



Retiree RxCare

2025 Base Step-Therapy Formulary

(List of Covered Drugs or “Drug List”)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN**

Formulary ID No. 25485, Version 7

This formulary was updated on 10/1/2024. We have made no changes to this formulary since 10/1/2024. For more recent information or other questions, please contact Retiree RxCare Customer Care Center at 1-855-693-3921 (TTY users should call 711), 24 hours a day, 7 days a week, or visit <http://retireerxcarepdp.com>.

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means MG Insurance Company. When it refers to “plan” or “our plan,” it means Retiree RxCare.

This document includes a partial Drug List (formulary) for our plan which is current as of 1/1/2025. For a complete, updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Retiree RxCare Abridged formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Retiree RxCare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Retiree RxCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Retiree RxCare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by Retiree RxCare. For a complete listing of all prescription drugs covered by Retiree RxCare, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we Retiree RxCare may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must

follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <http://retireerxcarepdp.com>.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Retiree RxCare’s Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions after we add a corresponding drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Retiree RxCare’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 1/1/2025. To get updated information about the drugs covered by Retiree RxCare please contact us. Our contact information appears on the front and back cover pages. If there are any changes to this formulary mid-year, we will send members a notice of change.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular, Hypertension / Lipids. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 110. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Retiree RxCare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Retiree RxCare requires you [or your prescriber] to get prior authorization for certain drugs. This means that you will need to get approval from Retiree RxCare before you fill your prescriptions. If you don't get approval, Retiree RxCare may not cover the drug.
- **Prior Authorization B/D:** This drug requires a Prior Authorization to determine if the drug is covered under Medicare Part B or Medicare Part D. Additional information is required from you or your Physician to make a determination before you may get your prescription filled. If you do not get approval, Retiree RxCare may not cover the medication and you will be responsible for the full cost of the drug, or for submitting the drug to your Medicare health plan.
- **Quantity Limits:** For certain drugs, Retiree RxCare limits the amount of the drug that Retiree RxCare will cover. For example, Retiree RxCare provides 30 per prescription for Zolpidem Tartrate 10mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Retiree RxCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Retiree RxCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Retiree RxCare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Retiree RxCare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Retiree RxCare’s formulary?” on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so Retiree RxCare may cover your drug. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Retiree RxCare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Retiree RxCare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Retiree RxCare.
- You can ask Retiree RxCare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Retiree RxCare's Formulary?

You can ask Retiree RxCare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Retiree RxCare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Retiree RxCare will only approve your request for an exception if the alternative drugs included on the plan's formulary, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the 90 days of membership in our plan, we will cover a 31 day emergency supply of that drug while you pursue a formulary exception.

Note: If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 30-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 30-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For current members, who are in a long-term care facility or going through level of care changes, Retiree RxCare will allow up to a one-month supply of medication.

Examples of level-of-care changes may include:

- Discharge from a hospital to a home setting (i.e., assisted living, long-term care (LTC), or private home) accompanied by a list of medications that may not always consider the plan drug list due to the short-term nature of the hospital visit.
- Termination of a Medicare Part A skilled nursing facility stay (where payments include all pharmacy charges)
- Hospice disenrollment
- Leaving a long-term care facility stay and returning to the community.
- Discharge from psychiatric hospitals with drug regimens that are highly individualized.

For more information

For more detailed information about your Retiree RxCare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Retiree RxCare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or visit <http://www.medicare.gov>.

Retiree RxCare Formulary

The abridged formulary that begins on the next page provides coverage information some of the drugs covered by Retiree RxCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 110.

Remember: This is only a partial list of drugs covered by Retiree RxCare. If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

The information in the Requirements/Limits column tells you if Retiree RxCare has any special requirements for coverage of your drug.

Understanding the requirements/limits

Abbreviation	Program Name	Definition
PA	Prior Authorization	Approval is required before your plan will cover this medication.
PA B/D	Medicare Part B vs. Part D	Coverage may be available under Medicare Part B or Part D.
QL	Quantity Limit	There is a limit to the amount that can be filled per prescription or over a period of time.
ST	Step Therapy	You must try a preferred treatment alternative before coverage is available for this medication.

(List of Covered Drugs)

DRUG NAME	REQUIREMENTS/LIMITS
Analgesics	
Analgesics, Other	
<i>butalbital-acetaminophen-caffe</i>	QL (180 PER 30 DAYS)
<i>butalbital-acetaminophn 50-325</i>	QL (180 PER 30 DAYS)
<i>butalbital-aspirin-caffeine cp</i>	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	QL (180 PER 30 DAYS)
<i>tencon</i>	QL (180 PER 30 DAYS)
ZEBUTAL	QL (180 PER 30 DAYS)
Nonsteroidal Anti-inflammatory Drugs	
ARTHROTEC 50	QL (120 PER 30 DAYS)
ARTHROTEC 75	QL (90 PER 30 DAYS)
CELEBREX (50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE)	QL (60 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	QL (30 PER 30 DAYS)
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg capsule</i>	QL (30 PER 30 DAYS)
DAYPRO	QL (90 PER 30 DAYS)
<i>diclofenac 1.5% topical soln</i>	PA
<i>diclofenac pot 50 mg tablet</i>	QL (120 PER 30 DAYS)
<i>diclofenac sodium (dr 25 mg tab, ec 25 mg tab)</i>	QL (240 PER 30 DAYS)
<i>diclofenac sodium (dr 50 mg tab, ec 50 mg tab)</i>	QL (120 PER 30 DAYS)
<i>diclofenac sodium (dr 75 mg tab, ec 75 mg tab)</i>	QL (60 PER 30 DAYS)
<i>diclofenac sodium 1% gel</i>	
<i>diclofenac sodium er</i>	QL (60 PER 30 DAYS)
<i>diclofenac sodium-misoprostol (75-0.2 mg, 75-0.2 tb)</i>	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>diclofenac-misoprost 50-0.2 mg</i>	QL (120 PER 30 DAYS)
<i>ec-naproxen dr 375 mg tablet</i>	QL (120 PER 30 DAYS)
<i>ec-naproxen dr 500 mg tablet</i>	QL (90 PER 30 DAYS)
<i>etodolac (400 mg tablet, 500 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>etodolac 200 mg capsule</i>	QL (150 PER 30 DAYS)
<i>etodolac 300 mg capsule</i>	QL (90 PER 30 DAYS)
<i>etodolac er (400 mg tablet, 500 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>etodolac er 600 mg tablet</i>	QL (30 PER 30 DAYS)
<i>flurbiprofen 100 mg tablet</i>	QL (90 PER 30 DAYS)
<i>ibu 400 mg tablet</i>	QL (240 PER 30 DAYS)
<i>ibu 600 mg tablet</i>	QL (150 PER 30 DAYS)
<i>ibu 800 mg tablet</i>	QL (120 PER 30 DAYS)
<i>ibuprofen 100 mg/5 ml susp</i>	
<i>ibuprofen 400 mg tablet</i>	QL (240 PER 30 DAYS)
<i>ibuprofen 600 mg tablet</i>	QL (150 PER 30 DAYS)
<i>ibuprofen 800 mg tablet</i>	QL (120 PER 30 DAYS)
<i>indomethacin 25 mg capsule</i>	QL (240 PER 30 DAYS)
<i>indomethacin 50 mg capsule</i>	QL (120 PER 30 DAYS)
<i>indomethacin er</i>	QL (60 PER 30 DAYS)
<i>ketorolac 10 mg tablet</i>	
<i>meloxicam 15 mg tablet</i>	QL (30 PER 30 DAYS)
<i>meloxicam 7.5 mg tablet</i>	QL (60 PER 30 DAYS)
<i>nabumetone 500 mg tablet</i>	QL (120 PER 30 DAYS)
<i>nabumetone 750 mg tablet</i>	QL (60 PER 30 DAYS)
<i>naproxen (375 mg tablet, dr 375 mg tablet)</i>	QL (120 PER 30 DAYS)
<i>naproxen (500 mg kit, 500 mg tablet, dr 500 mg tablet)</i>	QL (90 PER 30 DAYS)
<i>naproxen 125 mg/5 ml suspen</i>	QL (1800 PER 30 DAYS)
<i>naproxen 250 mg tablet</i>	QL (180 PER 30 DAYS)
<i>naproxen sodium 275 mg tab</i>	QL (150 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
naproxen sodium 550 mg tab	QL (90 PER 30 DAYS)
oxaprozin (600 mg caplet, 600 mg tablet)	QL (90 PER 30 DAYS)
piroxicam 10 mg capsule	QL (60 PER 30 DAYS)
piroxicam 20 mg capsule	QL (30 PER 30 DAYS)
sulindac	QL (60 PER 30 DAYS)
Opioid Analgesics, Long-acting	
BELBUCA	PA, QL (60 PER 30 DAYS)
buprenorphine	PA, QL (4 PER 28 DAYS)
BUTRANS	PA, QL (4 PER 28 DAYS)
fentanyl	PA, QL (15 PER 30 DAYS)
hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)	PA, QL (60 PER 30 DAYS)
levorphanol tartrate	QL (120 PER 30 DAYS)
methadone hcl 10 mg tablet	QL (360 PER 30 DAYS)
methadone hcl 5 mg tablet	QL (180 PER 30 DAYS)
morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)	PA, QL (90 PER 30 DAYS)
tramadol hcl er (100 mg tablet, 200 mg tablet, 300 mg tablet)	PA, QL (30 PER 30 DAYS)
Opioid Analgesics, Short-acting	
acetaminophen-cod #4 tablet	QL (180 PER 30 DAYS)
acetaminophen-codeine (#2 tablet, #3 tablet)	QL (360 PER 30 DAYS)
acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)	QL (2700 PER 30 DAYS)
butorphanol 10 mg/ml spray	QL (48 PER 30 DAYS)
codeine sulfate (15 mg tablet, 60 mg tablet)	QL (180 PER 30 DAYS)
codeine sulfate 30 mg tablet	QL (180 PER 30 DAYS)
endocet (2.5-325 mg tablet, 5-325 mg tablet)	QL (360 PER 30 DAYS)
endocet 10-325 mg tablet	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>endocet 7.5-325 mg tablet</i>	QL (240 PER 30 DAYS)
<i>fentanyl citrate (400 mcg, 600 mcg, 800 mcg, cit 1,200 mcg, cit 1,600 mcg)</i>	PA, QL (120 PER 30 DAYS)
<i>fentanyl citrate otc 200 mcg</i>	PA, QL (120 PER 30 DAYS)
<i>hydrocodone-acetaminophen (5-300 mg, 5-325 mg)</i>	QL (240 PER 30 DAYS)
<i>hydrocodone-acetaminophen (7.5-300, 7.5-325, 10-300 mg, 10-325 mg)</i>	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>	QL (2700 PER 30 DAYS)
<i>hydrocodone-ibuprofen (7.5-200, 10-200)</i>	QL (150 PER 30 DAYS)
<i>hydrocodone-ibuprofen 5-200 mg</i>	QL (150 PER 30 DAYS)
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	QL (1440 PER 30 DAYS)
<i>hydromorphone hcl (10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	PA
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	QL (180 PER 30 DAYS)
<i>morphine sulf 100 mg/5 ml conc</i>	QL (270 PER 30 DAYS)
<i>morphine sulf 20 mg/5 ml soln</i>	QL (1350 PER 30 DAYS)
<i>morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)</i>	QL (2700 PER 30 DAYS)
<i>morphine sulfate ir 15 mg tab</i>	QL (360 PER 30 DAYS)
<i>morphine sulfate ir 30 mg tab</i>	QL (180 PER 30 DAYS)
<i>oxycodone hcl ((ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)</i>	QL (180 PER 30 DAYS)
<i>oxycodone hcl (ir) 5 mg tablet</i>	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)</i>	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen 10-325</i>	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophn 7.5-325</i>	QL (240 PER 30 DAYS)
<i>ROXICODONE 15 MG TABLET</i>	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
ROXICODONE 30 MG TABLET	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tablet</i>	QL (240 PER 30 DAYS)
<i>tramadol hcl-acetaminophen</i>	QL (240 PER 30 DAYS)
Anesthetics	
Local Anesthetics	
<i>dermacinrx lidocan</i>	PA, QL (90 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	PA, QL (100 PER 30 DAYS)
<i>lidocaine 5% patch</i>	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl 4% solution</i>	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl laryngotracheal 4% solution</i>	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl viscous</i>	
<i>lidocaine-prilocaine</i>	PA, QL (60 PER 30 DAYS)
LIDOCAN II	PA, QL (90 PER 30 DAYS)
<i>lidocan iii</i>	PA, QL (90 PER 30 DAYS)
<i>lidocan iv</i>	PA, QL (90 PER 30 DAYS)
<i>lidocan v</i>	PA, QL (90 PER 30 DAYS)
LIDODERM	PA, QL (90 PER 30 DAYS)
<i>tridacaine ii</i>	PA, QL (90 PER 30 DAYS)
<i>tridacaine iii</i>	PA, QL (90 PER 30 DAYS)
ZTLIDO	PA, QL (90 PER 30 DAYS)
Anti-Addiction/ Substance Abuse Treatment Agents	
Alcohol Deterrents/ Anti-craving	
<i>acamprosate calcium</i>	
<i>disulfiram</i>	
Opioid Dependence	
<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	QL (90 PER 30 DAYS)
<i>buprenorphine-nalox 8-2 mg tab</i>	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb)	QL (120 PER 30 DAYS)
buprenorphine-naloxone (4-1mg film, 8-2mg film, 12-3mg film)	QL (60 PER 30 DAYS)
naltrexone 50 mg tablet	
SUBLOCADE	
SUBOXONE (4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM)	QL (60 PER 30 DAYS)
SUBOXONE 2 MG-0.5 MG SL FILM	QL (120 PER 30 DAYS)
VIVITROL	

Opioid Reversal Agents

KLOXXADO

naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg nasal spray, 4 mg/10 ml vial)

NARCAN

OPVEE

Smoking Cessation Agents

bupropion hcl sr 150 mg tablet

NICOTROL

NICOTROL NS

varenicline tartrate

Antibacterials

Aminoglycosides

amikacin sulfate

ARIKAYCE PA, QL (235.2 PER 28 DAYS)

gentamicin sulfate (80 mg/2 ml vial, 800 mg/20 ml vial)

gentamicin sulfate in ns (iso 100 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml)

gentamicin sulfate in ns (iso 120 mg/100 ml, isoton 60 mg/50 ml)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

HUMATIN

neomycin sulfate

streptomycin sulfate

tobramycin 10 mg/ml vial

tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)

Antibacterials, Other

AZACTAM

aztreonam 1 gm vial

aztreonam 2 gm vial

CLEOCIN 2% VAGINAL CREAM

CLEOCIN HCL

CLEOCIN PHOSPHATE (9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL)

CLEOCIN T 1% LOTION

clindacin etz

clindacin p

clindamycin (pediatric)

clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)

clindamycin phosphate (1% gel, ph 1% gel, ph 1% solution, 2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledge, phosp 1% lotion)

clindamycin phosphate-d5w

clindamycin-0.9% nacl

colistimethate

CUBICIN

CUBICIN RF

DALVANCE

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

<i>daptomycin 500 mg vial</i>	
FLAGYL 375 CAPSULE	
IMPAVIDO	
<i>linezolid 100 mg/5 ml susp</i>	PA
<i>linezolid 600 mg tablet</i>	PA
<i>linezolid-0.9% nacl</i>	
<i>linezolid-d5w</i>	
<i>methenamine hippurate</i>	
METRO IV	
<i>metronidazole (vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet, 500 mg/100 ml)</i>	
<i>nitrofurantoin (50 mg cap, 100 mg cap)</i>	
<i>nitrofurantoin mono-macro</i>	
SIVEXTRO 200 MG TABLET	PA
SIVEXTRO 200 MG VIAL	
<i>tigecycline</i>	
<i>tinidazole</i>	
<i>trimethoprim 100 mg tablet</i>	
TYGACIL	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, 5 gm vial, 10 gm vial, 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)</i>	
<i>vancomycin hcl 125 mg capsule</i>	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	QL (240 PER 30 DAYS)
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)	PA
ZYVOX 600 MG/300 ML-D5W	

Beta-lactam, Cephalosporins*cefaclor (250 mg capsule, 500 mg capsule)**cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)*

DRUG NAME**REQUIREMENTS/LIMITS**

cefazolin 1 g/50 ml-dextrose

cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)

cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)

cefepime

cefepime hcl (1 gm vial, 2 gram vial)

cefepime-dextrose

cefixime 400 mg capsule

cefoxitin

cefoxitin sodium

cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)

cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)

ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)

ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)

cefuroxime

cefuroxime sodium (1.5 gm vial, 750 mg vial)

cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule, 750 mg capsule)

tazicet

TEFLARO

Beta-lactam, Penicillins

amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

amoxicillin-clavulanate pot er

amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)

ampicillin 500 mg capsule

ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm bottle, 10 gm vial)

ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 3 gm vial)

BICILLIN L-A

dicloxacillin sodium

EXTENCILLINE

lentocillin s

nafcillin

nafcillin sodium

pen g k 2 million unit/50 ml

pen g k 3 million unit/50 ml

penicillin g potassium

penicillin g sodium

penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)

pfizerpen

piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial)

ZOSYN 2.25 GM/50 ML GALAXY BAG

Carbapenems

ertapenem

imipenem-cilastatin 250 mg vl

imipenem-cilastatin 500 mg vl

**You can find information on what the symbols and abbreviations
on this table mean by going to page 1.**

DRUG NAME**REQUIREMENTS/LIMITS**

INVANZ

*meropenem (iv 1 gm vial, iv 500 mg vial)**meropenem-0.9% nacl***Macrolides***azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)**azithromycin 1 gm pwd packet**clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)**clarithromycin (250 mg tablet, 500 mg tablet)**clarithromycin er*

DIFCID 200 MG TABLET

QL (20 PER 10 OVER TIME)

DIFCID 40 MG/ML SUSPENSION

QL (136 PER 10 OVER TIME)

E.E.S. 200

ery

ERY-TAB

ERYPED 200

ERYPED 400

ERYTHROCIN LACTOBIONATE

*erythromycin (2% solution, 250 mg tablet, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)**erythromycin dr 250 mg cap**erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp)**erythromycin lactobionate**ZITHROMAX (100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL)*

ZITHROMAX TRI-PAK

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS****Quinolones**

CIPRO (5% SUSPENSION, 10%
SUSPENSION, 250 MG TABLET, 500 MG
TABLET)

*ciprofloxacin hcl (250 mg tab, 500 mg tab, 750
mg tab)*

ciprofloxacin-d5w

*levofloxacin (25 mg/ml solution, 250 mg tablet,
500 mg tablet, 750 mg tablet)*

levofloxacin-d5w

moxifloxacin 400 mg/250 ml bag

moxifloxacin hcl 400 mg tablet

ofloxacin 400 mg tablet

Sulfonamides

BACTRIM

BACTRIM DS

sulfadiazine

*sulfamethoxazole-trimethoprim (20 ml cup, ds
tablet, ss tablet, susp)*

Tetracyclines

avidoxy

demeclercycline hcl

doxy 100

*doxycycline hydiate (20 mg tab, 50 mg cap,
100 mg cap, 100 mg tab, 100 mg vl)*

*doxycycline monohydrate (50 mg cap, 50 mg
tablet, 75 mg capsule, 75 mg tablet, 100 mg
cap, 100 mg tablet, 150 mg cap, 150 mg
tablet)*

*minocycline hcl (50 mg capsule, 50 mg tablet,
75 mg capsule, 75 mg tablet, 100 mg capsule,
100 mg tablet)*

monodoxine nl 100 mg capsule

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

NUZYRA (100 MG VIAL, 150 MG TABLET)

*tetracycline hcl (250 mg capsule, 500 mg capsule)***Anticonvulsants****Anticonvulsants, Other**BRIVIACT (10 MG TABLET, 25 MG TABLET,
50 MG TABLET, 75 MG TABLET, 100 MG
TABLET)

QL (60 PER 30 DAYS)

BRIVIACT 10 MG/ML ORAL SOLN

QL (600 PER 30 DAYS)

BRIVIACT 50 MG/5 ML VIAL

DEPAKOTE

DEPAKOTE ER

DEPAKOTE SPRINKLE

DIACOMIT

*divalproex sodium**divalproex sodium er*

EPIDIOLEX

PA

EPRONTIA

felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)

FINTEPLA

PA, QL (360 PER 30 DAYS)

FYCOMPA (4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)

QL (30 PER 30 DAYS)

FYCOMPA 0.5 MG/ML ORAL SUSP

QL (680 PER 28 DAYS)

FYCOMPA 2 MG TABLET

QL (30 PER 30 DAYS)

KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET)

KEPPRA 1,000 MG TABLET

LAMICTAL (25 MG DISPER TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)

LAMICTAL (5 MG DISPER TABLET, 25 MG TABLET)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

LAMICTAL (BLUE)

*lamotrigine**lamotrigine (blue)**lamotrigine er (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet)**levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)**levetiracetam er**roweepra 500 mg tablet*

SPRITAM

*subvenite**subvenite (blue)**topiramate (15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)**valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)***Calcium Channel Modifying Agents**

CELONTIN

*ethosuximide (250 mg capsule, 250 mg/5 ml soln)**methsuximide*

ZARONTIN 250 MG CAPSULE

Gamma-aminobutyric Acid (GABA) Modulating Agents*clobazam (10 mg tablet, 20 mg tablet)*

PA, QL (60 PER 30 DAYS)

clobazam 2.5 mg/ml suspension

PA, QL (480 PER 30 DAYS)

diazepam (10 mg gel, 20 mg gel)

QL (5 PER 30 DAYS)

diazepam 2.5 mg rectal gel sys

QL (5 PER 30 DAYS)

gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)

QL (2160 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>gabapentin 100 mg capsule</i>	QL (1080 PER 30 DAYS)
<i>gabapentin 300 mg capsule</i>	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	QL (135 PER 30 DAYS)
LIBERVANT	QL (10 PER 30 DAYS)
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	QL (60 PER 30 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	QL (90 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	QL (900 PER 30 DAYS)
mysoline	
NAYZILAM	QL (10 PER 30 DAYS)
NEURONTIN (250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION)	QL (2160 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	QL (1080 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	QL (135 PER 30 DAYS)
ONFI (10 MG TABLET, 20 MG TABLET)	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	PA, QL (480 PER 30 DAYS)
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	QL (60 PER 30 DAYS)
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	QL (900 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS***primidone (50 mg tablet, 250 mg tablet)**primidone 125 mg tablet*

