



Retiree RxCare Formulario de Terapia Escalonada 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 16

Este formulario se actualizó el 08/01/2025. No hemos realizado cambios a este formulario Desde el 08/01/2025. 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 visitar <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 08/01/2025. 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 08/01/2025, 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 113. 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.

ST: Debe probar una alternativa de tratamiento preferida antes de que la cobertura esté disponible para este medicamento.

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 113.

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.
ST Terapia escalonada	Debe probar una alternativa de tratamiento preferida antes de que la cobertura esté disponible para este medicamento.

(List of Covered Drugs)

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

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

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

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>naproxen sodium 275 mg tab</i>	QL (150 PER 30 DAYS)
<i>naproxen sodium 550 mg tab</i>	QL (90 PER 30 DAYS)
<i>oxaprozin (600 mg caplet, 600 mg tablet)</i>	QL (90 PER 30 DAYS)
<i>piroxicam 10 mg capsule</i>	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg capsule</i>	QL (30 PER 30 DAYS)
<i>sulindac</i>	QL (60 PER 30 DAYS)

Opioid Analgesics, Long-acting

BELBUCA	PA, QL (60 PER 30 DAYS)
<i>buprenorphine</i>	PA, QL (4 PER 28 DAYS)
BUTRANS	PA, QL (4 PER 28 DAYS)
<i>fentanyl</i>	PA, QL (15 PER 30 DAYS)
<i>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)</i>	PA, QL (60 PER 30 DAYS)
<i>levorphanol tartrate</i>	QL (120 PER 30 DAYS)
<i>methadone hcl 10 mg tablet</i>	QL (360 PER 30 DAYS)
<i>methadone hcl 5 mg tablet</i>	QL (180 PER 30 DAYS)
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)</i>	PA, QL (90 PER 30 DAYS)
<i>tramadol hcl er (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	PA, QL (30 PER 30 DAYS)

Opioid Analgesics, Short-acting

<i>acetaminophen-cod #4 tablet</i>	QL (180 PER 30 DAYS)
<i>acetaminophen-codeine (#2 tablet, #3 tablet)</i>	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)</i>	QL (2700 PER 30 DAYS)
<i>butorphanol 10 mg/ml spray</i>	QL (48 PER 30 DAYS)
<i>codeine sulfate (15 mg tablet, 60 mg tablet)</i>	QL (180 PER 30 DAYS)
<i>codeine sulfate 30 mg tablet</i>	QL (180 PER 30 DAYS)
<i>endocet (2.5-325 mg tablet, 5-325 mg tablet)</i>	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
<i>endocet 10-325 mg tablet</i>	QL (180 PER 30 DAYS)
<i>endocet 7.5-325 mg tablet</i>	QL (240 PER 30 DAYS)
<i>fentanyl citrate (400 mcg, 600 mcg, 800 mcg, cit 1,200 mcg, cit 1,600 mcg)</i>	PA, QL (120 PER 30 DAYS)
<i>fentanyl citrate otfc 200 mcg</i>	PA, QL (120 PER 30 DAYS)
<i>hydrocodone-acetaminophen (5-300 mg, 5-325 mg)</i>	QL (240 PER 30 DAYS)
<i>hydrocodone-acetaminophen (7.5-300, 7.5-325, 10-300 mg, 10-325 mg)</i>	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>	QL (2700 PER 30 DAYS)
<i>hydrocodone-ibuprofen (7.5-200, 10-200)</i>	QL (150 PER 30 DAYS)
<i>hydrocodone-ibuprofen 5-200 mg</i>	QL (150 PER 30 DAYS)
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	QL (1440 PER 30 DAYS)
<i>hydromorphone hcl (10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	PA
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	QL (180 PER 30 DAYS)
<i>morphine sulf 100 mg/5 ml conc</i>	QL (270 PER 30 DAYS)
<i>morphine sulf 20 mg/5 ml soln</i>	QL (1350 PER 30 DAYS)
<i>morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)</i>	QL (2700 PER 30 DAYS)
<i>morphine sulfate ir 15 mg tab</i>	QL (360 PER 30 DAYS)
<i>morphine sulfate ir 30 mg tab</i>	QL (180 PER 30 DAYS)
<i>oxycodone hcl ((ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)</i>	QL (180 PER 30 DAYS)
<i>oxycodone hcl (ir) 5 mg tablet</i>	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)</i>	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen 10-325</i>	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophn 7.5-325</i>	QL (240 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
ROXICODONE 15 MG TABLET	QL (180 PER 30 DAYS)
ROXICODONE 30 MG TABLET	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tablet</i>	QL (240 PER 30 DAYS)
<i>tramadol hcl-acetaminophen</i>	QL (240 PER 30 DAYS)

Anesthetics

Local Anesthetics

<i>dermacinrx lidocan</i>	PA, QL (90 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	PA, QL (100 PER 30 DAYS)
<i>lidocaine 5% patch</i>	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl 4% solution</i>	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl laryngotracheal 4% solution</i>	
<i>lidocaine hcl viscous</i>	
<i>lidocaine-prilocaine</i>	PA, QL (60 PER 30 DAYS)
LIDOCAN II	PA, QL (90 PER 30 DAYS)
<i>lidocan iii</i>	PA, QL (90 PER 30 DAYS)
<i>lidocan iv</i>	PA, QL (90 PER 30 DAYS)
<i>lidocan v</i>	PA, QL (90 PER 30 DAYS)
LIDODERM	PA, QL (90 PER 30 DAYS)
ZTLIDO	PA, QL (90 PER 30 DAYS)

Anti-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/ Anti-craving

<i>acamprosate calcium</i>	
<i>disulfiram</i>	

Opioid Dependence

<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	QL (90 PER 30 DAYS)
<i>buprenorphine-nalox 8-2 mg tab</i>	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb)</i>	QL (120 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>buprenorphine-naloxone (4-1mg film, 8-2mg film, 12-3mg flm)</i>	QL (60 PER 30 DAYS)
<i>naltrexone 50 mg tablet</i>	
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	
<i>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)</i>	
NARCAN	
OPVEE	
Smoking Cessation Agents	
<i>bupropion hcl sr 150 mg tablet</i>	QL (60 PER 30 DAYS)
NICOTROL	
NICOTROL NS	
<i>varenicline tartrate</i>	
Antibacterials	
Aminoglycosides	
<i>amikacin sulfate</i>	
ARIKAYCE	PA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate (80 mg/2 ml vial, 800 mg/20 ml vial)</i>	
<i>gentamicin sulfate in ns (iso 100 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml)</i>	
<i>gentamicin sulfate in ns (iso 120 mg/100 ml, isoton 60 mg/50 ml)</i>	
HUMATIN	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>neomycin sulfate</i>	
<i>streptomycin sulfate</i>	
<i>tobramycin 20 mg/2 ml vial</i>	
<i>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)</i>	
Antibacterials, Other	
AZACTAM	
<i>aztreonam 1 gm vial</i>	
<i>aztreonam 2 gm vial</i>	
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	
<i>clindacin etz</i>	
<i>clindacin p</i>	
<i>clindamycin (pediatric)</i>	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	
<i>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)</i>	
<i>clindamycin phosphate-d5w</i>	
<i>clindamycin-0.9% nacl</i>	
<i>colistimethate</i>	
CUBICIN	
CUBICIN RF	
DALVANCE	
<i>daptomycin 500 mg vial</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
FLAGYL 375 CAPSULE	
IMPAVIDO	
<i>linezolid 100 mg/5 ml susp</i>	PA
<i>linezolid 600 mg tablet</i>	PA
<i>linezolid-0.9% nacl</i>	
<i>linezolid-d5w</i>	
<i>methenamine hippurate</i>	
METRO IV	
<i>metronidazole (vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet, 500 mg/100 ml)</i>	
<i>nitrofurantoin (50 mg cap, 100 mg cap)</i>	
<i>nitrofurantoin mono-macro</i>	
SIVEXTRO 200 MG TABLET	PA
SIVEXTRO 200 MG VIAL	
<i>tigecycline</i>	
<i>tinidazole</i>	
<i>trimethoprim 100 mg tablet</i>	
TYGACIL	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, 5 gm vial, 10 gm vial, 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)</i>	
<i>vancomycin hcl (1.75 vial, 2 vial)</i>	
<i>vancomycin hcl 125 mg capsule</i>	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	QL (240 PER 30 DAYS)
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)	PA
ZYVOX 600 MG/300 ML-D5W	

Beta-lactam, Cephalosporins

<i>cefaclor (250 mg capsule, 500 mg capsule)</i>
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>cefazolin 1 g/50 ml-dextrose</i>	
<i>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)</i>	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	
<i>cefepime</i>	
<i>cefepime hcl (1 gm vial, 2 gram vial)</i>	
<i>cefepime-dextrose</i>	
<i>cefixime 400 mg capsule</i>	
<i>cefoxitin</i>	
<i>cefoxitin sodium</i>	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	
<i>ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)</i>	
<i>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)</i>	
<i>cefuroxime</i>	
<i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>	
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule, 750 mg capsule)</i>	
<i>tazicet</i>	
TEFLARO	

Beta-lactam, Penicillins

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

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>amoxicillin-clavulanate pot er</i>	
<i>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)</i>	
<i>ampicillin 500 mg capsule</i>	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm bottle, 10 gm vial)</i>	
<i>ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 3 gm vial)</i>	
BICILLIN L-A	
<i>dicloxacillin sodium</i>	
EXTENCILLINE	
<i>lentocilin s</i>	
<i>nafcillin</i>	
<i>nafcillin sodium</i>	
<i>pen g k 2 million unit/50 ml</i>	
<i>pen g k 3 million unit/50 ml</i>	
<i>penicillin g potassium</i>	
<i>penicillin g sodium</i>	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	
<i>pfizerpen</i>	
<i>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)</i>	
ZOSYN 2.25 GM/50 ML GALAXY BAG	

Carbapenems

<i>ertapenem</i>
<i>imipenem-cilastatin 250 mg vl</i>
<i>imipenem-cilastatin 500 mg vl</i>

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

DRUG NAME	REQUIREMENTS/LIMITS
INVANZ	
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	
<i>meropenem-0.9% nacl</i>	
Macrolides	
<i>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)</i>	
<i>azithromycin 1 gm pwd packet</i>	
<i>clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)</i>	
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	
<i>clarithromycin er</i>	
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	
<i>ery</i>	
ERY-TAB	
ERYPED 200	
ERYPED 400	
ERYTHROCIN LACTOBIONATE	
<i>erythromycin (2% solution, 250 mg tablet, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)</i>	
<i>erythromycin dr 250 mg cap</i>	
<i>erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp)</i>	
<i>erythromycin lactobionate</i>	
ZITHROMAX (100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL)	
ZITHROMAX TRI-PAK	

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

DRUG NAME	REQUIREMENTS/LIMITS
Quinolones	
CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET)	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	
<i>ciprofloxacin-d5w</i>	
<i>levofloxacin (25 mg/ml solution, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	
<i>levofloxacin-d5w</i>	
<i>moxifloxacin 400 mg/250 ml bag</i>	
<i>moxifloxacin hcl 400 mg tablet</i>	
<i>ofloxacin 400 mg tablet</i>	
Sulfonamides	
BACTRIM	
BACTRIM DS	
<i>sulfadiazine</i>	
<i>sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, ss tablet, susp)</i>	
Tetracyclines	
<i>avidoxy</i>	
<i>demeclocycline hcl</i>	
<i>doxy 100</i>	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)</i>	
<i>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)</i>	
<i>minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)</i>	
<i>mondoxyme nl 100 mg capsule</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
NUZYRA	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	
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	
<i>divalproex sodium</i>	
<i>divalproex sodium er</i>	
EPIDIOLEX	PA
EPRONTIA	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	
FINTEPLA	PA, QL (360 PER 30 DAYS)
FYCOMPA (4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	QL (30 PER 30 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP	QL (680 PER 28 DAYS)
FYCOMPA 2 MG TABLET	QL (30 PER 30 DAYS)
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET)	
KEPPRA 1,000 MG TABLET	
LAMICTAL (25 MG DISPER TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	
LAMICTAL (5 MG DISPER TABLET, 25 MG TABLET)	

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

DRUG NAME	REQUIREMENTS/LIMITS
LAMICTAL (BLUE)	
<i>lamotrigine</i>	
<i>lamotrigine (blue)</i>	
<i>lamotrigine er (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	
<i>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)</i>	
<i>levetiracetam er</i>	
<i>perampanel (4 mg tablet, 6 mg tablet, 8 mg tablet, 10 mg tablet, 12 mg tablet)</i>	QL (30 PER 30 DAYS)
<i>perampanel 2 mg tablet</i>	QL (30 PER 30 DAYS)
<i>roweepra 500 mg tablet</i>	
SPRITAM	
<i>subvenite</i>	
<i>subvenite (blue)</i>	
<i>topiramate (15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	
<i>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)</i>	

Calcium Channel Modifying Agents

CELONTIN
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>
<i>methsuximide</i>
ZARONTIN 250 MG CAPSULE

Gamma-aminobutyric Acid (GABA) Modulating Agents

<i>clobazam (10 mg tablet, 20 mg tablet)</i>	PA, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	PA, QL (480 PER 30 DAYS)
<i>diazepam (10 mg gel syrg, 10mg gel (2pk), 20 mg gel syrg, 20mg gel (2pk))</i>	QL (5 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>diazepam 2.5mg rectal gel(2pk)</i>	QL (5 PER 30 DAYS)
<i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i>	QL (2160 PER 30 DAYS)
<i>gabapentin 100 mg capsule</i>	QL (1080 PER 30 DAYS)
<i>gabapentin 300 mg capsule</i>	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	QL (135 PER 30 DAYS)
LIBERVANT	QL (10 PER 30 DAYS)
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	QL (60 PER 30 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	QL (90 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	QL (900 PER 30 DAYS)
MYSOLINE	
NAYZILAM	QL (10 PER 30 DAYS)
NEURONTIN (250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION)	QL (2160 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	QL (1080 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	QL (135 PER 30 DAYS)
ONFI (10 MG TABLET, 20 MG TABLET)	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	PA, QL (480 PER 30 DAYS)
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	QL (60 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	QL (900 PER 30 DAYS)
<i>primidone (50 mg tablet, 250 mg tablet)</i>	
<i>primidone 125 mg tablet</i>	
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)
<i>tiagabine hcl</i>	
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)
<i>vigabatrin</i>	QL (180 PER 30 DAYS)
<i>vigadrone</i>	QL (180 PER 30 DAYS)
VIGAFYDE	QL (750 PER 30 DAYS)
<i>vigpoder</i>	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)	
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>	
<i>carbamazepine er</i>	
CARBATROL	
<i>dilantin (, 30 mg capsule, 100 mg capsule)</i>	
DILANTIN-125	
<i>epitol</i>	
<i>eslicarbazepine acetate (200 mg tablet, 400 mg tablet)</i>	QL (30 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>eslicarbazepine acetate (600 mg tablet, 800 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>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)</i>	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	
PHENYTEK	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	
<i>phenytoin sodium extended</i>	
<i>rufinamide (40 mg/ml suspension, 400 mg tablet)</i>	
<i>rufinamide 200 mg tablet</i>	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	
Antidementia Agents	
Cholinesterase Inhibitors	
ADLARITY	
ARICEPT (5 MG TABLET, 10 MG TABLET)	
<i>donepezil hcl</i>	
<i>donepezil hcl odt</i>	
EXELON	
<i>galantamine er</i>	
<i>galantamine hbr</i>	
<i>galantamine hydrobromide</i>	
<i>rivastigmine</i>	
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 5-10 mg titration pk, 10 mg tablet, 10 mg/5 ml cup)</i>	PA
<i>memantine hcl er</i>	PA
NAMENDA	PA
Antidepressants	
Antidepressants, Other	
AUVELITY	QL (60 PER 30 DAYS)
<i>bupropion hcl 100 mg tablet</i>	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tablet</i>	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 100 mg tablet</i>	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	QL (60 PER 30 DAYS)
<i>bupropion hcl xl 150 mg tablet</i>	QL (90 PER 30 DAYS)
<i>bupropion hcl xl 300 mg tablet</i>	QL (30 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>mirtazapine (7.5 mg tablet, 15 mg odt, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)</i>	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg tablet</i>	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)
WELLBUTRIN SR 100 MG TABLET	QL (90 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	QL (30 PER 30 DAYS)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	QL (14 PER 365 OVER TIME)

Monoamine Oxidase Inhibitors

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

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

CELEXA (10 MG TABLET, 20 MG TABLET)	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	QL (30 PER 30 DAYS)
<i>citalopram hbr (10 mg tablet, 20 mg tablet)</i>	QL (45 PER 30 DAYS)
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>	QL (600 PER 30 DAYS)
<i>citalopram hbr 40 mg tablet</i>	QL (30 PER 30 DAYS)
CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	QL (90 PER 30 DAYS)

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

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

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>paroxetine cr 12.5 mg tablet</i>	QL (30 PER 30 DAYS)
<i>paroxetine er (25 mg tablet, 37.5 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>paroxetine er 12.5 mg tablet</i>	QL (30 PER 30 DAYS)
<i>paroxetine hcl (10 mg tablet, 40 mg tablet)</i>	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml susp</i>	QL (900 PER 30 DAYS)
<i>paroxetine hcl 20 mg tablet</i>	QL (30 PER 30 DAYS)
<i>paroxetine hcl 30 mg tablet</i>	QL (60 PER 30 DAYS)
PAXIL (10 MG TABLET, 40 MG TABLET)	QL (45 PER 30 DAYS)
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)
<i>sertraline 20 mg/ml oral conc</i>	QL (300 PER 30 DAYS)
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	QL (45 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	QL (60 PER 30 DAYS)
<i>trazodone hcl</i>	
TRINTELLIX	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er</i>	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap</i>	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg cap</i>	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er 75 mg cap</i>	QL (90 PER 30 DAYS)
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	QL (30 PER 30 DAYS)
<i>vilazodone hcl</i>	QL (30 PER 30 DAYS)
ZOLOFT (25 MG TABLET, 50 MG TABLET)	QL (45 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
ZOLOFT 100 MG TABLET	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	QL (300 PER 30 DAYS)

