sol	0.3/0.4%	PA Required
Carbonic Anhydrase Inhibitors				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	acetazolamide	ER Capsule	500mg	PA Required
	acetazolamide	Tablet	125mg and 250mg	
	methazolamide	Tablet	25mg and 50mg	

Eye Antibiotic-Corticosteroid Combinations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Neo-Polycin	bacitracin/neomycin/ polymyxin b	Ophthalmic Oint	400u/3.5mg/10,000u per g	
Neo-Polycin HC	bacitracin/neomycin/ polymyxin b/HC	Ophthalmic Oint	400u/3.5mg/5,000u/ 10,000u per g	
Poly-Dex or Maxitrol	neomycin/polymyxin b/ dexamethasone	Ophthalmic Oint	3.5mg/10,000u/0.1% per g	
Poly-Dex or Maxitrol	neomycin/polymyxin b/ dexamethasone	Ophthalmic Susp	3.5mg/10,000u/0.1% per g	
Poly-Dex or Maxitrol	neomycin/polymyxin b/HC	Ophthalmic Susp	3.5/10,000/10	
Tobradex	tobramycin/dexamethasone	Ophthalmic Oint	0.3/0.1%	
Tobradex	tobramycin/dexamethasone	Ophthalmic Susp	0.3/0.1%	
Zylet	tobramycin/loteprednol	Ophthalmic Susp	0.5/0.3%	
Eye Antihistamine				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Optivar	azelastine	Ophthalmic Sol	0.05%	PA Required
Bepreve	bepotastine	Ophthalmic Sol	1.5%	PA Required
	epinastine	Ophthalmic Sol	0.05%	PA Required
Alaway	ketotifen	Ophthalmic Sol	0.025%	PA Required
Patanol	olopatadine	Ophthalmic Sol	0.1%	PA Required
Pataday	olopatadine	Ophthalmic Sol	0.2%	PA Required
Eye Anti-Inflammatory Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	dexamethasone	Ophthalmic Sol	0.1%	
	diclofenac	Ophthalmic Sol	0.1%	
Durezol	difluprednate	Ophthalmic Sol	0.05%	
FML S.O.P.	fluorometholone	Ophthalmic Oint	0.1%	PA Required
FML Forte	fluorometholone	Ophthalmic Susp	0.25%	
FML Liquidfilm	fluorometholone	Ophthalmic Susp	0.1%	
Flarex	fluorometholone	Ophthalmic Susp	0.1%	
	flurbiprofen	Ophthalmic Sol	0.03%	PA Required
	ketorolac	Ophthalmic Sol	0.4%	PA Required
	ketorolac	Ophthalmic Sol	0.5%	QL of 5mL per 30 days w/o PA
Alrex	loteprednol	Ophthalmic Susp	0.2%	PA Required
Lotemax	loteprednol	Ophthalmic Susp	0.5%	
Nevanac	nepafenac	Ophthalmic Susp	0.1%	
Pred Mild	prednisolone	Ophthalmic Susp	0.12%	
	prednisolone	Ophthalmic Susp	1%	
Eye Antivirals				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Zirgan	ganciclovir	Ophthalmic Gel	0.15%	
Viroptic	trifluridine	Ophthalmic Sol	1%	

Eye Sulfonamides				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	sulfacetamide sodium	Ophthalmic Oint	10%	
Bleph-10 or Sulfamide	sulfacetamide sodium	Ophthalmic Sol	10%	
Blephamide S.O.P.	sulfacetamide/prednisolone	Ophthalmic Oint	10/0.2%	
Blephamide	sulfacetamide/prednisolone	Ophthalmic Sol	10/0.23%	
Blephamide	sulfacetamide/prednisolone	Ophthalmic Susp	10/0.2%	
Mitotic and Other Intraocular Pressure Reducers				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	betaxolol	Ophthalmic Sol	0.5%	
Betoptic S	betaxolol	Ophthalmic Susp	0.25%	
Lumigan	bimatoprost	Ophthalmic Sol	0.01% and 0.03%	
Alphagan P	brimonidine	Ophthalmic Sol	0.1%, 0.15%, and 0.2%	
Azopt	brinzolamide	Ophthalmic Susp	1%	
	cartelol	Ophthalmic Sol	1%	
	dorzolamide	Ophthalmic Sol	2%	
Cosopt	dorzolamide/timolol	Ophthalmic Sol	2/0.5%	
Xalatan	latanoprost	Ophthalmic Sol	0.01%	
	levobunolol	Ophthalmic Sol	0.25% and 0.5%	
	metipranolol	Ophthalmic Sol	0.3%	
	pilocarpine	Ophthalmic Sol	1%, 2%, and 4%	
Betimol or Timoptic	timolol	Ophthalmic Sol	0.25% and 0.5%	
Timolol GFS	timolol	Gel Forming Ophthalmic Sol	0.25% and 0.5%	
Travatan Z	travoprost	Ophthalmic Sol	0.004%	
Mydriatics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	atropine	Ophthalmic Oint	1%	
	atropine	Ophthalmic Sol	1%	
	cyclopentolate	Ophthalmic Sol	0.5%, 1%, and 2%	
	homatropine	Ophthalmic Sol	2% and 5%	
Ophthalmic Antibiotics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	bacitracin	Ophthalmic Oint	500u/g	
AK-Poly-Bac	bacitracin/polymyxin b	Ophthalmic Oint	500u/10,000u per g	
Neo-Polycin	bacitracin/neomycin/ polymyxin b	Ophthalmic Oint	400u/3.5mg/10,000u per g	
Ciloxan	ciprofloxacin	Ophthalmic Oint	0.3%	PA Required
Ciloxan	ciprofloxacin	Ophthalmic Sol	0.3%	
	erythromycin	Ophthalmic Oint	5mg/g	
Zymar	gatifloxacin	Ophthalmic Sol	0.5%	
	gentamicin	Ophthalmic Oint	0.3%	
	gentamicin	Ophthalmic Sol	0.3%	
Quixin	levofloxacin	Ophthalmic Sol	0.5%	
Vigamox	moxifloxacin	Ophthalmic Sol	0.5%	

Neosporin Ophthalmic Solution	neomycin/polymyxin b/ gramicidin	Ophthalmic Sol	1.75mg/10,000u/ 0.025mg per mL	
Ocuflox	ofloxacin	Ophthalmic Sol	0.3%	
Tobrex	tobramycin	Ophthalmic Sol	0.3%	
Tobrex	tobramycin	Ophthalmic Oint	0.3%	PA Required
Polytrim	trimethoprim/polymyxin b	Ophthalmic Sol	1mg/10,000u per mL	
Ophthalmic Anti-Inflammatory Immunomodulator -Type				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Restasis	cyclosporine	Ophthalmic Emulsion (Single Use Vials)	0.05%	PA Required
Ophthalmic Mast Cell Stabilizers				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	cromolyn sodium	Ophthalmic Sol	4%	PA Required
Alomide	lodoxamide	Ophthalmic Sol	0.1%	
Alocril	nedocromil	Ophthalmic Sol	2%	PA Required

Endocrine Agents				
Antihyperglycemic Alpha-glucosidase Inhibitor (N-S)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	acarbose	Tablet	25mg, 50mg, and 100mg	
Antihyperglycemic Amylin Analog-Type				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
SymlinPen	pramlintide	Injection Solution (Pen Injector)	1500mcg/1.5mL and 2700mcg/2.7mL	PA Required
Antihyperglycemic Biguanide Type (Non-Sulfonylurea)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Glucophage	metformin	Tablet	500mg, 850mg, and 1000mg	
Glucophage XR	metformin	ER Tablet	500mg and 750mg	
Riomet	metformin	Solution	500mg/5mL	
Antihyperglycemic DPP-4 Inhibitor				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Tradjenta	linagliptin	Tablet	5mg	PA Required
Januvia	sitagliptin	Tablet	25mg, 50mg, and 100mg	PA Required QL of 1 per day
Antihyperglycemic DPP-4 Inhibitor and Biguanide Combinations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Kombiglyze XR	saxagliptin/metformin	ER Tablet	2.5/1000mg and 5/500mg	PA Required
Janumet	sitagliptin/metformin	Tablet	50/500mg and 50/1000mg	PA Required
Hyperglycemics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Glucagon Emergency Kit	glucagon	Injection Kit	1mg	QL of 2 Kits per 30 days w/o PA

Antihyperglycemic, Incretin Mimetic (GLP-1 Receptor Agonist)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Bydureon	exenatide	Injection Solution (vial)	2mg	PA Required
Bydureon Pen	exenatide	Injection Solution (Pen Injector)	2mg/0.65mL	PA required
Byetta	exenatide	Injection Solution (Pen Injector)	5mcg/0.02mL and 10mcg/0.04mL	PA Required
Victoza	liraglutide	Injection Solution (Pen Injector)	0.6mg/0.1mL	PA Required Available as a 2 or 3 pack of 3mL/pen
Antihyperglycemic, Sodium-Glucose Co-Transporter-2 (SGLT2 Inhibitor)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Farxiga	dapagliflozin	Tablet	5mg and 10mg	PA Required
Jardiance	empagliflozin	Tablet	10mg and 25mg	PA Required

Insulins – Vials

- **QL: Insulins listed without PA have QL of up to 3 vials per 30 days w/o PA**
- **Directions MUST have number of units per dose and number of doses per day**
- **Insulins requiring a PA will be authorized for the true day supply based on the directions or SIG**
- **Vials unless otherwise specified are 10mL and 100u/mL**

Brand	Generic	Stability Information	Restrictions or Supply Information
Novolog	insulin aspart	good for 28 days at room temp or refrigerated once in use	
Novolog Mix 70/30	insulin aspart/insulin aspart protamine	good for 28 days at room temp or refrigerated once in use	QL of 2 vials w/o PA
Levemir	insulin detemir	good for 42 days at room temp or refrigerated once in use	PA Required
Lantus	insulin glargine	good for 28 days at room temp or refrigerated once in use	PA Required
Humalog	insulin lispro	good for 28 days at room temp or refrigerated once in use	
Humalog Mix 50/50	insulin lispro/insulin lispro protamine	good for 28 days at room temp or refrigerated once in use	QL of 2 vials w/o PA
Humalog Mix 75/25	insulin lispro/insulin lispro protamine	good for 28 days at room temp or refrigerated once in use	QL of 2 vials w/o PA
Humulin N	insulin NPH	good for 28 days at room temp or refrigerated once in use	
Novolin N	insulin NPH	good for 42 days at room temp or refrigerated once in use	
Humulin 70/30	insulin NPH/insulin regular	good for 28 days at room temp or refrigerated once in use	
Novolin 70/30	insulin NPH/insulin regular	good for 42 days at room temp or refrigerated once in use	
Humulin R	insulin regular	good for 28 days at room temp or refrigerated once in use	
Novolin R	insulin regular	good for 42 days at room temp or refrigerated once in use	
Humulin R u500	insulin regular	good for 40 days at room temp or refrigerated once in use	PA Required 1 vial = 20mL

Insulins – Pens and Cartridges			
• **All Cartridges and Pens require PA unless otherwise specified** • **Directions MUST have number of units per dose and number of doses per day** • **Prior Authorizations will be authorized for the true day supply based on the directions or SIG** • **Pens and Cartridges unless otherwise specified are 3mL each with 5 pens per box and 100u/mL**			
Brand	**Generic**	**Stability Information**	**Restrictions or Supply Information**
Novolog Cartridge	insulin aspart	In use – each cartridge good for 28 days. DO NOT REFRIGERATE ONCE IN USE. Unopened cartridges – each cartridge good for 28 days at room temperature. Cartridges not in use should be stored in the fridge.	
Novolog FlexPen	insulin aspart	In use – each pen good for 28 days. DO NOT REFRIGERATE ONCE IN USE. Unopened pens – each pen good for 28 days at room temperature. Pens not in use should be stored in the fridge.	
Novolog Mix 70/30 FlexPen	insulin aspart/insulin aspart protamine	In use – each pen good for 14 days. DO NOT REFRIGERATE ONCE IN USE. Unopened pens – each pen good for 14 days at room temperature. Pens not in use should be stored in the fridge.	
Levemir FlexTouch	insulin detemir	In use – each pen good for 42 days. DO NOT REFRIGERATE ONCE IN USE. Unopened pens – each pen good for 42 days at room temperature. Pens not in use should be stored in the fridge.	
Basaglar Kwikpen	insulin glargine	In use – each pen good for 28 days. DO NOT REFRIGERATE ONCE IN USE. Unopened pens – each pen good for 28 days at room temperature. Pens not in use should be stored in the fridge.	****Preferred glargine product****
Lantus SoloStar	insulin glargine	In use – each pen good for 28 days. DO NOT REFRIGERATE ONCE IN USE. Unopened pens – each pen good for 28 days at room temperature. Pens not in use should be stored in the fridge.	
Toujeo SoloStar u300	insulin glargine	In use – each pen good for 42 days. DO NOT REFRIGERATE ONCE IN USE. Unopened pens – each pen good for 42 days at room temperature. Pens not in use should be stored in the fridge.	each pen is 1.5mL Boxes contain either 3 pens (4.5mL total) or 5 pens (7.5mL total)
Humalog Cartridge	insulin lispro	In use – each cartridge good for 28 days. DO NOT REFRIGERATE ONCE IN USE. Unopened cartridges – each cartridge good for 28 days at room temperature. Cartridges not in use should be stored in the fridge.	
Humalog KwikPen	insulin lispro	In use – each pen good for 28 days. DO NOT REFRIGERATE ONCE IN USE. Unopened pens – each pen good for 28 days at room temperature. Pens not in use should be stored in the fridge.	

Humalog Mix 50/50 KwikPen	insulin lispro/insulin lispro protamine	In use – each pen good for 10 days. DO NOT REFRIGERATE ONCE IN USE. Unopened pens – each pen good for 10 days at room temperature. Pens not in use should be stored in the fridge.		
Humalog Mix 75/25 KwikPen	insulin lispro/insulin lispro protamine	In use – each pen good for 10 days. DO NOT REFRIGERATE ONCE IN USE. Unopened pens – each pen good for 10 days at room temperature. Pens not in use should be stored in the fridge.		
Humulin N KwikPen	insulin NPH	In use – each pen good for 14 days. DO NOT REFRIGERATE ONCE IN USE. Unopened pens – each pen good for 14 days at room temperature. Pens not in use should be stored in the fridge.		
Humulin 70/30 KwikPen	insulin NPH/insulin regular	In use – each pen good for 14 days. DO NOT REFRIGERATE ONCE IN USE. Unopened pens – each pen good for 14 days at room temperature. Pens not in use should be stored in the fridge.		
Humulin R u500 KwikPen	insulin regular	In use – each pen good for 28 days. DO NOT REFRIGERATE ONCE IN USE. Unopened pens – each pen good for 28 days at room temperature. Pens not in use should be stored in the fridge.		2 pens per box (6mL) or 5 pens per box (15mL)
Antihyperglycemic, Insulin-Release Stimulant Type (Meglitinides)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Starlix	nateglinide	Tablet	60mg and 120mg	
Prandin	repaglinide	Tablet	0.5mg, 1mg, and 2mg	
Antihyperglycemic Insulin-Release Stimulant Type and Biguanide Combination				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Prandimet	repaglinide/metformin	Tablet	1/500mg and 2/500mg	
Antihyperglycemic Insulin-Release Stimulant Type (Sulfonylureas)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	chlorpropamide	Tablet	100mg and 250mg	
Amaryl	glimepiride	Tablet	1mg, 2mg, and 4mg	
Glucatrol	glipizide	Tablet	5mg and 10mg	
Glucatrol XL	glipizide	ER Tablet	2.5mg, 5mg, and 10mg	
	glyburide	Tablet	1.25mg, 2.5mg, and 5mg	
	tolazamide	Tablet	250mg and 500mg	
	tolbutamide	Tablet	500mg	
Antihyperglycemic Insulin-Release Stimulant Type and Biguanide Combination (Sulfonylurea/Biguanide Combos)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Metaglip	glipizide/metformin	Tablet	2.5/250mg, 2.5/500mg, and 5/500mg	
Glucovance	glyburide/metformin	Tablet	1.25/250mg, 2.5/500mg, and 5/500mg	
Antihyperglycemic Insulin-Response Enhancer (Thiazolidinediones)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Actos	pioglitazone	Tablet	15mg, 30mg, and 45mg	

