



Retiree RxCare 2025 Base Formulary (List of Covered Drugs or “Drug List”)

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

Formulary ID No. 25485, Version 17

This formulary was updated on 09/01/2025. We have made no changes to this formulary since 09/01/2025. For more recent information or other questions, please contact Retiree RxCare Customer Care Center at 1-855-693-3921 (TTY users should call 711), 24 hours a day, 7 days a week, or visit <http://retireerxcarepdp.com>.

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

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

This document includes a partial Drug List (formulary) for our plan which is current as of 09/01/2025. For a complete, updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Retiree RxCare Abridged formulary?

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

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but we Retiree RxCare may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <http://retireerxcarepdp.com>.

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

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

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

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

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

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

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

member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

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

The enclosed formulary is current as of 09/01/2025. To get updated information about the drugs covered by Retiree RxCare please contact us. Our contact information appears on the front and back cover pages. If there are any changes to this formulary mid-year, we will send members a notice of change.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 114. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so Retiree RxCare may cover your drug. For more information, please contact us. Our contact

information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

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

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

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

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

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. If coverage is not approved, after your first 30-day

supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

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

Examples of level-of-care changes may include:

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

For more information

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

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

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

Retiree RxCare Formulary

The abridged formulary that begins on the next page provides coverage information some of the drugs covered by Retiree RxCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 114.

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

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

Understanding the requirements/limits

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

(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 oftc 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, 100 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>tazicef</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>	
<i>fidaxomicin</i>	QL (20 PER 10 OVER TIME)
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, 25 mg/ml solution, 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 (hpbcd)</i>	PA
<i>voriconazole 40 mg/ml 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
Antigout Agents	
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	
<i>colchicine 0.6 mg tablet</i>	
COLCRYS	
<i>probenecid</i>	
<i>probenecid-colchicine</i>	
Antimigraine Agents	
<i>dihydroergotamine 4 mg/ml spry</i>	PA, QL (8 PER 28 DAYS)
<i>ergotamine-cafeine</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)	QL (18 PER 30 DAYS)
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT)	QL (6 PER 30 DAYS) QL
IMITREX (6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT)	(6 PER 30 DAYS)
MAXALT	QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	QL (18 PER 30 DAYS)
<i>naratriptan hcl</i>	QL (18 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>rizatriptan</i>	QL (18 PER 30 DAYS)
<i>sumatriptan</i>	QL (12 PER 30 DAYS)
<i>sumatriptan 6 mg/0.5 ml vial</i>	QL (5 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj)</i>	QL (6 PER 30 DAYS)
<i>zolmitriptan odt</i>	QL (12 PER 30 DAYS)

Antimyasthenic Agents

Parasympathomimetics

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

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

pyridostigmine er 180 mg tab

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)

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

DRUG NAME	REQUIREMENTS/LIMITS
SIRTURO	
TRECTOR	
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
Antiangiogenic Agents	
<i>lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)</i>	PA, QL (21 PER 28 DAYS)
<i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	PA, QL (30 PER 30 DAYS)
POMALYST	PA, QL (21 PER 28 DAYS)
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	PA, QL (60 PER 30 DAYS)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	PA, QL (30 PER 30 DAYS)
Antiestrogens/Modifiers	
FARESTON	
ORSERDU 345 MG TABLET	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	PA, QL (90 PER 30 DAYS)
SOLTAMOX	
<i>tamoxifen citrate</i>	
<i>toremifene citrate</i>	
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
<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	
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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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	REQUIREMENTS/LIMITS
AKEEGA	PA, QL (60 PER 30 DAYS)
ALECENSA	PA, QL (240 PER 30 DAYS)
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	PA, QL (120 PER 30 DAYS)
AUGTYRO 160 MG CAPSULE	PA, QL (60 PER 30 DAYS)
AUGTYRO 40 MG CAPSULE	PA, QL (240 PER 30 DAYS)
AYVAKIT	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	PA, QL (60 PER 30 DAYS)
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
DAURISMO 100 MG TABLET	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	PA, QL (60 PER 30 DAYS)
ERIVEDGE	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	PA, QL (60 PER 30 DAYS)
<i>everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)</i>	PA, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	PA, QL (90 PER 30 DAYS)
EXKIVITY	PA, QL (120 PER 30 DAYS)
FOTIVDA	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	PA, QL (21 PER 28 DAYS)
GAVRETO	PA, QL (120 PER 30 DAYS)
<i>gefitinib</i>	PA, QL (30 PER 30 DAYS)
GILOTRIF	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	PA, QL (60 PER 30 DAYS)
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
IMBRUVICA 70 MG/ML SUSPENSION	PA, QL (324 PER 30 DAYS)
IMKELDI	PA, QL (280 PER 28 DAYS)
INLYTA 1 MG TABLET	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	PA, QL (120 PER 30 DAYS)
INREBIC	PA, QL (120 PER 30 DAYS)
IRESSA	PA, QL (30 PER 30 DAYS)
ITOVEBI 3 MG TABLET	PA, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TABLET	PA, QL (30 PER 30 DAYS)
JAKAFI	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	PA, QL (30 PER 30 DAYS)
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
LYNPARZA	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	PA, QL (30 PER 30 DAYS)
MEKTOVI	PA, QL (180 PER 30 DAYS)
NERLYNX	PA, QL (180 PER 30 DAYS)
NEXAVAR	PA, QL (120 PER 30 DAYS)
NINLARO	PA, QL (3 PER 28 DAYS)
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
REVUFORJ 160 MG TABLET	PA, QL (60 PER 30 DAYS)
REVUFORJ 25 MG TABLET	PA, QL (240 PER 30 DAYS)
REZLIDHIA	PA, QL (60 PER 30 DAYS)
ROMVIMZA	PA, QL (8 PER 28 DAYS)
ROZLYTREK 100 MG CAPSULE	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLET PACKET	PA, QL (336 PER 28 DAYS)
RUBRACA	PA, QL (120 PER 30 DAYS)
RYDAPT	PA, QL (240 PER 30 DAYS)
SCEMBLIX 100 MG TABLET	PA, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	PA, QL (60 PER 30 DAYS)
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)
TAGRISO	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)

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

DRUG NAME	REQUIREMENTS/LIMITS
TEPMETKO	PA, QL (60 PER 30 DAYS)
TIBSOVO	PA, QL (60 PER 30 DAYS)
<i>torpenz (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>torpenz 5 mg tablet</i>	PA, QL (60 PER 30 DAYS)
TRUQAP	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	PA, QL (120 PER 30 DAYS)
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
ZELBORAF	PA, QL (240 PER 30 DAYS)
ZYDELIG	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	PA, QL (90 PER 30 DAYS)
Monoclonal Antibody/Antibody-Drug Conjugate	
KANJINTI	PA
MVASI	PA
ONTRUZANT	PA
RIABNI	PA
RUXIENCE	PA
TRAZIMERA	PA
ZIRABEV	PA
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

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

DRUG NAME	REQUIREMENTS/LIMITS
Antiprotozoals	
<i>atovaquone</i>	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate</i>	
COARTEM	
DARAPRIM	PA
<i>hydroxychloroquine sulfate</i>	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>tolcapone</i>	
<i>trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)</i>	PA
Dopamine Agonists	
APOKYN	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl</i>	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate</i>	
NEUPRO	
<i>pramipexole dihydrochloride</i>	
<i>ropinirole er</i>	
<i>ropinirole hcl</i>	
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

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 (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	PA
<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)

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

DRUG NAME	REQUIREMENTS/LIMITS
ARISTADA ER 882 MG/3.2 ML SYRN	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate</i>	PA, QL (60 PER 30 DAYS)
CAPLYTA	QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK A	PA, QL (56 PER 28 DAYS)
FANAPT TITRATION PACK C	PA, QL (8 PER 28 OVER TIME)
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>lurasidone hcl 80 mg tablet</i>	PA, QL (60 PER 30 DAYS)
LYBALVI	PA, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	PA, QL (30 PER 30 DAYS)
<i>olanzapine (15 mg tablet, 20 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	PA, QL (45 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	PA, QL (90 PER 30 DAYS)
<i>olanzapine odt</i>	PA, QL (30 PER 30 DAYS)
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)

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 0.25 mg odt</i>	PA, QL (60 PER 30 DAYS)
<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)

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

DRUG NAME	REQUIREMENTS/LIMITS
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	PA, QL (45 PER 30 DAYS)
ZYPREXA 10 MG VIAL	PA, QL (90 PER 30 DAYS)
ZYPREXA 15 MG TABLET	PA, QL (30 PER 30 DAYS)
ZYPREXA 20 MG TABLET	PA, QL (30 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (300 MG VIAL, 300 MG VL KIT)	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS (15 MG TABLET, 20 MG TABLET)	PA, QL (30 PER 30 DAYS)
ZYPREXA ZYDIS (5 MG TABLET, 10 MG TABLET)	PA, QL (30 PER 30 DAYS)
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
Antispasticity Agents	
<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>etravirine</i>	QL (60 PER 30 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tablet</i>	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml susp</i>	QL (1200 PER 30 DAYS)
<i>nevirapine er 400 mg tablet</i>	QL (30 PER 30 DAYS)
PIFELTRO	QL (30 PER 30 DAYS)
SYMFI	QL (30 PER 30 DAYS)
SYMFI LO	QL (30 PER 30 DAYS)

