Retiree RxCare
Formulario Base 2025
(Lista de medicamentos cubiertos)

POR FAVOR, LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE ALGUNOS DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

ID del formulario No. 25485, Versión 12

Este formulario se actualizó el 06/01/2025. No hemos realizado cambios a este formulario Desde el 06/01/2025. Esta no es una lista completa de medicamentos cubiertos por nuestro plan. Para una lista u otras preguntas, comuníquese con el Centro de Atención al Cliente de RxCare para Jubilados al 1-855- 693-3921 Los usuarios de TTY deben llamar al 711, 24 horas al día, 7 días a la semana o visitor http://retireerxcarepdp.com.

Nota para los miembros existentes: Este formulario ha cambiado desde el año pasado. Por favor, revise este documento para asegurarse de que todavía contiene los medicamentos que toma.

Cuando esta lista de medicamentos (formulario) se refiere a "nosotros", "nos" o "nuestro", significa Retiree RxCare. Cuando se refiere a "plan" o "nuestro plan", significa Retiree RxCare.

Este documento incluye una lista parcial de los medicamentos (formulario) para nuestro plan que está vigente al 06/01/2025. Para obtener un formulario actualizado completo, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en las portadas y contraportadas.

Debe usar nerviosamente las farmacias de la red para usar su beneficio de medicamentos recetados. Beneficios. El formulario, la red de farmacias y/o los copagos/co seguros pueden cambiar el 1 de Enero de 2024 y de vez en cuando durante el año.

Retiree RxCare es un Plan de Medicamentos Recetados (PDP) con un contrato de Medicare. La inscripción en Retiree RxCare depende de la renovación del contrato.

Esta información está disponible gratuitamente en otros idiomas. Por favor, llame a nuestro número de Atención al Cliente arriba. El formulario puede cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.

¿Qué es el formulario para jubilados de RxCare?

Un formulario es una lista de medicamentos cubiertos seleccionados por Retiree RxCare en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. Retiree RxCare cubrirá generosamente los medicamentos enumerados en nuestro formulario siempre y cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red Retiree

RxCare y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de cobertura.

¿Puede cambiar el formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de Enero, pero Retiree RxCare puede agregar o eliminar medicamentos en la Lista de medicamentos durante el año, moverlos a diferentes niveles de costos compartidos o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al hacer estos cambios.

Cambios que pueden afectarlo este año: En los siguientes casos, se verá afectado por los cambios de cobertura durante el año:

- Nuevos medicamentos genéricos. Podemos eliminar inmediatamente un medicamento de marca en nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costos compartidos o más bajo y con las mismas o menos restricciones. Además, al agregar el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero immeditar lo a un nivel diferente de costos compartidos o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no le informemos con anticipación antes de realizar ese cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
    - Si hacemos tal cambio, usted o su médico pueden pedirnos que hagamos una excepción y continuemos cubriendo el medicamento de marca por usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al formulario de RxCare para jubilados?"

- Medicamentos retirados del mercado. Si la Administración de Alimentos y Medicamentos considera que un medicamento en nuestro formulario no es seguro o el fabricante del medicamento retira el medicamento del mercado, eliminaremos inmediatamente el medicamento de nuestro formulario y notificaremos a los miembros que toman el medicamento.

- Otros cambios. Podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca actualmente en el formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel diferente de costos compartidos o ambos. Podemos hacer cambios basados en nuevas guías clínicas. Si eliminamos medicamentos de nuestro formulario, o agregamos autorización previa, límites de cantidad y / o restricciones de terapia escalonada en un medicamento o movemos un medicamento a un nivel más alto de costo compartido, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que el cambio entre en vigencia, o en el momento en que el miembro solicite una recarga del medicamento, momento en el cual el miembro recibirá un suministro de 30 días de la droga.

    - Si hacemos estos otros cambios, usted o su médico pueden pedirnos que hagamos una excepción y continuemos cubriendo el medicamento de marca por usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una

excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al formulario de Retiree RxCare?"

Cambios que no le afectarán si actualmente está tomando el medicamento. En general, si está tomando un medicamento en nuestro formulario 2024 que estaba cubierto a principios de año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024, excepto como se describe anteriormente. Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen por el resto del año de cobertura. No recibirá aviso directo este año sobre cambios que no lo afecten. Sin embargo, el 1 de enero del próximo año, tales cambios lo afectarían, y es importante verificar la Lista de medicamentos para el nuevo año de beneficios para cualquier cambio en los medicamentos.

El formulario adjunto está actualizado a partir del 06/01/2025, para obtener información actualizada sobre la red de medicamentos de Retiree RxCare, comuníquese con nosotros. Nuestra información de contacto aparece en las portadas y contraportadas. Si hay algún cambio en este formulario a mediados de año, enviaremos a los miembros un aviso de cambio.

¿Cómo uso el formulario?

Hay dos maneras de encontrar su medicamento dentro del formulario:

Dolencia

El formulario comienza en la página 1. Los medicamentos en este formulario se agrupan en categorías dependiendo del tipo de condiciones médicas que se utilizan para tratar. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran en la categoría "Cardiovascular, hipertensión / lípidos". Si sabe para qué se usa su medicamento, busque el nombre de la categoría y en la lista que comienza en la página 1. Luego busque debajo del nombre de la categoría de su medicamento.

Listado alfabético

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 112. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Retiree RxCare cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la FDA como que tiene el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites en la cobertura. Estos requisitos y los límites pueden incluir.

Autorización previa: Retiree RxCare requiere que usted o su médico obtengan información previa Autorización para ciertos medicamentos. Esto significa que deberá obtener la aprobación de Retiree RxCare antes de surtir sus recetas. Si no obtiene la aprobación, es posible que Retiree RxCare no cubra el medicamento

Límites de cantidad: Para ciertos medicamentos, Retiree RxCare limita la cantidad del medicamento que El jubilado RxCare cubrirá. Por ejemplo, Retiree RxCare proporciona 30 tabletas por 30 días durante Zolpidem tartrato 10mg. Esto puede ser adicional a un suministro estándar de un mes o tres meses.

B/D: Este medicamento requiere una autorización previa para determinar si el medicamento está cubierto por la Parte B de Medicare o la Parte D de Medicare. Se requiere información adicional de usted o de su médico para hacer una determinación antes de que pueda surtir su receta. Si no obtiene la aprobación, Retiree RxCare puede no cubrir el medicamento y usted será responsable del costo total del medicamento o de enviar el medicamento a su plan de salud de Medicare.

Puede averiguar si su medicamento tiene algún requisito o límite adicional buscando en el formulario que comienza en la página 1. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado en línea un documento que explica nuestra autorización previa y las restricciones de la terapia escalonada. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en las portadas y contraportadas.

Puede pedirle a Retiree RxCare que presente una excepción a estas restricciones o límites o una lista de otros medicamentos similares que pueden tratar su condición de salud. Consulte la sección "¿Cómo solicito una excepción al formulario de Retiree RxCare?" en la página siguiente para obtener información sobre cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con nuestro Centro de contacto y preguntar si su medicamento está cubierto.

Si se entera de que Retiree RxCare no cubre su medicamento, tiene dos opciones:

- Puede solicitar a nuestro Centro de contacto una lista de medicamentos similares que están cubiertos por Retiree RxCare. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Retiree RxCare.

- Puede pedirle a Retiree RxCare que haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de RxCare para jubilados?

Puede pedirle a Retiree RxCare que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de Excepciones que puede solicitarnos que hagamos.

Puede pedirnos que cubramos un medicamento incluso si no está en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel predeterminado de costos compartidos, y

usted no podrá solicitarnos que le proporcionemos el medicamento a un nivel de costos compartidos más bajo.

Puede solicitarnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo, si este medicamento no está en el nivel de especialidad. Si se aprueba, esto reducirá la cantidad que debe pagar por su medicamento.

- Puede solicitarnos que renunciemos a las restricciones o límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, Retiree RxCare limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos

Generalmente, Retiree RxCare solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o las restricciones de utilización adicionales no serían tan efectivas para tratar su condición y / o causarían efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial para una excepción de restricción de formulario, niveles o utilización.

Cuando solicite un formulario, organización por niveles o restricción de utilización, debe presentar una declaración de su médico o médico que respalde su solicitud. En general, debemos tomar nuestra decisión dentro de las 72 horas posteriores a la recepción de la declaración de respaldo de su médico. Puede solicitar una excepción acelerada (rápida) si su médico cree que su salud podría verse seriamente perjudicada al esperar hasta 72 horas para tomar una decisión. Si se concede su solicitud de aceleración, debemos darle una decisión a más tardar 24 horas después de que recibamos una declaración de respaldo de su médico o de su médico.

¿Qué hago antes de poder hablar con mi médico acerca de cambiar mis medicamentos o solicitar una excepción?
Como miembro nuevo o continuo en nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. O bien, puede estar tomando un medicamento que está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa de nosotros antes de poder surtir su receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar la forma correcta de acción para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal de 30 días (a menos que tenga una receta escrita por menos días) cuando vaya a una farmacia de la red. Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan menos de 90 días.

Si usted es residente de un centro de atención a largo plazo, le permitiremos volver a surtir su receta hasta que le hayamos proporcionado un suplemento de transición de 30 días, consistente con el incremento de dispensación, (a menos que tenga una receta escrita por menos días). Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro

del plan menos de 90 días. Si necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ha pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 30 días de ese medicamento (a menos que tenga una receta por menos días) mientras busca una excepción de fórmula.

Para los miembros actuales, que están en un centro de atención a largo plazo o que están pasando por cambios en el nivel de atención, Retiree RxCare permitirá un suministro de medicamentos para hasta un mes.

Ejemplos de cambios en el nivel de atención pueden incluir:

Alta de un hospital a un entorno domiciliario (es decir, vida asistida, atención a largo plazo (LTC) o hogar privado) acompañada de una lista de medicamentos que no siempre pueden considerar la lista de medicamentos del plan debido a la naturaleza a corto plazo de la visita al hospital.

- Terminación de una estadía en un centro de enfermería especializada de la Parte A de Medicare (donde los pagos incluyen todos los cargos de farmacia)
- Desafiliación de hospicio
- Dejar una estadía en un centro de atención a largo plazo y regresar a la comunidad
- Alta de hospitales psiquiátricos con regímenes de medicamentos que son altamente individualizados

Para más información

Para obtener información más detallada sobre su furia por los medicamentos recetados Retiree RxCare, revise su Evidencia de cobertura y otros materiales del plan.

Si tiene preguntas sobre Retiree RxCare, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en las portadas y contraportadas.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite www.medicare.gov.

Formulario de Retiree RxCare

El formulario que comienza en la página 1 proporciona información de cobertura sobre los medicamentos cubiertos por Retiree RxCare. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que comienza en la página 112.