SABRIL

QL (180 PER 30 DAYS)

SYMPAZAN (10 MG FILM, 20 MG FILM)

PA, QL (60 PER 30 DAYS)

SYMPAZAN 5 MG FILM

PA, QL (240 PER 30 DAYS)

tiagabine hcl

VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY)

QL (10 PER 30 DAYS)

VALTOCO 20 MG NASAL SPRAY

QL (10 PER 30 DAYS)

vigabatrin

QL (180 PER 30 DAYS)

vigadron

QL (180 PER 30 DAYS)

VIGAFYDE

QL (750 PER 30 DAYS)

vigpoder

QL (180 PER 30 DAYS)

ZTALMY

PA, QL (1100 PER 30 DAYS)

Sodium Channel Agents

APTIOM (200 MG TABLET, 400 MG TABLET)

QL (30 PER 30 DAYS)

APTIOM (600 MG TABLET, 800 MG TABLET)

QL (60 PER 30 DAYS)

BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)

*carbamazepine (100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)**carbamazepine er*

CARBATROL

DILANTIN

DILANTIN-125

*epitol**lacosamide (10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup)**oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)*

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

PHENYTEK

phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)

phenytoin sodium extended

rufinamide (40 mg/ml suspension, 400 mg tablet)

rufinamide 200 mg tablet

TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)

TEGRETOL XR

TRILEPTAL (150 MG TABLET, 300 MG TABLET)

TRILEPTAL (300 MG/5 ML SUSP, 600 MG TABLET)

VIMPAT (10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)

VIMPAT 50 MG TABLET

XCOPRI (25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)

XCOPRI 12.5-25 MG TITRATION PK

ZONEGRAN 100 MG CAPSULE

ZONEGRAN 25 MG CAPSULE

ZONISADE

zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)

Antidementia Agents**Cholinesterase Inhibitors**

ADLARITY

ARICEPT (5 MG TABLET, 10 MG TABLET)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS***donepezil hcl**donepezil hcl odt*

EXELON

*galantamine er**galantamine hbr**galantamine hydrobromide**rivastigmine***N-methyl-D-aspartate (NMDA) Receptor Antagonist***memantine hcl (2 mg/ml solution, 5 mg tablet,
5-10 mg titration pk, 10 mg tablet)* PA*memantine hcl er* PA

NAMENDA PA

Antidepressants**Antidepressants, Other**

AUVELITY QL (60 PER 30 DAYS)

bupropion hcl 100 mg tablet QL (120 PER 30 DAYS)*bupropion hcl 75 mg tablet* QL (60 PER 30 DAYS)*bupropion hcl sr 100 mg tablet* QL (90 PER 30 DAYS)*bupropion hcl sr 150mg tablet* QL (60 PER 30 DAYS)*bupropion hcl sr 200 mg tablet* QL (60 PER 30 DAYS)*bupropion hcl xl 150 mg tablet* QL (90 PER 30 DAYS)*bupropion hcl xl 300 mg tablet* QL (30 PER 30 DAYS)*mirtazapine (7.5 mg tablet, 15 mg odt, 30 mg
odt, 30 mg tablet, 45 mg odt, 45 mg tablet)* QL (30 PER 30 DAYS)*mirtazapine 15 mg tablet* QL (45 PER 30 DAYS)*REMERON (15 MG SOLTAB, 30 MG
SOLTAB, 30 MG TABLET, 45 MG SOLTAB)* QL (30 PER 30 DAYS)*REMERON 15 MG TABLET* QL (45 PER 30 DAYS)*WELLBUTRIN SR (150 MG TABLET, 200 MG
TABLET)* QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
WELLBUTRIN SR 100 MG TABLET	QL (90 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	QL (30 PER 30 DAYS)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	QL (14 PER 365 OVER TIME)

Monoamine Oxidase Inhibitors

EMSAM	PA, QL (30 PER 30 DAYS)
MARPLAN	
NARDIL	
PARNATE	
<i>phenelzine sulfate</i>	
<i>tranylcypromine sulfate</i>	

SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito

CELEXA (10 MG TABLET, 20 MG TABLET)	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	QL (30 PER 30 DAYS)
<i>citalopram hbr (10 mg tablet, 20 mg tablet)</i>	QL (45 PER 30 DAYS)
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>	QL (600 PER 30 DAYS)
<i>citalopram hbr 40 mg tablet</i>	QL (30 PER 30 DAYS)
CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	QL (30 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 40 MG CAP, DR 60 MG CAP)	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE DR 30 MG CAP	QL (90 PER 30 DAYS)
<i>duloxetine hcl (dr 20 mg cap, dr 60 mg cap)</i>	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 30 mg cap</i>	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
EFFEXOR XR 37.5 MG CAPSULE	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	QL (90 PER 30 DAYS)
<i>escitalopram 20 mg tablet</i>	QL (30 PER 30 DAYS)
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet)</i>	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5 ml</i>	QL (600 PER 30 DAYS)
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	QL (28 PER 28 DAYS)
<i>fluoxetine dr</i>	QL (4 PER 28 DAYS)
<i>fluoxetine hcl (10 mg capsule, 10 mg tablet)</i>	QL (90 PER 30 DAYS)
<i>fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)</i>	QL (600 PER 30 DAYS)
<i>fluoxetine hcl 20 mg capsule</i>	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 40 mg capsule</i>	QL (60 PER 30 DAYS)
<i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>	QL (30 PER 30 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	QL (90 PER 30 DAYS)
LEXAPRO (5 MG TABLET, 10 MG TABLET)	QL (45 PER 30 DAYS)
LEXAPRO 20 MG TABLET	QL (30 PER 30 DAYS)
<i>nefazodone hcl (100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	
<i>nefazodone hcl (50 mg tablet, 250 mg tablet)</i>	
<i>paroxetine cr (25 mg tablet, 37.5 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>paroxetine cr 12.5 mg tablet</i>	QL (30 PER 30 DAYS)
<i>paroxetine er (25 mg tablet, 37.5 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>paroxetine er 12.5 mg tablet</i>	QL (30 PER 30 DAYS)
<i>paroxetine hcl (10 mg tablet, 40 mg tablet)</i>	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml susp</i>	QL (900 PER 30 DAYS)
<i>paroxetine hcl 20 mg tablet</i>	QL (30 PER 30 DAYS)
<i>paroxetine hcl 30 mg tablet</i>	QL (60 PER 30 DAYS)
PAXIL (10 MG TABLET, 40 MG TABLET)	QL (45 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
PAXIL 10 MG/5 ML SUSPENSION	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	QL (60 PER 30 DAYS)
PRISTIQ	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	QL (60 PER 30 DAYS)
<i>sertraline 20 mg/ml oral conc</i>	QL (300 PER 30 DAYS)
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	QL (45 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	QL (60 PER 30 DAYS)
<i>trazodone hcl</i>	
TRINTELLIX	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er</i>	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap</i>	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg cap</i>	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er 75 mg cap</i>	QL (90 PER 30 DAYS)
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	QL (30 PER 30 DAYS)
<i>vilazodone hcl</i>	QL (30 PER 30 DAYS)
ZOLOFT (25 MG TABLET, 50 MG TABLET)	QL (45 PER 30 DAYS)
ZOLOFT 100 MG TABLET	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	QL (300 PER 30 DAYS)

Tricyclics

amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)

amoxapine

clomipramine hcl

desipramine hcl

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)

imipramine hcl

NORPRAMIN

nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)

protriptyline hcl

trimipramine maleate

Antiemetics**Antiemetics, Other**

chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)

PA

compro

meclizine hcl (12.5 mg tablet, 25 mg tablet)

perphenazine

PA

prochlorperazine

prochlorperazine maleate

promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet)

PA

promethegan (12.5 mg suppos, 25 mg suppository)

PA

scopolamine

PA

Emetogenic Therapy Adjuncts

aprepitant

PA

dronabinol

PA

EMEND (80 MG CAPSULE, TRIPACK)

PA

granisetron hcl 1 mg tablet

PA

ondansetron hcl (4 mg tablet, 4 mg/5 ml soln cup, 4 mg/5 ml solution, 8 mg tablet)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

ondansetron odt (4 mg tablet, 8 mg tablet)

Antifungals

AMBISOME	PA
<i>amphotericin b</i>	PA
<i>amphotericin b liposome</i>	PA
CANCIDAS	
<i>caspofungin acetate</i>	
<i>ciclodan 8% solution</i>	QL (6.6 PER 30 DAYS)
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	
<i>ciclopirox 8% solution</i>	QL (6.6 PER 30 DAYS)
<i>clotrimazole (1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche)</i>	
CRESEMBA	PA
DIFLUCAN (40 MG/ML SUSPENSION, 100 MG TABLET, 200 MG TABLET)	
<i>econazole nitrate</i>	
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	PA
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	
<i>griseofulvin ultramicrosize</i>	
<i>itraconazole 100 mg capsule</i>	QL (120 PER 30 DAYS)
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	
<i>klayesta</i>	
LOPROX 1% SHAMPOO	
<i>micafungin</i>	

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP)	PA
NOXAFIL 300 MG/16.7 ML VIAL	PA
<i>nyamyc</i>	
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)</i>	
<i>nystop</i>	
<i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>	PA
<i>posaconazole 300 mg/16.7 ml vial</i>	PA
SPORANOX 100 MG CAPSULE	QL (120 PER 30 DAYS)
<i>terbinafine hcl 250 mg tablet</i>	QL (30 PER 30 DAYS)
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	
VFEND IV	PA
<i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg vial)</i>	PA
<i>voriconazole 40 mg/ml susp</i>	PA

Antigout Agents

<i>allopurinol (100 mg tablet, 300 mg tablet)</i>
<i>colchicine 0.6 mg tablet</i>
COLCRYS
<i>probenecid</i>
<i>probenecid-colchicine</i>

Antimigraine Agents

<i>dihydroergotamine 4 mg/ml spry</i>	PA, QL (8 PER 28 DAYS)
<i>ergotamine-caffeine</i>	
MIGRAL	PA, QL (8 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists	
AIMOVIG 140 MG/ML AUTOINJECTOR	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	PA, QL (2 PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	PA, QL (2 PER 30 DAYS)
EMGALITY PEN	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	PA, QL (3 PER 30 DAYS)
NURTEC ODT	PA, QL (16 PER 30 DAYS)
UBRELVY	PA, QL (16 PER 30 DAYS)
Serotonin (5-HT) Receptor Agonist	
IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	ST, QL (18 PER 30 DAYS)
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT)	ST, QL (6 PER 30 DAYS)
IMITREX (6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT)	QL (6 PER 30 DAYS)
MAXALT	ST, QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	ST, QL (18 PER 30 DAYS)
<i>naratriptan hcl</i>	QL (18 PER 30 DAYS)
<i>rizatriptan</i>	QL (18 PER 30 DAYS)
<i>sumatriptan</i>	QL (12 PER 30 DAYS)
<i>sumatriptan 6 mg/0.5 ml vial</i>	QL (5 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj)</i>	QL (6 PER 30 DAYS)
<i>zolmitriptan odt</i>	QL (12 PER 30 DAYS)
Antimyasthenic Agents	
Parasympathomimetics	
MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)

*pyridostigmine bromide er***Antimycobacterials****Antimycobacterials, Other**

dapsone (25 mg tablet, 100 mg tablet)

MYCOBUTIN

*rifabutin***Antituberculars**

cycloserine

ethambutol hcl

isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)

PRIFTIN

pyrazinamide

rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)

SIRTURO

*TRECATOR***Antineoplastics****Alkylating Agents**

cyclophosphamide (25 mg capsule, 50 mg capsule) PA

cyclophosphamide (25 mg tablet, 50 mg tablet) PA

GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)

GLEOSTINE 100 MG CAPSULE

LEUKERAN

MATULANE PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
VALCHLOR	PA, QL (60 PER 30 DAYS)
Antiandrogens	
<i>abiraterone acetate 250 mg tab</i>	PA, QL (120 PER 30 DAYS)
<i>bicalutamide</i>	
CASODEX	
ERLEADA 240 MG TABLET	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	PA, QL (120 PER 30 DAYS)
NILANDRON	
<i>nilutamide</i>	
NUBEQA	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	PA, QL (60 PER 30 DAYS)
YONSA	PA, QL (120 PER 30 DAYS)
Antiangiogenic Agents	
<i>lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)</i>	PA, QL (21 PER 28 DAYS)
<i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	PA, QL (30 PER 30 DAYS)
POMALYST	PA, QL (21 PER 28 DAYS)
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	PA, QL (60 PER 30 DAYS)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	PA, QL (30 PER 30 DAYS)
Antiestrogens/Modifiers	
FARESTON	
ORSERDU 345 MG TABLET	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	PA, QL (90 PER 30 DAYS)
SOLTAMOX	
<i>tamoxifen citrate</i>	
<i>toremifene citrate</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS****Antimetabolites***mercaptopurine*

PURIXAN

TABLOID

Antineoplastics, Other

HYDREA

hydroxyurea

INQOVI

PA, QL (5 PER 28 DAYS)

KISQALI FEMARA 200 MG CO-PACK

PA, QL (49 PER 28 DAYS)

KISQALI FEMARA 400 MG CO-PACK

PA, QL (70 PER 28 DAYS)

KISQALI FEMARA 600 MG CO-PACK

PA, QL (91 PER 28 DAYS)

leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)

LONSURF 15 MG-6.14 MG TABLET

PA, QL (100 PER 28 DAYS)

LONSURF 20 MG-8.19 MG TABLET

PA, QL (80 PER 28 DAYS)

LYSODREN

NIPENT

ONUREG

PA, QL (14 PER 28 DAYS)

ORGOVYX

PA, QL (90 PER 30 DAYS)

XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)

PA, QL (8 PER 28 DAYS)

XPOVIO (40 MG, 60 MG)

PA, QL (4 PER 28 DAYS)

XPOVIO 60 MG TWICE WEEKLY DOSE

PA, QL (24 PER 28 DAYS)

XPOVIO 80 MG TWICE WEEKLY DOSE

PA, QL (32 PER 28 DAYS)

ZOLINZA

PA, QL (120 PER 30 DAYS)

Aromatase Inhibitors, 3rd Generation*anastrozole 1 mg tablet*

ARIMIDEX

AROMASIN

exemestane

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
FEMARA <i>letrozole</i>	
Enzyme Inhibitors	
IWILFIN	PA, QL (240 PER 30 DAYS)
Molecular Target Inhibitors	
AFINITOR (2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	PA, QL (90 PER 30 DAYS)
AKEEGA	PA, QL (60 PER 30 DAYS)
ALECensa	PA, QL (240 PER 30 DAYS)
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	PA, QL (120 PER 30 DAYS)
AUGTYRO	PA, QL (240 PER 30 DAYS)
AYVAKIT	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	PA, QL (30 PER 30 DAYS)
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG TABLET, 500 MG TABLET)	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	PA, QL (180 PER 30 DAYS)
BRUKINSA	PA, QL (120 PER 30 DAYS)
CABOMETYX	PA, QL (30 PER 30 DAYS)
CALQUENCE	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
CAPRELSA 300 MG TABLET	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	PA, QL (84 PER 28 DAYS)
COPIKTRA	PA, QL (56 PER 28 DAYS)
COTELLIC	PA, QL (63 PER 28 DAYS)
DAURISMO 100 MG TABLET	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	PA, QL (60 PER 30 DAYS)
ERIVEDGE	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	PA, QL (60 PER 30 DAYS)
<i>everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)</i>	PA, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	PA, QL (90 PER 30 DAYS)
EXKIVITY	PA, QL (120 PER 30 DAYS)
FOTIVDA	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	PA, QL (21 PER 28 DAYS)
GAVRETO	PA, QL (120 PER 30 DAYS)
<i>gefitinib</i>	PA, QL (30 PER 30 DAYS)
GILOTRIF	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	PA, QL (60 PER 30 DAYS)
IBRANCE	PA, QL (21 PER 28 DAYS)
ICLUSIG	PA, QL (30 PER 30 DAYS)
IDHIFA	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)	PA, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	PA, QL (324 PER 30 DAYS)
INLYTA 1 MG TABLET	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	PA, QL (120 PER 30 DAYS)
INREBIC	PA, QL (120 PER 30 DAYS)
IRESSA	PA, QL (30 PER 30 DAYS)
JAKAFI	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	PA, QL (30 PER 30 DAYS)
KISQALI 200 MG DAILY DOSE	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	PA, QL (120 PER 30 DAYS)
KRAZATI	PA, QL (180 PER 30 DAYS)
<i>lapatinib</i>	PA, QL (180 PER 30 DAYS)
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	PA, QL (90 PER 30 DAYS)
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	PA, QL (30 PER 30 DAYS)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	PA, QL (60 PER 30 DAYS)
LORBRENA 100 MG TABLET	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	PA, QL (90 PER 30 DAYS)
LYNPARZA	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	PA, QL (112 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
LYTGOBI 20 MG DOSE (5X 4MG TB)	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	PA, QL (30 PER 30 DAYS)
MEKTOVI	PA, QL (180 PER 30 DAYS)
NERLYNX	PA, QL (180 PER 30 DAYS)
NEXAVAR	PA, QL (120 PER 30 DAYS)
NINLARO	PA, QL (3 PER 28 DAYS)
ODOMZO	PA, QL (30 PER 30 DAYS)
OGSIVEO (100 MG TABLET, 150 MG TABLET)	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	PA, QL (180 PER 30 DAYS)
OJEMDA (100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	PA, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML ORAL SUSP	PA, QL (96 PER 28 DAYS)
OJJAARA	PA, QL (30 PER 30 DAYS)
<i>pazopanib hcl</i>	PA, QL (120 PER 30 DAYS)
PEMAZYRE	PA, QL (14 PER 21 DAYS)
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	PA, QL (60 PER 30 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	PA, QL (30 PER 30 DAYS)
QINLOCK	PA, QL (90 PER 30 DAYS)
RETEVMO (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	PA, QL (60 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	PA, QL (180 PER 30 DAYS)
RETEVMO 40 MG TABLET	PA, QL (90 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	PA, QL (120 PER 30 DAYS)
REZLIDHIA	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLET PACKET	PA, QL (336 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
RUBRACA	PA, QL (120 PER 30 DAYS)
RYDAPT	PA, QL (240 PER 30 DAYS)
SCEMBLIX 100 MG TABLET	PA, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	PA, QL (300 PER 30 DAYS)
<i>sorafenib</i>	PA, QL (120 PER 30 DAYS)
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	PA, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TABLET	PA, QL (90 PER 30 DAYS)
STIVARGA	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	PA, QL (30 PER 30 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	PA, QL (90 PER 30 DAYS)
SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	PA, QL (90 PER 30 DAYS)
TABRECTA	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	PA, QL (840 PER 28 DAYS)
TAGRISSO	PA, QL (30 PER 30 DAYS)
TALZENNA	PA, QL (30 PER 30 DAYS)
TASIGNA	PA, QL (120 PER 30 DAYS)
TAZVERIK	PA, QL (240 PER 30 DAYS)
TEPMETKO	PA, QL (60 PER 30 DAYS)
TIBSOVO	PA, QL (60 PER 30 DAYS)
<i>torpenz (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>torpenz 5 mg tablet</i>	PA, QL (60 PER 30 DAYS)
TRUQAP	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
TUKYSA 50 MG TABLET	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	PA, QL (120 PER 30 DAYS)
TYKERB	PA, QL (180 PER 30 DAYS)
VANFLYTA	PA, QL (60 PER 30 DAYS)
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	PA, QL (42 PER 28 DAYS)
VERZENIO	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	PA, QL (180 PER 30 DAYS)
VIZIMPRO	PA, QL (30 PER 30 DAYS)
VONJO	PA, QL (120 PER 30 DAYS)
VOTRIENT	PA, QL (120 PER 30 DAYS)
XALKORI (20 MG PELLET, 50 MG PELLET, 200 MG CAPSULE, 250 MG CAPSULE)	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLET	PA, QL (180 PER 30 DAYS)
XOSPATA	PA, QL (90 PER 30 DAYS)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	PA, QL (30 PER 30 DAYS)
ZELBORAF	PA, QL (240 PER 30 DAYS)
ZYDELIG	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	PA, QL (90 PER 30 DAYS)

Monoclonal Antibody/Antibody-Drug Conjugate

KANJINTI	PA
MVASI	PA
ONTRUZANT	PA
RIABNI	PA
RUXIENCE	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
TRAZIMERA	PA
ZIRABEV	PA
Retinoids	
<i>bexarotene (1% gel, 75 mg capsule)</i>	PA
PANRETIN	PA
TARGRETIN (1% GEL, 75 MG CAPSULE)	PA
<i>tretinoin 10 mg capsule</i>	PA
Treatment Adjuncts	
MESNEX 400 MG TABLET	
Antiparasitics	
Anthelmintics	
<i>albendazole 200 mg tablet</i>	
<i>benznidazole</i>	
BILTRICIDE	
<i>ivermectin 3 mg tablet</i>	PA
<i>praziquantel</i>	
STROMECTOL	PA
Antiprotozoals	
<i>atovaquone</i>	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate</i>	
COARTEM	
DARAPRIM	PA
<i>hydroxychloroquine sulfate</i>	
MALARONE	
<i>mefloquine hcl</i>	
NEBUPENT	PA
<i>nitazoxanide 500 mg tablet</i>	QL (20 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
PENTAM 300	
<i>pentamidine 300 mg inhal powder</i>	PA
<i>pentamidine 300 mg inject vial</i>	
PLAQUENIL	
<i>primaquine</i>	
<i>pyrimethamine 25 mg tablet</i>	PA
<i>quinine sulfate</i>	PA

Antiparkinson Agents

Antiparkinson Agents, Other

<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)</i>	
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	PA
<i>carbidopa-levodopa-entacapone</i>	
COMTAN	
<i>entacapone</i>	
TASMAR	
<i>tolcapone</i>	
<i>trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)</i>	PA

Dopamine Agonists

APOKYN	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl</i>	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate</i>	
NEUPRO	
<i>pramipexole dihydrochloride</i>	
<i>ropinirole er</i>	
<i>ropinirole hcl</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS****Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors***carbidopa**carbidopa-levodopa**carbidopa-levodopa er*