Tricyclics

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

amoxapine

clomipramine hcl

desipramine hcl

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

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>scopolamine</i>	PA
Emetogenic Therapy Adjuncts	
<i>aprepitant</i>	PA
<i>dronabinol</i>	PA
EMEND (80 MG CAPSULE, TRIPACK)	PA
<i>granisetron hcl 1 mg tablet</i>	PA
<i>ondansetron hcl (4 mg tablet, 4 mg/5 ml soln cup, 4 mg/5 ml solution, 8 mg tablet)</i>	
<i>ondansetron odt (4 mg tablet, 8 mg tablet)</i>	
Antifungals	
AMBISOME	PA
<i>amphotericin b</i>	PA
<i>amphotericin b liposome</i>	PA
CANCIDAS	
<i>caspofungin acetate</i>	
<i>ciclodan 8% solution</i>	QL (6.6 PER 30 DAYS)
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	
<i>ciclopirox 8% solution</i>	QL (6.6 PER 30 DAYS)
<i>clotrimazole (1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche)</i>	
CRESEMBA	PA
DIFLUCAN (40 MG/ML SUSPENSION, 100 MG TABLET, 200 MG TABLET)	
<i>econazole nitrate</i>	
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	
<i>itraconazole 100 mg capsule</i>	QL (120 PER 30 DAYS)
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	
<i>klayesta</i>	
LOPROX 1% SHAMPOO	
<i>micafungin</i>	
<i>micafungin-0.9% nacl</i>	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP)	PA
NOXAFIL 300 MG/16.7 ML VIAL	PA
<i>nyamyc</i>	
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)</i>	
<i>nystop</i>	
<i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>	PA
<i>posaconazole 300 mg/16.7 ml vl</i>	PA
SPORANOX 100 MG CAPSULE	QL (120 PER 30 DAYS)
<i>terbinafine hcl 250 mg tablet</i>	QL (30 PER 30 DAYS)
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	
VFEND IV	PA
<i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg vial)</i>	PA
<i>voriconazole 40 mg/ml susp</i>	PA

Antigout Agents

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

Antimigraine Agents

<i>dihydroergotamine 4 mg/ml spray</i>	PA, QL (8 PER 28 DAYS)
<i>ergotamine-caffeine</i>	
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)	ST, QL (18 PER 30 DAYS)
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT)	ST, QL (6 PER 30 DAYS)
IMITREX (6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT)	QL (6 PER 30 DAYS)
MAXALT	ST, QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	ST, QL (18 PER 30 DAYS)
<i>naratriptan hcl</i>	QL (18 PER 30 DAYS)
<i>rizatriptan</i>	QL (18 PER 30 DAYS)
<i>sumatriptan</i>	QL (12 PER 30 DAYS)
<i>sumatriptan 6 mg/0.5 ml vial</i>	QL (5 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml autoinj)</i>	QL (6 PER 30 DAYS)
<i>zolmitriptan odt</i>	QL (12 PER 30 DAYS)

Antimyasthenic Agents

Parasympathomimetics

MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)

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)

PRETOMANID

PRIFTIN

pyrazinamide

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

SIRTURO

TRECTOR

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

DRUG NAME	REQUIREMENTS/LIMITS
Antineoplastics	
Alkylating Agents	
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	PA
<i>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>	PA
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)	
GLEOSTINE 100 MG CAPSULE	
LEUKERAN	
MATULANE	PA
VALCHLOR	PA, QL (60 PER 30 DAYS)
Antiandrogens	
<i>abiraterone acetate 250 mg tab</i>	PA, QL (120 PER 30 DAYS)
<i>abirtega</i>	PA, QL (120 PER 30 DAYS)
<i>bicalutamide</i>	
CASODEX	
ERLEADA 240 MG TABLET	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	PA, QL (120 PER 30 DAYS)
EULEXIN	
NILANDRON	
<i>nilutamide</i>	
NUBEQA	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	PA, QL (60 PER 30 DAYS)
YONSA	PA, QL (120 PER 30 DAYS)
Antiangiogenic Agents	
<i>lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)</i>	PA, QL (21 PER 28 DAYS)
<i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
POMALYST	PA, QL (21 PER 28 DAYS)
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	PA, QL (60 PER 30 DAYS)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	PA, QL (30 PER 30 DAYS)
Antiestrogens/Modifiers	
FARESTON	
ORSERDU 345 MG TABLET	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	PA, QL (90 PER 30 DAYS)
SOLTAMOX	
<i>tamoxifen citrate</i>	
<i>toremifene citrate</i>	
Antimetabolites	
<i>mercaptopurine 20 mg/ml suspen</i>	
<i>mercaptopurine 50 mg tablet</i>	
PURIXAN	
TABLOID	
Antineoplastics, Other	
AVMAPKI-FAKZYNJA	PA, QL (66 PER 28 DAYS)
HYDREA	
<i>hydroxyurea</i>	
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)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
NIPENT	
ONUREG	PA, QL (14 PER 28 DAYS)
ORGOVYX	PA, QL (90 PER 30 DAYS)
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	PA, QL (8 PER 28 DAYS)
XPOVIO (40 MG, 60 MG)	PA, QL (4 PER 28 DAYS)
XPOVIO 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)
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Molecular Target Inhibitors

AFINITOR (2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	PA, QL (30 PER 30 DAYS)
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AFINITOR 5 MG TABLET	PA, QL (60 PER 30 DAYS)
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AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)	PA, QL (60 PER 30 DAYS)
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AFINITOR DISPERZ 3 MG TABLET	PA, QL (90 PER 30 DAYS)
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AKEEGA	PA, QL (60 PER 30 DAYS)
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ALECENSA	PA, QL (240 PER 30 DAYS)
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ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	PA, QL (30 PER 30 DAYS)
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ALUNBRIG 30 MG TABLET	PA, QL (120 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
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)
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)
<i>dasatinib (50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>dasatinib 20 mg tablet</i>	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)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	PA, QL (60 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)</i>	PA, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	PA, QL (90 PER 30 DAYS)
EXKIVITY	PA, QL (120 PER 30 DAYS)
FOTIVDA	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	PA, QL (21 PER 28 DAYS)
GAVRETO	PA, QL (120 PER 30 DAYS)
<i>gefitinib</i>	PA, QL (30 PER 30 DAYS)
GILOTRIF	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	PA, QL (60 PER 30 DAYS)
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)
IBTROZI	PA, QL (90 PER 30 DAYS)
ICLUSIG	PA, QL (30 PER 30 DAYS)
IDHIFA	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	PA, QL (60 PER 30 DAYS)
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
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)
KISQALI 200 MG DAILY DOSE	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	PA, QL (120 PER 30 DAYS)
KRAZATI	PA, QL (180 PER 30 DAYS)
<i>lapatinib</i>	PA, QL (180 PER 30 DAYS)
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)

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

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

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

DRUG NAME	REQUIREMENTS/LIMITS
ROZLYTREK 200 MG CAPSULE	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLETT 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)
SCEMBLIX 40 MG TABLET	PA, QL (300 PER 30 DAYS)
<i>sorafenib</i>	PA, QL (120 PER 30 DAYS)
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	PA, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TABLET	PA, QL (90 PER 30 DAYS)
STIVARGA	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	PA, QL (30 PER 30 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	PA, QL (90 PER 30 DAYS)
SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	PA, QL (90 PER 30 DAYS)
TABRECTA	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	PA, QL (840 PER 28 DAYS)
TAGRISSE	PA, QL (30 PER 30 DAYS)
TALZENNA	PA, QL (30 PER 30 DAYS)
TASIGNA	PA, QL (120 PER 30 DAYS)
TAZVERIK	PA, QL (240 PER 30 DAYS)
TEPMETKO	PA, QL (60 PER 30 DAYS)
TIBSOVO	PA, QL (60 PER 30 DAYS)
<i>torpenz (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>torpenz 5 mg tablet</i>	PA, QL (60 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
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)
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 PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE)	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	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)

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

DRUG NAME	REQUIREMENTS/LIMITS
Monoclonal Antibody/Antibody-Drug Conjugate	
KANJINTI	PA
MVASI	PA
ONTRUZANT	PA
RIABNI	PA
RUXIENCE	PA
TRAZIMERA	PA
ZIRABEV	PA
Retinoids	
<i>bexarotene (1% gel, 75 mg capsule)</i>	PA
PANRETIN	PA
TARGRETIN (1% GEL, 75 MG CAPSULE)	PA
<i>tretinoin 10 mg capsule</i>	PA
Treatment Adjuncts	
<i>mesna 400 mg tablet</i>	
MESNEX 400 MG TABLET	
Antiparasitics	
Anthelmintics	
<i>albendazole 200 mg tablet</i>	
<i>benznidazole</i>	
BILTRICIDE	
<i>ivermectin 3 mg tablet</i>	PA
<i>praziquantel</i>	
STROMECTOL	PA
Antiprotozoals	
<i>atovaquone</i>	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
COARTEM	
DARAPRIM	PA
<i>hydroxychloroquine sulfate</i>	
LAMPIT	
MALARONE	
<i>mefloquine hcl</i>	
NEBUPENT	PA
<i>nitazoxanide 500 mg tablet</i>	QL (20 PER 30 OVER TIME)
PENTAM 300	
<i>pentamidine 300 mg inhal powdr</i>	PA
<i>pentamidine 300 mg inject vial</i>	
PLAQUENIL	
<i>primaquine</i>	
<i>pyrimethamine 25 mg tablet</i>	PA
<i>quinine sulfate</i>	PA

Antiparkinson Agents

Antiparkinson Agents, Other

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

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

DRUG NAME	REQUIREMENTS/LIMITS
Dopamine Agonists	
APOKYN	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl</i>	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate</i>	
NEUPRO	
<i>pramipexole dihydrochloride</i>	
<i>ropinirole er</i>	
<i>ropinirole hcl</i>	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
<i>carbidopa</i>	
<i>carbidopa-levodopa</i>	
<i>carbidopa-levodopa er</i>	
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	
<i>rasagiline mesylate</i>	
<i>selegiline hcl</i>	
Antipsychotics	
1st Generation/Typical	
<i>fluphenazine 2.5 mg/ml vial</i>	PA
<i>fluphenazine decanoate</i>	PA
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>fluphenazine hcl (2.5 mg/5 ml elix, 5 mg/ml conc)</i>	PA
HALDOL DECANOATE 100	PA
HALDOL DECANOATE 50	PA
<i>haloperidol</i>	PA
<i>haloperidol decanoate</i>	PA
<i>haloperidol decanoate 100</i>	PA
<i>haloperidol lactate</i>	PA
<i>loxapine</i>	PA
<i>molindone hcl</i>	PA
<i>pimozide</i>	PA
<i>thioridazine hcl</i>	PA
<i>thiothixene</i>	PA
<i>trifluoperazine hcl</i>	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)
<i>aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>aripiprazole (2 mg tablet, 5 mg tablet)</i>	PA, QL (45 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	PA, QL (750 PER 30 DAYS)
<i>aripiprazole odt</i>	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	QL (2.4 PER 42 OVER TIME)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>asenapine maleate</i>	PA, QL (60 PER 30 DAYS)
CAPLYTA	QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK A	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)
INVEGA ER 6 MG TABLET	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	QL (2.63 PER 84 OVER TIME)
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	PA, QL (60 PER 30 DAYS)
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	PA, QL (60 PER 30 DAYS)
LYBALVI	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	PA, QL (30 PER 30 DAYS)
<i>olanzapine (15 mg tablet, 20 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	PA, QL (45 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	PA, QL (90 PER 30 DAYS)
<i>olanzapine odt</i>	PA, QL (30 PER 30 DAYS)
OPIPZA (5 MG FILM, 10 MG FILM)	PA, QL (90 PER 30 DAYS)
OPIPZA 2 MG FILM	PA, QL (30 PER 30 DAYS)
<i>paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	PA, QL (60 PER 30 DAYS)
PERSERIS	QL (1 PER 28 DAYS)
<i>quetiapine 150 mg tablet</i>	PA, QL (150 PER 30 DAYS)
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	PA, QL (60 PER 30 DAYS)
<i>quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>	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)
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>risperidone 0.25 mg odt</i>	PA, QL (60 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>risperidone 1 mg/ml solution</i>	PA, QL (480 PER 30 DAYS)
<i>risperidone 4 mg odt</i>	PA, QL (120 PER 30 DAYS)
<i>risperidone 4 mg tablet</i>	QL (120 PER 30 DAYS)
<i>risperidone er (12.5 mg vial, 25 mg vial, 37.5 mg vial)</i>	QL (2 PER 28 DAYS)
<i>risperidone er 50 mg vial</i>	QL (2 PER 28 DAYS)
<i>risperidone odt (0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)</i>	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)
SEROQUEL XR (150 MG TABLET, 200 MG TABLET)	PA, QL (30 PER 30 DAYS)
SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	QL (0.7 PER 56 OVER TIME)
UZEDY ER 50 MG/0.14 ML SYRINGE	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	QL (0.21 PER 28 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	QL (30 PER 30 DAYS)
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule)</i>	QL (90 PER 30 DAYS)
<i>ziprasidone hcl (60 mg capsule, 80 mg capsule)</i>	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	PA, QL (60 PER 30 DAYS)
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	PA, QL (45 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
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)

Antipsychotics, Other

COBENFY	PA, QL (60 PER 30 DAYS)
COBENFY STARTER PACK	PA, QL (56 PER 28 DAYS)

Treatment-Resistant

<i>clozapine (25 mg tablet, 50 mg tablet)</i>	PA, QL (90 PER 30 DAYS)
<i>clozapine 100 mg tablet</i>	PA, QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	PA, QL (120 PER 30 DAYS)
<i>clozapine odt (25 mg tablet, 100 mg tablet)</i>	PA, QL (270 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	PA, QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	PA, QL (120 PER 30 DAYS)
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

<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
DANTRIUM 25 MG CAPSULE	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	
<i>tizanidine hcl</i>	

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)
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)
EDURANT PED	QL (180 PER 30 DAYS)
<i>efavirenz 600 mg tablet</i>	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitenofovir disoproxil fumarate</i>	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	QL (30 PER 30 DAYS)
<i>etravirine</i>	QL (60 PER 30 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	QL (120 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>nevirapine 200 mg tablet</i>	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml susp</i>	QL (1200 PER 30 DAYS)
<i>nevirapine er 400 mg tablet</i>	QL (30 PER 30 DAYS)
PIFELTRO	QL (30 PER 30 DAYS)
SYMFI	QL (30 PER 30 DAYS)
SYMFI LO	QL (30 PER 30 DAYS)

Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)

<i>abacavir 20 mg/ml solution</i>	QL (960 PER 30 DAYS)
<i>abacavir 300 mg tablet</i>	QL (60 PER 30 DAYS)
<i>abacavir-lamivudine</i>	QL (30 PER 30 DAYS)
CIMDUO	QL (30 PER 30 DAYS)
COMPLERA	QL (30 PER 30 DAYS)
DESCOVY	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	QL (30 PER 30 DAYS)
<i>emtricitabine- rilpivirne-tenof</i>	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)</i>	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofv 200-300mg</i>	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	QL (30 PER 30 DAYS)
EPZICOM	QL (30 PER 30 DAYS)
<i>lamivudine (10 mg/ml oral soln, 300 mg/30ml sol cup)</i>	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	QL (60 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
ODEFSEY	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	QL (180 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	QL (30 PER 30 DAYS)
TRIUMEQ	QL (30 PER 30 DAYS)
TRIUMEQ PD	QL (180 PER 30 DAYS)
TRUVADA	QL (30 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	QL (30 PER 30 DAYS)
VIREAD POWDER	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	QL (960 PER 30 DAYS)
<i>zidovudine 100 mg capsule</i>	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tablet</i>	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5 ml syrup</i>	QL (1920 PER 30 DAYS)
Anti-HIV Agents, Other	
FUZEON	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tablet</i>	QL (120 PER 30 DAYS)
RUKOBIA	QL (60 PER 30 DAYS)
SELZENTRY (75 MG TABLET, 150 MG TABLET)	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	QL (120 PER 30 DAYS)
SUNLENCA (4- 300 MG TABLET, 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)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>atazanavir sulfate (150 mg cap, 300 mg cap)</i>	QL (30 PER 30 DAYS)
<i>atazanavir sulfate 200 mg cap</i>	QL (60 PER 30 DAYS)
<i>darunavir 600 mg tablet</i>	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	QL (30 PER 30 DAYS)
EVOTAZ	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	QL (480 PER 30 DAYS)
LEXIVA 700 MG TABLET	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 80-20mg/ml</i>	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir 100-25mg tb</i>	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir 200-50mg tb</i>	QL (120 PER 30 DAYS)
NORVIR (100 MG POWDER PACKET, 100 MG TABLET)	QL (360 PER 30 DAYS)
PREZCOBIX	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	QL (240 PER 30 DAYS)
<i>ritonavir</i>	QL (360 PER 30 DAYS)
SYMTUZA	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	QL (120 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
Anti-cytomegalovirus (CMV) Agents	
LIVTENCITY	QL (120 PER 30 DAYS)
PREVYMIS (240 MG TABLET, 480 MG TABLET)	QL (30 PER 30 DAYS)
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	
<i>valganciclovir 450 mg tablet</i>	
<i>valganciclovir hcl 50 mg/ml</i>	
Anti-hepatitis B (HBV) Agents	
<i>adefovir dipivoxil</i>	
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	
BARACLUDE 0.05 MG/ML SOLUTION	
<i>entecavir</i>	
<i>lamivudine 100 mg tablet</i>	
<i>lamivudine hbv</i>	
Anti-hepatitis C (HCV) Agents	
MAVYRET	PA
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	
ZEPATIER	PA
Anti-influenza Agents	
<i>oseltamivir 6 mg/ml suspension</i>	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phos 30 mg capsule</i>	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>	QL (84 PER 365 OVER TIME)
RELENZA	QL (120 PER 365 OVER TIME)
TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)	QL (84 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	QL (168 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	QL (1080 PER 365 OVER TIME)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	QL (4 PER 365 OVER TIME)

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

DRUG NAME	REQUIREMENTS/LIMITS
XOFLUZA 80 MG TABLET	QL (2 PER 365 OVER TIME)
Antitherpetic Agents	
<i>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)</i>	
<i>acyclovir 5% ointment</i>	PA
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	PA
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>	
<i>valacyclovir</i>	
VALTREX	
ZOVIRAX 5% OINTMENT	PA
Antiviral, Coronavirus agents	
PAXLOVID 150-100 MG (MODERATE)	QL (20 PER 30 DAYS)
PAXLOVID 300-100 MG DOSE PACK	QL (30 PER 30 DAYS)
PAXLOVID 300/150-100MG(SEVERE)	QL (11 PER 30 OVER TIME)
Anxiolytics	
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	QL (150 PER 30 DAYS)
<i>alprazolam er (0.5 mg tablet, 1 mg tablet)</i>	QL (30 PER 30 DAYS)
<i>alprazolam er 2 mg tablet</i>	QL (150 PER 30 DAYS)
<i>alprazolam er 3 mg tablet</i>	QL (90 PER 30 DAYS)
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>	QL (30 PER 30 DAYS)
<i>alprazolam xr 2 mg tablet</i>	QL (150 PER 30 DAYS)
<i>alprazolam xr 3 mg tablet</i>	QL (90 PER 30 DAYS)
<i>buspirone hcl</i>	
<i>chlordiazepoxide 25 mg capsule</i>	PA, QL (360 PER 30 DAYS)
<i>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)</i>	PA, QL (120 PER 30 DAYS)