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos con nombre de Brand están en mayúsculas (por ejemplo, SYNTHROID) y los medicamentos genéricos se enumeran en cursiva minúscula (por ejemplo, simvastatina).

La información en la columna Requisitos/Límites le indica si Retiree RxCare tiene algún requisito especial para la cobertura de su medicamento.

Respetar los requisitos/límites

Abreviatura	Definición
PA **Autorización previa**	Retiree RxCare requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de Retiree RxCare antes de surtir sus recetas. Si no obtiene la aprobación, es posible que Retiree RxCare no cubra el medicamento.
B/D **Parte B de Medicare**	Este medicamento requiere una autorización previa para determinar si el medicamento está cubierto por la Parte B de Medicare o la Parte D de Medicare. Es posible que usted o su médico le soliciten información adicional para tomar una determinación antes de que pueda surtir su receta. Si no obtiene la aprobación, es posible que Retiree RxCare no cubra el medicamento y usted será responsable del costo total del medicamento o de enviar el medicamento a su plan de salud de Medicare.
QL **Límites de cantidad**	Este medicamento tiene restricciones o un límite de cantidad en la cantidad de dosis que pueden estar cubiertas para un suministro de un día específico. Los límites de cantidad son por su propia seguridad y para garantizar el uso adecuado del medicamento. Si su recetador solicita una cantidad mayor que el límite específico, puede solicitar una autorización para que el plan cubra la cantidad prescrita.

(List of Covered Drugs)

DRUG NAME	REQUIREMENTS/LIMITS
Analgesics	
Analgesics, Other	
butalbital-acetaminophen-caffe	QL (180 PER 30 DAYS)
butalbital-acetaminophn 50-325	QL (180 PER 30 DAYS)
butalbital-aspirin-caffeine cp	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	QL (180 PER 30 DAYS)
tencon	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)
celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)	QL (60 PER 30 DAYS)
celecoxib 400 mg capsule	QL (30 PER 30 DAYS)
DAYPRO	QL (90 PER 30 DAYS)
diclofenac 1.5% topical soln	PA
diclofenac pot 50 mg tablet	QL (120 PER 30 DAYS)
diclofenac sodium (dr 25 mg tab, ec 25 mg tab)	QL (240 PER 30 DAYS)
diclofenac sodium (dr 50 mg tab, ec 50 mg tab)	QL (120 PER 30 DAYS)
diclofenac sodium (dr 75 mg tab, ec 75 mg tab)	QL (60 PER 30 DAYS)
diclofenac sodium 1% gel	
diclofenac sodium er	QL (60 PER 30 DAYS)
diclofenac sodium-misoprostol (75-0.2 mg, 75-0.2 tb)	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
diclofenac-misoprost 50-0.2 mg	QL (120 PER 30 DAYS)
ec-naproxen dr 375 mg tablet	QL (120 PER 30 DAYS)
ec-naproxen dr 500 mg tablet	QL (90 PER 30 DAYS)
etodolac (400 mg tablet, 500 mg tablet)	QL (60 PER 30 DAYS)
etodolac 200 mg capsule	QL (150 PER 30 DAYS)
etodolac 300 mg capsule	QL (90 PER 30 DAYS)
etodolac er (400 mg tablet, 500 mg tablet)	QL (60 PER 30 DAYS)
etodolac er 600 mg tablet	QL (30 PER 30 DAYS)
flurbiprofen 100 mg tablet	QL (90 PER 30 DAYS)
ibu 400 mg tablet	QL (240 PER 30 DAYS)
ibu 600 mg tablet	QL (150 PER 30 DAYS)
ibu 800 mg tablet	QL (120 PER 30 DAYS)
ibuprofen 100 mg/5 ml susp	
ibuprofen 400 mg tablet	QL (240 PER 30 DAYS)
ibuprofen 600 mg tablet	QL (150 PER 30 DAYS)
ibuprofen 800 mg tablet	QL (120 PER 30 DAYS)
indomethacin 25 mg capsule	QL (240 PER 30 DAYS)
indomethacin 50 mg capsule	QL (120 PER 30 DAYS)
indomethacin er	QL (60 PER 30 DAYS)
ketorolac 10 mg tablet	
meloxicam 15 mg tablet	QL (30 PER 30 DAYS)
meloxicam 7.5 mg tablet	QL (60 PER 30 DAYS)
nabumetone 500 mg tablet	QL (120 PER 30 DAYS)
nabumetone 750 mg tablet	QL (60 PER 30 DAYS)
naproxen (375 mg tablet, dr 375 mg tablet)	QL (120 PER 30 DAYS)
naproxen (500 mg kit, 500 mg tablet, dr 500 mg tablet)	QL (90 PER 30 DAYS)
naproxen 125 mg/5 ml suspen	QL (1800 PER 30 DAYS)
naproxen 250 mg tablet	QL (180 PER 30 DAYS)
naproxen sodium 275 mg tab	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
endocet 7.5-325 mg tablet	QL (240 PER 30 DAYS)
fentanyl citrate (400 mcg, 600 mcg, 800 mcg, cit 1,200 mcg, cit 1,600 mcg)	PA, QL (120 PER 30 DAYS)
fentanyl citrate otfc 200 mcg	PA, QL (120 PER 30 DAYS)
hydrocodone-acetaminophen (5-300 mg, 5-325 mg)	QL (240 PER 30 DAYS)
hydrocodone-acetaminophen (7.5-300, 7.5-325, 10-300 mg, 10-325 mg)	QL (180 PER 30 DAYS)
hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)	QL (2700 PER 30 DAYS)
hydrocodone-ibuprofen (7.5-200, 10-200)	QL (150 PER 30 DAYS)
hydrocodone-ibuprofen 5-200 mg	QL (150 PER 30 DAYS)
hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)	QL (1440 PER 30 DAYS)
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)	PA
hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)	QL (180 PER 30 DAYS)
morphine sulf 100 mg/5 ml conc	QL (270 PER 30 DAYS)
morphine sulf 20 mg/5 ml soln	QL (1350 PER 30 DAYS)
morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)	QL (2700 PER 30 DAYS)
morphine sulfate ir 15 mg tab	QL (360 PER 30 DAYS)
morphine sulfate ir 30 mg tab	QL (180 PER 30 DAYS)
oxycodone hcl ((ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)	QL (180 PER 30 DAYS)
oxycodone hcl (ir) 5 mg tablet	QL (360 PER 30 DAYS)
oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)	QL (360 PER 30 DAYS)
oxycodone-acetaminophen 10-325	QL (180 PER 30 DAYS)
oxycodone-acetaminophn 7.5-325	QL (240 PER 30 DAYS)
ROXICODONE 15 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
ROXICODONE 30 MG TABLET	QL (180 PER 30 DAYS)
tramadol hcl 50 mg tablet	QL (240 PER 30 DAYS)
tramadol hcl-acetaminophen	QL (240 PER 30 DAYS)
Anesthetics	
Local Anesthetics	
dermacinrx lidocan	PA, QL (90 PER 30 DAYS)
lidocaine 5% ointment	PA, QL (100 PER 30 DAYS)
lidocaine 5% patch	PA, QL (90 PER 30 DAYS)
lidocaine hcl 4% solution	PA, QL (150 PER 30 DAYS)
lidocaine hcl laryngotracheal 4% solution	
lidocaine hcl viscous	
lidocaine-prilocaine	PA, QL (60 PER 30 DAYS)
LIDOCAN II	PA, QL (90 PER 30 DAYS)
lidocan iii	PA, QL (90 PER 30 DAYS)
lidocan iv	PA, QL (90 PER 30 DAYS)
lidocan v	PA, QL (90 PER 30 DAYS)
LIDODERM	PA, QL (90 PER 30 DAYS)
ZTLIDO	PA, QL (90 PER 30 DAYS)
Anti-Addiction/ Substance Abuse Treatment Agents	
Alcohol Deterrents/ Anti-craving	
acamprosate calcium	
disulfiram	
Opioid Dependence	
buprenorphine hcl (2 mg tablet, 8 mg tablet)	QL (90 PER 30 DAYS)
buprenorphine-nalox 8-2 mg tab	QL (90 PER 30 DAYS)
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 flm)	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
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	QL (60 PER 30 DAYS)
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)	
HUMATIN	
neomycin sulfate	
streptomycin sulfate	

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

DRUG NAME	REQUIREMENTS/LIMITS
tobramycin 20 mg/2 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% pledget, phosp 1% lotion)	
clindamycin phosphate-d5w	
clindamycin-0.9% nacl	
colistimethate	
CUBICIN	
CUBICIN RF	
DALVANCE	
daptomycin 500 mg vial	
FLAGYL 375 CAPSULE	
IMPAVIDO	

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

DRUG NAME	REQUIREMENTS/LIMITS
linezolid 100 mg/5 ml susp	PA
linezolid 600 mg tablet	PA
linezolid-0.9% nacl	
linezolid-d5w	
methenamine hippurate	
METRO IV	
metronidazole (vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet, 500 mg/100 ml)	
nitrofurantoin (50 mg cap, 100 mg cap)	
nitrofurantoin mono-macro	
SIVEXTRO 200 MG TABLET	PA
SIVEXTRO 200 MG VIAL	
tigecycline	
tinidazole	
trimethoprim 100 mg tablet	
TYGACIL	
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)	
vancomycin hcl (1.75 vial, 2 vial)	
vancomycin hcl 125 mg capsule	QL (120 PER 30 DAYS)
vancomycin hcl 250 mg capsule	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)	
cefazolin 1 g/50 ml-dextrose	

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

DRUG NAME	REQUIREMENTS/LIMITS
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)	
tazicef	
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)	
amoxicillin-clavulanate pot er	

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 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	
lentocilin 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	
INVANZ	

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

DRUG NAME	REQUIREMENTS/LIMITS
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	
DIFICID 200 MG TABLET	QL (20 PER 10 OVER TIME)
DIFICID 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	
Quinolones	
CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 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
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	
demeclocycline hcl	
doxy 100	
doxycycline hyclate (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)	
mondoxyne nl 100 mg capsule	
NUZYRA	
tetracycline hcl (250 mg capsule, 500 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
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)	
LAMICTAL (BLUE)	
lamotrigine	