Antihyperglycemic Insulin-Response Enhancer & Biguanide Combination (Thiazolidinedione/Biguanide Combos)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Actoplus Met	pioglitazone/metformin	Tablet	15/500mg and 15/850mg	PA Required *Separately w/o PA*
Antihyperglycemic Insulin-Response and Release Combination (Thiazolidinedione/Sulfonylurea Combos)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Duetact	pioglitazone/glimepiride	Tablet	30/2mg and 30/4mg	PA Required *Separately w/o PA*
Topical Diabetic Ulcer Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Regranex	becaplermin	Gel	0.01%	
Antidiuretic and Vasopressor Hormones				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
DDAVP	desmopressin	Nasal Spray	10mcg/spray	PA Required
DDAVP	desmopressin	Tablet	0.1mg and 0.2mg	PA Required
Bone Formation Stimulators				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Forteo	teriparatide	Injection Solution (Pen Injector)	20mcg/dose	PA Required **SPEC***
Bone Resorption Inhibitors				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Fosamax	alendronate	Tablet	5mg, 10mg, 35mg, 40mg, and 70mg	
Miacalcin	calcitonin, salmon, synthetic	Nasal Spray	200mcg/spray	
Didronel	etidronate	Tablet	200mg and 400mg	PA Required
Boniva	ibandronate	Tablet	150mg	
Evista	raloxifene	Tablet	60mg	
Actonel	risedronate	Tablet	5mg, 30mg, 35mg, and 150mg	
Growth Hormones				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Genotropin	somatropin	Injection Powder for Solution (Recon) – Cartridge	5mg/mL and 12mg/mL	PA Required **SPEC***
Genotropin	somatropin	Injection Powder for Solution (Recon) – Prefilled Syringe	0.2mg/0.25mL, 0.4mg/0.25mL, 0.6mg/0.25mL, 0.8mg/0.25mL, 1.2mg/0.25mL, 1.4mg/0.25mL, 1.6mg/0.25mL, 1.8mg/0.25mL, 1mg/0.25mL, and 2mg/0.25mL	PA Required **SPEC***
Norditropin Flexpro	somatropin	Injection Solution (Pen Injector)	5mg/1.5mL, 10mg/1.5mL, 15mg/1.5mL, and 30mg/3mL	PA Required **SPEC*** **Preferred Growth Hormone**
Norditropin Nordiflex	somatropin	Injection Solution (Pen Injector)	30mg/3mL	PA Required **SPEC*** **Preferred Growth Hormone**

Hyperparathyroid Treatment Agents Vitamin D Analog Type				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Hectorol	doxercalciferol	Capsule	0.5mcg, 1mcg, and 2.5mcg	PA Required
Hectorol	doxercalciferol	Injection Solution (Ampule)	4mcg/2mL	PA Required
Hectorol	doxercalciferol	Injection Solution (Vial)	4mcg/2mL	PA Required **SPEC***
Pituitary Suppressive Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	cabergoline	Tablet	0.5mg	
	danazol	Capsule	50mg, 100mg, and 200mg	
Antithyroid Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	methimazole	Tablet	5mg and 10mg	
	propylthiouracil	Tablet	50mg	
Iodine Containing Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
SSKI	potassium iodide	Solution	1g/mL	
Thyrosafe	potassium iodide	Tablet	65mg	PA Required
Thyroid Hormones				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Various Brand Names	levothyroxine	Tablet	25mcg through 300mcg	
Cytomel	liothyronine	Tablet	5mcg, 25mcg, and 50mcg	
Thyrolar	liotrix	Tablet	3.1/12.5mg, 6.25/25mg, 12.5/50mg, 25/100mg, and 37.5/150mg	
Armour Thyroid	thyroid, pork	Tablet	15mg, 30mg, 60mg, 90mg, 120mg, 180mg, 240mg, and 300mg	
Androgenic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Androxy	fluoxymesterone	Tablet	10mg	
	methyltestosterone	Capsule	10mg	
	methyltestosterone	Tablet	10mg	
	oxandrolone	Tablet	2.5mg	PA Required
Androgel	testosterone	Gel (Pump)	1%, 1.62%, and 2%	PA Required
Androgel	testosterone	Gel (Packet)	1%	PA Required
Striant	testosterone	ER 12hr Mucoadhesive System (Buccal)	30mg	PA Required
Androderm	testosterone	Patch	4mg/24hr	PA Required
Axiron	testosterone	Topical Solution (Pump)	30mg/1.5mL	PA Required
Depo-Testosterone	testosterone cypionate	Injection Oil (Vial)	100mg/mL and 200mg/mL	PA Required
Glucocorticoids				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	budesonide	ER Capsule	3mg	PA Required
	cortisone	Tablet	25mg	
	dexamethasone	Elixir	0.5mg/5mL	
	dexamethasone	Solution	0.5mg/5mL	
	dexamethasone	Tablet	0.5mg, 0.75mg, 1mg, 2mg, 4mg, and 6mg	
	hydrocortisone	Tablet	5mg, 10mg, and 20mg	PA Required

	methylprednisolone	Tablet	2mg, 4mg, 8mg, 16mg, and 32mg	
	prednisolone	Solution	5mg/5mL and 15mg/5mL	
Millipred	prednisolone	Tablet	5mg	
	prednisone	Oral Concentrate	5mg/mL	
	prednisone	Solution	5mg/5mL	
	prednisone	Tablet	1mg, 2.5mg, 5mg, 10mg, 20mg, and 50mg	
Mineralocorticoids				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	fludrocortisone	Tablet	0.1mg	
Parasympathetic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Evoxac	cevimeline	Capsule	30mg	PA Required
Salagen	pilocarpine	Tablet	5mg and 7.5mg	PA Required

Gastric Agents

Antacids

Brand	Generic	Form(s)	Strengths	Restrictions
Tums	calcium carbonate	Chewable Tablet	500mg, 750mg, and 1,000mg	
	calcium carbonate	Tablet	600mg, 648mg, 1,000mg, and 1,250mg	
	calcium carbonate/magnesium carbonate	Tablet	311/232mg	
	calcium carbonate/magnesium hydroxide	Chewable Tablet	550/110mg	
	magaldrate	Suspension	450mg/5mL	
	magnesium carbonate/ aluminum hydroxide	Chewable Tablet	105/160mg	
	magnesium carbonate/ aluminum hydroxide/alginic acid	Suspension	131/31.7mg per 5mL and 358/95mg per 15mL	
	magnesium hydroxide/ aluminum hydroxide/ simethicone	Suspension	200/200/20mg and 400/400/40mg	
	magnesium trisilicate/ aluminum hydroxide/sodium bicarbonate/alginic acid	Chewable Tablet	20/80mg	
	sodium bicarbonate	Tablet	325mg and 650mg	
Anticholinergics, Quaternary Ammonium				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Librax	chlordiazepoxide/clidinium	Capsule	5/2.5mg	PA Required
Cuvposa	glycopyrrolate	Solution	1mg/5mL	PA Required

Robinul	glycopyrrolate	Tablet	1mg	
Robinul Forte	glycopyrrolate	Tablet	2mg	
Anticholinergics/Antispasmodics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Bentyl	dicyclomine	Capsule	10mg	
Bentyl	dicyclomine	Solution	10mg/5mL	
Bentyl	dicyclomine	Tablet	20mg	
Anti-Flatulent Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Gas-X	simethicone	Chewable Tablet	80mg	PA Required
Anti-Ulcer Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Cytotec	misoprostol	Tablet	200mcg	QL of 8 tablets per 30 days w/o PA
Carafate	sulcralfate	Tablet	1g	
Anti-Ulcer/H. Pylori Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Prevpac	lansoprazole/amoxicillin/ clarithromycin	Combo Pack	lansoprazole: 30mg amoxicillin: 500mg clarithromycin: 500mg	PA Required; QL of 14 day therapy per 30 days
Helidac	bismuth/metronidazole/ tetracycline	Combo Pack	bismuth: 262.4mg metronidazole: 250mg tetracycline: 500mg	PA Required
Belladonna Alkaloids				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Anaspaz	hyoscyamine	Rapid Tablet	0.125mg	
Hyoscine	hyoscyamine	Drops	0.125mg/mL	
Hyoscine	hyoscyamine	Elixir	125mcg/5mL	
Levbid	hyoscyamine	ER Tablet	0.375mg	
Levsin	hyoscyamine	Tablet	0.125mg	
Levsin SL	hyoscyamine	SL Tablet	0.125mg	
Histamine H2 Receptor Inhibitors				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	cimetidine	solution	300mg/5mL	
	cimetidine	Tablet	200mg, 300mg, 400mg, and 800mg	
	famotidine	Suspension	40mg/5mL	PA Required
	famotidine	Tablet	20mg and 40mg	
Axid	nizatidine	Capsule	150mg and 300mg	PA Required
Axid	nizatidine	Solution	150mg/10mL	PA Required
Zantac	ranitidine	Syrup	15mg/mL	QL of 480mL per 30 days w/o PA
Zantac	ranitidine	Tablet	75mg, 150mg, and 300mg	
Intestinal Motility Stimulants				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Reglan	metoclopramide	Solution	5mg/5mL and 10mg/10mL	
Reglan	metoclopramide	Tablet	5mg and 10mg	
Pancreatic Enzymes				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Creon	lipase/protease/amylase	DR Capsule	6K (6,000u), 12K (12,000u), and 24K (24,000u)	PA Required

Pancreaze	lipase/protease/amylase	DR Capsule	4.2K (4,200u), 10.5K (10,500u), 16.8K (16,800u), and 21K (21,000u)	PA Required
Zenpep	lipase/protease/amylase	DR Capsule	10K (10,000u), 15K (15,000u), and 20K (20,000u)	PA Required
Proton Pump Inhibitor				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Dexilant	dexlansoprazole	DR Capsule	30mg and 60mg	PA Required
Nexium	esomeprazole	Capsule	20mg and 40mg	PA Required
Nexium	esomeprazole	Granules for Suspension	10mg, 20mg, and 40mg	PA Required
Prevacid	lansoprazole	Capsule	15mg and 30mg	**Prevacid Capsule can be opened**
Prevacid SoluTabs	lansoprazole	Rapid Tabs	15mg and 30mg	PA Required **Prevacid Capsule can be opened**
Prilosec	omeprazole	DR Capsule	10mg, 20mg, and 40mg	QL of 2 per day w/o PA
Zegerid OTC	omeprazole/sodium bicarbonate	Capsule	20mg/1.1g and 40mg/1.1g	PA Required
Protonix	pantoprazole	DR Granule Packet	40mg	PA Required
Protonix	pantoprazole	Delayed Release Tablet	20mg and 40mg	QL of 2 per day w/o PA
AcipHex	rabeprazole	Delayed Release Tablet	20mg	PA Required
Ammonia Inhibitors				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Carbaglu	carglumic acid	Dispersible Tablet	200mg	PA Required **SPEC***
Enulose, Generlac, or Lactulose	lactulose	Solution	10g/15mL and 20g/30mL	
Antidiarrheals				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	bismuth subsalicylate	Suspension	262mg/15mL	PA Required
Lomotil	diphenoxylate/atropine	Liquid	2.5/0.025mg per 5mL	PA Required
Lomotil	diphenoxylate/atropine	Tablet	2.5/0.025mg	PA Required
Imodium	loperamide	Capsule	2mg	PA Required
Imodium	loperamide	Tablet	2mg	PA Required
Antidiarrheal – Microorganisms Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Bacid	lactobacillus acidophilus/ lactobacillus bulgaricus/ bifidobacterium bifidum/ streptococcus thermophilus	Tablet	250mg	PA Required
	lactobacillus acidophilus	Capsule		PA Required
	lactobacillus acidophilus	Tablet	1mg	PA Required
Anti-Emetic/Anti-Vertigo agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Emend	aprepitant	Capsule	40mg, 80mg, and 125mg	PA Required
Anzemet	dolasetron	Tablet	50mg and 100mg	PA Required
Marinol	dronabinol	Capsule	2.5mg, 5mg, and 10mg	PA Required
Sancuso	granisetron	Patch	3.14mg/24hr	PA Required
Granisol	granisetron	Tablet	1mg	PA Required

	meclizine	Chewable Tablet	25mg	
	meclizine	Tablet	12.5mg	QL of 2 per day w/o PA
	meclizine	Tablet	25mg and 50mg	
Zofran	ondansetron	Tablet	4mg and 8mg	QL of 120 per 30 days w/o PA
Zofran	ondansetron	Solution	4mg/5mL	PA Required
Zofran ODT	ondansetron	Rapid Tablet	4mg and 8mg	QL of 120 per 30 days w/o PA
Compro	prochlorperazine	Suppository	25mg	QL of 2 per 30 days w/o PA
	prochlorperazine	Tablet	5mg and 10mg	
Phenadoz	promethazine	Suppository	12.5mg and 50mg	QL of 2 per day w/o PA
Phenadoz	promethazine	Suppository	25mg	QL of 2 per 30 days w/o PA
Phenergan	promethazine	Tablet	12.5mg, 25mg, and 50mg	QL of 2 per day w/o PA
Transderm-Scop	scopolamine	Patch	1.5mg/3 day	PA Required
Tigan	trimethobenzamide	Capsule	300mg	QL of 20 per 30 days w/o PA
Bile Salts				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Actigal	ursodiol	Capsule	300mg	
Urso Forte	ursodiol	Tablet	500mg	
Bowel Anti-inflammatory Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Azulfidine	sulfasalazine	Tablet	500mg	
Chronic Inflammatory Colon Dx 5-Amino Salicylate, Rectal Treatment				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Rowasa	mesalamine	Enema	4g/60mL	
Canasa	mesalamine	Suppository	1000mg	PA Required
Drug Treatment for Chronic Inflammatory Colon Dx 5-Amino Salicylate				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	balsalazide	Capsule	750mg	
Pentasa	mesalamine	CR Capsule	500mg	PA Required
Asacol	mesalamine	DR Tablet	400mg	PA Required
Asacol HD	mesalamine	DR Tablet	800mg	PA Required
Azulfidine	sulfasalazine	Tablet	500mg	
Azulfidine EN-Tabs	sulfasalazine	DR Tablet	500mg	
Hemorrhoidal Preparations, Anti-Inflammatory Steroid Local Anesthetics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	hydrocortisone/pramoxine	Cream	1/1% and 2.5/1%	PA Required
Proctofoam HC	hydrocortisone/pramoxine	Foam	1/1%	
Laxatives And Cathartics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	bisacodyl	DR Tablet	5mg	QL of 2 per day w/o PA
Fibercon	calcium polycarbophil	Tablet	625mg	
	dextrin	Powder	3g/3.5g	
	docusate sodium	Capsule and Tablet	100mg	QL of 5 per day w/o PA
	docusate sodium	Capsule	250mg	QL of 2 per day w/o PA
	docusate sodium	Liquid	50mg/5mL	PA Required

	docusate sodium	Syrup	50mg/15mL and 60mg/15mL	PA Required
	docusate sodium	Tablet	100mg	PA Required
	lactulose	Solution	10g/15mL and 20g/30mL	PA Required
Amitiza	lubiprostone	Capsule	8mcg and 24mcg	PA Required
	magnesium citrate	Solution		
	magnesium hydroxide	Suspension	400mg/5mL	
Citrucel	methylcellulose with sugar	Powder	2g/19g	
NuLytely or GaviLyte-N	peg 3350/sodium sulfate/KCl	Powder for Solution (Recon)		*Preferred therapy for Bowel Prep/Colonoscopy*
CoLyte or GaviLyte-C	peg 3350/sodium sulfate/sodium bicarbonate/KCl	Powder for Solution (Recon)		*Preferred therapy for Bowel Prep/Colonoscopy*
Golytely or GaviLyte-G	peg 3350/sodium sulfate/ sodium chloride/KCl	Powder for Solution (Recon)		*Preferred therapy for Bowel Prep/ Colonoscopy*
Miralax	polyethylene glycol 3350	Powder	17g/dose	QL of 255g per 365 days w/o PA
Miralax	polyethylene glycol 3350	Powder Pack	17g	PA Required
Konsyl	psyllium husk	Capsule	0.52g	
Konsyl	psyllium husk	Powder	6g/6g	
Metamucil Sugar Free	psyllium husk with aspartame	Powder	3.4g/5.8g	
Metamucil	psyllium husk with sugar	Powder	3.4g/7g	
	psyllium husk with sugar	Powder	3.4g/11g	
Metamucil	psyllium husk with sugar	Powder	3.4g/12g	
	psyllium seed	Powder		
	psyllium seed with aspartame	Powder		
	psyllium seed with dextrose	Powder		
Metamucil	psyllium seed with sugar	Powder		
	sennosides	Capsule	8.6mg	PA Required
	sennosides	Syrup	8.8mg/5mL	
	sennosides	Tablet	8.6mg	
	sennosides/docusate sodium	Tablet	8.6/500mg	
Suprep	sodium sulfate/potassium sulfate/magnesium sulfate	Solution	17.5/3.13/1.6g per 180mL	QL of 365mL per 365 dyas w/o PA
Benefiber	wheat dextrin	Powder	3g/3.5g	
Laxatives, Local/Rectal				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	bisacodyl	Suppository	10mg	QL of 1 per day w/o PA
Fleet	sodium phosphate, mono-dibasic	Enema	19g/7g per 197mL	
Narcotic Antagonist, Peripherally-Acting				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Relistor	methylnatrexone	Injection Solution (Vial)	12mg/0.6mL	PA Required
Entereg	alvimopan	Capsule	12mg	PA Required
Movantik	naloxegol	Tablet	12.5mg and 25mg	PA Required
Rectal Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Procto-Pak	hydrocortisone	Cream (w/PE Applicator)	1%	PA Required; QL of 60g per 365 days
Annucort-HC	hydrocortisone	Suppository	25mg and 30mg	PA Required

