



## CareSource Hoosier Healthwise Plan C

07/01/2019

### INTRODUCTION

\* Por favor, consulte las páginas 5-8, para ver la versión en español.

We are pleased to offer the 2019 **CareSource Medicaid Formulary** as a guide to help you. This list can help medical providers in picking clinically-appropriate and lower priced products for their patients. All Indiana Medicaid drugs are covered by CareSource. But this is a list of preferred drugs.

The drugs listed have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee. The list is then approved by a local Pharmacy and Therapeutics (P&T) Committee for inclusion. The list reflects up-to-date medical practice at the time of review.

The data in this list and its appendices is supplied to assist medical providers. We do not warrant or assure accuracy of the data. It is also not meant to be complete in nature. This list is not meant to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the data in the list is provided as a guide for drug therapy choice. Specific drug choice for a unique patient rests fully with the prescriber.

The list is subject to state-specific laws and rules. This can include, but is not limited to, those about generic substitution, controlled substance schedules, preference for brands and mandatory generics when it applies.

We take no responsibility for the actions or gaps of any medical provider based on trust, in whole or in part, on the data contained in this list. The medical provider should review the drug maker's product information or standard references for details.

National standards can be found on the National Guideline Clearinghouse site at <http://www.guideline.gov>, on the websites listed under each therapeutic class and on the sites listed in the WEBSITES section of this list.

### PREFACE

The list is set up in sections. Each section is split up by therapeutic drug class primarily defined by mechanism of action. Products are listed by generic name if available with brand name listed for information only. Unless the cited drug can be taken as an injection or a special case is noted, usually, all dosage forms and strengths of the drug cited are part of the list.

### PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics (P&T) Committee are used to approve safe and clinically effective drug therapies. The P&T Committee is an outside panel of experts from across the United States. The P&T Committee's voters include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background

and knowledge of prescription drugs. Voting members of the P&T Committee must make known any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

In addition to the National P&T Committee review, the CareSource Pharmacy and Therapeutics (P&T) Committee makes formulary recommendations based on the needs of members in your area. The CareSource P&T Committee is made up of the Plan's Medical Directors, Pharmacy staff and those in the medical community.

## DRUG LIST PRODUCT DESCRIPTIONS

To help you know which exact strengths and dosage forms on the list are covered, examples are below. The basic ideas shown in the examples can often count for other entries in the list. Any exceptions are noted.

**Listed products generally include all strengths and dosage forms of the cited brand-name product.**

Pregabalin Lyrica

Oral capsules, oral solution and all strengths of Lyrica would be part of this listing.

**When a strength, dosage or different formulation is noted, only that specific strength, dosage or formulation may be covered. Other strengths/dosage/formulations, which includes injectable dosage forms of the listed product, are not covered.**

Colestipol tabs Colestid

The generic-name oral tablet formulation is on the list. From this entry, the oral packets and granules cannot be assumed to be on the list unless there is a unique entry.

**Extended-release and delayed-release products have a separate entry.**

Metformin Glucophage

The immediate-release product listing of Glucophage alone would not include the extended-release product Glucophage XR.

Metformin ext-rel Glucophage XR

A separate entry for Glucophage XR confirms that the extended-release product is on the list.

Dosage forms on the list will be consistent with the category and use where listed.

Neomycin/polymyxin B/hydrocortisone Cortisporin

Since Cortisporin is listed only in the OTIC section, it is limited to the otic solution and suspension. From this entry you cannot assume the topical cream is on the list unless there is an entry for this product in the DERMATOLOGY section of the list.

## GENERIC SUBSTITUTION

Generic substitution is a pharmacy action in which a generic version is dispensed rather than a prescribed brand-name product. **Boldface type** means a generic is available. But, not all strengths or dosage forms of the generic name in boldface type may be generically on hand. In most cases, a brand-name drug for which a generic product becomes available will become non-formulary. The generic product will be covered in the brand-name drug's place, when it is

released into the market. But, the list is subject to state-specific regulations and rules about generic substitution and mandatory generic rules apply where needed.

Generic drugs are often priced lower than their brand-name equivalents and should be prescribed first, as long as the standards are followed. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are made under the same strict standards as brand-name drugs.
- Tested in humans to make sure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may differ from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Made in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to have the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

## PLAN DESIGN

The list shows a closed formulary plan design. The medications listed are covered by the plan as represented. Certain medications on the list are covered if utilization management standards are met (i.e. Step Therapy, Prior Authorization, Quantity Limits, etc.). Requests for use of such medications outside of their listed standards will be reviewed for medical need. If a medication is not listed, a formulary exception may be requested for coverage. Medical need or formulary exception requests will be reviewed based on drug-specific prior authorization measures or standard non-formulary prescription request criteria.

## HOOSIER HEALTHWISE PLAN C

Hoosier Healthwise is a health care program for pregnant women and children. The program covers medical care like doctor visits, prescription medicine, mental health care, dental care, hospitalizations, surgeries, and family planning at little or no cost to the member or the member's family.

Package C, or Children's Health Insurance Program (CHIP) is a full-service plan for children up to age 19. There is a small monthly premium payment and co-pay for some services based on family income. Most children will fall into the Hoosier Healthwise Program. You may qualify for one of two benefit packages based on income. Please follow this link to see CHIP Program Options by visiting: <http://member.indianamedicaid.com/am-i-eligible/eligibility-guide.aspx>

## LEGEND

**AL** Age Limit

**OTC** Over the counter

**PA** Prior Authorization; Prior Authorization includes but is not limited to therapeutic interchange

**QL** Quantity Limit

**SP** Specialty Drug

**ST** Step Therapy

<b>boldface</b>	Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

## NOTICE

The data contained in this list is proprietary. The information may not be copied in whole or in part without written permission. ©2015. All rights reserved.

This list refers to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

CareSource does not operate the websites/organizations listed here, nor is it responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by CareSource.

**Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for client notification.**

## INTRODUCCIÓN

Nos complace ofrecerle el **formulario de Medicaid 2019 de CareSource** como una guía para ayudarlo. Esta lista puede ayudar a los proveedores de servicios médicos en la selección de productos clínicamente adecuados y de menor precio para sus pacientes. Todos los medicamentos de Medicaid de Indiana están cubiertos por CareSource. No obstante, esta es una lista de medicamentos preferidos.

Los medicamentos que se representan fueron revisados por un Comité nacional de farmacia y terapéutica (Pharmacy and Therapeutics, P&T). Posteriormente, un Comité local de farmacia, terapéutica y tecnología (Pharmacy, Therapeutics and Technology, PT&T) aprueba la lista para su inclusión. La lista refleja la práctica médica actualizada al momento de la revisión.

La información en esta lista y sus anexos se suministra para ayudar a los proveedores de servicios médicos. No garantizamos ni aseguramos la exactitud de la información. Tampoco pretende ser de naturaleza exhaustiva. Esta lista no pretende ser un sustituto para los conocimientos, la experiencia, la habilidad y el criterio del proveedor médico en su elección de medicamentos de venta con receta. Todos los datos de la lista se proporcionan como una guía para la elección de terapia de medicamentos. La elección de un medicamento específico para un paciente es decisión exclusiva de la persona que receta.

La lista está sujeta a las leyes y normas específicas en cada estado. Esto puede incluir, pero no se limita a, las referidas a sustitución por medicamento genérico, programas de sustancias controladas, preferencias de marcas y medicamentos genéricos obligatorios cuando corresponde.

No nos hacemos responsables por las acciones o la omisión de ningún proveedor médico basadas en la confianza, en su totalidad o en parte, en la información contenida en esta lista. El proveedor médico debe revisar la información sobre los productos del fabricante de medicamentos o referencias estándar para conocer más detalles.

Los estándares nacionales se pueden encontrar en el sitio de la Cámara Nacional de Compensación de Pautas (National Guideline Clearinghouse) en <http://www.guideline.gov>, en los sitios web que figuran bajo cada clase terapéutica y en los sitios que figuran en la sección SITIOS WEB de la lista.

## PREFACIO

La lista está ordenada por secciones. Cada sección se divide de acuerdo con la clase terapéutica que se define principalmente por el mecanismo de acción. Los productos se enumeran por nombre que no es de marca con el nombre de la marca solo con fines informativos. A menos que el citado medicamento pueda administrarse como una inyección o se especifique un caso especial, por lo general, todas las formas de dosificación y las concentraciones correspondientes del medicamento mencionado forman parte de la lista.

## COMITÉ DE FARMACIA y TERAPÉUTICA (P&T)

Los servicios de un Comité nacional de farmacia y terapéutica (P&T) independiente se usan para aprobar las terapias con medicamentos seguros y clínicamente efectivos. El Comité de P&T es un panel de expertos externos de todos los Estados Unidos. Los votantes de la Comisión de P&T incluyen médicos, farmacéuticos, un farmacoeconomista y un especialista en ética médica, los cuales tienen antecedentes y conocimientos amplios de los medicamentos de venta con receta. Se invita a los empleados con experiencia clínica significativa a reunirse con el Comité de P&T, pero ningún empleado puede votar sobre los temas antes que el Comité de P&T. Los miembros

del Comité de P&T que votan deben dar a conocer cualquier relación financiera o conflicto de intereses con los fabricantes farmacéuticos.

Además de la revisión del Comité nacional de P&T, el Comité de farmacia, terapéutica y tecnología (PT&T) de CareSource hace recomendaciones de formulario de acuerdo con las necesidades de los afiliados en su área. El Comité de PT&T de CareSource está integrado por los directores del plan médico, personal de farmacia y quienes pertenecen a la comunidad médica.

## DESCRIPCIONES DE PRODUCTOS DE LA LISTA DE MEDICAMENTOS

A continuación encontrará ejemplos para ayudarlo a saber qué concentraciones exactas y formas de dosificación de la lista están cubiertas. Las ideas básicas que se muestran en los ejemplos con frecuencia pueden servir para otros puntos de la lista. Se informa sobre cualquier excepción.

**Por lo general, los productos que figuran en la lista incluyen todas las concentraciones y las formas de dosificación del producto de marca citado.**

Pregabalina

Lyrica

Las cápsulas orales, la solución oral y todas las concentraciones de Lyrica formarían parte de esta lista.

**Cuando se especifica una concentración, dosis o formulación diferente, puede estar cubierta únicamente esa concentración, dosis o formulación específica. Otras concentraciones/dosis/formulaciones, lo que incluye las formas de dosificación inyectables del producto de la lista, no están cubiertas.**

Colestipol en comprimidos

Colestid

La formulación de comprimidos orales de nombre genérico se encuentra en la lista. A partir de esta entrada, no se puede dar por sentado que los paquetes orales y gránulos están en la lista a menos que exista una entrada específica.

**Los productos de liberación prolongada y liberación retardada necesitan su propia entrada.**

Metformina

Glucophage

El hecho de que el producto de liberación inmediata de Glucophage figure en la lista por sí solo no incluirá los productos de liberación prolongada Glucophage XR.

Metformina ext-rel

Glucophage XR

Una entrada aparte para Glucophage XR confirma que el producto de liberación prolongada está en la lista.

Las formas de dosificación de la lista son consistentes con la categoría y el uso cuando se indican.

Neomicina/polimixina B, hidrocortisona

Cortisporin

Dado que Cortisporin figura solo en la sección ÓTICA, se limita a la solución ótica y a la suspensión. A partir de esta entrada no se puede dar por sentado que la crema tópica está en la

lista a menos que exista una entrada de este producto en la sección de DERMATOLOGÍA de la lista.

## SUSTITUCIÓN POR GENÉRICO

La sustitución por medicamento genérico es una acción de la farmacia en la que se dispensa una versión genérica en lugar de un producto de marca recetado. Lo que figura en negrita se refiere a la disponibilidad de genéricos. Sin embargo, no todas las concentraciones o las formas de dosificación del nombre genérico en **negritas** pueden encontrarse como medicamentos genéricos. En la mayoría de los casos, un medicamento de marca para el cual hay disponible un producto genérico no pertenecerá al formulario. Se cubrirán los productos genéricos en lugar del medicamento de marca cuando se lancen al mercado. Sin embargo, la lista está sujeta a los reglamentos estatales específicos y se aplican reglas sobre la sustitución por medicamentos genéricos y medicamentos genéricos obligatorios cuando es necesario.

Los medicamentos genéricos a menudo tienen un precio más bajo que sus equivalentes de marca y deben ser recetados en primer lugar, siempre y cuando se cumplan los estándares. Los medicamentos genéricos de venta con receta están:

- Aprobados por la Administración de Alimentos y Medicamentos de los EE. UU. en cuanto a la seguridad y efectividad, y se fabrican bajo las mismas normas estrictas que los medicamentos de marca.
- Probados en humanos, para asegurar que el medicamento genérico se absorbe en el torrente sanguíneo en una tasa y un grado similar en comparación con el medicamento de marca (bioequivalencia). Los medicamentos genéricos pueden diferir de los medicamentos de marca en el tamaño, el color y los ingredientes inactivos, pero esto no altera la efectividad ni la capacidad de que se absorban igual que el medicamento de marca.
- Fabricados con la misma concentración y la misma forma de dosificación que los medicamentos de marca.

Cuando un medicamento genérico sustituye a un medicamento de marca, puede esperar que el genérico tenga el mismo perfil de seguridad y efecto clínico que el medicamento de marca (equivalencia terapéutica).

## DISEÑO DEL PLAN

La lista muestra un diseño de plan de formulario cerrado. Los medicamentos de la lista están cubiertos por el plan tal y como aparecen. Determinados medicamentos en la lista están cubiertos si se cumplen los estándares de gestión de uso (por ej., terapia escalonada, autorización previa, límites de cantidad, etc.). Se revisarán las solicitudes para el uso de estos medicamentos fuera de los estándares de la lista en caso de necesidad médica. Si un medicamento no está en la lista, puede solicitar una excepción al formulario para la cobertura. Las solicitudes de excepción al formulario o por necesidad médica se revisarán de acuerdo con las medidas de la autorización previa de medicamentos específicos o criterios estándar de solicitud de prescripción que no pertenezcan al formulario.

## HOOSIER HEALTHWISE PLAN C

Hoosier Healthwise es un programa de atención médica para mujeres embarazadas y niños. El programa cubre atención médica, como consultas a médicos, medicamentos de venta con receta, atención de salud mental, atención odontológica,

internaciones, cirugías y planificación familiar a un costo bajo o sin costo para el afiliado o el familiar del afiliado.

El Paquete C, o el Programa de Seguro de Salud para Niños (Children's Health Insurance Program, CHIP) es un plan de servicio completo para niños hasta los 19 años. Hay un pago de prima mensual y copado reducido para algunos servicios de acuerdo con los ingresos familiares. La mayoría de los niños entra en el programa Hoosier Healthwise. Es posible que califique para uno o dos paquetes de beneficios de acuerdo con sus ingresos. Siga este vínculo para ver opciones del programa CHIP visitando: <http://member.indianamedicaid.com/am-i-eligible/eligibility-guide.aspx>

## LEYENDA

**AL** Límite de edad

**OTC** De venta libre

**PA** Autorización previa; Autorización previa incluye, pero no se limita, al intercambio terapéutico

**QL** Límite de cantidad

**SP** Medicamentos de especialidad

**ST** Terapia escalonada

**negrita** Indica la disponibilidad de genéricos; es posible que la negrita no se aplique a cada concentración o forma de dosificación bajo el nombre genérico de la lista

**delayed-rel** liberación retardada (también conocido como tableta con recubrimiento entérico), consulte la marca de referencia que figura como aclaración

**ext-rel** liberación prolongada (también conocida como liberación sostenida), consulte la marca de referencia que figura como aclaración

## AVISO

La información incluida en esta lista es de propiedad. La información no puede copiarse en su totalidad o en parte sin permiso por escrito. ©2015. Todos los derechos reservados.

Esta lista hace referencia a medicamentos con receta de marca que son marcas registradas de fabricantes farmacéuticos.

CareSource no opera los sitios web u organizaciones que figuran aquí, ni es responsable de la disponibilidad o confiabilidad del contenido de los sitios web. Estos avisos no implican ni constituyen una adhesión, patrocinio ni recomendación por parte de CareSource.

**Se le advierte que este documento se actualiza periódicamente y pueden aparecer cambios antes de su fecha de entrada en vigencia para permitir que se notifique al cliente.**





## Hoosier Healthwise - Package C

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**OVER-THE-COUNTER DRUG LIST**

The **Over-The-Counter Drug List** is a guide to non-prescription medications that are covered by your plan. This list can help your doctor choose the medicines that are right for you. If an over-the-counter medicine that you use is not on this list, it may still be covered if your doctor asks for you to get it. Over-the-counter drug coverage requires a valid prescription.

**This list is not an all-inclusive list and does not guarantee coverage.** Please visit [www.caresource.com](http://www.caresource.com) for a complete list.

<b>PRODUCT NAME</b>	<b>BRAND NAME EXAMPLES</b>	<b>REQUIREMENTS/LIMITS</b>
acetaminophen caps, tabs	TYLENOL	
acetaminophen chew tabs, orally disintegrating tabs 80 mg	TYLENOL	
acetaminophen supp	ACEPHEN	
acetaminophen susp 80 mg/0.8 mL	TYLENOL	
acetaminophen susp 160 mg/5 mL	TYLENOL	
aluminum & magnesium hydroxide/simethicone chew tabs	GELUSIL	
aluminum & magnesium hydroxide/ simethicone susp 200-200-20 mg/5 mL	MYLANTA	
aluminum & magnesium hydroxide/ simethicone susp 400-400-40 mg/5 mL	MYLANTA DS	
aluminum hydroxide gel		
aluminum hydroxide/magnesium carbonate	GAVISCON	
artificial tears oint, soln	ARTIFICIAL TEARS	
aspirin buffered	BUFFERIN	
aspirin chew tabs 81 mg, tabs 325 mg		
aspirin delayed-rel 81 mg, 325 mg	ECOTRIN	
bacitracin oint	BACIGUENT	
bacitracin/polymyxin B oint	POLYSPORIN	
benzoyl peroxide crm 10%		
benzoyl peroxide gel 5%, 10%		
benzoyl peroxide liq 2.5%	PANOXYL	
benzoyl peroxide liq 4%, 5%, 10%	DESQUAM-X, PANOXYL	
bisacodyl delayed-rel	DULCOLAX	
bisacodyl supp	DULCOLAX	
bismuth subsalicylate chew tabs, tabs	PEPTO-BISMOL	
bismuth subsalicylate susp 262 mg/15 mL	PEPTO-BISMOL	
blood glucose test strips <b>QL</b>	ACCU-CHEK AVIVA TEST STRIPS	Max 200 strips per month
blood glucose test strips <b>QL</b>	ACCU-CHEK SMARTVIEW TEST STRIPS	Max 200 strips per month
blood glucose test strips <b>QL</b>	FREESTYLE FREEDOM LITE TEST STRIPS	Max 200 strips per month
blood glucose test strips <b>QL</b>	FREESTYLE INSULINX TEST STRIPS	Max 200 strips per month
blood glucose test strips <b>QL</b>	FREESTYLE LITE TEST STRIPS	Max 200 strips per month
blood glucose test strips <b>QL</b>	TRUE METRIX TEST STRIPS	Max 200 strips per month
budesonide nasal spray	RHINOCORT ALLERGY	
calcium carbonate chew tabs, tabs 500 mg		
calcium carbonate susp 500 mg/5 mL		