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

DRUG NAME	REQUIREMENTS/LIMITS
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 syrg, 10mg gel (2pk), 20 mg gel syrg, 20mg gel (2pk))	QL (5 PER 30 DAYS)
diazepam 2.5mg rectal gel(2pk)	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)
gabapentin 100 mg capsule	QL (1080 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
gabapentin 300 mg capsule	QL (360 PER 30 DAYS)
gabapentin 400 mg capsule	QL (270 PER 30 DAYS)
gabapentin 600 mg tablet	QL (180 PER 30 DAYS)
gabapentin 800 mg tablet	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)
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)	
pregabalin (225 mg capsule, 300 mg capsule)	QL (60 PER 30 DAYS)
pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)	QL (90 PER 30 DAYS)
pregabalin 20 mg/ml solution	QL (900 PER 30 DAYS)
primidone (50 mg tablet, 250 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
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)
vigadrone	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 (, 30 mg capsule, 100 mg capsule)	
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, 10 mg/5 ml cup)	PA
memantine hcl er	PA
DRUG 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	
phenelzine sulfate	
tranylcypromine sulfate	
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)
citalopram hbr (10 mg tablet, 20 mg tablet)	QL (45 PER 30 DAYS)
citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)	QL (600 PER 30 DAYS)
citalopram hbr 40 mg tablet	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)
desvenlafaxine succinate er	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)
duloxetine hcl (dr 20 mg cap, dr 60 mg cap)	QL (60 PER 30 DAYS)
duloxetine hcl dr 30 mg cap	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)
escitalopram 20 mg tablet	QL (30 PER 30 DAYS)
escitalopram oxalate (5 mg tablet, 10 mg tablet)	QL (45 PER 30 DAYS)
escitalopram oxalate (5 mg/5 ml, 10 mg/10 ml cup)	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)
fluoxetine dr	QL (4 PER 28 DAYS)
fluoxetine hcl (10 mg capsule, 10 mg tablet)	QL (90 PER 30 DAYS)
fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)	QL (600 PER 30 DAYS)
fluoxetine hcl 20 mg capsule	QL (120 PER 30 DAYS)
fluoxetine hcl 40 mg capsule	QL (60 PER 30 DAYS)
fluvoxamine maleate (25 mg tab, 50 mg tab)	QL (30 PER 30 DAYS)
fluvoxamine maleate 100 mg tab	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)
nefazodone hcl (100 mg tablet, 150 mg tablet, 200 mg tablet)	
nefazodone hcl (50 mg tablet, 250 mg tablet)	
paroxetine cr (25 mg tablet, 37.5 mg tablet)	QL (60 PER 30 DAYS)
paroxetine cr 12.5 mg tablet	QL (30 PER 30 DAYS)
paroxetine er (25 mg tablet, 37.5 mg tablet)	QL (60 PER 30 DAYS)
paroxetine er 12.5 mg tablet	QL (30 PER 30 DAYS)
paroxetine hcl (10 mg tablet, 40 mg tablet)	QL (45 PER 30 DAYS)
paroxetine hcl 10 mg/5 ml susp	QL (900 PER 30 DAYS)
paroxetine hcl 20 mg tablet	QL (30 PER 30 DAYS)
paroxetine hcl 30 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
PAXIL (10 MG TABLET, 40 MG TABLET)	QL (45 PER 30 DAYS)
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)
RALDESY	QL (1200 PER 30 DAYS)
sertraline 20 mg/ml oral conc	QL (300 PER 30 DAYS)
sertraline hcl (25 mg tablet, 50 mg tablet)	QL (45 PER 30 DAYS)
sertraline hcl 100 mg tablet	QL (60 PER 30 DAYS)
trazodone hcl	
TRINTELLIX	QL (30 PER 30 DAYS)
venlafaxine besylate er	QL (60 PER 30 DAYS)
venlafaxine hcl	QL (90 PER 30 DAYS)
venlafaxine hcl er 150 mg cap	QL (30 PER 30 DAYS)
venlafaxine hcl er 37.5 mg cap	QL (60 PER 30 DAYS)
venlafaxine hcl er 75 mg cap	QL (90 PER 30 DAYS)
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	QL (30 PER 30 DAYS)
vilazodone hcl	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	

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

DRUG NAME	REQUIREMENTS/LIMITS
desipramine hcl	
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 cup, 6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 12.5 mg/10 ml cup, 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

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

DRUG NAME	REQUIREMENTS/LIMITS
ondansetron hcl (4 mg tablet, 4 mg/5 ml soln cup, 4 mg/5 ml solution, 8 mg tablet)	
ondansetron odt (4 mg tablet, 8 mg tablet)	

Antifungals

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

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

DRUG NAME	REQUIREMENTS/LIMITS
LOPROX 1% SHAMPOO	
micafungin	
micafungin-0.9% nacl	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP)	PA
NOXAFIL 300 MG/16.7 ML VIAL	PA
nyamyc	
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)	
nystop	
posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)	PA
posaconazole 300 mg/16.7 ml vl	PA
SPORANOX 100 MG CAPSULE	QL (120 PER 30 DAYS)
terbinafine hcl 250 mg tablet	QL (30 PER 30 DAYS)
terconazole (0.4% cream, 0.8% cream, 80 mg suppository)	
VFEND IV	PA
voriconazole (50 mg tablet, 200 mg tablet, 200 mg vial)	PA
voriconazole 40 mg/ml susp	PA

Antigout Agents

allopurinol (100 mg tablet, 300 mg tablet)	
colchicine 0.6 mg tablet	
COLCRYS	
probenecid	
probenecid-colchicine	

Antimigraine Agents

dihydroergotamine 4 mg/ml spry	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
ergotamine-caffeine	
MIGRANAL	PA, QL (8 PER 28 DAYS)
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)	QL (18 PER 30 DAYS)
IMITREX (4 MG/0.5 ML CARTRIDGES,4 MG/0.5 ML PEN INJECT)	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	QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	QL (18 PER 30 DAYS)
naratriptan hcl	QL (18 PER 30 DAYS)
rizatriptan	QL (18 PER 30 DAYS)
sumatriptan	QL (12 PER 30 DAYS)
sumatriptan 6 mg/0.5 ml vial	QL (5 PER 30 DAYS)
sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)	QL (18 PER 30 DAYS)
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)	QL (6 PER 30 DAYS)
zolmitriptan odt	QL (12 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
Antimyasthenic Agents	
Parasympathomimetics	
MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)	
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

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

DRUG NAME	REQUIREMENTS/LIMITS
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)	
GLEOSTINE 100 MG CAPSULE	
LEUKERAN	
MATULANE	PA
VALCHLOR	PA, QL (60 PER 30 DAYS)
Antiandrogens	
abiraterone acetate 250 mg tab	PA, QL (120 PER 30 DAYS)
abirtega	PA, QL (120 PER 30 DAYS)
bicalutamide	
CASODEX	
ERLEADA 240 MG TABLET	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	PA, QL (120 PER 30 DAYS)
EULEXIN	
NILANDRON	
nilutamide	
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	
lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)	PA, QL (21 PER 28 DAYS)
lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)	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)

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

DRUG NAME	REQUIREMENTS/LIMITS
Antiestrogens/Modifiers	
FARESTON	
ORSERDU 345 MG TABLET	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	PA, QL (90 PER 30 DAYS)
SOLTAMOX	
tamoxifen citrate	
toremifene citrate	
Antimetabolites	
mercaptopurine 20 mg/ml suspen	
mercaptopurine 50 mg tablet	
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
XPOVIO 40 MG ONCE WEEKLY	PA, QL (16 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	
FEMARA	
letrozole	
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 160 MG CAPSULE	PA, QL (60 PER 30 DAYS)
AUGTYRO 40 MG CAPSULE	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)

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

DRUG NAME	REQUIREMENTS/LIMITS
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)
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)
DANZITEN	PA, QL (112 PER 28 DAYS)
dasatinib (50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)	PA, QL (30 PER 30 DAYS)
dasatinib 20 mg tablet	PA, QL (90 PER 30 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)
erlotinib hcl (100 mg tablet, 150 mg tablet)	PA, QL (30 PER 30 DAYS)
erlotinib hcl 25 mg tablet	PA, QL (60 PER 30 DAYS)
everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)	PA, QL (60 PER 30 DAYS)
everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)	PA, QL (30 PER 30 DAYS)
everolimus 3 mg tab for susp	PA, QL (90 PER 30 DAYS)
EXKIVITY	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
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)
gefitinib	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)
GOMEKLI (1 MG CAPSULE, 1 MG TABLET FOR SUSP)	PA, QL (168 PER 28 DAYS)
GOMEKLI 2 MG CAPSULE	PA, QL (84 PER 28 DAYS)
IBRANCE	PA, QL (21 PER 28 DAYS)
ICLUSIG	PA, QL (30 PER 30 DAYS)
IDHIFA	PA, QL (30 PER 30 DAYS)
imatinib mesylate 100 mg tab	PA, QL (90 PER 30 DAYS)
imatinib mesylate 400 mg tab	PA, QL (60 PER 30 DAYS)
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)
IMKELDI	PA, QL (280 PER 28 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)
ITOVEBI 3 MG TABLET	PA, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TABLET	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)

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

DRUG NAME	REQUIREMENTS/LIMITS
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)
lapatinib	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	PA, QL (60 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 240 MG TABLET	PA, QL (120 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)
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
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)
pazopanib hcl	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)
REVUFORJ 110 MG TABLET	PA, QL (120 PER 30 DAYS)
REVUFORJ 160 MG TABLET	PA, QL (60 PER 30 DAYS)
REVUFORJ 25 MG TABLET	PA, QL (240 PER 30 DAYS)
REZLIDHIA	PA, QL (60 PER 30 DAYS)
ROMVIMZA	PA, QL (8 PER 28 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)
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
SCEMBLIX 40 MG TABLET	PA, QL (300 PER 30 DAYS)
sorafenib	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)
sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)	PA, QL (30 PER 30 DAYS)
sunitinib malate 12.5 mg cap	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)
torpenz (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)	PA, QL (30 PER 30 DAYS)
torpenz 5 mg tablet	PA, QL (60 PER 30 DAYS)
TRUQAP	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	PA, QL (120 PER 30 DAYS)
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
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)
VORANIGO 10 MG TABLET	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	PA, QL (30 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
TRAZIMERA	PA
ZIRABEV	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
Retinoids	
bexarotene (1% gel, 75 mg capsule)	PA
PANRETIN	PA
TARGRETIN (1% GEL, 75 MG CAPSULE)	PA
tretinoin 10 mg capsule	PA
Treatment Adjuncts	
mesna 400 mg tablet	
MESNEX 400 MG TABLET	
Antiparasitics	
Anthelmintics	
albendazole 200 mg tablet	
benznidazole	
BILTRICIDE	
ivermectin 3 mg tablet	PA
praziquantel	
STROMECTOL	PA
Antiprotozoals	
atovaquone	PA, QL (600 PER 30 DAYS)
atovaquone-proguanil hcl	
chloroquine phosphate	
COARTEM	
DARAPRIM	PA
hydroxychloroquine sulfate	
MALARONE	
mefloquine hcl	
NEBUPENT	PA
nitazoxanide 500 mg tablet	QL (20 PER 30 OVER TIME)
PENTAM 300	