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

<i>abacavir 20 mg/ml solution</i>	QL (960 PER 30 DAYS)
<i>abacavir 300 mg tablet</i>	QL (60 PER 30 DAYS)
<i>abacavir-lamivudine</i>	QL (30 PER 30 DAYS)
CIMDUO	QL (30 PER 30 DAYS)
COMPLERA	QL (30 PER 30 DAYS)
DESCOVY	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	QL (30 PER 30 DAYS)
<i>emtricitabine- rilpivirine-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)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>lamivudine 150 mg tablet</i>	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	QL (60 PER 30 DAYS)
ODEFSEY	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	QL (180 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	QL (30 PER 30 DAYS)
TRIUMEQ	QL (30 PER 30 DAYS)
TRIUMEQ PD	QL (180 PER 30 DAYS)
TRUVADA	QL (30 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	QL (30 PER 30 DAYS)
VIREAD POWDER	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	QL (960 PER 30 DAYS)
<i>zidovudine 100 mg capsule</i>	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tablet</i>	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5 ml syrup</i>	QL (1920 PER 30 DAYS)

Anti-HIV Agents, Other

FUZEON	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	QL (60 PER 30 DAYS)
<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)

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

DRUG NAME	REQUIREMENTS/LIMITS
Anti-HIV Agents, Protease Inhibitors	
APTIVUS 250 MG CAPSULE	QL (120 PER 30 DAYS)
<i>atazanavir sulfate (150 mg cap, 300 mg cap)</i>	QL (30 PER 30 DAYS)
<i>atazanavir sulfate 200 mg cap</i>	QL (60 PER 30 DAYS)
<i>darunavir 600 mg tablet</i>	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	QL (30 PER 30 DAYS)
EVOTAZ	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	QL (480 PER 30 DAYS)
LEXIVA 700 MG TABLET	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 80-20mg/ml</i>	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir 100-25mg tb</i>	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir 200-50mg tb</i>	QL (120 PER 30 DAYS)
NORVIR (100 MG POWDER PACKET, 100 MG TABLET)	QL (360 PER 30 DAYS)
PREZCOBIX	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	QL (180 PER 30 DAYS)
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 x 2</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/3 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
<i>unifine pentips</i>	PA
<i>unifine pentips plus</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)

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

DRUG NAME	REQUIREMENTS/LIMITS
<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)
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 1 mg/ml suspension</i>	QL (620 PER 30 DAYS)
<i>rivaroxaban 2.5 mg tablet</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 SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE)	PA
ARANESP (100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
FULPHILA	PA
GRANIX	PA
LEUKINE	PA
NIVESTYM (300 MCG/ML VIAL, 480 MCG/0.8 4ML SYRING, 480 MCG/1.6 ML VIAL)	PA
NIVESTYM 300 MCG/0.5 ML SYRING	PA
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNIT/2 ML VIAL)	PA
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	PA
PROMACTA	PA
RETACRIT	PA
UDENYCA	PA
UDENYCA AUTOINJECTOR	PA
UDENYCA ONBODY	PA
ZIEXTENZO	PA

Hemostasis Agents

tranexamic acid 650 mg tablet

Platelet Modifying Agents

aspirin-dipyridamole er

BRILINTA

CABLIVI

cilostazol

clopidogrel 75 mg tablet

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

PLAVIX

prasugrel hcl

ticagrelor

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

DRUG NAME	REQUIREMENTS/LIMITS
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine</i>	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	
<i>droxidopa</i>	PA
<i>guanfacine hcl</i>	
<i>midodrine hcl</i>	
NORTHERA	PA
Alpha-adrenergic Blocking Agents	
CARDURA	QL (60 PER 30 DAYS)
<i>doxazosin mesylate</i>	QL (60 PER 30 DAYS)
<i>phenoxybenzamine hcl</i>	
<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)

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

DRUG NAME	REQUIREMENTS/LIMITS
DIOVAN 320 MG TABLET	QL (30 PER 30 DAYS)
EDARBI	QL (30 PER 30 DAYS)
<i>irbesartan</i>	QL (30 PER 30 DAYS)
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	QL (60 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	QL (30 PER 30 DAYS)
MICARDIS	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	QL (60 PER 30 DAYS)
<i>telmisartan</i>	QL (30 PER 30 DAYS)
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>valsartan 320 mg tablet</i>	QL (30 PER 30 DAYS)

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

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

DRUG NAME	REQUIREMENTS/LIMITS
Antiarrhythmics	
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>mexiletine hcl</i>	
MULTAQ	
<i>pacerone (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	
<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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
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>	
<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

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

DRUG NAME	REQUIREMENTS/LIMITS
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>	
<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)

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

DRUG NAME	REQUIREMENTS/LIMITS
<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>	
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)
DEMSEER	
<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)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>fosinopril-hydrochlorothiazide</i>	
HYZAAR	QL (30 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide</i>	QL (30 PER 30 DAYS)
<i>ivabradine hcl</i>	PA, QL (60 PER 30 DAYS)
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	QL (30 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	
<i>losartan-hydrochlorothiazide</i>	QL (30 PER 30 DAYS)
<i>methazolamide</i>	
<i>metoprolol-hydrochlorothiazide</i>	
<i>metyrosine</i>	
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	

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

DRUG NAME	REQUIREMENTS/LIMITS
ZESTORETIC	
ZIAC	
Diuretics, Loop	
<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl)</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)

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

DRUG NAME	REQUIREMENTS/LIMITS
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)	QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	QL (30 PER 30 DAYS)
<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)	QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	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)	QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<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
<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	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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
Vasodilators, Direct-acting Arterial/Venous	
ISORDIL TITRADOSE	
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	
<i>isosorbide mononitrate</i>	
<i>isosorbide mononitrate er</i>	
NITRO-BID	
<i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)</i>	
<i>nitroglycerin patch</i>	
NITROLINGUAL	
NITROSTAT	
RECTIV	
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)

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

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

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

DRUG NAME	REQUIREMENTS/LIMITS
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)
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
COPAXONE 40 MG/ML SYRINGE	PA, QL (12 PER 28 DAYS)
<i>dalfampridine er</i>	PA
<i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate 30d start pk</i>	PA, QL (60 PER 30 DAYS)
<i>fingolimod</i>	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	PA, QL (1.6 PER 28 DAYS)
PLEGRIDY	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN	PA, QL (1 PER 28 DAYS)
TECFIDERA	PA, QL (60 PER 30 DAYS)
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>

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

DRUG NAME	REQUIREMENTS/LIMITS
<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>	
<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

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

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

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

DRUG NAME	REQUIREMENTS/LIMITS
<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)
<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

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

DRUG NAME	REQUIREMENTS/LIMITS
<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	
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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
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>	
<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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<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	
<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

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

DRUG NAME	REQUIREMENTS/LIMITS
Potassium Binders	
<i>kionex</i>	
<i>sodium polystyrene sulf powder</i>	
SPS	
VELTASSA	
Gastrointestinal Agents	
Anti-Constipation Agents	
<i>constulose</i>	
<i>enulose</i>	
<i>generlac</i>	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	
LINZESS	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	QL (120 PER 30 DAYS)
MOVANTIK	QL (30 PER 30 DAYS)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	PA, QL (18 PER 30 DAYS)
RELISTOR 150 MG TABLET	PA, QL (90 PER 30 DAYS)
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
Antispasmodics, Gastrointestinal	
<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>	
<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)

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

DRUG NAME	REQUIREMENTS/LIMITS
Histamine2 (H2) Receptor Antagonists	
<i>cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	
<i>famotidine (20 mg tablet, 40 mg tablet, 40 mg/5 ml susp)</i>	
<i>nizatidine (150 mg capsule, 300 mg capsule)</i>	
Protectants	
CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)	
CYTOTEC	
<i>misoprostol</i>	
<i>sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	
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)	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	QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	QL (60 PER 30 DAYS)
<i>rabeprazole sod dr 20 mg tab</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
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
<i>betaine anhydrous</i>	
BUPHENYL 500 MG TABLET	PA
CARNITOR (1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET)	
CARNITOR SF	
CEREZYME	PA
CREON	
<i>cromolyn 100 mg/5 ml oral conc</i>	
CRYSVITA	PA
CYSTADANE	
CYSTAGON	PA
ELELYSO	PA
ENDARI	PA
KUVAN	PA
<i>l-glutamine 5 gram powder pkt</i>	PA
<i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>	
<i>levocarnitine sf</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)