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

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

Bipolar Agents

<i>lithium carbonate</i>
<i>lithium carbonate er</i>
<i>lithium citrate</i>
LITHOBID

Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose 100 mg tablet</i>	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	QL (360 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>acarbose 50 mg tablet</i>	QL (180 PER 30 DAYS)
ACTOS (30 MG TABLET, 45 MG TABLET)	QL (30 PER 30 DAYS)
ACTOS 15 MG TABLET	QL (90 PER 30 DAYS)
BYDUREON BCISE	PA, QL (3.4 PER 28 DAYS)
CYCLOSET	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	QL (60 PER 30 DAYS)
<i>ft sterile pads 2" x 2"</i>	PA
<i>gauze pads & dressings - pads 2 x2</i>	PA
<i>glimepiride 1 mg tablet</i>	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	QL (120 PER 30 DAYS)
<i>glipizide 2.5 mg tablet</i>	QL (480 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tablet</i>	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tablet</i>	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	QL (120 PER 30 DAYS)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	QL (120 PER 30 DAYS)
<i>glipizide-metformin 2.5-250 mg</i>	QL (240 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	QL (60 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	QL (120 PER 30 DAYS)
<i>glyburid-metformin 1.25-250 mg</i>	QL (240 PER 30 DAYS)
<i>glyburide 1.25 mg tablet</i>	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	QL (120 PER 30 DAYS)
<i>glyburide micro 1.5 mg tab</i>	QL (240 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>glyburide micro 3 mg tablet</i>	QL (120 PER 30 DAYS)
<i>glyburide micro 6 mg tablet</i>	QL (60 PER 30 DAYS)
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	QL (120 PER 30 DAYS)
GLYXAMBI	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	PA
JANUMET	QL (60 PER 30 DAYS)
JANUMET XR (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)
JENTADUETO XR 5 MG-1,000 MG TB	QL (30 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet</i>	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	QL (60 PER 30 DAYS)
MOUNJARO	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	QL (180 PER 30 DAYS)
OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/ML))	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	QL (30 PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	QL (90 PER 30 DAYS)
<i>pioglitazone-glimepiride</i>	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin</i>	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	QL (960 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>repaglinide 1 mg tablet</i>	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	QL (240 PER 30 DAYS)
RYBELSUS	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl</i>	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformin er 5-1000)</i>	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er 2.5-1000</i>	QL (60 PER 30 DAYS)
SOLQUA 100-33	QL (18 PER 30 DAYS)
SYMLINPEN 120	
SYMLINPEN 60	
SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	QL (30 PER 30 DAYS)
TRADJENTA	QL (30 PER 30 DAYS)
TRULICITY	PA, QL (2 PER 28 DAYS)
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	QL (30 PER 30 DAYS)
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	QL (60 PER 30 DAYS)

Glycemic Agents

BAQSIMI	QL (4 PER 30 DAYS)
<i>diazoxide 50 mg/ml oral susp</i>	
GLUCAGEN	QL (4 PER 30 DAYS)
<i>glucagon emergency kit</i>	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)

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

DRUG NAME	REQUIREMENTS/LIMITS
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

<i>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)</i>	PA
<i>droplet micron 34g 3.5mm</i>	PA
<i>droplet pen needle (29g 10mm, 29g 12mm, 31g 5mm, 31g 6mm, 31g 8mm, 32g 4mm, 32g 5mm, 32g 6mm, 32g 8mm)</i>	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)
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)
<i>insulin pen needle</i>	PA
<i>insulin syringe (disp) u-100 0.3 ml</i>	PA
<i>insulin syringe (disp) u-100 1 ml</i>	PA
<i>insulin syringe (disp) u-100 1/2 ml</i>	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>insulin syringe (syr 0.5 ml, 1ml)</i>	PA
LANTUS	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR	QL (60 PER 30 DAYS)
LYUMJEV	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200	QL (60 PER 30 DAYS)
LYUMJEV TEMPO PEN U-100	QL (60 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	PA
NOVOLIN 70-30	QL (60 PER 30 DAYS)
NOVOLIN 70-30 FLEXPEN	QL (60 PER 30 DAYS)
NOVOLIN N	QL (60 PER 30 DAYS)
NOVOLIN N FLEXPEN	QL (60 PER 30 DAYS)
NOVOLIN R	QL (60 PER 30 DAYS)
NOVOLIN R FLEXPEN	QL (60 PER 30 DAYS)
NOVOLOG	QL (60 PER 30 DAYS)
NOVOLOG FLEXPEN	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30 FLEXPEN	QL (60 PER 30 DAYS)
NOVOLOG PENFILL	QL (60 PER 30 DAYS)
<i>omnipod 5 (g6/libre 2 plus)</i>	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 dexg7g6 intro(gen 5)</i>	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 dexg7g6 pods (gen 5)</i>	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 g6-g7 pods (gen 5)</i>	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 intro(g6/libre2plus)</i>	PA, QL (1 PER 720 OVER TIME)
<i>omnipod classic pods (gen 3)</i>	PA, QL (15 PER 30 DAYS)
<i>omnipod dash intro kit (gen 4)</i>	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pdm kit (gen 4)</i>	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pods (gen 4)</i>	PA, QL (15 PER 30 DAYS)
<i>omnipod go pods</i>	PA, QL (10 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>pen needle (31g 5mm, 31g 8mm, 32g 4mm, 32g 6mm)</i>	PA
TOUJEO MAX SOLOSTAR	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR	QL (60 PER 30 DAYS)
<i>true comfort safety pen needle</i>	PA

Blood Products and Modifiers

Anticoagulants

<i>dabigatran etexilate (75 mg cap, 150 mg cp)</i>	QL (60 PER 30 DAYS)
<i>dabigatran etexilate 110 mg cp</i>	QL (120 PER 30 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	QL (60 PER 30 DAYS)
<i>enoxaparin 30 mg/0.3 ml syr</i>	QL (9 PER 90 OVER TIME)
<i>enoxaparin 40 mg/0.4 ml syr</i>	QL (12 PER 90 OVER TIME)
<i>enoxaparin 60 mg/0.6 ml syr</i>	QL (18 PER 90 OVER TIME)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i>	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	QL (24 PER 90 OVER TIME)
<i>fondaparinux 10 mg/0.8 ml syr</i>	QL (24 PER 90 OVER TIME)
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	QL (15 PER 90 OVER TIME)
<i>fondaparinux 5 mg/0.4 ml syr</i>	QL (12 PER 90 OVER TIME)
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	QL (18 PER 90 OVER TIME)
<i>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpuct, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i>	
<i>jantoven</i>	
LOVENOX (100 MG/ML SYRINGE, 150 MG/ML SYRINGE)	QL (30 PER 90 OVER TIME)

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

DRUG NAME	REQUIREMENTS/LIMITS
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)
<i>rivaroxaban</i>	QL (60 PER 30 DAYS)
<i>warfarin sodium</i>	
XARELTO (10 MG TABLET, 20 MG TABLET)	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML SUSPENSION	QL (620 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	QL (51 PER 30 DAYS)
ZONTIVITY	

Blood Products and Modifiers, Other

AGRYLIN	
<i>anagrelide hcl</i>	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE)	PA
ARANESP (100 MCG/ML VIAL, 150 MCG/0.4 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	PA
FULPHILA	PA
GRANIX	PA
LEUKINE	PA
NIVESTYM (300 MCG/ML VIAL, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	PA
NIVESTYM 300 MCG/0.5 ML SYRINGE	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

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

DRUG NAME	REQUIREMENTS/LIMITS
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

cilostazol

clopidogrel 75 mg tablet

dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)

PLAVIX

prasugrel hcl

ticagrelor

Cardiovascular Agents

Alpha-adrenergic Agonists

clonidine

clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)

droxidopa

PA

guanfacine hcl

midodrine hcl

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

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

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>telmisartan</i>	QL (30 PER 30 DAYS)
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>valsartan 320 mg tablet</i>	QL (30 PER 30 DAYS)

Angiotensin-converting Enzyme (ACE) Inhibitors

ALTACE

benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)

captopril

enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)

fosinopril sodium

lisinopril

LOTENSIN

moexipril hcl

perindopril erbumine

quinapril hcl

ramipril

trandolapril

VASOTEC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)

VASOTEC 20 MG TABLET

ZESTRIL

Antiarrhythmics

amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)

dofetilide

flecainide acetate

mexiletine hcl

MULTAQ

pacerone (100 mg tablet, 200 mg tablet, 400 mg tablet)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>propafenone hcl</i>	
<i>propafenone hcl er</i>	
<i>quinidine gluc er 324 mg tab</i>	
<i>quinidine sulfate</i>	
<i>sorine</i>	
<i>sotalol</i>	
<i>sotalol af</i>	
TIKOSYN	

Beta-adrenergic Blocking Agents

<i>acebutolol hcl</i>
<i>atenolol</i>
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>
BYSTOLIC
<i>carvedilol</i>
<i>carvedilol er</i>
COREG CR
INDERAL LA
INDERAL XL
INNOPRAN XL
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>
LOPRESSOR (50 MG TABLET, 100 MG TABLET)
<i>metoprolol succinate</i>
<i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>
<i>nadolol</i>
<i>nebivolol hcl</i>
<i>pindolol</i>

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>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)</i>	
<i>propranolol hcl er</i>	
TENORMIN	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	
TOPROL XL	

Calcium Channel Blocking Agents, Dihydropyridines

<i>amlodipine besylate</i>
<i>felodipine er</i>
<i>isradipine</i>
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>
<i>nifedipine (10 mg capsule, 20 mg capsule)</i>
<i>nifedipine er</i>
<i>nimodipine 30 mg capsule</i>
<i>nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 34 mg tablet)</i>
<i>nisoldipine er 25.5 mg tablet</i>
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
<i>cartia xt</i>
<i>dilt-xr</i>

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>diltiazem 12hr er</i>	
<i>diltiazem 24hr er</i>	
<i>diltiazem 24hr er (cd)</i>	
<i>diltiazem 24hr er (la)</i>	
<i>diltiazem 24hr er (xr)</i>	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	
<i>matzim la</i>	
<i>taztia xt</i>	
<i>tiadylt er</i>	
TIAZAC	
<i>verapamil er</i>	
<i>verapamil er pm</i>	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	
<i>verapamil sr</i>	
VERELAN	
VERELAN PM	

Cardiovascular Agents, Other

<i>acetazolamide</i>	
<i>acetazolamide er</i>	
<i>aliskiren</i>	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	
<i>amlodipine besylate-benazepril</i>	
<i>amlodipine-atorvastatin</i>	
<i>amlodipine-olmesartan</i>	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan</i>	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz</i>	QL (30 PER 30 DAYS)
ATACAND HCT	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
AVALIDE	QL (30 PER 30 DAYS)
AZOR	QL (30 PER 30 DAYS)
<i>benazepril-hydrochlorothiazide</i>	
BENICAR HCT	QL (30 PER 30 DAYS)
<i>bisoprolol-hydrochlorothiazide</i>	
<i>candesartan-hydrochlorothiazid</i>	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	
<i>digitek</i>	QL (30 PER 30 DAYS)
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)</i>	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	QL (150 PER 30 DAYS)
DIOVAN HCT	QL (30 PER 30 DAYS)
EDARBYCLOR	QL (30 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	
ENTRESTO (49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	QL (60 PER 30 DAYS)
ENTRESTO 24 MG-26 MG TABLET	QL (180 PER 30 DAYS)
ENTRESTO SPRINKLE	QL (240 PER 30 DAYS)
EXFORGE	QL (30 PER 30 DAYS)
EXFORGE HCT	QL (30 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide</i>	
HYZAAR	QL (30 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide</i>	QL (30 PER 30 DAYS)
<i>ivabradine hcl</i>	PA, QL (60 PER 30 DAYS)
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	QL (30 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	
<i>losartan-hydrochlorothiazide</i>	QL (30 PER 30 DAYS)

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

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

Diuretics, Loop

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)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vial)</i>	
LASIX	
<i>torsemide</i>	
Diuretics, Potassium-sparing	
<i>amiloride hcl</i>	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	
Diuretics, Thiazide	
<i>chlorthalidone</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<i>metolazone</i>	
Dyslipidemics, Fibric Acid Derivatives	
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>fenofibrate (67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 135 mg cap</i>	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 45 mg cap</i>	QL (60 PER 30 DAYS)
<i>gemfibrozil</i>	QL (60 PER 30 DAYS)
LOPID	QL (60 PER 30 DAYS)
Dyslipidemics, HMG CoA Reductase Inhibitors	
<i>atorvastatin 80 mg tablet</i>	QL (30 PER 30 DAYS)
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	QL (45 PER 30 DAYS)
CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	ST, QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	ST, QL (30 PER 30 DAYS)

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

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

Dyslipidemics, Other

<i>cholestyramine (packet, powder)</i>	
<i>cholestyramine light (packet, powder)</i>	
COLESTID 1 GM TABLET	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</i>	
<i>ezetimibe</i>	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	QL (30 PER 30 DAYS)
<i>icosapent ethyl (0.5 gm capsule, 500 mg capsule)</i>	QL (240 PER 30 DAYS)
<i>icosapent ethyl 1 gram capsule</i>	QL (120 PER 30 DAYS)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>niacin er (750 mg tablet, 1,000 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>niacin er 500 mg tablet</i>	QL (30 PER 30 DAYS)
<i>omega-3 acid ethyl esters</i>	
<i>prevalite (packet, powder)</i>	
REPATHA PUSHTRONEX	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE	PA, QL (2 PER 28 DAYS)
<i>triklo</i>	
VASCEPA 0.5 GM CAPSULE	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	QL (120 PER 30 DAYS)
VYTORIN	ST, QL (30 PER 30 DAYS)
ZETIA	QL (30 PER 30 DAYS)

Mineralocorticoid Receptor Antagonists

ALDACTONE	
<i>eplerenone</i>	
INSPRA	
KERENDIA	PA, QL (30 PER 30 DAYS)
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	

Vasodilators, Direct-acting Arterial

<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	

Vasodilators, Direct-acting Arterial/Venous

ISORDIL TITRADOSE	
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	
<i>isosorbide mononitrate</i>	
<i>isosorbide mononitrate er</i>	
NITRO-BID	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)</i>	
<i>nitroglycerin patch</i>	
NITROLINGUAL	
NITROSTAT	
RECTIV	
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, 15 MG CAP)	QL (120 PER 30 DAYS)
<i>dextroamp-amphetamin 20 mg tab</i>	QL (90 PER 30 DAYS)
<i>dextroamphetamine 10 mg tab</i>	QL (180 PER 30 DAYS)
<i>dextroamphetamine 5 mg tab</i>	QL (90 PER 30 DAYS)
<i>dextroamphetamine er 5 mg cap</i>	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)</i>	QL (120 PER 30 DAYS)
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	QL (30 PER 30 DAYS)
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 30 mg tab, dextroamp-amphetamine 5 mg tab)</i>	QL (60 PER 30 DAYS)
<i>lisdexamfetamine dimesylate (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule)</i>	QL (30 PER 30 DAYS)
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	QL (30 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>zenzedi 10 mg tablet</i>	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	QL (30 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tablet</i>	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl</i>	PA, QL (60 PER 30 DAYS)
FOCALIN	PA, QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	QL (30 PER 30 DAYS)
<i>methylphenidate 10 mg/5 ml sol</i>	PA, QL (900 PER 30 DAYS)
<i>methylphenidate 5 mg/5 ml soln</i>	PA, QL (450 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	PA, QL (90 PER 30 DAYS)
RITALIN	PA, QL (90 PER 30 DAYS)
STRATTERA (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	QL (60 PER 30 DAYS)
STRATTERA (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	QL (30 PER 30 DAYS)
Central Nervous System, Other	
AUSTEDO (9 MG TABLET, 12 MG TABLET)	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TABLET	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (12 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET)	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET	PA, QL (90 PER 30 DAYS)
AUSTEDO XR TITR KT(6-12-24 MG)	PA, QL (42 PER 28 DAYS)
AUSTEDO XR TITR(12-18-24-30MG)	PA, QL (28 PER 28 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	PA, QL (30 PER 30 DAYS)
INGREZZA 40 MG CAPSULE	PA, QL (60 PER 30 DAYS)
INGREZZA 40 MG SPRINKLE CAP	PA, QL (60 PER 30 DAYS)
INGREZZA INITIATION PK(TARDIV)	PA, QL (28 PER 28 DAYS)
INGREZZA SPRINKLE (60 MG CAP, 80 MG CAP)	PA, QL (30 PER 30 DAYS)
NUEDEXTA	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	
<i>tetrabenazine 12.5 mg tablet</i>	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	PA, QL (120 PER 30 DAYS)
VEOZAH	PA, QL (30 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	PA, QL (120 PER 30 DAYS)

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)
<i>dalfampridine er</i>	PA
<i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate 30d start pk</i>	PA, QL (60 PER 30 DAYS)
<i>fingolimod</i>	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>glatopa 40 mg/ml syringe</i>	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	PA, QL (1.6 PER 28 DAYS)
PLEGRIDY	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN	PA, QL (1 PER 28 DAYS)
TECFIDERA	PA, QL (60 PER 30 DAYS)
VUMERITY	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

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

Dermatological Agents

Acne and Rosacea Agents

<i>accutane</i>	
<i>acitretin</i>	
<i>amnesteam</i>	
AVITA	PA
<i>azelaic acid 15% gel</i>	
AZELEX	
BENZAMYCIN	
<i>claravis</i>	
<i>clind ph-benzoyl perox 1.2-5%</i>	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>doxycycline ir-dr</i>	
<i>erythromycin-benzoyl peroxide</i>	
FINACEA 15% FOAM	
FINACEA 15% GEL	
<i>isotretinoin</i>	
KLARON	
<i>myorisan</i>	
<i>neuac</i>	
ORACEA	
RETIN-A	PA
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	
<i>tazarotene (0.05% cream, 0.05% gel, 0.1% cream, 0.1% gel)</i>	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	PA
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	PA
<i>zenatane</i>	