INBRIJA

PA, QL (300 PER 30 DAYS)

RYTARY

SINEMET 10-100

SINEMET 25-100

Monoamine Oxidase B (MAO-B) Inhibitors

AZILECT 0.5 MG TABLET

AZILECT 1 MG TABLET

*rasagiline mesylate**selegiline hcl***Antipsychotics****1st Generation/Typical***fluphenazine 2.5 mg/ml vial* PA*fluphenazine decanoate* PA*fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)* PA*fluphenazine hcl (2.5 mg/5 ml elix, 5 mg/ml conc)* PA

HALDOL DECANOATE 100 PA

HALDOL DECANOATE 50 PA

haloperidol PA*haloperidol decanoate* PA*haloperidol decanoate 100* PA*haloperidol lactate* PA*lozapine* PA*molindone hcl* PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
pimozide	PA
thioridazine hcl	PA
thiothixene	PA
trifluoperazine hcl	PA
2nd Generation/Atypical	
ABILIFY (10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	PA, QL (30 PER 30 DAYS)
ABILIFY (2 MG TABLET, 5 MG TABLET)	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFI 720 MG/2.4ML	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFI 960 MG/3.2ML	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA	QL (1 PER 28 DAYS)
<i>aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>aripiprazole (2 mg tablet, 5 mg tablet)</i>	PA, QL (45 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	PA, QL (750 PER 30 DAYS)
<i>aripiprazole odt</i>	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate</i>	PA, QL (60 PER 30 DAYS)
CAPLYTA	QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	PA, QL (56 PER 28 DAYS)
GEODON (20 MG CAPSULE, 40 MG CAPSULE)	PA, QL (90 PER 30 DAYS)
GEODON (60 MG CAPSULE, 80 MG CAPSULE)	PA, QL (60 PER 30 DAYS)
GEODON 20 MG/ML VIAL	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
INVEGA (ER 3 MG TABLET, ER 9 MG TABLET)	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	QL (2.63 PER 84 OVER TIME)
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	PA, QL (60 PER 30 DAYS)
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	PA, QL (60 PER 30 DAYS)
LYBALVI	PA, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	PA, QL (30 PER 30 DAYS)
<i>olanzapine (15 mg tablet, 20 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	PA, QL (45 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	PA, QL (90 PER 30 DAYS)
<i>olanzapine odt</i>	PA, QL (30 PER 30 DAYS)
<i>paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	PA, QL (60 PER 30 DAYS)
PERSERIS	QL (1 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
quetiapine 150 mg tablet	PA, QL (150 PER 30 DAYS)
quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	PA, QL (120 PER 30 DAYS)
quetiapine fumarate (300 mg tab, 400 mg tab)	PA, QL (60 PER 30 DAYS)
quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)	PA, QL (30 PER 30 DAYS)
quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)	PA, QL (60 PER 30 DAYS)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	PA, QL (30 PER 30 DAYS)
RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET)	PA, QL (60 PER 30 DAYS)
RISPERDAL 1 MG/ML SOLUTION	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	PA, QL (120 PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL)	QL (2 PER 28 DAYS)
RISPERDAL CONSTA 50 MG VIAL	QL (2 PER 28 DAYS)
risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet)	QL (60 PER 30 DAYS)
risperidone 0.25 mg odt	PA, QL (60 PER 30 DAYS)
risperidone 1 mg/ml solution	PA, QL (480 PER 30 DAYS)
risperidone 4 mg odt	PA, QL (120 PER 30 DAYS)
risperidone 4 mg tablet	QL (120 PER 30 DAYS)
risperidone er (12.5 mg vial, 25 mg vial, 37.5 mg vial)	QL (2 PER 28 DAYS)
risperidone er 50 mg vial	QL (2 PER 28 DAYS)
risperidone odt (0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)	PA, QL (60 PER 30 DAYS)
SAPHRIS	PA, QL (60 PER 30 DAYS)
SECUADO	PA, QL (30 PER 30 DAYS)
SEROQUEL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	PA, QL (120 PER 30 DAYS)
SEROQUEL (300 MG TABLET, 400 MG TABLET)	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
SEROQUEL XR (150 MG TABLET, 200 MG TABLET)	PA, QL (30 PER 30 DAYS)
SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	QL (0.7 PER 56 OVER TIME)
UZEDY ER 50 MG/0.14 ML SYRINGE	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	QL (0.21 PER 28 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	QL (30 PER 30 DAYS)
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule)</i>	QL (90 PER 30 DAYS)
<i>ziprasidone hcl (60 mg capsule, 80 mg capsule)</i>	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	PA, QL (60 PER 30 DAYS)
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	PA, QL (45 PER 30 DAYS)
ZYPREXA 10 MG VIAL	PA, QL (90 PER 30 DAYS)
ZYPREXA 15 MG TABLET	PA, QL (30 PER 30 DAYS)
ZYPREXA 20 MG TABLET	PA, QL (30 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (300 MG VIAL, 300 MG VL KIT)	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS (15 MG TABLET, 20 MG TABLET)	PA, QL (30 PER 30 DAYS)
ZYPREXA ZYDIS (5 MG TABLET, 10 MG TABLET)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
Treatment-Resistant	
<i>clozapine (25 mg tablet, 50 mg tablet)</i>	PA, QL (90 PER 30 DAYS)
<i>clozapine 100 mg tablet</i>	PA, QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	PA, QL (120 PER 30 DAYS)
<i>clozapine odt (25 mg tablet, 100 mg tablet)</i>	PA, QL (270 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	PA, QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	PA, QL (120 PER 30 DAYS)
<i>CLOZARIL (25 MG TABLET, 50 MG TABLET)</i>	PA, QL (90 PER 30 DAYS)
<i>CLOZARIL 100 MG TABLET</i>	PA, QL (270 PER 30 DAYS)
<i>CLOZARIL 200 MG TABLET</i>	PA, QL (120 PER 30 DAYS)
<i>VERSACLOZ</i>	PA, QL (540 PER 30 DAYS)
Antispasticity Agents	
<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	
<i>DANTRIUM 25 MG CAPSULE</i>	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	
<i>tizanidine hcl</i>	
Antivirals	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
<i>BIKTARVY</i>	QL (30 PER 30 DAYS)
<i>DOVATO</i>	QL (30 PER 30 DAYS)
<i>GENVOYA</i>	QL (30 PER 30 DAYS)
<i>ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)</i>	QL (180 PER 30 DAYS)
<i>ISENTRESS 100 MG POWDER PACKET</i>	QL (60 PER 30 DAYS)
<i>ISENTRESS 400 MG TABLET</i>	QL (60 PER 30 DAYS)
<i>ISENTRESS HD</i>	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
JULUCA	QL (30 PER 30 DAYS)
STRIBILD	QL (30 PER 30 DAYS)
TIVICAY (25 MG TABLET, 50 MG TABLET)	QL (60 PER 30 DAYS)
TIVICAY 10 MG TABLET	QL (240 PER 30 DAYS)
TIVICAY PD	QL (360 PER 30 DAYS)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	
DELSTRIGO	QL (30 PER 30 DAYS)
EDURANT	QL (30 PER 30 DAYS)
<i>efavirenz 600 mg tablet</i>	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitabine-tenofovir disop</i>	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disop</i>	QL (30 PER 30 DAYS)
<i>etravirine</i>	QL (60 PER 30 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tablet</i>	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml susp</i>	QL (1200 PER 30 DAYS)
<i>nevirapine er 400 mg tablet</i>	QL (30 PER 30 DAYS)
PIFELTRO	QL (30 PER 30 DAYS)
SYMFI	QL (30 PER 30 DAYS)
SYMFI LO	QL (30 PER 30 DAYS)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
<i>abacavir 20 mg/ml solution</i>	QL (960 PER 30 DAYS)
<i>abacavir 300 mg tablet</i>	QL (60 PER 30 DAYS)
<i>abacavir-lamivudine</i>	QL (30 PER 30 DAYS)
CIMDUO	QL (30 PER 30 DAYS)
COMPLERA	QL (30 PER 30 DAYS)
DESCOVY	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)</i>	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofv 200-300mg</i>	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	QL (30 PER 30 DAYS)
EPZICOM	QL (30 PER 30 DAYS)
<i>lamivudine 10 mg/ml oral soln</i>	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	QL (60 PER 30 DAYS)
ODEFSEY	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	QL (180 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	QL (30 PER 30 DAYS)
TRIUMEQ	QL (30 PER 30 DAYS)
TRIUMEQ PD	QL (180 PER 30 DAYS)
TRUVADA	QL (30 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	QL (30 PER 30 DAYS)
VIREAD POWDER	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	QL (960 PER 30 DAYS)
<i>zidovudine 100 mg capsule</i>	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tablet</i>	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5 ml syrup</i>	QL (1920 PER 30 DAYS)
Anti-HIV Agents, Other	
FUZEON	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>maraviroc 300 mg tablet</i>	QL (120 PER 30 DAYS)
RUKOBIA	QL (60 PER 30 DAYS)
SELZENTRY (75 MG TABLET, 150 MG TABLET)	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	QL (120 PER 30 DAYS)
SUNLENCA 4- 300 MG TABLET	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	QL (5 PER 28 OVER TIME)
TYBOST	QL (30 PER 30 DAYS)
Anti-HIV Agents, Protease Inhibitors	
APTIVUS 250 MG CAPSULE	QL (120 PER 30 DAYS)
<i>atazanavir sulfate (150 mg cap, 300 mg cap)</i>	QL (30 PER 30 DAYS)
<i>atazanavir sulfate 200 mg cap</i>	QL (60 PER 30 DAYS)
<i>darunavir 600 mg tablet</i>	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	QL (30 PER 30 DAYS)
EVOTAZ	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	QL (480 PER 30 DAYS)
LEXIVA 700 MG TABLET	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 80-20mg/ml</i>	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir 100-25mg tb</i>	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir 200-50mg tb</i>	QL (120 PER 30 DAYS)
NORVIR (100 MG POWDER PACKET, 100 MG TABLET)	QL (360 PER 30 DAYS)
PREZCOBIX	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
PREZISTA 600 MG TABLET	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	QL (240 PER 30 DAYS)
<i>ritonavir</i>	QL (360 PER 30 DAYS)
SYMTUZA	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	QL (120 PER 30 DAYS)
Anti-cytomegalovirus (CMV) Agents	
LIVTENCITY	QL (120 PER 30 DAYS)
PREVYMIS (240 MG TABLET, 480 MG TABLET)	QL (30 PER 30 DAYS)
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	
<i>valganciclovir 450 mg tablet</i>	
<i>valganciclovir hcl 50 mg/ml</i>	
Anti-hepatitis B (HBV) Agents	
<i>adefovir dipivoxil</i>	
BARACLUDÉ (0.5 MG TABLET, 1 MG TABLET)	
BARACLUDÉ 0.05 MG/ML SOLUTION	
<i>entecavir</i>	
<i>lamivudine 100 mg tablet</i>	
<i>lamivudine hbv</i>	
Anti-hepatitis C (HCV) Agents	
MAVYRET	PA
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	
ZEPATIER	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
Anti-influenza Agents	
<i>oseltamivir 6 mg/ml suspension</i>	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phos 30 mg capsule</i>	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>	QL (84 PER 365 OVER TIME)
RELENZA	QL (120 PER 365 OVER TIME)
TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)	QL (84 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	QL (168 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	QL (1080 PER 365 OVER TIME)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	QL (2 PER 365 OVER TIME)
Antiherpetic Agents	
<i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i>	
<i>acyclovir 5% ointment</i>	PA
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	PA
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>	
<i>valacyclovir</i>	
VALTREX	
ZOVIRAX 5% OINTMENT	PA
Antiviral, Coronavirus agents	
PAXLOVID 150-100 MG DOSE PACK	QL (20 PER 30 OVER TIME)
PAXLOVID 150-100 MG PACK (EUA)	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	QL (30 PER 30 OVER TIME)
PAXLOVID 300-100 MG PACK (EUA)	QL (30 PER 30 OVER TIME)
Anxiolytics	
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>alprazolam 2 mg tablet</i>	QL (150 PER 30 DAYS)
<i>alprazolam er (0.5 mg tablet, 1 mg tablet)</i>	QL (30 PER 30 DAYS)
<i>alprazolam er 2 mg tablet</i>	QL (150 PER 30 DAYS)
<i>alprazolam er 3 mg tablet</i>	QL (90 PER 30 DAYS)
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>	QL (30 PER 30 DAYS)
<i>alprazolam xr 2 mg tablet</i>	QL (150 PER 30 DAYS)
<i>alprazolam xr 3 mg tablet</i>	QL (90 PER 30 DAYS)
<i>buspirone hcl</i>	
<i>chlordiazepoxide 25 mg capsule</i>	PA, QL (360 PER 30 DAYS)
<i>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)</i>	PA, QL (120 PER 30 DAYS)
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt)</i>	QL (90 PER 30 DAYS)
<i>clonazepam (0.5 mg tablet, 1 mg tablet)</i>	QL (120 PER 30 DAYS)
<i>clonazepam (2 mg odt, 2 mg tablet)</i>	QL (300 PER 30 DAYS)
<i>clorazepate 15 mg tablet</i>	PA, QL (180 PER 30 DAYS)
<i>clorazepate 3.75 mg tablet</i>	PA, QL (120 PER 30 DAYS)
<i>clorazepate 7.5 mg tablet</i>	PA, QL (360 PER 30 DAYS)
<i>diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	PA, QL (120 PER 30 DAYS)
<i>diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)</i>	PA, QL (1200 PER 30 DAYS)
<i>diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)</i>	PA, QL (240 PER 30 DAYS)
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)</i>	PA
<i>hydroxyzine pamoate</i>	PA
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	PA, QL (120 PER 30 DAYS)
<i>lorazepam (2 mg tablet, 2 mg/ml oral concnet)</i>	PA, QL (150 PER 30 DAYS)
<i>lorazepam intensol</i>	PA, QL (150 PER 30 DAYS)
<i>oxazepam</i>	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS****Bipolar Agents***lithium carbonate**lithium carbonate er**lithium citrate*

LITHOBID

Blood Glucose Regulators**Antidiabetic Agents**

<i>acarbose 100 mg tablet</i>	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	QL (180 PER 30 DAYS)
ACTOS (30 MG TABLET, 45 MG TABLET)	QL (30 PER 30 DAYS)
ACTOS 15 MG TABLET	QL (90 PER 30 DAYS)
BYDUREON BCISE	PA, QL (3.4 PER 28 DAYS)
CYCLOSET	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	QL (60 PER 30 DAYS)
<i>gauze pads & dressings - pads 2 x2</i>	PA
<i>glimepiride 1 mg tablet</i>	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	QL (120 PER 30 DAYS)
<i>glipizide 2.5 mg tablet</i>	QL (480 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tablet</i>	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tablet</i>	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>glipizide xl 5 mg tablet</i>	QL (120 PER 30 DAYS)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	QL (120 PER 30 DAYS)
<i>glipizide-metformin 2.5-250 mg</i>	QL (240 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	QL (60 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	QL (120 PER 30 DAYS)
<i>glyburid-metformin 1.25-250 mg</i>	QL (240 PER 30 DAYS)
<i>glyburide 1.25 mg tablet</i>	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	QL (120 PER 30 DAYS)
<i>glyburide micro 1.5 mg tab</i>	QL (240 PER 30 DAYS)
<i>glyburide micro 3 mg tablet</i>	QL (120 PER 30 DAYS)
<i>glyburide micro 6 mg tablet</i>	QL (60 PER 30 DAYS)
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	QL (120 PER 30 DAYS)
GLYXAMBI	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	PA
JANUMET	QL (60 PER 30 DAYS)
JANUMET XR	QL (30 PER 30 DAYS)
JANUVIA	QL (30 PER 30 DAYS)
JARDIANCE	QL (30 PER 30 DAYS)
JENTADUETO	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	QL (30 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet</i>	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	QL (60 PER 30 DAYS)
MOUNJARO	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>nateglinide 60 mg tablet</i>	QL (180 PER 30 DAYS)
OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/ML))	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	QL (30 PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	QL (90 PER 30 DAYS)
<i>pioglitazone-glimepiride</i>	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin</i>	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	QL (240 PER 30 DAYS)
RYBELSUS	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl</i>	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformn er 5-1000)</i>	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er 2.5-1000</i>	QL (60 PER 30 DAYS)
SOLIQUA 100-33	QL (18 PER 30 DAYS)
SYMLINPEN 120	
SYMLINPEN 60	
SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	QL (30 PER 30 DAYS)
TRADJENTA	QL (30 PER 30 DAYS)
TRULICITY	PA, QL (2 PER 28 DAYS)
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	QL (30 PER 30 DAYS)
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
Glycemic Agents	
BAQSIMI	QL (4 PER 30 DAYS)
<i>diazoxide 50 mg/ml oral susp</i>	
GLUCAGEN	QL (4 PER 30 DAYS)
<i>glucagon emergency kit (, 1 mg kit)</i>	QL (4 PER 30 DAYS)
GVOKE	QL (0.8 PER 30 DAYS)
GVOKE HYPOOPEN 1-PK 1 MG/0.2 ML	QL (0.8 PER 30 DAYS)
GVOKE HYPOOPEN 1PK 0.5MG/0.1 ML	QL (0.4 PER 30 DAYS)
GVOKE HYPOOPEN 2-PK 1 MG/0.2 ML	QL (0.8 PER 30 DAYS)
GVOKE HYPOOPEN 2PK 0.5MG/0.1 ML	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	QL (0.8 PER 30 DAYS)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	QL (0.8 PER 30 DAYS)
PROGLYCEM	
Insulins	
HUMALOG	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-100	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100	QL (60 PER 30 DAYS)
HUMULIN 70-30	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	QL (60 PER 30 DAYS)
HUMULIN N	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN	QL (60 PER 30 DAYS)
HUMULIN R	QL (60 PER 30 DAYS)
HUMULIN R U-500	PA
HUMULIN R U-500 KWIKPEN	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>insulin pen needle</i>	PA
<i>insulin syringe (disp) u-100 0.3 ml</i>	PA
<i>insulin syringe (disp) u-100 1 ml</i>	PA
<i>insulin syringe (disp) u-100 1/2 ml</i>	PA
LANTUS	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR	QL (60 PER 30 DAYS)
LYUMJEV	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200	QL (60 PER 30 DAYS)
LYUMJEV TEMPO PEN U-100	QL (60 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	PA
NOVOLIN 70-30	QL (60 PER 30 DAYS)
NOVOLIN 70-30 FLEXPEN	QL (60 PER 30 DAYS)
NOVOLIN N	QL (60 PER 30 DAYS)
NOVOLIN N FLEXPEN	QL (60 PER 30 DAYS)
NOVOLIN R	QL (60 PER 30 DAYS)
NOVOLIN R FLEXPEN	QL (60 PER 30 DAYS)
NOVOLOG	QL (60 PER 30 DAYS)
NOVOLOG FLEXPEN	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30 FLEXPEN	QL (60 PER 30 DAYS)
NOVOLOG PENFILL	QL (60 PER 30 DAYS)
<i>omnipod 5 dexg7g6 intro(gen 5)</i>	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 dexg7g6 pods (gen 5)</i>	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 g6-g7 pods (gen 5)</i>	PA, QL (15 PER 30 DAYS)
<i>omnipod classic pdm kit(gen 3)</i>	PA, QL (1 PER 720 OVER TIME)
<i>omnipod classic pods (gen 3)</i>	PA, QL (15 PER 30 DAYS)
<i>omnipod dash intro kit (gen 4)</i>	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pdm kit (gen 4)</i>	PA, QL (1 PER 720 OVER TIME)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>omnipod dash pods (gen 4)</i>	PA, QL (15 PER 30 DAYS)
<i>omnipod go pods</i>	PA, QL (10 PER 30 DAYS)
TOUJEO MAX SOLOSTAR	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR	QL (60 PER 30 DAYS)
Blood Products and Modifiers	
Anticoagulants	
<i>dabigatran etexilate (75 mg cap, 150 mg cp)</i>	QL (60 PER 30 DAYS)
<i>dabigatran etexilate 110 mg cp</i>	QL (120 PER 30 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	QL (60 PER 30 DAYS)
<i>enoxaparin 30 mg/0.3 ml syr</i>	QL (9 PER 90 OVER TIME)
<i>enoxaparin 40 mg/0.4 ml syr</i>	QL (12 PER 90 OVER TIME)
<i>enoxaparin 60 mg/0.6 ml syr</i>	QL (18 PER 90 OVER TIME)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i>	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	QL (24 PER 90 OVER TIME)
<i>fondaparinux 10 mg/0.8 ml syr</i>	QL (24 PER 90 OVER TIME)
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	QL (15 PER 90 OVER TIME)
<i>fondaparinux 5 mg/0.4 ml syr</i>	QL (12 PER 90 OVER TIME)
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	QL (18 PER 90 OVER TIME)
<i>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpject, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i>	
<i>jantoven</i>	
LOVENOX (100 MG/ML SYRINGE, 150 MG/ML SYRINGE)	QL (30 PER 90 OVER TIME)
LOVENOX (80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE)	QL (24 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
LOVENOX 30 MG/0.3 ML SYRINGE	QL (9 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	QL (18 PER 90 OVER TIME)
<i>warfarin sodium</i>	
XARELTO (10 MG TABLET, 20 MG TABLET)	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML SUSPENSION	QL (620 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	QL (51 PER 30 DAYS)
ZONTIVITY	