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

DRUG NAME	REQUIREMENTS/LIMITS
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)

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin er</i>	QL (30 PER 30 DAYS)
DETROL	QL (60 PER 30 DAYS)
DETROL LA	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)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>tolterodine tartrate er</i>	QL (30 PER 30 DAYS)
TOVIAZ	QL (30 PER 30 DAYS)
<i>trospium chloride</i>	QL (60 PER 30 DAYS)
<i>trospium chloride er</i>	QL (30 PER 30 DAYS)
Benign Prostatic Hypertrophy Agents	
<i>alfuzosin hcl er</i>	QL (30 PER 30 DAYS)
AVODART	QL (30 PER 30 DAYS)
<i>dutasteride 0.5 mg capsule</i>	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin</i>	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	QL (30 PER 30 DAYS)
FLOMAX	QL (60 PER 30 DAYS)
PROSCAR	QL (30 PER 30 DAYS)
RAPAFLO	QL (30 PER 30 DAYS)
<i>silodosin</i>	QL (30 PER 30 DAYS)
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	QL (60 PER 30 DAYS)
Contraceptives, Other	
LILETTA	
NEXPLANON	
SKYLA	
Genitourinary Agents, Other	
<i>bethanechol chloride</i>	
DEPEN	
<i>penicillamine 250 mg tablet</i>	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	
ACTHAR	PA
ACTHAR SELFJECT	PA
CORTEF	

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

DRUG NAME	REQUIREMENTS/LIMITS
<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>	
<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

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

DRUG NAME	REQUIREMENTS/LIMITS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	
Androgens	
ANDROGEL 1.62% GEL PUMP	PA, QL (150 PER 30 DAYS)
<i>danazol</i>	PA
DEPO-TESTOSTERONE	PA
<i>methyltestosterone 10 mg cap</i>	PA
<i>testosterone ((2.5 g) pkt, gel pump)</i>	PA, QL (150 PER 30 DAYS)
<i>testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	PA, QL (300 PER 30 DAYS)
<i>testosterone 1% (25mg/2.5g) pk</i>	PA, QL (225 PER 30 DAYS)
<i>testosterone 1.62%(1.25 g) pkt</i>	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/1.5 ml pump</i>	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate (100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)</i>	PA
<i>testosterone enanthate</i>	PA
Estrogens	
DEPO-ESTRADIOL	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	
<i>dotti</i>	
ESTRACE 0.01% CREAM	
<i>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)</i>	
<i>estradiol (once weekly)</i>	
<i>estradiol (twice weekly)</i>	
<i>estradiol valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
ESTRING	
<i>lyllana</i>	
MENEST	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	
VAGIFEM	
<i>yuvaferm</i>	
<i>abigale lo</i>	
<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen</i>	
<i>amabelz</i>	
<i>amethia</i>	
<i>amethyst</i>	
<i>apri</i>	
<i>aranelle</i>	
<i>ashlyna</i>	
<i>aubra</i>	
<i>aubra eq</i>	
<i>aurovela</i>	
<i>aurovela 24 fe</i>	
<i>aurovela fe</i>	
<i>aviane</i>	
<i>ayuna</i>	
<i>azurette</i>	
<i>balziva</i>	
<i>blisovi 24 fe</i>	
<i>blisovi fe</i>	
<i>briellyn</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>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-levomef</i>	
<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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<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>	
<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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>levonorgestrel-eth estradiol</i>	
<i>levora-28</i>	
<i>lo-zumandimine</i>	
LOESTRIN	
LOESTRIN FE	
<i>lojaimiess</i>	
<i>loryna</i>	
<i>low-ogestrel</i>	
<i>lutra</i>	
<i>marlissa</i>	
<i>merzee</i>	
<i>microgestin</i>	
<i>microgestin 24 fe</i>	
<i>microgestin fe</i>	
<i>mili</i>	
<i>mimvey</i>	
<i>mono-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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<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>	
<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-linyah</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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
<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>	
<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>

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

DRUG NAME	REQUIREMENTS/LIMITS
<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>	
<i>norethindrone acetate</i>	
<i>orquidea</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	

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

DRUG NAME	REQUIREMENTS/LIMITS
<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
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

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

DRUG NAME	REQUIREMENTS/LIMITS
<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

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

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

DRUG NAME	REQUIREMENTS/LIMITS
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
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

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

DRUG NAME	REQUIREMENTS/LIMITS
STEQEYMA 90 MG/ML SYRINGE	PA
TREMFYA (100 MG/ML SYRINGE, 200 MG/2 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
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

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 (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	PA
<i>everolimus 0.25 mg tablet</i>	PA
<i>engraf (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>	
<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

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

DRUG NAME	REQUIREMENTS/LIMITS
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

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	
DENG VAXIA	
DIPHTHERIA-TETANUS TOXOIDS-PED	
ENGRIX-B ADULT	PA
ENGRIX-B PEDIATRIC-ADOLESCENT	PA
GARDASIL 9	

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

DRUG NAME	REQUIREMENTS/LIMITS
HAVRIX	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	PA
HIBERIX	
IMOVAX RABIES VACCINE	PA
INFANRIX DTAP	
IPOL	
IXCHIQ	
IXIARO	
JYNNEOS	PA
JYNNEOS (NATIONAL STOCKPILE)	PA
KINRIX	
M-M-R II VACCINE	
MENACTRA	
MENQUADFI	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	
MRESVIA	QL (0.5 PER 999 DAYS)
PEDIARIX	
PEDVAXHIB	
PENBRAYA	
PENMENVY MEN A-B-C-W-Y	
PENTACEL	
PREHEVBRIO	PA
PRIORIX	
PROQUAD	
QUADRACEL DTAP-IPV	
RABAVERT	PA
RECOMBIVAX HB	PA
ROTARIX	
ROTATEQ	

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

DRUG NAME	REQUIREMENTS/LIMITS
SHINGRIX	QL (2 PER 999 OVER TIME)
STAMARIL	
TDVAX	PA
TENIVAC	PA
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX VACCINE	
VAXCHORA VACCINE	
VIMKUNYA	
VIVOTIF	
YF-VAX	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	QL (120 PER 30 DAYS)
AZULFIDINE	
<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)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>mesalamine er 0.375 gram cap</i>	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg capsule</i>	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	
SFROWASA	
<i>sulfasalazine</i>	
<i>sulfasalazine dr</i>	

Glucocorticoids

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

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

DRUG NAME	REQUIREMENTS/LIMITS
<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

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 (neomycin-polym-dexamet ointm, neomycin-polym-dexameth drop)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
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>
<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

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

DRUG NAME	REQUIREMENTS/LIMITS
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>	
<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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
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>	
<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 Prostamide Analogs

<i>bimatoprost 0.03% eye drops</i>	QL (15 PER 75 OVER TIME)
<i>latanoprost 0.005% eye drops</i>	QL (15 PER 75 OVER TIME)
LUMIGAN	QL (15 PER 75 OVER TIME)
TRAVATAN Z	QL (15 PER 75 OVER TIME)
<i>travoprost</i>	QL (15 PER 75 OVER TIME)

Otic Agents

<i>acetic acid 2% ear solution</i>	
CIPRODEX	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>ciprofloxacin-dexamethasone</i>	
<i>flac otic oil</i>	
<i>fluocinolone acetonide oil</i>	
<i>hydrocortisone-acetic acid</i>	
<i>neomycin-polymyxin-hc ear susp</i>	
<i>neomycin-polymyxin-hydrocort</i>	
<i>ofloxacin 0.3% ear drops</i>	

Respiratory Tract/ Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

ARNUITY ELLIPTA	QL (30 PER 30 DAYS)
ASMANEX	QL (1 PER 30 DAYS)
ASMANEX HFA	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	PA
<i>flunisolide</i>	QL (75 PER 30 DAYS)
<i>fluticasone prop 50 mcg spray</i>	QL (16 PER 30 DAYS)
<i>fluticasone prop hfa 110 mcg</i>	QL (12 PER 30 DAYS)
<i>fluticasone prop hfa 220 mcg</i>	QL (24 PER 30 DAYS)
<i>fluticasone prop hfa 44 mcg</i>	QL (10.6 PER 30 DAYS)
<i>mometasone furoate 50 mcg spry</i>	QL (34 PER 30 DAYS)
QVAR REDHALER 40 MCG	QL (10.6 PER 30 DAYS)
QVAR REDHALER 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 syrpy)</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>desloratadine 5 mg tablet</i>	
<i>levocetirizine 5 mg tablet</i>	
<i>olopatadine 665 mcg nasal spray</i>	QL (30.5 PER 30 DAYS)
Antileukotrienes	
ACCOLATE	
<i>montelukast sodium</i>	
SINGULAIR	
<i>zafirlukast</i>	
Bronchodilators, Anticholinergic	
ATROVENT HFA	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	QL (30 PER 30 DAYS)
<i>ipratropium 0.03% spray</i>	QL (60 PER 30 DAYS)
<i>ipratropium 0.06% spray</i>	QL (45 PER 30 DAYS)
<i>ipratropium br 0.02% soln</i>	PA
SPIRIVA HANDIHALER	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 /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>	