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

DRUG NAME	REQUIREMENTS/LIMITS
pentamidine 300 mg inhal powdr	PA
pentamidine 300 mg inject vial	
PLAQUENIL	
primaquine	
pyrimethamine 25 mg tablet	PA
quinine sulfate	PA
Antiparkinson Agents	
Antiparkinson Agents, Other	
amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)	
benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)	PA
carbidopa-levodopa-entacapone	
COMTAN	
entacapone	
TASMAR	
tolcapone	
trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)	PA
Dopamine Agonists	
APOKYN	PA, QL (60 PER 30 DAYS)
apomorphine hcl	PA, QL (60 PER 30 DAYS)
bromocriptine mesylate	
NEUPRO	
pramipexole dihydrochloride	
ropinirole er	
ropinirole hcl	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
carbidopa	

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

DRUG NAME	REQUIREMENTS/LIMITS
carbidopa-levodopa	
carbidopa-levodopa er	
INBRIJA	PA, QL (300 PER 30 DAYS)
RYTARY	
SINEMET	
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
loxapine	PA
molindone hcl	PA
pimozide	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
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 ASIMTUFII 720 MG/2.4ML	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA	QL (1 PER 28 DAYS)
aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	PA, QL (30 PER 30 DAYS)
aripiprazole (2 mg tablet, 5 mg tablet)	PA, QL (45 PER 30 DAYS)
aripiprazole 1 mg/ml solution	PA, QL (750 PER 30 DAYS)
aripiprazole odt	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)
asenapine maleate	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)
INVEGA (ER 3 MG TABLET, ER 9 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
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)
lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)	PA, QL (30 PER 30 DAYS)
lurasidone hcl 80 mg tablet	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)
olanzapine (15 mg tablet, 20 mg tablet)	PA, QL (30 PER 30 DAYS)
olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)	PA, QL (45 PER 30 DAYS)
olanzapine 10 mg vial	PA, QL (90 PER 30 DAYS)
olanzapine odt	PA, QL (30 PER 30 DAYS)
OPIPZA (5 MG FILM, 10 MG FILM)	PA, QL (90 PER 30 DAYS)
OPIPZA 2 MG FILM	PA, QL (30 PER 30 DAYS)
paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)	PA, QL (30 PER 30 DAYS)
paliperidone er 6 mg tablet	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)
ziprasidone hcl (20 mg capsule, 40 mg capsule)	QL (90 PER 30 DAYS)
ziprasidone hcl (60 mg capsule, 80 mg capsule)	QL (60 PER 30 DAYS)
ziprasidone mesylate	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
Antipsychotics, Other	
COBENFY	PA, QL (60 PER 30 DAYS)
COBENFY STARTER PACK	PA, QL (56 PER 28 DAYS)
Treatment-Resistant	
clozapine (25 mg tablet, 50 mg tablet)	PA, QL (90 PER 30 DAYS)
clozapine 100 mg tablet	PA, QL (270 PER 30 DAYS)
clozapine 200 mg tablet	PA, QL (120 PER 30 DAYS)
clozapine odt (25 mg tablet, 100 mg tablet)	PA, QL (270 PER 30 DAYS)
clozapine odt 12.5 mg tablet	PA, QL (90 PER 30 DAYS)
clozapine odt 150 mg tablet	PA, QL (180 PER 30 DAYS)
clozapine odt 200 mg tablet	PA, QL (120 PER 30 DAYS)
CLOZARIL (25 MG TABLET, 50 MG TABLET)	PA, QL (90 PER 30 DAYS)
CLOZARIL 100 MG TABLET	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	PA, QL (120 PER 30 DAYS)
VERSACLOZ	PA, QL (540 PER 30 DAYS)
Antispasticity Agents	
baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)	
DANTRIUM 25 MG CAPSULE	
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	
tizanidine hcl	
Antivirals	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
BIKTARVY	QL (30 PER 30 DAYS)
DOVATO	QL (30 PER 30 DAYS)
GENVOYA	QL (30 PER 30 DAYS)
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)	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
ISENTRESS 100 MG POWDER PACKET	QL (60 PER 30 DAYS)
ISENTRESS 400 MG TABLET	QL (60 PER 30 DAYS)
ISENTRESS HD	QL (60 PER 30 DAYS)
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)
efavirenz 600 mg tablet	QL (30 PER 30 DAYS)
efavirenz-emtric-tenofov disop	QL (30 PER 30 DAYS)
efavirenz-lamivu-tenofov disop	QL (30 PER 30 DAYS)
etravirine	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)
nevirapine 200 mg tablet	QL (60 PER 30 DAYS)
nevirapine 50 mg/5 ml susp	QL (1200 PER 30 DAYS)
nevirapine er 400 mg tablet	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)	
abacavir 20 mg/ml solution	QL (960 PER 30 DAYS)
abacavir 300 mg tablet	QL (60 PER 30 DAYS)
abacavir-lamivudine	QL (30 PER 30 DAYS)
CIMDUO	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
COMPLERA	QL (30 PER 30 DAYS)
DESCOVY	QL (30 PER 30 DAYS)
emtricitabine	QL (30 PER 30 DAYS)
emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)	QL (30 PER 30 DAYS)
emtricitabine-tenofv 200-300mg	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)
lamivudine (10 mg/ml oral soln, 300 mg/30ml sol cup)	QL (960 PER 30 DAYS)
lamivudine 150 mg tablet	QL (60 PER 30 DAYS)
lamivudine 300 mg tablet	QL (30 PER 30 DAYS)
lamivudine-zidovudine	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)
tenofovir disoproxil fumarate	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)
zidovudine 100 mg capsule	QL (180 PER 30 DAYS)
zidovudine 300 mg tablet	QL (60 PER 30 DAYS)
zidovudine 50 mg/5 ml syrup	QL (1920 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
Anti-HIV Agents, Other	
FUZEON	QL (60 PER 30 DAYS)
maraviroc 150 mg tablet	QL (60 PER 30 DAYS)
maraviroc 300 mg tablet	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, 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)
atazanavir sulfate (150 mg cap, 300 mg cap)	QL (30 PER 30 DAYS)
atazanavir sulfate 200 mg cap	QL (60 PER 30 DAYS)
darunavir 600 mg tablet	QL (60 PER 30 DAYS)
darunavir 800 mg tablet	QL (30 PER 30 DAYS)
EVOTAZ	QL (30 PER 30 DAYS)
fosamprenavir calcium	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)
lopinavir-ritonavir 80-20mg/ml	QL (480 PER 30 DAYS)
lopinavir-ritonavr 100-25mg tb	QL (300 PER 30 DAYS)
lopinavir-ritonavr 200-50mg tb	QL (120 PER 30 DAYS)
NORVIR (100 MG POWDER PACKET, 100 MG TABLET)	QL (360 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
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)
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)
ritonavir	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)	
valganciclovir 450 mg tablet	
valganciclovir hcl 50 mg/ml	
Anti-hepatitis B (HBV) Agents	
adefovir dipivoxil	
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	
BARACLUDE 0.05 MG/ML SOLUTION	
entecavir	
lamivudine 100 mg tablet	
lamivudine hbv	

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

DRUG NAME	REQUIREMENTS/LIMITS
Anti-hepatitis C (HCV) Agents	
MAVYRET	PA
ribavirin (200 mg capsule, 200 mg tablet)	
ZEPA	PA
Anti-influenza Agents	
oseltamivir 6 mg/ml suspension	QL (1080 PER 365 OVER TIME)
oseltamivir phos 30 mg capsule	QL (168 PER 365 OVER TIME)
oseltamivir phosphate (45 mg capsule, 75 mg capsule)	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	
acyclovir (200 mg capsule, 200 mg/5 ml susp, 200 mg/5 ml susp cup, 400 mg tablet, 800 mg tablet, 800 mg/20ml susp cup)	
acyclovir 5% ointment	PA
acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)	PA
famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)	
valacyclovir	
VALTREX	
ZOVIRAX 5% OINTMENT	PA
Antiviral, Coronavirus agents	
PAXLOVID 150-100 MG (MODERATE)	QL (20 PER 30 DAYS)
PAXLOVID 300-100 MG DOSE PACK	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
PAXLOVID 300/150-100MG(SEVERE)	QL (11 PER 30 OVER TIME)
Anxiolytics	
alprazolam (0.25 mg tablet, 0.5 mg tablet,1 mg tablet)	QL (120 PER 30 DAYS)
alprazolam 2 mg tablet	QL (150 PER 30 DAYS)
alprazolam er (0.5 mg tablet, 1 mg tablet)	QL (30 PER 30 DAYS)
alprazolam er 2 mg tablet	QL (150 PER 30 DAYS)
alprazolam er 3 mg tablet	QL (90 PER 30 DAYS)
alprazolam xr (0.5 mg tablet, 1 mg tablet)	QL (30 PER 30 DAYS)
alprazolam xr 2 mg tablet	QL (150 PER 30 DAYS)
alprazolam xr 3 mg tablet	QL (90 PER 30 DAYS)
buspirone hcl	
chlordiazepoxide 25 mg capsule	PA, QL (360 PER 30 DAYS)
chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)	PA, QL (120 PER 30 DAYS)
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)	QL (90 PER 30 DAYS)
clonazepam (0.5 mg tablet, 1 mg tablet)	QL (120 PER 30 DAYS)
clonazepam (2 mg odt, 2 mg tablet)	QL (300 PER 30 DAYS)
clorazepate 15 mg tablet	PA, QL (180 PER 30 DAYS)
clorazepate 3.75 mg tablet	PA, QL (120 PER 30 DAYS)
clorazepate 7.5 mg tablet	PA, QL (360 PER 30 DAYS)
diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)	PA, QL (120 PER 30 DAYS)
diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)	PA, QL (1200 PER 30 DAYS)
diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)	PA, QL (240 PER 30 DAYS)
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)	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
hydroxyzine pamoate	PA
lorazepam (0.5 mg tablet, 1 mg tablet)	PA, QL (120 PER 30 DAYS)
lorazepam (2 mg tablet, 2 mg/ml oral concent)	PA, QL (150 PER 30 DAYS)
lorazepam intensol	PA, QL (150 PER 30 DAYS)
oxazepam	PA, QL (120 PER 30 DAYS)
Bipolar Agents	
lithium carbonate	
lithium carbonate er	
lithium citrate	
LITHOBID	
Blood Glucose Regulators	
Antidiabetic Agents	
acarbose 100 mg tablet	QL (90 PER 30 DAYS)
acarbose 25 mg tablet	QL (360 PER 30 DAYS)
acarbose 50 mg tablet	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)
ft sterile pads 2" x 2"	PA
gauze pads & dressings - pads 2 x2	PA
glimepiride 1 mg tablet	QL (240 PER 30 DAYS)
glimepiride 2 mg tablet	QL (120 PER 30 DAYS)
glimepiride 4 mg tablet	QL (60 PER 30 DAYS)
glipizide 10 mg tablet	QL (120 PER 30 DAYS)
glipizide 2.5 mg tablet	QL (480 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
glipizide 5 mg tablet	QL (240 PER 30 DAYS)
glipizide er 10 mg tablet	QL (60 PER 30 DAYS)
glipizide er 2.5 mg tablet	QL (240 PER 30 DAYS)
glipizide er 5 mg tablet	QL (120 PER 30 DAYS)
glipizide xl 10 mg tablet	QL (60 PER 30 DAYS)
glipizide xl 2.5 mg tablet	QL (240 PER 30 DAYS)
glipizide xl 5 mg tablet	QL (120 PER 30 DAYS)
glipizide-metformin (2.5-500 mg, 5-500 mg)	QL (120 PER 30 DAYS)
glipizide-metformin 2.5-250 mg	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)
glyburid-metformin 1.25-250 mg	QL (240 PER 30 DAYS)
glyburide 1.25 mg tablet	QL (480 PER 30 DAYS)
glyburide 2.5 mg tablet	QL (240 PER 30 DAYS)
glyburide 5 mg tablet	QL (120 PER 30 DAYS)
glyburide micro 1.5 mg tab	QL (240 PER 30 DAYS)
glyburide micro 3 mg tablet	QL (120 PER 30 DAYS)
glyburide micro 6 mg tablet	QL (60 PER 30 DAYS)
glyburide-metformin hcl (2.5-500 mg, 5-500 mg)	QL (120 PER 30 DAYS)
GLYXAMBI	QL (30 PER 30 DAYS)
isopropyl alcohol 0.7 ml/ml medicated pad	PA
JANUMET	QL (60 PER 30 DAYS)
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	QL (30 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET	QL (60 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)