Dermatitis and Pruitus Agents

ALA-CORT 1% CREAM	
<i>alclometasone dipropionate</i>	QL (120 PER 30 DAYS)
<i>ammonium lactate</i>	
<i>betamethasone diprop augmented (crm, oin)</i>	QL (200 PER 28 DAYS)
<i>betamethasone dipropionate (crm, oint)</i>	QL (135 PER 30 DAYS)
<i>betamethasone dp 0.05% lot</i>	QL (120 PER 30 DAYS)
<i>betamethasone dp aug 0.05% gel</i>	QL (200 PER 28 DAYS)
<i>betamethasone dp aug 0.05% lot</i>	QL (210 PER 30 DAYS)
<i>betamethasone va 0.1% lotion</i>	QL (120 PER 30 DAYS)
<i>betamethasone valerate (va cream, valer ointm)</i>	QL (135 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>clobetasol 0.05% shampoo</i>	QL (236 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	QL (210 PER 28 DAYS)
<i>clobetasol propionate (cream, gel, ointment)</i>	QL (210 PER 28 DAYS)
<i>clobetasol propionate (prop foam, solution)</i>	QL (200 PER 28 DAYS)
<i>clodan</i>	QL (236 PER 30 DAYS)
<i>desonide (cream, ointment)</i>	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment)</i>	QL (120 PER 30 DAYS)
DIPROLENE	QL (200 PER 28 DAYS)
<i>doxepin 5% cream</i>	PA
ELIDEL	PA
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide (body oil, scalp oil)</i>	QL (118.28 PER 30 DAYS)
<i>fluocinonide (cream, gel, ointment, solution)</i>	QL (120 PER 30 DAYS)
<i>fluocinonide 0.1% cream</i>	QL (240 PER 28 DAYS)
<i>fluocinonide-e</i>	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	QL (120 PER 30 DAYS)
<i>halobetasol propionate (cream, ointmnt)</i>	QL (200 PER 28 DAYS)
<i>hydrocortisone (cream, ointment)</i>	
<i>hydrocortisone 2.5% lotion</i>	QL (118 PER 30 DAYS)
<i>hydrocortisone 2.5% ointment</i>	QL (454 PER 30 DAYS)
<i>hydrocortisone butyr 0.1% soln</i>	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)</i>	QL (135 PER 30 DAYS)
<i>hydrocortisone valerate</i>	QL (120 PER 30 DAYS)
LOCOID LIPOCREAM	QL (135 PER 30 DAYS)
<i>mometasone furoate (cream, oint)</i>	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% soln</i>	QL (120 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>pimecrolimus</i>	PA
PRUDOXIN	PA
<i>selenium sulfide 2.5% lotion</i>	
<i>tacrolimus (0.03%, 0.1%)</i>	PA
<i>triamcinolone acetonide (0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)</i>	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)</i>	QL (120 PER 30 DAYS)
<i>triderm 0.5% cream</i>	QL (454 PER 30 DAYS)
ZONALON	PA
Dermatological Agents, Other	
<i>calcipotriene (cream, ointment, solution)</i>	QL (120 PER 30 DAYS)
<i>calcitrene</i>	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone (crm, lot)</i>	
<i>diclofenac sodium 3% gel</i>	PA
EFUDEX	
<i>fluorouracil (cream, topical soln)</i>	
<i>fluorouracil 2% topical soln</i>	
<i>imiquimod 5% cream packet</i>	PA
<i>methoxsalen</i>	
<i>nystatin-triamcinolone</i>	
OTEZLA (10-20 MG STARTER 28 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET)	PA
<i>podofilox 0.5% topical soln</i>	
REGRANEX	PA, QL (15 PER 30 DAYS)
SANTYL	QL (180 PER 30 DAYS)
SILVADENE	
<i>silver sulfadiazine</i>	
SSD	

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

DRUG NAME	REQUIREMENTS/LIMITS
Pediculicides/Scabicides	
<i>ivermectin 1% cream</i>	PA
<i>malathion</i>	
OVIDE	
<i>permethrin</i>	
SOOLANTRA	PA
Topical Anti-infectives	
<i>gentamicin sulfate (cream, ointment)</i>	
METROCREAM	
METROGEL	
METROLOTION	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	
<i>mupirocin</i>	QL (30 PER 30 OVER TIME)
<i>rosadan</i>	
Electrolytes/Minerals/ Metals/ Vitamins	
Electrolyte/Mineral Replacement	
<i>aqua care sodium chloride</i>	
CARBAGLU	PA
<i>carglumic acid</i>	PA
<i>dextrose 2.5%-0.45% nacl</i>	
<i>dextrose 5%-0.2% nacl</i>	
<i>dextrose 5%-0.225% nacl</i>	
<i>dextrose 5%-0.45% nacl</i>	
<i>dextrose 5%-0.9% nacl</i>	
<i>glucose 5%-0.9% nacl</i>	
<i>kcl 20 meq/l in d5w solution</i>	
<i>kcl-d5w-0.2% nacl</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>kcl-d5w-0.225% nacl</i>	
<i>kcl-d5w-0.45% nacl</i>	
KLOR-CON 10	
KLOR-CON 8	
<i>klor-con m10</i>	
KLOR-CON M15	
<i>klor-con m20</i>	
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>	
<i>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)</i>	
<i>potassium chloride in d5lr</i>	
<i>potassium chloride proamp</i>	
<i>potassium chloride-0.45% nacl</i>	
<i>potassium citrate er</i>	
<i>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)</i>	
<i>sodium chloride 0.9%-water</i>	

Electrolyte/Mineral/Metal Modifiers

CHEMET

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>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)</i>	PA
<i>deferasirox 125 mg tb for susp</i>	PA
<i>deferasirox 90 mg tablet</i>	PA
EXJADE	PA
JADENU	PA
JADENU SPRINKLE	PA
SAMSCA	PA
SYPRINE	PA, QL (240 PER 30 DAYS)
<i>tolvaptan (15 mg tablet, 30 mg tablet)</i>	PA
<i>trientine hcl 250 mg capsule</i>	PA, QL (240 PER 30 DAYS)
<i>dextrose in water (5%-water 100 ml, 5%-water 1,000 ml, 5%-water 250 ml, 5%-water 50 ml, 5%-water iv soln, 10%-water iv solution)</i>	
<i>glucose in water (50 ml, 100 ml)</i>	
INTRALIPID 20% IV FAT EMUL	PA
NUTRILIPID	PA
TRAVASOL	PA
TROPHAMINE	PA

Potassium Binders

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

Gastrointestinal Agents

Anti-Constipation Agents

<i>constulose</i>
<i>enulose</i>

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>generlac</i>	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	
LINZESS	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	QL (120 PER 30 DAYS)
MOVANTIK	QL (30 PER 30 DAYS)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	PA, QL (18 PER 30 DAYS)
RELISTOR 150 MG TABLET	PA, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4 ML SYRINGE	PA, QL (12 PER 30 DAYS)
Anti-Diarrheal Agents	
<i>alosetron hcl 0.5 mg tablet</i>	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tablet</i>	PA, QL (60 PER 30 DAYS)
<i>diphenoxylate-atrop 2.5-0.025</i>	PA
<i>loperamide 2 mg capsule</i>	
LOTRONEX	PA, QL (60 PER 30 DAYS)
VIBERZI	PA, QL (60 PER 30 DAYS)
XERMELO	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal	
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i>	PA
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	
<i>methscopolamine bromide</i>	
Gastrointestinal Agents, Other	
<i>bismuth-metronidazole-tetracyc</i>	
<i>chenodal</i>	PA
GATTEX	PA
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>gavilyte-n</i>	
GOLYTELY	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol)</i>	
MOVIPREP	
MYALEPT	PA
OICALIVA	PA, QL (30 PER 30 DAYS)
<i>peg 3350-electrolyte solution</i>	
<i>peg-3350 and electrolytes</i>	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	
PYLERA	
REGLAN	
<i>sod sulf-potass sulf-mag sulf</i>	
SUPREP	
SUTAB	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	
VOWST	PA, QL (12 PER 56 OVER TIME)
XIFAXAN 550 MG TABLET	PA, QL (90 PER 30 DAYS)

Histamine2 (H2) Receptor Antagonists

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

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

nizatidine (150 mg capsule, 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)

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

DRUG NAME	REQUIREMENTS/LIMITS
Proton Pump Inhibitors	
<i>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)</i>	QL (30 PER 30 DAYS)
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	QL (30 PER 30 DAYS)
NEXIUM (DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET)	ST, QL (30 PER 30 DAYS)
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	QL (30 PER 30 DAYS)
<i>omeprazole (dr 20 mg capsule, dr 40 mg capsule)</i>	QL (60 PER 30 DAYS)
<i>omeprazole dr 10 mg capsule</i>	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 20 mg tab</i>	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 40 mg tab</i>	QL (60 PER 30 DAYS)
PREVACID DR 30 MG CAPSULE	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	ST, QL (60 PER 30 DAYS)
<i>rabeprazole sod dr 20 mg tab</i>	QL (30 PER 30 DAYS)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
<i>betaine anhydrous</i>	
BUPHENYL 500 MG TABLET	PA
CARNITOR (1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET)	
CARNITOR SF	
CEREZYME	PA
CREON	
<i>cromolyn 100 mg/5 ml oral conc</i>	
CRYSVITA	PA
CYSTADANE	

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

DRUG NAME	REQUIREMENTS/LIMITS
CYSTAGON	PA
ELELYSO	PA
ENDARI	PA
KUVAN	PA
<i>l-glutamine 5 gram powder pkt</i>	PA
<i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>	
<i>levocarnitine st</i>	
<i>miglustat</i>	PA, QL (180 PER 30 DAYS)
<i>nitisinone</i>	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	
PALYNZIQ	PA
PROLASTIN C	PA
PYRUKYND (20-5 MG PACK, 50-20 MG PACK)	PA, QL (14 PER 28 DAYS)
PYRUKYND (5 MG TABLET, 20 MG TABLET, 20 MG TAPER PACK, 50 MG TABLET, 50 MG TAPER PACK)	PA, QL (56 PER 28 DAYS)
PYRUKYND 5 MG TAPER PACK	PA, QL (7 PER 28 DAYS)
REVCovi	
<i>sapropterin dihydrochloride</i>	PA
<i>sodium phenylbutyrate (500mg tb, powder)</i>	PA
STRENSIQ	PA
VPRIV	PA
VYNDAMAX	PA, QL (30 PER 30 DAYS)
VYNDAQEL	PA, QL (120 PER 30 DAYS)
WELIREG	PA, QL (90 PER 30 DAYS)
<i>yargesa</i>	PA, QL (180 PER 30 DAYS)
ZENPEP	
ZOKINVY	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
Genitourinary Agents	
Antispasmodics, Urinary	
<i>darifenacin er</i>	QL (30 PER 30 DAYS)
DETROL	ST, QL (60 PER 30 DAYS)
DETROL LA	ST, QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	QL (30 PER 30 DAYS)
GEMTESA	QL (30 PER 30 DAYS)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	QL (300 PER 28 DAYS)
<i>oxybutynin 5 mg tablet</i>	QL (120 PER 30 DAYS)
<i>oxybutynin chloride (5 mg/5 ml soln cup, 5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	QL (600 PER 30 DAYS)
<i>oxybutynin cl er 10 mg tablet</i>	QL (90 PER 30 DAYS)
<i>oxybutynin cl er 15 mg tablet</i>	QL (60 PER 30 DAYS)
<i>oxybutynin cl er 5 mg tablet</i>	QL (30 PER 30 DAYS)
<i>solifenacin succinate</i>	QL (30 PER 30 DAYS)
<i>tolterodine tartrate</i>	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er</i>	QL (30 PER 30 DAYS)
TOVIAZ	ST, QL (30 PER 30 DAYS)
<i>trospium chloride</i>	QL (60 PER 30 DAYS)
<i>trospium chloride er</i>	QL (30 PER 30 DAYS)
Benign Prostatic Hypertrophy Agents	
<i>alfuzosin hcl er</i>	QL (30 PER 30 DAYS)
AVODART	QL (30 PER 30 DAYS)
<i>dutasteride 0.5 mg capsule</i>	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin</i>	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	QL (30 PER 30 DAYS)
FLOMAX	QL (60 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
PROSCAR	QL (30 PER 30 DAYS)
RAPAFLO	QL (30 PER 30 DAYS)
<i>silodosin</i>	QL (30 PER 30 DAYS)
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	QL (60 PER 30 DAYS)
Contraceptives, Other	
LILETTA	
NEXPLANON	
SKYLA	
Genitourinary Agents, Other	
<i>bethanechol chloride</i>	
DEPEN	
<i>penicillamine 250 mg tablet</i>	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	
ACTHAR	PA
ACTHAR SELFJECT	PA
CORTEF	
<i>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)</i>	
<i>fludrocortisone acetate</i>	
HEMADY	
<i>hidex</i>	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	
MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	
<i>methylprednisolone</i>	
<i>prednisolone (15 mg/5 ml soln, 15 mg/5 ml syrup, 15mg/5ml soln cup)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>prednisolone sodium phosphate (5 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	
<i>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)</i>	
<i>taperdex 6 day 1.5 mg tablet</i>	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

CHORIONIC GONADOTROPIN	PA
DDAVP (0.1 MG TABLET, 0.2 MG TABLET)	
<i>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)</i>	
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)
<i>danazol</i>	PA
DEPO-TESTOSTERONE	PA
<i>methyltestosterone 10 mg cap</i>	PA
<i>testosterone ((2.5 g) pkt, gel pump)</i>	PA, QL (150 PER 30 DAYS)
<i>testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	PA, QL (300 PER 30 DAYS)
<i>testosterone 1% (25mg/2.5g) pk</i>	PA, QL (225 PER 30 DAYS)
<i>testosterone 1.62%(1.25 g) pkt</i>	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/1.5 ml pump</i>	PA, QL (180 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>testosterone cypionate (100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)</i>	PA
<i>testosterone enanthate</i>	PA

Estrogens

DEPO-ESTRADIOL

DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)

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)

VAGIFEM

yuvaferm

afirmelle

altavera

alyacen

amabelz

amethia

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>amethyst</i>	
<i>apri</i>	
<i>aranelle</i>	
<i>ashlyna</i>	
<i>aubra</i>	
<i>aubra eq</i>	
<i>aurovela</i>	
<i>aurovela 24 fe</i>	
<i>aurovela fe</i>	
<i>aviane</i>	
<i>ayuna</i>	
<i>azurette</i>	
<i>balziva</i>	
<i>blisovi 24 fe</i>	
<i>blisovi fe</i>	
<i>briellyn</i>	
<i>camrese</i>	
<i>camrese lo</i>	
<i>chateal</i>	
<i>chateal eq</i>	
COMBIPATCH	
<i>cryselle</i>	
<i>cyred</i>	
<i>cyred eq</i>	
<i>dasetta</i>	
<i>daysee</i>	
<i>desogestr-eth estrad eth estra</i>	
<i>desogestrel-ethinyl estradiol</i>	
<i>dolishale</i>	
<i>drospirenone-eth estra-levomet</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>drospirenone-ethinyl estradiol</i>	
<i>elinest</i>	
<i>eluryng</i>	
<i>enilloring</i>	
<i>enpresse</i>	
<i>enskyce</i>	
<i>estarylla</i>	
<i>estradiol-norethindrone acetat</i>	
<i>ethynodiol-ethinyl estradiol</i>	
<i>etonogestrel-ethinyl estradiol</i>	
<i>falmina</i>	
<i>feirza</i>	
<i>femynor</i>	
<i>fyavolv 1 mg-5 mcg tablet</i>	
<i>galbriela</i>	
<i>gemmily</i>	
<i>hailey</i>	
<i>hailey 24 fe</i>	
<i>hailey fe</i>	
<i>haloette</i>	
<i>iclevia</i>	
<i>introvale</i>	
<i>isibloom</i>	
<i>jaimiess</i>	
<i>jasmiel</i>	
<i>jinteli</i>	
<i>jolessa</i>	
<i>juleber</i>	
<i>junel</i>	
<i>junel fe</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>junel fe 24</i>	
<i>kaitlib fe</i>	
<i>kalliga</i>	
<i>kariva</i>	
<i>kelnor 1-35</i>	
<i>kelnor 1-50</i>	
<i>kurvelo</i>	
<i>larin</i>	
<i>larin 24 fe</i>	
<i>larin fe</i>	
LAYOLIS FE	
<i>leena</i>	
<i>lessina</i>	
<i>levonest</i>	
<i>levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)</i>	
<i>levonorgestrel-eth estradiol</i>	
<i>levora-28</i>	
<i>lo-zumandimine</i>	
LOESTRIN	
LOESTRIN FE	
<i>lojaimiess</i>	
<i>loryna</i>	
<i>low-ogestrel</i>	
<i>lutra</i>	
<i>marlissa</i>	
<i>merzee</i>	
<i>microgestin</i>	
<i>microgestin 24 fe</i>	
<i>microgestin fe</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>mili</i>	
<i>mimvey</i>	
<i>mono-lynyah</i>	
<i>necon</i>	
<i>nikki</i>	
<i>norelgestromin-eth estradiol</i>	
<i>norethin-eth estra-ferrous fum</i>	
<i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethin-eth estrad 1 mg-5 mcg, norethind-eth estrad 1-0.02 mg)</i>	
<i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1.5-0.03mg(21)-75)</i>	
<i>norgestimate-ethinyl estradiol</i>	
<i>nortrel</i>	
NUVARING	
<i>nylia</i>	
<i>nymyo</i>	
<i>ocella</i>	
<i>philith</i>	
<i>pimtrea</i>	
<i>portia</i>	
PREMPHASE	
PREMPRO	
<i>reclipsen</i>	
<i>setlakin</i>	
<i>simliya</i>	
<i>simpesse</i>	
<i>sprintec</i>	
<i>sronyx</i>	
<i>syeda</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>tarina 24 fe</i>	
<i>tarina fe</i>	
<i>tarina fe 1-20 eq</i>	
<i>taysofy</i>	
<i>tilia fe</i>	
<i>tri-estarylla</i>	
<i>tri-legest fe</i>	
<i>tri-lynyah</i>	
<i>tri-lo-estarylla</i>	
<i>tri-lo-marzia</i>	
<i>tri-lo-mili</i>	
<i>tri-lo-sprintec</i>	
<i>tri-mili</i>	
<i>tri-nymyo</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>tri-vylibra lo</i>	
<i>trivora-28</i>	
<i>turqoz</i>	
TYBLUME	
<i>tydemy</i>	
<i>valtya</i>	
<i>velivet</i>	
<i>vestura</i>	
<i>vienva</i>	
<i>viorele</i>	
<i>volnea</i>	
<i>vyfemla</i>	
<i>vylibra</i>	
<i>wera</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>wymzya fe</i>	
<i>xarah fe</i>	
<i>xelria fe</i>	
<i>xulane</i>	
YASMIN 28	
YAZ	
<i>zafemy</i>	
<i>zovia 1-35</i>	
<i>zumandimine</i>	
Progestins	
<i>camila</i>	
<i>deblitane</i>	
DEPO-PROVERA	
DEPO-SUBQ PROVERA 104	
<i>emzahh</i>	
<i>errin</i>	
<i>gallifrey</i>	
<i>heather</i>	
<i>incassia</i>	
<i>jencycla</i>	
<i>lyleq</i>	
<i>lyza</i>	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)</i>	
<i>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)</i>	
<i>meleya</i>	
<i>nora-be</i>	
<i>norethindrone</i>	
<i>norethindrone ac (lupaneta)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>norethindrone acetate</i>	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	
PROVERA	
<i>sharobel</i>	
Selective Estrogen Receptor Modifying Agents	
DUAVEE	
EVISTA	
<i>raloxifene hcl</i>	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	
CYTOMEL	
EUTHYROX	
LEVO-T	
<i>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)</i>	
LEVOXYL	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	
SYNTHROID	
TIROSINT	
TIROSINT-SOL	
UNITHROID	
Hormonal Agents, Suppressant (Adrenal or Pituitary)	
<i>cabergoline</i>	
ELIGARD (22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT, 45 MG SYRINGE B, 45 MG SYRINGE KIT)	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT)	PA
FIRMAGON	
KORLYM	PA, QL (120 PER 30 DAYS)
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	PA
<i>leuprolide depot</i>	PA
LUPRON DEPOT (3.75 MG KIT, -4 MONTH KIT, 7.5 MG KIT)	PA
LUPRON DEPOT 3.75MG (LUPANETA)	PA
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 45 MG 6MO KIT)	PA
<i>mifepristone 300 mg tablet</i>	PA, QL (120 PER 30 DAYS)
<i>octreotide acetate (500 mcg/ml amp, 500 mcg/ml vl)</i>	PA
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml syr, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	PA
<i>octreotide acetate er</i>	PA
SANDOSTATIN LAR DEPOT	PA
SIGNIFOR	PA
SIGNIFOR LAR	PA
SOMATULINE DEPOT	PA
SOMAVERT	PA
SYNAREL	
TRELSTAR	PA