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

DRUG NAME	REQUIREMENTS/LIMITS
PROAIR RESPICLICK	QL (2 PER 30 DAYS)
SEREVENT DISKUS	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	
VENTOLIN HFA	QL (36 PER 30 DAYS)
XOPENEX HFA	QL (30 PER 30 DAYS)
Cystic Fibrosis Agents	
CAYSTON	PA
KALYDECO	PA, QL (60 PER 30 DAYS)
ORKAMBI (100 MG TABLET, 200 MG TABLET)	PA, QL (120 PER 30 DAYS)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	PA, QL (60 PER 30 DAYS)
PULMOZYME	PA
<i>tobramycin 300 mg/5 ml ampule</i>	PA
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	PA, QL (90 PER 30 DAYS)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	PA, QL (60 PER 30 DAYS)
Mast Cell Stabilizers	
<i>cromolyn 20 mg/2 ml neb soln</i>	PA
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)

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

DRUG NAME	REQUIREMENTS/LIMITS
<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)
<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>breyna</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)

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

DRUG NAME	REQUIREMENTS/LIMITS
<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>

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)

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

DRUG NAME	REQUIREMENTS/LIMITS
<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	AFINITOR DISPERZ	30
abacavir-lamivudine	46	afirmelle	88
abigale lo	88	AGRYLIN	58
ABILIFY	40	AIMOVIG AUTOINJECTOR	26
ABILIFY ASIMTUFI	40	AKEEGA	31
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	75
ACCOLATE	109	ALDACTONE	69
accutane	73	ALECENSA	31
acebutolol hcl	62	alendronate sodium	103
acetaminophen-codeine	4	alfuzosin hcl er	85
acetazolamide	64	aliskiren	64
acetazolamide er	64	allopurinol	26
acetic acid	107	alosetron hcl	80
acetylcysteine	111	ALPHAGAN P	107
acitretin	74	alprazolam	50
ACTEMRA	97	alprazolam er	50
ACTEMRA ACTPEN	97	alprazolam xr	50
ACTHAR	85	ALTACE	61
ACTHAR SELFJECT	85	altavera	88
ACTHIB	100	ALUNBRIG	31
ACTIMMUNE	98	alyacen	88
ACTOS	52	amabelz	88
ACULAR	106	amantadine	38
ACULAR LS	106	AMBISOME	24
acyclovir	50	ambrisentan	111
acyclovir sodium	50	amethia	88
ADACEL TDAP	100	amethyst	88
ADCIRCA	110	amikacin sulfate	7
ADDERALL XR	70	amiloride hcl	67
adefovir dipivoxil	49	amiloride-hydrochlorothiazide	65
ADEMPAS	110	amiodarone hcl	62
ADLARITY	19	amitriptyline hcl	23
ADVAIR HFA	111	amlodipine besylate	63
AFINITOR	30	amlodipine besylate-benazepril	65

amlodipine-atorvastatin	65	AROMASIN	30
amlodipine-olmesartan	65	ARTHROTEC 50	2
amlodipine-valsartan	65	ARTHROTEC 75	2
amlodipine-valsartan-hctz	65	asenapine maleate	41
ammonium lactate	75	ashlyna	88
amnestem	74	ASMANEX	108
amoxapine	23	ASMANEX HFA	108
amoxicillin	10	aspirin-dipyridamole er	59
amoxicillin-clavulanate pot er	11	ASTAGRAF XL	98
amoxicillin-clavulanate potass	11	ATACAND	60
amphotericin b	24	ATACAND HCT	65
amphotericin b liposome	24	atazanavir sulfate	48
ampicillin sodium	11	ATELVIA	103
ampicillin trihydrate	11	atenolol	62
ampicillin-sulbactam	11	atenolol-chlorthalidone	65
AMPYRA	72	ATGAM	96
anagrelide hcl	58	atomoxetine hcl	71
anastrozole	30	atorvastatin calcium	68
ANDROGEL	87	atovaquone	38
ANORO ELLIPTA	111	atovaquone-proguanil hcl	38
APOKYN	39	atropine sulfate	104
apomorphine hcl	39	ATROVENT HFA	109
aprepitant	24	aubra	88
apri	88	aubra eq	88
APRISO	102	AUGTYRO	31
APTIOM	17	aurovela	88
APTIVUS	48	aurovela 24 fe	88
aqua care sodium chloride	77	aurovela fe	88
aranelle	88	AUSTEDO	72
ARANESP	58	AUSTEDO XR	72
ARCALYST	97	AUSTEDO XR TITRATION KT(WK1-4)	72
AREXVY	100	AUVELITY	19
ARICEPT	19	AVALIDE	65
ARIKAYCE	7	AVAPRO	60
ARIMIDEX	30	aviane	88
aripiprazole	40	avidoxy	13
aripiprazole odt	40	AVITA	74
ARISTADA	40,41	AVMAPKI-FAKZYNJA	29
ARISTADA INITIO	41	AVODART	85
armodafinil	113	AVONEX	72
ARNUITY ELLIPTA	108	AVONEX (4 PACK)	72

AVONEX PEN (4 PACK).....	72	BESREMI.....	98
ayuna.....	88	betaine anhydrous.....	83
AYVAKIT.....	31	betamethasone diprop augmented.....	75
AZACTAM.....	8	betamethasone dipropionate.....	75
AZASAN.....	98	betamethasone valerate.....	75
azathioprine.....	98	BETASERON.....	72
azelaic acid.....	74	betaxolol hcl.....	62,106
azelastine hcl.....	106,108	bethanechol chloride.....	85
AZELEX.....	74	BETOPTIC S.....	106
AZILECT.....	39	bexarotene.....	37
azithromycin.....	12	BEXSERO.....	100
AZOPT.....	107	bicalutamide.....	28
AZOR.....	65	BICILLIN L-A.....	11
aztreonam.....	8	BIKTARVY.....	45
AZULFIDINE.....	102	BILTRICIDE.....	37
azurette.....	88	bimatoprost.....	107
B		bismuth-metronidazole-tetracyc.....	81
bacitracin.....	105	bisoprolol fumarate.....	62
bacitracin-polymyxin.....	105	bisoprolol-hydrochlorothiazide.....	65
baclofen.....	45	blisovi 24 fe.....	88
BACTRIM.....	13	blisovi fe.....	88
BACTRIM DS.....	13	BOOSTRIX TDAP.....	100
balsalazide disodium.....	102	bosentan.....	111
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.....	4	BRILINTA.....	59
BELSOMRA.....	112	brimonidine tartrate.....	107
benazepril hcl.....	61	brimonidine tartrate-timolol.....	104
benazepril-hydrochlorothiazide.....	65	brinzolamide.....	107
BENICAR.....	60	BRIVIACT.....	14
BENICAR HCT.....	65	bromfenac sodium.....	106
BENLYSTA.....	97	bromocriptine mesylate.....	39
BENZAMYCIN.....	74	BRUKINSA.....	31
benznidazole.....	37	budesonide.....	108
benztropine mesylate.....	38	budesonide dr.....	103
BESIVANCE.....	105	budesonide ec.....	103
		budesonide er.....	103

budesonide-formoterol fumarate	111	carbamazepine er	17
bumetanide	67	CARBATROL	17
BUPHENYL	83	carbidopa	39
buprenorphine	4	carbidopa-levodopa	39
buprenorphine hcl	6	carbidopa-levodopa er	39
buprenorphine-naloxone	6,7	carbidopa-levodopa-entacapone	38
bupropion hcl	19	CARDIZEM	64
bupropion hcl sr	7,19	CARDIZEM CD	64
bupropion hcl sr 150mg tablet	19	CARDIZEM LA	64
bupropion xl	19	CARDURA	60
buspirone hcl	50	carglumic acid	78
butalbital-acetaminophen	2	carisoprodol	112
butalbital-acetaminophen-caffe	2	CARNITOR	83
butalbital-aspirin-caffeine	2	CARNITOR SF	83
butorphanol tartrate	4	carteolol hcl	106
BUTRANS	4	cartia xt	64
BYDUREON BCISE	52	carvedilol	62
BYSTOLIC	62	carvedilol er	62
C		CASODEX	28
cabergoline	95	caspofungin acetate	24
CABLIVI	59	CAYSTON	110
CABOMETYX	31	cefaclor	9
calcipotriene	76	cefadroxil	9
calcitonin-salmon	103	cefazolin sodium	10
calcitrene	76	cefazolin sodium-dextrose	10
calcitriol	103	cefdinir	10
CALQUENCE	31	cefepime	10
camila	93	cefepime hcl	10
camrese	89	cefepime-dextrose	10
camrese lo	89	cefixime	10
CANASA	102	cefoxitin	10
CANCIDAS	24	cefoxitin sodium	10
candesartan cilexetil	60	cefpodoxime proxetil	10
candesartan-hydrochlorothiazid	65	cefprozil	10
CAPLYTA	41	ceftazidime	10
CAPRELSA	31	ceftriaxone	10
captopril	61	cefuroxime	10
CARAFATE	82	cefuroxime sodium	10
CARBAGLU	78	CELEBREX	2
carbamazepine	17	celecoxib	2
		CELEXA	20