Rectal/Lower Bowel Preparations, Glucocorticoids (Non-Hemorrhoidal)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Colocort	hydrocortisone	Enema	100mg/60mL	PA Required
Cortifoam	hydrocortisone	Foam	10%	PA Required

Genitourinary and Urinary Agents

Antispasmodics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Uripas	flavoxate	Tablet	100mg	
Enablex	darifenacin	ER Tablet	7.5mg and 15mg	PA Required
Ditropan	oxybutynin	Syrup	5mg/mL	
Ditropan	oxybutynin	Tablet	5mg	
Ditropan XL	oxybutynin	ER Tablet	5mg and 10mg	
Detrol	tolterodine	Tablet	1mg and 2mg	PA Required
Detrol LA	tolterodine	ER Capsule	2mg and 4mg	PA Required
Sanctura	trospium	Tablet	20mg	
Benign Prostatic Hypertrophy Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	alfuzosin	ER Tablet	10mg	
Avodart	dutasteride	Capsule	0.5mg	
Jalyn	dutasteride/tamsulosin	ER Tablet	0.5/0.4mg	
Proscar	finasteride	Tablet	5mg	
Flomax	tamsulosin	ER Capsule	0.4mg	
Parasympathetic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	bethanechol	Tablet	5mg, 10mg, 25mg, and 50mg	
Urinary Ph Modifiers				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	citric acid/sodium citrate	Solution	334/500mg per 5mL	
Urocit-K	potassium citrate	ER Tablet	5mEq, 10mEq, and 15mEq	PA Required
K-Phos Original	potassium phosphate, monobasic	Soluble Tablet	500mg	
Urinary Tract Analgesic Agent				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Elmiron	pentosane polysulfate sodium	Capsule	100mg	PA Required
Urinary Tract Anesthetic/Analgesic Agent (Azo-Dye)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	phenazopyridine	Tablet	97.5mg	PA Required
	phenazopyridine	Tablet	100mg and 200mg	

Immune System/Infectious Disease

Gram Positive Cocci Vaccines

Brand	Generic	Form(s)	Strengths	Restrictions
Prevnar13	pneumococcal conjugate vaccine 13-valent	Injection Suspension (Prefilled Syringes)		PA Required
Pneumovax23	pneumococcal 23-valent polysaccharide	Injection Solution (Prefilled Syringe)		PA Required
Pneumovax23	pneumococcal 23-valent polysaccharide	Injection Solution (Vial)		PA Required

Influenza Virus Vaccines

- Flu Vaccine Annual Version is covered yearly Starting in September
- Nasal Version Requires PA
- Fluzone High Dose Annual Version Requires PA

Toxin-Producing Bacilli Vaccines/Toxoids

Brand	Generic	Form(s)	Strengths	Restrictions
BioThrax	anthrax vaccine	Injection Suspension (Vial)		PA Required

Vaccine/Toxoid Preparations Combinations

Brand	Generic	Form(s)	Strengths	Restrictions
Adacel Tdap	diphtheria, tetanus, and acellular pertussis	Injection Suspension (Prefilled Syringe)		PA Required
Adacel Tdap	diphtheria, tetanus, and acellular pertussis	Injection Suspension (Vial)		PA Required
Boostrix Tdap	diphtheria, tetanus, and acellular pertussis	Injection Suspension (Prefilled Syringe)		PA Required
Boostrix Tdap	diphtheria, tetanus, and acellular pertussis	Injection Suspension (Vial)		PA Required
M-M-R II Vaccine	measles, mumps, and rubella	Injection Powder for Solution (Recon) – Vial		PA Required
Tenivac	tetanus and diphtheria	Injection Suspension (Prefilled Syringe)		PA Required
Tenivac	tetanus and diphtheria	Injection Suspension (Vial)		PA Required

Viral/Tumorigenic Vaccines

Brand	Generic	Form(s)	Strengths	Restrictions
Twinrix	hepatitis A and B vaccine	Injection Suspension (Prefilled Syringe)		PA Required
Twinrix	hepatitis A and B vaccine	Injection Suspension (Vial)		PA Required
Gardasil	HPV Quadrivalent (Types 6, 11, 16, and 18)	Injection Suspension (Vial)		PA Required
Gardasil 9	HPV vaccine 9-valent	Injection Suspension (Prefilled Syringe)		PA Required
Gardasil 9	HPV vaccine 9-valent	Injection Suspension (Vial)		PA Required
Varivax	varicella vaccine live	Injection Powder for Suspension (Recon) – Vial		PA Required

Zostavax	zoster vaccine live	Injection Powder for Suspension (Recon) – Vial		PA Required; No PA required for pts over 60 years of age
Immunomodulator Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Aldara	imiquimod	Topical Cream	5%	PA Required; QL of 12g per 30 days
Zyclara	imiquimod	Topical Cream	3.75%	PA Required
Intron A	interferon alfa 2b	Injection Solution (Vial)	6 million u/0.2mL, 10 million u/0.2mL, 18 million u/0.2mL, and 50 million u/0.2mL	PA Required **SPEC***
Immunosuppressive Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Imuran	azathioprine	Tablet	50mg	
	cyclosporine	Capsule	25mg, 50mg, and 100mg	
	cyclosporine	Solution	100mg/mL	
Zortress	everolimus	Tablet	0.25mg, 0.5mg, and 0.75mg	PA Required **SPEC***
CellCept	mycophenolate	Capsule	250mg	
CellCept	mycophenolate	Powder for Suspension (Recon)	200mg/mL	
CellCept	mycophenolate	Tablet	500mg	
Rapamune	sirolimus	Solution	1mg/mL	
Rapamune	sirolimus	Tablet	0.5mg, 1mg, and 2mg	
	tacrolimus	Capsule	0.5mg, 1mg, and 5mg	PA Required
Absorbable Sulfonamides				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Bactrim	sulfamethoxazole/ trimethoprim (SMZ/TMP)	Tablet	400/80mg	
Bactrim DS	sulfamethoxazole/ trimethoprim (SMZ/TMP)	Tablet	800/160mg	
Septra DS	sulfamethoxazole/ trimethoprim (SMZ/TMP)	Tablet	800/160mg	
Sulfatrim	sulfamethoxazole/ trimethoprim (SMZ/TMP)	Suspension	200/40mg per 5mL	
Betalactams				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Azactam	aztreonam	Injection Powder for Solution (Recon) – Vial	1g and 2g	PA Required
Cayston	aztreonam	Powder for Oral Nebulizer Solution (Recon) - Vial	75mg/mL	PA Required **SPEC***
First Generation Cephalosporins				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Duricef	cefadroxil	Capsule	500mg	
Duricef	cefadroxil	Powder for Suspension (Recon)	250mg/5mL and 500mg/5mL	
Duricef	cefadroxil	Tablet	1g	
Keflex	cephalexin	Capsule	250mg and 500mg	

	cephalexin	Powder for Suspension (Recon)	125mg/5mL and 250mg/5mL	
	cephalexin	Tablet	250mg and 500mg	
Second Generation Cephalosporins				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Ceclor	cefaclor	12hr ER Tablet	500mg	
Ceclor	cefaclor	Capsule	250mg and 500mg	
Ceclor	cefaclor	Powder for Suspension (Recon)	125mg/mL, 250mg/5mL, and 375mg/5mL	
Cefzil	cefprozil	Powder for Suspension (Recon)	125mg/5mL and 250mg/5mL	
Cefzil	cefprozil	Tablet	250mg and 500mg	
Ceftin	cefuroxime	Powder for Suspension (Recon)	125mg/5mL and 250mg/5mL	
Ceftin	cefuroxime	Tablet	250mg and 500mg	
Third Generation Cephalosporins				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Omnicef	cefdinir	Capsule	300mg	
Omnicef	cefdinir	Powder for Suspension (Recon)	125mg/5mL and 250mg/5mL	
Suprax	cefixime	Powder for Suspension (Recon)	100mg/5mL and 200mg/5mL	PA Required
Vantin	cefpodoxime	Powder for Suspension (Recon)	50mg/5mL and 100mg/5mL	
Vantin	cefpodoxime	Tablet	100mg and 200mg	
Ketolides				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Ketek	telithromycin	Tablet	300mg and 400mg	
Macrolides				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Zithromax	azithromycin	Packet	1g	
Zithromax	azithromycin	Powder for Suspension (Recon)	100mg/5mL and 200mg/5mL	
Zithromax	azithromycin	Tablet	250mg, 500mg, and 600mg	
ZMax	azithromycin	ER Microspheres for Suspension (Recon)	2g/60mL	
Biaxin	clarithromycin	Granules for Suspension (Recon)	125mg/5mL and 250mg/5mL	
Biaxin	clarithromycin	Tablet	250mg and 500mg	
Biaxin XL	clarithromycin	ER Tablet	500mg	
	erythromycin Base	DR Capsule	250mg	
	erythromycin Base	Tablet	250mg and 500mg	250mg PA Required
Ery-Tab	erythromycin Base	DR Tablet	250mg, 333mg, and 500mg	
PCE	erythromycin Base	Polymer Coated Particle Tablet	333mg	

E.E.S. or Eryped	erythromycin ethylsuccinate	Powder for Suspension (Recon)	200mg/5mL and 400mg/5mL	
E.E.S.	erythromycin ethylsuccinate	Tablet	400mg	
	erythromycin stearate	Tablet	250mg and	
Nitrofuran Derivatives				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Furadantin	nitrofurantoin	Suspension	25mg/5mL	PA Required
Macrodantin	nitrofurantoin macrocrystal	Capsule	25mg, 50mg, and 100mg	
Macrobid	nitrofurantoin monohydrate macrocrystal	Capsule	100mg	
Oxazolidinones				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Zyvox	linezolid	Powder for Suspension (Recon)	100mg/5mL	PA Required
Zyvox	linezolid	Tablet	600mg	PA Required
Penicillins				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	amoxicillin	Capsule	250mg and 500mg	
	amoxicillin	Chewable Tablet	125mg and 250mg	
	amoxicillin	Powder for Suspension (Recon)	125mg/5mL, 200mg/5mL, 250mg/5mL, and 400mg/5mL	
	amoxicillin	Tablet	500mg and 875mg	
Augmentin	amoxicillin/potassium clavulanate	Chewable Tablet	200/28.5mg and 400/57mg	
Augmentin	amoxicillin/potassium clavulanate	Powder for Suspension (Recon)	125/31.25mg per 5mL, 200/28.5mg per 5mL, 250/62.5mg per 5mL, 400/57mg per 5mL, and 600/42.9mg per 5mL	
Augmentin	amoxicillin/potassium clavulanate	Tablet	250/125mg, 500/125mg, and 875/125mg	
Augmentin XR	amoxicillin/potassium clavulanate	ER Tablet	1000/62.5mg	
	ampicillin trihydrate	Capsule	250mg and 500mg	
	ampicillin trihydrate	Powder for Suspension (Recon)	125mg/5mL and 250mg/5mL	
	dicloxacillin	Capsule	250mg and 500mg	
	penicillin v potassium	Powder for Solution (Recon)	125mg/5mL and 250mg/5mL	
	penicillin v potassium	Tablet	250mg and 500mg	
Quinolones				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Cipro	ciprofloxacin	Microcapsules for Suspension (Recon)	250mg/5mL and 500mg/5mL	
Cipro	ciprofloxacin	Tablet	250mg and 500mg	
	ciprofloxacin	Tablet	100mg and 750mg	
Factive	gemifloxacin	Tablet	320mg	PA Required

Levaquin	levofloxacin	Solution	250mg/10mL	
Levaquin	levofloxacin	Tablet	250mg, 500mg, and 750mg	
Avelox	moxifloxacin	Tablet	400mg	PA Required
Floxin	ofloxacin	Tablet	300mg and 400mg	
Tetracyclines				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Vibramycin	doxycycline calcium	Syrup	50mg/5mL	
	doxycycline hyclate	Capsule	50mg and 100mg	PA Required
	doxycycline hyclate	DR Tablet	50mg, 75mg, 100mg, 120mg, 150mg, and 200mg	PA Required
	doxycycline hyclate	Tablet	50mg, 75mg, 100mg, and 150mg	PA Required
	doxycycline monohydrate	Capsule	50mg, 75mg, 100mg, and 150mg	
	doxycycline monohydrate	Powder for Suspension (Recon)	25mg/5mL	
	doxycycline monohydrate	Tablet	50mg, 75mg, 100mg, and 150mg	PA Required
	minocycline	Capsule	50mg, 75mg, and 100mg	
	minocycline	Tablet	50mg and 75mg	
	tetracycline	Capsule	250mg and 500mg	
Antifungal Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	clotrimazole	Troche	10mg	QL 70 per 14 days. 1 fill per 30 days without PA
Diflucan	fluconazole	Powder for Suspension (Recon)	10mg/mL and 40mg/mL	PA Required
Diflucan	fluconazole	Tablet	50mg, 100mg, and 200mg	QL of 5 in 30 days w/o PA
Diflucan	fluconazole	Tablet	150mg	QL of 15 in 30 days w/o PA
Sporanox	itraconazole	Capsule	100mg	PA Required
Sporanox	itraconazole	Solution	10mg/mL	PA Required
	ketoconazole	Tablet	200mg	PA Required
Oravig	miconazole	Buccal Tablet	50mg	PA Required
Lamisil	terbinafine	Granule Pack	125mg and 187.5mg	PA Required
Lamisil	terbinafine	Tablet	250mg	PA Required
	voriconazole	Powder for Suspension (Recon)	200mg/5mL	PA Required
	voriconazole	Tablet	50mg and 200mg	PA Required
Antifungal Antibiotics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Gris-Peg	griseofulvin ultramicrosize	Tablet	125mg and 250mg	PA Required
	nystatin	Oral Powder	50,000,000u, 150,000,000u, and 500,000,000u	PA Requied
	nsytatin	Suspension	100,000u/mL	QL of 280mL w/o PA
	nsytatin	Tablet	500,000u	PA Required

Aminoglycosides				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	neomycin	Tablet	500mg	
Antileprotics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	dapsone	Tablet	25mg and 100mg	
	thalidomide	Capsule	50mg, 100mg, 150mg, and 200mg	PA Required **SPEC***
Anti-Mycobacterium Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	ethambutol	Tablet	100mg and 400mg	
	isoniazid	Solution	50mg/5mL	
	isoniazid	Tablet	100mg and 300mg	
	pyrazinamide	Tablet	500mg	
Anti-Tubercular Antibiotics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	rifampin	Capsule	150mg and 300mg	
	rifampin/isoniazid	Capsule	300/150mg	
Lincosamides				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Cleocin	clindamycin	Capsule	150mg and 300mg	
Cleocin Palmitate	clindamycin palmitate	Powder for Solution (Recon)	75mg/5mL	
Rifamycins and Related Derivative Antibiotics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Xifaxan	rifaximin	Tablet	550mg	PA Required
Vancomycin and Derivatives				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Vancocin	vancomycin	Capsule	125mg and 250mg	
Amebacides				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	paromomycin	Capsule	250mg	
Anaerobic Antiprotozoal-Antibacterial Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Flagyl	metronidazole	Capsule	375mg	
Flagyl	metronidazole	Tablet	250mg and 500mg	
Flagyl ER	metronidazole	ER Tablet	750mg	
Second Generation Anaerobic Antiprotozoal-Antibacterial				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Tindamax	tinidazole	Tablet	250mg	
Miscellaneous Antiprotozoal Drugs				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Nebupent	pentamidine	Powder for Inhalation Solution (Recon) - Vial	300mg	
Anthelmintics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Stromectol	ivermectin	Tablet	3mg	
Emverm	mebendazole	Chewable Tablet	100mg	PA Required
Bedding Spray, Lice Bedding Spray, Rid, or Stop Lice	permethrin	Spray	0.5%	QL of 142mL per 30 days w/o PA
Biltricide	praziquantel	Tablet	600mg	
Reese's Pinworm or Pin-x	pyrantel pamoate	Suspension	50mg/mL	QL of 60mL per 30 days w/o PA