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

methimazole

propylthiouracil

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

DRUG NAME	REQUIREMENTS/LIMITS
Immunological Agents	
Angioedema Agents	
CINRYZE	PA, QL (20 PER 30 DAYS)
FIRAZYR	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	PA, QL (27 PER 28 DAYS)
HAEGARDA 3,000 UNIT VIAL	PA, QL (18 PER 28 DAYS)
<i>icatibant</i>	PA, QL (18 PER 30 DAYS)
<i>sajazir</i>	PA, QL (18 PER 30 DAYS)
Immunoglobulins	
ATGAM	PA
GAMMAGARD LIQUID	PA
GAMMAGARD S-D	PA
GAMMAPLEX	PA
GAMUNEX-C	PA
THYMOGLOBULIN	PA
Immunological Agents, Other	
ACTEMRA 162 MG/0.9 ML SYRINGE	PA
ACTEMRA ACTPEN	PA
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
COSENTYX UNOREADY PEN	PA
DUPIXENT PEN	PA
DUPIXENT SYRINGE	PA
ENTYVIO PEN	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
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
STEQEYMA 45 MG/0.5 ML SYRINGE	PA
STEQEYMA 90 MG/ML SYRINGE	PA
TREMFYA (100 MG/ML SYRINGE, 200 MG/ML SYRINGE)	PA
TREMFYA 200 MG/2 ML PEN	PA
TREMFYA ONE-PRESS	PA
TREMFYA PEN INDUCTION PK-CROHN	PA
TYENNE 162 MG/0.9 ML SYRINGE	PA
TYENNE AUTOINJECTOR	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

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

DRUG NAME	REQUIREMENTS/LIMITS
AZASAN	PA
<i>azathioprine</i>	PA
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	PA
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	PA
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	PA
ENBREL MINI	PA
ENBREL SURECLICK	PA
ENVARUSUS XR (0.75 MG TABLET, 1 MG TABLET)	PA
ENVARUSUS XR 4 MG TABLET	PA
<i>everolimus (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	PA
<i>everolimus 0.25 mg tablet</i>	PA
<i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	PA
HADLIMA	PA
HADLIMA PUSHTOUCH	PA
HADLIMA(CF)	PA
HADLIMA(CF) PUSHTOUCH	PA
HUMIRA	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
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	

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

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

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

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

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

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

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

DRUG NAME	REQUIREMENTS/LIMITS
Inflammatory Bowel Disease Agents	
Aminosalicylates	
APRISO	QL (120 PER 30 DAYS)
AZULFIDINE	
<i>balsalazide disodium</i>	
CANASA	
COLAZAL	
DELZICOL	QL (180 PER 30 DAYS)
DIPENTUM	
LIALDA	QL (120 PER 30 DAYS)
<i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp)</i>	
<i>mesalamine 800 mg dr tablet</i>	QL (180 PER 30 DAYS)
<i>mesalamine dr</i>	QL (180 PER 30 DAYS)
<i>mesalamine dr 1.2 gm tablet</i>	QL (120 PER 30 DAYS)
<i>mesalamine er 0.375 gram cap</i>	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg capsule</i>	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	
SFROWASA	
<i>sulfasalazine</i>	
<i>sulfasalazine dr</i>	
Glucocorticoids	
<i>budesonide dr</i>	PA, QL (90 PER 30 DAYS)
<i>budesonide ec</i>	PA, QL (90 PER 30 DAYS)
<i>budesonide er</i>	PA, QL (30 PER 30 DAYS)
<i>hydrocortisone 100 mg/60 ml</i>	
<i>hydrocortisone 2.5% cream</i>	QL (454 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>procto-med hc</i>	QL (454 PER 30 DAYS)
<i>proctosol-hc</i>	QL (454 PER 30 DAYS)
<i>proctozone-hc</i>	QL (454 PER 30 DAYS)

Metabolic Bone Disease Agents

<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	QL (4 PER 28 DAYS)
<i>alendronate sodium 10 mg tab</i>	QL (120 PER 30 DAYS)
ATELVIA	QL (4 PER 28 DAYS)
<i>calcitonin-salmon 200 unit spr</i>	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>	PA
<i>cinacalcet hcl 90 mg tablet</i>	PA
FORTEO	PA
FOSAMAX	QL (4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tab</i>	QL (1 PER 28 DAYS)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	
PROLIA	PA
<i>risedronate sodium (5 mg tablet, 30 mg tab)</i>	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	QL (4 PER 28 DAYS)
<i>risedronate sodium dr</i>	QL (4 PER 28 DAYS)
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	
SENSIPAR (60 MG TABLET, 90 MG TABLET)	PA
SENSIPAR 30 MG TABLET	PA
TERIPARATIDE (560 MCG/2.24 ML, 560MCG/2.24ML PEN)	PA
TYMLOS	PA
XGEVA	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
Ophthalmic Agents	
Ophthalmic Agents, Other	
<i>atropine sulfate (drop, drops)</i>	
<i>brimonidine tartrate-timolol</i>	
COMBIGAN	
COSOPT	
CYSTADROPS	PA
CYSTARAN	PA
<i>dorzolamide-timolol eye drops</i>	
MAXITROL EYE OINTMENT	
MIEBO	PA, QL (12 PER 30 DAYS)
<i>neo-polycin hc</i>	
<i>neomycin-bacitracin-poly-hc</i>	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	
RESTASIS	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	QL (11 PER 30 DAYS)
<i>sulfacetamide-prednisolone</i>	
TOBRADEX (DROPS, OINTMENT)	
<i>tobramycin-dexamethasone</i>	
XDEMZY	PA
XIIDRA	PA, QL (60 PER 30 DAYS)
Ophthalmic Anti-Infectives	
<i>bacitracin 500 unit/gm ophth</i>	
<i>bacitracin-polymyxin</i>	
BESIVANCE	
<i>ciprofloxacin 0.3% eye drop</i>	
<i>erythromycin 0.5% eye ointment</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>gatifloxacin</i>	
<i>gentamicin 0.3% eye drop</i>	
<i>moxifloxacin (drops, drp-visc)</i>	
NATACYN	
<i>neo-polycin</i>	
<i>neomycin-bacitracin-polymyxin</i>	
<i>neomycin-polymyxin-gramicidin</i>	
OCUFLOX	
<i>ofloxacin 0.3% eye drops</i>	
<i>polycin</i>	
<i>polymyxin b sul-trimethoprim</i>	
<i>sulfacetamide sodium (drops, ointment)</i>	
<i>tobramycin 0.3% eye drop</i>	
<i>trifluridine</i>	
VIGAMOX	
Ophthalmic Anti-allergy Agents	
<i>azelastine hcl 0.05% drops</i>	
<i>cromolyn 4% eye drops</i>	
<i>epinastine hcl</i>	
Ophthalmic Anti-inflammatories	
ACULAR	
ACULAR LS	
<i>bromfenac sodium (0.07% drp, 0.09% drp)</i>	
<i>dexamethasone 0.1% eye drop</i>	
<i>diclofenac 0.1% eye drops</i>	
<i>difluprednate</i>	
DUREZOL	
EYSUVIS	PA
<i>fluorometholone</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>flurbiprofen sodium</i>	
FML	
ILEVRO	
INVELTYS	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	
PRED FORTE	
PRED MILD	
<i>prednisolone acetate</i>	
<i>prednisolone sod 1% eye drop</i>	
PROLENSA	
Ophthalmic Beta-Adrenergic Blocking Agents	
<i>betaxolol hcl 0.5% eye drop</i>	
BETOPTIC S	
<i>carteolol hcl</i>	
ISTALOL	
<i>levobunolol hcl</i>	
<i>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)</i>	
TIMOPTIC	
TIMOPTIC OCUDOSE	
Ophthalmic Intraocular Pressure Lowering Agents, Other	
ALPHAGAN P	
AZOPT	
<i>brimonidine tartrate (0.15% drp, 0.2% eye drop)</i>	
<i>brimonidine tartrate 0.1% drop</i>	
<i>brinzolamide</i>	
<i>dorzolamide hcl</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	
RHOPRESSA	QL (15 PER 75 OVER TIME)
ROCKLATAN	QL (15 PER 75 OVER TIME)
SIMBRINZA	
Ophthalmic Prostaglandin and Prostanamide Analogs	
<i>bimatoprost 0.03% eye drops</i>	QL (15 PER 75 OVER TIME)
<i>latanoprost 0.005% eye drops</i>	QL (15 PER 75 OVER TIME)
LUMIGAN	QL (15 PER 75 OVER TIME)
TRAVATAN Z	QL (15 PER 75 OVER TIME)
<i>travoprost</i>	QL (15 PER 75 OVER TIME)
Otic Agents	
<i>acetic acid 2% ear solution</i>	
CIPRODEX	
<i>ciprofloxacin-dexamethasone</i>	
<i>flac otic oil</i>	
<i>fluocinolone acetonide oil</i>	
<i>hydrocortisone-acetic acid</i>	
<i>neomycin-polymyxin-hc ear susp</i>	
<i>neomycin-polymyxin-hydrocort</i>	
<i>ofloxacin 0.3% ear drops</i>	
Respiratory Tract/ Pulmonary Agents	
Anti-inflammatories, Inhaled Corticosteroids	
ARNUITY ELLIPTA	QL (30 PER 30 DAYS)
ASMANEX	QL (1 PER 30 DAYS)
ASMANEX HFA	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>flunisolide</i>	QL (75 PER 30 DAYS)
<i>fluticasone prop 50 mcg spray</i>	QL (16 PER 30 DAYS)
<i>fluticasone prop hfa 110 mcg</i>	QL (12 PER 30 DAYS)
<i>fluticasone prop hfa 220 mcg</i>	QL (24 PER 30 DAYS)
<i>fluticasone prop hfa 44 mcg</i>	QL (10.6 PER 30 DAYS)
<i>mometasone furoate 50 mcg spry</i>	QL (34 PER 30 DAYS)
QVAR REDIHALER 40 MCG	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	QL (21.2 PER 30 DAYS)
XHANCE	QL (32 PER 30 DAYS)
Antihistamines	
<i>azelastine 0.1% (137 mcg) spry</i>	QL (60 PER 30 DAYS)
<i>cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)</i>	
<i>clemastine fum 2.68 mg tablet</i>	PA
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syr)</i>	PA
<i>desloratadine 5 mg tablet</i>	
<i>levocetirizine 5 mg tablet</i>	
<i>olopatadine 665 mcg nasal spry</i>	QL (30.5 PER 30 DAYS)
Antileukotrienes	
ACCOLATE	
<i>montelukast sodium</i>	
SINGULAIR	
<i>zafirlukast</i>	
Bronchodilators, Anticholinergic	
ATROVENT HFA	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	QL (30 PER 30 DAYS)
<i>ipratropium 0.03% spray</i>	QL (60 PER 30 DAYS)
<i>ipratropium 0.06% spray</i>	QL (45 PER 30 DAYS)
<i>ipratropium br 0.02% soln</i>	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
SPIRIVA HANDIHALER	ST, QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	QL (4 PER 30 DAYS)
<i>tiotropium bromide</i>	QL (30 PER 30 DAYS)
Bronchodilators, Sympathomimetic	
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	QL (17 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	QL (13.4 PER 30 DAYS)
<i>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)</i>	
<i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	PA
<i>epinephrine 0.15 mg auto-inject</i>	
<i>epinephrine 0.3 mg auto-inject</i>	
PROAIR RESPICLICK	QL (2 PER 30 DAYS)
SEREVENT DISKUS	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	
VENTOLIN HFA	QL (36 PER 30 DAYS)
XOPENEX HFA	QL (30 PER 30 DAYS)
Cystic Fibrosis Agents	
CAYSTON	PA
KALYDECO	PA, QL (60 PER 30 DAYS)
ORKAMBI (100 MG TABLET, 200 MG TABLET)	PA, QL (120 PER 30 DAYS)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	PA, QL (60 PER 30 DAYS)
PULMOZYME	PA
<i>tobramycin 300 mg/5 ml ampule</i>	PA
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	PA, QL (90 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	PA, QL (60 PER 30 DAYS)
Mast Cell Stabilizers	
<i>cromolyn 20 mg/2 ml neb soln</i>	PA
Phosphodiesterase Inhibitors, Airways Disease	
DALIRESP	PA, QL (30 PER 30 DAYS)
<i>roflumilast</i>	PA, QL (30 PER 30 DAYS)
THEO-24	
<i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	
<i>theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)</i>	
Pulmonary Antihypertensives	
ADCIRCA	PA, QL (60 PER 30 DAYS)
ADEMPAS	PA, QL (90 PER 30 DAYS)
<i>ambrisentan</i>	PA, QL (30 PER 30 DAYS)
<i>bosentan (62.5 mg tablet, 125 mg tablet)</i>	PA, QL (60 PER 30 DAYS)
LETAIRIS	PA, QL (30 PER 30 DAYS)
OPSUMIT	PA, QL (30 PER 30 DAYS)
<i>sildenafil 20 mg tablet</i>	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	PA, QL (60 PER 30 DAYS)
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	PA, QL (120 PER 30 DAYS)
VENTAVIS	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents	
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	PA, QL (90 PER 30 DAYS)
OFEV	PA, QL (60 PER 30 DAYS)
<i>pirfenidone (267 mg capsule, 267 mg tablet)</i>	PA, QL (270 PER 30 DAYS)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>pirfenidone 801 mg tablet</i>	PA, QL (90 PER 30 DAYS)
Respiratory Tract Agents, Other	
<i>acetylcysteine (10% vial, 20% vial)</i>	PA
ADVAIR HFA	QL (12 PER 30 DAYS)
ANORO ELLIPTA	QL (60 PER 30 DAYS)
BREO ELLIPTA	QL (60 PER 30 DAYS)
<i>breyana</i>	QL (30.9 PER 30 DAYS)
BREZTRI AEROSPHERE	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	QL (30.9 PER 30 DAYS)
COMBIVENT RESPIMAT	QL (8 PER 30 DAYS)
DULERA	QL (39 PER 30 DAYS)
FASENRA	PA
FASENRA PEN	PA
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol</i>	PA
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	PA, QL (30 PER 30 DAYS)
STIOLTO RESPIMAT	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	QL (60 PER 30 DAYS)
Skeletal Muscle Relaxants	
<i>carisoprodol 350 mg tablet</i>	
<i>chlorzoxazone 500 mg tablet</i>	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	
<i>vanadom</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
Sleep Disorder Agents	
Sleep Promoting Agents	
BELSOMRA	PA, QL (30 PER 30 DAYS)
DAYVIGO	PA, QL (30 PER 30 DAYS)
<i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>	QL (30 PER 30 DAYS)
<i>eszopiclone</i>	QL (30 PER 30 DAYS)
HETLIOZ	PA, QL (30 PER 30 DAYS)
<i>ramelteon</i>	QL (30 PER 30 DAYS)
ROZEREM	QL (30 PER 30 DAYS)
SILENOR	QL (30 PER 30 DAYS)
<i>tasimelteon</i>	PA, QL (30 PER 30 DAYS)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	QL (30 PER 30 DAYS)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er</i>	QL (30 PER 30 DAYS)
Wakefulness Promoting Agents	
<i>armodafinil</i>	PA, QL (30 PER 30 DAYS)
LUMRYZ	PA, QL (30 PER 30 DAYS)
LUMRYZ STARTER PACK	PA, QL (28 PER 28 DAYS)
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
NUVIGIL (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	PA, QL (30 PER 30 DAYS)
NUVIGIL 50 MG TABLET	PA, QL (30 PER 30 DAYS)
<i>sodium oxybate</i>	PA, QL (540 PER 30 DAYS)