<b>PRODUCT NAME</b>	<b>BRAND NAME EXAMPLES</b>	<b>REQUIREMENTS/LIMITS</b>
calcium carbonate/magnesium carbonate	MAGNEBIND 300	
capsaicin crm 0.025%, 0.075%	ZOSTRIX	
carbamide peroxide 6.5%	DEBROX	
cetirizine soln	ZYRTEC	
cetirizine tabs 5 mg	ZYRTEC	
cetirizine tabs 10 mg	ZYRTEC	
chlorpheniramine syrup	CHLOR-TRIMETON	
chlorpheniramine tabs	CHLOR-TRIMETON	
cimetidine	TAGAMET HB	
clotrimazole crm 1%	LOTRIMIN AF	
clotrimazole vaginal crm	GYNE-LOTRIMIN	
cromolyn sodium nasal spray	NASALCROM	
dextromethorphan polistirex ext-rel susp	DELSYM	
dextromethorphan/guaifenesin liq 5-100 mg/5 mL, 10-100 mg/5 mL, 20-300 mg/5 mL, 30-200 mg/5 mL		
dextromethorphan/guaifenesin syrup 10-100 mg/5 mL	ROBITUSSIN DM	
dextromethorphan/guaifenesin tabs		
dibucaine rectal oint	NUPERCAINAL	
dimethicone crm 1%, 2%, 5%		
dimethicone lotion 1%, 1.3%, 1.5%, 3%	AVEENO	
diphenhydramine	UNISOM SLEEP	
diphenhydramine caps, tabs	BENADRYL	
diphenhydramine liq	BENADRYL	
docosanol	ABREVA	
docusate calcium		
docusate sodium caps 50 mg	COLACE	
docusate sodium caps, tabs 100 mg	COLACE	
docusate sodium liq 150 mg/15 mL		
docusate sodium syrup 60 mg/15 mL		
famotidine tabs 10 mg	PEPCID AC	
fexofenadine susp	ALLEGRA ALLERGY	
fexofenadine tabs	ALLEGRA ALLERGY	
glycerin supp	COLACE	
glycerin/hypromellose/peg 400 ophth soln 0.2-0.2-1%	VISINE TEARS	
guaifenesin liq, syp 100 mg/5 mL	BUCKLEY'S CHEST CONGESTION	
hydrocortisone crm, oint	CORTIZONE	
hypertonic nasal wash	NEILMED SINUS RINSE	
hypromellose soln 0.4%	ARTIFICIAL TEARS	
ibuprofen	ADVIL, MOTRIN	
ketotifen ophth soln	ZADITOR	
lactic acid (ammonium lactate) lotion 12%	LAC-HYDRIN	
lidocaine patch 4%		Max 30 patches per month

<b>PRODUCT NAME</b>	<b>BRAND NAME EXAMPLES</b>	<b>REQUIREMENTS/LIMITS</b>
loperamide caps, liq	IMODIUM A-D	
loratadine orally disintegrating tabs 10 mg	CLARITIN RDT	
loratadine syrup	CLARITIN	
loratadine tabs	CLARITIN	
loratadine/pseudoephedrine ext-rel	CLARITIN-D	
magnesium citrate soln		
magnesium hydroxide susp	MILK OF MAGNESIA	
meclizine 25 mg		
miconazole crm 2%	MICATIN	
miconazole vaginal crm 2%, supp 100 mg	MONISTAT-7	
miconazole vaginal supp 200 mg & crm 2%	MONISTAT-3 KIT	
miconazole vaginal supp 1200 mg & crm 2%	MONISTAT-1 KIT	
naphazoline/pheniramine ophth soln 0.25-0.3%	NAPHCON-A	
naproxen sodium tabs	ALEVE	
neomycin/bacitracin/polymyxin B oint	NEOSPORIN	
nicotine polacrilex gum	NICORETTE	
nicotine transdermal	NICODERM CQ	
permethrin creme rinse, lotion 1%	NIX	
phenylephrine/mineral oil/petrolatum oint	PREPARATION H	
phenylephrine/shark liver oil/cocoa butter supp		
phenylephrine/shark liver oil/mineral oil/petrolatum oint		
polyethylene glycol 3350	MIRALAX	
polyvinyl alcohol soln 1.4%	ARTIFICIAL TEARS	
polyvinyl alcohol/povidone soln 0.5-0.6%	CLEAR EYES, MURINE TEARS	
povidone-iodine soln 10%	BETADINE	
propylene glycol/glycerin soln 1-0.3%	MOISTURE EYE DROPS	
pseudoephedrine	SUDAFED	
pseudoephedrine ext-rel	SUDAFED 12 HOUR	
psyllium powder	METAMUCIL	
pyrethrins/piperonyl butoxide liq, shampoo	RID	
pyridoxine 50 mg	VITAMIN B6	
ranitidine 75 mg	ZANTAC	
rectal protectant/emollient supp	CALMOL-4	
selenium sulfide shampoo 1%	SELSUN BLUE	
sennosides syrup		
sennosides tabs	EX-LAX, SENOKOT	
simethicone susp	PHAZYME	
skin protectant oint	A+D FIRST AID	
sodium bicarbonate 325 mg, 650 mg		
sodium phosphate/sodium bisphosphate enema	FLEET ENEMA-PEDIATRIC	
sodium phosphates enema	FLEET ENEMA	
starch powder	CORN STARCH	

<b>PRODUCT NAME</b>	<b>BRAND NAME EXAMPLES</b>	<b>REQUIREMENTS/LIMITS</b>
<b>tioconazole</b>	VAGISTAT-1	
<b>vitamin A &amp; D crm, oint</b>		
<b>white petrolatum/mineral oil ophth oint</b>	TEARS NATURALE	

**ANALGESICS**

Practice guidelines of pain management are available at:  
<https://www.asahq.org>

**NSAIDs**

	<b>diclofenac potassium</b>	
	<b>diclofenac sodium delayed-rel</b>	
	<b>diclofenac sodium ext-rel</b>	
	<b>diflunisal</b>	
	<b>etodolac</b>	
	<b>etodolac ext-rel</b>	
	<b>flurbiprofen</b>	
	<b>ibuprofen</b>	
	<b>indomethacin</b>	
	<b>indomethacin ext-rel</b>	
	indomethacin supp	INDOCIN
	indomethacin susp	INDOCIN
	<b>ketoprofen</b>	
<b>QL</b>	<b>ketorolac</b>	
<b>PA</b>	ketorolac nasal spray	SPRIX
	<b>meclofenamate</b>	
	<b>meloxicam</b>	MOBIC
	<b>nabumetone</b>	
	<b>naproxen</b>	NAPROSYN
	<b>naproxen sodium</b>	
	<b>oxaprozin</b>	DAYPRO
	<b>piroxicam</b>	FELDENE
	<b>sulindac</b>	

**QL** ketorolac = Max 20 tabs per month

**NSAIDs, COMBINATIONS**

	<b>diclofenac sodium delayed-rel/misoprostol</b>	ARTHROTEC
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**NSAIDs, TOPICAL**

<b>QL</b>	<b>diclofenac sodium gel 1%</b>	VOLTAREN
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**QL** diclofenac sodium gel 1% = Max 100 grams per month

**COX-2 INHIBITORS**

<b>ST</b>	<b>celecoxib</b>	CELEBREX
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**GOUT**

	<b>allopurinol</b>	ZYLOPRIM
<b>QL</b>	<b>colchicine tabs</b>	COLCRYS
<b>ST</b>	febuxostat	ULORIC
	<b>probenecid</b>	

**QL** colchicine tabs = Max 30 tabs per month

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 ext-rel: extended-release (also known as sustained-release)



**OPIOID ANALGESICS**

Practice Guidelines for Cancer Pain Management (includes WHO analgesic ladder) are available at:

<https://www.asahq.org>

<https://www.nccn.org>

Opioid guidelines in the management of chronic non-malignant pain are available at:

<https://www.asipp.org/ASIPP-Guidelines.html>

QL	butalbital/acetaminophen/caffeine/codeine	FIORICET w/CODEINE
QL	butalbital/aspirin/caffeine/codeine	FIORINAL w/CODEINE
QL	butorphanol nasal spray	
QL	codeine sulfate 30 mg	
QL	codeine sulfate 60 mg	CODEINE SULFATE 60 mg
QL	codeine/acetaminophen	TYLENOL w/CODEINE
PA, QL	fentanyl citrate buccal	FENTORA
PA, QL	fentanyl lozenge	ACTIQ
PA, QL	fentanyl sublingual	ABSTRAL
PA, QL	fentanyl transdermal	DURAGESIC
QL	hydrocodone/acetaminophen	NORCO
QL	hydrocodone/acetaminophen - Vicodin	
QL	hydrocodone/acetaminophen soln	
QL	hydrocodone/ibuprofen	
QL	hydromorphone	DILAUDID
QL	meperidine	DEMEROL
PA, QL	methadone soln	
PA, QL	methadone tabs 5 mg, 10 mg	DOLOPHINE
QL	morphine	
PA, QL	morphine ext-rel	MS CONTIN
PA, QL	morphine ext-rel 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg, 100 mg	KADIAN
PA, QL	morphine ext-rel 200 mg	KADIAN
QL	morphine supp	
QL	oxycodone	
QL	oxycodone	ROXICODONE
PA, QL	oxycodone ext-rel	OXYCONTIN
QL	oxycodone/acetaminophen	PERCOCET
QL	oxycodone/aspirin	PERCODAN
PA, QL	oxymorphone ext-rel	
QL	pentazocine/naloxone	
QL	tramadol	ULTRAM
QL	tramadol/acetaminophen	ULTRACET

QL all opioid analgesics = Max quantity limit of 7 days supply per fill; Max quantity limit of 14 days supply per 45 days; Greater than 60 mg morphine equivalent dose requires prior authorization

**NON-OPIOID ANALGESICS**

QL	butalbital/acetaminophen	
QL	butalbital/acetaminophen/caffeine	FIORICET
QL	butalbital/aspirin/caffeine	FIORINAL

QL butalbital/acetaminophen = Max 48 tabs per month  
 QL butalbital/acetaminophen/caffeine = Max 48 tabs per month  
 QL butalbital/aspirin/caffeine = Max 48 tabs per month

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**VISCOSUPPLEMENTS - Medical Benefit Only**

<b>PA, SP</b>	sodium hyaluronate	DUROLANE
<b>PA, SP</b>	sodium hyaluronate	GELSYN-3
<b>PA, SP</b>	sodium hyaluronate	SUPARTZ FX

**ANTI-INFECTIVES**

Practice guidelines and statements developed and endorsed by the Infectious Diseases Society of America are available at:  
<https://www.idsociety.org>

**Hepatitis:** CDC recommendations on the treatment of hepatitis are available at:  
<https://www.cdc.gov/hepatitis/Resources/>

Guidelines for the management of chronic hepatitis by the American Association for the Study of Liver Disease are available at:  
<https://www.aasld.org>

**HIV/AIDS:** Guidelines for the treatment of HIV patients by the U.S. Department of Health and Human Services are available at:  
<https://www.aidsinfo.nih.gov>

**Infective Endocarditis:** American Heart Association recommendations for the prevention of bacterial endocarditis are available at:  
<https://professional.heart.org>

**Influenza:** Recommendations of the Advisory Committee on Immunization Practices are available at:  
<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>

**International Travel:** CDC recommendations for international travel are available at:  
<https://wwwnc.cdc.gov/travel>

**Respiratory Tract Infection/Antibiotic Use/Community Acquired Pneumonia/Other:** Principles of appropriate antibiotic use for treatment of nonspecific upper respiratory tract infection in adults are available at:  
<https://www.cdc.gov/pneumonia/management-prevention-guidelines.html>

**Sexually Transmitted Diseases:** CDC Sexually Transmitted Diseases Guidelines are available at:  
<https://www.cdc.gov/std/treatment/default.htm>

**ANTIBACTERIALS****Aminoglycosides**

<b>neomycin</b>	
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**Cephalosporins***First Generation*

<b>cefadroxil</b>	
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<b>cephalexin</b>	KEFLEX
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*Second Generation*

<b>cefaclor</b>	
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<b>cefprozil</b>	
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<b>cefuroxime axetil</b>	
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*Third Generation*

<b>cefdinir</b>	
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**Erythromycins/Macrolides**

<b>azithromycin</b>	ZITHROMAX
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<b>clarithromycin</b>	
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<b>clarithromycin ext-rel</b>	
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<b>erythromycin base</b>	
<b>erythromycin delayed-rel</b>	
<b>erythromycin ethylsuccinate</b>	E.E.S.
<b>erythromycin ethylsuccinate susp 200 mg/5 mL</b>	ERYPED
erythromycin ethylsuccinate susp 400 mg/5 mL	ERYPED
<b>erythromycin stearate</b>	

**Fluoroquinolones**

<b>ciprofloxacin</b>	CIPRO
<b>ciprofloxacin ext-rel</b>	
<b>levofloxacin</b>	LEVAQUIN
<b>QL ofloxacin</b>	

**QL** ofloxacin 400 mg = Max 2 tabs per day

**Penicillins**

<b>amoxicillin</b>	
<b>amoxicillin/clavulanate</b>	AUGMENTIN
<b>amoxicillin/clavulanate ext-rel</b>	
<b>ampicillin</b>	
<b>dicloxacillin</b>	
<b>penicillin VK</b>	

**Sulfonamides**

sulfadiazine	SULFADIAZINE
<b>sulfamethoxazole/trimethoprim</b>	
<b>sulfamethoxazole/trimethoprim DS</b>	BACTRIM DS

**Tetracyclines**

<b>doxycycline hyclate caps 50 mg, 100 mg</b>	VIBRAMYCIN
<b>doxycycline hyclate tabs 20 mg, 100 mg</b>	
<b>doxycycline monohydrate caps 50 mg, 75 mg, 100 mg</b>	
<b>doxycycline monohydrate susp</b>	VIBRAMYCIN
<b>doxycycline monohydrate tabs 75 mg</b>	
<b>minocycline</b>	MINOCIN
<b>tetracycline</b>	

**ANTIFUNGALS**

<b>clotrimazole troches</b>	
<b>fluconazole</b>	DIFLUCAN
<b>griseofulvin microsize</b>	
<b>griseofulvin ultramicrosize</b>	
<b>QL itraconazole caps</b>	SPORANOX
<b>ketoconazole</b>	
<b>nystatin</b>	
<b>QL terbinafine tabs</b>	

**QL** itraconazole caps = Max 4 caps per day

**QL** terbinafine tabs = Max 30 tabs per month

**ANTIMALARIALS**

<b>QL artemether/lumefantrine</b>	COARTEM
<b>QL atovaquone/proguanil</b>	MALARONE
<b>QL chloroquine</b>	
<b>QL mefloquine</b>	

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<b>QL</b>	<b>primaquine</b>		PRIMAQUINE
<b>QL</b>	atovaquone/proguanil	=	Max 12 tabs per 180 days
<b>QL</b>	chloroquine	=	Max 10 tabs per 180 days
<b>QL</b>	mefloquine	=	Max 6 tabs per 180 days
<b>QL</b>	primaquine	=	Max 1 tab per day
<b>QL</b>	COARTEM	=	Max 24 tabs per 180 days

**ANTIRETROVIRAL AGENTS****Antiretroviral Adjuvants**

	cobicistat		TYBOST
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**Antiretroviral Combinations**

<b>PA</b>	abacavir/dolutegravir/lamivudine		TRIUMEQ
	<b>abacavir/lamivudine</b>		EPZICOM
	<b>abacavir/lamivudine/zidovudine</b>		TRIZIVIR
	atazanavir/cobicistat		EVOTAZ
	bictegravir/emtricitabine/tenofovir alafenamide		BIKTARVY
	darunavir/cobicistat		PREZCOBIX
	darunavir/cobicistat/emtricitabine/tenofovir alafenamide		SYM TUZA
	dolutegravir/rilpivirine		JULUCA
<b>QL</b>	doravirine/lamivudine/tenofovir disoproxil fumarate		DELSTRIGO
	efavirenz/emtricitabine/tenofovir disoproxil fumarate		ATRIPLA
	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide		GENVOYA
	elvitegravir/cobicistat/emtricitabine/ tenofovir disoproxil fumarate		STRIBILD
	emtricitabine/rilpivirine/tenofovir alafenamide		ODEFSEY
	emtricitabine/rilpivirine/tenofovir disoproxil fumarate		COMPLERA
	emtricitabine/tenofovir alafenamide		DESCOVY
	emtricitabine/tenofovir disoproxil fumarate		TRUVADA
	<b>lamivudine/zidovudine</b>		COMBIVIR

**QL** DELSTRIGO = Max 30 tabs per month

**Chemokine Receptor Antagonists**

<b>PA</b>	maraviroc		SELZENTRY
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**Fusion Inhibitors**

<b>SP</b>	enfuvirtide		FUZEON
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**Integrase Inhibitors**

	dolutegravir		TIVICAY
	raltegravir		ISENTRESS
	raltegravir		ISENTRESS HD

**Non-nucleoside Reverse Transcriptase Inhibitors**

	delavirdine		RESCRIPTOR
<b>QL</b>	doravirine		PIFELTRO
	<b>efavirenz</b>		SUSTIVA
	etravirine		INTELENCE
	<b>nevirapine</b>		VIRAMUNE
	<b>nevirapine ext-rel</b>		VIRAMUNE XR
	rilpivirine		EDURANT

**QL** PIFELTRO = Max 30 tabs per month

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**Nucleoside Reverse Transcriptase Inhibitors**

<b>abacavir</b>	ZIAGEN
didanosine delayed-rel 125 mg	VIDEX EC
<b>didanosine delayed-rel 200 mg, 250 mg, 400 mg</b>	VIDEX EC
didanosine soln	VIDEX
emtricitabine	EMTRIVA
<b>lamivudine</b>	EPIVIR
<b>stavudine caps</b>	
<b>zidovudine</b>	RETROVIR

**Nucleotide Reverse Transcriptase Inhibitors**

tenofovir disoproxil fumarate 150 mg, 200 mg, 250 mg	VIREAD
<b>tenofovir disoproxil fumarate 300 mg</b>	VIREAD
tenofovir disoproxil fumarate powder	VIREAD

**Protease Inhibitors**

<b>atazanavir caps</b>	REYATAZ
atazanavir powder	REYATAZ
<b>QL</b> darunavir susp	PREZISTA
darunavir tabs	PREZISTA
fosamprenavir susp	LEXIVA
<b>fosamprenavir tabs</b>	LEXIVA
indinavir	CRIXIVAN
<b>lopinavir/ritonavir soln</b>	KALETRA
lopinavir/ritonavir tabs	KALETRA
nelfinavir	VIRACEPT
ritonavir caps, soln	NORVIR
<b>ritonavir tabs</b>	NORVIR
saquinavir mesylate	INVIRASE
tipranavir	APTIVUS

**QL** PREZISTA susp = Max 30 mL per month

**ANTITUBERCULAR AGENTS**

<b>PA</b> bedaquiline	SIRTURO
<b>ethambutol</b>	MYAMBUTOL
<b>PA</b> ethionamide	TRECTOR
<b>isoniazid</b>	
<b>pyrazinamide</b>	
<b>rifabutin</b>	MYCOBUTIN
<b>rifampin</b>	RIFADIN
<b>PA</b> rifapentine	PRIFTIN

**ANTIVIRALS****Cytomegalovirus Agents**

<b>valganciclovir</b>	VALCYTE
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**Hepatitis Agents***Hepatitis B*

<b>PA</b> <b>adefovir dipivoxil</b>	HEPSERA
<b>PA</b> entecavir soln	BARACLUDE
<b>PA</b> <b>entecavir tabs</b>	BARACLUDE
<b>PA</b> lamivudine soln	EPIVIR-HBV
<b>PA</b> <b>lamivudine tabs</b>	EPIVIR-HBV

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**Herpes Agents**

	<b>acyclovir</b>	ZOVIRAX
	<b>famciclovir</b>	
	<b>valacyclovir</b>	VALTREX

**Influenza Agents**

<b>QL</b>	<b>oseltamivir</b>	TAMIFLU
	<b>rimantadine</b>	FLUMADINE
<b>QL</b>	zanamivir	RELENZA