Blood Products and Modifiers, Other

AGRYLIN

anagrelide hcl

ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE)	PA
ARANESP (100 MCG/ML VIAL, 150 MCG/0.4 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	PA
FULPHILA	PA
GRANIX	PA
LEUKINE	PA
NIVESTYM (300 MCG/ML VIAL, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	PA
NIVESTYM 300 MCG/0.5 ML SYRING	PA
PROCERIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL)	PA
PROCERIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	PA
PROMACTA	PA
RETACRIT	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
UDENYCA	PA
UDENYCA AUTOINJECTOR	PA
UDENYCA ONBODY	PA
ZIEXTENZO	PA
Hemostasis Agents	
<i>tranexamic acid 650 mg tablet</i>	
Platelet Modifying Agents	
<i>aspirin-dipyridamole er</i>	
BRILINTA	
CABLIVI	
<i>cilostazol</i>	
<i>clopidogrel 75 mg tablet</i>	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	
PLAVIX	
<i>prasugrel hcl</i>	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine</i>	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0. mg tablet)</i>	
droxidopa	PA
<i>guanfacine hcl</i>	
<i>midodrine hcl</i>	
NORTHERA	PA
Alpha-adrenergic Blocking Agents	
CARDURA	QL (60 PER 30 DAYS)
<i>doxazosin mesylate</i>	QL (60 PER 30 DAYS)
<i>phenoxybenzamine hcl</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>prazosin hcl</i>	
<i>terazosin 1 mg capsule</i>	QL (90 PER 30 DAYS)
<i>terazosin hcl (2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	QL (60 PER 30 DAYS)
Angiotensin II Receptor Antagonists	
ATACAND (4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	QL (60 PER 30 DAYS)
ATACAND 32 MG TABLET	QL (30 PER 30 DAYS)
AVAPRO	QL (30 PER 30 DAYS)
BENICAR (20 MG TABLET, 40 MG TABLET)	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	QL (60 PER 30 DAYS)
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb)</i>	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tb</i>	QL (30 PER 30 DAYS)
COZAAR (25 MG TABLET, 50 MG TABLET)	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	QL (30 PER 30 DAYS)
DIOVAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET)	QL (60 PER 30 DAYS)
DIOVAN 320 MG TABLET	QL (30 PER 30 DAYS)
EDARBI	QL (30 PER 30 DAYS)
<i>irbesartan</i>	QL (30 PER 30 DAYS)
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	QL (60 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	QL (30 PER 30 DAYS)
MICARDIS	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	QL (60 PER 30 DAYS)
<i>telmisartan</i>	QL (30 PER 30 DAYS)
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>valsartan 320 mg tablet</i>	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Angiotensin-converting Enzyme (ACE) Inhibitors

ALTACE

*benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)**captopril**enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)**fosinopril sodium**lisinopril*

LOTENSIN

*moexipril hcl**perindopril erbumine**quinapril hcl**ramipril**trandolapril***VASOTEC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)****VASOTEC 20 MG TABLET****ZESTRIL****Antiarrhythmics***amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)**dofetilide**flecainide acetate**mexiletine hcl***MULTAQ***pacerone (100 mg tablet, 200 mg tablet, 400 mg tablet)**propafenone hcl**propafenone hcl er**quinidinе gluc er 324 mg tab*

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS***quinidine sulfate**sorine**sotalol**sotalol at*

TIKOSYN

Beta-adrenergic Blocking Agents*acebutolol hcl**atenolol**betaxolol hcl (10 mg tablet, 20 mg tablet)**bisoprolol fumarate (5 mg tab, 10 mg tab)*

BYSTOLIC

*carvedilol**carvedilol er*

COREG CR

INDERAL LA

INDERAL XL

INNOPRAN XL

*labetalol hcl (100 mg tablet, 200 mg tablet,
300 mg tablet)*LOPRESSOR (50 MG TABLET, 100 MG
TABLET)*metoprolol succinate**metoprolol tartrate (25 mg tab, 37.5 mg tb, 50
mg tab, 75 mg tab, 100 mg tab)**nadolol**nebivolol hcl**pindolol**propranolol hcl (10 mg tablet, 20 mg tablet, 20
mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln,
60 mg tablet, 80 mg tablet)**propranolol hcl er*

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

TENORMIN

timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)

TOPROL XL

Calcium Channel Blocking Agents, Dihydropyridines

amlodipine besylate

felodipine er

isradipine

nicardipine hcl (20 mg capsule, 30 mg capsule)

nifedipine (10 mg capsule, 20 mg capsule)

nifedipine er

nimodipine 30 mg capsule

nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 34 mg tablet)

nisoldipine er 25.5 mg tablet

NORVASC

PROCARDIA XL

SULAR

Calcium Channel Blocking Agents, Nondihydropyridines

CARDIZEM

CARDIZEM CD (120 MG CAPSULE, 180 MG CAPSULE, 300 MG CAPSULE)

CARDIZEM CD (240 MG CAPSULE, 360 MG CAPSULE)

CARDIZEM LA

cartia xt

dilt-xr

diltiazem 12hr er

diltiazem 24hr er

diltiazem 24hr er (cd)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS***diltiazem 24hr er (la)**diltiazem 24hr er (xr)**diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)**matzim la**taztia xt**tiadylt er**TIAZAC**verapamil er**verapamil er pm**verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)**verapamil sr**VERELAN**VERELAN PM***Cardiovascular Agents, Other***acetazolamide**acetazolamide er**aliskiren*

QL (30 PER 30 DAYS)

*amiloride-hydrochlorothiazide**amlodipine besylate-benazepril**amlodipine-atorvastatin**amlodipine-olmesartan*

QL (30 PER 30 DAYS)

amlodipine-valsartan

QL (30 PER 30 DAYS)

amlodipine-valsartan-hctz

QL (30 PER 30 DAYS)

ATACAND HCT

QL (30 PER 30 DAYS)

*atenolol-chlorthalidone**AVALIDE*

QL (30 PER 30 DAYS)

AZOR

QL (30 PER 30 DAYS)

benazepril-hydrochlorothiazide

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
BENICAR HCT	QL (30 PER 30 DAYS)
<i>bisoprolol-hydrochlorothiazide</i>	
candesartan-hydrochlorothiazide	QL (30 PER 30 DAYS)
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	PA, QL (600 PER 30 DAYS)
DEM SER	
<i>digitek</i>	QL (30 PER 30 DAYS)
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)</i>	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	QL (150 PER 30 DAYS)
DIOVAN HCT	QL (30 PER 30 DAYS)
EDARBYCLOR	QL (30 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	
ENTRESTO (49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	QL (60 PER 30 DAYS)
ENTRESTO 24 MG-26 MG TABLET	QL (180 PER 30 DAYS)
ENTRESTO SPRINKLE	QL (240 PER 30 DAYS)
EXFORGE	QL (30 PER 30 DAYS)
EXFORGE HCT	QL (30 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide</i>	
HYZAAR	QL (30 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide</i>	QL (30 PER 30 DAYS)
<i>ivabradine hcl</i>	PA, QL (60 PER 30 DAYS)
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	QL (30 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	
<i>losartan-hydrochlorothiazide</i>	QL (30 PER 30 DAYS)
<i>methazolamide</i>	
<i>metoprolol-hydrochlorothiazide</i>	
<i>metyrosine</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	QL (60 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	QL (30 PER 30 DAYS)
<i>olmesartan-hydrochlorothiazide</i>	QL (30 PER 30 DAYS)
<i>pentoxifylline</i>	
<i>quinapril-hydrochlorothiazide</i>	
<i>ranolazine er</i>	QL (60 PER 30 DAYS)
<i>spironolactone-hctz</i>	
TEKTURNNA	QL (30 PER 30 DAYS)
<i>telmisartan-amlodipine</i>	QL (30 PER 30 DAYS)
<i>telmisartan-hctz 80-12.5 mg tb</i>	QL (60 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)</i>	QL (30 PER 30 DAYS)
TENORETIC 100	
TENORETIC 50	
<i>trandolapril-verapamil er</i>	
TRIBENZOR	QL (30 PER 30 DAYS)
<i>valsartan-hydrochlorothiazide</i>	QL (30 PER 30 DAYS)
VASERETIC	
ZESTORETIC	
ZIAC	

Diuretics, Loop

<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>
<i>furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml vial)</i>
LASIX
<i>torsemide</i>

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS****Diuretics, Potassium-sparing***amiloride hcl**triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)***Diuretics, Thiazide***chlorthalidone**hydrochlorothiazide**indapamide**metolazone***Dyslipidemics, Fibrin Acid Derivatives***fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)*

QL (60 PER 30 DAYS)

fenofibrate (67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)

QL (30 PER 30 DAYS)

fenofibric acid dr 135 mg cap

QL (30 PER 30 DAYS)

fenofibric acid dr 45 mg cap

QL (60 PER 30 DAYS)

gemfibrozil

QL (60 PER 30 DAYS)

LOPID

QL (60 PER 30 DAYS)

Dyslipidemics, HMG CoA Reductase Inhibitors*atorvastatin 80 mg tablet*

QL (30 PER 30 DAYS)

atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet)

QL (45 PER 30 DAYS)

CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)

ST, QL (45 PER 30 DAYS)

CRESTOR 40 MG TABLET

ST, QL (30 PER 30 DAYS)

fluvastatin er

QL (30 PER 30 DAYS)

fluvastatin sodium

QL (60 PER 30 DAYS)

LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)

ST, QL (45 PER 30 DAYS)

LIPITOR 80 MG TABLET

ST, QL (30 PER 30 DAYS)

lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)

QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	QL (45 PER 30 DAYS)
<i>pravastatin sodium 80 mg tab</i>	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	QL (45 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tab</i>	QL (30 PER 30 DAYS)
<i>simvastatin (5 mg tablet, 10 mg tablet, 40 mg tablet)</i>	QL (45 PER 30 DAYS)
<i>simvastatin 20 mg tablet</i>	QL (60 PER 30 DAYS)
<i>simvastatin 80 mg tablet</i>	QL (30 PER 30 DAYS)
<i>ZOCOR (10 MG TABLET, 40 MG TABLET)</i>	ST, QL (45 PER 30 DAYS)
<i>ZOCOR 20 MG TABLET</i>	ST, QL (60 PER 30 DAYS)

Dyslipidemics, Other

<i>cholestyramine (packet, powder)</i>	
<i>cholestyramine light (packet, powder)</i>	
<i>COLESTID 1 GM TABLET</i>	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</i>	
<i>ezetimibe</i>	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	QL (30 PER 30 DAYS)
<i>icosapent ethyl (0.5 gm capsule, 500 mg capsule)</i>	QL (240 PER 30 DAYS)
<i>icosapent ethyl 1 gram capsule</i>	QL (120 PER 30 DAYS)
<i>JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)</i>	PA
<i>niacin er (750 mg tablet, 1,000 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>niacin er 500 mg tablet</i>	QL (30 PER 30 DAYS)
<i>omega-3 acid ethyl esters</i>	
<i>prevalite (packet, powder)</i>	
<i>REPATHA PUSHTRONEX</i>	PA, QL (7 PER 28 DAYS)
<i>REPATHA SURECLICK</i>	PA, QL (2 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
REPATHA SYRINGE	PA, QL (2 PER 28 DAYS)
<i>triklo</i>	
VASCEPA 0.5 GM CAPSULE	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	QL (120 PER 30 DAYS)
VYTORIN	ST, QL (30 PER 30 DAYS)
ZETIA	QL (30 PER 30 DAYS)
Mineralocorticoid Receptor Antagonists	
ALDACTONE	
<i>eplerenone</i>	
INSPRA	
KERENDIA	PA, QL (30 PER 30 DAYS)
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	
Vasodilators, Direct-acting Arterial	
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	
Vasodilators, Direct-acting Arterial/Venous	
ISORDIL TITRADOSE	
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	
<i>isosorbide mononitrate</i>	
<i>isosorbide mononitrate er</i>	
NITRO-BID	
<i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)</i>	
<i>nitroglycerin patch</i>	
NITROLINGUAL	
NITROSTAT	
RECTIV	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
VERQUVO	QL (30 PER 30 DAYS)
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	
ADDERALL XR	QL (30 PER 30 DAYS)
DEXEDRINE (10 MG, 15 MG)	QL (120 PER 30 DAYS)
<i>dextroamp-amphetamin 20 mg tab</i>	QL (90 PER 30 DAYS)
<i>dextroamphetamine 10 mg tab</i>	QL (180 PER 30 DAYS)
<i>dextroamphetamine 5 mg tab</i>	QL (90 PER 30 DAYS)
<i>dextroamphetamine er 5 mg cap</i>	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)</i>	QL (120 PER 30 DAYS)
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	QL (30 PER 30 DAYS)
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 30 mg tab, dextroamp-amphetamine 5 mg tab)</i>	QL (60 PER 30 DAYS)
<i>lisdexamfetamine dimesylate (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule)</i>	QL (30 PER 30 DAYS)
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	QL (30 PER 30 DAYS)
<i>zenzedi 10 mg tablet</i>	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>clonidine hcl er 0.1 mg tablet</i>	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl</i>	PA, QL (60 PER 30 DAYS)
FOCALIN	PA, QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	QL (30 PER 30 DAYS)
<i>methylphenidate 10 mg/5 ml sol</i>	PA, QL (900 PER 30 DAYS)
<i>methylphenidate 5 mg/5 ml soln</i>	PA, QL (450 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	PA, QL (90 PER 30 DAYS)
RITALIN	PA, QL (90 PER 30 DAYS)
STRATTERA (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	QL (60 PER 30 DAYS)
STRATTERA (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	QL (30 PER 30 DAYS)
Central Nervous System, Other	
AUSTEDO (9 MG TABLET, 12 MG TABLET)	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TABLET	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (12 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET)	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET	PA, QL (90 PER 30 DAYS)
AUSTEDO XR TITR KT(6-12-24 MG)	PA, QL (42 PER 28 DAYS)
AUSTEDO XR TITR(12-18-24-30MG)	PA, QL (28 PER 28 DAYS)
NUEDEXTA	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	
<i>tetrabenazine 12.5 mg tablet</i>	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	PA, QL (120 PER 30 DAYS)
VEOZAH	PA, QL (30 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS****Multiple Sclerosis Agents**

AMPYRA	PA
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	PA, QL (1 PER 28 DAYS)
AVONEX PEN	PA, QL (1 PER 28 DAYS)
BETASERON	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	PA, QL (12 PER 28 DAYS)
<i>dalfampridine er</i>	PA
<i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate 30d start pk</i>	PA, QL (60 PER 30 DAYS)
<i>fingolimod</i>	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	PA, QL (1.6 PER 28 DAYS)
PLEGRIDY	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN	PA, QL (1 PER 28 DAYS)
TECFIDERA	PA, QL (60 PER 30 DAYS)
VUMERTY	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

<i>cevimeline hcl</i>
<i>chlorhexidine gluconate (15 ml cup, rinse)</i>
<i>kourzeq</i>
<i>oralone</i>
<i>periogard</i>

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

pilocarpine hcl (5 mg tablet, 7.5 mg tablet)

SALAGEN

*triamcinolone 0.1% paste***Dermatological Agents**

Acne and Rosacea Agents*accutane**acitretin**amnesteem*

AVITA

PA

azelaic acid 15% gel

AZELEX

BENZAMYCIN

*claravis**clind ph-benzoyl perox 1.2-5%**clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)**doxycycline ir-dr**erythromycin-benzoyl peroxide*

FINACEA 15% FOAM

FINACEA 15% GEL

isotretinoin

KLARON

*myorisan**neuac*

ORACEA

RETIN-A

PA

*sulfacetamide sodium (sod top susp, sodium lotn)**tazarotene (0.05% gel, 0.1% cream, 0.1% gel)*

PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	PA
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	PA
<i>zenatane</i>	
Dermatitis and Pruitus Agents	
ALA-CORT 1% CREAM	
<i>alclometasone dipropionate</i>	QL (120 PER 30 DAYS)
<i>ammonium lactate</i>	
<i>betamethasone diprop augmented (crm, oin)</i>	QL (200 PER 28 DAYS)
<i>betamethasone dipropionate (crm, oint)</i>	QL (135 PER 30 DAYS)
<i>betamethasone dp 0.05% lot</i>	QL (120 PER 30 DAYS)
<i>betamethasone dp aug 0.05% gel</i>	QL (200 PER 28 DAYS)
<i>betamethasone dp aug 0.05% lot</i>	QL (210 PER 30 DAYS)
<i>betamethasone va 0.1% lotion</i>	QL (120 PER 30 DAYS)
<i>betamethasone valerate (va cream, valer ointm)</i>	QL (135 PER 30 DAYS)
<i>clobetasol 0.05% shampoo</i>	QL (236 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	QL (210 PER 28 DAYS)
<i>clobetasol propionate (cream, gel, ointment)</i>	QL (210 PER 28 DAYS)
<i>clobetasol propionate (prop foam, solution)</i>	QL (200 PER 28 DAYS)
<i>clodan</i>	QL (236 PER 30 DAYS)
<i>desonide (cream, ointment)</i>	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment)</i>	QL (120 PER 30 DAYS)
DIPROLENE	QL (200 PER 28 DAYS)
<i>doxepin 5% cream</i>	PA
ELIDEL	PA
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>fluocinolone acetonide (body oil, scalp oil)</i>	QL (118.28 PER 30 DAYS)
<i>fluocinonide (cream, gel, ointment, solution)</i>	QL (120 PER 30 DAYS)
<i>fluocinonide 0.1% cream</i>	QL (240 PER 28 DAYS)
<i>fluocinonide-e</i>	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	QL (120 PER 30 DAYS)
<i>halobetasol propionate (cream, ointmnt)</i>	QL (200 PER 28 DAYS)
<i>hydrocortisone (cream, ointment)</i>	
<i>hydrocortisone 2.5% lotion</i>	QL (118 PER 30 DAYS)
<i>hydrocortisone 2.5% ointment</i>	QL (454 PER 30 DAYS)
<i>hydrocortisone butyr 0.1% soln</i>	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)</i>	QL (135 PER 30 DAYS)
<i>hydrocortisone valerate</i>	QL (120 PER 30 DAYS)
<i>LOCOID LIPOCREAM</i>	QL (135 PER 30 DAYS)
<i>mometasone furoate (cream, oint)</i>	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% soln</i>	QL (120 PER 30 DAYS)
<i>pimecrolimus</i>	PA
<i>PRUDOXIN</i>	PA
<i>selenium sulfide 2.5% lotion</i>	
<i>tacrolimus (0.03%, 0.1%)</i>	PA
<i>triamcinolone acetonide (0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)</i>	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)</i>	QL (120 PER 30 DAYS)
<i>triderm 0.5% cream</i>	QL (454 PER 30 DAYS)
<i>ZONALON</i>	PA
Dermatological Agents, Other	
<i>calcipotriene (cream, ointment, solution)</i>	QL (120 PER 30 DAYS)
<i>calcitrene</i>	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

<i>clotrimazole-betamethasone (crm, lot)</i>	
<i>diclofenac sodium 3% gel</i>	PA
EFUDEX	
<i>fluorouracil (cream, topical soln)</i>	
<i>fluorouracil 2% topical soln</i>	
<i>imiquimod 5% cream packet</i>	PA
<i>methoxsalen</i>	
<i>nystatin-triamcinolone</i>	
<i>OTEZLA (10-20 MG STARTER 28 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET)</i>	PA
<i>podofilox 0.5% topical soln</i>	
REGRANEX	PA, QL (15 PER 30 DAYS)
SANTYL	QL (180 PER 30 DAYS)
SILVADENE	
<i>silver sulfadiazine</i>	
SSD	

Pediculicides/Scabicides

<i>ivermectin 1% cream</i>	PA
<i>malathion</i>	
OVIDE	
<i>permethrin</i>	
SOOLANTRA	PA

Topical Anti-infectives

<i>gentamicin sulfate (cream, ointment)</i>
METROCREAM
METROGEL
METROLOTION
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>mupirocin</i>	QL (30 PER 30 OVER TIME)
<i>rosadan</i>	
Electrolytes/Minerals/ Metals/ Vitamins	
Electrolyte/Mineral Replacement	
<i>aqua care sodium chloride</i>	
CARBAGLU	PA
<i>carglumic acid</i>	PA
<i>dextrose 2.5%-0.45% nacl</i>	
<i>dextrose 5%-0.2% nacl</i>	
<i>dextrose 5%-0.225% nacl</i>	
<i>dextrose 5%-0.45% nacl</i>	
<i>dextrose 5%-0.9% nacl</i>	
<i>kcl 20 meq in d5w-lact ringer</i>	
<i>kcl 20 meq/l in d5w solution</i>	
<i>kcl-d5w-0.2% nacl</i>	
<i>kcl-d5w-0.225% nacl (10meq/500ml-d5w-0.225%nacl, 20 meq/l-d5w-0.225% nacl)</i>	
<i>kcl-d5w-0.45% nacl</i>	
KLOR-CON 10	
KLOR-CON 8	
<i>klor-con m10</i>	
KLOR-CON M15	
<i>klor-con m20</i>	
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

*potassium chloride (cl10%(20meq/15ml)cup,
cl10%(40meq/30ml)cup,
cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl
10 meq/5 ml conc, cl 10% (20 meq/15ml), cl
10% (40 meq/30ml), cl 20 meq/10 ml conc, cl
20% (40 meq/15ml), cl 40 meq/20 ml conc, cl
60 meq/30 ml conc, cl er 8 meq capsule, cl er
8 meq tablet, cl er 10 meq capsule, cl er 10
meq tablet, cl er 15 meq tablet, cl er 20 meq
tablet)*

potassium chloride proamp

potassium chloride-0.45% nacl

potassium citrate er

*sodium chloride (saline 0.45% soln-excel con,
sodium chloride 0.45% soln, sodium chloride
0.9% 100 ml, sodium chloride 0.9% 1,000 ml,
sodium chloride 0.9% 250 ml, sodium chloride
0.9% 50 ml, sodium chloride 0.9% 500 ml,
sodium chloride 0.9% ampule, sodium chloride
0.9% irrig, sodium chloride 0.9% irrig., sodium
chloride 0.9% prcss sol, sodium chloride 0.9%
sol-excel, sodium chloride 0.9% soln, sodium
chloride 0.9% solution, sodium chloride 0.9%
vial)*

sodium chloride-water

Electrolyte/Mineral/Metal Modifiers

CHEMET

*deferasirox (90 mg granule pkt, 180 mg
granule pkt, 180 mg tablet, 250 mg tb for susp,
360 mg granule pkt, 360 mg tablet, 500 mg tb
for susp)*

PA

deferasirox 125 mg tb for susp

PA

deferasirox 90 mg tablet

PA

EXJADE

PA

JADENU

PA

JADENU SPRINKLE

PA

SAMSCA

PA

SYPRINE

PA, QL (240 PER 30 DAYS)