Antimalarial Drugs				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	chloroquine	Tablet	250mg and 500mg	
Plaquenil	hydroxychloroquine	Tablet	200mg	
	mefloquine	Tablet	250mg	
	primaquine	Tablet	26.3mg	
Daraprim	pyrimethamine	Tablet	25mg	
	quinine sulfate	Capsule	324mg	PA Required
Antiviral Monoclonal Antibodies				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Synagis	palivizumab	Injection Solution- Vial	50mg/0.5mL and 100mg/mL	PA Required **SPEC*** *Very specific dosing, based on pt's body weight. Every vial has a 10% overfill*
General Antivirals				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Zovirax	acyclovir	Capsule	200mg	6 per day w/o PA
Zovirax	acyclovir	Suspension	200mg/5mL	PA Required
Zovirax	acyclovir	Tablet	400mg	3 per day w/o PA
Zovirax	acyclovir	Tablet	800mg	QL of 5 per day
Famvir	famciclovir	Tablet	125mg, 250mg, and 500mg	PA Required
Tamiflu	oseltamivir	Capsule	30mg, 45mg, and 75mg	10 per 30 days w/o PA **Capsule can be opened**
Virazole	ribavirin	Solution for Inhalation (Vial)	6g	PA Required
Valtrex	valacyclovir	Tablet	500mg	QL of 2 per day
Valtrex	valacyclovir	Tablet	1000mg	QL of 3 per day; Max of up to 1 7 day fill per 30 days without PA
Valcyte	valganciclovir	Powder for Suspension (Recon)	50mg/mL	PA Required
Hepatitis B Treatment Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Hepsera	adefovir	Tablet	10mg	PA Required **SPEC***
Baraclude	entecavir	Solution	0.05mg/mL	PA Required **SPEC***
Baraclude	entecavir	Tablet	0.5mg and 1mg	PA Required **SPEC***
Epivir HBV	lamivudine	Solution	25mg/5mL	PA Required
Epivir HBV	lamivudine	Tablet	100mg	PA Required
Tyzeka	telbivudine	Tablet	600mg	PA Required **SPEC***
Hepatitis C Treatment Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Zepatier	elbasvir/grazoprevir	Tablet	50/100mg	PA Required **SPEC***
Harvoni	ledipasvir/sofosbuvir	Tablet	90/400mg	PA Required **SPEC***

Pegasys	peginterferon alfa-2a	Injection Solution (Vial)	180mg/mL	PA Required **SPEC***
Pegintron	peginterferon alfa-2b	Injection Powder for Solution (Recon) – Vial, Kit	50mcg/0.5mL	PA Required **SPEC***
Pegintron Redipen	peginterferon alfa-2b	Injection Powder for Solution (Recon) – Pen Injector, Kit	120mcg/0.5mL	PA Required **SPEC***
	ribavirin	Capsule	200mg	PA Required
Rebetol	ribavirin	Solution	40mg/mL	PA Required
Epclusa	sofosbuvir/velpatasvir	Tablet	400/100mg	PA Required **SPEC***
HIV Specific Antivirals				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Ziagen	abacavir	Solution	20mg/mL	PA Required **SPEC***
Ziagen	abacavir	Tablet	300mg	PA Required **SPEC***
Triumeq	abacavir/dolutegravir/ lamivudine	Tablet	600/50/300mg	PA Required **SPEC***
Epzicom	abacavir/lamivudine	Tablet	600/300mg	PA Required **SPEC***
Trizivir	abacavir/lamivudine/ zidovudine	Tablet	300/150/300mg	PA Required **SPEC***
Reyataz	atazanavir	Capsule	150mg, 200mg, and 300mg	PA Required **SPEC***
Prezista	darunavir	Tablet	75mg, 150mg, and 600mg	PA Required **SPEC***
Prezcobix	darunavir/cobicistat	Tablet	800/15mg	PA Required **SPEC***
Rescriptor	delavirdine	Dispersible Tablet	100mg	PA Required
Rescriptor	delavirdine	Tablet	200mg	PA Required
Videx EC	didanosine	DR Capsule	125mg, 200mg, 250mg, and 400mg	PA Required
Videx	didanosine	Powder for Solution (Recon)	10mg/mL	PA Required
Tivicay	dolutegravir	Tablet	10mg, 25mg, and 50mg	PA Required **SPEC***
Sustiva	efavirenz	Capsule	50mg and 200mg	PA Required **SPEC***
Sustiva	efavirenz	Tablet	600mg	PA Required **SPEC***
Genvoya	efavirenz/emtricitabine/ tenofovir	Tablet	600/200/300mg	PA Required **SPEC***
Emtriva	emtricitabine	Capsule	200mg	PA Required
Emtriva	emtricitabine	Solution	10mg/mL	PA Required
Truvada	emtricitabine/tenofovir	Tablet	200/300mg	PA Required **SPEC***
Intelence	etravirine	Tablet	100mg and 200mg	PA Required **SPEC***
Lexiva	fosamprenavir	Tablet	700mg	PA Required **SPEC***
Crixivan	indinavir	Capsule	200mg and 400mg	PA Required
Epivir	lamivudine	Solution	10mg/mL	PA Required
Epivir	lamivudine	Tablet	150mg and 300mg	PA Required

Combivir	lamivudine/zidovudine	Tablet	150/300mg	PA Required **SPEC***
Kaletra	lopinavir/ritonavir	Solution	400/100mg per 5mL	PA Required **SPEC***
Kaletra	lopinavir/ritonavir	Tablet	100/25mg and 200/50mg	PA Required **SPEC***
Selzentry	maraviroc	Tablet	150mg and 300mg	PA Required **SPEC***
Viracept	nelfinavir	Tablet	250mg and 625mg	PA Required
Viramune	nevirapine	Suspension	50mg/5mL	PA Required
Viramune	nevirapine	Tablet	200mg	PA Required
Viramune XR	nevirapine	ER Tablet	400mg	PA Required
Isentress	raltegravir	Tablet	400mg	PA Required **SPEC***
Edurant	rilpivirine	Tablet	25mg	PA Required **SPEC***
Norvir	ritonavir	Capsule	100mg	PA Required **SPEC***
Norvir	ritonavir	Solution	80mg/mL	PA Required **SPEC***
Norvir	ritonavir	Tablet	100mg	PA Required **SPEC***
Invirase	saquinavir	Capsule	200mg	PA Required **SPEC***
Invirase	saquinavir	Tablet	500mg	PA Required **SPEC***
Zerit	stavudine	Capsule	15mg, 20mg, 30mg, and 40mg	PA Required
Zerit	stavudine	Powder for Solution (Recon)	50mg/mL	PA Required
Viread	Tenofovir	Tablet	300mg	PA Required **SPEC***
Aptivus	tipranavir	Capsule	250mg	PA Required **SPEC***
Aptivus	tipranavir/vitamin E	Solution	100mg/mL	PA Required **SPEC***
Retrovir	zidovudine	Capsule	100mg	PA Required
Retrovir	zidovudine	Syrup	50mg/5mL	PA Required
Retrovir	zidovudine	Tablet	300mg	PA Required
Nose Preparations Antibiotics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Bactroban Nasal	mupirocin calcium	Nasal Ointment	2%	PA Required

Miscellaneous Drugs				
Anaphylaxis Therapy Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Adrenaclick	epinephrine	Injection Solution (Pen Injector)	0.15mg/0.15mL	QL of 1 twin pack per 180 days w/o PA (documentation of use or expiration of product required)
Epi-Pen Jr.	epinephrine	Injection Solution (Pen Injector)	0.15mg/0.3mL	QL of 1 twin pack per 180 days w/o PA (documentation of use or expiration of product required)
Adrenaclick or Epi-Pen	epinephrine	Injection Solution (Pen Injector)	0.3mg/0.3mL	QL of 1 twin pack per 180 days w/o PA (documentation of use or expiration of product required)

Oncology/Cancer Related Meds				
Alkylating Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Hexalen	altretamine	Capsule	50mg	PA Required **SPEC***
Myleran	busulfan	Tablet	2mg	PA Required **SPEC***
Leukeran	chlorambucil	Tablet	2mg	PA Required **SPEC***
	cyclophosphamide	Tablet	25mg and 50mg	PA Required **SPEC***
	hydroxyurea	Capsule	500mg	
Gleostine	lomustine	Capsule	10mg, 40mg, and 100mg	PA Required **SPEC***
Alkeran	melphalan	Tablet	2mg	PA Required **SPEC***
Temodar	temozolomide	Capsule	5mg, 20mg, 100mg, 140mg, 180mg, and 250mg	PA Required **SPEC***
Antiandrogenic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Zytiga	abiraterone	Tablet	250mg	PA Required **SPEC***
Casodex	bicalutamide	Tablet	50mg	PA Required
	flutamide	Capsule	125mg	
Nilandron	nilutamide	Tablet	150mg	PA Required **SPEC***

Antimetabolites				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Xeloda	capecitabine	Tablet	150mg and 500mg	PA Required **SPEC***
Purinethol	mercaptopurine	Tablet	50mg	
	methotrexate	Injection Solution (Vial)	25mg/mL	QL of 4mL per 28 days w/o PA
Trexall	methotrexate	Tablet	2.5mg, 5mg, 7.5mg, and 10mg	
Tabloid	thioguanine	Tablet	40mg	PA Required **SPEC***
Antineoplastic Aromatase Inhibitors				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Arimidex	anastrozole	Tablet	1mg	
Aromasin	exemestane	Tablet	25mg	
Femara	letrozole	Tablet	2.5mg	
Antineoplastic Histone Deacetylase Inhibitors, HDIS				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Zolinza	vorinostat	Capsule	100mg	PA Required **SPEC***
Antineoplastic Immunomodulator Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Revlimid	lenalidomide	Capsule	5mg and 10mg	PA Required **SPEC***
Sylatron	peginterferon alfa 2b	Injection Powder for Solution (Recon) – Vial	200mcg, 300mcg, and 600mcg	PA Required **SPEC***
Antineoplastic LHRH (GnRH) Agonist Pituitary Suppressor				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Eligard	leuprolide	Injection Powder for Suspension (Recon) – Syringe Kit	7.5mg, 22.5mg, 30mg, and 45mg	PA Required **SPEC***
Trelstar	triptorelin	Injection Powder for Suspension (Recon) – Prefilled Syringe	3.75mg/2mL, 11.25mg/2mL, and 22.5mg/2mL	PA Required **SPEC***
Trelstar	triptorelin	Injection Powder for Suspension (Recon) – Vial	3.75mg, 11.25mg, and 22.5mg	PA Required **SPEC***
Antineoplastic mTOR Kinase Inhibitors				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Afinitor	everolimus	Tablet	2.5mg, 5mg, and 10mg	PA Required **SPEC***
Antineoplastic Topoisomerase I Inhibitors				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Hycamtin	topotecan	Capsule	0.25mg and 1mg	PA Required **SPEC***
Antineoplastic Systemic Enzyme Inhibitors				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Sprycel	dastinib	Tablet	20mg, 50mg, 70mg, 80mg and 140mg	PA Required **SPEC***
Tarceva	erlotinib	Tablet	25mg, 100mg, and 150mg	PA Required **SPEC***
Iressa	gefitinib	Tablet	250mg	PA Required **SPEC***

Gleevec	imatinib	Tablet	100mg and 400mg	PA Required **SPEC***
Tykerb	lapatinib	Tablet	250mg	PA Required **SPEC***
Tasigna	nilotinib	Capsule	150mg and 200mg	PA Required **SPEC***
Votrient	pazopanib	Tablet	200mg	PA Required **SPEC***
Nexavar	sorafenib	Tablet	200mg	PA Required **SPEC***
Sutent	sunitinib	Capsule	12.5mg, 25mg, and 50mg	PA Required **SPEC***
Caprelsa	vandetanib	Tablet	100mg and 300mg	PA Required **SPEC***
Appetite Stimulants for Anorexia, Cachexia, and/or Wasting Syndrome				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Megace	megestrol	Suspension	400mg/10mL, 625mg/5mL, and 800mg/20mL	
Chemotherapeutics, Misc. Antibacterial Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Hyophen or Urophen MB	methenamine/methylene blue/benzoic acid/phenyl salicylate/ hyoscyamine	Tablet	81.6/10.8/9/36.2/ 0.12mg	
Uramit MB or Uro-MP	methenamine/methylene blue/sodium bisphosphate/ phenyl salicylate/ hyoscyamine	Capsule	118/10.8/40.8/36/ 0.12mg	PA Required
Phosphasal, Uretron D-S, UR N-C, or Urin D.S.	methenamine/methylene blue/sodium bisphosphate/ phenyl salicylate/ hyoscyamine	Tablet	118/10.8/40.8/36/ 0.12mg	
Cystex Plus	methenamine/sodium salicylate	Tablet	162/162.5mg	
Primsol	trimethoprim	Solution	50mg/5mL	
Chemotherapy Rescue/Antidote Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	leucovorin	Tablet	5mg, 10mg, 15mg, and 25mg	
Miscellaneous Antineoplastic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	etoposide	Capsule	50mg	
Lysodren	mitotane	Tablet	500mg	PA Required **SPEC***
Matulane	procarbazine	Capsule	50mg	PA Required **SPEC***
	tretinoin	Capsule	10mg	PA Required **SPEC***
Photoactivated, Antineoplastics & Premalignant Lesions				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Metvixia	methyl aminolevulinate	Cream	168mg/g	PA Required
Selective Estrogen Receptor Modulators (SERM)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	tamoxifen citrate	Tablet	10mg and 20mg	
Soltamox	tamoxifen citrate	Solution	10mg/5mL	
Fareston	toremifene	Tablet	60mg	PA Required **SPEC***

Selective Retinoid X Receptor Agonists (RXR)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Tagretin	bexarotene	Capsule	75mg	PA Required **SPEC***
Somatostatic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Somatuline Depot	lanreotide acetate	Injection Solution (Prefilled Syringe)	60mg/0.2mL, 90mg/0.3mL, and 120mg/0.5mL	PA Required **SPEC***
Sandostatin	octreotide acetate	Injection Solution (Ampule)	50mcg/mL and 100mcg/mL	PA Required **SPEC***
Sandostatin	octreotide acetate	Injection Solution (Prefilled Syringe)	50mcg/mL, 100mcg/mL, and 500mcg/mL	PA Required **SPEC***
Sandostatin	octreotide acetate	Injection Solution (Vial)	50mcg/mL, 100mcg/mL, 200mcg/mL, 500mcg/mL, and 1000mcg/mL	PA Required **SPEC***
Sandostatin LAR	octreotide acetate, microspheres	Injection Microspheres for Suspension (Recon) – Vial	10mg, 20mg, and 30mg	PA Required **SPEC***
Sandostatin LAR Depot	octreotide acetate, microspheres	Injection Microspheres for Suspension (Recon) – Kit	10mg, 20mg, and 30mg	PA Required **SPEC***
Signifor	pasireotide diaspartate	Injection Powder for Solution (Recon) – Ampule	0.3mg/mL, 0.6mg/mL, and 0.9mg/mL	PA Required **SPEC***
Signifor Lar	pasireotide pamoate	Injection Powder for Solution (Recon) – Vial	20mg, 40mg, and 60mg	PA Required **SPEC***
Steroid Antineoplastics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Emcyt	estramustine phosphate sodium	Capsule	140mg	PA Required **SPEC***
	megestrol acetate	Tablet	20mg and 40mg	