<b>QL</b>	oseltamivir 30 mg	=	Max 20 caps per 6 months
<b>QL</b>	oseltamivir 45 mg, 75 mg	=	Max 10 caps per 6 months
<b>QL</b>	oseltamivir susp 6 mg/mL	=	Max 180 mL per 6 months
<b>QL</b>	RELENZA	=	Max 1 inhaler per 6 months

**MISCELLANEOUS**

<b>OTC</b>	<b>pyrantel - Reeses Pinworm Medicine</b>	
	<b>atovaquone</b>	MEPRON
	<b>clindamycin</b>	CLEOCIN
	<b>dapsone</b>	
	<b>daptomycin</b>	CUBICIN
	<b>ivermectin</b>	STROMEKTOL
	mebendazole chew tabs	EMVERM
	<b>methenamine hippurate</b>	HIPREX
	<b>metronidazole</b>	FLAGYL
<b>PA, QL</b>	nitazoxanide	ALINIA
	<b>nitrofurantoin ext-rel</b>	MACROBID
	<b>nitrofurantoin macrocrystals</b>	MACRODANTIN
	<b>nitrofurantoin susp</b>	FURADANTIN
<b>PA</b>	pentamidine	NEBUPENT
<b>PA</b>	<b>pentamidine</b>	PENTAM
	<b>praziquantel</b>	BILTRICIDE
<b>PA</b>	rifaximin	XIFAXAN
	<b>trimethoprim</b>	
<b>PA</b>	vancomycin oral soln	FIRVANQ

<b>QL</b>	ALINIA tabs	=	Max 20 tabs per month
<b>QL</b>	ALINIA susp	=	Max 540 mL per month

**ANTINEOPLASTIC AGENTS**

Clinical practice guidelines in oncology are available at:

<https://www.asco.org>

<https://www.nccn.org>

**ALKYLATING AGENTS**

	busulfan	MYLERAN
	chlorambucil	LEUKERAN
	estramustine	EMCYT
<b>PA, QL</b>	mechlorethamine gel	VALCHLOR
	<b>melphalan</b>	ALKERAN
<b>PA, SP</b>	<b>temozolomide</b>	TEMODAR

<b>QL</b>	VALCHLOR	=	Max 60 grams per month
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**ANTIMETABOLITES**

<b>PA, SP</b>	brentuximab vedotin	ADCETRIS
<b>PA, SP</b>	<b>capecitabine</b>	XELODA
	<b>mercaptopurine</b>	
	methotrexate	TREXALL
<b>PA</b>	thioguanine	TABLOID

**HORMONAL ANTINEOPLASTIC AGENTS****Antiandrogens**

<b>PA, SP</b>	<b>abiraterone</b>	ZYTIGA
	<b>bicalutamide</b>	CASODEX
<b>PA, SP</b>	enzalutamide	XTANDI
	<b>flutamide</b>	

**Antiestrogens**

	<b>tamoxifen</b>	
	<b>toremifene</b>	FARESTON

**Aromatase Inhibitors**

	<b>anastrozole</b>	ARIMIDEX
	<b>exemestane</b>	AROMASIN
<b>PA</b>	<b>letrozole</b>	FEMARA

**Luteinizing Hormone-Releasing Hormone (LHRH) Agonists**

<b>PA, SP</b>	goserelin acetate	ZOLADEX
<b>PA, SP</b>	<b>leuprolide acetate</b>	
<b>PA, SP</b>	triptorelin pamoate	TRELSTAR

**Gonadotropin Releasing Hormone (GnRH) Antagonists**

<b>PA, SP</b>	degarelix acetate	FIRMAGON
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**Progestins**

	<b>megestrol acetate susp 40 mg/mL, tabs</b>	
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**IMMUNOMODULATORS**

<b>PA, SP</b>	lenalidomide	REVLIMID
<b>PA, SP</b>	pomalidomide	POMALYST
<b>PA, SP</b>	thalidomide	THALOMID

**KINASE INHIBITORS**

<b>PA, SP</b>	afatinib	GILOTRIF
<b>PA, SP</b>	axitinib	INLYTA
<b>PA, SP</b>	cabozantinib	COMETRIQ
<b>PA, SP</b>	ceritinib	ZYKADIA
<b>PA, SP</b>	crizotinib	XALKORI
<b>PA, SP</b>	dabrafenib	TAFINLAR
<b>PA, SP</b>	erlotinib	TARCEVA
<b>PA, SP</b>	everolimus	AFINITOR
<b>PA, SP</b>	everolimus soluble tabs	AFINITOR DISPERZ
<b>PA, SP</b>	ibrutinib	IMBRUVICA
<b>PA, SP</b>	lapatinib	TYKERB
<b>PA, SP</b>	lenvatinib	LENVIMA
<b>PA, SP</b>	palbociclib	IBRANCE
<b>PA, SP</b>	pazopanib	VOTRIENT
<b>PA, SP</b>	ruxolitinib	JAKAFI

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<b>PA, SP</b>	sorafenib	NEXAVAR
<b>PA, SP</b>	sunitinib	SUTENT
<b>PA, SP</b>	trametinib	MEKINIST
<b>PA, SP</b>	vemurafenib	ZELBORAF

**KINASE INHIBITORS FOR CML**

<b>PA, SP</b>	dasatinib	SPRYCEL
<b>PA, SP</b>	<b>imatinib mesylate</b>	GLEEVEC
<b>PA, SP</b>	nilotinib	TASIGNA
<b>PA, SP</b>	ponatinib	ICLUSIG

**TOPOISOMERASE INHIBITORS**

<b>PA, SP</b>	topotecan caps	HYCANTIN
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**MISCELLANEOUS**

<b>PA, SP</b>	<b>bexarotene caps</b>	TARGRETIN
<b>PA, SP</b>	bexarotene gel	TARGRETIN
	<b>etoposide</b>	
	hydroxyurea	DROXIA
	<b>hydroxyurea</b>	HYDREA
	<b>leucovorin</b>	
	mesna	MESNEX
	mitotane	LYSODREN
<b>PA, SP</b>	olaparib	LYNPARZA
<b>PA, SP</b>	panobinostat	FARYDAK
	procarbazine	MATULANE
<b>PA</b>	rituximab	RITUXAN
<b>PA, SP</b>	romidepsin	ISTODAX
	<b>tretinoin caps</b>	
<b>PA, SP</b>	vismodegib	ERIVEDGE
<b>PA, SP</b>	vorinostat	ZOLINZA

**CARDIOVASCULAR**

The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure is available at:

<https://jamanetwork.com/journals/jama/fullarticle/1791497>

Guidelines for the evaluation and management of cardiovascular diseases in adults are available at:

<https://www.acc.org>

<https://professional.heart.org>

**ACE INHIBITORS**

Guidelines for the use of ACE inhibitors are available at:

<https://jamanetwork.com/journals/jama/fullarticle/1791497>

<https://professional.diabetes.org>

<https://www.acc.org>

<https://professional.heart.org>

	<b>benazepril</b>	LOTENSIN
	<b>captopril</b>	
	<b>enalapril</b>	VASOTEC
<b>PA</b>	enalapril oral soln	EPANED
	<b>fosinopril</b>	
	<b>lisinopril</b>	ZESTRIL

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<b>moexipril</b>	
<b>perindopril</b>	
<b>quinapril</b>	ACCUPRIL
<b>ramipril</b>	ALTACE
<b>trandolapril</b>	

**ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS**

<b>amlodipine/benazepril</b>	LOTREL
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**ACE INHIBITOR/DIURETIC COMBINATIONS**

<b>benazepril/hydrochlorothiazide</b>	LOTENSIN HCT
<b>captopril/hydrochlorothiazide</b>	
<b>enalapril/hydrochlorothiazide</b>	VASERETIC
<b>fosinopril/hydrochlorothiazide</b>	
<b>lisinopril/hydrochlorothiazide</b>	ZESTORETIC
<b>quinapril/hydrochlorothiazide</b>	ACCURETIC

**ADRENOLYTICS, CENTRAL**

<b>QL</b> <b>clonidine</b>	CATAPRES
<b>clonidine transdermal</b>	CATAPRES-TTS
<b>guanfacine</b>	

**QL** clonidine 0.1 mg, 0.2 mg

= Max 300 tabs per month

**QL** clonidine 0.3 mg

= Max 240 tabs per month

**ALDOSTERONE RECEPTOR ANTAGONISTS**

<b>eplerenone</b>	INSPIRA
<b>spironolactone</b>	ALDACTONE

**ALPHA BLOCKERS**

Guidelines for the use of alpha blockers in various patient populations are available at:

<https://jamanetwork.com/journals/jama/fullarticle/1791497>

<b>doxazosin</b>	CARDURA
<b>prazosin</b>	MINIPRESS
<b>terazosin</b>	

**ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS**

Guidelines for the use of angiotensin II receptor antagonists in various patient populations are available at:

<https://jamanetwork.com/journals/jama/fullarticle/1791497>

<https://professional.diabetes.org>

<b>candesartan</b>	ATACAND
<b>candesartan/hydrochlorothiazide</b>	ATACAND HCT
<b>irbesartan</b>	AVAPRO
<b>irbesartan/hydrochlorothiazide</b>	AVALIDE
<b>losartan</b>	COZAAR
<b>losartan/hydrochlorothiazide</b>	HYZAAR
<b>olmesartan</b>	BENICAR
<b>olmesartan/hydrochlorothiazide</b>	BENICAR HCT
<b>telmisartan</b>	MICARDIS
<b>telmisartan/hydrochlorothiazide</b>	MICARDIS HCT
<b>valsartan</b>	DIOVAN
<b>valsartan/hydrochlorothiazide</b>	DIOVAN HCT

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**ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS**

<b>amlodipine/olmesartan</b>	AZOR
<b>amlodipine/telmisartan</b>	TWYNSTA
<b>amlodipine/valsartan</b>	EXFORGE

**ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS**

<b>amlodipine/olmesartan/hydrochlorothiazide</b>	TRIBENZOR
<b>amlodipine/valsartan/hydrochlorothiazide</b>	EXFORGE HCT

**ANTIARRHYTHMICS**

Guidelines for the use of antiarrhythmics and cardiac glycosides in various patient populations are available at:  
<https://www.acc.org>

<b>amiodarone 200 mg</b>	
<b>disopyramide</b>	NORPACE
disopyramide ext-rel	NORPACE CR
<b>SP</b> <b>dofetilide</b>	TIKOSYN
<b>flecainide</b>	
<b>propafenone</b>	
<b>propafenone ext-rel</b>	RYTHMOL SR
<b>sotalol</b>	BETAPACE
<b>sotalol</b>	BETAPACE AF

**ANTILIPEMICS**

The 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults is available at:

<https://www.ahajournals.org/doi/full/10.1161/01.cir.0000437738.63853.7a>

**Bile Acid Resins**

<b>cholestyramine</b>	QUESTRAN/QUESTRAN LIGHT
<b>colestipol tabs</b>	COLESTID

**Cholesterol Absorption Inhibitors**

<b>QL</b> <b>ezetimibe</b>	ZETIA
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**QL** ezetimibe = Max 30 tabs per month

**Fibrates**

<b>fenofibrate</b>	LOFIBRA
<b>fenofibrate</b>	TRICOR
<b>gemfibrozil</b>	LOPID

**HMG-CoA Reductase Inhibitors**

<b>atorvastatin</b>	LIPITOR
<b>lovastatin</b>	
<b>pravastatin</b>	PRAVACHOL
<b>ST</b> <b>rosuvastatin</b>	CRESTOR
<b>simvastatin</b>	ZOCOR

**Microsomal Triglyceride Transfer Protein Inhibitors**

<b>PA, SP</b> <b>lomitapide</b>	JUXTAPID
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**Omega-3 Fatty Acids**

<b>omega-3 acid ethyl esters</b>	LOVAZA
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**Miscellaneous**

<b>PA, SP</b>	mipomersen	KYNAMRO
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**BETA-BLOCKERS**

Guidelines for the use of beta-blockers and beta-blocker combinations in various patient populations are available at:

<https://jamanetwork.com/journals/jama/fullarticle/1791497>

<https://www.acc.org>

acebutolol	
atenolol	TENORMIN
betaxolol	
bisoprolol	
carvedilol	COREG
labetalol	TRANDATE
metoprolol succinate ext-rel	TOPROL-XL
metoprolol tartrate 25 mg, 50 mg, 100 mg	LOPRESSOR
nadolol	CORGARD
pindolol	
propranolol	
propranolol ext-rel	INDERAL LA
propranolol ext-rel	INDERAL XL
propranolol ext-rel	INNOPRAN XL
propranolol inj	
timolol	

**BETA-BLOCKER/DIURETIC COMBINATIONS**

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<https://www.acc.org>

atenolol/chlorthalidone	TENORETIC
bisoprolol/hydrochlorothiazide	ZIAC
metoprolol/hydrochlorothiazide	LOPRESSOR HCT
nadolol/bendroflumethiazide	
propranolol/hydrochlorothiazide	

**CALCIUM CHANNEL BLOCKERS****Dihydropyridines**

amlodipine	NORVASC
felodipine ext-rel	
nifedipine ext-rel	ADALAT CC
nifedipine ext-rel	PROCARDIA XL
<b>PA</b> nimodipine oral soln	NYMALIZE

**Nondihydropyridines**

diltiazem	CARDIZEM
diltiazem ext-rel	
diltiazem ext-rel	CARDIZEM CD
diltiazem ext-rel	CARDIZEM LA
diltiazem ext-rel	TIAZAC
verapamil ext-rel	CALAN SR
verapamil ext-rel	VERELAN

**DIGITALIS GLYCOSIDES**

digoxin 0.125 mg, 0.25 mg	LANOXIN
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	<b>digoxin ped elixir</b>	
<b>DIURETICS</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
	<b>acetazolamide</b>	
	<b>acetazolamide ext-rel</b>	
	<b>methazolamide</b>	
<b>Loop Diuretics</b>		
	<b>bumetanide</b>	
	<b>furosemide</b>	LASIX
	<b>torseamide</b>	DEMADEX
<b>Potassium-sparing Diuretics</b>		
	<b>amiloride</b>	
<b>Thiazides and Thiazide-like Diuretics</b>		
	chlorothiazide susp	DIURIL
	<b>chlorthalidone</b>	
	<b>hydrochlorothiazide</b>	
	<b>indapamide</b>	
	<b>methyclothiazide</b>	
	<b>metolazone</b>	
<b>Diuretic Combinations</b>		
	<b>amiloride/hydrochlorothiazide</b>	
	<b>spironolactone/hydrochlorothiazide</b>	ALDACTAZIDE
	<b>triamterene/hydrochlorothiazide</b>	DYAZIDE
	<b>triamterene/hydrochlorothiazide</b>	MAXZIDE
<b>HEART FAILURE</b>		
<b>PA</b>	sacubitril/valsartan	ENTRESTO
<b>NITRATES</b>		
<b>Oral</b>		
	<b>isosorbide dinitrate ext-rel tabs</b>	
	<b>isosorbide dinitrate oral</b>	ISORDIL
	<b>isosorbide mononitrate</b>	
	<b>isosorbide mononitrate ext-rel</b>	
	<b>nitroglycerin ext-rel</b>	
<b>Sublingual</b>		
	<b>nitroglycerin sublingual</b>	NITROSTAT
<b>Transdermal</b>		
	<b>nitroglycerin transdermal</b>	
	<b>nitroglycerin transdermal 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</b>	NITRO-DUR
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
<b>Endothelin Receptor Antagonists</b>		
<b>PA, SP</b>	ambrisentan	LETAIRIS
<b>PA, SP</b>	bosentan	TRACLEER
<b>PA, SP</b>	macitentan	OPSUMIT

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**Phosphodiesterase Inhibitors**

<b>PA, SP</b>	sildenafil inj	REVATIO
<b>PA, SP, QL</b>	<b>sildenafil tabs</b>	REVATIO

**QL** sildenafil tabs = Max 90 tabs per month

**Prostaglandin Vasodilators**

<b>PA, SP</b>	<b>epoprostenol sodium</b>	FLOLAN
<b>PA, SP</b>	iloprost	VENTAVIS
<b>PA, SP</b>	treprostinil	REMODULIN
<b>PA, SP</b>	treprostinil	TYVASO

**Soluble Guanylate Cyclase Stimulators**

<b>PA, SP</b>	riociguat	ADEMPAS
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**MISCELLANEOUS**

	<b>hydralazine</b>	
	<b>methyldopa</b>	
	<b>methyldopa/hydrochlorothiazide</b>	
<b>PA</b>	metyrosine	DEMSER
	<b>midodrine</b>	
	<b>minoxidil</b>	
	<b>ranolazine ext-rel</b>	RANEXA

**CENTRAL NERVOUS SYSTEM**

Practice guidelines for psychiatric disorders are available at:  
<https://www.psychiatry.org>

**ANTIANSXIETY****Benzodiazepines**

<b>QL</b>	<b>alprazolam</b>	XANAX
<b>QL</b>	<b>alprazolam ext-rel</b>	XANAX XR
<b>QL</b>	alprazolam oral concentrate	ALPRAZOLAM INTENSOL
<b>QL</b>	<b>alprazolam orally disintegrating tabs</b>	NIRAVAM
<b>QL</b>	<b>chlordiazepoxide</b>	
<b>QL</b>	<b>clonazepam</b>	KLONOPIN
<b>QL</b>	<b>clorazepate</b>	TRANXENE T-TAB
	<b>diazepam inj</b>	
<b>QL</b>	<b>diazepam oral concentrate 5 mg/mL</b>	
	<b>diazepam soln 1 mg/mL</b>	
<b>QL</b>	<b>diazepam tabs</b>	VALIUM
	<b>lorazepam inj</b>	ATIVAN
	<b>lorazepam oral concentrate</b>	
<b>QL</b>	<b>lorazepam tabs</b>	ATIVAN
<b>QL</b>	<b>oxazepam</b>	

**QL** alprazolam ext-rel = Max 30 tabs per month  
**QL** alprazolam orally disintegrating tabs = Max 120 tabs per month  
**QL** alprazolam tabs = Max 120 tabs per month  
**QL** chlordiazepoxide = Max 120 caps per month  
**QL** clorazepate = Max 120 tabs per month  
**QL** clonazepam = Max 90 tabs per month  
**QL** diazepam oral concentrate 5 mg/mL = Max 240 mL per month  
**QL** diazepam tabs = Max 120 tabs per month

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QL	lorazepam tabs	=	Max 120 tabs per month
QL	oxazepam	=	Max 120 caps per month
QL	ALPRAZOLAM INTENSOL	=	Max 120 mL per month

**Miscellaneous**

QL	<b>bupirone</b>	
QL	<b>clomipramine</b>	ANAFRANIL
QL	<b>fluvoxamine</b>	
QL	<b>fluvoxamine ext-rel</b>	
QL	<b>hydroxyzine HCl</b>	
	<b>hydroxyzine HCl inj</b>	
QL	<b>hydroxyzine pamoate</b>	VISTARIL
QL	<b>meprobamate</b>	

QL	bupirone 5 mg, 7.5 mg, 10 mg, 15 mg	=	Max 90 tabs per month
QL	bupirone 30 mg	=	Max 60 tabs per month
QL	clomipramine 25 mg	=	Max 60 caps per month
QL	clomipramine 50 mg	=	Max 150 caps per month
QL	clomipramine 75 mg	=	Max 90 caps per month
QL	fluvoxamine 25 mg, 50 mg	=	Max 30 tabs per month
QL	fluvoxamine 100 mg	=	Max 90 tabs per month
QL	fluvoxamine ext-rel	=	Max 60 caps per month
QL	hydroxyzine HCl 10 mg, 25 mg	=	Max 120 tabs per month
QL	hydroxyzine HCl 50 mg	=	Max 240 tabs per month
QL	hydroxyzine HCl soln	=	Max 3000 mL per month
QL	hydroxyzine pamoate	=	Max 120 caps per month
QL	meprobamate	=	Max 120 tabs per month