CELLCEPT.....	98	clindacin p.....	8
CELONTIN.....	15	clindamycin (pediatric).....	8
cephalexin.....	10	clindamycin hcl.....	8
CEREZYME.....	83	clindamycin phos-benzoyl perox.....	74
cetirizine hcl.....	108	clindamycin phosphate.....	8
cevimeline hcl.....	73	clindamycin phosphate-d5w.....	8
chateal.....	89	clindamycin-0.9% nacl.....	8
chateal eq.....	89	clindamycin-benzoyl peroxide.....	74
CHEMET.....	79	clobazam.....	15
chenodal.....	81	clobetasol emollient.....	75
chlordiazepoxide hcl.....	50	clobetasol propionate.....	75
chlorhexidine gluconate.....	73	clodan.....	75
chloroquine phosphate.....	38	clomipramine hcl.....	23
chlorpromazine hcl.....	23	clonazepam.....	51
chlorthalidone.....	67	clonidine.....	60
chlorzoxazone.....	112	clonidine hcl.....	60
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.....	82	CLOZARIL.....	44
cinacalcet hcl.....	103	COARTEM.....	38
CINRYZE.....	96	COBENFY.....	44
CIPRO.....	13	COBENFY STARTER PACK.....	44
CIPRODEX.....	107	codeine sulfate.....	4
ciprofloxacin hcl.....	13,105	COLAZAL.....	102
ciprofloxacin-d5w.....	13	colchicine.....	26
ciprofloxacin-dexamethasone.....	108	COLCRYS.....	26
citalopram hbr.....	20	COLESTID.....	68
claravis.....	74	colestipol hcl.....	68
clarithromycin.....	12	colistimethate.....	8
clarithromycin er.....	12	COMBIGAN.....	104
clemastine fumarate.....	108	COMBIPATCH.....	89
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

constulose	80	dalfampridine er	73
COPAXONE	72,73	DALIRESP	110
COPIKTRA	31	DALVANCE	8
COREG CR	62	danazol	87
CORLANOR	65	DANTRIUM	45
CORTEF	85	dantrolene sodium	45
COSENTYX (2 SYRINGES)	97	DANZITEN	31
COSENTYX SENSOREADY (2 PENS)	97	dapsone	27
COSENTYX SENSOREADY PEN	97	DAPTACEL DTAP	100
COSENTYX SYRINGE	97	daptomycin	8
COSENTYX UNOREADY PEN	97	DARAPRIM	38
COSOPT	104	darifenacin er	84
COTELLIC	31	darunavir	48
COZAAR	60	dasatinib	31
CREON	83	dasetta	89
CRESEMBA	24	DAURISMO	32
CRESTOR	68	DAYPRO	2
cromolyn sodium	83,106,110	daysee	89
cryselle	89	DAYVIGO	112
CRYSVITA	83	DDAVP	86
CUBICIN	8	deblitane	93
CUBICIN RF	8	deferasirox	79
cyclobenzaprine hcl	112	DELSTRIGO	45
cyclophosphamide	28	DELZICOL	102
cycloserine	27	demeclocycline hcl	13
CYCLOSET	52	DEMSE	65
cyclosporine	98	DENG VAXIA	100
cyclosporine modified	98	DEPAKOTE	14
CYMBALTA	20	DEPAKOTE ER	14
cyproheptadine hcl	108	DEPAKOTE SPRINKLE	14
cyred	89	DEPEN	85
cyred eq	89	DEPO-ESTRADIOL	87
CYSTADANE	83	DEPO-PROVERA	93
CYSTADROPS	104	DEPO-SUBQ PROVERA 104	93
CYSTAGON	83	DEPO-TESTOSTERONE	87
CYSTARAN	104	dermacinrx lidocan	6
CYTOMEL	94	DESCOVY	46
CYTOTEC	82	desipramine hcl	23
		desloratadine	109
D		desmopressin acetate	86
dabigatran etexilate	57	desogestr-eth estrad eth estra	89

desogestrel-ethinyl estradiol	89	diltiazem 24hr er (la)	64
desonide	75	diltiazem 24hr er (xr)	64
desoximetasone	75	diltiazem hcl	64
desvenlafaxine succinate er	21	dimethyl fumarate	73
DETROL	84	DIOVAN	60,61
DETROL LA	84	DIOVAN HCT	65
dexamethasone	86	DIPENTUM	102
dexamethasone sodium phosphate	106	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	70,71	divalproex sodium er	14
dextrose 2.5%-0.45% nacl	78	DIVIGEL	87
dextrose 5%-0.2% nacl	78	dofetilide	62
dextrose 5%-0.225% nacl	78	dolishale	89
dextrose 5%-0.45% nacl	78	donepezil hcl	19
dextrose 5%-0.9% nacl	78	donepezil hcl odt	19
dextrose in water	79	dorzolamide hcl	107
DIACOMIT	14	dorzolamide-timolol	104
diazepam	15,16,51	dotti	87
diazoxide	54	DOVATO	45
diclofenac potassium	2	doxazosin mesylate	60
diclofenac sodium	2,76,106	doxepin hcl	23,75,112
diclofenac sodium er	2	doxy 100	13
diclofenac sodium-misoprostol	2,3	doxycycline hyclate	13
dicloxacillin sodium	11	doxycycline ir-dr	74
dicyclomine hcl	81	doxycycline monohydrate	13
DIFICID	12	DRIZALMA SPRINKLE	21
DIFLUCAN	24	dronabinol	24
difluprednate	106	droplet insulin syringe	55
digitek	65	droplet micron pen needle	55
digoxin	65	droplet pen needle	55
dihydroergotamine mesylate	26	drospirenone-eth estra-levomef	89
dilantin	17	drospirenone-ethinyl estradiol	89
DILANTIN-125	17	droxidopa	60
dilt-xr	64	DUAVEE	94
diltiazem 12hr er	64	DULERA	111
diltiazem 24hr er	64	duloxetine hcl	21
diltiazem 24hr er (cd)	64	DUPIXENT PEN	97

DUPIXENT SYRINGE	97
DUREZOL	106
dutasteride	85
dutasteride-tamsulosin	85

E

E.E.S. 200	12	ENGERIX-B PEDIATRIC-ADOLESCENT	100
ec-naproxen	3	enilloring	89
econazole nitrate	24	enoxaparin sodium	57
EDARBI	61	enpresse	89
EDARBYCLOR	65	enskyce	89
EDURANT	45	entacapone	38
EDURANT PED	45	entecavir	49
efavirenz	45	ENTRESTO	65
efavirenz-emtricitabine-tenofovir disoproxil fumarate	45	ENTRESTO SPRINKLE	65
efavirenz-lamivudine-tenofovir disoproxil fumarate	45	ENTYVIO PEN	97
EFFEXOR XR	21	enulose	80
EFUDEX	76	ENVARUSUS XR	98
ELELYSO	83	EPIDIOLEX	14
ELIDEL	75	epinastine hcl	106
ELIGARD	95	epinephrine	109
elinest	89	epitol	17
ELIQUIS	57	EPIVIR	46
eluryng	89	eplerenone	69
EMEND	24	EPRONTIA	14
EMGALITY PEN	26	EPZICOM	46
EMGALITY SYRINGE	26	ergotamine-caffeine	26
EMSAM	20	ERIVEDGE	32
emtricitabine	46	ERLEADA	28
emtricitabine- rilpivirine-tenofovir disoproxil fumarate	46	erlotinib hcl	32
emtricitabine-tenofovir disoproxil fumarate	46	errin	94
EMTRIVA	46	ertapenem	11
emzahn	93	ery	12
enalapril maleate	61	ERY-TAB	12
enalapril-hydrochlorothiazide	65	ERYPED 200	12
ENBREL	98	ERYPED 400	12
ENBREL MINI	98	ERYTHROCIN LACTOBIONATE	12
ENBREL SURECLICK	98	erythromycin	12,105
ENDARI	83	erythromycin ethylsuccinate	12
endocet	4,5	erythromycin lactobionate	12
ENGERIX-B ADULT	100	erythromycin-benzoyl peroxide	74
		ESBRIET	111
		escitalopram oxalate	21
		ESGIC	2
		eslicarbazepine acetate	17,18
		esomeprazole magnesium	82
		estarylla	89