Respiratory System				
First Generation Antihistamines				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	chlorpheniramine	ER Tablet	12mg	PA Required
	chlorpheniramine	Syrup	2mg/5mL	PA Required
	chlorpheniramine	Tablet	4mg	PA Required
	cyproheptadine	Syrup	2mg/5mL	PA Required

	cyproheptadine	Tablet	4mg	PA Required
	diphenhydramine	Capsule	25mg and 50mg	QL of 3 per day w/o PA
	diphenhydramine	Elixir	12.5mg/5mL	QL of 300mL per 30 days w/o PA
	diphenhydramine	Liquid	12.5mg/5mL	QL of 300mL per 30 days w/o PA
	diphenhydramine	Tablet	25mg and 50mg	QL of 3 per day w/o PA
	hydroxyzine HCL	Syrup/Solution	10mg/5mL	QL of 120mL per 30 days w/o PA
	hydroxyzine HCL	Tablet	10mg	QL of 120 per 30 days w/o PA
	hydroxyzine HCL	Tablet	25mg	QL of 180 per 30 days w/o PA
	hydroxyzine HCL	Tablet	50mg	QL of 240 per 30 days w/o PA
Vistaril	hydroxyzine pamoate	Capsule	25mg	QL of #180 per 30 days w/o PA
Vistaril	hydroxyzine pamoate	Capsule	50mg	QL of #240 per 30 days w/o PA
Vistaril	hydroxyzine pamoate	Capsule	100mg	QL of #180 per 30 days w/o PA
	promethazine	Syrup	6.25mg/5mL	
	promethazine	Tablet	12.5mg, 25mg, and 50mg	QL of 2 per day w/o PA
Second Generation Antihistamines				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Zyrtec	cetirizine	Chewable Tablet	5mg and 10mg	PA Required
Zyrtec	cetirizine	Solution	1mg/mL	PA Required unless member has asthma as evident by consistent fill history of: Advair (HFA or Diskus), albuterol, Atrovent, budesonide, Combivent, Dulera, Flovent (HFA or Diskus), Foradil, ipratropium bromide, ipratropium/albuterol, Pulmicort, Qvar, Serevent Diskus, Spiriva, Tudorza, or Ventolin
Zyrtec	cetirizine	Tablet	5mg and 10mg	QL of 1 per day
Clarinex	desloratadine	Rapid Tablets	2.5mg and 5mg	PA Required
Clarinex	desloratadine	Syrup	2.5mg/5mL	PA Required
Clarinex	desloratadine	Tablet	5mg	PA Required
Allegra	fexofenadine	Tablet	60mg and 180mg	PA Required
Xyzal	levocetirizine	Tablet	5mg	PA Required
Claritin	loratadine	Rapid Tablets	10mg	PA Required

Claritin	loratadine	Solution	5mg/5mL	PA Required unless member has asthma as evident by consistent fill history of: Advair (HFA or Diskus), albuterol, Atrovent, budesonide, Combivent, Dulera, Flovent (HFA or Diskus), Foradil, ipratropium bromide, ipratropium/albuterol, Pulmicort, Qvar, Serevent Diskus, Spiriva, Tudorza, or Ventolin
Claritin	loratadine	Tablets	10mg	QL of 1 per day
Second Generation Antihistamine and Decongestant Combinations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Zyrtec D	cetirizine/pseudoephedrine	12hr ER Tablet	5/120mg	PA Required
Clarinex-D	desloratadine/pseudoephedrine	12hr ER Tablet	2.5/120mg	PA Required
Allegra D	fexofenadine/pseudoephedrine	12hr ER Tablet	60/120mg	PA Required
Claritin D	loratadine/pseudoephedrine	12hr ER Tablet	5/120mg and 10/240mg	PA Required
Nasal Antihistamine				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Astelin	azeslastine	Nasal Solution	137mcg and 205.5mcg	PA Required
Nasal Anti-Inflammatory Steroids				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Nasalide	flunisolide	Nasal Solution	25mcg	PA Required
Flonase	fluticasone propionate	Nasal Suspension	50mcg	QL of 16g (1 inhaler) per 365 days w/o PA
Nasonex	mometasone	Nasal Suspension	50mcg	PA Required
Anticholinergic, Orally Inhaled, Short Acting				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Atrovent HFA	ipratropium bromide	HFA Aerosol Inhaler	17mcg	
	ipratropium	Solution for Nebulizer	0.2mg/mL	
Anticholinergics, Orally Inhaled, Long Acting				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Tudorza Pressair	aclidinium	Aerosol Powder	400mcg	QL of 1 inhaler per 30 days w/o PA
Spiriva	tiotropium	Capsule for Inhalation	18mcg	QL of 30 capsules (1 inhaler) per 30 days w/o PA
Spiriva Respimat	tiotropium	Mist Inhaler	2.5mcg	QL of 4g (1 inhaler) per 30 days w/o PA
Beta-Adrenergic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	albuterol sulfate	Syrup	2mg/5mL	
	albuterol sulfate	Tablet	2mg and 4mg	
	metaproterenol sulfate	Syrup	10mg/5mL	
	metaproterenol sulfate	Tablet	10mg and 20mg	
	terbutaline sulfate	Tablet	2.5mg and 5mg	

Beta-Adrenergic Agents, Inhaled, Short Acting				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	albuterol	Inhalation Solution	5mg/mL	
	albuterol	Solution for Nebulizer (Vial)	0.63mg/3mL (0.021%), 1.25mg/3mL (0.042%), 2.5mg/3mL (0.083%), and 2.5mg/0.5mL (0.5%)	
ProAir HFA	albuterol	HFA Aerosol Inhaler	90mcg	Ventolin HFA preferred over ProAir
Ventolin HFA	albuterol	HFA Aerosol Inhaler	90mcg	Ventolin HFA preferred over ProAir
Xopenex	levalbuterol	Solution for Nebulizer	0.31mg/3mL, 0.63mg/3mL, 1.25mg/0.5mL, and 1.25mg/3mL	PA Required
Xopenex HFA	levalbuterol	HFA Aerosol Inhaler	45mcg	PA Required
Beta-Adrenergic Agents, Inhaled, Long Acting				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Perforomist	formoterol	Solution for Nebulizer	20mcg/2mL	PA Required
Serevent Diskus	salmeterol	Diskus Inhaler (powder)	50mcg	
Beta-Adrenergic And Anticholinergic Combinations, Inhaled				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Combivent Respimat	ipratropium/albuterol	Mist Inhaler	20/100mcg	QL of 4g (1 inhaler) per 30 days w/o PA
DuoNeb	ipratropium/albuterol	Solution for Nebulizer	0.5/3mg per 3mL	
Beta-Adrenergic And Glucocorticoid Combinations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Symbicort	budesonide/formoterol	HFA Aerosol Inhaler	80/4.5mcg and 160/4.5mcg	
Airduo	fluticasone/salmeterol	Powder Inhaler	55/14mcg, 113/14mcg, amd 232/14mcg	
Dulera	mometasone/formoterol	HFA Aerosol Inhaler	100/5mcg and 200/5mcg	
Glucocorticoids, Orally Inhaled				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Qvar	beclomethasone	Aerosol Inhaler	40mcg and 80mcg	
Pulmicort Flexhaler	budesonide	Aerosol Powder Inhaler	90mcg and 180mcg	
Pulmicort Respules	budesonide	Suspension for Nebulizer	0.25mg/2mL, 0.5mg/2mL, and 1mg/2mL	
Flovent Diskus	fluticasone	Diskus Inhaler (powder)	50mcg, 100mcg, and 250mcg	
Flovent HFA	fluticasone	Aerosol Inhaler	44mcg, 110mcg, and 20mcg	

Leukotriene Receptor Antagonists				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Singulair	montelukast	Chewable Tablet	4mg	Limited to members under 6 years of age
Singulair	montelukast	Chewable Tablet	5mg	Limited to members 6 to 14 years of age. QL of 1 per day
Singulair	montelukast	Tablet	10mg	
Accolate	zafirlukast	Tablet	10mg and 20mg	*ST - Must meet the following requirements: 1 fill of montelukast within last 90 days*
Mast Cell Stabilizers, Orally Inhaled				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	cromolyn sodium	Solution for Nebulizer	20mg/2mL	
Phosphodiesterase-4 (PDE4) Inhibitors				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Daliresp	roflumilast	Tablet	500mcg	PA Required
Respiratory Aids, Devices, and Equipment				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
AeroChamber, etc	Spacer	N/A	N/A	QL of 1 Spacer/device per 180 days w/o PA
Xanthines				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	theophylline	12 hr ER Tablet	100mg, 200mg, 300mg, and 450mg	
	theophylline	24 hr ER Tablet	400mg and 600mg	
	theophylline	Solution	80mg/15mL	
Theo-24	theophylline	24 hr ER Capsule	100mg, 200mg, 300mg, and 400mg	
Elixophyllin	theophylline	Elixir	80mg/15mL	
Decongestants				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Sudafed	pseudoephedrine	Liquid	15mg/5mL	
Sudafed	pseudoephedrine	Tablet	30mg	QL of 3 per day w/o PA
Sudafed	pseudoephedrine	Tablet	60mg	QL of 2 per day
Decongestant/Expectorant and Non-Narcotic Antitussive Combination Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	guaifenesin/ dextromethorphan HBr/phenylephrine	Liquid	75/5/2.5mg per 5mL	PA Required QL of 120mL per 30 days
Robitussin CF	guaifenesin/ dextromethorphan HBr/phenylephrine	Liquid	200/10/5mg per 5mL	PA Required
Broncotron PED	guaifenesin/ dextromethorphan HBr/phenylephrine	Liquid	350/15/10mg per 5mL	PA Required QL of 1200mL per 30 days
Expectorants				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	guaifenesin	ER 12hr Tablet	600mg	QL of 2 per day w/o PA
	guaifenesin	ER 12hr Tablet	1200mg	
	guaifenesin	ER Tablet	600mg	QL of 2 per day w/o PA

	guaifenesin	Liquid	100mg/5mL	QL of 240mL per 30 days w/o PA
	guaifenesin	Liquid	200mg/5mL	QL of 120mL per 30 days w/o PA
	guaifenesin	Tablet	200mg and 400mg	
First Generation Antihistamine And Decongestant Combinations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Triaminic or Triaminic Cold and Allergy	chlorpheniramine/ pseudoephedrine	Chewable Tablet	1/15mg	PA Required
Sudogest Cold and Allergy	chlorpheniramine/ pseudoephedrine	Tablet	4/60mg	QL of 3 per day
Promethazine VC	phenylephrine/promethazine	Syrup	5/6.25mg per 5mL	
	triprolidine/pseudoephedrine	Tablet	2.5/60mg	QL of 3 per day
First Generation Antihistamine And Narcotic Antitussive Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Tussionex	hydrocodone/chlorpheniramine polistirex	12hr ER Suspension	10/8mg per 5mL	PA Required Limited to members over 6 years of age
	promethazine w/codeine	Syrup	6.25/10mg per 5mL	QL of 120mL per 30 days w/o PA for members 6 years of age and over
First Generation Antihistamine/Decongestants And Narcotic Antitussive Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Phenylhistamine DH	pseudoephedrine/codeine/ chlorpheniramine	Liquid	30/10/2mg per 5mL	PA Required Limited to members over 6 years of age
Promethazine VC with Codeine	promethazine/phenylephrine/ codeine	Syrup	6.25/5/10mg per 5mL	QL of 120mL in 30 days w/o PA Limited to members over 6 years of age
Narcotic Antitussive and Anticholinergic Combination Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Hydromet	hydrocodone/homatropine	Syrup	5/1.5mg per 5mL	QL of 240mL in 30 days w/o PA Limited to members over 6 years of age
Tussigon	hydrocodone/homatropine	Tablet	5/1.5mg	PA Required Limited to members over 6 years of age
Narcotic Antitussive and Expectorant Combination Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Cheratussin AC	guaifenesin/codeine	Liquid	100/10mg per 5mL	QL of 240mL per 30 days w/o PA Limited to members over 6 years of age
Non-Narcotic Antitussive Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Tessalon	benzonatate	Capsule	100mg and 200mg	QL of 3 per day w/o PA
Non-Narcotic Antitussive and Expectorant Combination Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Adult Robitussin Peak Cold	guaifenesin/dextromethorphan HBr	Liquid	100/10mg per 5mL	
	guaifenesin/dextromethorphan HBr	Liquid	200/30mg per 5mL	

Tussin DM	guaifenesin/dextromethorphan HBr	Syrup	100/10mg per 5mL	
General Inhalation Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	sodium chloride for inhalation	Solution for Nebulization (Vial)	0.9%	
	sodium chloride for inhalation	Solution for Nebulization (Vial)		
Miscellaneous Nose Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Atrovent	ipratropium bromide	Nasal Spray	21mcg and 42 mcg	
Ayr	sodium chloride/aloe	Nasal Spray		PA Required
Mucolytic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	acetylcysteine	Solution for Nebulization (Vial)	100mg/mL and 200mg/mL	
Smoking Deterrent Agents (Ganglionic Stimulant Others)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Nicotrol	nicotine replacement cartridge	Cartridge	10mg	PA Required
	nicotine replacement gum	Gum	2mg and 4mg	QL of 120 per 5 days w/o PA; Up to 4320 in 365 days
	nicotine replacement lozenge	Lozenge	2mg and 4mg	QL of 120 per 5 days w/o PA; Up to 3600 in 365 days
Nicotrol NS	nicotine replacement spray	Nasal Spray	10mg/mL	PA Required
	nicotine replacement patches	Transdermal Patch	7mg/24hr, 14mg/24hr, and 21mg/24hr	QL of a 28 day supply of any combination w/o PA; Up to 180 days in 365 days
Smoking Deterrent Agents (Nicotinic Receptor Partial Agonist)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Chantix	varenicline	Tablet	0.5mg 1mg	QL of up to 24 weeks therapy within 365 days w/o PA
Chantix	varenicline	Tablet – Starter Pack	0.5mg (11 tablets) and 1mg (#53 tablets as a 28 day supply)	QL of up to 24 weeks therapy within 365 days w/o PA
Chantix	varenicline	Tablet – Continuation Pack	1mg (#56 tablets as a 28 day supply)	QL of up to 24 weeks therapy within 365 days w/o PA
Smoking Deterrents Agents (Other)				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Zyban	bupropion	ER Tablet	150mg	QL of 2 per day

Vitamins, Electrolytes, and Supplements				
Electrolyte Depleters				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	calcium acetate	Capsule	667mg	
Eliphos	calcium acetate	Tablet	667mg	
Kionex	sodium polystyrene sulfonate	Powder		
	sodium polystyrene sulfonate	Suspension	15g/60mL	
Kionex or SPS	sodium polystyrene sulfonate/sorbitol	Suspension	15g/60mL	
Potassium Replacement				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Effer-K	potassium bicarbonate/citric acid	Effervescent Tablet	25mEq	
	potassium chloride	ER Tablet	8mEq, 10mEq, and 20mEq	
Epiklor or Klor-Con	potassium chloride	Packet	20mEq and 25mEq	
Klor-Con Sprinkle	potassium chloride	ER Capsule	8mEq and 10mEq	
Klor-Con	potassium chloride	ER Tablet (Particles/ Crystals)	8mEq, 10mEq, and 20mEq	
K-Sol	potassium chloride	Liquid	20mEq/15mL and 40mEq/15mL	
	potassium chloride/potassium bicarbonate/citric acid	Effervescent Tablet	25mEq	
Sodium/Saline Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	sodium chloride	Tablet Solution	100mg	PA Required
	sodium chloride	Tablet	1g	
Infant Formulas				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Glutarex-1	infant formula/glutaric aciduria I	Powder		PA Required
Similac Expert Care Alimentum	infant formula with iron/ lf/DHA/ara	Powder		PA Required
Enfamil Enspire, Enfamil for Supplementing, Enfamil Gentlease, Enfamil Gentlease Non-GMO, Tender, etc	infant formula/iron/DHA/ara	Powder		PA Required
BCAD1	infant formula for MSUD	Powder		PA Required
Magnesium Salts Replacement				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	magnesium	Tablet	30mg, 200mg, and 250mg	PA Required
	magnesium amino acid chelate	Tablet	27mg	PA Required
Mag64	magnesium chloride	DR Tablet	64mg	
Mag Delay	magnesium chloride	DR Tablet	70mg	
Nu-Mag	magnesium chloride	DR Tablet	71.5mg	
Magtrate	magnesium gluconate	Tablet	29.25mg	PA Required
Magonate or Mag-G	magnesium gluconate	Tablet	27mg	PA Required
	magnesium oxide	Capsule	500mg	
	magnesium oxide	Tablet	250mg, 400mg, 420mg, and 500mg	250mg PA Required