**ANTICONVULSANTS**

Practice guidelines for the treatment of epilepsy are available at:

<https://www.aan.com>

	<b>carbamazepine</b>	TEGRETOL
	<b>carbamazepine ext-rel</b>	CARBATROL
	<b>carbamazepine ext-rel</b>	TEGRETOL-XR
ST	<b>clobazam</b>	ONFI
	<b>diazepam rectal gel</b>	DIASTAT
	<b>divalproex sodium delayed-rel</b>	DEPAKOTE
	<b>divalproex sodium ext-rel</b>	DEPAKOTE ER
	<b>ethosuximide</b>	ZARONTIN
	ethotoin	PEGANONE
	<b>felbamate</b>	FELBATOL
QL	<b>gabapentin caps, tabs</b>	NEURONTIN
	<b>gabapentin oral soln</b>	NEURONTIN
ST	lacosamide	VIMPAT
	<b>lamotrigine</b>	LAMICTAL
	<b>lamotrigine ext-rel</b>	LAMICTAL XR
QL	<b>levetiracetam ext-rel</b>	KEPPRA XR
	<b>levetiracetam inj</b>	KEPPRA
	<b>levetiracetam oral soln</b>	KEPPRA
QL	<b>levetiracetam tabs</b>	KEPPRA
	methsuximide	CELONTIN
	<b>oxcarbazepine</b>	TRILEPTAL
	oxcarbazepine ext-rel	OXTELLAR XR
ST	perampanel	FYCOMPA

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	<b>phenobarbital</b>	
	<b>phenobarbital inj</b>	
	<b>phenytoin</b>	DILANTIN INFATABS
	<b>phenytoin sodium extended</b>	DILANTIN
	<b>phenytoin sodium extended</b>	PHENYTEK
	<b>primidone</b>	MYSOLINE
<b>ST</b>	rufinamide	BANZEL
	<b>tiagabine</b>	GABITRIL
<b>QL</b>	<b>topiramate ext-rel</b>	QUDEXY XR
<b>QL</b>	topiramate ext-rel	TROKENDI XR
	<b>topiramate sprinkle caps, tabs</b>	TOPAMAX
	<b>valproate sodium inj</b>	DEPACON
	<b>valproic acid</b>	DEPAKENE
	valproic acid delayed-rel	STAVZOR
<b>QL</b>	<b>zonisamide 25 mg, 50 mg</b>	ZONEGRAN
	<b>zonisamide 100 mg</b>	ZONEGRAN

<b>QL</b>	gabapentin 100 mg, 400 mg	=	Max 180 caps per month
<b>QL</b>	gabapentin 300 mg	=	Max 270 caps per month
<b>QL</b>	gabapentin 600 mg	=	Max 180 tabs per month
<b>QL</b>	gabapentin 800 mg	=	Max 120 tabs per month
<b>QL</b>	levetiracetam 250 mg	=	Max 60 tabs per month
<b>QL</b>	levetiracetam 500 mg	=	Max 180 tabs per month
<b>QL</b>	levetiracetam 750 mg	=	Max 120 tabs per month
<b>QL</b>	levetiracetam 1000 mg	=	Max 90 tabs per month
<b>QL</b>	levetiracetam ext-rel 500 mg	=	Max 60 tabs per month
<b>QL</b>	levetiracetam ext-rel 750 mg	=	Max 120 tabs per month
<b>QL</b>	topiramate ext-rel	=	Max 60 caps per month
<b>QL</b>	zonisamide 25 mg, 50 mg	=	Max 30 caps per month
<b>QL</b>	TROKENDI XR	=	Max 60 caps per month

**ANTIDEMENTIA**

Practice guidelines for the management of dementia are available at:

<https://www.aan.com>

<b>QL</b>	<b>donepezil</b>	ARICEPT
<b>QL</b>	<b>galantamine</b>	RAZADYNE
<b>QL</b>	<b>galantamine ext-rel</b>	RAZADYNE ER
<b>QL</b>	<b>memantine</b>	NAMENDA
<b>QL</b>	<b>memantine ext-rel</b>	NAMENDA XR
<b>QL</b>	memantine/donepezil	NAMZARIC
<b>QL</b>	<b>rivastigmine</b>	
<b>QL</b>	<b>rivastigmine transdermal</b>	EXELON

<b>QL</b>	donepezil	=	Max 30 tabs per month
<b>QL</b>	galantamine ext-rel	=	Max 30 caps per month
<b>QL</b>	galantamine soln	=	Max 180 mL per month
<b>QL</b>	galantamine tabs	=	Max 60 tabs per month
<b>QL</b>	memantine ext-rel	=	Max 30 tabs per month
<b>QL</b>	memantine tabs	=	Max 60 tabs per month
<b>QL</b>	memantine soln	=	Max 300 mL per month
<b>QL</b>	rivastigmine	=	Max 60 caps per month
<b>QL</b>	rivastigmine transdermal	=	Max 30 patches per month
<b>QL</b>	NAMENDA XR titration pack	=	Max 1 pack per 28 days
<b>QL</b>	NAMZARIC	=	Max 60 caps per month

**AL:** Age Limit; **OTC:** Over the counter; **PA:** Prior Authorization; **QL:** Quantity Limit; **SP:** Specialty Drug; **ST:** Step Therapy  
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ext-rel: extended-release (also known as sustained-release)

**ANTIDEPRESSANTS**

Although these agents are primarily indicated for depression, some of these are also approved for other indications, including bipolar disorder, obsessive-compulsive disorder, panic disorder and premenstrual dysphoric disorder.

Guidelines for the evaluation and management of bipolar and depressive disorders are available at:

<https://www.psychiatry.org>

**Monoamine Oxidase Inhibitors (MAOIs)**

QL	isocarboxazid	MARPLAN
QL	<b>phenelzine</b>	NARDIL
QL	selegiline transdermal	EMSAM
QL	<b>tranylcypromine</b>	PARNATE

QL phenelzine	=	Max 180 tabs per month
QL tranylcypromine	=	Max 180 tabs per month
QL EMSAM	=	Max 30 patches per month
QL MARPLAN	=	Max 90 tabs per month

**Selective Serotonin Reuptake Inhibitors (SSRIs)**

QL	<b>citalopram</b>	CELEXA
QL	<b>escitalopram</b>	LEXAPRO
QL	<b>fluoxetine</b>	PROZAC
QL	<b>fluoxetine</b>	SARAFEM
QL	<b>fluoxetine 60 mg</b>	FLUOXETINE 60 mg
QL	<b>fluoxetine delayed-rel</b>	
AL, QL	<b>paroxetine HCl ext-rel</b>	PAXIL CR
AL, QL	paroxetine HCl susp	PAXIL
AL, QL	<b>paroxetine HCl tabs</b>	PAXIL
AL, QL	paroxetine mesylate	PEXEVA
QL	<b>sertraline</b>	ZOLOFT
QL	vilazodone	VIIBRYD
QL	vortioxetine	TRINTELLIX

QL citalopram soln	=	Max 600 mL per month
QL citalopram tabs	=	Max 30 tabs per month
QL escitalopram 5 mg, 10 mg	=	Max 30 tabs per month
QL escitalopram 20 mg	=	Max 45 tabs per month
QL escitalopram soln	=	Max 600 mL per month
QL fluoxetine caps 10 mg	=	Max 30 caps per month
QL fluoxetine caps 20 mg	=	Max 120 caps per month
QL fluoxetine caps 40 mg	=	Max 60 caps per month
QL fluoxetine delayed-rel	=	Max 4 tabs per 28 days
QL fluoxetine soln	=	Max 600 mL per month
QL fluoxetine tabs 10 mg	=	Max 45 tabs per month
QL fluoxetine tabs 20 mg	=	Max 120 tabs per month
QL fluoxetine tabs 60 mg	=	Max 30 tabs per month
QL paroxetine HCl 10 mg, 20 mg	=	Max 30 tabs per month
QL paroxetine HCl 30 mg, 40 mg	=	Max 60 tabs per month
QL paroxetine HCl ext-rel	=	Max 30 tabs per month
QL sertraline 25 mg, 50 mg	=	Max 60 tabs per month
QL sertraline 100 mg	=	Max 90 tabs per month
QL sertraline concentrate	=	Max 300 mL per month
QL PAXIL susp	=	Max 1200 mL per month
QL PEXEVA	=	Max 30 tabs per month
QL TRINTELLIX	=	Max 30 tabs per month

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QL VIIBRYD tabs	=	Max 30 tabs per month
QL VIIBRYD kit	=	Max 1 kit per month

**Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)**

QL	<b>desvenlafaxine ext-rel</b>	KHEDEZLA
QL	desvenlafaxine fumarate ext-rel	DESVENLAFAXINE ER
QL	<b>desvenlafaxine succinate ext-rel</b>	PRISTIQ
QL	<b>duloxetine delayed-rel</b>	CYMBALTA
QL	levomilnacipran ext-rel	FETZIMA
QL	<b>venlafaxine</b>	
QL	<b>venlafaxine ext-rel caps</b>	EFFEXOR XR
QL	<b>venlafaxine ext-rel tabs</b>	VENLAFAXINE ER

QL desvenlafaxine ext-rel 50 mg	=	Max 30 tabs per month
QL desvenlafaxine ext-rel 100 mg	=	Max 60 tabs per month
QL desvenlafaxine succinate ext-rel 25 mg, 50 mg	=	Max 30 tabs per month
QL desvenlafaxine succinate ext-rel 100 mg	=	Max 60 tabs per month
QL duloxetine delayed-rel	=	Max 60 caps per month
QL venlafaxine	=	Max 90 tabs per month
QL venlafaxine ext-rel 37.5 mg	=	Max 30 caps, tabs per month
QL venlafaxine ext-rel 75 mg	=	Max 90 caps, tabs per month
QL venlafaxine ext-rel 150 mg	=	Max 60 caps, tabs per month
QL DESVENLAFAXINE ER 50 mg	=	Max 30 tabs per month
QL DESVENLAFAXINE ER 100 mg	=	Max 60 tabs per month
QL FETZIMA	=	Max 30 caps per month
QL VENLAFAXINE ER 225 mg	=	Max 30 tabs per month

**Tricyclic Antidepressants (TCAs)**

QL	<b>amitriptyline</b>	
QL	<b>amoxapine</b>	
QL	<b>desipramine</b>	NORPRAMIN
QL	<b>doxepin</b>	
QL	<b>imipramine HCl</b>	TOFRANIL
QL	<b>imipramine pamoate</b>	TOFRANIL-PM
QL	<b>nortriptyline</b>	PAMELOR
QL	<b>protriptyline</b>	VIVACTIL
QL	<b>trimipramine</b>	SURMONTIL

QL amitriptyline	=	Max 90 tabs per month
QL amoxapine 25 mg, 150 mg	=	Max 60 tabs per month
QL amoxapine 50 mg, 100 mg	=	Max 120 tabs per month
QL desipramine 10 mg	=	Max 120 tabs per month
QL desipramine 25 mg, 50 mg, 75 mg, 150 mg	=	Max 60 tabs per month
QL desipramine 100 mg	=	Max 90 tabs per month
QL doxepin 10 mg	=	Max 120 caps per month
QL doxepin 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	=	Max 60 caps per month
QL doxepin 10 mg/mL	=	Max 900 mL per month
QL imipramine HCl 10 mg	=	Max 60 tabs per month
QL imipramine HCl 25 mg	=	Max 30 tabs per month
QL imipramine HCl 50 mg	=	Max 180 tabs per month
QL imipramine pamoate 75 mg	=	Max 30 caps per month
QL imipramine pamoate 100 mg	=	Max 90 caps per month
QL imipramine pamoate 125 mg, 150 mg	=	Max 60 caps per month
QL nortriptyline 10 mg, 25 mg	=	Max 120 caps per month
QL nortriptyline 50 mg	=	Max 90 caps per month

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QL	nortriptyline 75 mg	=	Max 60 caps per month
QL	nortriptyline 10 mg/5 mL	=	Max 600 mL per month
QL	protriptyline	=	Max 120 tabs per month
QL	trimipramine 25 mg, 50 mg	=	Max 30 caps per month
QL	trimipramine 100 mg	=	Max 90 caps per month

### Tricyclic Antidepressants/Benzodiazepine Combination

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#### chlordiazepoxide/amitriptyline

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#### Miscellaneous Agents

QL	<b>bupropion</b>	
QL	bupropion ext-rel	APLENZIN
QL	<b>bupropion ext-rel</b>	FORFIVO XL
QL	<b>bupropion ext-rel</b>	WELLBUTRIN SR
QL	<b>bupropion ext-rel</b>	WELLBUTRIN XL
QL	<b>maprotiline</b>	
QL	<b>mirtazapine</b>	REMERON
QL	<b>nefazodone</b>	
QL	<b>trazodone</b>	

QL	bupropion	=	Max 120 tabs per month
QL	bupropion ext-rel (generic for FORFIVO XL)	=	Max 30 tabs per month
QL	bupropion ext-rel (generic for WELLBUTRIN SR)	=	Max 60 tabs per month
QL	bupropion ext-rel (generic for WELLBUTRIN XL)	=	Max 30 tabs per month
QL	maprotiline	=	Max 90 tabs per month
QL	mirtazapine	=	Max 30 tabs per month
QL	nefazodone	=	Max 60 tabs per month
QL	trazodone 50 mg, 300 mg	=	Max 60 tabs per month
QL	trazodone 100 mg, 150 mg	=	Max 90 tabs per month
QL	APLENZIN	=	Max 30 tabs per month

#### ANTIPARKINSONIAN AGENTS

Practice guidelines for the diagnosis and treatment of Parkinson's disease are available at:

<https://www.aan.com>

	<b>amantadine</b>	
	<b>benztropine</b>	
	<b>bromocriptine</b>	PARLODEL
	<b>carbidopa/levodopa</b>	SINEMET
	<b>carbidopa/levodopa ext-rel</b>	SINEMET CR
	<b>carbidopa/levodopa/entacapone</b>	STALEVO
	<b>entacapone</b>	COMTAN
	<b>pramipexole</b>	MIRAPEX
	<b>ropinirole</b>	REQUIP
	<b>selegiline</b>	
	<b>trihexyphenidyl</b>	

#### ANTIPSYCHOTICS

##### Atypicals

QL	<b>aripiprazole</b>	ABILIFY
AL, QL	aripiprazole ext-rel inj	ABILIFY MAINTENA
AL, QL	aripiprazole lauroxil ext-rel inj	ARISTADA
QL	asenapine	SAPHRIS
AL, QL	brexipiprazole	REXULTI
AL, QL	cariprazine	VRAYLAR

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 ext-rel: extended-release (also known as sustained-release)

AL, QL	clozapine	CLOZARIL
AL, QL	clozapine orally disintegrating tabs	FAZACLO
AL, QL	clozapine susp	VERSACLOZ
AL, QL	iloperidone	FANAPT
AL, QL	lurasidone	LATUDA
QL	olanzapine	ZYPREXA
	olanzapine inj	ZYPREXA
QL	olanzapine orally disintegrating tabs	ZYPREXA ZYDIS
AL, QL	olanzapine pamoate ext-rel inj	ZYPREXA RELPREV
AL, QL	olanzapine/fluoxetine	SYMBYAX
QL	paliperidone ext-rel	INVEGA
AL, QL	paliperidone palmitate ext-rel inj	INVEGA SUSTENNA
AL, QL	paliperidone palmitate ext-rel inj	INVEGA TRINZA
QL	quetiapine	SEROQUEL
QL	quetiapine ext-rel	SEROQUEL XR
QL	risperidone	RISPERDAL
AL, QL	risperidone long-acting inj	RISPERDAL CONSTA
QL	risperidone orally disintegrating tabs	
AL, QL	ziprasidone	GEODON
AL	ziprasidone inj	GEODON

QL	aripiprazole orally disintegrating tabs	=	Max 60 tabs per month
QL	aripiprazole soln	=	Max 900 mL per month
QL	aripiprazole tabs 2 mg, 10 mg, 15 mg, 30 mg	=	Max 30 tabs per month
QL	aripiprazole tabs 5 mg	=	Max 45 tabs per month
QL	aripiprazole tabs 20 mg	=	Max 60 tabs per month
QL	clozapine orally disintegrating tabs 12.5 mg, 25 mg, 150 mg, 200 mg	=	Max 90 tabs per month
QL	clozapine orally disintegrating tabs 100 mg	=	Max 180 tabs per month
QL	clozapine tabs 25 mg, 50 mg, 200 mg	=	Max 90 tabs per month
QL	clozapine tabs 100 mg	=	Max 180 tabs per month
QL	olanzapine orally disintegrating tabs 5 mg	=	Max 30 tabs per month
QL	olanzapine orally disintegrating tabs 10 mg, 15 mg	=	Max 60 tabs per month
QL	olanzapine orally disintegrating tabs 20 mg	=	Max 90 tabs per month
QL	olanzapine tabs 2.5 mg, 5 mg, 7.5 mg	=	Max 30 tabs per month
QL	olanzapine tabs 10 mg, 15 mg	=	Max 60 tabs per month
QL	olanzapine tabs 20 mg	=	Max 90 tabs per month
QL	olanzapine/fluoxetine	=	Max 30 caps per month
QL	paliperidone ext-rel 1.5 mg, 3 mg, 9 mg	=	Max 30 tabs per month
QL	paliperidone ext-rel 6 mg	=	Max 60 tabs per month
QL	risperidone orally disintegrating tabs	=	Max 60 tabs per month
QL	risperidone soln	=	Max 240 mL per month
QL	risperidone tabs	=	Max 60 tabs per month
QL	quetiapine 25 mg, 50 mg, 100 mg, 200 mg	=	Max 90 tabs per month
QL	quetiapine 300 mg, 400 mg	=	Max 120 tabs per month
QL	quetiapine ext-rel 50 mg	=	Max 60 tabs per month
QL	quetiapine ext-rel 150 mg, 200 mg	=	Max 30 tabs per month
QL	quetiapine ext-rel 300 mg	=	Max 90 tabs per month
QL	quetiapine ext-rel 400 mg	=	Max 120 tabs per month
QL	ziprasidone 20 mg, 40 mg	=	Max 60 caps per month
QL	ziprasidone 60 mg, 80 mg	=	Max 90 caps per month
QL	ABILIFY MAINTENA	=	Max 1 inj per 28 days
QL	ARISTADA	=	Max 1 inj per 28 days
QL	FANAPT	=	Max 60 tabs per month
QL	INVEGA SUSTENNA	=	Max 1 inj per 28 days

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 ext-rel: extended-release (also known as sustained-release)

QL	INVEGA TRINZA	=	Max 1 inj per 84 days
QL	LATUDA 20 mg, 40 mg, 60 mg, 120 mg	=	Max 30 tabs per month
QL	LATUDA 80 mg	=	Max 60 tabs per month
QL	REXULTI	=	Max 30 tabs per month
QL	RISPERDAL CONSTA	=	Max 2 inj per 28 days
QL	SAPHRIS	=	Max 60 tabs per month
QL	VERSACLOZ	=	Max 360 mL per month
QL	VRAYLAR 1.5 mg	=	Max 60 caps per month
QL	VRAYLAR 3 mg, 4.5 mg, 6 mg	=	Max 30 caps per month
QL	VRAYLAR THERAPY PACK	=	Max 1 pack per 28 days
QL	ZYPREXA RELPREVV 210 mg, 300 mg	=	Max 2 inj per 28 days
QL	ZYPREXA RELPREVV 405 mg	=	Max 1 inj per 28 days