ESTRACE	87	felbamate	14
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	88	fentanyl	4
eszopiclone	112	fentanyl citrate	5
ethambutol hcl	27	fesoterodine fumarate er	84
ethosuximide	15	FETZIMA	21
ethynodiol-ethinyl estradiol	89	fidaxomicin	12
etodolac	3	FINACEA	74
etodolac er	3	finasteride	85
etonogestrel-ethinyl estradiol	89	fingolimod	73
etravirine	46	FINTEPLA	14
EULEXIN	28	FIRAZYR	96
EUTHYROX	94	FIRMAGON	95
everolimus	32,99	flac otic oil	108
EVISTA	94	FLAGYL	9
EVOTAZ	48	flecainide acetate	62
EXELON	19	FLOMAX	85
exemestane	30	fluconazole	24
EXFORGE	65	fluconazole-nacl	24
EXFORGE HCT	65	flucytosine	24
EXJADE	79	fludrocortisone acetate	86
EXKIVITY	32	flunisolide	108
EXTENCILLINE	11	fluocinolone acetonide	75
EYSUVIS	106	fluocinolone acetonide oil	108
ezetimibe	69	fluocinonide	75
ezetimibe-simvastatin	69	fluocinonide-e	75
F		fluorometholone	106
falmina	89	fluorouracil	76
famciclovir	50	fluoxetine dr	21
famotidine	82	fluoxetine hcl	21
FANAPT	41	fluphenazine decanoate	39
FARESTON	29	fluphenazine hcl	39,40
FARXIGA	52	flurbiprofen	3
FASENRA	111	flurbiprofen sodium	106
FASENRA PEN	111	fluticasone propionate	75,108
feirza	89	fluticasone propionate hfa	108
		fluticasone-salmeterol	111,112

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	66
FOTIVDA	32
FRUZAQLA	32
FULPHILA	59
furosemide	67
FUZEON	47
fyavolv	89
FYCOMPA	14

G

gabapentin	16
galantamine er	19
galantamine hbr	19
galantamine hydrobromide	19
galbriela	89
gallifrey	94
GAMMAGARD LIQUID	96
GAMMAGARD S-D	97
GAMMAPLEX	97
GAMUNEX-C	97
GARDASIL 9	100
gatifloxacin	105
GATTEX	81
gauze pads & dressings - pads 2 x 2	52
gavilyte-c	81
gavilyte-g	81
gavilyte-n	81
GAVRETO	32
gefitinib	32
gemfibrozil	67
gemmily	89
GEMTESA	84
generlac	80
gengraf	99
gentamicin sulfate	7,77,105
gentamicin sulfate in ns	7
GENVOYA	45
GEODON	41
GILENYA	73
GILOTRIF	32
glatiramer acetate	73
glatopa	73
GLEEVEC	32
GLEOSTINE	28
glimepiride	52
glipizide	52
glipizide er	52
glipizide xl	52
glipizide-metformin	52
GLUCAGEN	54
glucagon emergency kit	54
glucose 5%-0.9% nacl	78
glucose in water	79
GLUCOTROL XL	52
glyburide	52
glyburide micronized	52,53
glyburide-metformin hcl	52,53
glycopyrrolate	81
GLYXAMBI	53
GOLYTELY	81
GOMEKLI	32
granisetron hcl	24
GRANIX	59
griseofulvin	25
griseofulvin ultramicrosize	25
guanfacine hcl	60
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	99
HADLIMA PUSHTOUCH	99
HADLIMA(CF)	99
HADLIMA(CF) PUSHTOUCH	99
HAEGARDA	96
hailey	90
hailey 24 fe	90
hailey fe	90
HALDOL DECANOATE 100	40
HALDOL DECANOATE 50	40
halobetasol propionate	75
haloette	90
haloperidol	40
haloperidol decanoate	40
haloperidol decanoate 100	40
haloperidol lactate	40
HAVRIX	101
heather	94
HEMADY	86
heparin sodium	58
HEPLISAV-B	101
HETLIOZ	112
HIBERIX	101
hidex	86
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	99
HUMIRA PEN	99
HUMIRA(CF)	99
HUMIRA(CF) PEN	99
HUMIRA(CF) PEN CROHN'S-UC-HS	99
HUMIRA(CF) PEN PEDIATRIC UC	99

HUMIRA(CF) PEN PSOR-UV-ADOL HS	99
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	4
hydrocodone-acetaminophen	5
hydrocodone-ibuprofen	5
hydrocortisone	76,86,103
hydrocortisone butyrate	76
hydrocortisone valerate	76
hydrocortisone-acetic acid	108
hydromorphone hcl	5
hydroxychloroquine sulfate	38
hydroxyurea	29
hydroxyzine hcl	51
hydroxyzine pamoate	51
HYZAAR	66

ibandronate sodium	103
IBRANCE	32
IBTROZI	32
ibu	3
ibuprofen	3
icatibant	96
iclevia	90
ICLUSIG	32
icosapent ethyl	69
IDHIFA	32
ILEVRO	106
imatinib mesylate	32
IMBRUVICA	32,33
imipenem-cilastatin sodium	11
imipramine hcl	23

imiquimod	76	irbesartan	61
IMITREX	26	irbesartan-hydrochlorothiazide	66
IMKELDI	33	IRESSA	33
IMOVAX RABIES VACCINE	101	ISENTRESS	45
IMPAVIDO	9	ISENTRESS HD	45
IMURAN	99	isibloom	90
INBRIJA	39	isoniazid	27
incassia	94	isopropyl alcohol 0.7 ml/ml medicated pad	53
INCRELEX	86	ISORDIL TITRADOSE	70
INCRUSE ELLIPTA	109	isosorbide dinitrate	70
indapamide	67	isosorbide mononitrate	70
INDERAL LA	62	isosorbide mononitrate er	70
INDERAL XL	62	isotretinoin	74
indomethacin	3	isradipine	63
indomethacin er	3	ISTALOL	107
INFANRIX DTAP	101	ITOVEBI	33
INGREZZA	72	itraconazole	25
INGREZZA INITIATION PK(TARDIV)	72	ivabradine hcl	66
INGREZZA SPRINKLE	72	ivermectin	37,77
INLYTA	33	IWILFIN	30
INNOPRAN XL	62	IXCHIQ	101
INQOVI	29	IXIARO	101
INREBIC	33		
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	90
insulin syringe (disp) u-100 1 ml	55	JAKAFI	33
insulin syringe (disp) u-100 1/2 ml	55	jantoven	58
INTELENCE	46	JANUMET	53
INTRALIPID	79	JANUMET XR	53
introvale	90	JANUVIA	53
INVANZ	12	JARDIANCE	53
INVEGA	41	jasmiel	90
INVEGA HAFYERA	41	JAYPIRCA	33
INVEGA SUSTENNA	41	jencycla	94
INVEGA TRINZA	41	JENTADUETO	53
INVELTYS	106	JENTADUETO XR	53
IPOL	101	jinteli	90
ipratropium bromide	109	jolessa	90
ipratropium-albuterol	112	juleber	90

JULUCA	45
junel	90
junel fe	90
junel fe 24	90
JUXTAPID	69
JYNNEOS	101
JYNNEOS (NATIONAL STOCKPILE)	101

K

kaitlib fe	90
KALETRA	48
kalliga	90
KALYDECO	110
KANJINTI	37
kariva	90
kcl-d5w-0.2% nacl	78
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	101
kionex	80
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	46,47,49
lamivudine hbv	49
lamivudine-zidovudine	47
lamotrigine	15
lamotrigine (blue)	15
lamotrigine er	15
LAMPIT	38
LANOXIN	66
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	99
lenalidomide	29
lentocilin s	11
LENVIMA	33
lessina	90
LETAIRIS	111
letrozole	30
leucovorin calcium	30
LEUKERAN	28
LEUKINE	59

leuprolide acetate.....	95	lisinopril-hydrochlorothiazide.....	66
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.....	107	LIVTENCITY.....	49
levocarnitine.....	83	lo-zumandimine.....	91
levocarnitine sf.....	83	LOCOID LIPOCREAM.....	76
levocetirizine dihydrochloride.....	109	LOESTRIN.....	91
levofloxacin.....	13	LOESTRIN FE.....	91
levofloxacin-d5w.....	13	lojaimiess.....	91
levonest.....	90	LONSURF.....	30
levonorg-eth estrad eth estrad.....	90	loperamide.....	80
levonorgestrel-eth estradiol.....	91	LOPID.....	67
levora-28.....	91	lopinavir-ritonavir.....	48
levorphanol tartrate.....	4	LOPRESSOR.....	63
levothyroxine sodium.....	95	LOPROX.....	25
LEVOXYL.....	95	lorazepam.....	51
LEXAPRO.....	21	lorazepam intensol.....	51
LEXIVA.....	48	LORBRENA.....	33
LIALDA.....	102	loryna.....	91
LIBERVANT.....	16	losartan potassium.....	61
lidocaine.....	6	losartan-hydrochlorothiazide.....	66
lidocaine hcl.....	6	LOTENSIN.....	61
lidocaine hcl laryngotracheal 4% solution.....	6	LOTRONEX.....	80
lidocaine hcl viscous.....	6	lovastatin.....	68
lidocaine-prilocaine.....	6	LOVENOX.....	58
LIDOCAN II.....	6	low-ogestrel.....	91
lidocan iii.....	6	loxapine.....	40
lidocan iv.....	6	lubiprostone.....	80
lidocan v.....	6	LUMAKRAS.....	33
LIDODERM.....	6	LUMIGAN.....	107
LILETTA.....	85	LUMRYZ.....	113
linezolid.....	9	LUMRYZ STARTER PACK.....	113
linezolid-0.9% nacl.....	9	LUPRON DEPOT.....	95
linezolid-d5w.....	9	LUPRON DEPOT (LUPANETA).....	95
LINZESS.....	80	LUPRON DEPOT-PED.....	95
liothyronine sodium.....	95	lurasidone hcl.....	41,42
LIPITOR.....	68	lurbipr.....	3
lisdexamfetamine dimesylate.....	71	lutera.....	91
lisinopril.....	61	LYBALVI.....	42