Miscellaneous Dietary supplement				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Egg-Pro	albumen (egg white)	Powder		PA Required
LPS 15-30 or LPS Neutral Flavor	amino acids/hydrolyzed collagen, whey	Liquid		PA Required
LPS Critical Care	amino acids/hydrolyzed collagen, whey/l-arginine/ vitamin C/zinc/copper	Liquid		PA Required
ProSource Zac	amino acids/protein/vitamin C/zinc	Liquid		PA Required
G-Preprotein, Liquacel 100, Pre-Protein, Proscource No Carb, Pro-Stat AWC, Pro-Stat Profile, Pro-Stat Sugar Free, Proteinex, Proteinex-18, Provide Gold Regular, or Provide Gold Sugar Free	amino acids/protein hydrolyzed	Liquid		PA Required
ProSource and ProSource Plus	amino acids/protein hydrolyzed/whey protein	Liquid		PA Required
Pro-Stat Renal Care	amino acids/protein hydrolyzed/fiber	Liquid and Liquid Packet		PA Required
Benecalorei	caloric supplement	Liquid		PA Required
Duocal	caloric supplement	Powder		PA Required
Uti-Stat	cranberry/vitamin C/ mannose/FOS/ bromelain	Liquid		PA Required
Cytotine	creatine monohydrate	Liquid		PA Required
Scandishake or Scandical	dietary supplement	Powder		PA Required
Balanced Nutritional, Boost, Boost Breeze, Boos Calorie Smart, Boost Compact, Boost High Protein, Boost Plus, Complete Nutrutional, Ensure Active Clear, Ensure Active Heart Health, Ensure Active High Protein, Ensure Active Light, Ensure Active Muscle Health, Ensure Active Protein-Muscle, Ensure Compact, Ensure High Protein, Ensure High Protein-Muscle, Ensure Liquid, Ensure Muscle Health, Ensure Original, Ensure Plus, or Isosource HN	lactose-reduced food	Liquid		PA Required
Ensure Powder	lactose-reduced food	Powder		PA Required
Ensure with Fiber, Isosource 1.5Cal, Isosource 1.5Cal Tube	lactose-reduced food/fiber	Liquid		PA Required

Feed, Jevity 1Cal, Jevity 1.2Cal, or Jevity 1.5Cal				
Cyto-Q-Max or QH	liposomal ubiquinol	Liquid		PA Required
Compleat	milk based formula	Liquid		PA Required
Boost	milk based formula	Pudding		PA Required
Hair Skin and Nails	multi-vitamins with minerals/ iron/folic acid/herb #186	Tablet		PA Required
EO28 Splash, HiCal, Nutrament, Nutren 1Cal, Nutren 1.5, Nutren 2.0, Osmolite 1Cal, Osmolite 1.2Cal, Osmolite 1.5Cal, Promote, Re-Gen, Replete, or Resource 2.0	nutritional supplement	Liquid		PA Required
Nutra-Pro	nutritional supplement	Powder		PA required
Ensure	nutritional supplement	Pudding		PA Required
Liquid Hope, Nourish, or Promote with Fiber	nutritional supplement/fiber	Liquid		PA Required
Compleat, Fibersource HN, Nutren Fiber 1Cal, Peptamen Junior Fiber, or Replete with Fiber	nutritional supplement/ inulin/FOS/fiber	Liquid		PA Required
Monogen	nutritional supplement/MCT	Powder		PA Required
Twocal HN	nutritional supplement special formula (lactose free)/iron/FOS	Liquid		PA Required
Impact 1Cal, Pivot 1.5Cal	nutritional treatment complete immune system – regular	Liquid		PA Required
Ensure Clear, Peptamen, or Peptamen 1.5	nutritional treatment impaired digestion function	Liquid		PA Required
Peptamen 1.5Cal with Prebiotics, Peptamen Junior 1.5, Peptamen - Prebiotics	nutritional treatment impaired digestion function/insulin/FOS	Liquid		PA Required
Novasource Renal 2Cal	nutritional treatment impaired renal function –soy	Liquid		PA Required
Polycal	nutritional treatment metabolic disorder – regular	Powder		PA Required
Boost Kid Esentials, Compleat Pediatric, Pediasure Enteral with Fiber, or Pediasure with Fiber	pediatric nutrition/iron/fiber – lactose-free	Liquid		PA Required
Boost Kid Essentials, Pediasure, Pediasure Enteral, or Pediatric Balanced Nutrition	pediatric nutrition/iron – lactose-free	Liquid		PA Required
Enfagrow Toddler Next Step	pediatric nutrition/ milk/iron/ DHA	Powder		PA Required
Promod	protein supplement	Liquid		PA Required
Boost High Protein, Ensure High Protein, Procel, Procel 100, or Prosource	protein supplement	Powder		PA Required

Ultramino	soy protein	Powder		PA Required
Liqsorb or Coenzyme Q10	ubidecarenone	Liquid		PA Required
Q-Up	ubidecarenone/vitamin E	Liquid		PA Required
Nutritional Therapy, Medical Condition Special Formulation				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Nutramine	amino acids	Powder		PA Required
Acerflex, Complex MSD Essential, Ketonex-2, MSUD, Maxamaid, or MSUD Maxamum	nutritional therapy, MSUD with iron	Powder		PA Required
MSUD Express15	nutritional therapy, MSUD with iron	Powder Packet		PA Required
MSUD Cooler, MSUD Express Cooler, OR MSUD Cooler20	nutritional therapy, MSUD with iron	Suspension		PA Required
Impact 1Cal	nutritional treatment complete immune system – regular	Liquid		PA Required
Resurgex Select	nutritional treatment complete immune system – regular	Packet		PA Required
Impact Glutamine	nutritional treatment complete immune systemsoy/fiber	Liquid		PA Required
I-Valex-2 or Xleu Maxamum	nutritional treatment for isovaleric acidemia	Powder		PA Required
Propimex-2 or XMTVI Maxamaid	nutritional treatment for propionic acidemia	Powder		PA Required
MMA-PA	nutritional treatment for propionic acidemia	Powder Pack		PA Required
Tyrex-2, Tyros 2, or XPHE XYTR Maxamaid	nutritional treatment for tyrosinemia w/iron	Powder		PA Required
Tyr Eexpress	nutritional treatment for tyrosinemia w/iron	Powder Pack		PA Required
Glucerna	nutritional treatment glucose intolerance – soy	Bar		PA Required
Glucerna, Glucerna 1Cal, Glucerna 1.2Cal, Glucerna 1.5Cal, Glucerna Advance, Glucerna Hunger Smart, Glucerna Therapeutic Nutrition, Glytrol, or Glytrol with Prebio1	nutritional treatment glucose intolerance – soy, lactose free			PA Required
Boost Glucose Control or Diabetisource AC	nutritional treatment glucose intolerance – soy, lactose free, w/fiber	Liquid		PA Required
Gluco Burst	nutritional treatment glucose intolerant/FOS/DHA	Suspension		PA Required
Glutarex-2, XYLS, XTRP Maxamum, or XYLS, XTRP Maxamaid	nutritional treatment glutaric aciduria 1	Powder		PA Required
EO28 Splash	nutritional treatment impaired digestion function	Liquid		PA Required

MCT Pro-Cal	nutritional treatment impaired digestion function	Packet		PA Required
Lipistart, Neocate Junior, or Neocate Nutra	nutritional treatment impaired digestion function	Powder		PA Required
Vivonex RTF	nutritional treatment impaired digestion function – soy	Liquid		PA Required
Pepdite Junior	nutritional treatment impaired digestion function – soy	Powder Packet		PA Required
Nepro Carb Steady or Suplena Carb Steady	nutritional treatment impaired renal function – soy	Liquid		PA Required
Renament	nutritional treatment impaired renal function – whey	Powder		PA Required
Ketocal 3:1	nutritional treatment ketogenic, milk	Powder		PA Required
Hominex-2	nutritional treatment metabolic disorders – methionine-free	Powder		PA Required
HCU Express Powder	nutritional treatment metabolic disorders – methionine-free	Powder Pack		PA Required
HCU Cooler	nutritional treatment metabolic disorders – methionine-free	Suspension		PA Required
HCU Cooler, HCU Cooler20, or TYR Cooler	nutritional treatment metabolic disorders – regular	Suspension		PA Required
Perative	nutritional treatment metabolic disorders – soy	Liquid		PA Required
PFD 2	nutritional treatment metabolic disorders – soy	Powder		PA Required
Oxepa	nutritional treatment pulmonary disorders – regular, lactose free	Liquid		PA Required
Pulmocare	nutritional treatment pulmonary disorders – soy, lactose free	Liquid		PA Required
Cyclinex-2 or WND 2	nutritional treatment, urea cycle disorder	Powder		PA Required
Nutritional Treatment Phenylketonuria (PKU) Formulations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Periflex Infant	infant formula for PKU with iron # 4	Powder		PA Required
Phylade MTE	nutritional treatment for PKU #31	Powder		PA Required
Phenylade	nutritional treatment for PKU #31	Powder Packet		PA Required
Phenylade Phebloc	nutritional treatment for PKU #33	Tablet		PA Required
Phenlade Phebloc	nutritional treatment for PKU, #43	Powder Packet		PA Required
Phenex-2	nutritional treatment for PKU with iron #1	Powder		PA Required
Periflex Junior	nutritional treatment for PKU with iron #3	Powder		PA Required
XPHE Maxamaid	nutritional treatment for PKU with iron #5	Powder		PA Required
XPHE Maxamum	nutritional treatment for PKU with iron #6	Powder		PA Required
Lophlex	nutritional treatment for PKU with iron #7	Powder Packet		PA Required

PKU 2 or PKU 3	nutritional treatment for PKU with iron #21	Powder		PA Required
Lanaflex	nutritional treatment for PKU with iron #25	Powder Pack		PA Required
Phenylade or Phenylade 60	nutritional treatment for PKU with iron #27	Powder		PA Required
Phenylade 40 or Phenylade 60	nutritional treatment for PKU with iron #27	Powder Pack		PA Required
PKU Lophlex	nutritional treatment for PKU with iron #40	Liquid Packet		PA Required
PKU Express15	nutritional treatment for PKU with iron #52	Powder Packet		PA Required
Antioxidant Multivitamin Combinations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
I-Vite or Opti-Vitamin	vitamin A/vitamin C/vitamin E/lutein/minerals	Tablet		
Calcium Replacement				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Calcio Del Mar	calcium	Tablet	500mg	
Calcium Magnesium	calcium/magnesium	Tablet	300/300mg	
Calcium 500	calcium/Mg/vitamin D3	Tablet	500mg/200u	
TL G-Fol OS	calcium/Mg/vitamin D3/ vitamin B12/folic acid/vitamin B6/boron	Tablet	500/1.1mg	
Calcium/ Magnesium/Zinc	calcium/Mg/zinc	Tablet	333/133/5mg	
Calcium 600+D Plus	calcium/vitamin D3/ magnesium oxide/zinc/ copper/manganese/boron	Chewable Tablet	600mg/800u	
Calcium 600+ Vitamin D, Calcium 600+D+Minerals, or Calcium 600-D3 Plus	calcium/vitamin D3/magnesium oxide/ zinc/copper/manganese/boron	Tablet	600mg/800u	
Calci-Chew or Calcium	calcium carbonate	Chewable Tablet	500mg	
Calci-Mix	calcium carbonate	Capsule	500mg	
Calcium Carbonate	calcium carbonate	Suspension	500mg/5mL	
Calcium Carbonate	calcium carbonate	Tablet	260mg	
Coral Calcium	calcium carbonate	Tablet	390mg	
Calcium, Calcium Carbonate, Natural Calcium, Oysco-500, Oyst-Cal-500, or Oyster Shel Calcium	calcium carbonate	Tablet	500mg	
Calcium, Calcium Carbonate, High Potency Calcium, or Super Calcium	calcium carbonate	Tablet	600mg	
Calcium Magnesium	calcium carbonate/calcium gluconate/magnesium oxide/magnesium gluconate	Tablet	500/250mg	
Parva-Cal 500	calcium carbonate/calcium gluconate/vitamin D2	Tablet	500mg/200u	
Oyster Shell Calcium w/Vit D	calcium carbonate/vitamin D2	Tablet	250mg/125u and 500mg/200u	
Calcium with Vitamin D	calcium carbonate/vitamin D2	Tablet	600mg/125u	

Coral Calcium	calcium carbonate/ magnesium/vitamin D3	Capsule	250mg/200u	
Calcium	calcium carbonate/vitamin D3	Chewable Tablet	500mg/100u	
Calcium 500+Vit D	calcium carbonate/vitamin D3	Chewable Tablet	500mg/400u	
Oysco 500+D	calcium carbonate/vitamin D3	Chewable Tablet	500mg/600u	
Oysco D or Oyster Shell Calcium w/Vit D	calcium carbonate/vitamin D3	Tablet	250mg/125u	
Calcium 500+Vitamin D	calcium carbonate/vitamin D3	Tablet	500mg/125u	
Calcium 500+Vit D, Calcium 500-Vit D3, Hi-Cal, Oysco 500-Vit D3, Oyst-Cal-D 500, Oyster Shell Calcium w-Vit D, or Oyster Shell Calcium-Vit D3	calcium carbonate/vitamin D3	Tablet	500mg/200u	
Calcium 500-Vit D3, Oyster Shell Calcium, Oyster Shell Calcium-Vitamin D, or Oystercal-D	calcium carbonate/vitamin D3	Tablet	500mg/400u	
Calcium 500 Vit D3	calcium carbonate/vitamin D3	Tablet	500mg/600u	
Calcium 600+Vit D	calcium carbonate/vitamin D3	Tablet	600mg/125u	
Calcium 600-Vit D3 or Oyster Shell Calcium w-Vit D	calcium carbonate/vitamin D3	Tablet	600mg/200u	
Calcarb 600 with Vitamin D, Calcium 600+Vit D, Calcium 600-Vit D3, or Super Calcium 600 Vit D3	calcium carbonate/vitamin D3	Tablet	600mg/400u	
Calcium 600-Vit D3	calcium carbonate/vitamin D3	Tablet	600mg/800u	
Calcium	calcium carbonate/vitamin D3/minerals	Chewable Tablet	600mg-200u	
Calcium 600-Vit D3-Mineral	calcium carbonate/vitamin D3/minerals	Chewable Tablet	600mg-400u	
Calcium 600+Minerals	calcium carbonate/vitamin D3/minerals	Tablet	600mg-200u	
Calcium 600+D & Minerals, Calcium 600+D Plus Minerals, Calcium 600+Minerals, Calcium Plus, Calcium-Vitamin D	calcium carbonate/vitamin D3/minerals	Tablet	600mg/400u	
Calcium	calcium carbonate/vitamin D3/vitamin K1	Chewable Tablet	500mg/100u/40u	
Calcium+Vitamin D & K	calcium carbonate/vitamin D3/vitamin K1	Chewable Tablet	500mg/400u/40u	
Calcium Citrate or Calcitrate	calcium citrate	Tablet	200mg	
Calcium Citrate	calcium citrate	Tablet	250mg	
Calcium Citrate Vitamin D	calcium citrate/vitamin D2	Tablet	1500mg/200u	
Calcium Citrate-Vitamin D or Calcium Citrate Vitamin D3	calcium citrate/vitamin D3	Tablet	250mg/200u	