**Miscellaneous**

QL	chlorpromazine	
	chlorpromazine inj	
AL	fluphenazine decanoate inj	
AL	fluphenazine HCl concentrate, elixir	
AL	fluphenazine HCl inj	
AL, QL	fluphenazine HCl tabs	
AL	haloperidol decanoate inj	HALDOL DECANOATE
	haloperidol lactate inj	HALDOL
	haloperidol oral concentrate	
QL	haloperidol tabs	
AL, QL	loxapine	
QL	molindone	
AL, QL	perphenazine	
	perphenazine/amitriptyline	
QL	pimozide	
	prochlorperazine	
	prochlorperazine inj	
QL	thioridazine	
QL	thiothixene	
QL	trifluoperazine	

QL	chlorpromazine	=	Max 120 tabs per month
QL	fluphenazine HCl tabs	=	Max 120 tabs per month
QL	haloperidol tabs	=	Max 90 tabs per month
QL	loxapine	=	Max 120 caps per month
QL	molindone 5 mg, 10 mg	=	Max 120 caps per month
QL	molindone 25 mg	=	Max 270 tabs per month
QL	perphenazine	=	Max 120 tabs per month
QL	pimozide 1 mg	=	Max 300 tabs per month
QL	pimozide 2 mg	=	Max 150 tabs per month
QL	thioridazine	=	Max 120 tabs per month
QL	thiothixene	=	Max 90 tabs per month
QL	trifluoperazine 1 mg, 2 mg, 5 mg	=	Max 60 tabs per month
QL	trifluoperazine 10 mg	=	Max 120 tabs per month

**ATTENTION DEFICIT HYPERACTIVITY DISORDER**

Guidelines for the evaluation and management of attention deficit disorder are available at:

<https://www.aacap.org>

<https://www.aap.org>

QL	amphetamine ext-rel orally disintegrating tabs	ADZENYS XR-ODT
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 ext-rel: extended-release (also known as sustained-release)

QL	amphetamine ext-rel susp	DYANAVEL XR
QL	<b>amphetamine sulfate</b>	EVEKEO
QL	<b>amphetamine/dextroamphetamine mixed salts</b>	ADDERALL
QL	<b>amphetamine/dextroamphetamine mixed salts ext-rel</b>	ADDERALL XR
QL	<b>atomoxetine</b>	STRATTERA
QL	<b>clonidine ext-rel</b>	KAPVAY
QL	<b>dexmethylphenidate</b>	FOCALIN
QL	<b>dexmethylphenidate ext-rel</b>	FOCALIN XR
QL	<b>dextroamphetamine ext-rel</b>	DEXEDRINE SPANSULE
QL	<b>dextroamphetamine soln</b>	PROCENTRA
QL	<b>dextroamphetamine tabs</b>	
QL	<b>guanfacine ext-rel</b>	INTUNIV
QL	lisdexamfetamine caps, chew tabs	VYVANSE
	<b>methamphetamine</b>	DESOXYN
QL	<b>methylphenidate</b>	RITALIN
QL	<b>methylphenidate chew tabs, soln, tabs</b>	METHYLIN
QL	methylphenidate ext-rel caps	APTENSIO XR
QL	<b>methylphenidate ext-rel caps</b>	METADATE CD
QL	<b>methylphenidate ext-rel caps</b>	RITALIN LA
QL	methylphenidate ext-rel chew tabs	QUILLICHEW ER
QL	methylphenidate ext-rel susp	QUILLIVANT XR
QL	<b>methylphenidate ext-rel tabs</b>	
QL	methylphenidate transdermal	DAYTRANA

QL	amphetamine 5 mg	=	Max 30 tabs per month
QL	amphetamine 10 mg	=	Max 180 tabs per month
QL	amphetamine/dextroamphetamine mixed salts	=	Max 90 tabs per month
QL	amphetamine/dextroamphetamine mixed salts ext-rel 5 mg, 10 mg, 15 mg	=	Max 30 caps per month
QL	amphetamine/dextroamphetamine mixed salts ext-rel 20 mg, 25 mg, 30 mg	=	Max 60 caps per month
QL	atomoxetine 10 mg, 18 mg, 25 mg, 40 mg	=	Max 60 caps per month
QL	atomoxetine 60 mg, 80 mg, 100 mg	=	Max 30 caps per month
QL	clonidine ext-rel	=	Max 120 tabs per month
QL	dexmethylphenidate 2.5 mg, 5 mg	=	Max 60 tabs per month
QL	dexmethylphenidate 10 mg	=	Max 120 tabs per month
QL	dexmethylphenidate ext-rel	=	Max 30 caps per month
QL	dextroamphetamine ext-rel	=	Max 60 caps per month
QL	dextroamphetamine 2.5 mg, 5 mg, 15 mg	=	Max 30 tabs per month
QL	dextroamphetamine 7.5 mg, 20 mg, 30 mg	=	Max 60 tabs per month
QL	dextroamphetamine 10 mg	=	Max 120 tabs per month
QL	dextroamphetamine soln	=	Max 1200 mL per month
QL	guanfacine ext-rel	=	Max 30 tabs per month
QL	methylphenidate	=	Max 90 tabs per month
QL	methylphenidate chew tabs (generic for METHYLIN)	=	Max 90 tabs per month
QL	methylphenidate soln 5 mg/5 mL	=	Max 1800 mL per month
QL	methylphenidate soln 10 mg/5 mL	=	Max 900 mL per month
QL	methylphenidate ext-rel caps (generic for METADATE CD)	=	Max 30 caps per month
QL	methylphenidate ext-rel caps 10 mg, 20 mg, 40 mg, 60 mg (generic for RITALIN LA)	=	Max 30 caps per month
QL	methylphenidate ext-rel caps 30 mg (generic for RITALIN LA)	=	Max 60 caps per month
QL	methylphenidate ext-rel tabs 10 mg, 20 mg	=	Max 90 tabs per month
QL	methylphenidate ext-rel tabs 18 mg, 27 mg, 72 mg	=	Max 30 tabs per month
QL	methylphenidate ext-rel tabs 36 mg, 54 mg	=	Max 60 tabs per month

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QL	ADZENYS XR-ODT	=	Max 30 tabs per month
QL	APTENSIO XR	=	Max 30 caps per month
QL	DAYTRANA	=	Max 30 patches per month
QL	DYANAVEL XR	=	Max 240 mL per month
QL	QUILLICHEW ER 20 mg, 40 mg	=	Max 30 tabs per month
QL	QUILLICHEW ER 30 mg	=	Max 60 tabs per month
QL	QUILLIVANT XR	=	Max 360 mL per month
QL	VYVANSE	=	Max 30 caps per month

**FIBROMYALGIA**

milnacipran	SAVELLA
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**HYPNOTICS**

Practice parameters for the treatment of sleep disorders and clinical guidelines for the evaluation and management of chronic insomnia are available at:

<https://aasm.org>

**Benzodiazepines**

QL	estazolam	PROSOM
QL	flurazepam	
	midazolam	
	midazolam inj	
QL	quazepam	DORAL
QL	temazepam	RESTORIL
QL	triazolam	HALCION

QL	estazolam	=	Max 30 tabs per month
QL	flurazepam	=	Max 30 caps per month
QL	quazepam	=	Max 30 tabs per month
QL	temazepam	=	Max 30 caps per month
QL	triazolam	=	Max 30 tabs per month

**Nonbenzodiazepines**

OTC	diphenhydramine	UNISOM SLEEP
OTC	doxylamine	UNISOM
	amobarbital inj	AMYTAL SODIUM
QL	butabarbital	BUTISOL SODIUM
	chloral hydrate	
	dexmedetomidine inj	
QL	eszopiclone	LUNESTA
	pentobarbital inj	NEMBUTAL
QL	ramelteon	ROZEREM
	secobarbital	SECONAL
QL	suvorexant	BELSOMRA
SP, QL	tasimelteon	HETLIOZ
QL	zaleplon	
QL	zolpidem	AMBIEN
QL	zolpidem ext-rel	AMBIEN CR
QL	zolpidem spray	ZOLPIMIST
QL	zolpidem sublingual	EDLUAR
QL	zolpidem sublingual	INTERMEZZO

QL	eszopiclone	=	Max 30 tabs per month
QL	zaleplon	=	Max 60 caps per month
QL	zolpidem	=	Max 30 tabs per month

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QL	zolpidem ext-rel	=	Max 30 tabs per month
QL	zolpidem orally disintegrating tabs	=	Max 30 tabs per month
QL	BELSOMRA	=	Max 30 tabs per month
QL	BUTISOL SODIUM	=	Max 90 tabs per month
QL	EDLUAR	=	Max 30 tabs per month
QL	HETLIOZ	=	Max 30 caps per month
QL	ROZEREM	=	Max 30 tabs per month
QL	ZOLPIMIST	=	Max 1 bottle per month

**Tricyclics**

QL	doxepin		SILENOR
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QL	SILENOR	=	Max 30 tabs per month
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**MIGRAINE**

Guidelines for prevention and management of migraine headaches are available at:

<https://www.aan.com>

**Ergotamine Derivatives**

	dihydroergotamine inj		D.H.E. 45
	ergotamine/caffeine		CAFERGOT

**Selective Serotonin Agonists**

QL	almotriptan		
QL	naratriptan		AMERGE
QL	rizatriptan		MAXALT
QL	rizatriptan orally disintegrating tabs		MAXALT-MLT
QL	sumatriptan		IMITREX
QL	sumatriptan inj		IMITREX
QL	sumatriptan nasal spray		IMITREX

QL	almotriptan	=	Max 12 tabs per month
QL	naratriptan	=	Max 9 tabs per month
QL	rizatriptan	=	Max 12 tabs per month
QL	rizatriptan orally disintegrating tabs	=	Max 12 tabs per month
QL	sumatriptan	=	Max 12 tabs per month
QL	sumatriptan inj	=	Max 10 inj per month
QL	sumatriptan nasal spray	=	Max 12 doses (2 boxes) per month

**MOOD STABILIZERS**

QL	carbamazepine ext-rel		EQUETRO
	<b>lithium carbonate</b>		
	<b>lithium carbonate ext-rel tabs 300 mg</b>		LITHOBID
	<b>lithium carbonate ext-rel tabs 450 mg</b>		

QL	EQUETRO 100 mg	=	Max 120 caps per month
QL	EQUETRO 200 mg	=	Max 240 caps per month
QL	EQUETRO 300 mg	=	Max 150 caps per month

**MOVEMENT DISORDERS**

PA, SP	tetrabenazine		XENAZINE
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**boldface:** indicates generic availability; delayed-rel: delayed-release (also known as enteric-coated);  
 ext-rel: extended-release (also known as sustained-release)

**MULTIPLE SCLEROSIS AGENTS**

Practice guidelines for multiple sclerosis are available at:  
<https://www.aan.com>

<b>PA, SP</b>	<b>dalfampridine ext-rel</b>	AMPYRA
<b>PA, SP</b>	dimethyl fumarate delayed-rel	TECFIDERA
<b>PA, SP</b>	fingolimod	GILENYA
<b>SP</b>	<b>glatiramer</b>	
<b>PA, SP</b>	interferon beta-1a	AVONEX
<b>PA, SP</b>	interferon beta-1a	REBIF
<b>PA, SP</b>	interferon beta-1b	EXTAVIA
<b>PA, SP</b>	teriflunomide	AUBAGIO

**MUSCULOSKELETAL THERAPY AGENTS**

	<b>baclofen</b>	
<b>QL</b>	<b>carisoprodol 350 mg</b>	SOMA
<b>ST, QL</b>	<b>carisoprodol/aspirin</b>	
	<b>chlorzoxazone</b>	
	<b>cyclobenzaprine 5 mg, 10 mg</b>	
	<b>dantrolene</b>	DANTRIUM
	<b>methocarbamol</b>	ROBAXIN
	<b>orphenadrine ext-rel</b>	
	<b>tizanidine tabs</b>	ZANAFLEX tabs

**QL** carisoprodol 350 mg = Max 120 tabs per month

**QL** carisoprodol/aspirin = Max 240 tabs per month

**MYASTHENIA GRAVIS**

	<b>pyridostigmine</b>	MESTINON
	<b>pyridostigmine ext-rel</b>	MESTINON TIMESPAN

**NARCOLEPSY/CATAPLEXY**

<b>QL</b>	<b>armodafinil</b>	NUVIGIL
<b>QL</b>	<b>modafinil</b>	PROVIGIL
<b>QL</b>	sodium oxybate	XYREM

**QL** armodafinil 50 mg = Max 60 tabs per month

**QL** armodafinil 150 mg, 200 mg, 250 mg = Max 30 tabs per month

**QL** modafinil 100 mg = Max 30 tabs per month

**QL** modafinil 200 mg = Max 60 tabs per month

**QL** XYREM = Max 540 mL per month

**PSYCHOTHERAPEUTIC-MISCELLANEOUS****Alcohol Deterrents**

	<b>acamprosate calcium</b>	
	<b>disulfiram</b>	ANTABUSE

**Opioid Antagonists**

<b>QL</b>	<b>naloxone inj</b>	
	naloxone nasal spray	NARCAN
	<b>naltrexone</b>	
<b>SP</b>	naltrexone microspheres	VIVITROL

**QL** naloxone inj = Max 2 mL per month

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 ext-rel: extended-release (also known as sustained-release)



**Partial Opioid Agonists**

<b>PA</b>	<b>buprenorphine sublingual</b>	
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**Partial Opioid Agonist/Opioid Antagonist Combinations**

<b>PA</b>	<b>buprenorphine/naloxone sublingual tabs</b>	
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**Pseudobulbar Affect**

<b>PA</b>	dextromethorphan/quinidine	NUEDEXTA
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**Smoking Deterrents**

Treating Tobacco Use and Dependence: 2008 Update-Clinical Practice Guideline is available at:

<https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html>

<b>QL</b>	<b>bupropion ext-rel</b>	ZYBAN
<b>QL</b>	varenicline	CHANTIX

<b>QL</b>	bupropion ext-rel	=	Max 180 days supply per year
<b>QL</b>	CHANTIX	=	Max 180 days supply per year

**MISCELLANEOUS**

	doxapram	DOPRAM
<b>QL</b>	<b>ergoloid mesylates</b>	
<b>PA</b>	<b>riluzole</b>	RILUTEK

<b>QL</b>	ergoloid mesylates	=	Max 90 tabs per month
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**ENDOCRINE AND METABOLIC****ACROMEGALY**

<b>PA, SP</b>	<b>octreotide acetate</b>	SANDOSTATIN
<b>PA, SP</b>	pegvisomant	SOMAVERT

**ANDROGENS**

Clinical practice guidelines for the treatment of hypogonadism are available at:

<https://www.aace.com>

<b>PA</b>	<b>oxandrolone</b>	
<b>PA</b>	oxymetholone	ANADROL-50
<b>PA</b>	<b>testosterone cypionate</b>	DEPO-TESTOSTERONE
<b>PA</b>	<b>testosterone enanthate</b>	DELATESTRYL
<b>PA, QL</b>	<b>testosterone gel</b>	ANDROGEL
<b>PA, QL</b>	<b>testosterone gel</b>	FORTESTA

<b>QL</b>	testosterone gel 1% (50 mg/5 g)	=	Max 150 grams per month
<b>QL</b>	testosterone gel 1.62% (20.25 mg/1.25 g)	=	Max 30 packets per month
<b>QL</b>	testosterone gel 1.62% (40.5 mg/2.5 g)	=	Max 60 packets per month
<b>QL</b>	testosterone gel 2% (generic for FORTESTA)	=	Max 60 grams per month

**ANTIDIABETICS**

Guidelines of treatment and management of diabetes are available at:

<https://professional.diabetes.org>

**Alpha-glucosidase Inhibitors**

	<b>acarbose</b>	PRECOSE
<b>ST</b>	<b>miglitol</b>	GLYSET

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**Amylin Analogs**

<b>ST</b>	pramlintide	SYMLINPEN
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**Biguanides**

	<b>metformin</b>	GLUCOPHAGE
	<b>metformin ext-rel</b>	GLUCOPHAGE XR

**Biguanide/Sulfonylurea Combinations**

	<b>glipizide/metformin</b>	
<b>QL</b>	<b>glyburide/metformin</b>	

**QL** glyburide/metformin = Max 300 tabs per month

**Dipeptidyl Peptidase-4 (DPP-4) Inhibitors**

	<b>alogliptin</b>	NESINA
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**Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations**

	<b>alogliptin/metformin</b>	KAZANO
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**Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Insulin Sensitizer Combinations**

	<b>alogliptin/pioglitazone</b>	OSENI
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**Incretin Mimetic Agents**

<b>ST, QL</b>	dulaglutide	TRULICITY
<b>ST, QL</b>	liraglutide	VICTOZA
<b>ST, QL</b>	semaglutide	OZEMPIC

**QL** OZEMPIC = Max 4 pens per month

**QL** TRULICITY = Max 4 pens per month

**QL** VICTOZA = Max 3 pens per month

**Incretin Mimetic Agent/Insulin Combinations**

<b>ST, QL</b>	lixisenatide/insulin glargine	SOLIQUA
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**QL** SOLIQUA = Max 6 pens per month

**Insulins**

<b>OTC, QL</b>	insulin human	HUMULIN R
<b>OTC, QL</b>	insulin human	NOVOLIN R
<b>OTC, QL</b>	insulin isophane human	HUMULIN N
<b>OTC, QL</b>	insulin isophane human	NOVOLIN N
<b>OTC, QL</b>	insulin isophane human 70%/regular 30%	HUMULIN 70/30
<b>OTC, QL</b>	insulin isophane human 70%/regular 30%	NOVOLIN 70/30
<b>QL</b>	insulin aspart protamine 70%/insulin aspart 30%	NOVOLOG MIX 70/30
<b>QL</b>	insulin degludec	TRESIBA
<b>QL</b>	insulin degludec	TRESIBA FLEXTOUCH
<b>QL</b>	insulin glargine	BASAGLAR KWIKPEN
<b>QL</b>	insulin human	HUMULIN R U-500
<b>QL</b>	insulin lispro	ADMELOG
<b>QL</b>	insulin lispro	ADMELOG SOLOSTAR
<b>QL</b>	insulin lispro protamine/insulin lispro	HUMALOG MIX

**QL** ADMELOG = Max 4 vials per month

**QL** ADMELOG SOLOSTAR = Max 10 pens (30 mL) per month

**QL** BASAGLAR KWIKPEN = Max 10 pens (30 mL) per month

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<b>QL</b>	HUMALOG MIX	=	Max 4 vials per month
<b>QL</b>	HUMALOG MIX KWIKPEN	=	Max 10 pens (30 mL) per month
<b>QL</b>	HUMULIN, NOVOLIN pens	=	Max 10 pens (30 mL) per month
<b>QL</b>	HUMULIN, NOVOLIN vials	=	Max 4 vials per month
<b>QL</b>	HUMULIN R U-500 vials	=	Max 2 vials per month
<b>QL</b>	NOVOLOG MIX 70/30	=	Max 4 vials per month
<b>QL</b>	NOVOLOG MIX 70/30 FLEXPEN	=	Max 10 pens (30 mL) per month
<b>QL</b>	TRESIBA vials	=	Max 4 vials per month
<b>QL</b>	TRESIBA FLEXTOUCH U-100	=	Max 10 pens (30 mL) per month
<b>QL</b>	TRESIBA FLEXTOUCH U-200	=	Max 9 pens (27 mL) per month

**Insulin Sensitizers**

<b>pioglitazone</b>	ACTOS
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**Insulin Sensitizer/Biguanide Combinations**

<b>pioglitazone/metformin</b>	ACTOPLUS MET
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**Insulin Sensitizer/Sulfonylurea Combinations**