**You can find information on what the symbols and abbreviations
on this table mean by going to page 1.**

DRUG NAME	REQUIREMENTS/LIMITS
<i>tolvaptan</i>	PA
<i>trientine hcl 250 mg capsule</i>	PA, QL (240 PER 30 DAYS)
<i>dextrose in water (5%-water 100 ml, 5%-water 50 ml, 5%-water iv soln, 10%-water iv solution)</i>	
<i>glucose in water</i>	
INTRALIPID 20% IV FAT EMUL	PA
NUTRILIPID	PA
TRAVASOL	PA
TROPHAMINE	PA

Potassium Binders

<i>kionex</i>
<i>sodium polystyrene sulf powder</i>
SPS
VELTASSA

Gastrointestinal Agents

Anti-Constipation Agents

<i>constulose</i>	
<i>enulose</i>	
<i>generlac</i>	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	
LINZESS	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	QL (120 PER 30 DAYS)
MOVANTIK	QL (30 PER 30 DAYS)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	PA, QL (18 PER 30 DAYS)
RELISTOR 150 MG TABLET	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
RELISTOR 8 MG/0.4 ML SYRINGE	PA, QL (12 PER 30 DAYS)
Anti-Diarrheal Agents	
<i>alosetron hcl 0.5 mg tablet</i>	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tablet</i>	PA, QL (60 PER 30 DAYS)
<i>diphenoxylate-atrop 2.5-0.025</i>	PA
<i>loperamide 2 mg capsule</i>	
LOTRONEX	PA, QL (60 PER 30 DAYS)
VIBERZI	PA, QL (60 PER 30 DAYS)
XERMELO	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal	
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i>	PA
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	
<i>methscopolamine bromide</i>	
Gastrointestinal Agents, Other	
<i>bismuth-metronidazole-tetracyc</i>	
CHENODAL	PA
GATTEX	PA
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	
<i>gavilyte-n</i>	
GOLYTELY	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol)</i>	
MOVIPREP	
MYALEPT	PA
OCALIVA	PA, QL (30 PER 30 DAYS)
<i>peg 3350-electrolyte solution</i>	
<i>peg-3350 and electrolytes</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
peg3350-sod sul-nacl-kcl-asb-c	
PYLERA	
REGLAN	
sod sulf-potass sulf-mag sulf	
SUPREP	
SUTAB	
ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)	
VOWST	PA, QL (12 PER 56 OVER TIME)
XIFAXAN 550 MG TABLET	PA, QL (90 PER 30 DAYS)

Histamine2 (H2) Receptor Antagonists

cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)

famotidine (20 mg tablet, 40 mg tablet, 40 mg/5 ml susp)

nizatidine 150 mg capsule

nizatidine 300 mg capsule

Protectants

CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)

CYTOTEC

misoprostol

sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)

Proton Pump Inhibitors

esomeprazole magnesium (dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap)

QL (30 PER 30 DAYS)

lansoprazole (dr 15 mg capsule, dr 30 mg capsule)

QL (30 PER 30 DAYS)

NEXIUM (DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET)

ST, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	QL (30 PER 30 DAYS)
<i>omeprazole (dr 20 mg capsule, dr 40 mg capsule)</i>	QL (60 PER 30 DAYS)
<i>omeprazole dr 10 mg capsule</i>	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 20 mg tab</i>	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 40 mg tab</i>	QL (60 PER 30 DAYS)
PREVACID DR 30 MG CAPSULE	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	ST, QL (60 PER 30 DAYS)
<i>rabeprazole sod dr 20 mg tab</i>	QL (30 PER 30 DAYS)

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

<i>betaine anhydrous</i>	
BUPHENYL 500 MG TABLET	PA
CARNITOR (1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET)	
CARNITOR SF	
CEREZYME	PA
CREON	
<i>cromolyn 100 mg/5 ml oral conc</i>	
CRYSVITA	PA
CYSTADANE	
CYSTAGON	PA
ELELYSO	PA
ENDARI	PA
KUVAN	PA
<i>L-glutamine 5 gram powder pkt</i>	PA
<i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>	
<i>levocarnitine st</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>miglustat</i>	PA, QL (90 PER 30 DAYS)
<i>nitisinone</i>	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	
PALYNZIQ	PA
PROLASTIN C	PA
REVCovi	
<i>sapropterin dihydrochloride</i>	PA
<i>sodium phenylbutyrate (500mg tb, powder)</i>	PA
STRENSIQ	PA
VPRIV	PA
VYNDAMAX	PA, QL (30 PER 30 DAYS)
VYNDAQEL	PA, QL (120 PER 30 DAYS)
WELIREG	PA, QL (90 PER 30 DAYS)
<i>yargesa</i>	PA, QL (90 PER 30 DAYS)
ZENPEP	
ZOKINVY	PA, QL (120 PER 30 DAYS)

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin er</i>	QL (30 PER 30 DAYS)
DETROL	ST, QL (60 PER 30 DAYS)
DETROL LA	ST, QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	QL (30 PER 30 DAYS)
GEMTESA	QL (30 PER 30 DAYS)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	QL (300 PER 28 DAYS)
<i>oxybutynin 5 mg tablet</i>	QL (120 PER 30 DAYS)
<i>oxybutynin chloride (5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	QL (600 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>oxybutynin cl er 10 mg tablet</i>	QL (90 PER 30 DAYS)
<i>oxybutynin cl er 15 mg tablet</i>	QL (60 PER 30 DAYS)
<i>oxybutynin cl er 5 mg tablet</i>	QL (30 PER 30 DAYS)
<i>solifenacin succinate</i>	QL (30 PER 30 DAYS)
<i>tolterodine tartrate</i>	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er</i>	QL (30 PER 30 DAYS)
TOVIAZ	ST, QL (30 PER 30 DAYS)
<i>trospium chloride</i>	QL (60 PER 30 DAYS)
<i>trospium chloride er</i>	QL (30 PER 30 DAYS)

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	QL (30 PER 30 DAYS)
AVODART	QL (30 PER 30 DAYS)
<i>dutasteride 0.5 mg capsule</i>	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin</i>	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	QL (30 PER 30 DAYS)
FLOMAX	QL (60 PER 30 DAYS)
PROSCAR	QL (30 PER 30 DAYS)
RAPAFLO	QL (30 PER 30 DAYS)
<i>silodosin</i>	QL (30 PER 30 DAYS)
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	QL (60 PER 30 DAYS)

Contraceptives, Other

LILETTA
NEXPLANON
SKYLA

Genitourinary Agents, Other

<i>bethanechol chloride</i>
DEPEN
<i>penicillamine 250 mg tablet</i>

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS****Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)**

ACTHAR PA

ACTHAR SELFJECT PA

CORTEF

dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb)

fludrocortisone acetate

HEMADY

hidex

hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)

MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET)

methylprednisolone

prednisolone (15 mg/5 ml soln, 15mg/5ml soln cup)

prednisolone sodium phosphate (5 mg/5 ml soln, sod ph 25 mg/5 ml)

prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)

taperdex 6 day 1.5 mg tablet

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

CHORIONIC GONADOTROPIN PA

DDAVP (0.1 MG TABLET, 0.2 MG TABLET)

desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg tb, 0.2 mg tb, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)

INCRELEX

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	PA
PREGNYL	PA

Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)

Androgens

ANDROGEL 1.62% GEL PUMP	PA, QL (150 PER 30 DAYS)
<i>danazol</i>	PA
DEPO-TESTOSTERONE	PA
<i>methyltestosterone 10 mg cap</i>	PA
<i>testosterone ((2.5 g) pkt, gel pump)</i>	PA, QL (150 PER 30 DAYS)
<i>testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	PA, QL (300 PER 30 DAYS)
<i>testosterone 1% (25mg/2.5g) pk</i>	PA, QL (225 PER 30 DAYS)
<i>testosterone 1.62%(1.25 g) pkt</i>	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/1.5 ml pump</i>	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate (100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)</i>	PA
<i>testosterone enanthate</i>	PA

Estrogens

DEPO-ESTRADIOL
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)
<i>dotti</i>
ESTRACE 0.01% CREAM

estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

<i>estradiol (once weekly)</i>	
<i>estradiol (twice weekly)</i>	
<i>estradiol valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)</i>	
ESTRING	
<i>lyllana</i>	
MENEST	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	
VAGIFEM	
<i>yuvafem</i>	
<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen</i>	
<i>amabelz</i>	
<i>amethia</i>	
<i>amethyst</i>	
<i>apri</i>	
<i>aranelle</i>	
<i>ashlyna</i>	
<i>aubra</i>	
<i>aubra eq</i>	
<i>aurovela</i>	
<i>aurovela 24 fe</i>	
<i>aurovela fe</i>	
<i>aviane</i>	
<i>ayuna</i>	
<i>azurette</i>	
<i>balziva</i>	

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS***blisovi 24 fe**blisovi fe**briellyn**camrese**camrese lo**chateal**chateal eq**COMBIPATCH**cryselle**cyred**cyred eq**dasetta**daysee**desogestr-eth estrad eth estra**desogestrel-ethinyl estradiol**dolishale**drospirenone-eth estra-levomet**drospirenone-ethinyl estradiol**elinest**eluryng**enilloring**enpresse**enskyce**estarrylla**estradiol-norethindrone acetat**ethynodiol-ethinyl estradiol**etongestrel-ethinyl estradiol**falmina**femynor**fyavolv 1 mg-5 mcg tablet*

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS***gemmily**hailey**hailey 24 fe**hailey fe**haloette**iclevia**introvale**isibloom**jaimiess**jasmiel**jintelii**jolessa**juleber**junel**junel fe**junel fe 24**kaitlib fe**kalliga**kariva**kelnor 1-35**kelnor 1-50**kurvelo**larin**larin 24 fe**larin fe***LAYOLIS FE***leena**lessina**levonest**levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)*

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

<i>levonorgestrel-eth estradiol</i>	
<i>levora-28</i>	
<i>lo-zumandimine</i>	
LOESTRIN	
LOESTRIN FE	
<i>lojaimiess</i>	
<i>loryna</i>	
<i>low-ogestrel</i>	
<i>ltera</i>	
<i>marlissa</i>	
<i>merzee</i>	
<i>microgestin</i>	
<i>microgestin 24 fe</i>	
<i>microgestin fe</i>	
<i>mili</i>	
<i>mimvey</i>	
<i>mono-linyah</i>	
<i>necon</i>	
<i>nikki</i>	
<i>norelgestromin-eth estradiol</i>	
<i>norethin-eth estra-ferrous fum</i>	
<i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethin-eth estrad 1 mg-5 mcg, norethind-eth estrad 1-0.02 mg)</i>	
<i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1.5-0.03mg(21)-75)</i>	
<i>norgestimate-ethinyl estradiol</i>	
<i>nortrel</i>	
NUVARING	
<i>nylia</i>	

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS***nymyo**ocella**philith**pimtrea**portia***PREMPHASE****PREMPRO***reclipsen**setlakin**simliya**simpesse**sprintec**sronyx**syeda**tarina 24 fe**tarina fe**tarina fe 1-20 eq**taysofy**tilia fe**tri-estarylla**tri-legest fe**tri-linyah**tri-lo-estarylla**tri-lo-marzia**tri-lo-mili**tri-lo-sprintec**tri-mili**tri-nymyo**tri-sprintec**tri-vylibra*

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS***tri-vylibra lo**trivora-28**turqoz***TYBLUME***tydemy**velivet**vestura**vienna**viorele**volnea**vyfemla**vylbra**wera**wymzya fe**xulane***YASMIN 28****YAZ***zafemy**zovia 1-35**zumandimine***Progestins***camila**deblitane***DEPO-PROVERA (150 MG/ML SYRINGE,
150 MG/ML VIAL)****DEPO-SUBQ PROVERA 104***emzahh**errin**heather**incassia*

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

jencycla

lyleq

lyza

medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)

megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)

nora-be

norethindrone

norethindrone ac (lupaneta)

norethindrone acetate

progesterone (100 mg capsule, 200 mg capsule)

PROVERA

sharobel

Selective Estrogen Receptor Modifying Agents

DUAVEE

EVISTA

raloxifene hcl

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

CYTOMEL

EUTHYROX

LEVO-T

levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)

LEVOXYL

liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
SYNTHROID	
TIROSINT	
TIROSINT-SOL	
UNITHROID	
Hormonal Agents, Suppressant (Adrenal or Pituitary)	
<i>cabergoline</i>	
ELIGARD (22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT, 45 MG SYRINGE B, 45 MG SYRINGE KIT)	PA
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT)	PA
FIRMAGON	
KORLYM	PA, QL (120 PER 30 DAYS)
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	PA
<i>leuprolide depot</i>	PA
LUPRON DEPOT (3.75 MG KIT, -4 MONTH KIT, 7.5 MG KIT)	PA
LUPRON DEPOT 3.75MG (LUPANETA)	PA
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 45 MG 6MO KIT)	PA
<i>mifepristone 300 mg tablet</i>	PA, QL (120 PER 30 DAYS)
<i>octreotide acetate (500 mcg/ml amp, 500 mcg/ml vl)</i>	PA
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml syr, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	PA
SANDOSTATIN LAR DEPOT	PA
SIGNIFOR	PA
SIGNIFOR LAR	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
SOMATULINE DEPOT	PA
SOMAVERT	PA
SYNAREL	
TRELSTAR	PA

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

methimazole

propylthiouracil

Immunological Agents

Angioedema Agents

CINRYZE	PA, QL (20 PER 30 DAYS)
FIRAZYR	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	PA, QL (27 PER 28 DAYS)
HAEGARDA 3,000 UNIT VIAL	PA, QL (18 PER 28 DAYS)
<i>icatibant</i>	PA, QL (18 PER 30 DAYS)
<i>sajazir</i>	PA, QL (18 PER 30 DAYS)

Immunoglobulins

ATGAM	PA
GAMMAGARD LIQUID	PA
GAMMAGARD S-D	PA
GAMMAPLEX	PA
GAMUNEX-C	PA
THYMOGLOBULIN	PA

Immunological Agents, Other

ARCALYST	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	PA
COSENTYX (2 SYRINGES)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
COSENTYX SENSOREADY (2 PENS)	PA
COSENTYX SENSOREADY PEN	PA
COSENTYX SYRINGE	PA
COSENTYX UNOREADY PEN	PA
DUPIXENT PEN	PA
DUPIXENT SYRINGE	PA
ENTYVIO PEN	Biologic Immunomodulators PA - Entyvio SC
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	PA
ORENCIA CLICKJECT	PA
RIDAURA	
RINVOQ	PA
RINVOQ LQ	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	PA
SKYRIZI ON-BODY	PA
SKYRIZI PEN	PA
STELARA	PA
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	PA
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	PA
Immunostimulants	
ACTIMMUNE	PA
BESREMI	PA, QL (2 PER 28 DAYS)
PEGASYS	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS****Immunosuppressants**

ASTAGRAF XL	PA
AZASAN	PA
<i>azathioprine</i>	PA
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	PA
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	PA
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	PA
ENBREL MINI	PA
ENBREL SURECLICK	PA
ENVARSUS XR (0.75 MG TABLET, 1 MG TABLET)	PA
ENVARSUS XR 4 MG TABLET	PA
<i>everolimus (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	PA
<i>everolimus 0.25 mg tablet</i>	PA
<i>genograf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	PA
HADLIMA	PA
HADLIMA PUSHTOUCH	PA
HADLIMA(CF)	PA
HADLIMA(CF) PUSHTOUCH	PA
HUMIRA 40 MG/0.8 ML SYRINGE	PA
HUMIRA PEN	PA
HUMIRA(CF)	PA
HUMIRA(CF) PEN	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	PA
HUMIRA(CF) PEN PEDIATRIC UC	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
IMURAN	PA
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	
<i>methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	
<i>methotrexate sodium</i>	
<i>mycophenolate 200 mg/ml susp</i>	PA
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	PA
<i>mycophenolic acid</i>	PA
MYFORTIC 180 MG TABLET	PA
MYHIBBIN	PA
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	PA
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET)	PA
PROGRAF 5 MG CAPSULE	PA
RAPAMUNE 1 MG/ML ORAL SOLN	PA
RENFLEXIS	PA
REZUROCK	PA, QL (30 PER 30 DAYS)
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)	PA
SIMLANDI(CF) AUTOINJECTOR	Biologic Immunomodulators PA - Simlandi
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	PA
<i>sirolimus 1 mg/ml solution</i>	PA
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	PA
XATMEP	PA
ZORTRESS (0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	PA
ZORTRESS 0.25 MG TABLET	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
Vaccines	
ABRYSVO	QL (1 PER 365 OVER TIME)
ACTHIB	
ADACEL TDAP	
AREXVY	QL (1 PER 999 OVER TIME)
BCG VACCINE (TICE STRAIN)	
BEXSERO	
BOOSTRIX TDAP	
DAPTACEL DTAP	
DENGVAXIA	
DIPHTHERIA-TETANUS TOXOIDS-PED	
ENGERIX-B ADULT	PA
ENGERIX-B PEDIATRIC-ADOLESCENT	PA
GARDASIL 9	
HAVRIX	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	PA
HIBERIX	
IMOVAX RABIES VACCINE	PA
INFANRIX DTAP	
IPOL	
IXCHIQ	
IXIARO	
JYNNEOS	PA
JYNNEOS (NATIONAL STOCKPILE)	PA
KINRIX	
M-M-R II VACCINE	
MENACTRA	
MENQUADFI	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
MRESVIA	QL (0.5 PER 999 DAYS)
PEDIARIX	
PEDVAXHIB	
PENBRAYA	
PENTACEL	
PREHEVBRIOS	PA
PRIORIX	
PROQUAD	
QUADRACEL DTAP-IPV	
RABAVERT	PA
RECOMBIVAX HB	PA
ROTARIX	
ROTATEQ	
SHINGRIX	QL (2 PER 999 OVER TIME)
STAMARIL	
TDVAX	PA
TENIVAC	PA
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX VACCINE	
VAXCHORA VACCINE	
YF-VAX	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	QL (120 PER 30 DAYS)
AZULFIDINE	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

<i>balsalazide disodium</i>	
CANASA	
COLAZAL	
DELZICOL	QL (180 PER 30 DAYS)
DIPENTUM	
LIALDA	QL (120 PER 30 DAYS)
<i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp)</i>	
<i>mesalamine 800 mg dr tablet</i>	QL (180 PER 30 DAYS)
<i>mesalamine dr</i>	QL (180 PER 30 DAYS)
<i>mesalamine dr 1.2 gm tablet</i>	QL (120 PER 30 DAYS)
<i>mesalamine er 0.375 gram cap</i>	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg capsule</i>	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	
SFROWASA	
<i>sulfasalazine</i>	
<i>sulfasalazine dr</i>	

Glucocorticoids

<i>budesonide dr</i>	PA, QL (90 PER 30 DAYS)
<i>budesonide ec</i>	PA, QL (90 PER 30 DAYS)
<i>budesonide er</i>	PA, QL (30 PER 30 DAYS)
<i>hydrocortisone 100 mg/60 ml</i>	
<i>hydrocortisone 2.5% cream</i>	QL (454 PER 30 DAYS)
<i>procto-med hc</i>	QL (454 PER 30 DAYS)
<i>proctosol-hc</i>	QL (454 PER 30 DAYS)
<i>protozone-hc</i>	QL (454 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS****Metabolic Bone Disease Agents**

<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	QL (4 PER 28 DAYS)
<i>alendronate sodium 10 mg tab</i>	QL (120 PER 30 DAYS)
ATELVIA	QL (4 PER 28 DAYS)
<i>calcitonin-salmon 200 unit spr</i>	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>	PA
<i>cinacalcet hcl 90 mg tablet</i>	PA
FORTEO	PA
FOSAMAX	QL (4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tab</i>	QL (1 PER 28 DAYS)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule,4 mcg capsule)</i>	
PROLIA	PA
<i>risedronate sodium (5 mg tablet, 30 mg tab)</i>	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	QL (4 PER 28 DAYS)
<i>risedronate sodium dr</i>	QL (4 PER 28 DAYS)
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	
SENSIPAR (60 MG TABLET, 90 MG TABLET)	PA
SENSIPAR 30 MG TABLET	PA
TERIPARATIDE 620 MCG/2.48 ML	PA
TYMLOS	PA
XGEVA	PA

Ophthalmic Agents**Ophthalmic Agents, Other***atropine 1% eye drops*

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

<i>brimonidine tartrate-timolol</i>	
COMBIGAN	
COSOPT	
CYSTADROPS	PA
CYSTARAN	PA
<i>dorzolamide-timolol eye drops</i>	
MAXITROL EYE OINTMENT	
<i>neo-polycin hc</i>	
<i>neomycin-bacitracin-poly-hc</i>	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	
RESTASIS	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	QL (11 PER 30 DAYS)
<i>sulfacetamide-prednisolone</i>	
TOBRADEX (DROPS, OINTMENT)	
<i>tobramycin-dexamethasone</i>	
XDEMVY	PA

Ophthalmic Anti-Infectives

<i>ak-poly-bac</i>	
<i>bacitracin 500 unit/gm ophth</i>	
<i>bacitracin-polymyxin</i>	
BESIVANCE	
<i>ciprofloxacin 0.3% eye drop</i>	
<i>erythromycin 0.5% eye ointment</i>	
<i>gatifloxacin</i>	
<i>gentamicin 0.3% eye drop</i>	
<i>moxifloxacin (drops, drp-visc)</i>	
NATACYN	
<i>neo-polycin</i>	

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

neomycin-bacitracin-polymyxin

neomycin-polymyxin-gramicidin

OCUFLOX

ofloxacin 0.3% eye drops

polycin

polymyxin b sul-trimethoprim

sulfacetamide sodium (drops, ointment)

tobramycin 0.3% eye drop

trifluridine

*VIGAMOX***Ophthalmic Anti-allergy Agents**

azelastine hcl 0.05% drops

cromolyn 4% eye drops

*epinastine hcl***Ophthalmic Anti-inflammatories**

ACULAR

ACULAR LS

bromfenac sodium (0.07% drp, 0.09% drp)

dexamethasone 0.1% eye drop

diclofenac 0.1% eye drops

difluprednate

DUREZOL

EYSUVIS

PA

fluorometholone

flurbiprofen sodium

FML

ILEVRO

INVELTYS

ketorolac tromethamine (0.4% solution, 0.5% solution)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS**