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

DRUG NAME	REQUIREMENTS/LIMITS
JENTADUETO XR 5 MG-1,000 MG TB	QL (30 PER 30 DAYS)
metformin hcl 1,000 mg tablet	QL (75 PER 30 DAYS)
metformin hcl 500 mg tablet	QL (150 PER 30 DAYS)
metformin hcl 850 mg tablet	QL (90 PER 30 DAYS)
metformin hcl er 500 mg tablet	QL (120 PER 30 DAYS)
metformin hcl er 750 mg tablet	QL (60 PER 30 DAYS)
MOUNJARO	PA, QL (2 PER 28 DAYS)
nateglinide 120 mg tablet	QL (90 PER 30 DAYS)
nateglinide 60 mg tablet	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)
pioglitazone hcl (30 mg tablet, 45 mg tablet)	QL (30 PER 30 DAYS)
pioglitazone hcl 15 mg tablet	QL (90 PER 30 DAYS)
pioglitazone-glimepiride	QL (30 PER 30 DAYS)
pioglitazone-metformin	QL (90 PER 30 DAYS)
repaglinide 0.5 mg tablet	QL (960 PER 30 DAYS)
repaglinide 1 mg tablet	QL (480 PER 30 DAYS)
repaglinide 2 mg tablet	QL (240 PER 30 DAYS)
RYBELSUS	PA, QL (30 PER 30 DAYS)
saxagliptin hcl	QL (30 PER 30 DAYS)
saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformn er 5-1000)	QL (30 PER 30 DAYS)
saxagliptn-metform er 2.5-1000	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)

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

DRUG NAME	REQUIREMENTS/LIMITS
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)
Glycemic Agents	
BAQSIMI	QL (4 PER 30 DAYS)
diazoxide 50 mg/ml oral susp	
GLUCAGEN	QL (4 PER 30 DAYS)
glucagon emergency kit	QL (4 PER 30 DAYS)
GVOKE	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 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	
droplet insulin syringe (ins syr 1 ml 30g 8mm, ins syr 1 ml 31g 8mm, ins syr 1ml 29g 12.7mm, ins syr 1ml 30g 12.7mm)	PA
droplet micron 34g 3.5mm	PA
droplet pen needle (29g 10mm, 29g 12mm, 31g 5mm, 31g 6mm, 31g 8mm, 32g 4mm, 32g 5mm, 32g 6mm, 32g 8mm)	PA
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
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)
insulin pen needle	PA
insulin syringe (disp) u-100 0.3 ml	PA
insulin syringe (disp) u-100 1 ml	PA
insulin syringe (disp) u-100 1/2 ml	PA
insulin syringe (syr 0.5 ml, 1ml)	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)
needles, insulin disp., safety	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)

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

DRUG NAME	REQUIREMENTS/LIMITS
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)
omnipod 5 (g6/libre 2 plus)	PA, QL (15 PER 30 DAYS)
omnipod 5 dexg7g6 intro(gen 5)	PA, QL (1 PER 720 OVER TIME)
omnipod 5 dexg7g6 pods (gen 5)	PA, QL (15 PER 30 DAYS)
omnipod 5 g6-g7 intro kt(gen5)	PA, QL (1 PER 720 OVER TIME)
omnipod 5 g6-g7 pods (gen 5)	PA, QL (15 PER 30 DAYS)
omnipod 5 intro(g6/libre2plus)	PA, QL (1 PER 720 OVER TIME)
omnipod classic pods (gen 3)	PA, QL (15 PER 30 DAYS)
omnipod dash intro kit (gen 4)	PA, QL (1 PER 720 OVER TIME)
omnipod dash pdm kit (gen 4)	PA, QL (1 PER 720 OVER TIME)
omnipod dash pods (gen 4)	PA, QL (15 PER 30 DAYS)
omnipod go pods	PA, QL (10 PER 30 DAYS)
pen needle (31g 5mm, 31g 8mm, 32g 4mm, 32g 6mm)	PA
TOUJEO MAX SOLOSTAR	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR	QL (60 PER 30 DAYS)
true comfort safety pen needle	PA

Blood Products and Modifiers

Anticoagulants

dabigatran etexilate (75 mg cap, 150 mg cp)	QL (60 PER 30 DAYS)
dabigatran etexilate 110 mg cp	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)
enoxaparin 30 mg/0.3 ml syr	QL (9 PER 90 OVER TIME)
enoxaparin 40 mg/0.4 ml syr	QL (12 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
enoxaparin 60 mg/0.6 ml syr	QL (18 PER 90 OVER TIME)
enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)	QL (30 PER 90 OVER TIME)
enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)	QL (24 PER 90 OVER TIME)
fondaparinux 10 mg/0.8 ml syr	QL (24 PER 90 OVER TIME)
fondaparinux 2.5 mg/0.5 ml syr	QL (15 PER 90 OVER TIME)
fondaparinux 5 mg/0.4 ml syr	QL (12 PER 90 OVER TIME)
fondaparinux 7.5 mg/0.6 ml syr	QL (18 PER 90 OVER TIME)
heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpujct, 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)	
jantoven	
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)
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)
rivaroxaban	QL (60 PER 30 DAYS)
warfarin sodium	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
anagrelide hcl	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 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. 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 SYRING, 480 MCG/1.6 ML VIAL)	PA
NIVESTYM 300 MCG/0.5 ML SYRING	PA
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNIT/2 ML VIAL)	PA
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	PA
PROMACTA	PA
RETACRIT	PA
UDENYCA	PA
UDENYCA AUTOINJECTOR	PA
UDENYCA ONBODY	PA
ZIEXTENZO	PA

Hemostasis Agents

tranexamic acid 650 mg tablet	

Platelet Modifying Agents

aspirin-dipyridamole er	
BRILINTA	
CABLIVI	

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

DRUG NAME	REQUIREMENTS/LIMITS
cilostazol	
clopidogrel 75 mg tablet	
dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)	
PLAVIX	
prasugrel hcl	
ticagrelor 90 mg tablet	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
clonidine	
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0. mg tablet)	
droxidopa	PA
guanfacine hcl	
midodrine hcl	
NORTHERA	PA
Alpha-adrenergic Blocking Agents	
CARDURA	QL (60 PER 30 DAYS)
doxazosin mesylate	QL (60 PER 30 DAYS)
phenoxybenzamine hcl	
prazosin hcl	
terazosin 1 mg capsule	QL (90 PER 30 DAYS)
terazosin hcl (2 mg capsule, 5 mg capsule, 10 mg capsule)	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)

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

DRUG NAME	REQUIREMENTS/LIMITS
BENICAR 5 MG TABLET	QL (60 PER 30 DAYS)
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb)	QL (60 PER 30 DAYS)
candesartan cilexetil 32 mg tb	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)
irbesartan	QL (30 PER 30 DAYS)
losartan potassium (25 mg tab, 50 mg tab)	QL (60 PER 30 DAYS)
losartan potassium 100 mg tab	QL (30 PER 30 DAYS)
MICARDIS	QL (30 PER 30 DAYS)
olmesartan medoxomil (20 mg tab, 40 mg tab)	QL (30 PER 30 DAYS)
olmesartan medoxomil 5 mg tab	QL (60 PER 30 DAYS)
telmisartan	QL (30 PER 30 DAYS)
valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)	QL (60 PER 30 DAYS)
valsartan 320 mg tablet	QL (30 PER 30 DAYS)
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
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	
quinidine gluc er 324 mg tab	
quinidine sulfate	
sorine	
sotalol	
sotalol af	
TIKOSYN	
Beta-adrenergic Blocking Agents	
acebutolol hcl	
atenolol	
betaxolol hcl (10 mg tablet, 20 mg tablet)	
bisoprolol fumarate (5 mg tab, 10 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
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	
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)	

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

DRUG NAME	REQUIREMENTS/LIMITS
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)	
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)	