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

Alphabetical Listing

A

abacavir	46	afirmelle	87
abacavir-lamivudine	46	AGRYLIN	58
ABILIFY	40	AIMOVIG AUTOINJECTOR	26
ABILIFY ASIMTUFII	40	AKEEGA	30
ABILIFY MAINTENA	40	ALA-CORT	74
abiraterone acetate	28	albendazole	37
abirtega	28	albuterol hfa 90 mcg inhaler (generic proair hfa)	109
ABRYSVO	100	albuterol hfa 90 mcg inhaler (generic proventil hfa)	109
acamprosate calcium	6	albuterol sulfate	109
acarbose	51,52	alclometasone dipropionate	74
ACCOLATE	108	ALDACTONE	69
accutane	73	ALECENSA	30
acebutolol hcl	62	alendronate sodium	103
acetaminophen-codeine		alfuzosin hcl er	84
acetazolamide	64	aliskiren	64
acetazolamide er	64	allopurinol	25
acetic acid	107	alosetron hcl	80
acetylcysteine	111	ALPHAGAN P	106
acitretin	73	alprazolam	50
ACTEMRA	96	alprazolam er	50
ACTEMRA ACTPEN	96	alprazolam xr	50
ACTHAR	85	ALTACE	61
ACTHAR SELFJECT	85	altavera	87
ACTHIB	100	ALUNBRIG	30
ACTIMMUNE	97	alyacen	87
ACTOS	52	amabelz	87
ACULAR	105	amantadine	38
ACULAR LS	105	AMBISOME	24
acyclovir	50	ambrisentan	110
acyclovir sodium	50	amethia	87
ADACEL TDAP	100	amethyst	88
ADCIRCA	110	amikacin sulfate	7
ADDERALL XR	70	amiloride hcl	67
adefovir dipivoxil	49	amiloride-hydrochlorothiazide	64
ADEMPAS	110	amiodarone hcl	61
ADLARITY	19	amitriptyline hcl	23
ADVAIR HFA	111	amlodipine besylate	63
AFINITOR	30	amlodipine besylate-benazepril	64
AFINITOR DISPERZ	30	amlodipine-atorvastatin	64

amlodipine-olmesartan.....	64	ARTHROTEC 50.....	
amlodipine-valsartan.....	64	ARTHROTEC 75.....	
amlodipine-valsartan-hctz.....	64	asenapine maleate.....	41
ammonium lactate.....	74	ashlyna.....	88
amnestem.....	73	ASMANEX.....	107
amoxapine.....	23	ASMANEX HFA.....	107
amoxicillin.....	10	aspirin-dipyridamole er.....	59
amoxicillin-clavulanate pot er.....	11	ASTAGRAF XL.....	97
amoxicillin-clavulanate potass.....	11	ATACAND.....	60
amphotericin b.....	24	ATACAND HCT.....	64
amphotericin b liposome.....	24	atazanavir sulfate.....	48
ampicillin sodium.....	11	ATELVIA.....	103
ampicillin trihydrate.....	11	atenolol.....	62
ampicillin-sulbactam.....	11	atenolol-chlorthalidone.....	64
AMPYRA.....	72	ATGAM.....	96
anagrelide hcl.....	58	atomoxetine hcl.....	71
anastrozole.....	30	atorvastatin calcium.....	67
ANDROGEL.....	86	atovaquone.....	37
ANORO ELLIPTA.....	111	atovaquone-proguanil hcl.....	37
APOKYN.....	39	atropine sulfate.....	104
apomorphine hcl.....	39	ATROVENT HFA.....	108
aprepitant.....	24	aubra.....	88
apri.....	88	aubra eq.....	88
APRISO.....	102	AUGTYRO.....	31
APTIOM.....	17	aurovela.....	88
APTIVUS.....	47	aurovela 24 fe.....	88
aqua care sodium chloride.....	77	aurovela fe.....	88
aranella.....	88	AUSTEDO.....	71
ARANESP.....	58	AUSTEDO XR.....	71
ARCALYST.....	96	AUSTEDO XR TITRATION KT(WK1-4).....	71
AREXVY.....	100	AUVELITY.....	19
ARICEPT.....	19	AVALIDE.....	65
ARIKAYCE.....	7	AVAPRO.....	60
ARIMIDEX.....	30	aviane.....	88
aripiprazole.....	40	avidoxy.....	13
aripiprazole odt.....	40	AVITA.....	73
ARISTADA.....	40	AVMAPKI-FAKZYNJA.....	29
ARISTADA INITIO.....	40	AVODART.....	84
armodafinil.....	112	AVONEX.....	72
ARNUITY ELLIPTA.....	107	AVONEX (4 PACK).....	72
AROMASIN.....	30	AVONEX PEN (4 PACK).....	72

ayuna.....	88	betaine anhydrous.....	82
AYVAKIT.....	31	betamethasone diprop augmented.....	74
AZACTAM.....	8	betamethasone dipropionate.....	74
AZASAN.....	98	betamethasone valerate.....	74
azathioprine.....	98	BETASERON.....	72
azelaic acid.....	73	betaxolol hcl.....	62,106
azelastine hcl.....	105,108	bethanechol chloride.....	85
AZELEX.....	73	BETOPTIC S.....	106
AZILECT.....	39	bexarotene.....	37
azithromycin.....	12	BEXSERO.....	100
AZOPT.....	106	bicalutamide.....	28
AZOR.....	65	BICILLIN L-A.....	11
aztreonam.....	8	BIKTARVY.....	45
AZULFIDINE.....	102	BILTRICIDE.....	37
azurette.....	88	bimatoprost.....	107
B		bismuth-metronidazole-tetracyc.....	80
bacitracin.....	104	bisoprolol fumarate.....	62
bacitracin-polymyxin.....	104	bisoprolol-hydrochlorothiazide.....	65
baclofen.....	44	blisovi 24 fe.....	88
BACTRIM.....	13	blisovi fe.....	88
BACTRIM DS.....	13	BOOSTRIX TDAP.....	100
balsalazide disodium.....	102	bosentan.....	110
BALVERSA.....	31	BOSULIF.....	31
balziva.....	88	BRAFTOVI.....	31
BANZEL.....	17	BREO ELLIPTA.....	111
BAQSIMI.....	54	brey-na.....	111
BARACLUDE.....	49	BREZTRI AEROSPHERE.....	111
BCG VACCINE (TICE STRAIN).....	100	briellyn.....	88
BELBUCA.....		BRILINTA.....	59
BELSOMRA.....	112	brimonidine tartrate.....	106
benazepril hcl.....	61	brimonidine tartrate-timolol.....	104
benazepril-hydrochlorothiazide.....	65	brinzolamide.....	106
BENICAR.....	60	BRIVIACT.....	14
BENICAR HCT.....	65	bromfenac sodium.....	105
BENLYSTA.....	96	bromocriptine mesylate.....	39
BENZAMYCIN.....	73	BRUKINSA.....	31
benznidazole.....	37	budesonide.....	107
benztropine mesylate.....	38	budesonide dr.....	102
BESIVANCE.....	104	budesonide ec.....	102
BESREMI.....	97	budesonide er.....	102
		budesonide-formoterol fumarate.....	111

bumetanide	66
BUPHENYL	82
buprenorphine	
buprenorphine hcl	6
buprenorphine-naloxone	6,7
bupropion hcl	19
bupropion hcl sr	7,19
bupropion hcl sr 150mg tablet	19
bupropion xl	19
buspirone hcl	50
butalbital-acetaminophen	
butalbital-acetaminophen-caffe	
butalbital-aspirin-caffeine	
butorphanol tartrate	
BUTRANS	
BYDUREON BCISE	52
BYSTOLIC	62

C

cabergoline	94
CABLIVI	59
CABOMETYX	31
calcipotriene	76
calcitonin-salmon	103
calcitrene	76
calcitriol	103
CALQUENCE	31
camila	93
camrese	88
camrese lo	88
CANASA	102
CANCIDAS	24
candesartan cilexetil	60
candesartan-hydrochlorothiazid	65
CAPLYTA	41
CAPRELSA	31
captopril	61
CARAFATE	81
CARBAGLU	77
carbamazepine	17
carbamazepine er	17

CARBATROL	17
carbidopa	39
carbidopa-levodopa	39
carbidopa-levodopa er	39
carbidopa-levodopa-entacapone	38
CARDIZEM	63
CARDIZEM CD	63
CARDIZEM LA	63
CARDURA	60
carglumic acid	77
carisoprodol	111
CARNITOR	82
CARNITOR SF	82
carteolol hcl	106
cartia xt	63
carvedilol	62
carvedilol er	62
CASODEX	28
caspofungin acetate	24
CAYSTON	109
cefaclor	9
cefadroxil	9
cefazolin sodium	10
cefazolin sodium-dextrose	10
cefdinir	10
cefepime	10
cefepime hcl	10
cefepime-dextrose	10
cefixime	10
cefoxitin	10
cefoxitin sodium	10
cefpodoxime proxetil	10
cefprozil	10
ceftazidime	10
ceftriaxone	10
cefuroxime	10
cefuroxime sodium	10
CELEBREX	
celecoxib	
CELEXA	20
CELLCEPT	98

CELONTIN.....	15	clindamycin (pediatric).....	8
cephalexin.....	10	clindamycin hcl.....	8
CEREZYME.....	82	clindamycin phos-benzoyl perox.....	73
cetirizine hcl.....	108	clindamycin phosphate.....	8
cevimeline hcl.....	73	clindamycin phosphate-d5w.....	8
chateal.....	88	clindamycin-0.9% nacl.....	8
chateal eq.....	88	clindamycin-benzoyl peroxide.....	73
CHEMET.....	78	clobazam.....	15
chenodal.....	80	clobetasol emollient.....	75
chlordiazepoxide hcl.....	50	clobetasol propionate.....	75
chlorhexidine gluconate.....	73	clodan.....	75
chloroquine phosphate.....	37	clomipramine hcl.....	23
chlorpromazine hcl.....	23	clonazepam.....	51
chlorthalidone.....	67	clonidine.....	59
chlorzoxazone.....	111	clonidine hcl.....	59
cholestyramine.....	68	clonidine hcl er.....	71
cholestyramine light.....	68	clopidogrel.....	59
CHORIONIC GONADOTROPIN.....	86	clorazepate dipotassium.....	51
ciclodan.....	24	clotrimazole.....	24
ciclopirox.....	24	clotrimazole-betamethasone.....	76
cilostazol.....	59	clozapine.....	44
CIMDUO.....	46	clozapine odt.....	44
cimetidine.....	81	CLOZARIL.....	44
cinacalcet hcl.....	103	COARTEM.....	38
CINRYZE.....	96	COBENFY.....	44
CIPRO.....	13	COBENFY STARTER PACK.....	44
CIPRODEX.....	107	codeine sulfate.....	
ciprofloxacin hcl.....	13,104	COLAZAL.....	102
ciprofloxacin-d5w.....	13	colchicine.....	26
ciprofloxacin-dexamethasone.....	107	COLCRYS.....	26
citalopram hbr.....	20	COLESTID.....	68
claravis.....	73	colestipol hcl.....	68
clarithromycin.....	12	colistimethate.....	8
clarithromycin er.....	12	COMBIGAN.....	104
clemastine fumarate.....	108	COMBIPATCH.....	88
CLEOCIN.....	8	COMBIVENT RESPIMAT.....	111
CLEOCIN HCL.....	8	COMETRIQ.....	31
CLEOCIN PHOSPHATE.....	8	COMPLERA.....	46
CLEOCIN T.....	8	compro.....	23
clindacin etz.....	8	COMTAN.....	38
clindacin p.....	8	constulose.....	79

COPAXONE.....	72	DALIRESP.....	110
COPIKTRA.....	31	DALVANCE.....	8
COREG CR.....	62	danazol.....	86
CORLANOR.....	65	DANTRIUM.....	45
CORTEF.....	85	dantrolene sodium.....	45
COSENTYX (2 SYRINGES).....	96	DANZITEN.....	31
COSENTYX SENSOREADY (2 PENS).....	96	dapsone.....	27
COSENTYX SENSOREADY PEN.....	96	DAPTACEL DTAP.....	100
COSENTYX SYRINGE.....	96	daptomycin.....	8
COSENTYX UNOREADY PEN.....	96	DARAPRIM.....	38
COSOPT.....	104	darifenacin er.....	84
COTELLIC.....	31	darunavir.....	48
COZAAR.....	60	dasatinib.....	31
CREON.....	82	dasetta.....	88
CRESEMBA.....	24	DAURISMO.....	31
CRESTOR.....	67	DAYPRO.....	
cromolyn sodium.....	82,105,110	daysee.....	88
cryselle.....	88	DAYVIGO.....	112
CRYSVITA.....	82	DDAVP.....	86
CUBICIN.....	8	deblitane.....	93
CUBICIN RF.....	8	deferasirox.....	79
cyclobenzaprine hcl.....	111	DELSTRIGO.....	45
cyclophosphamide.....	28	DELZICOL.....	102
cycloserine.....	27	demeclocycline hcl.....	13
CYCLOSET.....	52	DEMSE.....	65
cyclosporine.....	98	DENGVAIXA.....	100
cyclosporine modified.....	98	DEPAKOTE.....	14
CYMBALTA.....	20	DEPAKOTE ER.....	14
cyproheptadine hcl.....	108	DEPAKOTE SPRINKLE.....	14
cyred.....	88	DEPEN.....	85
cyred eq.....	88	DEPO-ESTRADIOL.....	87
CYSTADANE.....	82	DEPO-PROVERA.....	93
CYSTADROPS.....	104	DEPO-SUBQ PROVERA 104.....	93
CYSTAGON.....	83	DEPO-TESTOSTERONE.....	86
CYSTARAN.....	104	dermacinrx lidocan.....	6
CYTOMEL.....	94	DESCOVY.....	46
CYTOTEC.....	81	desipramine hcl.....	23
D			
dabigatran etexilate.....	57	desloratadine.....	108
dalfampridine er.....	72	desmopressin acetate.....	86
		desogestr-eth estrad eth estra.....	88
		desogestrel-ethinyl estradiol.....	88

desonide.....	75	diltiazem 24hr er (xr).....	64
desoximetasone.....	75	diltiazem hcl.....	64
desvenlafaxine succinate er.....	21	dimethyl fumarate.....	72
DETROL.....	84	DIOVAN.....	60
DETROL LA.....	84	DIOVAN HCT.....	65
dexamethasone.....	85	DIPENTUM.....	102
dexamethasone sodium phosphate.....	105	diphenoxylate-atropine.....	80
DEXEDRINE.....	70	DIPHThERIA-TETANUS TOXOIDS-PED.....	100
dexmethylphenidate hcl.....	71	DIPROLENE.....	75
dextroamphetamine sulfate.....	70	dipyridamole.....	59
dextroamphetamine sulfate er.....	70	disulfiram.....	6
dextroamphetamine-amphet er.....	70	divalproex sodium.....	14
dextroamphetamine-amphetamine.....	70	divalproex sodium er.....	14
dextrose 2.5%-0.45% nacl.....	77	DIVIGEL.....	87
dextrose 5%-0.2% nacl.....	77	dofetilide.....	61
dextrose 5%-0.225% nacl.....	77	dolishale.....	88
dextrose 5%-0.45% nacl.....	77	donepezil hcl.....	19
dextrose 5%-0.9% nacl.....	77	donepezil hcl odt.....	19
dextrose in water.....	79	dorzolamide hcl.....	106
DIACOMIT.....	14	dorzolamide-timolol.....	104
diazepam.....	15,16,51	dotti.....	87
diazoxide.....	54	DOVATO.....	45
diclofenac potassium.....		doxazosin mesylate.....	60
diclofenac sodium.....	2,76,105	doxepin hcl.....	23,75,112
diclofenac sodium er.....		doxy 100.....	13
diclofenac sodium-misoprostol.....	2,	doxycycline hyclate.....	13
dicloxacillin sodium.....	11	doxycycline ir-dr.....	74
dicyclomine hcl.....	80	doxycycline monohydrate.....	13
DIFICID.....	12	DRIZALMA SPRINKLE.....	21
DIFLUCAN.....	24	dronabinol.....	24
difluprednate.....	105	droplet insulin syringe.....	55
digitek.....	65	droplet micron pen needle.....	55
digoxin.....	65	droplet pen needle.....	55
dihydroergotamine mesylate.....	26	drospirenone-eth estra-levomef.....	88
dilantin.....	17	drospirenone-ethinyl estradiol.....	89
DILANTIN-125.....	17	droxidopa.....	59
dilt-xr.....	63	DUAVEE.....	94
diltiazem 12hr er.....	64	DULERA.....	111
diltiazem 24hr er.....	64	duloxetine hcl.....	21
diltiazem 24hr er (cd).....	64	DUPIXENT PEN.....	96
diltiazem 24hr er (la).....	64	DUPIXENT SYRINGE.....	96

DUREZOL.....	105
dutasteride.....	84
dutasteride-tamsulosin.....	84

E

E.E.S. 200.....	12	enilloring.....	89
ec-naproxen.....		enoxaparin sodium.....	57
econazole nitrate.....	24	enpresse.....	89
EDARBI.....	60	enskyce.....	89
EDARBYCLOR.....	65	entacapone.....	38
EDURANT.....	45	entecavir.....	49
EDURANT PED.....	45	ENTRESTO.....	65
efavirenz.....	45	ENTRESTO SPRINKLE.....	65
efavirenz-emtricitabine-tenofovir disoproxil fumarate.....	45	ENTYVIO PEN.....	96
efavirenz-lamivudine-tenofovir disoproxil fumarate.....	45	enulose.....	79
EFFEXOR XR.....	21	ENVARUSUS XR.....	98
EFUDEX.....	76	EPIDIOLEX.....	14
ELELYSO.....	83	epinastine hcl.....	105
ELIDEL.....	75	epinephrine.....	109
ELIGARD.....	94,95	epitol.....	17
elinest.....	89	EPIVIR.....	46
ELIQUIS.....	57	eplerenone.....	69
eluryng.....	89	EPRONTIA.....	14
EMEND.....	24	EPZICOM.....	46
EMGALITY PEN.....	26	ergotamine-caffeine.....	26
EMGALITY SYRINGE.....	26	ERIVEDGE.....	31
EMSAM.....	20	ERLEADA.....	28
emtricitabine.....	46	erlotinib hcl.....	31
emtricitabine-rilpivirine-tenofovir disoproxil fumarate.....	46	errin.....	93
emtricitabine-tenofovir disoproxil fumarate.....	46	ertapenem.....	11
EMTRIVA.....	46	ery.....	12
emzahn.....	93	ERY-TAB.....	12
enalapril maleate.....	61	ERYPED 200.....	12
enalapril-hydrochlorothiazide.....	65	ERYPED 400.....	12
ENBREL.....	98	ERYTHROCIN LACTOBIONATE.....	12
ENBREL MINI.....	98	erythromycin.....	12,104
ENBREL SURECLICK.....	98	erythromycin ethylsuccinate.....	12
ENDARI.....	83	erythromycin lactobionate.....	12
endocet.....	4,5	erythromycin-benzoyl peroxide.....	74
ENGERIX-B ADULT.....	100	ESBRIET.....	110
ENGERIX-B PEDIATRIC-ADOLESCENT.....	100	escitalopram oxalate.....	21
		ESGIC.....	
		eslicarbazepine acetate.....	17,18
		esomeprazole magnesium.....	82
		estarylla.....	89
		ESTRACE.....	87

estradiol	87	felodipine er	63
estradiol (once weekly)	87	FEMARA	30
estradiol (twice weekly)	87	femynor	89
estradiol valerate	87	fenofibrate	67
estradiol-norethindrone acetat	89	fenofibric acid	67
ESTRING	87	fentanyl	
eszopiclone	112	fentanyl citrate	5
ethambutol hcl	27	fesoterodine fumarate er	84
ethosuximide	15	FETZIMA	21
ethynodiol-ethinyl estradiol	89	FINACEA	74
etodolac		finasteride	84
etodolac er		fingolimod	72
etonogestrel-ethinyl estradiol	89	FINTEPLA	14
etravirine	45	FIRAZYR	96
EULEXIN	28	FIRMAGON	95
EUTHYROX	94	flac otic oil	107
everolimus	32,98	FLAGYL	9
EVISTA	94	flecainide acetate	61
EVOTAZ	48	FLOMAX	84
EXELON	19	fluconazole	24
exemestane	30	fluconazole-nacl	24
EXFORGE	65	flucytosine	24
EXFORGE HCT	65	fludrocortisone acetate	85
EXJADE	79	flunisolide	108
EXKIVITY	32	fluocinolone acetonide	75
EXTENCILLINE	11	fluocinolone acetonide oil	107
EYSUVIS	105	fluocinonide	75
ezetimibe	68	fluocinonide-e	75
ezetimibe-simvastatin	68	fluorometholone	105
F		fluorouracil	76
falmina	89	fluoxetine dr	21
famciclovir	50	fluoxetine hcl	21
famotidine	81	fluphenazine decanoate	39
FANAPT	41	fluphenazine hcl	39,40
FARESTON	29	flurbiprofen	
FARXIGA	52	flurbiprofen sodium	106
FASENRA	111	fluticasone propionate	75,108
FASENRA PEN	111	fluticasone propionate hfa	108
feirza	89	fluticasone-salmeterol	111
felbamate	14	fluvastatin er	68
		fluvastatin sodium	68

fluvoxamine maleate	21
FML	106
FOCALIN	71
fondaparinux sodium	57
FORTEO	103
FOSAMAX	103
fosamprenavir calcium	48
fosinopril sodium	61
fosinopril-hydrochlorothiazide	65
FOTIVDA	32
FRUZAQLA	32
FULPHILA	58
furosemide	67
FUZEON	47
fyavolv	89
FYCOMPA	14