PRED FORTE

PRED MILD

*prednisolone acetate**prednisolone sod 1% eye drop*

PROLENSA

Ophthalmic Beta-Adrenergic Blocking Agents*betaxolol hcl 0.5% eye drop*

BETOPTIC S

carteolol hcl

ISTALOL

*levobunolol hcl**timolol maleate (0.25% eye drop, 0.25% gel-solution, 0.5% eye drop, 0.5% eye drop, 0.5% eye drops, 0.5% gel-solution, 0.5% gfs gel-solution)*

TIMOPTIC

TIMOPTIC OCUDOSE

Ophthalmic Intraocular Pressure Lowering Agents, Other

ALPHAGAN P

AZOPT

*brimonidine tartrate (0.15% drp, 0.2% eye drop)**brimonidine tartrate 0.1% drop**brinzolamide**dorzolamide hcl**pilocarpine hcl (1% drops, 2% drops, 4% drops)*

RHOPRESSA

QL (15 PER 75 OVER TIME)

ROCKLATAN

QL (15 PER 75 OVER TIME)

SIMBRINZA

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
Ophthalmic Prostaglandin and Prostamide Analogs	
<i>bimatoprost 0.03% eye drops</i>	QL (15 PER 75 OVER TIME)
<i>latanoprost 0.005% eye drops</i>	QL (15 PER 75 OVER TIME)
LUMIGAN	QL (15 PER 75 OVER TIME)
TRAVATAN Z	QL (15 PER 75 OVER TIME)
<i>travoprost</i>	QL (15 PER 75 OVER TIME)
Otic Agents	
<i>acetic acid 2% ear solution</i>	
CIPRODEX	
<i>ciprofloxacin-dexamethasone</i>	
<i>flac otic oil</i>	
<i>fluocinolone acetonide oil</i>	
<i>hydrocortisone-acetic acid</i>	
<i>neomycin-polymyxin-hc ear susp</i>	
<i>neomycin-polymyxin-hydrocort</i>	
<i>ofloxacin 0.3% ear drops</i>	
Respiratory Tract/ Pulmonary Agents	
Anti-inflammatories, Inhaled Corticosteroids	
ARNUITY ELLIPTA	QL (30 PER 30 DAYS)
ASMANEX	QL (1 PER 30 DAYS)
ASMANEX HFA	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	PA
<i>flunisolide</i>	QL (75 PER 30 DAYS)
<i>fluticasone prop 50 mcg spray</i>	QL (16 PER 30 DAYS)
<i>fluticasone prop hfa 110 mcg</i>	QL (12 PER 30 DAYS)
<i>fluticasone prop hfa 220 mcg</i>	QL (24 PER 30 DAYS)
<i>fluticasone prop hfa 44 mcg</i>	QL (10.6 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>mometasone furoate 50 mcg spry</i>	QL (34 PER 30 DAYS)
QVAR REDIHALER 40 MCG	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	QL (21.2 PER 30 DAYS)
XHANCE	QL (32 PER 30 DAYS)
Antihistamines	
<i>azelastine 0.1% (137 mcg) spry</i>	QL (60 PER 30 DAYS)
<i>cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)</i>	
<i>clemastine fum 2.68 mg tab</i>	PA
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrup)</i>	PA
<i>desloratadine 5 mg tablet</i>	
<i>levocetirizine 5 mg tablet</i>	
<i>olopatadine 665 mcg nasal spry</i>	QL (30.5 PER 30 DAYS)
Antileukotrienes	
ACCOLATE	
<i>montelukast sodium</i>	
SINGULAIR	
<i>zafirlukast</i>	
Bronchodilators, Anticholinergic	
ATROVENT HFA	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	QL (30 PER 30 DAYS)
<i>ipratropium 0.03% spray</i>	QL (60 PER 30 DAYS)
<i>ipratropium 0.06% spray</i>	QL (45 PER 30 DAYS)
<i>ipratropium br 0.02% soln</i>	PA
SPIRIVA HANDIHALER	ST, QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	QL (4 PER 30 DAYS)
<i>tiotropium bromide</i>	QL (30 PER 30 DAYS)
Bronchodilators, Sympathomimetic	
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	QL (17 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	QL (13.4 PER 30 DAYS)
<i>albuterol sulfate (2 mg tab, sulf 2 mg/5 ml syrup, 4 mg tab)</i>	
<i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	PA
<i>epinephrine 0.15 mg auto-injct</i>	
<i>epinephrine 0.3 mg auto-inject</i>	
PROAIR RESPICLICK	QL (2 PER 30 DAYS)
SEREVENT DISKUS	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	
VENTOLIN HFA	QL (36 PER 30 DAYS)
XOPENEX HFA	QL (30 PER 30 DAYS)
Cystic Fibrosis Agents	
CAYSTON	PA
KALYDECO	PA, QL (60 PER 30 DAYS)
ORKAMBI (100 MG TABLET, 200 MG TABLET)	PA, QL (120 PER 30 DAYS)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	PA, QL (60 PER 30 DAYS)
PULMOZYME	PA
<i>tobramycin 300 mg/5 ml ampule</i>	PA
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	PA, QL (90 PER 30 DAYS)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	PA, QL (60 PER 30 DAYS)
Mast Cell Stabilizers	
<i>cromolyn 20 mg/2 ml neb soln</i>	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
Phosphodiesterase Inhibitors, Airways Disease	
DALIRESP	PA, QL (30 PER 30 DAYS)
roflumilast	PA, QL (30 PER 30 DAYS)
THEO-24	
<i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	
<i>theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)</i>	
Pulmonary Antihypertensives	
ADCIRCA	PA, QL (60 PER 30 DAYS)
ADEMPAS	PA, QL (90 PER 30 DAYS)
<i>ambrisentan</i>	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	PA, QL (60 PER 30 DAYS)
LETAIRIS	PA, QL (30 PER 30 DAYS)
OPSUMIT	PA, QL (30 PER 30 DAYS)
<i>sildenafil 20 mg tablet</i>	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	PA, QL (60 PER 30 DAYS)
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	PA, QL (120 PER 30 DAYS)
VENTAVIS	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents	
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	PA, QL (90 PER 30 DAYS)
OFEV	PA, QL (60 PER 30 DAYS)
<i>pirfenidone (267 mg capsule, 267 mg tablet)</i>	PA, QL (270 PER 30 DAYS)
<i>pirfenidone 801 mg tablet</i>	PA, QL (90 PER 30 DAYS)
Respiratory Tract Agents, Other	
<i>acetylcysteine (10% vial, 20% vial)</i>	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
ADVAIR HFA	QL (12 PER 30 DAYS)
ANORO ELLIPTA	QL (60 PER 30 DAYS)
BREO ELLIPTA	QL (60 PER 30 DAYS)
<i>breyna</i>	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	QL (10.3 PER 30 DAYS)
COMBIVENT RESPIMAT	QL (8 PER 30 DAYS)
DULERA	QL (13 PER 30 DAYS)
FASENRA	PA
FASENRA PEN	PA
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol</i>	PA
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	PA, QL (30 PER 30 DAYS)
STIOLTO RESPIMAT	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	QL (60 PER 30 DAYS)

Skeletal Muscle Relaxants

carisoprodol 350 mg tablet

chlorzoxazone 500 mg tablet

cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)

methocarbamol (500 mg tablet, 750 mg tablet)

vanadom

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

DRUG NAME**REQUIREMENTS/LIMITS****Sleep Disorder Agents****Sleep Promoting Agents**

BELSOMRA	PA, QL (30 PER 30 DAYS)
DAYVIGO	PA, QL (30 PER 30 DAYS)
<i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>	QL (30 PER 30 DAYS)
<i>eszopiclone</i>	QL (30 PER 30 DAYS)
HETLIOZ	PA, QL (30 PER 30 DAYS)
<i>ramelteon</i>	QL (30 PER 30 DAYS)
ROZEREM	QL (30 PER 30 DAYS)
SILENOR	QL (30 PER 30 DAYS)
<i>tasimelteon</i>	PA, QL (30 PER 30 DAYS)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	QL (30 PER 30 DAYS)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er</i>	QL (30 PER 30 DAYS)

Wakefulness Promoting Agents

<i>armodafinil</i>	PA, QL (30 PER 30 DAYS)
LUMRYZ	PA, QL (30 PER 30 DAYS)
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
NUVIGIL (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	PA, QL (30 PER 30 DAYS)
NUVIGIL 50 MG TABLET	PA, QL (30 PER 30 DAYS)
<i>sodium oxybate</i>	PA, QL (540 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 1.

Alphabetical Listing

A

abacavir.....	44	ak-poly-bac.....	101
abacavir-lamivudine.....	44	AKEEGA.....	30
ABILITY.....	39	ALA-CORT.....	72
ABILITY ASIMTUFII.....	39	albendazole.....	36
ABILITY MAINTENA.....	39	albuterol hfa 90 mcg inhaler (generic proair hfa).....	105
abiraterone acetate.....	28	albuterol hfa 90 mcg inhaler (generic proventil hfa).....	106
ABRYSVO.....	97	albuterol sulfate.....	106
acamprostate calcium.....	6	alclometasone dipropionate.....	72
acarbose.....	50	ALDACTONE.....	67
ACCOLATE.....	105	ALECENSA.....	30
accutane.....	71	alendronate sodium.....	100
acebutolol hcl.....	60	alfuzosin hcl er.....	82
acetaminophen-codeine.....		aliskiren.....	62
acetazolamide.....	62	allopurinol.....	25
acetazolamide er.....	62	alosetron hcl.....	78
acetic acid.....	104	ALPHAGAN P.....	103
acetylcysteine.....	107	alprazolam.....	48,49
acitretin.....	71	alprazolam er.....	49
ACTHAR.....	83	alprazolam xr.....	49
ACTHAR SELFJECT.....	83	ALTACE.....	59
ACTHIB.....	97	altavera.....	85
ACTIMMUNE.....	94	ALUNBRIG.....	30
ACTOS.....	50	alyacen.....	85
ACULAR.....	102	amabelz.....	85
ACULAR LS.....	102	amantadine.....	37
acyclovir.....	48	AMBISOME.....	24
acyclovir sodium.....	48	ambrisentan.....	107
ADACEL TDAP.....	97	amethia.....	85
ADCIRCA.....	107	amethyst.....	85
ADDERALL XR.....	68	amikacin sulfate.....	7
adefovir dipivoxil.....	47	amiloride hcl.....	65
ADEMPAS.....	107	amiloride-hydrochlorothiazide.....	62
ADLARITY.....	18	amiodarone hcl.....	59
ADVAIR HFA.....	108	amitriptyline hcl.....	22
AFINITOR.....	30	amlodipine besylate.....	61
AFINITOR DISPERZ.....	30	amlodipine besylate-benazepril.....	62
afirmelle.....	85	amlodipine-atorvastatin.....	62
AGRYLIN.....	56	amlodipine-olmesartan.....	62
AIMOVIG AUTOINJECTOR.....	26	amlodipine-valsartan.....	62

amlodipine-valsartan-hctz	62	asenapine maleate	39
ammonium lactate	72	ashlyna	85
amnesteem	71	ASMANEX	104
amoxapine	22	ASMANEX HFA	104
amoxicillin	10	aspirin-dipyridamole er	57
amoxicillin-clavulanate pot er	11	ASTAGRAF XL	95
amoxicillin-clavulanate potass	11	ATACAND	58
amphotericin b	24	ATACAND HCT	62
amphotericin b liposome	24	atazanavir sulfate	46
ampicillin sodium	11	ATELVIA	100
ampicillin trihydrate	11	atenolol	60
ampicillin-sulbactam	11	atenolol-chlorthalidone	62
AMPYRA	70	ATGAM	93
anagrelide hcl	56	atomoxetine hcl	68
anastrozole	29	atorvastatin calcium	65
ANDROGEL	84	atovaquone	36
ANORO ELLIPTA	108	atovaquone-proguanil hcl	36
APOKYN	37	atropine sulfate	100
apomorphine hcl	37	ATROVENT HFA	105
aprepitant	23	aubra	85
apri	85	aubra eq	85
APRISO	98	AUGTYRO	30
APTIOM	17	aurovela	85
APТИВУС	46	aurovela 24 fe	85
aqua care sodium chloride	75	aurovela fe	85
aranelle	85	AUSTEDO	69
ARANESP	56	AUSTEDO XR	69
ARCALYST	93	AUSTEDO XR TITRATION KT(WK1-4)	69
AREXVY	97	AUVELITY	19
ARICEPT	18	AVALIDE	62
ARIKAYCE	7	AVAPRO	58
ARIMIDEX	29	aviane	85
ariPIPrazole	39	avidoxy	13
ariPIPrazole odt	39	AVITA	71
ARISTADA	39	AVODART	82
ARISTADA INITIO	39	AVONEX	70
armodafinil	109	AVONEX PEN	70
ARNUITY ELLIPTA	104	ayuna	85
AROMASIN	29	AYVAKIT	30
ARTHROTEC 50		AZACTAM	8
ARTHROTEC 75		AZASAN	95

azathioprine.....	.95	BETASERON.....	.70
azelaic acid.....	.71	betaxolol hcl.....	.60,.103
azelastine hcl.....	.102,.105	bethanechol chloride.....	.82
AZELEX.....	.71	BETOPTIC S.....	.103
AZILECT.....	.38	bexarotene.....	.36
azithromycin.....	.12	BEXSERO.....	.97
AZOPT.....	.103	bicalutamide.....	.28
AZOR.....	.62	BICILLIN L-A.....	.11
aztreonam.....	.8	BIKTARVY.....	.43
AZULFIDINE.....	.98	BILTRICIDE.....	.36
azurette.....	.85	bimatoprost.....	.104
B		bismuth-metronidazole-tetracyc.....	.78
bacitracin.....	.101	bisoprolol fumarate.....	.60
bacitracin-polymyxin.....	.101	bisoprolol-hydrochlorothiazide.....	.63
baclofen.....	.43	blisovi 24 fe.....	.86
BACTRIM.....	.13	blisovi fe.....	.86
BACTRIM DS.....	.13	BOOSTRIX TDAP.....	.97
balsalazide disodium.....	.99	bosentan.....	.107
BALVERSA.....	.30	BOSULIF.....	.30
balziva.....	.85	BRAFTOVI.....	.30
BANZEL.....	.17	BREO ELLIPTA.....	.108
BAQSIMI.....	.53	breyna.....	.108
BARACLUDE.....	.47	BREZTRI AEROSPHERE.....	.108
BCG VACCINE (TICE STRAIN).....	.97	briellyn.....	.86
BELBUCA.....		BRILINTA.....	.57
BELSOMRA.....	.109	brimonidine tartrate.....	.103
benazepril hcl.....	.59	brimonidine tartrate-timolol.....	.101
benazepril-hydrochlorothiazide.....	.62	brinzolamide.....	.103
BENICAR.....	.58	BRIVIACT.....	.14
BENICAR HCT.....	.63	bromfenac sodium.....	.102
BENLYSTA.....	.93	bromocriptine mesylate.....	.37
BENZAMYCIN.....	.71	BRUKINSA.....	.30
benznidazole.....	.36	budesonide.....	.104
benztropine mesylate.....	.37	budesonide dr.....	.99
BESIVANCE.....	.101	budesonide ec.....	.99
BESREMI.....	.94	budesonide er.....	.99
betaine anhydrous.....	.80	budesonide-formoterol fumarate.....	.108
betamethasone diprop augmented.....	.72	bumetanide.....	.64
betamethasone dipropionate.....	.72	BUPHENYL.....	.80
betamethasone valerate.....	.72	buprenorphine.....	
		buprenorphine hcl.....	.6

buprenorphine-naloxone.....	6,7	carbidopa-levodopa-entacapone.....	37
bupropion hcl.....	19	CARDIZEM.....	61
bupropion hcl sr.....	7,19	CARDIZEM CD.....	61
bupropion hcl sr 150mg tablet.....	19	CARDIZEM LA.....	61
bupropion xl.....	19	CARDURA.....	57
buspirone hcl.....	49	carglumic acid.....	75
butalbital-acetaminophen.....		carisoprodol.....	108
butalbital-acetaminophen-caffe.....		CARNITOR.....	80
butalbital-aspirin-caffeine.....		CARNITOR SF.....	80
butorphanol tartrate.....		carteolol hcl.....	103
BUTRANS.....		cartia xt.....	61
BYDUREON BCISE.....	50	carvedilol	60
BYSTOLIC.....	60	carvedilol er.....	60

C

cabergoline.....	92	CASODEX.....	28
CABLIVI.....	57	caspofungin acetate.....	24
CABOMETYX.....	30	CAYSTON.....	106
calcipotriene.....	73	cefaclor.....	9
calcitonin-salmon.....	100	cefadroxil.....	9
calcitrene.....	73	cefazolin sodium.....	10
calcitriol.....	100	cefazolin sodium-dextrose.....	10
CALQUENCE.....	30	cefdinir.....	10
camila.....	90	cefepime.....	10
camrese.....	86	cefepime hcl.....	10
camrese lo.....	86	cefepime-dextrose.....	10
CANASA.....	99	cefixime.....	10
CANCIDAS.....	24	cefoxitin.....	10
candesartan cilexetil.....	58	cefoxitin sodium.....	10
candesartan-hydrochlorothiazid.....	63	cefpodoxime proxetil.....	10
CAPLYTA.....	39	cefprozil.....	10
CAPRELSA.....	30,31	ceftazidime.....	10
captopril.....	59	ceftriaxone.....	10
CARAFATE.....	79	cefuroxime.....	10
CARBAGLU.....	75	cefuroxime sodium.....	10
carbamazepine.....	17	CELEBREX.....	
carbamazepine er.....	17	celecoxib.....	
CARBATROL.....	17	CELEXA.....	20
carbidopa.....	38	CELLCEPT.....	95
carbidopa-levodopa.....	38	CELONTIN.....	15
carbidopa-levodopa er.....	38	cephalexin.....	10

cevimeline hcl.....	70	clindamycin phosphate-d5w.....	8
chateal.....	86	clindamycin-0.9% nacl.....	8
chateal eq.....	86	clindamycin-benzoyl peroxide.....	71
CHEMET.....	76	clobazam.....	15
CHENODAL.....	78	clobetasol emollient.....	72
chlordiazepoxide hcl.....	49	clobetasol propionate.....	72
chlorhexidine gluconate.....	70	clodan.....	72
chloroquine phosphate.....	36	clomipramine hcl.....	22
chlorpromazine hcl.....	23	clonazepam.....	49
chlorthalidone.....	65	clonidine.....	57
chlorzoxazone.....	108	clonidine hcl.....	57
cholestyramine.....	66	clonidine hcl er.....	69
cholestyramine light.....	66	clopidogrel.....	57
CHORIONIC GONADOTROPIN.....	83	clorazepate dipotassium.....	49
ciclodan.....	24	clotrimazole.....	24
ciclopirox.....	24	clotrimazole-betamethasone.....	74
cilostazol.....	57	clozapine.....	43
CIMDUO.....	44	clozapine odt.....	43
cimetidine.....	79	CLOZARIL.....	43
cinacalcet hcl.....	100	COARTEM.....	36
CINRYZE.....	93	codeine sulfate.....	
CIPRO.....	13	COLAZAL.....	99
CIPRODEX.....	104	colchicine.....	25
ciprofloxacin hcl.....	13,101	COLCRYS.....	25
ciprofloxacin-d5w.....	13	COLESTID.....	66
ciprofloxacin-dexamethasone.....	104	colestipol hcl.....	66
citalopram hbr.....	20	colistimethate.....	8
claravis.....	71	COMBIGAN.....	101
clarithromycin.....	12	COMBIPATCH.....	86
clarithromycin er.....	12	COMBIVENT RESPIMAT.....	108
clemastine fumarate.....	105	COMETRIQ.....	31
CLEOCIN.....	8	COMPLERA.....	44
CLEOCIN HCL.....	8	compro.....	23
CLEOCIN PHOSPHATE.....	8	COMTAN.....	37
CLEOCIN T.....	8	constulose.....	77
clindacin etz.....	8	COPAXONE.....	70
clindacin p.....	8	COPIKTRA.....	31
clindamycin (pediatric).....	8	COREG CR.....	60
clindamycin hcl.....	8	CORLANOR.....	63
clindamycin phos-benzoyl perox.....	71	CORTEF.....	83
clindamycin phosphate.....	8	COSENTYX (2 SYRINGES).....	93