<b>ST</b> <b>pioglitazone/glimepiride</b>	DUETACT
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**Meglitinides**

<b>nateglinide</b>	STARLIX
<b>repaglinide</b>	PRANDIN

**Meglitinide/Biguanide Combinations**

<b>repaglinide/metformin</b>	
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**Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors**

<b>ST</b> <b>ertugliflozin</b>	STEGLATRO
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**Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations**

<b>ST</b> <b>ertugliflozin/metformin</b>	SEGLUROMET
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**Sulfonylureas**

<b>glimepiride</b>	AMARYL
<b>glipizide</b>	GLUCOTROL
<b>glipizide ext-rel</b>	GLUCOTROL XL
<b>QL</b> <b>glyburide</b>	
<b>QL</b> <b>glyburide micronized</b>	GLYNASE
<b>tolazamide</b>	

<b>QL</b>	glyburide 1.25 mg	=	Max 480 tabs per month
<b>QL</b>	glyburide 2.5 mg	=	Max 240 tabs per month
<b>QL</b>	glyburide 5 mg	=	Max 120 tabs per month
<b>QL</b>	glyburide micronized 1.5 mg	=	Max 240 tabs per month
<b>QL</b>	glyburide micronized 3 mg	=	Max 120 tabs per month
<b>QL</b>	glyburide micronized 6 mg	=	Max 60 tabs per month

**Supplies**

<b>OTC, QL</b>	alcohol swabs	
<b>OTC, QL</b>	blood glucose test strips	ACCU-CHEK AVIVA TEST STRIPS
<b>OTC, QL</b>	blood glucose test strips	ACCU-CHEK SMARTVIEW TEST STRIPS

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<b>OTC, QL</b>	blood glucose test strips	FREESTYLE FREEDOM LITE TEST STRIPS
<b>OTC, QL</b>	blood glucose test strips	FREESTYLE INSULINX TEST STRIPS
<b>OTC, QL</b>	blood glucose test strips	FREESTYLE LITE TEST STRIPS
<b>OTC, QL</b>	blood glucose test strips	TRUE METRIX TEST STRIPS
<b>OTC</b>	<b>glucose</b>	
<b>OTC, QL</b>	insulin syringes, needles	
<b>OTC, QL</b>	lancets	
<b>OTC</b>	urine glucose test strips	

<b>QL</b>	alcohol swabs	=	Max 200 per month
<b>QL</b>	blood glucose test strips	=	Max 200 strips per month
<b>QL</b>	insulin syringes, needles	=	Max 200 per month
<b>QL</b>	lancets	=	Max 204 per month

**CALCIUM RECEPTOR ANTAGONISTS**

<b>SP</b>	cinacalcet	SENSIPAR
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**CALCIUM REGULATORS**

Guidelines of treatment and management of osteoporosis are available at:

<https://www.aace.com>

<https://www.nof.org>

**Bisphosphonates**

	<b>alendronate tabs</b>	FOSAMAX
	<b>etidronate</b>	
	<b>ibandronate tabs</b>	BONIVA

**Calcitonins**

	calcitonin-salmon inj	MIACALCIN
	<b>calcitonin-salmon spray</b>	MIACALCIN

**CONTRACEPTIVES**

EE = ethinyl estradiol

**Monophasic***20 mcg Estrogen*

	<b>drospirenone/EE 3/20</b>	YAZ
<b>PA</b>	<b>drospirenone/EE/levomefolate 3/20 and levomefolate</b>	BEYAZ
	<b>levonorgestrel/EE 0.1/20</b>	
	<b>norethindrone acetate/EE 1/20</b>	LOESTRIN 1/20
	<b>norethindrone acetate/EE 1/20 and iron</b>	LOESTRIN FE 1/20
	<b>norethindrone acetate/EE 1/20 and iron - Junel 24 Fe</b>	

*30 mcg Estrogen*

	<b>desogestrel/EE 0.15/30 - Apri</b>	
	<b>drospirenone/EE 3/30</b>	YASMIN
	<b>levonorgestrel/EE 0.15/30</b>	
	<b>norethindrone acetate/EE 1.5/30</b>	LOESTRIN 1.5/30
	<b>norethindrone acetate/EE 1.5/30 and iron</b>	LOESTRIN FE 1.5/30
	<b>norgestrel/EE 0.3/30</b>	

*35 mcg Estrogen*

	<b>ethynodiol diacetate/EE 1/35</b>	
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	norethindrone/EE 0.4/35	
	norethindrone/EE 0.5/35	
	norethindrone/EE 1/35	ORTHO-NOVUM 1/35
	norgestimate/EE 0.25/35	ORTHO-CYCLEN

*50 mcg Estrogen*

	ethynodiol diacetate/EE 1/50	
<b>QL</b>	norgestrel/EE 0.5/50 - Ogestrel	

**QL** norgestrel/EE 0.5/50 - Ogestrel = Max 28 tabs per 28 days

**Biphasic**

	desogestrel/EE	MIRCETTE
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**Triphasic**

	desogestrel/EE	
	levonorgestrel/EE	
	norethindrone acetate/EE and iron	ESTROSTEP FE
	norethindrone/EE	ORTHO-NOVUM 7/7/7
	norethindrone/EE	TRI-NORINYL
	norgestimate/EE	ORTHO TRI-CYCLEN

**Progestin Only**

	norethindrone	ORTHO MICRONOR
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**Emergency Contraception**

<b>OTC, QL</b>	levonorgestrel	PLAN B ONE-STEP
<b>QL</b>	ulipristal	ELLA

**QL** levonorgestrel = Max 6 tabs per year

**QL** ELLA = Max 6 tabs per year

**Extended Cycle**

	levonorgestrel/EE 0.1/20 and EE 10	LOSEASONIQUE
	levonorgestrel/EE 0.15/30	
	levonorgestrel/EE 0.15/30 and EE 10	SEASONIQUE

**Implant**

<b>SP</b>	etonogestrel implant	NEXPLANON
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**Injectable**

<b>QL</b>	medroxyprogesterone acetate 150 mg/mL	DEPO-PROVERA
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**QL** medroxyprogesterone acetate 150 mg/mL = Max 1 inj per 3 months

**Intrauterine Devices**

	copper IUD	PARAGARD T380A
<b>SP</b>	levonorgestrel-releasing IUD	KYLEENA
<b>SP</b>	levonorgestrel-releasing IUD	LILETTA
<b>SP</b>	levonorgestrel-releasing IUD	MIRENA
<b>SP</b>	levonorgestrel-releasing IUD	SKYLA

**Transdermal**

<b>ST</b>	norelgestromin/EE - Xulane	
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**Vaginal**

	etonogestrel/EE ring	NUVARING
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**Miscellaneous**

<b>OTC, QL</b>	condoms, male	
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**QL** condoms, male = Max 24 condoms per month

**ENDOMETRIOSIS**

	<b>danazol</b>	
<b>PA</b>	elagolix	ORILISSA
<b>PA</b>	nafarelin	SYNAREL

**ESTROGENS**

Guidelines of treatment and management of hormone therapy and menopause are available at:

<https://www.menopause.org>

<https://www.aace.com/files/menopause.pdf>

**Oral**

	<b>estradiol</b>	ESTRACE
	estrogens, conjugated	PREMARIN
	estrogens, esterified	MENEST
	<b>estrogens, esterified/methyltestosterone</b>	
	<b>estrogens, esterified/ methyltestosterone - Covaryx, Covaryx HS</b>	

**Transdermal**

<b>QL</b>	estradiol	ALORA
	<b>estradiol</b>	CLIMARA

**QL** ALORA = Max 8 patches per month

**Vaginal**

	<b>estradiol vaginal crm</b>	ESTRACE CREAM
	<b>estradiol vaginal tabs</b>	VAGIFEM
	estrogens, conjugated crm	PREMARIN CREAM

**ESTROGEN/PROGESTINS****Oral**

	<b>EE/norethindrone acetate</b>	FEMHRT
	<b>EE/norethindrone acetate - Jinteli</b>	
	<b>estradiol/norethindrone acetate</b>	ACTIVELLA
	estradiol/norgestimate	PREFEST
	estrogens, conjugated/medroxyprogesterone	PREMPHASE
	estrogens, conjugated/medroxyprogesterone	PREMPRO

**Transdermal**

<b>ST</b>	estradiol/levonorgestrel	CLIMARA PRO
	estradiol/norethindrone acetate	COMBIPATCH

**ESTROGEN/SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS**

<b>ST</b>	conjugated estrogens/bazedoxifene	DUAVEE
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**GAUCHER DISEASE**

<b>PA</b>	<b>miglustat</b>	ZAVESCA
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**GLUCOCORTICOIDS**

	<b>cortisone acetate</b>	
	<b>dexamethasone</b>	
<b>PA</b>	<b>dexamethasone</b>	DEXPAK
	<b>fludrocortisone</b>	
	<b>hydrocortisone</b>	CORTEF
	hydrocortisone succinate	SOLU-CORTEF
	<b>methylprednisolone</b>	MEDROL
	<b>prednisolone sodium phosphate soln 5 mg/5 mL, 15 mg/5 mL</b>	
	<b>prednisolone syrup</b>	
	<b>prednisone</b>	

**GLUCOSE ELEVATING AGENTS**

<b>QL</b>	glucagon, human recombinant	GLUCAGEN HYPOKIT
<b>QL</b>	glucagon, human recombinant	GLUCAGON EMERGENCY KIT

<b>QL</b>	GLUCAGEN HYPOKIT	=	Max 2 inj per month
<b>QL</b>	GLUCAGON EMERGENCY KIT	=	Max 2 inj per month

**HUMAN GROWTH HORMONES**

Guidelines for use of growth hormone are available at:

<https://www.aace.com/publications/guidelines>

<b>PA, SP</b>	somatropin vials 5.8 mg	OMNITROPE
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**HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS**

	<b>calcitriol (1,25-D3)</b>	ROCALTROL
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**INSULIN-LIKE GROWTH FACTOR**

<b>PA, SP</b>	mecasermin	INCRELEX
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**PHENYLKETONURIA TREATMENT AGENTS**

<b>PA, SP</b>	sapropterin	KUVAN
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**PHOSPHATE BINDER AGENTS**

	<b>calcium acetate</b>	
	<b>lanthanum chew tabs</b>	FOSRENOL

**POTASSIUM-REMOVING AGENTS**

	<b>sodium polystyrene sulfonate</b>	
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**PROGESTINS****Oral**

	<b>medroxyprogesterone acetate</b>	PROVERA
	<b>norethindrone acetate</b>	AYGESTIN
	<b>progesterone, micronized</b>	PROMETRIUM

**Vaginal**

	progesterone gel	CRINONE
	progesterone supp	FIRST-PROGESTERONE VGS
	progesterone vaginal inserts	ENDOMETRIN

**SELECTIVE ESTROGEN RECEPTOR MODULATORS**

	<b>raloxifene</b>	EVISTA
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**THYROID AGENTS****Antithyroid Agents**

	<b>methimazole</b>	TAPAZOLE
	potassium iodide	SSKI
	<b>propylthiouracil</b>	

**Thyroid Supplements**

	<b>levothyroxine</b>	
	<b>levothyroxine</b>	SYNTHROID
	<b>levothyroxine - Levoxyl</b>	
	<b>liothyronine</b>	CYTOMEL
<b>QL</b>	liotrix	THYROLAR
	thyroid	ARMOUR THYROID

**QL** THYROLAR = Max 30 tabs per month

**UREA CYCLE DISORDERS**

<b>PA, SP</b>	<b>sodium phenylbutyrate</b>	BUPHENYL
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**VASOPRESSIN RECEPTOR ANTAGONISTS**

<b>PA, SP</b>	tolvaptan	SAMSCA
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**VASOPRESSINS**

<b>SP</b>	desmopressin spray	STIMATE
	<b>desmopressin spray, tabs</b>	DDAVP

**MISCELLANEOUS**

	<b>cabergoline</b>	
	<b>methylergonovine - Methergine</b>	
<b>PA, SP</b>	nitisinone	ORFADIN
<b>SP</b>	tesamorelin	EGRIFTA

**GASTROINTESTINAL**

Guidelines for the treatment and management of various gastrointestinal diseases/conditions are available at:

<https://gi.org>

<https://www.gastro.org>

**ANTIDIARRHEALS**

<b>PA</b>	crofelemer delayed-rel	MYTESI
	<b>diphenoxylate/atropine</b>	LOMOTIL
	<b>loperamide</b>	

**ANTIEMETICS**

<b>PA</b>	<b>aprepitant 40 mg, 80 mg</b>	EMEND
<b>PA, QL</b>	<b>aprepitant 125 mg &amp; 80 mg pack</b>	EMEND TRIPACK
<b>PA</b>	<b>dronabinol</b>	MARINOL
	<b>droperidol inj</b>	
<b>QL</b>	<b>granisetron tabs</b>	
	<b>metoclopramide</b>	REGLAN
<b>PA</b>	netupitant/palonosetron	AKYNZEO
	<b>ondansetron</b>	ZOFRAN
	<b>prochlorperazine supp</b>	
	<b>promethazine</b>	

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**boldface:** indicates generic availability; delayed-rel: delayed-release (also known as enteric-coated);  
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<b>trimethobenzamide</b>		TIGAN
<b>QL</b>	aprepitant 80 mg & 125 mg pack	= Max 1 pack per 15 days
<b>QL</b>	granisetron tabs	= Max 15 tabs per month
<b>ANTISPASMODICS</b>		
	<b>chlordiazepoxide</b>	
	<b>chlordiazepoxide/clidinium</b>	
	<b>dicyclomine</b>	BENTYL
	<b>glycopyrrolate tabs 1 mg, 2 mg</b>	
	<b>hyoscyamine sublingual</b>	LEVSIN/SL
	<b>hyoscyamine sulfate</b>	LEVSIN
	<b>hyoscyamine sulfate ext-rel</b>	LEVBID
	<b>hyoscyamine sulfate orally disintegrating tabs</b>	ANASPAZ
	<b>methscopolamine tabs 2.5 mg</b>	
<b>CHOLELITHOLYTICS</b>		
	<b>ursodiol</b>	ACTIGALL
	<b>ursodiol</b>	URSO
<b>H<sub>2</sub> RECEPTOR ANTAGONISTS</b>		
	<b>cimetidine</b>	
	<b>famotidine</b>	PEPCID
	<b>nizatidine</b>	
	<b>ranitidine</b>	ZANTAC
<b>INFLAMMATORY BOWEL DISEASE</b>		
<b>Oral Agents</b>		
	<b>balsalazide</b>	
	<b>budesonide delayed-rel caps</b>	ENTOCORT EC
	mesalamine delayed-rel caps	DELZICOL
	<b>mesalamine delayed-rel tabs</b>	ASACOL HD
<b>ST</b>	<b>mesalamine delayed-rel tabs</b>	LIALDA
	mesalamine ext-rel caps	APRISO
<b>ST</b>	mesalamine ext-rel caps	PENTASA
<b>ST</b>	olsalazine	DIPENTUM
	<b>sulfasalazine</b>	AZULFIDINE
	<b>sulfasalazine delayed-rel</b>	AZULFIDINE EN-TABS
<b>Rectal Agents</b>		
	hydrocortisone acetate foam	CORTIFOAM
	<b>hydrocortisone enema</b>	
	<b>mesalamine rectal susp</b>	ROWASA
	<b>mesalamine supp</b>	CANASA
<b>IRRITABLE BOWEL SYNDROME</b>		
<b>Irritable Bowel Syndrome with Constipation/Chronic Idiopathic Constipation</b>		
<b>PA, QL</b>	plecanatide	TRULANCE
<b>QL</b>	TRULANCE	= Max 30 tabs per month
<b>Irritable Bowel Syndrome with Diarrhea</b>		
<b>PA</b>	<b>alosetron</b>	LOTRONEX

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ext-rel: extended-release (also known as sustained-release)

**LAXATIVES/STOOL SOFTENERS**

<b>OTC</b>	<b>bisacodyl</b>	DULCOLAX
<b>OTC</b>	<b>docusate calcium</b>	
<b>OTC</b>	<b>docusate sodium</b>	COLACE
<b>OTC</b>	<b>polyethylene glycol 3350</b>	MIRALAX
<b>OTC</b>	<b>senna</b>	
<b>OTC</b>	<b>sennosides</b>	SENOKOT
<b>OTC</b>	<b>sennosides/docusate sodium</b>	SENNAPLUS
<b>OTC</b>	sodium phosphate/sodium bisphosphate enema soln	FLEET ENEMA-PEDIATRIC
	<b>lactulose soln</b>	
	<b>peg 3350/electrolytes</b>	COLYTE
	<b>peg 3350/electrolytes</b>	GOLYTELY
	<b>peg 3350/electrolytes</b>	NULYTELY

**PANCREATIC ENZYMES**

	pancrelipase	VIOKACE
	pancrelipase delayed-rel	CREON
	pancrelipase delayed-rel	ZENPEP

**PROSTAGLANDINS**

	<b>misoprostol</b>	CYTOTEC
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**PROTON PUMP INHIBITORS**

<b>OTC, QL</b>	esomeprazole magnesium delayed-rel	NEXIUM 24HR
<b>OTC, QL</b>	<b>lansoprazole delayed-rel</b>	PREVACID 24HR
<b>OTC, QL</b>	omeprazole magnesium delayed-rel	PRILOSEC OTC
<b>OTC, QL</b>	<b>omeprazole magnesium delayed-rel caps</b>	
<b>OTC, QL</b>	<b>omeprazole/sodium bicarbonate</b>	ZEGERID OTC
<b>QL</b>	lansoprazole powder for suspension	FIRST-LANSOPRAZOLE
<b>QL</b>	<b>omeprazole delayed-rel</b>	
<b>QL</b>	omeprazole powder for suspension	FIRST-OMEPRAZOLE
<b>QL</b>	omeprazole powder for suspension	PRILOSEC
<b>QL</b>	<b>pantoprazole delayed-rel tabs</b>	PROTONIX

<b>QL</b>	lansoprazole delayed-rel	=	Max 60 caps per month and max 180 days supply per year
<b>QL</b>	omeprazole delayed-rel	=	Max 60 caps per month and max 180 days supply per year
<b>QL</b>	omeprazole magnesium delayed-rel caps	=	Max 60 caps per month and max 180 days supply per year
<b>QL</b>	omeprazole/sodium bicarbonate	=	Max 60 caps per month and max 180 days supply per year
<b>QL</b>	pantoprazole	=	Max 60 tabs per month and max 180 days supply per year
<b>QL</b>	FIRST-LANSOPRAZOLE	=	Max 1 bottle per month and max 180 days supply per year
<b>QL</b>	FIRST-OMEPRAZOLE	=	Max 1 bottle per month and max 180 days supply per year
<b>QL</b>	NEXIUM 24HR	=	Max 120 caps per month and max 180 days supply per year
<b>QL</b>	PRILOSEC OTC	=	Max 60 tabs per month and max 180 days supply per year
<b>QL</b>	PRILOSEC POWDER	=	Max 30 packets per month and max 180 days supply per year

**SALIVA STIMULANTS**

	<b>pilocarpine tabs</b>	SALAGEN
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**STEROIDS, RECTAL**

	<b>hydrocortisone crm</b>	ANUSOL-HC 2.5%
	<b>hydrocortisone crm</b>	PROCTOCORT 1%

**MISCELLANEOUS**

<b>PA</b>	carglumic acid	CARBAGLU
<b>PA, SP</b>	cholic acid	CHOLBAM

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<b>PA</b>	<b>cromolyn sodium oral concentrate</b>	GASTROCROM
<b>PA</b>	glycopyrrolate	CUVPOSA
<b>PA</b>	sacrosidase	SUCRAID
	sucrafate susp	CARAFATE
	<b>sucrafate tabs</b>	CARAFATE