G

gabapentin	16	gengraf	98
galantamine er	19	gentamicin sulfate	7,77,105
galantamine hbr	19	gentamicin sulfate in ns	7
galantamine hydrobromide	19	GENVOYA	45
galbriela	89	GEODON	41
gallifrey	93	GILENYA	72
GAMMAGARD LIQUID	96	GILOTRIF	32
GAMMAGARD S-D	96	glatiramer acetate	72
GAMMAPLEX	96	glatopa	72,73
GAMUNEX-C	96	GLEEVEC	32
GARDASIL 9	100	GLEOSTINE	28
gatifloxacin	105	glimepiride	52
GATTEX	80	glipizide	52
gauze pads & dressings - pads 2 x2	52	glipizide er	52
gavilyte-c	80	glipizide xl	52
gavilyte-g	80	glipizide-metformin	52
gavilyte-n	81	GLUCAGEN	54
GAVRETO	32	glucagon emergency kit	54
gefitinib	32	glucose 5%-0.9% nacl	77
gemfibrozil	67	glucose in water	79
gemmily	89	GLUCOTROL XL	52
GEMTESA	84	glyburide	52
generlac	80	glyburide micronized	52,53
		glyburide-metformin hcl	52,53
		glycopyrrolate	80
		GLYXAMBI	53
		GOLYTELY	81
		GOMEKLI	32
		granisetron hcl	24
		GRANIX	58
		griseofulvin	25
		griseofulvin ultramicrosize	25
		guanfacine hcl	59
		guanfacine hcl er	71
		GVOKE	54
		GVOKE HYPOPEN 1-PACK	54
		GVOKE HYPOPEN 2-PACK	54,55
		GVOKE PFS 1-PACK SYRINGE	55
		GVOKE PFS 2-PACK SYRINGE	55

H

HADLIMA	98
HADLIMA PUSHTOUCH	98
HADLIMA(CF)	98
HADLIMA(CF) PUSHTOUCH	98
HAEGARDA	96
hailey	89
hailey 24 fe	89
hailey fe	89
HALDOL DECANOATE 100	40
HALDOL DECANOATE 50	40
halobetasol propionate	75
haloette	89
haloperidol	40
haloperidol decanoate	40
haloperidol decanoate 100	40
haloperidol lactate	40
HAVRIX	100
heather	93
HEMADY	85
heparin sodium	57
HEPLISAV-B	100
HETLIOZ	112
HIBERIX	100
hidex	85
HUMALOG	55
HUMALOG JUNIOR KWIKPEN	55
HUMALOG KWIKPEN U-100	55
HUMALOG KWIKPEN U-200	55
HUMALOG MIX 50-50 KWIKPEN	55
HUMALOG MIX 75-25	55
HUMALOG MIX 75-25 KWIKPEN	55
HUMALOG TEMPO PEN U-100	55
HUMATIN	7
HUMIRA	98
HUMIRA PEN	98
HUMIRA(CF)	98
HUMIRA(CF) PEN	98
HUMIRA(CF) PEN CROHN'S-UC-HS	98
HUMIRA(CF) PEN PEDIATRIC UC	98

HUMIRA(CF) PEN PSOR-UV-ADOL HS	98
HUMULIN 70-30	55
HUMULIN 70/30 KWIKPEN	55
HUMULIN N	55
HUMULIN N KWIKPEN	55
HUMULIN R	55
HUMULIN R U-500	55
HUMULIN R U-500 KWIKPEN	55
hydralazine hcl	69
HYDREA	29
hydrochlorothiazide	67
hydrocodone bitartrate er	
hydrocodone-acetaminophen	5
hydrocodone-ibuprofen	5
hydrocortisone	75,85,102
hydrocortisone butyrate	75
hydrocortisone valerate	75
hydrocortisone-acetic acid	107
hydromorphone hcl	5
hydroxychloroquine sulfate	38
hydroxyurea	29
hydroxyzine hcl	51
hydroxyzine pamoate	51
HYZAAR	65

I

ibandronate sodium	103
IBRANCE	32
IBTROZI	32
ibu	
ibuprofen	
icatibant	96
iclevia	89
ICLUSIG	32
icosapent ethyl	68
IDHIFA	32
ILEVRO	106
imatinib mesylate	32
IMBRUVICA	32
imipenem-cilastatin sodium	11
imipramine hcl	23

imiquimod.....	76	irbesartan.....	60
IMITREX.....	26	irbesartan-hydrochlorothiazide.....	65
IMKELDI.....	32	IRESSA.....	33
IMOVAX RABIES VACCINE.....	100	ISENTRESS.....	45
IMPAVIDO.....	9	ISENTRESS HD.....	45
IMURAN.....	98	isibloom.....	89
INBRIJA.....	39	isoniazid.....	27
incassia.....	93	isopropyl alcohol 0.7 ml/ml medicated pad.....	53
INCRELEX.....	86	ISORDIL TITRADOSE.....	69
INCRUSE ELLIPTA.....	108	isosorbide dinitrate.....	69
indapamide.....	67	isosorbide mononitrate.....	69
INDERAL LA.....	62	isosorbide mononitrate er.....	69
INDERAL XL.....	62	isotretinoin.....	74
indomethacin.....		isradipine.....	63
indomethacin er.....		ISTALOL.....	106
INFANRIX DTAP.....	100	ITOVEBI.....	33
INGREZZA.....	72	itraconazole.....	25
INGREZZA INITIATION PK(TARDIV).....	72	ivabradine hcl.....	65
INGREZZA SPRINKLE.....	72	ivermectin.....	37,77
INLYTA.....	32	IWILFIN.....	30
INNOPRAN XL.....	62	IXCHIQ.....	100
INQOVI.....	29	IXIARO.....	100
INREBIC.....	32		
INSPRA.....	69	J	
insulin pen needle.....	55	JADENU.....	79
insulin syringe.....	56	JADENU SPRINKLE.....	79
insulin syringe (disp) u-100 0.3 ml.....	55	jaimiess.....	89
insulin syringe (disp) u-100 1 ml.....	55	JAKAFI.....	33
insulin syringe (disp) u-100 1/2 ml.....	55	jantoven.....	57
INTELENCE.....	45	JANUMET.....	53
INTRALIPID.....	79	JANUMET XR.....	53
introvale.....	89	JANUVIA.....	53
INVANZ.....	12	JARDIANCE.....	53
INVEGA.....	41	jasmiel.....	89
INVEGA HAFYERA.....	41	JAYPIRCA.....	33
INVEGA SUSTENNA.....	41	jencycla.....	93
INVEGA TRINZA.....	41	JENTADUETO.....	53
INVELTYS.....	106	JENTADUETO XR.....	53
IPOL.....	100	jinteli.....	89
ipratropium bromide.....	108	jolessa.....	89
ipratropium-albuterol.....	111	juleber.....	89

JULUCA.....	45
junel.....	89
junel fe.....	89
junel fe 24.....	90
JUXTAPID.....	68
JYNNEOS.....	100
JYNNEOS (NATIONAL STOCKPILE).....	100

K

kaitlib fe.....	90
KALETRA.....	48
kalliga.....	90
KALYDECO.....	109
KANJINTI.....	37
kariva.....	90
kcl-d5w-0.2% nacl.....	77
kcl-d5w-0.225% nacl.....	78
kcl-d5w-0.45% nacl.....	78
kelnor 1-35.....	90
kelnor 1-50.....	90
KEPPRA.....	14
KERENDIA.....	69
KESIMPTA PEN.....	73
ketoconazole.....	25
ketorolac tromethamine.....	3,106
KINRIX.....	100
kionex.....	79
KISQALI.....	33
KISQALI FEMARA CO-PACK.....	29
KLARON.....	74
klayesta.....	25
KLOR-CON 10.....	78
KLOR-CON 8.....	78
klor-con m10.....	78
KLOR-CON M15.....	78
klor-con m20.....	78
KLOXXADO.....	7
KORLYM.....	95
KOSELUGO.....	33
kourzeq.....	73
KRAZATI.....	33

kurvelo.....	90
KUVAN.....	83

L

l-glutamine.....	83
labetalol hcl.....	62
lacosamide.....	18
lactulose.....	80
LAMICTAL.....	14
LAMICTAL (BLUE).....	15
lamivudine.....	46,49
lamivudine hbv.....	49
lamivudine-zidovudine.....	46
lamotrigine.....	15
lamotrigine (blue).....	15
lamotrigine er.....	15
LAMPIT.....	38
LANOXIN.....	65
lansoprazole.....	82
LANTUS.....	56
LANTUS SOLOSTAR.....	56
lapatinib.....	33
larin.....	90
larin 24 fe.....	90
larin fe.....	90
LASIX.....	67
latanoprost.....	107
LATUDA.....	41
LAYOLIS FE.....	90
LAZCLUZE.....	33
leena.....	90
leflunomide.....	98
lenalidomide.....	28
lentocilin s.....	11
LENVIMA.....	33
lessina.....	90
LETAIRIS.....	110
letrozole.....	30
leucovorin calcium.....	29
LEUKERAN.....	28
LEUKINE.....	58

leuprolide acetate	95	lisinopril-hydrochlorothiazide	65
leuprolide depot	95	lithium carbonate	51
levetiracetam	15	lithium carbonate er	51
levetiracetam er	15	lithium citrate	51
LEVO-T	94	LITHOBID	51
levobunolol hcl	106	LIVTENCITY	49
levocarnitine	83	lo-zumandimine	90
levocarnitine sf	83	LOCOID LIPOCREAM	75
levocetirizine dihydrochloride	108	LOESTRIN	90
levofloxacin	13	LOESTRIN FE	90
levofloxacin-d5w	13	lojaimiess	90
levonest	90	LONSURF	29
levonorg-eth estrad eth estrad	90	loperamide	80
levonorgestrel-eth estradiol	90	LOPID	67
levora-28	90	lopinavir-ritonavir	48
levorphanol tartrate		LOPRESSOR	62
levothyroxine sodium	94	LOPROX	25
LEVOXYL	94	lorazepam	51
LEXAPRO	21	lorazepam intensol	51
LEXIVA	48	LORBRENA	33
LIALDA	102	loryna	90
LIBERVANT	16	losartan potassium	60
lidocaine	6	losartan-hydrochlorothiazide	65
lidocaine hcl	6	LOTENSIN	61
lidocaine hcl laryngotracheal 4% solution	6	LOTRONEX	80
lidocaine hcl viscous	6	lovastatin	68
lidocaine-prilocaine	6	LOVENOX	57,58
LIDOCAN II	6	low-ogestrel	90
lidocan iii	6	loxapine	40
lidocan iv	6	lubiprostone	80
lidocan v	6	LUMAKRAS	33
LIDODERM	6	LUMIGAN	107
LILETTA	85	LUMRYZ	112
linezolid	9	LUMRYZ STARTER PACK	112
linezolid-0.9% nacl	9	LUPRON DEPOT	95
linezolid-d5w	9	LUPRON DEPOT (LUPANETA)	95
LINZESS	80	LUPRON DEPOT-PED	95
liothyronine sodium	94	lurasidone hcl	41
LIPITOR	68	lurbipr	
lisdexamfetamine dimesylate	70	luteria	90
lisinopril	61	LYBALVI	41

lyleq.....	93
lyllana.....	87
LYNPARZA.....	33
LYRICA.....	16
LYSODREN.....	29
LYTGOBI.....	33
LYUMJEV.....	56
LYUMJEV KWIKPEN U-100.....	56
LYUMJEV KWIKPEN U-200.....	56
LYUMJEV TEMPO PEN U-100.....	56
lyza.....	93

M

M-M-R II VACCINE.....	100	mercaptipurine.....	29
magnesium sulfate.....	78	meropenem.....	12
MALARONE.....	38	meropenem-0.9% nacl.....	12
malathion.....	77	merzee.....	90
maraviroc.....	47	mesalamine.....	102
marlissa.....	90	mesalamine dr.....	102
MARPLAN.....	20	mesalamine er.....	102
MATULANE.....	28	mesna.....	37
matzim la.....	64	MESNEX.....	37
MAVYRET.....	49	MESTINON.....	27
MAXALT.....	26	metformin hcl.....	53
MAXALT MLT.....	26	metformin hcl er.....	53
MAXITROL.....	104	methadone hcl.....	
meclizine hcl.....	23	methazolamide.....	66
MEDROL.....	85	methenamine hippurate.....	9
medroxyprogesterone acetate.....	93	methimazole.....	95
mefloquine hcl.....	38	methocarbamol.....	111
megestrol acetate.....	93	methotrexate.....	99
MEKINIST.....	33,34	methotrexate sodium.....	99
MEKTOVI.....	34	methoxsalen.....	76
meleya.....	93	methscopolamine bromide.....	80
meloxicam.....		methsuximide.....	15
memantine hcl.....	19	methylphenidate er.....	71
memantine hcl er.....	19	methylphenidate hcl.....	71
MENACTRA.....	100	methylprednisolone.....	85
MENEST.....	87	methyltestosterone.....	86
MENQUADFI.....	100	metoclopramide hcl.....	81
MENVEO A-C-Y-W-135-DIP.....	100	metolazone.....	67
		metoprolol succinate.....	62
		metoprolol tartrate.....	62
		metoprolol-hydrochlorothiazide.....	66
		METRO IV.....	9
		METROCREAM.....	77
		METROGEL.....	77
		METROLOTION.....	77
		metronidazole.....	9,77
		metyrosine.....	66
		mexiletine hcl.....	61
		micafungin.....	25
		micafungin-0.9% nacl.....	25
		MICARDIS.....	60

MICARDIS HCT	66	MYSOLINE	16
microgestin	90	N	
microgestin 24 fe	90		
microgestin fe	90	nabumetone	
midodrine hcl	59	nadolol	62
MIEBO	104	naftillin	11
mifepristone	95	naftillin sodium	11
miglustat	83	naloxone hcl	7
MIGRANAL	26	naltrexone hcl	7
mili	91	NAMENDA	19
mimvey	91	naproxen	
minocycline hcl	13	naproxen sodium	
minoxidil	69	naratriptan hcl	26
mirtazapine	20	NARCAN	7
misoprostol	81	NARDIL	20
modafinil	112	NATACYN	105
moexipril hcl	61	nateglinide	53
molindone hcl	40	NAYZILAM	16
mometasone furoate	75,108	nebivolol hcl	62
mondoxylene nl	13	NEBUPENT	38
mono-lynyah	91	necon	91
montelukast sodium	108	needles, insulin disp., safety	56
morphine sulfate	5	nefazodone hcl	21
morphine sulfate er		neo-polycin	105
MOUNJARO	53	neo-polycin hc	104
MOVANTIK	80	neomycin sulfate	8
MOVIPREP	81	neomycin-bacitracin-poly-hc	104
moxifloxacin	13,105	neomycin-bacitracin-polymyxin	105
moxifloxacin hcl	13	neomycin-polymyxin-dexameth	104
MRESVIA	101	neomycin-polymyxin-gramicidin	105
MULTAQ	61	neomycin-polymyxin-hc	107
mupirocin	77	neomycin-polymyxin-hydrocort	107
MVASI	37	NEORAL	99
MYALEPT	81	NERLYNX	34
MYCOBUTIN	27	neuac	74
mycophenolate mofetil	99	NEUPRO	39
mycophenolic acid	99	NEURONTIN	16
MYFORTIC	99	nevirapine	46
MYHIBBIN	99	nevirapine er	46
myorisan	74	NEXAVAR	34
MYRBETRIQ	84	NEXIUM	82

NEXPLANON.....	85	NOVOLIN 70-30 FLEXPEN.....	56
niacin er.....	69	NOVOLIN N.....	56
nicardipine hcl.....	63	NOVOLIN N FLEXPEN.....	56
NICOTROL.....	7	NOVOLIN R.....	56
NICOTROL NS.....	7	NOVOLIN R FLEXPEN.....	56
nifedipine.....	63	NOVOLOG.....	56
nifedipine er.....	63	NOVOLOG FLEXPEN.....	56
nikki.....	91	NOVOLOG MIX 70-30.....	56
NILANDRON.....	28	NOVOLOG MIX 70-30 FLEXPEN.....	56
nilutamide.....	28	NOVOLOG PENFILL.....	56
nimodipine.....	63	NOXAFIL.....	25
NINLARO.....	34	NUBEQA.....	28
NIPENT.....	30	NUDEXTA.....	72
nisoldipine.....	63	NUPLAZID.....	42
nitazoxanide.....	38	NURTEC ODT.....	26
nitisinone.....	83	NUTRILIPID.....	79
NITRO-BID.....	69	NUVARING.....	91
nitrofurantoin.....	9	NUVIGIL.....	112
nitrofurantoin mono-macro.....	9	NUZYRA.....	14
nitroglycerin.....	70	nyamyc.....	25
nitroglycerin patch.....	70	nylia.....	91
NITROLINGUAL.....	70	nymyo.....	91
NITROSTAT.....	70	nystatin.....	25
NIVESTYM.....	58	nystatin-triamcinolone.....	76
nizatidine.....	81	nystop.....	25
nora-be.....	93		
norelgestromin-eth estradiol.....	91	O	
norethin-eth estra-ferrous fum.....	91	OCALIVA.....	81
norethindron-ethinyl estradiol.....	91	ocella.....	91
norethindrone.....	93	octreotide acetate.....	95
norethindrone ac (lupaneta).....	93	octreotide acetate er.....	95
norethindrone acetate.....	94	OCUFLOX.....	105
norethindrone-e.estradiol-iron.....	91	ODEFSEY.....	47
norgestimate-ethinyl estradiol.....	91	ODOMZO.....	34
NORPRAMIN.....	23	OFEV.....	110
NORTHERA.....	60	ofloxacin.....	13,105,107
nortrel.....	91	OGSIVEO.....	34
nortriptyline hcl.....	23	OJEMDA.....	34
NORVASC.....	63	OJJAARA.....	34
NORVIR.....	48	olanzapine.....	42
NOVOLIN 70-30.....	56	olanzapine odt.....	42

olmesartan medoxomil	60
olmesartan-amlodipine-hctz	66
olmesartan-hydrochlorothiazide	66
olopatadine hcl	108
omega-3 acid ethyl esters	69
omeprazole	82
omnipod 5 (g6/libre 2 plus)	56
omnipod 5 dexg7g6 intro(gen 5)	56
omnipod 5 dexg7g6 pods (gen 5)	56
omnipod 5 g6-g7 intro kt(gen5)	56
omnipod 5 g6-g7 pods (gen 5)	56
omnipod 5 intro(g6/libre2plus)	56
omnipod classic pods (gen 3)	56
omnipod dash intro kit (gen 4)	56
omnipod dash pdm kit (gen 4)	56
omnipod dash pods (gen 4)	56
omnipod go pods	56
OMNITROPE	86
ondansetron hcl	24
ondansetron odt	24
ONFI	16
ONTRUZANT	37
ONUREG	30
OPIPZA	42
OPSUMIT	110
OPVEE	7
ORACEA	74
ORALAIR	111
oralone	73
ORENCIA	97
ORENCIA CLICKJECT	97
ORFADIN	83
ORGOVYX	30
ORKAMBI	109
ORSERDU	29
oseltamivir phosphate	49
OTEZLA	76
OVIDE	77
oxaprozin	
oxazepam	51
oxcarbazepine	18

oxybutynin chloride	84
oxybutynin chloride er	84
oxycodone hcl	5
oxycodone-acetaminophen	5
OZEMPIC	53