COSENTYX SENSOREADY (2 PENS).....	94	DAPTACEL DTAP	97
COSENTYX SENSOREADY PEN.....	94	daptomycin.....	9
COSENTYX SYRINGE.....	94	DARAPRIM.....	36
COSENTYX UNOREADY PEN.....	94	darifenacin er.....	81
COSOPT.....	101	darunavir.....	46
COTELLIC.....	31	dasetta.....	86
COZAAR.....	58	DAURISMO.....	31
CREON.....	80	DAYPRO.....	
CRESEMBA.....	24	daysee.....	86
CRESTOR.....	65	DAYVIGO.....	109
cromolyn sodium.....	80,102,106	DDAVP.....	83
cryselle.....	86	deblitane.....	90
CRYSVITA.....	80	deferasirox.....	76
CUBICIN.....	8	DELSTRIGO.....	44
CUBICIN RF.....	8	DELZICOL.....	99
cyclobenzaprine hcl.....	108	demeocycline hcl.....	13
cyclophosphamide.....	27	DEM SER.....	63
cycloserine.....	27	DENGVAXIA.....	97
CYCLOSET.....	50	DEPAKOTE.....	14
cyclosporine.....	95	DEPAKOTE ER.....	14
cyclosporine modified.....	95	DEPAKOTE SPRINKLE.....	14
CYMBALTA.....	20	DEPEN.....	82
cyproheptadine hcl.....	105	DEPO-ESTRADIOL.....	84
cyred.....	86	DEPO-PROVERA.....	90
cyred eq.....	86	DEPO-SUBQ PROVERA 104.....	90
CYSTADANE.....	80	DEPO-TESTOSTERONE.....	84
CYSTADROPS.....	101	dermacinrx lidocan.....	6
CYSTAGON.....	80	DESCOVY.....	44
CYSTARAN.....	101	desipramine hcl.....	22
CYTOMEL.....	91	desloratadine.....	105
CYTOTEC.....	79	desmopressin acetate.....	83
D		desogest-eth estrad eth estra.....	86
dabigatran etexilate.....	55	desogestrel-ethinyl estradiol.....	86
dalfampridine er.....	70	desonide.....	72
DALIRESP.....	107	desoximetasone.....	72
DALVANCE.....	8	desvenlafaxine succinate er.....	20
danazol.....	84	DETROL.....	81
DANTRIUM.....	43	DETROL LA.....	81
dantrolene sodium.....	43	dexamethasone.....	83
dapsone.....	27	dexamethasone sodium phosphate.....	102
		DEXEDRINE.....	68

dexmethylphenidate hcl	69	DIPROLENE	72
dextroamphetamine sulfate	68	dipyridamole	57
dextroamphetamine sulfate er	68	disulfiram	6
dextroamphetamine-amphet er	68	divalproex sodium	14
dextroamphetamine-amphetamine	68	divalproex sodium er	14
dextrose 2.5%-0.45% nacl	75	DIVIGEL	84
dextrose 5%-0.2% nacl	75	dofetilide	59
dextrose 5%-0.225% nacl	75	dolishale	86
dextrose 5%-0.45% nacl	75	donepezil hcl	19
dextrose 5%-0.9% nacl	75	donepezil hcl odt	19
dextrose in water	77	dorzolamide hcl	103
DIACOMIT	14	dorzolamide-timolol	101
diazepam	15,49	dotti	84
diazoxide	53	DOVATO	43
diclofenac potassium		doxazosin mesylate	57
diclofenac sodium	2,74,102	doxepin hcl	23,72,109
diclofenac sodium er		doxy 100	13
diclofenac sodium-misoprostol	2,	doxycycline hyclate	13
dicloxacillin sodium	11	doxycycline ir-dr	71
dicyclomine hcl	78	doxycycline monohydrate	13
DIFICID	12	DRIZALMA SPRINKLE	20
DIFLUCAN	24	dronabinol	23
difluprednate	102	drospirenone-eth estra-levomef	86
digitek	63	drospirenone-ethinyl estradiol	86
digoxin	63	droxidopa	57
dihydroergotamine mesylate	25	DUAVEE	91
DILANTIN	17	DULERA	108
DILANTIN-125	17	duloxetine hcl	20
dilt-xr	61	DUPIXENT PEN	94
diltiazem 12hr er	61	DUPIXENT SYRINGE	94
diltiazem 24hr er	61	DUREZOL	102
diltiazem 24hr er (cd)	61	dutasteride	82
diltiazem 24hr er (la)	62	dutasteride-tamsulosin	82
diltiazem 24hr er (xr)	62		
diltiazem hcl	62		
dimethyl fumarate	70	E	
DIOVAN	58	E.E.S. 200	12
DIOVAN HCT	63	ec-naproxen	
DIPENTUM	99	econazole nitrate	24
diphenoxylate-atropine	78	EDARBI	58
DIPHTHERIA-TETANUS TOXOIDS-PED	97	EDARBYCLOR	63
		EDURANT	44

efavirenz.....	44	epinephrine.....	106
efavirenz-emtric-tenofov disop.....	44	epitol.....	17
efavirenz-lamivu-tenofov disop.....	44	EPIVIR.....	45
EFFEXOR XR.....	20,21	eplerenone.....	67
EFUDEX.....	74	EPRONTIA.....	14
ELELYSO.....	80	EPZICOM.....	45
ELIDEL.....	72	ergotamine-caffeine.....	25
ELIGARD.....	92	ERIVEDGE.....	31
elinest.....	86	ERLEADA.....	28
ELIQUIS.....	55	erlotinib hcl.....	31
eluryng.....	86	errin.....	90
EMEND.....	23	ertapenem.....	11
EMGALITY PEN.....	26	ery.....	12
EMGALITY SYRINGE.....	26	ERY-TAB.....	12
EMSAM.....	20	ERYPED 200.....	12
emtricitabine.....	44	ERYPED 400.....	12
emtricitabine-tenofovir disop.....	45	ERYTHROGIN LACTOBIONATE.....	12
EMTRIVA.....	45	erythromycin.....	12,101
emzahh.....	90	erythromycin ethylsuccinate.....	12
enalapril maleate.....	59	erythromycin lactobionate.....	12
enalapril-hydrochlorothiazide.....	63	erythromycin-benzoyl peroxide.....	71
ENBREL.....	95	ESBRIET.....	107
ENBREL MINI.....	95	escitalopram oxalate.....	21
ENBREL SURECLICK.....	95	ESGIC.....	
ENDARI.....	80	esomeprazole magnesium.....	79
endocet.....	4,5	estarrylla.....	86
ENGERIX-B ADULT.....	97	ESTRACE.....	84
ENGERIX-B PEDIATRIC-ADOLESCENT ..	97	estradiol.....	84
enilloring.....	86	estradiol (once weekly).....	85
enoxaparin sodium.....	55	estradiol (twice weekly).....	85
enpresse.....	86	estradiol valerate.....	85
enskyce.....	86	estradiol-norethindrone acetat.....	86
entacapone.....	37	ESTRING.....	85
entecavir.....	47	eszopiclone.....	109
ENTRESTO.....	63	ethambutol hcl.....	27
ENTRESTO SPRINKLE.....	63	ethosuximide.....	15
ENTYVIO PEN.....	94	ethynodiol-ethinyl estradiol.....	86
enulose.....	77	etodolac.....	
ENVARSUS XR.....	95	etodolac er.....	
EPIDIOLEX.....	14	etonogestrel-ethinyl estradiol.....	86
epinastine hcl.....	102	etravirine.....	44

EUTHYROX	91
everolimus	31,95
EVISTA	91
EVOTAZ	46
EXELON	19
exemestane	29
EXFORGE	63
EXFORGE HCT	63
EXJADE	76
EXKIVITY	31
EXTENCILLINE	11
EYSUVIS	102
ezetimibe	66
ezetimibe-simvastatin	66
 F	
falmina	86
famciclovir	48
famotidine	79
FANAPT	39
FARESTON	28
FARXIGA	50
FASENRA	108
FASENRA PEN	108
felbamate	14
felodipine er	61
FEMARA	30
femynor	86
fenofibrate	65
fenofibric acid	65
fentanyl	
fentanyl citrate	5
fesoterodine fumarate er	81
FETZIMA	21
FINACEA	71
finasteride	82
fingolimod	70
FINTEPLA	14
FIRAZYR	93
FIRMAGON	92
flac otic oil	104
FLAGYL	9
flecainide acetate	59
FLOMAX	82
fluconazole	24
fluconazole-nacl	24
flucytosine	24
fludrocortisone acetate	83
flunisolide	104
fluocinolone acetonide	72,73
fluocinolone acetonide oil	104
fluocinonide	73
fluocinonide-e	73
fluorometholone	102
fluorouracil	74
fluoxetine dr	21
fluoxetine hcl	21
fluphenazine decanoate	38
fluphenazine hcl	38
flurbiprofen	
flurbiprofen sodium	102
fluticasone propionate	73,104
fluticasone propionate hfa	104
fluticasone-salmeterol	108
fluvastatin er	65
fluvastatin sodium	65
fluvoxamine maleate	21
FML	102
FOCALIN	69
fondaparinux sodium	55
FORTEO	100
FOSAMAX	100
fosamprenavir calcium	46
fosinopril sodium	59
fosinopril-hydrochlorothiazide	63
FOTIVDA	31
FRUZAQLA	31
FULPHILA	56
furosemide	64
FUZEON	45
fyavolv	86
FYCOMPA	14

G

gabapentin.....	15,16
galantamine er.....	19
galantamine hbr.....	19
galantamine hydrobromide.....	19
GAMMAGARD LIQUID.....	93
GAMMAGARD S-D.....	93
GAMMAPLEX.....	93
GAMUNEX-C.....	93
GARDASIL 9.....	97
gatifloxacin.....	101
GATTEX.....	78
gauze pads & dressings - pads 2 x2	50
gavilyte-c.....	78
gavilyte-g.....	78
gavilyte-n.....	78
GAVRETO.....	31
gefitinib.....	31
gemfibrozil.....	65
gemmily.....	87
GEMTESA.....	81
generlac.....	77
gengraf.....	95
gentamicin sulfate.....	7,74,101
gentamicin sulfate in ns.....	7
GENVOYA.....	43
GEODON.....	39
GILENYA.....	70
GILOTRIF.....	31
glatiramer acetate.....	70
glatopa.....	70
GLEEVEC.....	31
GLEOSTINE.....	27
glimepiride.....	50
glipizide.....	50
glipizide er.....	50
glipizide xl.....	50,51
glipizide-metformin.....	51
GLUCAGEN.....	53
glucagon emergency kit.....	53

glucose in water.....	77
GLUCOTROL XL.....	51
glyburide.....	51
glyburide micronized.....	51
glyburide-metformin hcl.....	51
glycopyrrolate.....	78
GLYXAMBI.....	51
GOLYTELY.....	78
granisetron hcl.....	23
GRANIX.....	56
griseofulvin.....	24
griseofulvin ultramicrosize.....	24
guanfacine hcl.....	57
guanfacine hcl er.....	69
GVOKE.....	53
GVOKE HYPOPEN 1-PACK.....	53
GVOKE HYPOPEN 2-PACK.....	53
GVOKE PFS 1-PACK SYRINGE.....	53
GVOKE PFS 2-PACK SYRINGE.....	53

H

HADLIMA.....	95
HADLIMA PUSHTOUCH.....	95
HADLIMA(CF).....	95
HADLIMA(CF) PUSHTOUCH.....	95
HAEGARDA.....	93
hailey.....	87
hailey 24 fe.....	87
hailey fe.....	87
HALDOL DECANOATE 100.....	38
HALDOL DECANOATE 50.....	38
halobetasol propionate.....	73
haloette.....	87
haloperidol.....	38
haloperidol decanoate.....	38
haloperidol decanoate 100.....	38
haloperidol lactate.....	38
HAVRIX.....	97
heather.....	90
HEMADY.....	83
heparin sodium.....	55

HEPLISAV-B.....	97	hydroxyzine pamoate.....	49
HETLIOZ.....	109	HYZAAR.....	63
HIBERIX.....	97		
hidex.....	83		
HUMALOG.....	53	ibandronate sodium.....	100
HUMALOG JUNIOR KWIKPEN.....	53	IBRANCE.....	31
HUMALOG KWIKPEN U-100.....	53	ibu.....	
HUMALOG KWIKPEN U-200.....	53	ibuprofen.....	
HUMALOG MIX 50-50 KWIKPEN.....	53	icatibant.....	93
HUMALOG MIX 75-25.....	53	iclevia.....	87
HUMALOG MIX 75-25 KWIKPEN.....	53	ICLUSIG.....	31
HUMALOG TEMPO PEN U-100.....	53	icosapent ethyl.....	66
HUMATIN.....	8	IDHIFA.....	31
HUMIRA.....	95	ILEVRO.....	102
HUMIRA PEN.....	95	imatinib mesylate.....	31
HUMIRA(CF).....	95	IMBRUVICA.....	32
HUMIRA(CF) PEN.....	95	imipenem-cilastatin sodium.....	11
HUMIRA(CF) PEN CROHN'S-UC-HS.....	95	imipramine hcl.....	23
HUMIRA(CF) PEN PEDIATRIC UC.....	95	imiquimod.....	74
HUMIRA(CF) PEN PSOR-UV-ADOL HS....	95	IMITREX.....	26
HUMULIN 70-30.....	53	IMOVAZ RABIES VACCINE.....	97
HUMULIN 70/30 KWIKPEN.....	53	IMPAVIDO.....	9
HUMULIN N.....	53	IMURAN.....	96
HUMULIN N KWIKPEN.....	53	INBRIJA.....	38
HUMULIN R.....	53	incassia.....	90
HUMULIN R U-500.....	53	INCRELEX.....	83
HUMULIN R U-500 KWIKPEN.....	53	INCRUSE ELLIPTA.....	105
hydralazine hcl.....	67	indapamide.....	65
HYDREA.....	29	INDERAL LA.....	60
hydrochlorothiazide.....	65	INDERAL XL.....	60
hydrocodone bitartrate er.....		indomethacin.....	
hydrocodone-acetaminophen.....	5	indomethacin er.....	
hydrocodone-ibuprofen.....	5	INFANRIX DTAP.....	97
hydrocortisone.....	73,83,99	INLYTA.....	32
hydrocortisone butyrate.....	73	INNOPRAN XL.....	60
hydrocortisone valerate.....	73	INQOVI.....	29
hydrocortisone-acetic acid.....	104	INREBIC.....	32
hydromorphone hcl.....	5	INSPRA.....	67
hydroxychloroquine sulfate.....	36	insulin pen needle.....	54
hydroxyurea.....	29	insulin syringe (disp) u-100 0.3 ml.....	54
hydroxyzine hcl.....	49	insulin syringe (disp) u-100 1 ml.....	54

insulin syringe (disp) u-100 1/2 ml	54	JANUMET	51
INTELENCE	44	JANUMET XR	51
INTRALIPID	77	JANUVIA	51
introvale	87	JARDIANCE	51
INVANZ	12	jasmiel	87
INVEGA	40	JAYPIRCA	32
INVEGA HAFYERA	40	jencycla	91
INVEGA SUSTENNA	40	JENTADUETO	51
INVEGA TRINZA	40	JENTADUETO XR	51
INVELTYS	102	jinteli	87
IPOL	97	jolessa	87
ipratropium bromide	105	juleber	87
ipratropium-albuterol	108	JULUCA	44
irbesartan	58	junel	87
irbesartan-hydrochlorothiazide	63	junel fe	87
IRESSA	32	junel fe 24	87
ISENTRESS	43	JUXTAPID	66
ISENTRESS HD	43	JYNNEOS	97
isibloom	87	JYNNEOS (NATIONAL STOCKPILE)	97
isoniazid	27		
isopropyl alcohol 0.7 ml/ml medicated pad	51		
ISORDIL TITRADOSE	67	K	
isosorbide dinitrate	67	kaitlib fe	87
isosorbide mononitrate	67	KALETRA	46
isosorbide mononitrate er	67	kalliga	87
isotretinoin	71	KALYDECO	106
isradipine	61	KANJINTI	35
ISTALOL	103	kariva	87
itraconazole	24	kcl-d5w-0.2% nacl	75
ivabradine hcl	63	kcl-d5w-0.225% nacl	75
ivermectin	36,74	kcl-d5w-0.45% nacl	75
IWILFIN	30	kelnor 1-35	87
IXCHIQ	97	kelnor 1-50	87
IXIARO	97	KEPPRA	14
		KERENDIA	67
		KESIMPTA PEN	70
J		ketocoazole	24
JADENU	76	ketorolac tromethamine	3,102
JADENU SPRINKLE	76	KINRIX	97
jaimiess	87	kionex	77
JAKAFI	32	KISQALI	32
jantoven	55	KISQALI FEMARA CO-PACK	29

KLARON	71	leflunomide	96
klayesta	24	lenalidomide	28
KLOR-CON 10	75	lentocilin s	11
KLOR-CON 8	75	LENVIMA	32
klor-con m10	75	lessina	87
KLOR-CON M15	75	LETAIRIS	107
klor-con m20	75	letrozole	30
KLOXXADO	7	leucovorin calcium	29
KORLYM	92	LEUKERAN	27
KOSELUGO	32	LEUKINE	56
kourzeq	70	leuprolide acetate	92
KRAZATI	32	leuprolide depot	92
kurvelo	87	levetiracetam	15
KUVAN	80	levetiracetam er	15
L		LEVO-T	91
l-glutamine	80	levobunolol hcl	103
labetalol hcl	60	levocarnitine	80
lacosamide	17	levocarnitine sf	80
lactulose	77	levocetirizine dihydrochloride	105
LAMICTAL	14	levofloxacin	13
LAMICTAL (BLUE)	15	levofloxacin-d5w	13
lamivudine	45,47	levonest	87
lamivudine hbv	47	levonorg-eth estrad eth estrad	87
lamivudine-zidovudine	45	levonorgestrel-eth estradiol	88
lamotrigine	15	levora-28	88
lamotrigine (blue)	15	levorphanol tartrate	
lamotrigine er	15	levothyroxine sodium	91
LANOXIN	63	LEVOXYL	91
lansoprazole	79	LEXAPRO	21
LANTUS	54	LEXIVA	46
LANTUS SOLOSTAR	54	LIALDA	99
lapatinib	32	LIBERVANT	16
larin	87	lidocaine	6
larin 24 fe	87	lidocaine hcl	6
larin fe	87	lidocaine hcl laryngotracheal 4% solution	6
LASIX	64	lidocaine hcl viscous	6
latanoprost	104	lidocaine-prilocaine	6
LATUDA	40	LIDOCAN II	6
LAYOLIS FE	87	lidocan iii	6
leena	87	lidocan iv	6
		lidocan v	6

LIDODERM	6	LUMIGAN	104
LILETTA	82	LUMRYZ	109
linezolid	9	LUPRON DEPOT	92
linezolid-0.9% nacl	9	LUPRON DEPOT (LUPANETA)	92
linezolid-d5w	9	LUPRON DEPOT-PED	92
LINZESS	77	lurasidone hcl	40
liothyronine sodium	91	lutera	88
LIPITOR	65	LYBALVI	40
lisdexamfetamine dimesylate	68	lyeq	91
lisinopril	59	lyllana	85
lisinopril-hydrochlorothiazide	63	LYNPARZA	32
lithium carbonate	50	LYRICA	16
lithium carbonate er	50	LYSODREN	29
lithium citrate	50	LYTGOBI	32,33
LITHOBID	50	LYUMJEV	54
LIVTENCITY	47	LYUMJEV KWIKPEN U-100	54
lo-zumandimine	88	LYUMJEV KWIKPEN U-200	54
LOCOID LIPOCREAM	73	LYUMJEV TEMPO PEN U-100	54
LOESTRIN	88	lyza	91
LOESTRIN FE	88		
lojaimiess	88		
LONSURF	29	M	
loperamide	78	M-M-R II VACCINE	97
LOPID	65	magnesium sulfate	75
lopinavir-ritonavir	46	MALARONE	36
LOPRESSOR	60	malathion	74
LOPROX	24	maraviroc	45,46
lorazepam	49	marlissa	88
lorazepam intensol	49	MARPLAN	20
LORBRENA	32	MATULANE	27
loryna	88	matzim la	62
losartan potassium	58	MAVYRET	47
losartan-hydrochlorothiazide	63	MAXALT	26
LOTENSIN	59	MAXALT MLT	26
LOTRONEX	78	MAXITROL	101
lovastatin	65	meclizine hcl	23
LOVENOX	55,56	MEDROL	83
low-ogestrel	88	medroxyprogesterone acetate	91
loxapine	38	mefloquine hcl	36
lubiprostone	77	megestrol acetate	91
LUMAKRAS	32	MEKINIST	33
		MEKTOVI	33

meloxicam.....	9,74
memantine hcl.....	63
memantine hcl er.....	59
MENACTRA.....	24
MENEST.....	58
MENQUADFI.....	64
MENVEO A-C-Y-W-135-DIP.....	88
mercaptopurine.....	88
meropenem.....	88
meropenem-0.9% nacl.....	88
merzee.....	57
mesalamine.....	92
mesalamine dr.....	91
mesalamine er.....	91
MESNEX.....	25
MESTINON.....	13
metformin hcl.....	67
metformin hcl er.....	19
methadone hcl.....	79
methazolamide.....	109
methenamine hippurate.....	59
methimazole.....	88
methocarbamol.....	38
methotrexate.....	105
methotrexate sodium.....	105
methoxsalen.....	13
methscopolamine bromide.....	5
methsuximide.....	13
methylphenidate er.....	98
methylphenidate hcl.....	78
methylprednisolone.....	78
methyltestosterone.....	77
metoclopramide hcl.....	27
metolazone.....	77
metoprolol succinate.....	96
metoprolol tartrate.....	96
metoprolol-hydrochlorothiazide.....	96
METRO IV.....	96
METROCREAM.....	24
METROGEL.....	27
METROLOTION.....	96
metronidazole.....	96
metyrosine.....	96
mexiletine hcl.....	24
micafungin.....	58
MICARDIS.....	64
MICARDIS HCT.....	88
microgestin.....	88
microgestin 24 fe.....	88
microgestin fe.....	88
midodrine hcl.....	88
mifepristone.....	81
miglustat.....	92
MIGRALAN.....	25
mili.....	25
mimvey.....	13
minocycline hcl.....	67
minoxidil.....	19
mirtazapine.....	19
misoprostol.....	109
modafinil.....	88
moexipril hcl.....	88
molindone hcl.....	88
mometasone furoate.....	105
monodoxine nl.....	105
mono-linyah.....	13
montelukast sodium.....	88
morphine sulfate.....	5
morphine sulfate er.....	96
MOUNJARO.....	51
MOVANTIK.....	78
MOVIPREP.....	77
moxifloxacin.....	13,101
moxifloxacin hcl.....	13
MRESVIA.....	98
MULTAQ.....	59
mupirocin.....	35
MVASI.....	75
MYALEPT.....	27
MYCOBUTIN.....	96
mycophenolate mofetil.....	96
mycophenolic acid.....	96