Calcium Citrate-Vitamin D or Calcium Citrate Plus	calcium citrate/vitamin D3	Tablet	315mg/200u	
Calcium Citrate-Vitamin D, Calcium Citrate-Vitamin D3, Citracal+D Maximum, or Citruc Calcium+D	calcium citrate/vitamin D3	Tablet	315mg/250u	
Calcium Gluconate	calcium gluconate	Tablet	45mg, 60mg, and 61mg	
Calcium Lactate	calcium lactate	Tablet	84mg and 650mg	
Fluoride Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	sodium fluoride	Chewable Tablet	0.25mg (0.55mg), 0.5mg (1.1mg), and 1mg (2.2mg)	QL of 1 per day Limited to members 18 and under
	sodium fluoride	Drops	0.125mg/drop	QL of 30mL per 30 days Limited to members 18 and under
	sodium fluoride	Drops	0.25mg/0.6mL and 0.25mg/drop	QL of 60mL per 30 days Limited to members 18 and under
	sodium fluoride	Drops	0.5mg/mL	QL of 50mL per 50 days Limited to members 18 and under
	sodium fluoride	Tablet	1mg (2.2mg)	QL of 1 per day Limited to members 18 and under
	stannous fluoride	Gel	0.4%	PA Required Limited to members 18 and under
Folic Acid Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	folic acid	Tablet	1mg	
Geriatric Vitamin Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Various Brand Names	multivitamin with iron and minerals	Tablet		
Various Brand Names	multivitamin with minerals and lutein	Tablet		
Various Brand Names	multivitamin with minerals, folic acid, lycopene, and lutein	Tablet		
Iron Replacement				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Fe C Plus	carbonyl iron/vitamin C/ vitamin B12/folic acid	Tablet	100-250-1mg	PA Required
iron with stool softener	ferrous fumarate/docusate sodium	ER Tablet	150/100mg	
Hematinic with folic acid	ferrous fumarate/folic acid	Tablet	106/1mg	QL of 1 per day
	ferrous gluconate	Tablet	256(28)mg, 324(36)mg, 324(37.5)mg, and 324(38)mg	

	ferrous sulfate	DR Tablet	324mg and 325mg	
Fer-Iron	ferrous sulfate	Drops	15mg/mL	
Ferosul	ferrous sulfate	Elixir	220mg/5mL	
Slow Release Iron	ferrous sulfate	ER Tablet	45mg, 47.5mg, and 50mg	
Slow Release Iron	ferrous sulfate	Liquid	300mg/5mL	
Slow Release Iron	ferrous sulfate	Solution	220mg/5mL	
Slow Release Iron	ferrous sulfate	Tablet	134mg and 325mg	
Slow Release Iron	ferrous sulfate, dried	ER Tablet	160mg	
	iron	Tablet	18mg	
Ferrex 150	iron polysaccharide complex	Capsule	150mg	
Ferrex 28	iron/vitamin C/folic acid/ multivitamin combination 11/Ca	Tablet	151-200-1mg	PA Required
Multivitamin Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
One Daily Complete, One Daily for Women, One Daily Maximum	folic acid/multivitamin/iron/ minerals	Tablet		
Certa Plus	folic acid/multivitamin/ iron/minerals/lutein	Tablet		
Centravites	folic acid/multivitamin/ calcium/iron/minerals/ lycopene/lutein	Tablet		
Multivitamins	multivitamin	Capsule		
Chewable-Vite	multivitamin	Chewable Tablet		
Daily Multiple Vitamin, Daily Value, Daily Vitamin Formula, Daily Vite, Men's Multi-Vitamin, Multip Vitamins, Multi-Vitamin Daily, Multivitamins, Once Daily, One Daily Essential, One Daily Multivitamin, One-A-Day Essential, Pharmacist Favorite Multi-Vite, Super Multivitamin, Tab-A-Vite, or Vitamins for Hair	multivitamin	Tablet		
Daily Multiple	multivitamins/calcium/ minerals/iron/folic acid	Tablet		
Vitatrum	multivitamins/calcium/ minerals/iron/folic/lutein	Tablet		
A Thru Z Advanced Formula, Centrum Complete, Century, Cerovite Advanced Formula, Certavite-Antioxidant, Multi-Day Plus Iron, Sentry, or Spectravite Advanced Formula	multivitamin/iron/folic acid	Tablet		

One-A-Day Men's	multivitamin-minerals/folic acid/lycopene	Tablet		
Vitrum 50+ Senior	multivitamin-minerals/folic acid/lycopene/lutein	Tablet		
Daily Multivitamin with Iron, Daily Vitamin+Iron, Daily Vite with Iron, Hair Vitamin, Multivitamin with Iron, One Daily Multivitamin, One Daily Plus Iron, One Daily with Iron, or Tab-A-Vite with Iron	multivitamin with iron	Tablet		
Central-Vite	multivitamin with iron/ hematinic	Tablet		
Bee-Zee, Daily Vitamin Formula-Minerals, Hair,Skin,&Nails, ICaps Plus, Mega Multi w/Chelated Minerals, Mega Multivitamin with Mineral, Men's One Daily, Multiple Vitamin, Multivitamins with Minerals, One Dialy Complete, One Daily Energy, On Daily Plus Minerals, One-A-Day Maximum Formula, or Tab-A-Vite-Minerals	multivitamin with minerals	Tablet		
Oncovite, Therems, Thera, or Thera-Tabs	therapeutic multivitamins	Tablet		
Therems-M	therapeutic multivitamins/iron/ other minerals	Tablet		
Prosight	vitamin A/vitamin C/vitamin E/zinc/sodium selenite/copper	Tablet		
Pediatric Vitamin Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Tri-Vit with Fluoride-Iron	fluoride/iron/vitamin A/ vitamin C/vitamin D	Drops	0.25mg/mL	
Animal Chews, Animal Shapes Vitamins, Child Chew Vitamin, Child Little Animals Vitamins, Children's Chewable, Children's Chewable Vitamin, Children's Multivitamisn, Dino-Life, Dino-Life with Extra C, Flintstones, Flintstones with Extra C, Fummi Bear Multivitamin, Honey Bears, Multivitamins,	multivitamins	Chewable Tablet		

Poly-Vitamin, or Zoo Chews				
Animal Shapes Plus Iron, Chewable-Vite with Iron, Child Chew + Iron, Children's Multivitamin-Iron, Children's Vitamin with Iron, Child's Vitamin with Iron, Little Animals with Iron, or Vitalets	multivitamins with iron	Chewable Tablet		
Cerovite Jr., Child Vitamin with Minerals, Dino-Life, Flintstone Complete, Honey Bears, Polyvitamin with Iron, or Scooby-Do	multivitamins with iron and minerals	Chewable Tablet		
Multi-Vitamin w/Fluoride	pediatric multivitamins no. 2/fluoride	Drops	0.25mg/mL and 0.5mg/mL	
Multi-Vitamin with Fluoride	pediatric multivitamins 17/ fluoride	Chewable Tablet	0.25mg, 0.5mg, and 1mg	
Poly-Vita or Poly-Vitamin	pediatric multivitamins no. 20	Drops		
Triple-Vitamin w/Fluoride, Tri-Vitamin with Fluoride, or Vitamin A,C,D and Fluoride	pediatric multivitamins 21/ vitamin A/vitamin C/vitamin D3/fluoride	Drops	0.25mg/mL and 0.5mg/mL	Limited to members under 1 yr of age
Vitalets	pediatric multivitamins 36/iron	Chewable Tablet	10mg	
Tri-Vi-Flor	pediatric multivitamins 38/ vitamin A/vitamin C/vitamin D3/fluoride	Drops	0.25mg/mL and 0.5mg/mL	Limited to members under 1 yr of age
Multi-Vitamin w/Fluoride-Iron	pediatric multivitamins 45/ fluoride/iron	Drops	0.25mg/mL	
Poly-Vita with Iron or Polyvitamin with Iron	pediatric multivitamins 46/iron sulfate	Drops		
Multivitamins w/Fluoride-Iron	pediatric multivitamins 75/ fluoride/iron	Drops	0.25mg/mL	
Flintstones with Iron	pediatric multivitamins no. 79/ferrous fumarate	Chewable Tablet	18mg	
Multivitamins with Fluoride	pediatric multivitamins no. 82 with fluoride	Drops	0.25mg/mL and 0.5mg/mL	
Vitamin B Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Cerefolin NAC, Metafolbic Plus, etc	acetylcysteine/ methylcobalamin/l-methylfolate	Tablet	600/2/6mg	PA Required
Fabb, TL Gard Rx, or Virt-Gard	cyanocobalamin/folic acid/pyridoxine	Tablet	1/2.2/25mg	PA Required
Folbee or Virt-Vite	cyanocobalamin/folic acid/pyridoxine	Tablet	1/2.5/25mg	PA Required
Full Spectrum B, Nephro-Vite, Renal Vitamin, Renal-Vite, or Rena-Vite	folic acid/vitamin B complex/vitamin C	Tablet	0.8mg	PA Required
Nephro-Vite Rx or Rena-Vite Rx	vitamin B complex 3/folic acid/vitamin C/ biotin	Tablet	1/60mg	

Vitamin B1 Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	thiamine	Tablet	50mg, 100mg, 250mg, and 500mg	PA Required
	thiamine	Injection Solution (Vial)	100mg/mL	PA Required
	thiamine mononitrate	Tablet	100mg	PA Required
Vitamin B6 Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	pyridoxine	Capsule	50mg	QL of 4 per day w/o PA
	pyridoxine	ER Tablet	200mg	QL of 1 per day w/o PA
	pyridoxine	Tablet	25mg, 50mg, and 100mg	QL of up to 200mg per day w/o PA 25mg = 8 per day 50mg = 4 per day 100mg = 2 per day
	pyridoxine	Tablet	250mg and 500mg	QL of 1 per day w/o PA
Vitamin B12 Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	cyanocobalamin (vitamin b-12)	Tablet	500mcg	QL of 2 per day
	cyanocobalamin (vitamin b-12)	ER Tablet	1000mcg	QL of 2 per day
	cyanocobalamin (vitamin b-12)	SL Tablet	1000mcg	QL of 2 per day
	cyanocobalamin (vitamin b-12)	Injection Solution (Vial)	1000mcg/mL	QL of 4mL per 28 days w/o PA
Vitamin D Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	calcitriol	Capsule	0.25mcg and 0.5mcg	
	calcitriol	Solution	1mcg/mL	PA Required
	cholecalciferol (vitamin D3)	Drops	400u/mL	QL of 1mL per day; up to 50mL for a 50 day supply Limited to members under 18
	cholecalciferol (vitamin D3)	Liquid	400u/5mL	QL of 1mL per day; up to 50mL for a 50 day supply Limited to members under 18
	cholecalciferol (vitamin D3)	Capsule	400u	
	cholecalciferol (vitamin D3)	Tablet	400u	
	cholecalciferol (vitamin D3)	Chewable Tablets	1,000u	
	cholecalciferol (vitamin D3)	Capsule	1,000u	
	cholecalciferol (vitamin D3)	Tablet	1,000u	
	cholecalciferol (vitamin D3)	Capsule	2,000u	
	cholecalciferol (vitamin D3)	Tablet	2,000u	
	cholecalciferol (vitamin D3)	Capsule	5,000u	
	cholecalciferol (vitamin D3)	Tablet	5,000u	
	cholecalciferol (vitamin D3)	Capsule	50,000u	
	cholecalciferol (vitamin D3)	Tablet	50,000u	
	ergocalciferol (vitamin D2)	Capsule	2,000u	QL of 1 per day
	ergocalciferol (vitamin D2)	Tablet	2,000u	QL of 1 per day
	ergocalciferol (vitamin D2)	Drops	8,000u/mL	PA Required
	ergocalciferol (vitamin D2)	Capsule	50,000u	
	ergocalciferol (vitamin D2)	Tablet	50,000u	

Women's Health

Hormonal Contraceptives

- **Members may fill up to a 3 month supply (84 days of medication)**
  - **Members may skip placebo/inactive tablets and proceed to next cycle of active tablets. Members are allowed:**
    - **1 month (#28 tablets, 1 ring, 3 patches, etc) for 21 - 28 days**
    - **2 months (#56 tablets, 2 rings, 6 patches, etc) for 42 - 56 days**
    - **3 months (#84 tablets, 3 rings, 9 patches, etc) for 63 - 84 days**

Contraceptives, Injectable

Brand	Generic	Form(s)	Strengths	Restrictions
Depo-Provera	medroxyprogesterone acetate	Injection Suspension (Prefilled Syringe)	150mg/mL	
Depo-Provera	medroxyprogesterone acetate	Injection Suspension (Vial)	150mg/mL	
Depo-Subq Provera	medroxyprogesterone acetate	Injection Suspension (Prefilled Syringe)	104mg/0.65mL	PA Required

Contraceptives, Intravaginal, Systemic

Brand	Generic	Form(s)	Strengths	Restrictions
Nuvaring	Etonogestrel/Ethinyl Estradiol	Vaginal Ring	0.12/0.015mg	

Oral Contraceptives, Combined

Brand	Generic	Form(s)	Strengths	Restrictions
Apri, Cyred, Emoquette, Enskyce, Juleber, or Reclipsen	desogestrel/ethinyl estradiol	Tablet	Day 1-21: 0.15/0.03mg Day 22-28: Inactive Tablets	
Caziant, or Velivet	desogestrel/ethinyl estradiol	Tablet	Day 1-7: 0.1mg/0.025mg Day 8-14: 0.125/0.025mg Day 15-21: 0.15/0.025mg Day 22-28: Inactive Tablets	
Azurette, Bekyree, Kariva, Kimidess, Pimtrea, or Viorele	desogesterol & ethinyl estradiol/ethinyl estradiol	Tablet	Day 1-21: 0.15 & 0.02mg Day 22-23: Inactive Tablets Day 24-28: ethinyl estradiol only- 0.01mg	ST ** See note below
Natazia	estradiol valerate/dienogest	Tablet	Day 1-2: 3mg (estradiol only) Day 3-7: 2/2mg Day 8-24: 2/3mg Day 25-26: 1mg (estradiol only) Day 27-28: Inactive Tablets	PA Required
Gianvi, Loryna, or Vestura	ethinyl estradiol/drospirenone	Tablet	Day 1-24: 0.02/3mg Day 25-28: Inactive Tablets	ST ** See note below

Ocella, Syeda, or Zarah	ethinyl estradiol/drospirenone	Tablet	Day 1-21: 0.03/3mg Day 22-28: Inactive Tablets	ST ** See note below
Kelnor 1/35 Or Zovia 1/35E	ethynodiol diacetate/ethinyl estradiol	Tablet	Day 1-21: 1/0.035mg Day 22-28: Inactive Tablets	
Enpresse, Levonest, Myzilra, or Trivora-28	levonorgestrel/ethinyl estradiol	Tablet	Day 1-6: 0.05/0.03mg Day 7-11: 0.075/0.04mg Day 12-21: 0.125/0.03mg Day 22-28: Inactive tablets	
Aubra, Aviane, Delyla, Falmina, Larissa, Lessina, Lutera, Orsythia, Sronyx, or Vienva	levonorgestrel/ethinyl estradiol	Tablet	Day 1-21: 0.1/0.02mg Day 22-28: Inactive tablets	
Altavera, Chateal, Introvale, Jolessa, Kurvelo, Levora-28, Marlissa, Portia, Quasense, or Setlakin	levonorgestrel/ethinyl estradiol	Tablet	Day 1-21: 0.15/0.03mg Day 22-28: Inactive tablets	
Balziva, Birellyn, Gildagia, Philith, Vyfemla, or Zenchent	norethindrone/ethinyl estradiol *(monophasic)*	Tablet	Day 1-21: 0.4/0.035mg Day 22-28: Inactive Tablets	PA Required
Brevicon, Necon, Nortrel, or Wera	norethindrone/ethinyl estradiol *(monophasic)*	Tablet	Day 1-21: 0.5/0.035mg Day 22-28: Inactive Tablets	
Junel 1/20, Larin 1/20, or Microgestin 1/20	norethindrone/ethinyl estradiol *(monophasic)*	Tablet	Day 1-21: 1/0.02mg Day 22-28: Inactive tablets	
Junel 1.5/30, Larin 1.5/30, or Microgestin 1.5/30	norethindrone/ethinyl estradiol *(monophasic)*	Tablet	Day 1-21: 1.5/0.03mg Day 22-28: Inactive tablets	ST ** See note below
Alyacen 1/35, Cyclafem 1/35, Dasetta 1/35, Norinyl 1/35, Nortrel 1/35, or Primella 1/35	norethindrone/ethinyl estradiol *(monophasic)*	Tablet	Day 1-21: 1/0.035mg Day 22-28: Inactive Tablets	
Lo Loestrin Fe	norethindrone/ethinyl estradiol/iron *(monophasic)*	Tablet	Day 1-24: 1/0.01mg Day 25-26: 1mg (ethinyl estradiol only) Day 27-28: 75mg (Iron only)	PA Required
Blisovi Fe 1/20 (21), Junel Fe 1/20 (21), Larin Fe 1/20 (21), Microgestin Fe 1/20 (21), or Tarina Fe 1/20 (21)	norethindrone/ethinyl estradiol/iron *(monophasic)*	Tablet	Day 1-21: 1/0.02mg Day 22-28: 75mg (Iron only)	