lyleq.....	94
lyllana.....	88
LYNPARZA.....	34
LYRICA.....	16
LYSODREN.....	30
LYTGOBI.....	34
LYUMJEV.....	56
LYUMJEV KWIKPEN U-100.....	56
LYUMJEV KWIKPEN U-200.....	56
LYUMJEV TEMPO PEN U-100.....	56
lyza.....	94

M

M-M-R II VACCINE.....	101
magnesium sulfate.....	78
MALARONE.....	38
malathion.....	77
maraviroc.....	47
marlissa.....	91
MARPLAN.....	20
MATULANE.....	28
matzim la.....	64
MAVYRET.....	49
MAXALT.....	26
MAXALT MLT.....	26
MAXITROL.....	104
meclizine hcl.....	23
MEDROL.....	86
medroxyprogesterone acetate.....	94
mefloquine hcl.....	38
megestrol acetate.....	94
MEKINIST.....	34
MEKTOVI.....	34
meleya.....	94
meloxicam.....	3
memantine hcl.....	19
memantine hcl er.....	19
MENACTRA.....	101
MENEST.....	88
MENQUADFI.....	101
MENVEO A-C-Y-W-135-DIP.....	101

mercaptopurine.....	29
meropenem.....	12
meropenem-0.9% nacl.....	12
merzee.....	91
mesalamine.....	102
mesalamine dr.....	102
mesalamine er.....	103
mesna.....	37
MESNEX.....	37
MESTINON.....	27
metformin hcl.....	53
metformin hcl er.....	53
methadone hcl.....	4
methazolamide.....	66
methenamine hippurate.....	9
methimazole.....	96
methocarbamol.....	112
methotrexate.....	99
methotrexate sodium.....	99
methoxsalen.....	77
methscopolamine bromide.....	81
methsuximide.....	15
methylphenidate er.....	71
methylphenidate hcl.....	71
methylprednisolone.....	86
methyltestosterone.....	87
metoclopramide hcl.....	81
metolazone.....	67
metoprolol succinate.....	63
metoprolol tartrate.....	63
metoprolol-hydrochlorothiazide.....	66
METRO IV.....	9
METROCREAM.....	77
METROGEL.....	77
METROLOTION.....	77
metronidazole.....	9,77
metyrosine.....	66
mexiletine hcl.....	62
micafungin.....	25
micafungin-0.9% nacl.....	25
MICARDIS.....	61

MICARDIS HCT	66
microgestin	91
microgestin 24 fe	91
microgestin fe	91
midodrine hcl	60
MIEBO	104
mifepristone	95
miglustat	83
MIGRANAL	26
mili	91
mimvey	91
minocycline hcl	13
minoxidil	69
mirtazapine	20
misoprostol	82
modafinil	113
moexipril hcl	61
molindone hcl	40
mometasone furoate	76,108
mondoxylene nl	13
mono-lynyah	91
montelukast sodium	109
morphine sulfate	5
morphine sulfate er	4
MOUNJARO	53
MOVANTIK	80
MOVIPREP	81
moxifloxacin	13,105
moxifloxacin hcl	13
MRESVIA	101
MULTAQ	62
mupirocin	77
MVASI	37
MYALEPT	81
MYCOBUTIN	27
mycophenolate mofetil	99
mycophenolic acid	99
MYFORTIC	99
MYHIBBIN	99
myorisan	74
MYRBETRIQ	84

MYSOLINE	16
----------	----

N

nabumetone	3
nadolol	63
naftacillin	11
naftacillin sodium	11
naloxone hcl	7
naltrexone hcl	7
NAMENDA	19
naproxen	3
naproxen sodium	4
naratriptan hcl	26
NARCAN	7
NARDIL	20
NATACYN	105
nateglinide	53
NAYZILAM	16
nebivolol hcl	63
NEBUPENT	38
necon	91
needles, insulin disp., safety	56
nefazodone hcl	21
neo-polycin	105
neo-polycin hc	104
neomycin sulfate	8
neomycin-bacitracin-poly-hc	104
neomycin-bacitracin-polymyxin	105
neomycin-polymyxin-dexameth	104
neomycin-polymyxin-gramicidin	105
neomycin-polymyxin-hc	108
neomycin-polymyxin-hydrocort	108
NEORAL	99
NERLYNX	34
neuac	74
NEUPRO	39
NEURONTIN	16
nevirapine	46
nevirapine er	46
NEXAVAR	34
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	70	NUVARING	91
nitrofurantoin	9	NUVIGIL	113
nitrofurantoin mono-macro	9	NUZYRA	14
nitroglycerin	70	nyamyc	25
nitroglycerin patch	70	nylia	91
NITROLINGUAL	70	nymyo	92
NITROSTAT	70	nystatin	25
NIVESTYM	59	nystatin-triamcinolone	77
nizatidine	82	nystop	25
nora-be	94		
norelgestromin-eth estradiol	91	O	
norethin-eth estra-ferrous fum	91	OCALIVA	81
norethindron-ethinyl estradiol	91	ocella	92
norethindrone	94	octreotide acetate	95,96
norethindrone ac (lupaneta)	94	octreotide acetate er	96
norethindrone acetate	94	OCUFLOX	105
norethindrone-e.estradiol-iron	91	ODEFSEY	47
norgestimate-ethinyl estradiol	91	ODOMZO	34
NORPRAMIN	23	OFEV	111
NORTHERA	60	ofloxacin	13,105,108
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	61	oxcarbazepine	18
olmesartan-amlodipine-hctz	66	oxybutynin chloride	84
olmesartan-hydrochlorothiazide	66	oxybutynin chloride er	84
olopatadine hcl	109	oxycodone hcl	5
omega-3 acid ethyl esters	69	oxycodone-acetaminophen	5
omeprazole	82	OZEMPIC	53
omnipod 5 (g6/libre 2 plus)	56		
omnipod 5 dexg7g6 intro(gen 5)	56	P	
omnipod 5 dexg7g6 pods (gen 5)	56	pacerone	62
omnipod 5 g6-g7 intro kt(gen5)	56	paliperidone er	42
omnipod 5 g6-g7 pods (gen 5)	56	PALYNZIQ	83
omnipod 5 intro(g6/libre2plus)	56	PANRETIN	37
omnipod classic pods (gen 3)	56	pantoprazole sodium	82
omnipod dash intro kit (gen 4)	56	paricalcitol	104
omnipod dash pdm kit (gen 4)	56	PARNATE	20
omnipod dash pods (gen 4)	56	paroxetine cr	21,22
omnipod go pods	56	paroxetine er	22
OMNITROPE	86	paroxetine hcl	22
ondansetron hcl	24	PAXIL	22
ondansetron odt	24	PAXLOVID	50
ONFI	16	pazopanib hcl	34
ONTRUZANT	37	PEDIARIX	101
ONUREG	30	PEDVAXHIB	101
OPIPZA	42	peg 3350-electrolyte	81
OPSUMIT	111	peg-3350 and electrolytes	81
OPVEE	7	peg3350-sod sul-nacl-kcl-asb-c	81
ORACEA	74	PEGASYS	98
ORALAIR	112	PEMAZYRE	34
oralone	73	pen needle	57
ORENCIA	97	PENBRAYA	101
ORENCIA CLICKJECT	97	penicillamine	85
ORFADIN	83	penicillin g potassium	11
ORGOVYX	30	penicillin g sodium	11
ORKAMBI	110	penicillin gk-iso-osm dextrose	11
orquidea	94	penicillin v potassium	11
ORSERDU	29	PENMENVY MEN A-B-C-W-Y	101
oseltamivir phosphate	49	PENTACEL	101
OTEZLA	77	PENTAM 300	38
OVIDE	77	pentamidine isethionate	38
oxaprozin	4	PENTASA	103
oxazepam	51	pentoxifylline	66