MYFORTIC	96	nevirapine	44
MYHIBBIN	96	nevirapine er	44
myorisan	71	NEXAVAR	33
MYRBETRIQ	81	NEXIUM	79,80
MYSOLINE	16	NEXPLANON	.82
N		niacin er	.66
nabumetone		nicardipine hcl	.61
nadolol	60	NICOTROL	.7
nafcillin	11	NICOTROL NS	.7
nafcillin sodium	11	nifedipine	.61
naloxone hcl	7	nifedipine er	.61
naltrexone hcl	7	nikki	.88
NAMENDA	19	NILANDRON	.28
naproxen		nilutamide	.28
naproxen sodium	3,	nimodipine	.61
naratriptan hcl	26	NINLARO	.33
NARCAN	7	NIPENT	.29
NARDIL	20	nisoldipine	.61
NATACYN	101	nitazoxanide	.36
nateglinide	51,52	nitisinone	.81
NAYZILAM	16	NITRO-BID	.67
nebivolol hcl	60	nitrofurantoin	.9
NEBUPENT	36	nitrofurantoin mono-macro	.9
necon	88	nitroglycerin	.67
needles, insulin disp., safety	54	nitroglycerin patch	.67
nefazodone hcl	21	NITROLINGUAL	.67
neo-polycin	101	NITROSTAT	.67
neo-polycin hc	101	NIVESTYM	.56
neomycin sulfate	8	nizatidine	.79
neomycin-bacitracin-poly-hc	101	nora-be	.91
neomycin-bacitracin-polymyxin	102	norelgestromin-eth estradiol	.88
neomycin-polymyxin-dexameth	101	norethin-eth estra-ferrous fum	.88
neomycin-polymyxin-gramicidin	102	norethindron-ethinyl estradiol	.88
neomycin-polymyxin-hc	104	norethindrone	.91
neomycin-polymyxin-hydrocort	104	norethindrone ac (lupaneta)	.91
NEORAL	.96	norethindrone acetate	.91
NERLYNX	33	norethindrone-e.estradiol-iron	.88
neuac	71	norgestimate-ethinyl estradiol	.88
NEUPRO	37	NORPRAMIN	.23
NEURONTIN	16	NORTHERA	.57
		nortrel	.88

nortriptyline hcl.....	23	OJJAARA.....	33
NORVASC.....	61	olanzapine.....	40
NORVIR.....	46	olanzapine odt.....	40
NOVOLIN 70-30.....	54	olmesartan medoxomil.....	58
NOVOLIN 70-30 FLEXPEN.....	54	olmesartan-amlodipine-hctz.....	64
NOVOLIN N.....	54	olmesartan-hydrochlorothiazide.....	64
NOVOLIN N FLEXPEN.....	54	olopatadine hcl.....	105
NOVOLIN R.....	54	omega-3 acid ethyl esters.....	66
NOVOLIN R FLEXPEN.....	54	omeprazole.....	80
NOVOLOG.....	54	omnipod 5 dexg7g6 intro(gen 5).....	54
NOVOLOG FLEXPEN.....	54	omnipod 5 dexg7g6 pods (gen 5).....	54
NOVOLOG MIX 70-30.....	54	omnipod 5 g6-g7 intro kt(gen5).....	54
NOVOLOG MIX 70-30 FLEXPEN.....	54	omnipod 5 g6-g7 pods (gen 5).....	54
NOVOLOG PENFILL.....	54	omnipod classic pdm kit(gen 3).....	54
NOXAFIL.....	25	omnipod classic pods (gen 3).....	54
NUBEQA.....	28	omnipod dash intro kit (gen 4).....	54
NUEDEXTA.....	69	omnipod dash pdm kit (gen 4).....	54
NUPLAZID.....	40	omnipod dash pods (gen 4).....	55
NURTEC ODT.....	26	omnipod go pods.....	55
NUTRILIPID.....	77	OMNITROPE.....	84
NUVARING.....	88	ondansetron hcl.....	23
NUVIGIL.....	109	ondansetron odt.....	24
NUZYRA.....	14	ONFI.....	16
nyamyc.....	25	ONTRUZANT.....	35
nylia.....	88	ONUREG.....	29
nymyo.....	89	OPSUMIT.....	107
nystatin.....	25	OPVEE.....	7
nystatin-triamcinolone.....	74	ORACEA.....	71
nystop.....	25	ORALAIR.....	108
O		oralone.....	70
OCALIVA.....	78	ORENCIA.....	94
ocella.....	89	ORENCIA CLICKJECT.....	94
octreotide acetate.....	92	ORFADIN.....	81
OCUFLOX.....	102	ORGOVYX.....	29
ODEFSEY.....	45	ORKAMBI.....	106
ODOMZO.....	33	ORSERDU.....	28
OFEV.....	107	oseltamivir phosphate.....	48
ofloxacin.....	13,102,104	OTEZLA.....	74
OGSIVEO.....	33	OVIDE.....	74
OJEMDA.....	33	oxaprozin.....	
		oxazepam.....	49

oxcarbazepine.....	17	periogard.....	70
oxybutynin chloride.....	81	permethrin.....	74
oxybutynin chloride er.....	82	perphenazine.....	23
oxycodone hcl.....	5	PERSERIS.....	40
oxycodone-acetaminophen.....	5	pfiberpen.....	11
OZEMPIK.....	52	phenelzine sulfate.....	20
P		phenobarbital.....	16
pacerone.....	59	phenoxybenzamine hcl.....	57
paliperidone er.....	40	PHENYTEK.....	18
PALYNZIQ.....	81	phenytoin.....	18
PANRETIN.....	36	phenytoin sodium extended.....	18
pantoprazole sodium.....	80	philith.....	89
paricalcitol.....	100	PIFELTRO.....	44
PARNATE.....	20	pilocarpine hcl.....	71,103
paroxetine cr.....	21	pimecrolimus.....	73
paroxetine er.....	21	pimozide.....	39
paroxetine hcl.....	21	pimtrexa.....	89
PAXIL.....	21,22	pindolol.....	60
PAXLOVID.....	48	pioglitazone hcl.....	52
PAXLOVID (EUA).....	48	pioglitazone-glimepiride.....	52
pazopanib hcl.....	33	pioglitazone-metformin.....	52
PEDIARIX.....	98	piperacillin-tazobactam.....	11
PEDVAXHIB.....	98	PIQRAY.....	33
peg 3350-electrolyte.....	78	pirfenidone.....	107
peg-3350 and electrolytes.....	78	piroxicam.....	
peg3350-sod sul-nacl-kcl-asb-c.....	79	PLAQUENIL.....	37
PEGASYS.....	94	PLAVIX.....	57
PEMAZYRE.....	33	PLEGRIDY.....	70
PENBRAYA.....	98	PLEGRIDY PEN.....	70
penicillamine.....	82	podofilox.....	74
penicillin g potassium.....	11	polycin.....	102
penicillin g sodium.....	11	polymyxin b sul-trimethoprim.....	102
penicillin gk-iso-osm dextrose.....	11	POMALYST.....	28
penicillin v potassium.....	11	portia.....	89
PENTACEL.....	98	posaconazole.....	25
PENTAM 300.....	37	potassium chloride.....	76
pentamidine isethionate.....	37	potassium chloride in d5lr.....	75
PENTASA.....	99	potassium chloride proamp.....	76
pentoxifylline.....	64	potassium chloride-0.45% nacl.....	76
perindopril erbumine.....	59	potassium chloride-dextrose 5%.....	75
		potassium citrate er.....	76

pramipexole dihydrochloride.....	37	PROLENSA.....	103
prasugrel hcl.....	57	PROLIA.....	100
pravastatin sodium.....	66	PROMACTA.....	56
praziquantel.....	36	promethazine hcl.....	23
prazosin hcl.....	58	promethegan.....	23
PRED FORTE.....	103	propafenone hcl.....	59
PRED MILD.....	103	propafenone hcl er.....	59
prednisolone.....	83	propranolol hcl.....	60
prednisolone acetate.....	103	propranolol hcl er.....	60
prednisolone sodium phosphate.....	83,103	propylthiouracil.....	93
prednisone.....	83	PROQUAD.....	98
pregabalin.....	16	PROSCAR.....	82
PREGNYL.....	84	PROTONIX.....	80
PREHEVBARIO.....	98	protriptyline hcl.....	23
PREMARIN.....	85	PROVERA.....	91
PREMPHASE.....	89	PROZAC.....	22
PREMPRO.....	89	PRUDOXIN.....	73
PREVACID.....	80	PULMOZYME.....	106
prevalite.....	66	PURIXAN.....	29
PREVYMIS.....	47	PYLERA.....	79
PREZCOBIX.....	46	pyrazinamide.....	27
PREZISTA.....	46,47	pyridostigmine bromide.....	27
PRIFTIN.....	27	pyridostigmine bromide er.....	27
primaquine.....	37	pyrimethamine.....	37
primidone.....	17		
PRIORIX.....	98		
PRISTIQ.....	22	Q	
PROAIR RESPICLICK.....	106	QINLOCK.....	33
probenecid.....	25	QUADRACEL DTAP-IPV.....	98
probenecid-colchicine.....	25	quetiapine fumarate.....	41
PROCARDIA XL.....	61	quetiapine fumarate er.....	41
prochlorperazine.....	23	quinapril hcl.....	59
prochlorperazine maleate.....	23	quinapril-hydrochlorothiazide.....	64
PROCRIT.....	56	quinidine gluconate.....	59
proto-med hc.....	99	quinidine sulfate.....	60
proctosol-hc.....	99	quinine sulfate.....	37
protozone-hc.....	99	QVAR REDIHALER.....	105
progesterone.....	91		
PROGLYCEM.....	53	R	
PROGRAF.....	96	RABAVERT.....	98
PROLASTIN C.....	81	rabeprazole sodium.....	80
		raloxifene hcl.....	91

ramelteon	109	RISPERDAL	41
ramipril	59	RISPERDAL CONSTA	41
ranolazine er	64	risperidone	41
RAPAFLO	82	risperidone er	41
RAPAMUNE	96	risperidone odt	41
rasagiline mesylate	38	RITALIN	69
reclipsen	89	ritonavir	47
RECOMBIVAX HB	98	rivastigmine	19
RECTIV	67	rizatriptan	26
REGLAN	79	ROCALTROL	100
REGRANEX	74	ROCKLATAN	103
RELENZA	48	roflumilast	107
RELISTOR	77,78	ropinirole er	37
REMERON	19	ropinirole hcl	37
RENFLEXIS	96	rosadan	75
repaglinide	52	rosuvastatin calcium	66
REPATHA PUSHTRONEX	66	ROTARIX	98
REPATHA SURECLICK	66	ROTATEQ	98
REPATHA SYRINGE	67	ROWASA	99
RESTASIS	101	roweepra	15
RESTASIS MULTIDOSE	101	ROXICODONE	5,6
RETACRIT	56	ROZEREM	109
RETEVMO	33	ROZLYTREK	33
RETIN-A	71	RUBRACA	34
RETROVIR	45	rufinamide	18
REVCovi	81	RUKOBIA	46
REXULTI	41	RUXIENCE	35
REYATAZ	47	RYBELSUS	52
REZLIDHIA	33	RYDAPT	34
REZUROCK	96	RYTARY	38
RHOPRESSA	103		
RIABNI	35	S	
ribavirin	47	SABRIL	17
RIDAURA	94	sajazir	93
rifabutin	27	SALAGEN	71
rifampin	27	SAMSCA	76
riluzole	69	SANDIMMUNE	96
RINVOQ	94	SANDOSTATIN LAR DEPOT	92
RINVOQ LQ	94	SANTYL	74
risedronate sodium	100	SAPHRIS	41
risedronate sodium dr	100	sapropterin dihydrochloride	81

saxagliptin hcl.....	52	sodium chloride-water.....	76
saxagliptin-metformin er.....	52	sodium oxybate.....	109
SCEMBLIX.....	34	sodium phenylbutyrate.....	81
scopolamine.....	23	sodium polystyrene sulfonate.....	77
SECUADO.....	41	solifenacin succinate.....	82
selegiline hcl.....	38	SOLIQUA 100-33.....	52
selenium sulfide.....	73	SOLTAMOX.....	28
SELZENTRY.....	46	SOMATULINE DEPOT.....	93
SENSIPAR.....	100	SOMAVERT.....	93
SEREVENT DISKUS.....	106	SOOLANTRA.....	74
SEROQUEL.....	41	sorafenib.....	34
SEROQUEL XR.....	42	sorine.....	60
sertraline hcl.....	22	sotalol.....	60
setlakin.....	89	sotalol af.....	60
SFROWASA.....	99	SPIRIVA HANDIHALER.....	105
sharobel.....	91	SPIRIVA RESPIMAT.....	105
SHINGRIX.....	98	spironolactone.....	67
SIGNIFOR.....	92	spironolactone-hctz.....	64
SIGNIFOR LAR.....	92	SPORANOX.....	25
sildenafil citrate.....	107	sprintec.....	89
SILENOR.....	109	SPRITAM.....	15
silodosin.....	82	SPRYCEL.....	34
SILVADENE.....	74	SPS.....	77
silver sulfadiazine.....	74	sronyx.....	89
SIMBRINZA.....	103	SSD.....	74
SIMLANDI(CF) AUTOINJECTOR.....	96	STAMARIL.....	98
simliya.....	89	STELARA.....	94
simpesse.....	89	STIOLTO RESPIMAT.....	108
simvastatin.....	66	STIVARGA.....	34
SINEMET 10-100.....	38	STRATTERA.....	69
SINEMET 25-100.....	38	STRENSIQ.....	81
SINGULAIR.....	105	streptomycin sulfate.....	8
sirolimus.....	96	STRIBILD.....	44
SIRTURO.....	27	STROMECTOL.....	36
SIVEXTRO.....	9	SUBLOCADE.....	7
SKYLA.....	82	SUBOXONE.....	7
SKYRIZI.....	94	subvenite.....	15
SKYRIZI ON-BODY.....	94	subvenite (blue).....	15
SKYRIZI PEN.....	94	sucralfate.....	79
sod sulf-potass sulf-mag sulf.....	79	SULAR.....	61
sodium chloride.....	76	sulfacetamide sodium.....	71,102

sulfacetamide-prednisolone	101	tarina fe 1-20 eq	89
sulfadiazine	13	TASIGNA	34
sulfamethoxazole-trimethoprim	13	tasimelteon	109
sulfasalazine	99	TASMAR	37
sulfasalazine dr	99	taysofy	89
sulindac		tazarotene	71
sumatriptan	26	tazicef	10
sumatriptan succinate	26	TAZORAC	72
sunitinib malate	34	taztia xt	62
SUNLENCA	46	TAZVERIK	34
SUPREP	79	TDVAX	98
SUTAB	79	TECFIDERA	70
SUTENT	34	TEFLARO	10
syeda	89	TEGRETOL	18
SYMFI	44	TEGRETOL XR	18
SYMFI LO	44	TEKTURNA	64
SYMLINPEN 120	52	telmisartan	58
SYMLINPEN 60	52	telmisartan-amlodipine	64
SYMPAZAN	17	telmisartan-hydrochlorothiazid	64
SYMTUZA	47	temazepam	109
SYNAREL	93	tencon	
SYNJARDY	52	TENIVAC	98
SYNJARDY XR	52	tenofovir disoproxil fumarate	45
SYNTHROID	92	TENORETIC 100	64
SYPRINE	76	TENORETIC 50	64
T		TENORMIN	61
TABLOID	29	TEPMETKO	34
TABRECTA	34	terazosin hcl	58
tacrolimus	73,96	terbinafine hcl	25
tadalafil	82,107	terbutaline sulfate	106
TAFINLAR	34	terconazole	25
TAGRISSO	34	TERIPARATIDE	100
TALZENNA	34	testosterone	84
TAMIFLU	48	testosterone cypionate	84
tamoxifen citrate	28	testosterone enanthate	84
tamsulosin hcl	82	tetrabenazine	69
taperdex	83	tetracycline hcl	14
TARGRETIN	36	THALOMID	28
tarina 24 fe	89	THEO-24	107
tarina fe	89	theophylline anhydrous	107
		theophylline er	107

thioridazine hcl.....	.39	tramadol hcl-acetaminophen.....	.6
thiothixene.....	.39	trandolapril.....	.59
THYMOGLOBULIN.....	.93	trandolapril-verapamil er.....	.64
tiadylt er.....	.62	tranexamic acid.....	.57
tiagabine hcl.....	.17	tranylcypromine sulfate.....	.20
TIAZAC.....	.62	TRAVASOL.....	.77
TIBSOVO.....	.34	TRAVATAN Z.....	.104
TICOVAC.....	.98	travoprost.....	.104
tigecycline.....	.9	TRAZIMERA.....	.36
TIKOSYN.....	.60	trazodone hcl.....	.22
tilia fe.....	.89	TRECATOR.....	.27
timolol maleate.....	.61,103	TRELEGY ELLIPTA.....	.108
TIMOPTIC.....	.103	TRELSTAR.....	.93
TIMOPTIC OCUDOSE.....	.103	TREMFYA.....	.94
tinidazole.....	.9	tretinoin.....	.36,72
tiotropium bromide.....	.105	tri-estarrylla.....	.89
TIROSINT.....	.92	tri-legest fe.....	.89
TIROSINT-SOL.....	.92	tri-linyah.....	.89
TIVICAY.....	.44	tri-lo-estarrylla.....	.89
TIVICAY PD.....	.44	tri-lo-marzia.....	.89
tizanidine hcl.....	.43	tri-lo-mili.....	.89
TOBRADEX.....	.101	tri-lo-sprintec.....	.89
tobramycin.....	.102,106	tri-mili.....	.89
tobramycin sulfate.....	.8	tri-nymyo.....	.89
tobramycin-dexamethasone.....	.101	tri-sprintec.....	.89
tolcapone.....	.37	tri-vylibra.....	.89
tolterodine tartrate.....	.82	tri-vylibra lo.....	.90
tolterodine tartrate er.....	.82	triamcinolone acetonide.....	.71,73
tolvaptan.....	.77	triamterene-hydrochlorothiazid.....	.65
topiramate.....	.15	TRIBENZOR.....	.64
TOPROL XL.....	.61	tridacaine ii.....	.6
toremifene citrate.....	.28	tridacaine iii.....	.6
torpenz.....	.34	triderm.....	.73
torsemide.....	.64	trientine hcl.....	.77
TOUJEO MAX SOLOSTAR.....	.55	trifluoperazine hcl.....	.39
TOUJEO SOLOSTAR.....	.55	trifluridine.....	.102
TOVIAZ.....	.82	trihexyphenidyl hcl.....	.37
TRACLEER.....	.107	TRIKAFTA.....	.106
TRADJENTA.....	.52	triklo.....	.67
tramadol hcl.....	.6	TRILEPTAL.....	.18
tramadol hcl er.....		trimethoprim.....	.9

trimipramine maleate	23	valsartan-hydrochlorothiazide	64
TRINTELLIX	22	VALTOCO	17
TRIUMEQ	45	VALTREX	48
TRIUMEQ PD	45	vanadom	108
trivora-28	90	vancomycin hcl	9
TROPHAMINE	77	VANFLYTA	35
trospium chloride	82	VAQTA	98
trospium chloride er	82	varenicline tartrate	7
TRULICITY	52	VARIVAX VACCINE	98
TRUMENBA	98	VASCEPA	67
TRUQAP	34	VASERETIC	64
TRUVADA	45	VASOTEC	59
TUKYSA	34,35	VAXCHORA VACCINE	98
TURALIO	35	velvet	90
turqoz	90	VELTASSA	77
TWINRIX	98	VENCLEXTA	35
TYBLUME	90	VENCLEXTA STARTING PACK	35
TYBOST	46	venlafaxine besylate er	22
tydemy	90	venlafaxine hcl	22
TYGACIL	9	venlafaxine hcl er	22
TYKERB	35	VENTAVIS	107
TYMLOS	100	VENTOLIN HFA	106
TYPHIM VI	98	VEOZAH	69
U		verapamil er	62
UBRELVY	26	verapamil er pm	62
UDENYCA	57	verapamil hcl	62
UDENYCA AUTOINJECTOR	57	verapamil sr	62
UDENYCA ONBODY	57	VERELAN	62
UNITHROID	92	VERELAN PM	62
ursodiol	79	VERQUVO	68
UZEDY	42	VERSACLOZ	43
V		VERZENIO	35
VAGIFEM	85	vestura	90
valacyclovir	48	VFEND IV	25
VALCHLOR	28	VIBERZI	78
VALCYTE	47	vienna	90
valganciclovir hcl	47	vigabatrin	17
valproic acid	15	vigadron	17
valsartan	58	VIGAFYDE	17
		VIGAMOX	102
		vigpoder	17

VIIBRYD.....	22	XGEVA.....	100
vilazodone hcl.....	22	XHANCE.....	105
VIMPAT.....	18	XIFAXAN.....	79
viorele.....	90	XIGDUO XR.....	52
VIRACEPT.....	47	XOFLUZA.....	48
VIREAD.....	45	XOLAIR.....	94
VITRAKVI.....	35	XOPENEX HFA.....	106
VIVITROL.....	7	XOSPATA.....	35
VIZIMPRO.....	35	XPOVIO.....	29
volnea.....	90	XTANDI.....	28
VONJO.....	35	xulane.....	90
voriconazole.....	25		
VOTRIENT.....	35		
VOWST.....	79		
VPRIV.....	81	yargesa.....	81
VRAYLAR.....	42	YASMIN 28.....	90
VUMERTY.....	70	YAZ.....	90
vyfemla.....	90	YF-VAX.....	98
vylibra.....	90	YONSA.....	28
VYNDAMAX.....	81	yuvafem.....	85
VYNDAQEL.....	81		
VYTORIN.....	67		
VYVANSE.....	68		
W			
warfarin sodium.....	56	zafemy.....	90
WELIREG.....	81	zaflurukast.....	105
WELLBUTRIN SR.....	19,20	zaleplon.....	109
WELLBUTRIN XL.....	20	ZARONTIN.....	15
wera.....	90	ZEBUTAL.....	
wixela inhub.....	108	ZEJULA.....	35
wymzya fe.....	90	ZELBORAF.....	35
		zenatane.....	72
		ZENPEP.....	81
		zenzedi.....	68
		ZEPATIER.....	47
		ZESTORETIC.....	64
		ZESTRIL.....	59
		ZETIA.....	67
		ZIAC.....	64
		ZIAGEN.....	45
		zidovudine.....	45
		ZIEXTENZO.....	57
		ziprasidone hcl.....	42
		ziprasidone mesylate.....	42
X			
XALKORI.....	35		
XARELTO.....	56		
XATMEP.....	96		
XCOPRI.....	18		
XDEMVY.....	101		
XENAZINE.....	69		
XERMELO.....	78		

ZIRABEV.....	36
ZITHROMAX.....	12
ZITHROMAX TRI-PAK.....	12
ZOCOR.....	66
ZOKINVY.....	81
ZOLINZA.....	29
zolmitriptan odt.....	26
ZOLOFT.....	22
zolpidem tartrate.....	109
zolpidem tartrate er.....	109
ZONALON.....	73
ZONEGRAN.....	18
ZONISADE.....	18
zonisamide.....	18
ZONTIVITY.....	56
ZORTRESS.....	96
ZOSYN.....	11
zovia 1-35.....	90
ZOVIRAX.....	48
ZTALMY.....	17
ZTLIDO.....	6
zumandimine.....	90
ZURZUVAE.....	20
ZYDELIG.....	35
ZYKADIA.....	35
ZYPREXA.....	42
ZYPREXA RELPREVV.....	42
ZYPREXA ZYDIS.....	42
ZYVOX.....	9

Retiree RxCare

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