Blisovi Fe 1.5/30, Junel Fe 1.5/30, Larin Fe 1.5/30, or Microgestin Fe 1.5/30	norethindrone/ethinyl estradiol/iron *(monophasic)*	Tablet	Day 1-21: 1.5/0.03mg Day 22-28: 75mg (Iron only)	
Necon	norethindrone/ethinyl estradiol *(biphasic)*	Tablet	Day 1-10: 0.5/0.035mg Day 11-21: 1/0.035mg Day 22-28: Inactive tablets	
Alyacen 7/7/7, Cyclafem 7/7/7, Dasetta 7/7/7, Necon 7/7/7, Nortrel 7/7/7, or Primella 7/7/7	norethindrone/ethinyl estradiol *(triphasic)*	Tablet	Day 1-7: 0.5/0.035mg Day 8-14: 0.75/0.035mg Day 15-21: 1/0.035mg Day 22-28: Inactive Tablets	
Aranelle or Leena	norethindrone/ethinyl estradiol *(triphasic)*	Tablet	Day 1-7: 0.5/0.035mg Day 8-16: 1/0.035mg Day 17-21: 0.5/0.035mg Day 22-28: Inactive tablets	
Tri-Legest Fe	norethindrone/ethinyl estradiol/iron *(triphasic)*	Tablet	Day 1-5: 1/0.02mg Day 6-12: 1/0.03mg Day 13-21: 1/0.035mg Day 22-28: 75mg (Iron only)	PA Required
Necon 1/50	norethindrone/mestranol	Tablet	Day 1-21: 1/0.05mg Day 22-28: Inactive Tablets	
Estarylla, Mono-Linyah, Mononessa, Previfem, or Sprintec	norgestimate/ethinyl estradiol *(monophasic)*	Tablet	Day 1-21: 0.25/0.035mg Day 22-28: Inactive Tablets	
Tri-Estarylla, Tri-Linyah, Trinessa, Tri-Previfem, or Tri-Sprintec	norgestimate/ethinyl estradiol *(triphasic)*	Tablet	Day 1-7: 0.18/0.035mg Day 8-14: 0.215/0.035mg Day 15-21: 0.25/0.035mg Day 22-28: Inactive Tablets	
Ortho Tri-Cyclen Lo, Tri-Lo-Estarylla, Tri-Lo-Marzia, or Tri-Lo-Sprintec	norgestimate/ethinyl estradiol *(triphasic)*	Tablet	Day 1-7: 0.18/0.025mg Day 8-14: 0.215/0.025mg Day 15-21: 0.25/0.025mg Day 22-28: Inactive Tablets	
Cryselle, Elinest, or Low-Ogestrel	norgestrel/ethinyl estradiol	Tablet	Day 1-21: 0.3/0.03mg Day 22-28: Inactive Tablets	

Ogestrel	norgestrel/ethinyl estradiol	Tablet	Day 1-21: 0.5/0.05mg Day 22-28: Inactive Tablets	ST ** See note below
ST - Must have tried one of the following within the last 120 days: • *Altavera, Alyacen, Apri, Aranelle, Aviane, Blisovi Fe, Brevicon, Camila, Caziant, Chateal, Cryselle, Cyclafem, Cyred, Dasetta, Deblitane, Elinest, Emoquette, Enpresse, Enskyce, Errin, Estarylla, Gildess 1mg/20mcg, Gildess Fe, Heather, Introvale, Jencycla, Jolessa, Junel 1mg/20mcg, Junel Fe, Kelnor 1-35, Kurvelo, Larin 1mg/20mcg, Larin Fe, Leena, Lessina, Levonest, Levora-28, Low-Ogestrel, Lutera, Lyza, Marlissa, Microgestin 1mg/20mcg, Microgestin Fe, Mono-Linyah, Mononessa, Myzilra, Necon, Norinyl 1+35, Norylroc, Notrel, Orsythia, Ovcon-50, Pirmella, Portia, Previfem, Quasense, Reclipsen, Setlakin, Sharobel, Solia, Sprintec, Tarina Fe, Tilia Fe, Tri-Estarylla, Tri-Linyah, Trinessa, Tri-Previfem, Tri-Sprintec, Trivora-28, Velivet, Wera, Xulane, Zovia 1-35e, Zovia 1-50e, Implanon, Nexplanon, or Nuvaring*				
Oral Contraceptives, Progestin Only				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Camila, Deblitane, Errin, Heather, Jencycla, Jolivette, Lyza, Nora-Be, Norylroc, or Sharobel	norethindrone	Tablet	0.35mg	
Oral Contraceptives, Extended/Continuous Use				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Introvale, Jolessa, Quasense, or Setlakin	levonorgestrel/ethinyl estradiol	Tablet	Day 1-84: 0.03mg/0.15mg Day 85-91: Inactive Tablets	
Emergency Contraceptive – Progestin				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Aftera, Econtra EZ, Fallback Solo, My Way, Next Choice One Dose, Opcicon One-Step, Option 2, or React	levonorgestrel	Tablet	1.5mg	
Emergency Contraceptive – Ulipristal				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Ella	ulipristal acetate	Tablet	30mg	
Transdermal Contraceptives				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Xulane	norelgestromin/ethinyl estradiol	Patch	0.15/0.35mg per 24hr	
Non-Hormonal Contraceptives				
Contraceptives Cervical Cap				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
FemCap	cervical cap	Cervical Cap	22mm, 26mm, and 30mm	PA Required
Contraceptives Diaphragm				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Caya Contoured	diaphragms, contoured	Diaphragm	60mm – 85mm	
Wide Seal Diaphragm	diaphragms, wide seal	Diaphragm	60mm, 65mm, 70mm, 75mm, 80mm, 85mm, 90mm, and 95mm	
Contraceptives Sponge				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Today Contraceptive Sponge	nonoxynol 9	Vaginal Contraceptive Sponge	1000mg	PA Required

Female Condom				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
FC2 Female Condom	female condom	Condom		PA Required
Spermicide Alone				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
VCF	nonoxynol 9	Film	28%	PA Required
VCF	nonoxynol 9	Foam	12.5%	PA Required
VCF	nonoxynol 9	Gel	4%	PA Required
Gynol II	nonoxynol 9	Jelly	3%	PA Required
Oxytocics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Methergine	methylergonovine maleate	Tablet	0.2mg	
Estrogenic Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
EstroGel	estradiol	Gel (topical)	0.06%	
Climara	estradiol	Patch (once weekly)	0.025mg/24hr, 0.0375mg/24hr 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, and 0.1mg/24hr	
Menostar	estradiol	Patch (once weekly)	0.014mg/24hr	
Alora	estradiol	Patch (twice weekly)	0.025mg/24hr, 0.05mg/24hr, 0.075mg/24hr, and 0.1mg/24hr	
Minivelle or VivelleDot	estradiol	Patch (twice weekly)	0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, and 0.1mg/24hr	
Evamist	estradiol	Topical Solution (Spray)	1.53/spray	
Estrace	estradiol	Tablet	0.5mg, 1mg, and 2mg	
Climara Pro	estradiol/levonorgestrel	Patch (once weekly)	0.45/0.015mg per 24hr	
CombiPatch	estradiol/norethindrone	Patch (twice weekly patch)	0.05/0.14mg per 24hr and 0.05/0.25mg per 24hr	
Amabelz, Lopreeza	estradiol/norethindrone	Tablet	0.5/0.1mg and 1/0.5mg	
Mimvey	estradiol/norethindrone	Tablet	1/0.5mg	
Mimvey Lo	estradiol/norethindrone	Tablet	0.5/0.1mg	

Prefest	estradiol/norgestimate	Tablet	Day 1-3: estradiol 1mg Day 4-6: estradiol/ norgestimate 1/0.09mg Day 7-9: estradiol 1mg Day 10-12: estradiol/ norgestimate 1/0.09mg Day 13-15: estradiol 1mg Day 16-18: estradiol/ norgestimate 1/0.09mg Day 19-21: estradiol 1mg Day 22-24: estradiol/ norgestimate 1/0.09mg Day 25-27: estradiol 1mg Day 28-30: estradiol/ norgestimate 1/0.09mg	
Premarin	estrogen (conjugated - equine)	Tablet	0.3mg, 0.45mg, 0.625mg, 0.9mg, and 1.25mg	
Menest	estrogen (esterified)	Tablet	0.3mg, 0.625mg, 1.25mg, and 2.5mg	
Prempro	estrogen (conjugated - equine)/ medroxyprogesterone	Tablet	0.3/1.5mg, 0.45/1.5mg, 0.625/25mg, and 0.625/5mg	
Premphase	estrogen (conjugated- equine)/ medroxyprogesterone	Tablet	Day 1-14: 0.625mg (estrogen only) Day 15-28: 0.625mg (estrogen) and 0.625/ 5mg (estrogen/ medroxyprogesterone)	
Ogen	estropipate	Tablet	0.75mg, 1.5mg, and 3mg	
Fyavolv	ethinyl estradiol/norethindrone	Tablet	0.5mg/2.5mcg and 1mg/5mcg	
Jinteli	ethinyl estradiol/norethindrone	Tablet	1mg/5mcg	
Estrogen and Androgen Combinations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	esterified estrogen/methyl testosterone	Tablet	1.25/2.5mg	
	esterified estrogen/methyl testosterone	Tablet	0.625mg/1.25mg	
Progestational Agents				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Depo-Provera	medroxyprogesterone	Injection Suspension (Vial)	400mg/mL	PA Required
Provera	medroxyprogesterone	Tablet	2.5mg, 5mg, and 10mg	

	norethindrone	Tablet	5mg	
	progesterone, micronized	Capsule	100mg and 200mg	
Vaginal Antibiotics				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
	clindamycin	Cream	2%	
MetroGel Vaginal	metronidazole	Gel	0.75%	
Vandazole	metronidazole	Gel	0.75%	
Vaginal Antifungals				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Gynazole-1	butoconazole	Cream	2%	
	clotrimazole	Cream	1%	
	clotrimazole	Cream	2%	
Monistat 3 or Vagistat 3	miconazole	Combo Kit (Suppository and Cream)	200mg and 2%	PA Required
	miconazole nitrate	Cream	2%	
Monistat 3	miconazole	Cream	4%	PA Required
	miconazole	Suppository	200mg	
Terazole	terconazole	Cream	0.4% and 0.8%	
Monistat or Vagistat	tioconazole	Ointment	6.5%	PA Required
Vaginal Estrogen Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Estrace	estradiol	Cream	0.01%	
Vagifem or Yuvafem	estradiol	Vaginal Tablet	10mcg	
Premarin	estrogen (conjugated - equine)	Cream	0.625mg/g	
Vaginal Sulfonamides				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
AVC	sulfanilamide	Cream	15%	
Prenatal Vitamin Preparations				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Elite-OB or OB Complete	carbonyl iron/folic acid/ multivitamin	Tablet		QL of 1 per day
Fe C Plus or Icar-C Plus	carbonyl iron/vitamin C/ vitamin B12/folic acid	Tablet		QL of 1 per day
Complete Natal DHA or Trust Natal DHA	prenatal vitamins 2/iron/folic acid/omega-3	Combo Package		
PNV-VP-U or Prenatal-U	prenatal vitamins w/o calcium no 5/ferrous fumarate/folic acid	Capsule		QL of 1 per day
Vinate PN Care	prenatal vitamins 7/ iron/docusate sodium/folic acid	Tablet		QL of 1 per day
Elite OB DHA	prenatal vitamin 7/iron/folic acid/DHA	Capsule		QL of 1 per day
C-Nate DHA, Relnate DHA, Viva DHA, or Virt-Nate DHA	prenatal vitamins 11/ ferrous fumarate /folic acid/omega-3	Capsule		QL of 1 per day
Obstetrix DHA	prenatal vitamins no. 12/ carbonyl iron/folic acid/ docusate sodium/omega 3	Combination Package (Tablet And DR Capsule)		
Completenate	prenatal vitamins 14/ferrous fumarate/folic acid	Chewable Tablet		QL of 1 per day
Mynatal Advance, Triadvance, Virt-Advance	prenatal vitamin 15/iron/folic acid/docusate sodium	Tablet		QL of 1 per day
Folivane-OB	prenatal vitamins 15/ferrous fumarate/folic acid	Capsule		QL of 1 per day

Trinatal GT, Vinate GT, or Virt-Vite GT	prenatal vitamin 16/iron/folic acid/docusate sodium	Tablet		QL of 1 per day
Dothelle DHA, Taron-C DHA, or Virt-C DHA	prenatal vitamins 16/ferrous fumarate/folic acid/omega 3	Capsule		QL of 1 per day
Elite-OB 400	prenatal vitamins 17/iron/folic acid/fish oil/DHA/omega-3	Capsule		QL of 1 per day
Vinate Ultra	prenatal vitamin 18/iron/folic acid/docusate sodium	Tablet		QL of 1 per day
PR Natal 400 EC	prenatal vitamins 19/iron/folic acid/omega-3	Combination Package (Tablet And DR Capsule)		
Vinacal	prenatal vitamins 22/carbonyl ferrous gluconate/folic acid/docusate sodium	Tablet		QL of 1 per day
Select-OB + DHA	prenatal vitamins 33/iron/folic acid/DHA	Combo Package		
Ultimatecare One NF	prenatal vitamins calicum no. 35/iron/folic acid/ docusate sodium/ omega-3	Capsule		QL of 1 per day
Perry Prenatal	prenatal vitamins with calcium no. 36/iron/folic acid	Capsule		PA Required QL of 1 per day
Ultimatecare One	prenatal vitamins with calcium no. 37/iron/folic acid/omega-3	Capsule		QL of 1 per day
PNV-Select or Virt-PN	prenatal vitamins with calcium 40/iron/folate 1	Tablet		QL of 1 per day
Atabex EC	prenatal vitamins combination no. 43/carbonyl iron/folic acid/ docusate sodium	DR Tablet		QL of 1 per day
PR Natal 400 or Triveen-Duo DHA	prenatal vitamins 53/iron/folic acid/omega-3	Combo Package		
PR Natal 430	prenatal vitamins 54/iron/folic acid/omega-3	Combo Package		
PR Natal 430 EC	prenatal vitamins 55/iron/folic acid/omega-3	Combination Package (Tablet And DR Capsule)		
Prenatal Plus	prenatal vitamins with calcium no. 72/carbonyl iron/folic acid	Tablet		QL of 1 per day
Prenatal Plus, Prenatal Vitamin Plus Low Iron, Preplus	prenatal vitamins with calcium no. 72/iron/folic acid	Tablet		QL of 1 per day
Trinate	prenatal vitamin no. 73/ iron/folic acid	Tablet		QL of 1 per day
Niva-Plus, Prenatal Low Iron, Vol-Plus	prenatal vitamins with calcium 74/iron/folic acid	Tablet		QL of 1 per day
Prenatabs Rx	prenatal vitamin 76/carbonyl iron/folic acid	Tablet		QL of 1 per day
Prenatabs FA	prenatal vitamin no. 78/iron/folic acid	Tablet		QL of 1 per day
Prenatal, Prenatal Formula, or Prenatal Vitamins	prenatal vitamins 95/ferrous fumarate/folic acid	Tablet		PA Required QL of 1 per day
Prenatal	prenatal vitamin 96/ ferrous fumarate/folic acid	Tablet		PA Required QL of 1 per day
Tricare	prenatal 103/iron fumarate/ folic acid	Tablet		QL of 1 per day

Vinate Care	prenatal vitamin no. 109/iron/folic acid	Chewable Tablet		QL of 1 per day
Prenatal 19	prenatal vitamins no. 118/ iron fumarate/folic acid	Chewable Tablet		PA Required QL of 1 per day
Se-Natal 19	prenatal vitamins no. 118/ iron fumarate/folic acid	Chewable Tablet		QL of 1 per day
Prenatal 19	prenatal vitamins 119/iron fumarate/folic acid/docusate sodium	Tablet		PA Required QL of 1 per day
O-Cal Prenatal	prenatal vitamin no. 127/iron/folic acid	Tablet		QL of 1 per day
Prenatal One Daily	prenatal vitamin no. 129/iron/ folic acid	Tablet		PA Required QL of 1 per day
Prenatal or Prenatal Vitamins	prenatal vitamin no. 130/ iron/folic acid	Tablet		PA Required QL of 1 per day
KPN or Prenatal Vitamins	prenatal vitamin/calcium/iron/ folic acid	Tablet		PA Required QL of 1 per day
Mynatal	prenatal vitamins/carbonyl iron/docusate sodium/folic acid	Tablet		QL of 1 per day
Mynate 90 Plus	prenatal vitamins/ferrous fumarate/docusate sodium/folic acid	ER Tablet		QL of 1 per day
Vinate-M	prenatal vitamins/ferrous fumarate/folic acid/ selenium	Tablet		QL of 1 per day
Vinate II	prenatal vitamin/iron/folic acid	Tablet		QL of 1 per day
Mynatal, Mynatal Plus, Mynatal-Z, or O-Cal FA	prenatal vitamin/iron fumarate/folic acid	Tablet		QL of 1 per day
Prenatal, Prenatal Vitamins, or Right Step Prenatal Vitamins	prenatal vitamin/iron fumarate/folic acid	Tablet		PA Required
Obstetrix EC	prenatal vitamin/carbonyl iron/docusate sodium/folic acid	DR Tablet		QL of 1 per day
M-Vit	prenatal vitamin/ferrous fumarate/folic acid	Tablet		QL of 1 per day
Select-OB	prenatal vitamin/iron complex/ folic acid	Chewable Tablet		QL of 1 per day
Prenatal Vitamins Without Iron				
Brand	**Generic**	**Form(s)**	**Strengths**	**Restrictions**
Folbecal	prenatal vitamins w/o iron/folic acid/calcium/vitamin B6/ vitamin B12	24hr ER Tablet		QL of 1 per day