## GENITOURINARY

### BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:

<https://www.auanet.org/guidelines>

	<b>alfuzosin ext-rel</b>	UROXATRAL
	<b>doxazosin</b>	CARDURA
	<b>finasteride</b>	PROSCAR
	<b>tamsulosin</b>	FLOMAX
	<b>terazosin</b>	

### URINARY ANTISPASMODICS

<b>OTC</b>	oxybutynin transdermal	OXYTROL FOR WOMEN
	<b>flavoxate</b>	
	<b>oxybutynin</b>	
	<b>oxybutynin ext-rel</b>	DITROPAN XL

### VAGINAL ANTI-INFECTIVES

	<b>clindamycin crm</b>	CLEOCIN
	clindamycin supp	CLEOCIN vaginal supp
	<b>clotrimazole</b>	
	<b>metronidazole</b>	METROGEL-VAGINAL
	<b>terconazole</b>	

### MISCELLANEOUS

<b>PA</b>	acetohydroxamic acid	LITHOSTAT
	<b>bethanechol</b>	URECHOLINE
	<b>hyoscyamine/methenamine/methylene blue/ phenyl salicylate/sodium phosphate</b>	UROGESIC-BLUE
	<b>hyoscyamine/methenamine/methylene blue/ phenyl salicylate/sodium phosphate - Urelle</b>	
	pentosan polysulfate sodium	ELMIRON
	<b>phenazopyridine</b>	PYRIDIUM
	<b>potassium citrate ext-rel</b>	UROCIT-K
	<b>potassium citrate/citric acid</b>	CYTRA-K
	<b>potassium citrate/sodium citrate/citric acid</b>	CYTRA-3
	<b>sodium citrate/citric acid</b>	CYTRA-2

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**HEMATOLOGIC**

Guidelines of treatment and management of hemophilia are available at:  
<https://www.hemophilia.org>

**ANTICOAGULANTS**

CHEST guidelines are available at:

<https://www.chestnet.org/Guidelines-and-Resources/CHEST-Guideline-Topic-Areas/Pulmonary-Vascular>

**Injectable**

<b>PA</b>	dalteparin	FRAGMIN
	<b>enoxaparin</b>	LOVENOX
	<b>heparin</b>	

**Oral**

	apixaban	ELIQUIS
	rivaroxaban	XARELTO
	<b>warfarin</b>	COUMADIN

**Synthetic Heparinoid-like Agents**

<b>QL</b>	<b>fondaparinux</b>	ARIXTRA
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**QL** fondaparinux = Max 30 syringes per 6 months, unless PA is initiated

**HEMOPHILIA, VON WILLEBRAND DISEASE AND RELATED BLEEDING DISORDERS**

<b>PA, SP</b>	antihemophilic factor (human)	HEMOPIL M
<b>PA, SP</b>	antihemophilic factor (human)	KOATE-DVI
<b>PA, SP</b>	antihemophilic factor (human)	MONOCLATE-P
<b>PA, SP</b>	antihemophilic factor (recombinant)	ADVATE
<b>PA, SP</b>	antihemophilic factor (recombinant)	AFSTYLA
<b>PA, SP</b>	antihemophilic factor (recombinant)	ELOCTATE
<b>PA, SP</b>	antihemophilic factor (recombinant)	HELIXATE FS
<b>PA, SP</b>	antihemophilic factor (recombinant)	KOGENATE FS
<b>PA, SP</b>	antihemophilic factor (recombinant)	KOVALTRY
<b>PA, SP</b>	antihemophilic factor (recombinant)	NOVOEIGHT
<b>PA, SP</b>	antihemophilic factor (recombinant)	NUWIQ
<b>PA, SP</b>	antihemophilic factor (recombinant)	RECOMBINATE
<b>PA, SP</b>	antihemophilic factor (recombinant)	XYNTHA
<b>PA, SP</b>	antihemophilic factor (recombinant)	XYNTHA SOLOFUSE
<b>PA, SP</b>	antihemophilic factor/von Willebrand factor complex (human)	HUMATE-P
<b>PA, SP</b>	anti-inhibitor coagulant complex	FEIBA NF
<b>PA, SP</b>	coagulation factor IX	ALPHANINE SD
<b>PA, SP</b>	coagulation factor IX (recombinant)	BENEFIX
<b>PA, SP</b>	coagulation factor IX (recombinant)	IDELVION
<b>PA, SP</b>	coagulation factor IX (recombinant)	IXINITY
<b>PA, SP</b>	coagulation factor IX (recombinant)	RIXUBIS
<b>PA, SP</b>	coagulation factor VIIa (recombinant)	NOVOSEVEN RT
<b>PA, SP</b>	coagulation factor XIII A-subunit (recombinant)	TRETTEN
<b>PA, SP</b>	factor IX concentrate	MONONINE
<b>PA, SP</b>	factor IX recombinant, Fc fusion protein	ALPROLIX
<b>PA, SP</b>	factor XIII concentrate (human)	CORIFACT KIT
<b>PA, SP</b>	fibrinogen	RIASTAP

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**HEMATOPOIETIC GROWTH FACTORS**

Guidelines for the management of neutropenia are available at:  
<https://www.asco.org>

Guidelines for the management of anemia associated with chronic kidney disease are available at:  
<https://www.kidney.org/professionals/guidelines#guidelines>

<b>PA, SP</b>	darbepoetin alfa	ARANESP
<b>PA, SP</b>	epoetin alfa	EPOGEN
<b>PA, SP</b>	epoetin alfa	PROCRIT
<b>PA, SP</b>	filgrastim-sndz	ZARXIO

**HEREDITARY ANGIOEDEMA AGENTS**

<b>PA, SP</b>	C1 esterase inhibitor	BERINERT
<b>PA, SP</b>	C1 esterase inhibitor	CINRYZE
<b>PA, SP</b>	C1 esterase inhibitor	HAEGARDA

**PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS**

<b>PA, SP</b>	eculizumab	SOLIRIS
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**PLATELET AGGREGATION INHIBITORS**

	<b>clopidogrel</b>	PLAVIX
	<b>dipyridamole</b>	
	<b>prasugrel</b>	EFFIENT
<b>PA</b>	ticagrelor	BRILINTA

**PLATELET SYNTHESIS INHIBITORS**

	<b>anagrelide</b>	AGRYLIN
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**THROMBOCYTOPENIA AGENTS**

<b>PA, SP</b>	eltrombopag	PROMACTA
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**MISCELLANEOUS**

	aminocaproic acid soln	AMICAR
	<b>aminocaproic acid tabs</b>	AMICAR
	<b>cilostazol</b>	
<b>PA, SP</b>	<b>deferasirox</b>	EXJADE
	<b>pentoxifylline ext-rel</b>	
	succimer	CHEMET
<b>ST</b>	<b>tranexamic acid</b>	LYSTEDA

**IMMUNOLOGIC AGENTS**

Guidelines for the management of rheumatic diseases are available at:  
<https://www.rheumatology.org>

**ALLERGENIC EXTRACTS**

<b>PA</b>	grass mixed pollen allergen extract	ORALAIR
<b>PA</b>	ragweed pollen allergen extract	RAGWITEK
<b>PA</b>	timothy grass pollen allergen extract	GRASTEK

**AUTOIMMUNE AGENTS****Ankylosing Spondylitis**

<b>PA, SP</b>	certolizumab	CIMZIA
<b>PA, SP</b>	etanercept	ENBREL

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<b>PA, SP</b>	secukinumab	COSENTYX
<b>Crohn's Disease</b>		
<b>PA, SP</b>	adalimumab	HUMIRA
<b>PA, SP</b>	certolizumab	CIMZIA
<b>Juvenile Idiopathic Arthritis (JIA)</b>		
<b>PA, SP</b>	etanercept	ENBREL
<b>PA, SP</b>	tocilizumab	ACTEMRA
<b>Psoriasis</b>		
<b>PA, SP</b>	apremilast	OTEZLA
<b>PA, SP</b>	brodalumab	SILIQ
<b>PA, SP</b>	certolizumab	CIMZIA
<b>PA, SP</b>	etanercept	ENBREL
<b>PA, SP</b>	secukinumab	COSENTYX
<b>Psoriatic Arthritis</b>		
<b>PA, SP</b>	apremilast	OTEZLA
<b>PA, SP</b>	certolizumab	CIMZIA
<b>PA, SP</b>	etanercept	ENBREL
<b>PA, SP</b>	secukinumab	COSENTYX
<b>PA, SP</b>	tofacitinib	XELJANZ
<b>PA, SP</b>	tofacitinib ext-rel	XELJANZ XR
<b>Rheumatoid Arthritis</b>		
<b>PA, SP</b>	baricitinib	OLUMIANT
<b>PA, SP</b>	certolizumab	CIMZIA
<b>PA, SP</b>	etanercept	ENBREL
<b>PA, SP</b>	sarilumab	KEVZARA
<b>PA, SP</b>	tocilizumab	ACTEMRA
<b>PA, SP</b>	tofacitinib	XELJANZ
<b>PA, SP</b>	tofacitinib ext-rel	XELJANZ XR
<b>Ulcerative Colitis</b>		
<b>PA, SP</b>	adalimumab	HUMIRA
<b>PA, SP</b>	tofacitinib	XELJANZ
<b>DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)</b>		
	<b>hydroxychloroquine</b>	PLAQUENIL
	<b>leflunomide</b>	ARAVA
	<b>methotrexate</b>	
<b>IMMUNE GLOBULINS - Medical Benefit Only</b>		
<b>IMMUNOMODULATORS</b>		
CDC recommendations on the treatment of hepatitis are available at: <a href="https://www.cdc.gov/hepatitis/Resources/">https://www.cdc.gov/hepatitis/Resources/</a>		
Guidelines for the management of hepatitis are available at: <a href="https://www.aasld.org">https://www.aasld.org</a>		
<b>Interferons</b>		
<b>PA, SP</b>	interferon alfa-2b	INTRON A
<b>PA, SP</b>	interferon gamma-1b	ACTIMMUNE

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<b>PA, SP</b>	peginterferon alfa-2a	PEGASYS
<b>PA, SP</b>	peginterferon alfa-2b	SYLATRON

**Miscellaneous**

<b>PA, SP</b>	canakinumab	ILARIS
<b>PA, SP</b>	rilonacept	ARCALYST

**IMMUNOSUPPRESSANTS****Antimetabolites**

	azathioprine	AZASAN
	<b>azathioprine</b>	IMURAN
	<b>mycophenolate mofetil</b>	CELLCEPT
	<b>mycophenolate sodium delayed-rel</b>	MYFORTIC

**Calcineurin Inhibitors**

	<b>cyclosporine caps</b>	SANDIMMUNE
	cyclosporine soln	SANDIMMUNE
	<b>cyclosporine, modified</b>	NEORAL
	<b>tacrolimus</b>	PROGRAF

**Rapamycin Derivatives**

	everolimus	ZORTRESS
	<b>sirolimus</b>	RAPAMUNE

**NUTRITIONAL/SUPPLEMENTS****ELECTROLYTES****Potassium**

	<b>potassium chloride ext-rel</b>	
	<b>potassium chloride ext-rel</b>	K-TAB
	<b>potassium chloride liquid</b>	

**VITAMINS AND MINERALS****Prenatal Vitamins**

<b>OTC</b>	<b>prenatal vitamins/ferrous fumarate/ folic acid 27 mg/0.8 mg</b>	PRENATAL TAB
	prenatal vitamins without A/ferrous asparto glycinate/ l-methylfolate/folic acid/DHA	PRENATE DHA
	prenatal vitamins without A/ferrous asparto glycinate/ l-methylfolate/folic acid/DHA	PRENATE ESSENTIAL
	prenatal vitamins without A/ferrous asparto glycinate/ iron carbonyl/methylfolate/folic acid/DHA	PRENATE MINI
	prenatal vitamins without A/ferrous asparto glycinate/ l-methylfolate/folic acid/DHA	PRENATE PIXIE
	prenatal vitamins without A/ferrous fumarate/ l-methylfolate/folic acid/DHA	PRENATE ENHANCE
	prenatal vitamins without A/ferrous fumarate/ l-methylfolate/folic acid/DHA	PRENATE RESTORE
	prenatal vitamins/calcium/vitamin B6/vitamin B12/ folic acid/ginger	PRENATE AM
	prenatal vitamins/ferrous asparto glycinate/l-methylfolate/ folic acid	PRENATE ELITE
	prenatal vitamins/minerals/l-methylfolate/folic acid	PRENATE CHEWABLE

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**Miscellaneous**

<b>OTC</b>	acetyl l-carnitine	
<b>OTC</b>	<b>ferrous sulfate</b>	FEOSOL
<b>OTC</b>	<b>ferrous sulfate 160 mg - Slow Release Iron</b>	
	cyanocobalamin inj	
	ergocalciferol (D2)	
	<b>ferrous fumarate/folic acid - Hemocyte-F</b>	
	<b>ferrous fumarate/vitamin B12/vitamin C/</b>	
	<b>folic acid/intrinsic factor - Ferrocon</b>	
	<b>ferrous fumarate/vitamin B12/vitamin C/</b>	
	<b>intrinsic factor - Hematogen</b>	
	fluoride drops, tabs	
	multiple vitamins/minerals	
	multivitamins/fluoride drops, tabs	
	multivitamins/fluoride/iron drops, tabs	
<b>QL</b>	<b>phytonadione</b>	MEPHYTON
	<b>vitamin ADC/fluoride drops</b>	
<b>PA</b>	zinc acetate	GALZIN

**QL** phytonadione = Max 15 tabs per month

**RESPIRATORY**

Guidelines to the management, prevention, or treatment of COPD and asthma are available at:

<https://www.aaaai.org>

<https://www.ginasthma.org>

<https://www.goldcopd.org>

<https://www.nhlbi.nih.gov>

The Allergy Report and guidelines for allergy-related conditions are available at:

<https://www.aaaai.org>

**ANAPHYLAXIS TREATMENT AGENTS**

<b>QL</b>	<b>epinephrine auto-injector</b>	
<b>QL</b>	epinephrine auto-injector	EPIPEN
<b>QL</b>	epinephrine auto-injector	EPIPEN JR.

**QL** epinephrine auto-injector = Max 4 pens per year

**QL** EPIPEN = Max 4 pens per year

**QL** EPIPEN JR. = Max 4 pens per year

**ANTICHOLINERGICS**

<b>QL</b>	<b>ipratropium soln</b>	
<b>QL</b>	ipratropium, CFC-free aerosol	ATROVENT HFA
<b>QL</b>	tiotropium	SPIRIVA RESPIMAT

**QL** ipratropium soln = Max 120 units per month

**QL** ATROVENT HFA = Max 5 inhalers per month

**QL** SPIRIVA RESPIMAT = Max 1 inhaler per month

**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS****Short Acting**

<b>QL</b>	ipratropium/albuterol inhalation spray	COMBIVENT RESPIMAT
<b>QL</b>	<b>ipratropium/albuterol soln</b>	

**QL** ipratropium/albuterol soln = Max 180 units per month

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**QL** COMBIVENT RESPIMAT = Max 1 inhaler per month

**Long Acting**

<b>QL</b>	tiotropium/olodaterol	STIOLTO RESPIMAT
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**QL** STIOLTO RESPIMAT = Max 1 inhaler per month

**ANTI-HISTAMINES, LOW SEDATING**

**levocetirizine**

**ANTI-HISTAMINES, SEDATING**

**carbinoxamine soln**

**clemastine**

**cyproheptadine**

**diphenhydramine**

**ANTITUSSIVES**

Clinical practice guidelines are available at:

[https://journal.chestnet.org/article/S0012-3692\(15\)52856-0/pdf](https://journal.chestnet.org/article/S0012-3692(15)52856-0/pdf)

**benzonatate**

TESSALON

**ANTITUSSIVE COMBINATIONS****Opioid**

**hydrocodone/homatropine**

**Non-opioid**

**dextromethorphan/promethazine**

**BETA AGONISTS****Inhalants****Short Acting**

<b>QL</b>	<b>albuterol inhalation soln</b>	
<b>QL</b>	<b>albuterol sulfate, CFC-free aerosol</b>	VENTOLIN HFA
<b>QL</b>	<b>levalbuterol tartrate, CFC-free aerosol</b>	XOPENEX HFA

**QL** albuterol sulfate, CFC-free aerosol (generic for VENTOLIN HFA) = Max 4 inhalers per 90 days

**QL** albuterol inhalation soln 0.5% = Max 50 mL per month

**QL** albuterol inhalation soln 0.83%, 0.63 mg/3 mL, 1.25 mg/3 mL = Max 375 mL per month

**QL** levalbuterol tartrate, CFC-free aerosol = Max 2 inhalers per month

**Long Acting****Hand-held Active Inhalation**

<b>QL</b>	indacaterol	ARCAPTA NEOHALER
<b>QL</b>	olodaterol, CFC-free aerosol	STRIVERDI RESPIMAT
<b>QL</b>	salmeterol xinafoate	SEREVENT

**QL** ARCAPTA NEOHALER = Max 1 inhaler per month

**QL** SEREVENT = Max 1 inhaler per month

**QL** STRIVERDI RESPIMAT = Max 1 inhaler per month

**Oral Agents**

**albuterol**

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**ext-rel:** extended-release (also known as sustained-release)

	<b>albuterol ext-rel</b>	
	<b>metaproterenol</b>	
	<b>terbutaline</b>	

**CYSTIC FIBROSIS**

<b>PA, SP</b>	aztreonam lysine inhalation soln	CAYSTON
<b>PA, SP</b>	dornase alfa	PULMOZYME
<b>PA, SP</b>	ivacaftor	KALYDECO
<b>PA, SP</b>	lumacaftor/ivacaftor	ORKAMBI
<b>SP</b>	<b>tobramycin inhalation soln</b>	KITABIS PAK
<b>SP</b>	<b>tobramycin inhalation soln</b>	TOBI

**LEUKOTRIENE RECEPTOR MODULATORS**

	<b>montelukast</b>	SINGULAIR
	<b>zafirlukast</b>	ACCOLATE

**MAST CELL STABILIZERS**

<b>QL</b>	<b>cromolyn soln for inhalation</b>	
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**QL** cromolyn soln for inhalation = Max 120 vials per month

**MEDICAL SUPPLIES**

<b>OTC, QL</b>	spacer	AEROCHAMBER
	<b>sodium chloride for inhalation</b>	

**QL** spacer = Max 2 per year

**NASAL ANTIHISTAMINES**

	<b>azelastine spray</b>	
	<b>azelastine spray</b>	ASTEPRO

**NASAL STEROIDS**

<b>OTC, QL</b>	<b>fluticasone spray</b>	FLONASE ALLERGY RELIEF
<b>OTC, QL</b>	<b>triamcinolone acetone spray</b>	NASACORT ALLERGY 24HR
<b>QL</b>	<b>flunisolide spray</b>	
<b>QL</b>	<b>fluticasone spray</b>	

**QL** flunisolide spray = Max 2 bottles per month

**QL** fluticasone spray = Max 1 bottle per month

**QL** triamcinolone acetone spray = Max 1 bottle per month

**PHOSPHODIESTERASE-4 INHIBITORS**

<b>ST</b>	roflumilast	DALIRESP
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**PULMONARY FIBROSIS AGENTS**

<b>PA, SP</b>	nintedanib	OFEV
<b>PA, SP</b>	pirfenidone	ESBRIET

**RESPIRATORY SYNCYTIAL VIRUS**

<b>PA, SP</b>	palivizumab	SYNAGIS
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**SEVERE ASTHMA AGENTS**

<b>PA, SP</b>	omalizumab	XOLAIR
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 ext-rel: extended-release (also known as sustained-release)