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

DRUG NAME	REQUIREMENTS/LIMITS
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	
BENICAR HCT	QL (30 PER 30 DAYS)
bisoprolol-hydrochlorothiazide	
candesartan-hydrochlorothiazid	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)
DEMSER	
digitek	QL (30 PER 30 DAYS)
digoxin (0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)	QL (30 PER 30 DAYS)
digoxin 0.05 mg/ml solution	QL (150 PER 30 DAYS)
DIOVAN HCT	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
EDARBYCLOR	QL (30 PER 30 DAYS)
enalapril-hydrochlorothiazide	
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)
fosinopril-hydrochlorothiazide	
HYZAAR	QL (30 PER 30 DAYS)
irbesartan-hydrochlorothiazide	QL (30 PER 30 DAYS)
ivabradine hcl	PA, QL (60 PER 30 DAYS)
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	QL (30 PER 30 DAYS)
lisinopril-hydrochlorothiazide	
losartan-hydrochlorothiazide	QL (30 PER 30 DAYS)
methazolamide	
metoprolol-hydrochlorothiazide	
metyrosine	
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)
olmesartan-amlodipine-hctz	QL (30 PER 30 DAYS)
olmesartan-hydrochlorothiazide	QL (30 PER 30 DAYS)
pentoxifylline	
quinapril-hydrochlorothiazide	
ranolazine er	QL (60 PER 30 DAYS)
spironolactone-hctz	
TEKTURNA	QL (30 PER 30 DAYS)
telmisartan-amlodipine	QL (30 PER 30 DAYS)
telmisartan-hctz 80-12.5 mg tb	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
telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)	QL (30 PER 30 DAYS)
TENORETIC 100	
TENORETIC 50	
trandolapril-verapamil er	
TRIBENZOR	QL (30 PER 30 DAYS)
valsartan-hydrochlorothiazide	QL (30 PER 30 DAYS)
VASERETIC	
ZESTORETIC	
ZIAC	
Diuretics, Loop	
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)	
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, 500 mg/50 ml vial, 1,000 mg/100 ml vl)	
LASIX	
torsemide	
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, Fibric Acid Derivatives	
fenofibrate (43 mg capsule, 48 mg tablet, 54 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
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)	QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	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)	QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	QL (30 PER 30 DAYS)
lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)	QL (60 PER 30 DAYS)
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)	QL (45 PER 30 DAYS)
pravastatin sodium 80 mg tab	QL (30 PER 30 DAYS)
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)	QL (45 PER 30 DAYS)
rosuvastatin calcium 40 mg tab	QL (30 PER 30 DAYS)
simvastatin (5 mg tablet, 10 mg tablet, 40 mg tablet)	QL (45 PER 30 DAYS)
simvastatin 20 mg tablet	QL (60 PER 30 DAYS)
simvastatin 80 mg tablet	QL (30 PER 30 DAYS)
ZOCOR (10 MG TABLET, 40 MG TABLET)	QL (45 PER 30 DAYS)
ZOCOR 20 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
Dyslipidemics, Other	
cholestyramine (packet, powder)	
cholestyramine light (packet, powder)	
COLESTID 1 GM TABLET	
colestipol hcl (1 gm tablet, granules, granules packet)	
ezetimibe	QL (30 PER 30 DAYS)
ezetimibe-simvastatin	QL (30 PER 30 DAYS)
icosapent ethyl (0.5 gm capsule, 500 mg capsule)	QL (240 PER 30 DAYS)
icosapent ethyl 1 gram capsule	QL (120 PER 30 DAYS)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	PA
niacin er (750 mg tablet, 1,000 mg tablet)	QL (60 PER 30 DAYS)
niacin er 500 mg tablet	QL (30 PER 30 DAYS)
omega-3 acid ethyl esters	
prevalite (packet, powder)	
REPATHA PUSHTRONEX	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE	PA, QL (2 PER 28 DAYS)
triklo	
VASCEPA 0.5 GM CAPSULE	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	QL (120 PER 30 DAYS)
VYTORIN	QL (30 PER 30 DAYS)
ZETIA	QL (30 PER 30 DAYS)
Mineralocorticoid Receptor Antagonists	
ALDACTONE	
eplerenone	
INSPRA	
KERENDIA	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
spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)	
Vasodilators, Direct-acting Arterial	
hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	
minoxidil (2.5 mg tablet, 10 mg tablet)	
Vasodilators, Direct-acting Arterial/Venous	
ISORDIL TITRADOSE	
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	
isosorbide mononitrate	
isosorbide mononitrate er	
NITRO-BID	
nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)	
nitroglycerin patch	
NITROLINGUAL	
NITROSTAT	
RECTIV	
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)
dextroamp-amphetamin 20 mg tab	QL (90 PER 30 DAYS)
dextroamphetamine 10 mg tab	QL (180 PER 30 DAYS)
dextroamphetamine 5 mg tab	QL (90 PER 30 DAYS)
dextroamphetamine er 5 mg cap	QL (90 PER 30 DAYS)
dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)	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
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)	QL (30 PER 30 DAYS)
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)	QL (60 PER 30 DAYS)
lisdexamfetamine dimesylate (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)
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)
zenzedi 10 mg tablet	QL (180 PER 30 DAYS)
zenzedi 5 mg tablet	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)	QL (60 PER 30 DAYS)
atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)	QL (30 PER 30 DAYS)
clonidine hcl er 0.1 mg tablet	QL (120 PER 30 DAYS)
dexmethylphenidate hcl	PA, QL (60 PER 30 DAYS)
FOCALIN	PA, QL (60 PER 30 DAYS)
guanfacine hcl er	QL (30 PER 30 DAYS)
methylphenidate 10 mg/5 ml sol	PA, QL (900 PER 30 DAYS)
methylphenidate 5 mg/5 ml soln	PA, QL (450 PER 30 DAYS)
methylphenidate er 20 mg tab	PA, QL (90 PER 30 DAYS)
methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)	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)

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

DRUG NAME	REQUIREMENTS/LIMITS
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)
riluzole	
tetrabenazine 12.5 mg tablet	PA, QL (240 PER 30 DAYS)
tetrabenazine 25 mg tablet	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)
Multiple Sclerosis Agents	
AMPYRA	PA
AVONEX (4 PACK)	PA, QL (1 PER 28 DAYS)
AVONEX 30 MCG/0.5 ML SYRINGE	PA, QL (1 PER 28 DAYS)
AVONEX PEN (4 PACK)	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)
dalfampridine er	PA
dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)	PA, QL (60 PER 30 DAYS)
dimethyl fumarate 30d start pk	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
fingolimod	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	PA, QL (30 PER 30 DAYS)
glatiramer 20 mg/ml syringe	PA, QL (30 PER 30 DAYS)
glatiramer 40 mg/ml syringe	PA, QL (12 PER 28 DAYS)
glatopa 20 mg/ml syringe	PA, QL (30 PER 30 DAYS)
glatopa 40 mg/ml syringe	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)
VUMERITY	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

cevimeline hcl	
chlorhexidine gluconate (15 ml cup, rinse)	
kourzeq	
oralone	
periogard	
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	
SALAGEN	
triamcinolone 0.1% paste	

Dermatological Agents

Acne and Rosacea Agents

accutane	
acitretin	
amnesteem (10 mg capsule, 20 mg capsule, 40 mg capsule)	
AVITA	PA
azelaic acid 15% gel	

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

DRUG NAME	REQUIREMENTS/LIMITS
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% cream, 0.05% gel, 0.1% cream, 0.1% gel)	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	PA
tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)	PA
zenatane	

Dermatitis and Pruitus Agents

ALA-CORT 1% CREAM	
alclometasone dipropionate	QL (120 PER 30 DAYS)
ammonium lactate	
betamethasone diprop augmented (crm, oin)	QL (200 PER 28 DAYS)
betamethasone dipropionate (crm, oint)	QL (135 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
betamethasone dp 0.05% lot	QL (120 PER 30 DAYS)
betamethasone dp aug 0.05% gel	QL (200 PER 28 DAYS)
betamethasone dp aug 0.05% lot	QL (210 PER 30 DAYS)
betamethasone va 0.1% lotion	QL (120 PER 30 DAYS)
betamethasone valerate (va cream, valer ointm)	QL (135 PER 30 DAYS)
clobetasol 0.05% shampoo	QL (236 PER 30 DAYS)
clobetasol emollient 0.05% crm	QL (210 PER 28 DAYS)
clobetasol propionate (cream, gel, ointment)	QL (210 PER 28 DAYS)
clobetasol propionate (prop foam, solution)	QL (200 PER 28 DAYS)
clodan	QL (236 PER 30 DAYS)
desonide (cream, ointment)	QL (120 PER 30 DAYS)
desonide 0.05% lotion	QL (118 PER 30 DAYS)
desoximetasone (0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment)	QL (120 PER 30 DAYS)
DIPROLENE	QL (200 PER 28 DAYS)
doxepin 5% cream	PA
ELIDEL	PA
fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)	QL (120 PER 30 DAYS)
fluocinolone acetonide (body oil, scalp oil)	QL (118.28 PER 30 DAYS)
fluocinonide (cream, gel, ointment, solution)	QL (120 PER 30 DAYS)
fluocinonide 0.1% cream	QL (240 PER 28 DAYS)
fluocinonide-e	QL (120 PER 30 DAYS)
fluticasone propionate (0.005% oint, 0.05% cream)	QL (120 PER 30 DAYS)
halobetasol propionate (cream, ointmnt)	QL (200 PER 28 DAYS)
hydrocortisone (cream, ointment)	
hydrocortisone 2.5% lotion	QL (118 PER 30 DAYS)
hydrocortisone 2.5% ointment	QL (454 PER 30 DAYS)
hydrocortisone butyr 0.1% soln	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
hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)	QL (135 PER 30 DAYS)
hydrocortisone valerate	QL (120 PER 30 DAYS)
LOCOID LIPOCREAM	QL (135 PER 30 DAYS)
mometasone furoate (cream, oint)	QL (135 PER 30 DAYS)
mometasone furoate 0.1% soln	QL (120 PER 30 DAYS)
pimecrolimus	PA
PRUDOXIN	PA
selenium sulfide 2.5% lotion	
tacrolimus (0.03%, 0.1%)	PA
triamcinolone acetonide (0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)	QL (454 PER 30 DAYS)
triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)	QL (120 PER 30 DAYS)
triderm 0.5% cream	QL (454 PER 30 DAYS)
ZONALON	PA
Dermatological Agents, Other	
calcipotriene (cream, ointment, solution)	QL (120 PER 30 DAYS)
calcitrene	QL (120 PER 30 DAYS)
clotrimazole-betamethasone (crm, lot)	
diclofenac sodium 3% gel	PA
EFUDEX	
fluorouracil (cream, topical soln)	
fluorouracil 2% topical soln	
imiquimod 5% cream packet	PA
methoxsalen	
nystatin-triamcinolone	
OTEZLA (10-20 MG STARTER 28 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 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
podofilox 0.5% topical soln	
REGRANEX	PA, QL (15 PER 30 DAYS)
SANTYL	QL (180 PER 30 DAYS)
SILVADENE	
silver sulfadiazine	
SSD	
Pediculicides/Scabicides	
ivermectin 1% cream	PA
malathion	
OVIDE	
permethrin	
SOOLANTRA	PA
Topical Anti-infectives	
gentamicin sulfate (cream, ointment)	
METROCREAM	
METROGEL	
METROLOTION	
metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)	
mupirocin	QL (30 PER 30 OVER TIME)
rosadan	
Electrolytes/Minerals/ Metals/ Vitamins	
Electrolyte/Mineral Replacement	
aqua care sodium chloride	
CARBAGLU	PA
carglumic acid	PA
dextrose 2.5%-0.45% nacl	
dextrose 5%-0.2% nacl	

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

DRUG NAME	REQUIREMENTS/LIMITS
dextrose 5%-0.225% nacl	
dextrose 5%-0.45% nacl	
dextrose 5%-0.9% nacl	
glucose 5%-0.9% nacl	
kcl 20 meq/l in d5w solution	
kcl-d5w-0.2% nacl	
kcl-d5w-0.225% nacl	
kcl-d5w-0.45% nacl	
KLOR-CON 10	
KLOR-CON 8	
klor-con m10	
KLOR-CON M15	
klor-con m20	
magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)	
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 in d5lr	
potassium chloride proamp	
potassium chloride-0.45% nacl	
potassium citrate er	