P

pacerone	61
paliperidone er	42
PALYNZIQ	83
PANRETIN	37
pantoprazole sodium	82
paricalcitol	103
PARNATE	20
paroxetine cr	21,22
paroxetine er	22
paroxetine hcl	22
PAXIL	22
PAXLOVID	50
pazopanib hcl	34
PEDIARIX	101
PEDVAXHIB	101
peg 3350-electrolyte	81
peg-3350 and electrolytes	81
peg3350-sod sul-nacl-kcl-asb-c	81
PEGASYS	97
PEMAZYRE	34
pen needle	57
PENBRAYA	101
penicillamine	85
penicillin g potassium	11
penicillin g sodium	11
penicillin gk-iso-osm dextrose	11
penicillin v potassium	11
PENTACEL	101
PENTAM 300	38
pentamidine isethionate	38
PENTASA	102
pentoxifylline	66
perampanel	15
perindopril erbumine	61

periogard	73	pramipexole dihydrochloride	39
permethrin	77	prasugrel hcl	59
perphenazine	23	pravastatin sodium	68
PERSERIS	42	praziquantel	37
pfizerpen	11	prazosin hcl	60
phenelzine sulfate	20	PRED FORTE	106
phenobarbital	16	PRED MILD	106
phenoxybenzamine hcl	60	prednisolone	85
PHENYTEK	18	prednisolone acetate	106
phenytoin	18	prednisolone sodium phosphate	86,106
phenytoin sodium extended	18	prednisone	86
philith	91	pregabalin	16,17
PIFELTRO	46	PREGNYL	86
pilocarpine hcl	73,107	PREHEVBRIO	101
pimecrolimus	76	PREMARIN	87
pimozide	40	PREMPHASE	91
pimtrea	91	PREMPRO	91
pindolol	62	PRETOMANID	27
pioglitazone hcl	53	PREVACID	82
pioglitazone-glimepiride	53	prevalite	69
pioglitazone-metformin	53	PREVYMIS	49
piperacillin-tazobactam	11	PREZCOBIX	48
PIQRAY	34	PREZISTA	48
pirfenidone	110,111	PRIFTIN	27
piroxicam		primaquine	38
PLAQUENIL	38	primidone	17
PLAVIX	59	PRIORIX	101
PLEGRIDY	73	PRISTIQ	22
PLEGRIDY PEN	73	PROAIR RESPICLICK	109
podofilox	76	probenecid	26
polycin	105	probenecid-colchicine	26
polymyxin b sul-trimethoprim	105	PROCARDIA XL	63
POMALYST	29	prochlorperazine	23
portia	91	prochlorperazine maleate	23
posaconazole	25	PROCRT	58,59
potassium chloride	78	procto-med hc	103
potassium chloride in d5lr	78	proctosol-hc	103
potassium chloride proamp	78	proctozone-hc	103
potassium chloride-0.45% nacl	78	progesterone	94
potassium chloride-dextrose 5%	77	PROGLYCEM	55
potassium citrate er	78	PROGRAF	99

PROLASTIN C	83	rabeprazole sodium	82
PROLENSA	106	RALDESY	22
PROLIA	103	raloxifene hcl	94
PROMACTA	59	ramelteon	112
promethazine hcl	23	ramipril	61
promethegan	23	ranolazine er	66
propafenone hcl	62	RAPAFLO	85
propafenone hcl er	62	RAPAMUNE	99
propranolol hcl	63	rasagiline mesylate	39
propranolol hcl er	63	reclipsen	91
propylthiouracil	95	RECOMBIVAX HB	101
PROQUAD	101	RECTIV	70
PROSCAR	85	REGLAN	81
PROTONIX	82	REGRANEX	76
protriptyline hcl	23	RELENZA	49
PROVERA	94	RELISTOR	80
PROZAC	22	REMERON	20
PRUDOXIN	76	RENFLEXIS	99
PULMOZYME	109	repaglinide	53,54
PURIXAN	29	REPATHA PUSHTRONEX	69
PYLERA	81	REPATHA SURECLICK	69
pyrazinamide	27	REPATHA SYRINGE	69
pyridostigmine bromide	27	RESTASIS	104
pyridostigmine bromide er	27	RESTASIS MULTIDOSE	104
pyrimethamine	38	RETACRIT	59
PYRUKYND	83	RETEVMO	34
Q		RETIN-A	74
QINLOCK	34	RETROVIR	47
QUADRACEL DTAP-IPV	101	REVCovi	83
quetiapine fumarate	42	REVUFORJ	34
quetiapine fumarate er	42	REXULTI	42
quinapril hcl	61	REYATAZ	48
quinapril-hydrochlorothiazide	66	REZLIDHIA	34
quinidine gluconate	62	REZUROCK	99
quinidine sulfate	62	RHOPRESSA	107
quinine sulfate	38	RIABNI	37
QVAR REDHALER	108	ribavirin	49
R		RIDAURA	97
RABAVERT	101	rifabutin	27
		rifampin	27
		riluzole	72

RINVOQ.....	97	SAMSCA.....	79
RINVOQ LQ.....	97	SANDIMMUNE.....	99
risedronate sodium.....	103	SANDOSTATIN LAR DEPOT.....	95
risedronate sodium dr.....	103	SANTYL.....	76
RISPERDAL.....	42	SAPHRIS.....	43
RISPERDAL CONSTA.....	42	sapropterin dihydrochloride.....	83
risperidone.....	42,43	saxagliptin hcl.....	54
risperidone er.....	43	saxagliptin-metformin er.....	54
risperidone odt.....	42,43	SCEMBLIX.....	35
RITALIN.....	71	scopolamine.....	24
ritonavir.....	48	SECUADO.....	43
rivaroxaban.....	58	selegiline hcl.....	39
rivastigmine.....	19	selenium sulfide.....	76
rizatriptan.....	26	SELZENTRY.....	47
ROCALTROL.....	103	SENSIPAR.....	103
ROCKLATAN.....	107	SEREVENT DISKUS.....	109
roflumilast.....	110	SEROQUEL.....	43
ROMVIMZA.....	34	SEROQUEL XR.....	43
ropinirole er.....	39	sertraline hcl.....	22
ropinirole hcl.....	39	setlakin.....	91
rosadan.....	77	SFROWASA.....	102
rosuvastatin calcium.....	68	sharobel.....	94
ROTARIX.....	101	SHINGRIX.....	101
ROTATEQ.....	101	SIGNIFOR.....	95
ROWASA.....	102	SIGNIFOR LAR.....	95
roweepra.....	15	sildenafil citrate.....	110
ROXICODONE.....	6	SILENOR.....	112
ROZEREM.....	112	silodosin.....	85
ROZLYTREK.....	34,35	SILVADENE.....	76
RUBRACA.....	35	silver sulfadiazine.....	76
rufinamide.....	18	SIMBRINZA.....	107
RUKOBIA.....	47	SIMLANDI(CF).....	99
RUXIENCE.....	37	SIMLANDI(CF) AUTOINJECTOR.....	99
RYBELSUS.....	54	simliya.....	91
RYDAPT.....	35	simpesse.....	91
RYTARY.....	39	simvastatin.....	68
S		SINEMET.....	39
SABRIL.....	17	SINEMET 10-100.....	39
sajazir.....	96	SINEMET 25-100.....	39
SALAGEN.....	73	SINGULAIR.....	108
		sirolimus.....	99

TAFINLAR.....	35	TERIPARATIDE.....	103
TAGRISSO.....	35	testosterone.....	86
TALZENNA.....	35	testosterone cypionate.....	87
TAMIFLU.....	49	testosterone enanthate.....	87
tamoxifen citrate.....	29	tetrabenazine.....	72
tamsulosin hcl.....	85	tetracycline hcl.....	14
taperdex.....	86	THALOMID.....	29
TARGRETIN.....	37	THEO-24.....	110
tarina 24 fe.....	92	theophylline anhydrous.....	110
tarina fe.....	92	theophylline er.....	110
tarina fe 1-20 eq.....	92	thioridazine hcl.....	40
TASIGNA.....	35	thiothixene.....	40
tasimelteon.....	112	THYMOGLOBULIN.....	96
TASMAR.....	38	tiadylt er.....	64
taysofy.....	92	tiagabine hcl.....	17
tazarotene.....	74	TIAZAC.....	64
tazicef.....	10	TIBSOVO.....	35
TAZORAC.....	74	ticagrelor.....	59
taztia xt.....	64	TICOVAC.....	101
TAZVERIK.....	35	tigecycline.....	9
TDVAX.....	101	TIKOSYN.....	62
TECFIDERA.....	73	tilia fe.....	92
TEFLARO.....	10	timolol maleate.....	63,106
TEGRETOL.....	18	TIMOPTIC.....	106
TEGRETOL XR.....	18	TIMOPTIC OCUDOSE.....	106
TEKTURNA.....	66	tinidazole.....	9
telmisartan.....	61	tiotropium bromide.....	109
telmisartan-amlodipine.....	66	TIROSINT.....	94
telmisartan-hydrochlorothiazid.....	66	TIROSINT-SOL.....	94
temazepam.....	112	TIVICAY.....	45
tencon.....		TIVICAY PD.....	45
TENIVAC.....	101	tizanidine hcl.....	45
tenofovir disoproxil fumarate.....	47	TOBRADEX.....	104
TENORETIC 100.....	66	tobramycin.....	105,109
TENORETIC 50.....	66	tobramycin sulfate.....	8
TENORMIN.....	63	tobramycin-dexamethasone.....	104
TEPMETKO.....	35	tolcapone.....	38
terazosin hcl.....	60	tolterodine tartrate.....	84
terbinafine hcl.....	25	tolterodine tartrate er.....	84
terbutaline sulfate.....	109	tolvaptan.....	79
terconazole.....	25	topiramate.....	15

TOPROL XL.....	63	triamcinolone acetonide.....	73,76
toremifene citrate.....	29	triamterene-hydrochlorothiazid.....	67
torpenz.....	35	TRIBENZOR.....	66
torsemide.....	67	triderm.....	76
TOUJEO MAX SOLOSTAR.....	57	trientine hcl.....	79
TOUJEO SOLOSTAR.....	57	trifluoperazine hcl.....	40
TOVIAZ.....	84	trifluridine.....	105
TRACLEER.....	110	trihexyphenidyl hcl.....	38
TRADJENTA.....	54	TRIKAFTA.....	109,110
tramadol hcl.....	6	triklo.....	69
tramadol hcl er.....		TRILEPTAL.....	18
tramadol hcl-acetaminophen.....	6	trimethoprim.....	9
trandolapril.....	61	trimipramine maleate.....	23
trandolapril-verapamil er.....	66	TRINTELLIX.....	22
tranexamic acid.....	59	TRIUMEQ.....	47
tranlycypromine sulfate.....	20	TRIUMEQ PD.....	47
TRAVASOL.....	79	trivora-28.....	92
TRAVATAN Z.....	107	TROPHAMINE.....	79
travoprost.....	107	tropium chloride.....	84
TRAZIMERA.....	37	tropium chloride er.....	84
trazodone hcl.....	22	true comfort safety pen needle.....	57
TRECATOR.....	27	TRULICITY.....	54
TRELEGY ELLIPTA.....	111	TRUMENBA.....	101
TRELSTAR.....	95	TRUQAP.....	36
TREMFYA.....	97	TRUVADA.....	47
TREMFYA ONE-PRESS.....	97	TUKYSA.....	36
TREMFYA PEN.....	97	TURALIO.....	36
TREMFYA PEN INDUCTION PK-CROHN.....	97	turqoz.....	92
tretinoin.....	37,74	TWINRIX.....	101
tri-estarylla.....	92	TYBLUME.....	92
tri-legest fe.....	92	TYBOST.....	47
tri-linyah.....	92	tydemy.....	92
tri-lo-estarylla.....	92	TYENNE.....	97
tri-lo-marzia.....	92	TYENNE AUTOINJECTOR.....	97
tri-lo-mili.....	92	TYGACIL.....	9
tri-lo-sprintec.....	92	TYKERB.....	36
tri-mili.....	92	TYMLOS.....	103
tri-nymyo.....	92	TYPHIM VI.....	101
tri-sprintec.....	92		
tri-vylibra.....	92		
tri-vylibra lo.....	92		
		U	
		UBRELVY.....	26

UDENYCA.....	59
UDENYCA AUTOINJECTOR.....	59
UDENYCA ONBODY.....	59
UNITHROID.....	94
ursodiol.....	81
UZEDY.....	43

V

VAGIFEM.....	87	verapamil hcl.....	64
valacyclovir.....	50	verapamil sr.....	64
VALCHLOR.....	28	VERELAN.....	64
VALCYTE.....	49	VERELAN PM.....	64
valganciclovir hcl.....	49	VERQUVO.....	70
valproic acid.....	15	VERSACLOZ.....	44
valsartan.....	61	VERZENIO.....	36
valsartan-hydrochlorothiazide.....	66	vestura.....	92
VALTOCO.....	17	VFEND IV.....	25
VALTREX.....	50	VIBERZI.....	80
valtya.....	92	vienva.....	92
vanadom.....	111	vigabatrin.....	17
vancomycin hcl.....	9	vigadrone.....	17
VANFLYTA.....	36	VIGAFYDE.....	17
VAQTA.....	101	VIGAMOX.....	105
varenicline tartrate.....	7	vigpoder.....	17
VARIVAX VACCINE.....	101	VIIBRYD.....	22
VASCEPA.....	69	vilazodone hcl.....	22
VASERETIC.....	66	VIMKUNYA.....	101
VASOTEC.....	61	VIMPAT.....	18
VAXCHORA VACCINE.....	101	viorele.....	92
velivet.....	92	VIRACEPT.....	48
VELTASSA.....	79	VIREAD.....	47
VENCLEXTA.....	36	VITRAKVI.....	36
VENCLEXTA STARTING PACK.....	36	VIVITROL.....	7
venlafaxine besylate er.....	22	VIVOTIF.....	101
venlafaxine hcl.....	22	VIZIMPRO.....	36
venlafaxine hcl er.....	22	volnea.....	92
VENTAVIS.....	110	VONJO.....	36
VENTOLIN HFA.....	109	VORANIGO.....	36
VEOZAH.....	72	voriconazole.....	25
verapamil er.....	64	VOTRIENT.....	36
verapamil er pm.....	64	VOWST.....	81
		VPRIV.....	83
		VRAYLAR.....	43
		VUMERITY.....	73
		vyfemla.....	92
		vylibra.....	92
		VYNDAMAX.....	83
		VYNDAQEL.....	83
		VYTORIN.....	69

VYVANSE..... 70

W

warfarin sodium..... 58

WELIREG..... 83

WELLBUTRIN SR..... 20

WELLBUTRIN XL..... 20

wera..... 92

wixela inhub..... 111

wymzya fe..... 93

X

XALKORI..... 36

xarah fe..... 93

XARELTO..... 58

XATMEP..... 99

XCOPRI..... 18

XDEMVY..... 104

xelria fe..... 93

XENAZINE..... 72

XERMELO..... 80

XGEVA..... 103

XHANCE..... 108

XIFAXAN..... 81

XIGDUO XR..... 54

XIIDRA..... 104

XOFLUZA..... 49,50

XOLAIR..... 97

XOPENEX HFA..... 109

XOSPATA..... 36

XPOVIO..... 30

XPOVIO 40 MG ONCE WEEKLY..... 30

XTANDI..... 28

xulane..... 93

Y

yargesa..... 83

YASMIN 28..... 93

YAZ..... 93

YF-VAX..... 101

YONSA..... 28

yuvaferm..... 87

Z

zafemy..... 93

zafirlukast..... 108

zaleplon..... 112

ZARONTIN..... 15

ZEBUTAL.....

ZEJULA..... 36

ZELBORAF..... 36

zenatane..... 74

ZENPEP..... 83

zenzedi..... 71

ZEPATIER..... 49

ZESTORETIC..... 66

ZESTRIL..... 61

ZETIA..... 69

ZIAC..... 66

ZIAGEN..... 47

zidovudine..... 47

ZIEXTENZO..... 59

ziprasidone hcl..... 43

ziprasidone mesylate..... 43

ZIRABEV..... 37

ZITHROMAX..... 12

ZITHROMAX TRI-PAK..... 12

ZOCOR..... 68

ZOKINVY..... 83

ZOLINZA..... 30

zolmitriptan odt..... 27

ZOLOFT..... 22,23

zolpidem tartrate..... 112

zolpidem tartrate er..... 112

ZONALON..... 76

ZONEGRAN..... 18

ZONISADE..... 18

zonisamide..... 19

ZONTIVITY..... 58

ZORTRESS..... 99

ZOSYN..... 11

zovia 1-35..... 93

ZOVIRAX.....	50
ZTALMY.....	17
ZTLIDO.....	6
zumandimine.....	93
ZURZUVAE.....	20
ZYDELIG.....	36
ZYKADIA.....	36
ZYPREXA.....	43,44
ZYPREXA RELPREVV.....	44
ZYPREXA ZYDIS.....	44
ZYVOX.....	9

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