**STEROID/BETA AGONIST COMBINATIONS**

<b>QL</b>	<b>fluticasone/salmeterol</b>	AIRDUO RESPICLICK
<b>QL</b>	<b>fluticasone/salmeterol 100/50</b>	ADVAIR 100/50
<b>QL</b>	fluticasone/vilanterol	BREO ELLIPTA
<b>QL</b>	mometasone/formoterol	DULERA

<b>QL</b>	fluticasone/salmeterol	=	Max 1 inhaler per month
<b>QL</b>	BREO ELLIPTA	=	Max 1 inhaler per month
<b>QL</b>	DULERA	=	Max 1 inhaler per month

**STEROID INHALANTS**

<b>QL</b>	<b>budesonide inhalation susp</b>	PULMICORT RESPULES
<b>QL</b>	fluticasone furoate	ARNUIITY ELLIPTA
<b>QL</b>	fluticasone propionate	FLOVENT DISKUS
<b>QL</b>	fluticasone propionate, CFC-free aerosol	FLOVENT HFA

<b>QL</b>	budesonide inhalation susp	=	Max 60 units per month
<b>QL</b>	ARNUIITY ELLIPTA	=	Max 2 inhalers per month
<b>QL</b>	FLOVENT DISKUS	=	Max 2 inhalers per month
<b>QL</b>	FLOVENT HFA	=	Max 2 inhalers per month

**XANTHINES**

	theophylline ext-rel caps	THEO-24
	<b>theophylline ext-rel tabs</b>	
	<b>theophylline liquid</b>	
	theophylline liquid	ELIXOPHYLLIN

**MISCELLANEOUS**

	<b>ipratropium nasal spray</b>	
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**TOPICAL****DERMATOLOGY****Acne**

Guidelines for the care and treatment of acne vulgaris are available at:

<https://www.aad.org/practicecenter/quality/clinical-guidelines>

*Oral*

<b>PA</b>	<b>isotretinoin</b>	
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*Topical*

<b>OTC, QL</b>	adapalene gel 0.1%	DIFFERIN OTC
	<b>clindamycin gel, lotion</b>	CLEOCIN T
<b>QL</b>	<b>clindamycin soln</b>	CLEOCIN T
	<b>erythromycin gel 2%</b>	
	<b>erythromycin pads</b>	
	<b>erythromycin soln</b>	
	<b>sulfacetamide lotion 10%</b>	KLARON
	<b>sulfacetamide/sulfur crm, gel, lotion, pads</b>	
<b>ST</b>	<b>sulfacetamide/sulfur pad, wash</b>	SUMAXIN
<b>ST</b>	<b>sulfacetamide/sulfur susp</b>	
<b>AL, QL</b>	<b>tretinoin</b>	RETIN-A

<b>QL</b>	DIFFERIN OTC	=	Max 1 tube per month
<b>QL</b>	clindamycin soln	=	Max 60 mL per month

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**ext-rel:** extended-release (also known as sustained-release)

**QL** tretinoin = Max 45 grams per month

#### Actinic Keratosis

	fluorouracil crm 5%	EFUDEX
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#### Antibiotics

<b>OTC</b>	bacitracin	
<b>OTC</b>	bacitracin/polymyxin B	POLYSPORIN
<b>OTC</b>	neomycin/polymyxin B/bacitracin	NEOSPORIN
<b>OTC</b>	neomycin/polymyxin B/bacitracin/pramoxine	
	gentamicin	
	mupirocin	
	silver sulfadiazine	SILVADENE

#### Antifungals

	ciclopirox	LOPROX
	clotrimazole	
<b>QL</b>	clotrimazole/betamethasone crm	LOTRISONE
	ketoconazole crm, shampoo 2%	
	nystatin	

**QL** clotrimazole/betamethasone crm = Max 45 grams per month

#### Antipsoriatics

Guidelines of care for the management and treatment of psoriasis with topical therapies are available at:

<https://www.aad.org>

#### Topical

<b>QL</b>	calcipotriene	
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**QL** calcipotriene soln = Max 60 mL per month

**QL** calcipotriene crm, oint = Max 120 grams per month

#### Antiseborrheics

	ketoconazole shampoo 2%	NIZORAL
	selenium sulfide shampoo 2.5%	

#### Atopic Dermatitis

Guidelines for the treatment of atopic dermatitis are available at:

<https://www.aad.org/practicecenter/quality/clinical-guidelines>

#### Topical

<b>ST, QL</b>	pimecrolimus	ELIDEL
	tacrolimus	PROTOPIC

**QL** pimecrolimus = Max 100 grams per month

#### Corticosteroids

##### Low Potency

	alclometasone crm, oint 0.05%	
	desonide crm, oint 0.05%	DESOWEN
	fluocinolone acetonide oil 0.01%	DERMA-SMOOTHIE/FS
	fluocinolone acetonide soln 0.01%	
	hydrocortisone crm, lotion, oint 2.5%	

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*Medium Potency*

	betamethasone valerate crm, lotion, oint 0.1%	
	fluocinolone acetonide crm, oint 0.025%	
	fluticasone propionate crm, lotion 0.05%, oint 0.005%	CUTIVATE
	hydrocortisone butyrate crm, oint, soln 0.1%	LOCOID
	hydrocortisone valerate crm 0.2%	
	mometasone crm, lotion, oint 0.1%	ELOCON
	prednicarbate crm, oint 0.1%	
	triamcinolone acetonide crm, lotion, oint 0.025%	
	triamcinolone acetonide crm, lotion, oint 0.1%	

*High Potency*

	betamethasone dipropionate augmented crm 0.05%	DIPROLENE AF
	betamethasone dipropionate augmented lotion 0.05%	DIPROLENE
	betamethasone dipropionate crm, lotion, oint 0.05%	
QL	desoximetasone crm 0.25%	TOPICORT
ST, QL	diflorasone diacetate crm 0.05%	
ST	fluocinonide crm, gel, oint 0.05%	
	fluocinonide soln 0.05%	
	triamcinolone acetonide crm, oint 0.5%	

QL desoximetasone crm 0.25% = Max 1 tube per month  
 QL diflorasone diacetate crm 0.05% = Max 1 tube per month

*Very High Potency*

ST	betamethasone dipropionate augmented oint 0.05%	DIPROLENE
ST	clobetasol propionate crm, gel, oint, soln 0.05%	TEMOVATE
ST, QL	diflorasone diacetate oint 0.05%	

QL diflorasone diacetate oint 0.05% = Max 1 tube per month

*Local Analgesics*

OTC, QL	lidocaine patch 4%	
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QL lidocaine patch 4% = Max 30 patches per month

*Local Anesthetics*

	lidocaine crm 3%	
	lidocaine/prilocaine crm	

*Rosacea*

	metronidazole crm 0.75%	METROCREAM
	metronidazole gel 0.75%	
	metronidazole lotion 0.75%	METROLOTION
	sulfacetamide/sulfur	

*Scabicides and Pediculicides*

ST, QL	benzyl alcohol	ULESFIA
	malathion	OVIDE
	permethrin	
PA	spinosad	NATROBA

QL ULESFIA = Max 277 grams per month

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**Miscellaneous Skin and Mucous Membrane**

<b>ST, QL</b>	<b>acyclovir crm, oint</b>	ZOVIRAX
<b>PA</b>	alitretinoin	PANRETIN
<b>PA</b>	becaplermin	REGRANEX
<b>QL</b>	collagenase	SANTYL
<b>ST, QL</b>	penciclovir	DENAVIR
<b>QL</b>	<b>podofilox soln</b>	CONDYLOX
<b>PA</b>	sinecatechins	VEREGEN
	trichloroacetic acid	TRI-CHLOR

<b>QL</b>	acyclovir crm	=	Max 5 grams per month
<b>QL</b>	acyclovir oint	=	Max 15 grams per month
<b>QL</b>	podofilox soln	=	Max 1 bottle per month
<b>QL</b>	DENAVIR	=	Max 1 tube per dispense
<b>QL</b>	SANTYL	=	Max 60 grams per 3 months

**MOUTH/THROAT/DENTAL AGENTS****Anesthetics - Topical Oral**

	<b>lidocaine viscous</b>	
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**Steroids - Mouth/Throat**

	<b>triamcinolone paste</b>	
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**Miscellaneous**

	<b>chlorhexidine</b>	PERIDEX
	<b>sodium fluoride</b>	PREVIDENT

**OPHTHALMIC**

Preferred Practice Pattern Guidelines for the treatment of various ophthalmic conditions are available at:

<https://one.aao.org>

**Antiallergics**

<b>OTC</b>	<b>ketotifen</b>	ZADITOR
	<b>azelastine</b>	
	<b>cromolyn sodium</b>	

**Antifungals**

<b>QL</b>	natamycin	NATACYN
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<b>QL</b>	NATACYN	=	Max 15 mL per month
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**Anti-infectives**

	<b>bacitracin</b>	
	<b>ciprofloxacin soln</b>	CILOXAN
	<b>erythromycin</b>	
	<b>gentamicin</b>	
<b>ST</b>	<b>moxifloxacin</b>	VIGAMOX
	<b>neomycin/polymyxin B/gramicidin</b>	
<b>QL</b>	<b>ofloxacin</b>	OCUFLOX
	<b>polymyxin B/bacitracin</b>	
	<b>polymyxin B/trimethoprim</b>	POLYTRIM
	<b>sulfacetamide soln 10%</b>	BLEPH-10
	<b>tobramycin soln</b>	TOBREX

<b>QL</b>	ofloxacin	=	Max 10 mL per month
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**Anti-infective/Anti-inflammatory Combinations**

	gentamicin/prednisolone acetate	PRED-G
	gentamicin/prednisolone acetate	PRED-G SOP
	<b>neomycin/polymyxin B/bacitracin/hydrocortisone oint</b>	
	<b>neomycin/polymyxin B/dexamethasone</b>	MAXITROL
	<b>neomycin/polymyxin B/hydrocortisone susp</b>	
	sulfacetamide/prednisolone acetate oint 10%/0.2%	BLEPHAMIDE SOP
	<b>sulfacetamide/prednisolone phosphate 10%/0.25%</b>	
	tobramycin/dexamethasone oint 0.3%/0.1%	TOBRADEX
	tobramycin/dexamethasone susp 0.3%/0.05%	TOBRADEX ST
	<b>tobramycin/dexamethasone susp 0.3%/0.1%</b>	TOBRADEX

**Anti-inflammatories***Nonsteroidal*

	<b>diclofenac sodium</b>	
<b>QL</b>	<b>ketorolac 0.4%</b>	ACULAR LS
	<b>ketorolac 0.5%</b>	ACULAR

**QL** ketorolac 0.4% = Max 5 mL per month

*Steroidal*

	<b>dexamethasone sodium phosphate</b>	
<b>QL</b>	fluorometholone 0.1% oint	FML
	<b>fluorometholone 0.1% susp</b>	FML LIQUIFILM
	prednisolone acetate 0.12%	PRED MILD
	<b>prednisolone acetate 1%</b>	PRED FORTE
	prednisolone phosphate 1%	

**QL** FML oint = Max 3.5 grams per month

**Antivirals**

<b>PA</b>	ganciclovir	ZIRGAN
	<b>trifluridine</b>	VIROPTIC

**Beta-blockers***Nonselective*

	<b>carteolol</b>	
	<b>levobunolol</b>	
	<b>timolol maleate</b>	TIMOPTIC
	<b>timolol maleate gel</b>	TIMOPTIC-XE

*Selective*

	<b>betaxolol 0.5%</b>	
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**Carbonic Anhydrase Inhibitors***Topical*

	<b>dorzolamide</b>	TRUSOPT
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**Carbonic Anhydrase Inhibitor/Beta-blocker Combinations**

	<b>dorzolamide/timolol maleate</b>	COSOPT
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**Dry Eye Disease**

<b>PA, QL</b>	lifitegrast	XIIDRA
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**QL** XIIDRA = Max 60 single use containers per month

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**Mydriatics**

atropine sulfate oint	
<b>atropine sulfate soln</b>	
<b>cyclopentolate</b>	CYCLOGYL
<b>homatropine</b>	ISOPTO HOMATROPINE
<b>tropicamide</b>	MYDRIACYL

**Parasympathomimetic**

<b>pilocarpine</b>	ISOPTO CARPINE
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**Prostaglandins**

<b>latanoprost</b>	XALATAN
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**Sympathomimetics**

<b>brimonidine 0.2%</b>	
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**Sympathomimetic/Beta-blocker Combinations**

brimonidine/timolol	COMBIGAN
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**Miscellaneous**

echothiophate iodide	PHOSPHOLINE IODIDE
<b>naphazoline 0.1%</b>	
<b>PA, SP, QL</b> ociplasmin	JETREA

**QL** JETREA = Max 1 inj per lifetime

**OTIC**

Clinical practice guidelines for the treatment of otitis media are available at:

<https://www.aap.org>

**Anti-infectives**

<b>acetic acid</b>	
<b>ciprofloxacin otic</b>	CETRAXAL
<b>ofloxacin otic</b>	

**Anti-infective/Anti-inflammatory Combinations**

<b>QL</b> <b>acetic acid/hydrocortisone</b>	
ciprofloxacin/dexamethasone	CIPRODEX
<b>neomycin/polymyxin B/hydrocortisone</b>	CORTISPORIN OTIC

**QL** acetic acid/hydrocortisone = Max 10 mL per month



**WEBSITES**

Agency for Healthcare Research and Quality  
<https://www.ahrq.gov>

Alzheimer's Association  
<https://www.alz.org>

American Academy of Allergy, Asthma and Immunology  
<https://www.aaaai.org>

American Academy of Child & Adolescent Psychiatry  
<https://www.aacap.org>

American Academy of Dermatology  
<https://www.aad.org>

American Academy of Neurology  
<https://www.aan.com>

American Academy of Ophthalmology  
<https://www.aao.org>

American Academy of Pediatrics  
<https://www.aap.org>

American Association for the Study of Liver Disease  
<https://www.aasld.org>

American Association of Clinical Endocrinologists  
<https://www.aace.com>

American Association of Diabetes Educators  
<https://www.diabeteseducator.org>

American Cancer Society  
<https://www.cancer.org>

American College of Allergy, Asthma and Immunology  
<https://www.acaai.org>

American College of Cardiology  
<https://www.acc.org>

American College of Chest Physicians  
<https://www.chestnet.org>

American College of Gastroenterology  
<https://gi.org>

American College of Physicians  
<https://www.acponline.org>

American College of Rheumatology  
<https://www.rheumatology.org>

American Congress of Obstetricians and Gynecologists  
<https://www.acog.org>

American Diabetes Association  
<http://www.diabetes.org>

American Gastroenterological Association  
<https://www.gastro.org>

American Headache Society Committee for Headache Education  
<https://americanheadachesociety.org>

American Heart Association  
<https://professional.heart.org>

American Lung Association  
<https://www.lung.org>

American Medical Association  
<https://www.ama-assn.org>

American Psychiatric Association  
<https://www.psychiatry.org>

American Society of Anesthesiologists  
<https://www.asahq.org>

American Society of Clinical Oncology  
<https://www.asco.org>

American Society of Interventional Pain Physicians  
<https://www.asipp.org>

American Urological Association  
<https://www.auanet.org>

Centers for Disease Control and Prevention  
<https://www.cdc.gov>

Centers for Disease Control and Prevention  
Guideline topics: AIDS  
<https://www.cdc.gov/hiv/default.html>

Centers for Disease Control and Prevention  
Guideline topics: Sexually Transmitted Diseases  
<https://www.cdc.gov/std/treatment/default.htm>

CVS Caremark®  
<https://www.caremark.com>

The Food and Drug Administration  
<https://www.fda.gov>

Global Initiative for Asthma  
<https://www.ginasthma.org>

**Infectious Diseases Society of America**  
**<https://www.idsociety.org>**

**Institute for Safe Medication Practices**  
**<https://www.ismp.org>**

**Johns Hopkins AIDS Service**  
**<https://www.thebody.com/content/art12096.html>**

**Juvenile Diabetes Research Foundation International**  
**<https://www.jdrf.org>**

**MedWatch**  
**<https://www.fda.gov/Safety/MedWatch/default.htm>**

**National Agricultural Library**  
**<https://www.nal.usda.gov>**

**National Cancer Institute**  
**<https://www.cancer.gov/about-cancer>**

**National Comprehensive Cancer Network**  
**<https://www.nccn.org>**

**National Foundation for Infectious Diseases**  
**<http://www.nfid.org>**

**National Guideline Clearinghouse**  
**<https://www.ahrq.gov>**

**National Heart, Lung and Blood Institute**  
**<https://www.nhlbi.nih.gov>**

**National Institutes of Health**  
**<https://www.nih.gov>**

**National Kidney Foundation**  
**<https://www.kidney.org>**

**National Osteoporosis Foundation**  
**<https://www.nof.org>**

**North American Menopause Society**  
**<https://www.menopause.org>**

**United States Department of Health and Human Services**  
**<https://www.hhs.gov>**

**World Health Organization**  
**<https://www.who.int>**

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CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource cumple con las leyes de derechos civiles estatales y federales y no discrimina basándose en la edad, el sexo, la identidad de género, el color, la raza, una discapacidad, el origen nacional, el estado civil, la preferencia sexual, la filiación religiosa, el estado de salud o el estado de asistencia pública.

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

### **Chinese**

如果您或者您在帮助的人对 CareSource 存有疑问，您有权 免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码。

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OMPP Approved 12/30/2016

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-607-2829 TTY:711.

**ARABIC**

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجانًا وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على 1-844-607-2829 (TTY: 1-800-743-3333 or 711)

**AMHARIC**

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ክላቸው፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላቸው። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-844-607-2829 (TTY: 1-800-743-3333 or 711) ይደውሉ።

**BURMESE**

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-844-607-2829 (TTY: 1-800-743-3333 or 711) ဤတွင် နံပါတ်ဖြည့်သွင်းပါ] သို့ ခေါ်ဆိုပါ။

**CHINESE**

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-844-607-2829 (TTY: 1-800-743-3333 or 711)。

**CUSHITE – OROMO**

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-844-607-2829 (TTY: 1-800-743-3333 or 711) tiin bilbilaa.

**DUTCH**

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk, bel dan naar 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

**FRENCH (CANADA)**

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète, veuillez téléphoner au 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

**GERMAN**

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, rufen Sie die Nummer 1-844-607-2829 (TTY: 1-800-743-3333 or 711) an.

**GUJARATI**

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે iથી કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મેહુતી મેળિાનો અવિકર છ. તે અર્થે વિન તમ રી ભ ષ મ i પ્ર પ્ત કરી શક ર છ. દ ભ વપરો તિ કરિ મ ટે, આ 1-844-607-2829 (TTY: 1-800-743-3333 or 711) પર કોલ કરો.

**HINDI**

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल है तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

**ITALIAN**

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete, chiami il 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

**JAPANESE**

ご本人様、または身の回りの方で、CareSourceに関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます(無償)。通訳をご利用の場合は、1-844-607-2829 (TTY: 1-800-743-3333 or 711) にご連絡ください。

**KOREAN**

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받을 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

**PENNSYLVANIA DUTCH**

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-844-607-2829 (TTY: 1-800-743-3333 or 711) uffrufe.

**RUSSIAN**

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, позвоните по номеру 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

**SPANISH**

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

**UKRAINIAN**

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, зателефонуйте за номером 1-844-607-2829 (TTY: 1-800-743-3333 or 711).

**VIETNAMESE**

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số 1-844-607-2829 (TTY: 1-800-743-3333 or 711).



# Notice of Non-Discrimination



CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-844-607-2829 (TTY: 1-800-743-3333 or 711)

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource  
Attn: Civil Rights Coordinator  
P.O. Box 1947, Dayton, Ohio 45401  
1-844-539-1732, TTY: 711  
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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

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

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