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

DRUG NAME	REQUIREMENTS/LIMITS
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 0.9%-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)
tolvaptan (15 mg tablet, 30 mg tablet)	PA
trientine hcl 250 mg capsule	PA, QL (240 PER 30 DAYS)
dextrose in water (5%-water 100 ml, 5%-water 1,000 ml, 5%-water 250 ml, 5%-water 50 ml, 5%-water iv soln, 10%-water iv solution)	
glucose in water (50 ml, 100 ml)	
INTRALIPID 20% IV FAT EMUL	PA
NUTRILIPID	PA
TRAVASOL	PA
TROPHAMINE	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
Potassium Binders	
kionex	
sodium polystyrene sulf powder	
SPS	
VELTASSA	
Gastrointestinal Agents	
Anti-Constipation Agents	
constulose	
enulose	
generlac	
lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)	
LINZESS	QL (30 PER 30 DAYS)
lubiprostone 24 mcg capsule	QL (60 PER 30 DAYS)
lubiprostone 8 mcg capsule	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)
RELISTOR 8 MG/0.4 ML SYRINGE	PA, QL (12 PER 30 DAYS)
Anti-Diarrheal Agents	
alosetron hcl 0.5 mg tablet	PA, QL (60 PER 30 DAYS)
alosetron hcl 1 mg tablet	PA, QL (60 PER 30 DAYS)
diphenoxylate-atrop 2.5-0.025	PA
loperamide 2 mg capsule	
LOTRONEX	PA, QL (60 PER 30 DAYS)
VIBERZI	PA, QL (60 PER 30 DAYS)
XERMELO	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
Antispasmodics, Gastrointestinal	
dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)	PA
glycopyrrolate (1 mg tablet, 2 mg tablet)	
methscopolamine bromide	
Gastrointestinal Agents, Other	
bismuth-metronidazole-tetracyc	
chenodal	PA
GATTEX	PA
gavilyte-c	
gavilyte-g	
gavilyte-n	
GOLYTELY	
metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol)	
MOVIPREP	
MYALEPT	PA
OCALIVA	PA, QL (30 PER 30 DAYS)
peg 3350-electrolyte solution	
peg-3350 and electrolytes	
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
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, 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 2.5 mg packet, dr 5 mg packet, 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)	QL (30 PER 30 DAYS)
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	QL (30 PER 30 DAYS)
omeprazole (dr 20 mg capsule, dr 40 mg capsule)	QL (60 PER 30 DAYS)
omeprazole dr 10 mg capsule	QL (30 PER 30 DAYS)
pantoprazole sod dr 20 mg tab	QL (30 PER 30 DAYS)
pantoprazole sod dr 40 mg tab	QL (60 PER 30 DAYS)
PREVACID DR 30 MG CAPSULE	QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	QL (60 PER 30 DAYS)
rabeprazole sod dr 20 mg tab	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
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
betaine anhydrous	
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	
cromolyn 100 mg/5 ml oral conc	
CRYSVITA	PA
CYSTADANE	
CYSTAGON	PA
ELELYSO	PA
ENDARI	PA
KUVAN	PA
l-glutamine 5 gram powder pkt	PA
levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)	
levocarnitine sf	
miglustat	PA, QL (180 PER 30 DAYS)
nitisinone	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	
PALYNZIQ	PA
PROLASTIN C	PA
REVCOVI	
sapropterin dihydrochloride	PA
sodium phenylbutyrate (500mg tb, powder)	PA
STRENSIQ	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
VPRIV	PA
VYNDAMAX	PA, QL (30 PER 30 DAYS)
VYNDAQEL	PA, QL (120 PER 30 DAYS)
WELIREG	PA, QL (90 PER 30 DAYS)
yargesa	PA, QL (180 PER 30 DAYS)
ZENPEP	
ZOKINVY	PA, QL (120 PER 30 DAYS)
Genitourinary Agents	
Antispasmodics, Urinary	
darifenacin er	QL (30 PER 30 DAYS)
DETROL	QL (60 PER 30 DAYS)
DETROL LA	QL (30 PER 30 DAYS)
fesoterodine fumarate er	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)
oxybutynin 5 mg tablet	QL (120 PER 30 DAYS)
oxybutynin chloride (5 mg/5 ml soln cup, 5 mg/5 ml solution, 5 mg/5 ml syrup)	QL (600 PER 30 DAYS)
oxybutynin cl er 10 mg tablet	QL (90 PER 30 DAYS)
oxybutynin cl er 15 mg tablet	QL (60 PER 30 DAYS)
oxybutynin cl er 5 mg tablet	QL (30 PER 30 DAYS)
solifenacin succinate	QL (30 PER 30 DAYS)
tolterodine tartrate	QL (60 PER 30 DAYS)
tolterodine tartrate er	QL (30 PER 30 DAYS)
TOVIAZ	QL (30 PER 30 DAYS)
trospium chloride	QL (60 PER 30 DAYS)
trospium chloride er	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
Benign Prostatic Hypertrophy Agents	
alfuzosin hcl er	QL (30 PER 30 DAYS)
AVODART	QL (30 PER 30 DAYS)
dutasteride 0.5 mg capsule	QL (30 PER 30 DAYS)
dutasteride-tamsulosin	QL (30 PER 30 DAYS)
finasteride 5 mg tablet	QL (30 PER 30 DAYS)
FLOMAX	QL (60 PER 30 DAYS)
PROSCAR	QL (30 PER 30 DAYS)
RAPAFLO	QL (30 PER 30 DAYS)
silodosin	QL (30 PER 30 DAYS)
tadalafil (2.5 mg tablet, 5 mg tablet)	PA, QL (30 PER 30 DAYS)
tamsulosin hcl	QL (60 PER 30 DAYS)
Contraceptives, Other	
LILETTA	
NEXPLANON	
SKYLA	
Genitourinary Agents, Other	
bethanechol chloride	
DEPEN	
penicillamine 250 mg tablet	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
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, 15 mg/5 ml syrup, 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	
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)
danazol	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
DEPO-TESTOSTERONE	PA
methyltestosterone 10 mg cap	PA
testosterone ((2.5 g) pkt, gel pump)	PA, QL (150 PER 30 DAYS)
testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)	PA, QL (300 PER 30 DAYS)
testosterone 1% (25mg/2.5g) pk	PA, QL (225 PER 30 DAYS)
testosterone 1.62%(1.25 g) pkt	PA, QL (37.5 PER 30 DAYS)
testosterone 30 mg/1.5 ml pump	PA, QL (180 PER 30 DAYS)
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)	PA
testosterone enanthate	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)	
dotti	
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)	
estradiol (once weekly)	
estradiol (twice weekly)	
estradiol valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)	
ESTRING	
lyllana	
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)	

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

DRUG NAME	REQUIREMENTS/LIMITS
VAGIFEM	
yuvafem	
afirmelle	
altavera	
alyacen	
amabelz	
amethia	
amethyst	
apri	
aranelle	
ashlyna	
aubra	
aubra eq	
aurovela	
aurovela 24 fe	
aurovela fe	
aviane	
ayuna	
azurette	
balziva	
blisovi 24 fe	
blisovi fe	
briellyn	
camrese	
camrese lo	
chateal	
chateal eq	
COMBIPATCH	
cryselle	
cyred	

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

DRUG NAME	REQUIREMENTS/LIMITS
cyred eq	
dasetta	
daysee	
desogestr-eth estrad eth estra	
desogestrel-ethinyl estradiol	
dolishale	
drospirenone-eth estra-levomef	
drospirenone-ethinyl estradiol	
elinest	
eluryng	
enilloring	
enpresse	
enskyce	
estarylla	
estradiol-norethindrone acetat	
ethynodiol-ethinyl estradiol	
etonogestrel-ethinyl estradiol	
falmina	
feirza	
femynor	
fyavolv 1 mg-5 mcg tablet	
gemmily	
hailey	
hailey 24 fe	
hailey fe	
haloette	
iclevia	
introvale	
isibloom	
jaimiess	

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

DRUG NAME	REQUIREMENTS/LIMITS
jasmiel	
jinteli	
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)	
levonorgestrel-eth estradiol	
levora-28	
lo-zumandimine	
LOESTRIN	
LOESTRIN FE	
lojaimiess	
loryna	
low-ogestrel	

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

DRUG NAME	REQUIREMENTS/LIMITS
lutera	
marlissa	
merzee	
microgestin	
microgestin 24 fe	
microgestin fe	
mili	
mimvey	
mono-linyah	
necon	
nikki	
norelgestromin-eth estradiol	
norethin-eth estra-ferrous fum	
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)	
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)	
norgestimate-ethinyl estradiol	
nortrel	
NUVARING	
nylia	
nymyo	
ocella	
philith	
pimtrea	
portia	
PREMPHASE	
PREMPRO	
reclipsen	

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

DRUG NAME	REQUIREMENTS/LIMITS
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	
tri-vylibra lo	
trivora-28	
turqoz	
TYBLUME	
tydemy	
valtya	
velivet	
vestura	

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

DRUG NAME	REQUIREMENTS/LIMITS
vienva	
viorele	
volnea	
vyfemla	
vylibra	
wera	
wymzya fe	
xarah fe	
xelria fe	
xulane	
YASMIN 28	
YAZ	
zafemy	
zovia 1-35	
zumandimine	
Progestins	
camila	
deblitane	
DEPO-PROVERA	
DEPO-SUBQ PROVERA 104	
emzahh	
errin	
gallifrey	
heather	
incassia	
jencycla	
lyleq	
lyza	
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)	

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

DRUG NAME	REQUIREMENTS/LIMITS
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)	
SYNTHROID	
TIROSINT	
TIROSINT-SOL	
UNITHROID	

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, Suppressant (Adrenal or Pituitary)	
cabergoline	
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)
leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)	PA
leuprolide depot	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
mifepristone 300 mg tablet	PA, QL (120 PER 30 DAYS)
octreotide acetate (500 mcg/ml amp, 500 mcg/ml vl)	PA
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)	PA
octreotide acetate er	PA
SANDOSTATIN LAR DEPOT	PA
SIGNIFOR	PA
SIGNIFOR LAR	PA
SOMATULINE DEPOT	PA
SOMAVERT	PA
SYNAREL	

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

DRUG NAME	REQUIREMENTS/LIMITS
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)
icatibant	PA, QL (18 PER 30 DAYS)
sajazir	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
COSENTYX SENSOREADY (2 PENS)	PA
COSENTYX SENSOREADY PEN	PA
COSENTYX SYRINGE	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 UNOREADY PEN	PA
DUPIXENT PEN	PA
DUPIXENT SYRINGE	PA
ENTYVIO PEN	PA
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, 200 MG/2 ML SYRINGE)	PA
TREMFYA 200 MG/2 ML PEN	PA
TREMFYA PEN INDUCTION PK-CROHN	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
Immunosuppressants	
ASTAGRAF XL	PA
AZASAN	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
azathioprine	PA
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	PA
cyclosporine (25 mg capsule, 100 mg capsule)	PA
cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)	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
everolimus (0.5 mg tablet, 0.75 mg tablet,1 mg tablet)	PA
everolimus 0.25 mg tablet	PA
gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)	PA
HADLIMA	PA
HADLIMA PUSHTOUCH	PA
HADLIMA(CF)	PA
HADLIMA(CF) PUSHTOUCH	PA
HUMIRA	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
IMURAN	PA
leflunomide (10 mg tablet, 20 mg tablet)	
methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)	

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

DRUG NAME	REQUIREMENTS/LIMITS
methotrexate sodium	
mycophenolate 200 mg/ml susp	PA
mycophenolate mofetil (250 mg capsule, 500 mg tablet)	PA
mycophenolic acid	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)	PA
SIMLANDI(CF) AUTOINJECTOR	PA
sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	PA
sirolimus (1 mg/ml oral soln, 1 mg/ml solution)	PA
tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))	PA
XATMEP	PA
ZORTRESS (0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	PA
ZORTRESS 0.25 MG TABLET	PA

Vaccines

ABRYSVO	QL (1 PER 365 OVER TIME)
ACTHIB	

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

DRUG NAME	REQUIREMENTS/LIMITS
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))	
MRESVIA	QL (0.5 PER 999 DAYS)
PEDIARIX	
PEDVAXHIB	

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

DRUG NAME	REQUIREMENTS/LIMITS
PENBRAYA	
PENTACEL	
PREHEVBRIO	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	
VIMKUNYA	
VIVOTIF	
YF-VAX	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	QL (120 PER 30 DAYS)
AZULFIDINE	
balsalazide disodium	

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

DRUG NAME	REQUIREMENTS/LIMITS
CANASA	
COLAZAL	
DELZICOL	QL (180 PER 30 DAYS)
DIPENTUM	
LIALDA	QL (120 PER 30 DAYS)
mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp)	
mesalamine 800 mg dr tablet	QL (180 PER 30 DAYS)
mesalamine dr	QL (180 PER 30 DAYS)
mesalamine dr 1.2 gm tablet	QL (120 PER 30 DAYS)
mesalamine er 0.375 gram cap	QL (120 PER 30 DAYS)
mesalamine er 500 mg capsule	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	
sulfasalazine	
sulfasalazine dr	
Glucocorticoids	
budesonide dr	PA, QL (90 PER 30 DAYS)
budesonide ec	PA, QL (90 PER 30 DAYS)
budesonide er	PA, QL (30 PER 30 DAYS)
hydrocortisone 100 mg/60 ml	
hydrocortisone 2.5% cream	QL (454 PER 30 DAYS)
procto-med hc	QL (454 PER 30 DAYS)
proctosol-hc	QL (454 PER 30 DAYS)
proctozone-hc	QL (454 PER 30 DAYS)
Metabolic Bone Disease Agents	
alendronate sodium (35 mg tab, 70 mg tab)	QL (4 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
alendronate sodium 10 mg tab	QL (120 PER 30 DAYS)
ATELVIA	QL (4 PER 28 DAYS)
calcitonin-salmon 200 unit spr	
calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)	
cinacalcet hcl (30 mg tablet, 60 mg tablet)	PA
cinacalcet hcl 90 mg tablet	PA
FORTEO	PA
FOSAMAX	QL (4 PER 28 DAYS)
ibandronate sodium 150 mg tab	QL (1 PER 28 DAYS)
paricalcitol (1 mcg capsule, 2 mcg capsule,4 mcg capsule)	
PROLIA	PA
risedronate sodium (5 mg tablet, 30 mg tab)	QL (30 PER 30 DAYS)
risedronate sodium 150 mg tab	QL (1 PER 28 DAYS)
risedronate sodium 35 mg tab	QL (4 PER 28 DAYS)
risedronate sodium dr	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 sulfate (drop, drops)	
brimonidine tartrate-timolol	
COMBIGAN	
COSOPT	

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

DRUG NAME	REQUIREMENTS/LIMITS
CYSTADROPS	PA
CYSTARAN	PA
dorzolamide-timolol eye drops	
MAXITROL EYE OINTMENT	
neo-polycin hc	
neomycin-bacitracin-poly-hc	
neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)	
RESTASIS	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	QL (11 PER 30 DAYS)
sulfacetamide-prednisolone	
TOBRADEX (DROPS, OINTMENT)	
tobramycin-dexamethasone	
XDEMVY	PA
Ophthalmic Anti-Infectives	
bacitracin 500 unit/gm ophth	
bacitracin-polymyxin	
BESIVANCE	
ciprofloxacin 0.3% eye drop	
erythromycin 0.5% eye ointment	
gatifloxacin	
gentamicin 0.3% eye drop	
moxifloxacin (drops, drp-visc)	
NATACYN	
neo-polycin	
neomycin-bacitracin-polymyxin	
neomycin-polymyxin-gramicidin	
OCUFLOX	
ofloxacin 0.3% 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
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)	
PRED FORTE	
PRED MILD	
prednisolone acetate	
prednisolone sod 1% eye drop	

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

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

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

DRUG NAME	REQUIREMENTS/LIMITS
Antihistamines	
azelastine 0.1% (137 mcg) spry	QL (60 PER 30 DAYS)
cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)	
clemastine fum 2.68 mg tablet	PA
cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp)	PA
desloratadine 5 mg tablet	
levocetirizine 5 mg tablet	
olopatadine 665 mcg nasal spry	QL (30.5 PER 30 DAYS)
Antileukotrienes	
ACCOLATE	
montelukast sodium	
SINGULAIR	
zafirlukast	
Bronchodilators, Anticholinergic	
ATROVENT HFA	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	QL (30 PER 30 DAYS)
ipratropium 0.03% spray	QL (60 PER 30 DAYS)
ipratropium 0.06% spray	QL (45 PER 30 DAYS)
ipratropium br 0.02% soln	PA
SPIRIVA HANDIHALER	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	QL (4 PER 30 DAYS)
tiotropium bromide	QL (30 PER 30 DAYS)
Bronchodilators, Sympathomimetic	
albuterol hfa 90 mcg inhaler (generic proair hfa)	QL (17 PER 30 DAYS)
albuterol hfa 90 mcg inhaler (generic proventil hfa)	QL (13.4 PER 30 DAYS)
albuterol sulfate (2 mg tab, 2 mg/5 ml syrup cup, sulf 2 mg/5 ml syrup, 4 mg tab, 8 mg/20 ml syrup cup)	

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

DRUG NAME	REQUIREMENTS/LIMITS
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)	PA
epinephrine 0.15 mg auto-injct	
epinephrine 0.3 mg auto-inject	
PROAIR RESPICLICK	QL (2 PER 30 DAYS)
SEREVENT DISKUS	QL (60 PER 30 DAYS)
terbutaline sulfate (2.5 mg tab, 5 mg tab)	
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
tobramycin 300 mg/5 ml ampule	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	
cromolyn 20 mg/2 ml neb soln	PA
Phosphodiesterase Inhibitors, Airways Disease	
DALIRESP	PA, QL (30 PER 30 DAYS)
roflumilast	PA, QL (30 PER 30 DAYS)
THEO-24	
theophylline anhydrous (er 300 mg tab, er 450 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
theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)	
Pulmonary Antihypertensives	
ADCIRCA	PA, QL (60 PER 30 DAYS)
ADEMPAS	PA, QL (90 PER 30 DAYS)
ambrisentan	PA, QL (30 PER 30 DAYS)
bosentan	PA, QL (60 PER 30 DAYS)
LETAIRIS	PA, QL (30 PER 30 DAYS)
OPSUMIT	PA, QL (30 PER 30 DAYS)
sildenafil 20 mg tablet	PA, QL (90 PER 30 DAYS)
tadalafil 20 mg tablet	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)
pirfenidone (267 mg capsule, 267 mg tablet)	PA, QL (270 PER 30 DAYS)
pirfenidone 801 mg tablet	PA, QL (90 PER 30 DAYS)
Respiratory Tract Agents, Other	
acetylcysteine (10% vial, 20% vial)	PA
ADVAIR HFA	QL (12 PER 30 DAYS)
ANORO ELLIPTA	QL (60 PER 30 DAYS)
BREO ELLIPTA	QL (60 PER 30 DAYS)
breyna	QL (30.9 PER 30 DAYS)
BREZTRI AEROSPHERE	QL (10.7 PER 30 DAYS)
budesonide-formoterol fumarate	QL (30.9 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
COMBIVENT RESPIMAT	QL (8 PER 30 DAYS)
DULERA	QL (39 PER 30 DAYS)
FASENRA	PA
FASENRA PEN	PA
fluticasone-salmeterol (100-50, 250-50, 500-50)	QL (60 PER 30 DAYS)
fluticasone-salmeterol (55-14, 113-14, 232-14)	QL (1 PER 30 DAYS)
ipratropium-albuterol	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)
wixela inhub	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	
Sleep Disorder Agents	
Sleep Promoting Agents	
BELSOMRA	PA, QL (30 PER 30 DAYS)
DAYVIGO	PA, QL (30 PER 30 DAYS)
doxepin hcl (3 mg tablet, 6 mg tablet)	QL (30 PER 30 DAYS)
eszopiclone	QL (30 PER 30 DAYS)
HETLIOZ	PA, QL (30 PER 30 DAYS)
ramelteon	QL (30 PER 30 DAYS)

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DRUG NAME	REQUIREMENTS/LIMITS
ROZEREM	QL (30 PER 30 DAYS)
SILENOR	QL (30 PER 30 DAYS)
tasimelteon	PA, QL (30 PER 30 DAYS)
temazepam (15 mg capsule, 30 mg capsule)	QL (30 PER 30 DAYS)
zaleplon 10 mg capsule	QL (60 PER 30 DAYS)
zaleplon 5 mg capsule	QL (30 PER 30 DAYS)
zolpidem tartrate (5 mg tablet, 10 mg tablet)	QL (30 PER 30 DAYS)
zolpidem tartrate er	QL (30 PER 30 DAYS)

Wakefulness Promoting Agents

armodafinil	PA, QL (30 PER 30 DAYS)
LUMRYZ	PA, QL (30 PER 30 DAYS)
LUMRYZ STARTER PACK	PA, QL (28 PER 28 DAYS)
modafinil (100 mg tablet, 200 mg tablet)	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)
sodium oxybate	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

B

C

D

F

G

H

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

Retiree RxCare

Este formulario fue actualizado el 06/01/2025. Para obtener información más reciente o Si tiene alguna pregunta, comuníquese con el Centro de atención al cliente de Retiree RxCare al 1-855-693-3921 o, para usuarios de TTY, al 711, 24 horas al dia, 78 dias a la semana o visite http://retireerxcarepdp.com