perampanel.....	15	potassium chloride-dextrose 5%.....	78
perindopril erbumine.....	61	potassium citrate er.....	78
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.....	86
PHENYTEK.....	18	prednisolone acetate.....	106
phenytoin.....	18	prednisolone sodium phosphate.....	86,106
phenytoin sodium extended.....	18	prednisone.....	86
philith.....	92	pregabalin.....	16,17
PIFELTRO.....	46	PREGNYL.....	86
pilocarpine hcl.....	73,107	PREHEVBRIO.....	101
pimecrolimus.....	76	PREMARIN.....	88
pimozide.....	40	PREMPHASE.....	92
pimtrea.....	92	PREMPRO.....	92
pindolol.....	63	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.....	111	PRIFTIN.....	27
piroxicam.....	4	primaquine.....	38
PLAQUENIL.....	38	primidone.....	17
PLAVIX.....	59	PRIORIX.....	101
PLEGRIDY.....	73	PRISTIQ.....	22
PLEGRIDY PEN.....	73	PROAIR RESPICLICK.....	110
podofilox.....	77	probenecid.....	26
polycin.....	105	probenecid-colchicine.....	26
polymyxin b sul-trimethoprim.....	105	PROCARDIA XL.....	63
POMALYST.....	29	prochlorperazine.....	23
portia.....	92	prochlorperazine maleate.....	23
posaconazole.....	25	PROCRT.....	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

PROGLYCEM.....	55
PROGRAF.....	99,100
PROLASTIN C.....	83
PROLENSA.....	106
PROLIA.....	104
PROMACTA.....	59
promethazine hcl.....	23
promethegan.....	23
propafenone hcl.....	62
propafenone hcl er.....	62
propranolol hcl.....	63
propranolol hcl er.....	63
propylthiouracil.....	96
PROQUAD.....	101
PROSCAR.....	85
PROTONIX.....	82
protriptyline hcl.....	23
PROVERA.....	94
PROZAC.....	22
PRUDOXIN.....	76
PULMOZYME.....	110
PURIXAN.....	29
PYLERA.....	81
pyrazinamide.....	27
pyridostigmine bromide.....	27
pyridostigmine bromide er.....	27
pyrimethamine.....	38
PYRUKYND.....	83

Q

QINLOCK.....	34
QUADRACEL DTAP-IPV.....	101
quetiapine fumarate.....	42
quetiapine fumarate er.....	42
quinapril hcl.....	61
quinapril-hydrochlorothiazide.....	66
quinidine gluconate.....	62
quinidine sulfate.....	62
quinine sulfate.....	38
QVAR REDIHALER.....	108

R

RABAVERT.....	101
rabeprazole sodium.....	82
RALDESY.....	22
raloxifene hcl.....	94
ramelteon.....	112
ramipril.....	61
ranolazine er.....	66
RAPAFLO.....	85
RAPAMUNE.....	100
rasagiline mesylate.....	39
reclipsen.....	92
RECOMBIVAX HB.....	101
RECTIV.....	70
REGLAN.....	81
REGRANEX.....	77
RELENZA.....	49
RELISTOR.....	80
REMERON.....	20
RENFLEXIS.....	100
repaglinide.....	53,54
REPATHA PUSHTRONEX.....	69
REPATHA SURECLICK.....	69
REPATHA SYRINGE.....	69
RESTASIS.....	105
RESTASIS MULTIDOSE.....	105
RETACRIT.....	59
RETEVMO.....	34
RETIN-A.....	74
RETROVIR.....	47
REVCovi.....	84
REVUFORJ.....	34,35
REXULTI.....	42
REYATAZ.....	48
REZLIDHIA.....	35
REZUROCK.....	100
RHOPRESSA.....	107
RIABNI.....	37
ribavirin.....	49
RIDAURA.....	97

rifabutin	27
rifampin	27
riluzole	72
RINVOQ	97
RINVOQ LQ	97
risedronate sodium	104
risedronate sodium dr	104
RISPERDAL	42
RISPERDAL CONSTA	42
risperidone	42,43
risperidone er	43
risperidone odt	43
RITALIN	71
ritonavir	48
rivaroxaban	58
rivastigmine	19
rizatriptan	27
ROCALtrol	104
ROCKLATAN	107
roflumilast	110
ROMVIMZA	35
ropinirole er	39
ropinirole hcl	39
rosadan	77
rosuvastatin calcium	68
ROTARIX	101
ROTATEQ	101
ROWASA	103
roweepra	15
ROXICODONE	6
ROZEREM	112
ROZLYTREK	35
RUBRACA	35
rufinamide	18
RUKOBIA	47
RUXIENCE	37
RYBELSUS	54
RYDAPT	35
RYTARY	39

S

SABRIL	17
sajazir	96
SALAGEN	73
SAMSCA	79
SANDIMMUNE	100
SANDOSTATIN LAR DEPOT	96
SANTYL	77
SAPHRIS	43
sapropterin dihydrochloride	84
saxagliptin hcl	54
saxagliptin-metformin er	54
SCSEMBLIX	35
scopolamine	24
SECUADO	43
selegiline hcl	39
selenium sulfide	76
SELZENTRY	47
SENSIPAR	104
SEREVENT DISKUS	110
SEROQUEL	43
SEROQUEL XR	43
sertraline hcl	22
setlakin	92
SFROWASA	103
sharobel	94
SHINGRIX	102
SIGNIFOR	96
SIGNIFOR LAR	96
sildenafil citrate	111
SILENOR	112
silodosin	85
SILVADENE	77
silver sulfadiazine	77
SIMBRINZA	107
SIMLANDI(CF)	100
SIMLANDI(CF) AUTOINJECTOR	100
simliya	92
simpesse	92
simvastatin	68

SINEMET.....	39	sterile pads.....	52
SINEMET 10-100.....	39	STIOLTO RESPIMAT.....	112
SINEMET 25-100.....	39	STIVARGA.....	35
SINGULAIR.....	109	STRATTERA.....	71
sirolimus.....	100	STRENSIQ.....	84
SIRTURO.....	28	streptomycin sulfate.....	8
SIVEXTRO.....	9	STRIBILD.....	45
SKYLA.....	85	STROMECTOL.....	37
SKYRIZI.....	97	SUBLOCADE.....	7
SKYRIZI ON-BODY.....	97	SUBOXONE.....	7
SKYRIZI PEN.....	97	subvenite.....	15
sod sulf-potass sulf-mag sulf.....	81	subvenite (blue).....	15
sodium chloride.....	79	sucalfate.....	82
sodium chloride-water.....	79	SULAR.....	63
sodium oxybate.....	113	sulfacetamide sodium.....	74,105
sodium phenylbutyrate.....	84	sulfacetamide-prednisolone.....	105
sodium polystyrene sulfonate.....	80	sulfadiazine.....	13
solifenacin succinate.....	84	sulfamethoxazole-trimethoprim.....	13
SOLQUA 100-33.....	54	sulfasalazine.....	103
SOLTAMOX.....	29	sulfasalazine dr.....	103
SOMATULINE DEPOT.....	96	sulindac.....	4
SOMAVERT.....	96	sumatriptan.....	27
SOOLANTRA.....	77	sumatriptan succinate.....	27
sorafenib.....	35	sunitinib malate.....	35
sorine.....	62	SUNLENCA.....	47
sotalol.....	62	SUPREP.....	81
sotalol af.....	62	SUTAB.....	81
SPIRIVA HANDIHALER.....	109	SUTENT.....	35
SPIRIVA RESPIMAT.....	109	syeda.....	92
spironolactone.....	69	SYMFI.....	46
spironolactone-hctz.....	66	SYMFI LO.....	46
SPORANOX.....	25	SYMLINPEN 120.....	54
sprintec.....	92	SYMLINPEN 60.....	54
SPRITAM.....	15	SYMPAZAN.....	17
SPRYCEL.....	35	SYMTUZA.....	48
SPS.....	80	SYNAREL.....	96
sronyx.....	92	SYNJARDY.....	54
SSD.....	77	SYNJARDY XR.....	54
STAMARIL.....	102	SYNTHROID.....	95
STELARA.....	97	SYPRINE.....	79
STEQEYMA.....	97,98		

T

TABLOID	29
TABRECTA	35
tacrolimus	76,100
tadalafil	85,111
TAFINLAR	35
TAGRISSO	35
TALZENNA	35
TAMIFLU	49
tamoxifen citrate	29
tamsulosin hcl	85
taperdex	86
TARGRETIN	37
tarina 24 fe	92
tarina fe	92
tarina fe 1-20 eq	92
TASIGNA	35
tasimelteon	112
TASMAR	38
taysofy	92
tazarotene	74
tazicef	10
TAZORAC	74
taztia xt	64
TAZVERIK	35
TDVAX	102
TECFIDERA	73
TEFLARO	10
TEGRETOL	18
TEGRETOL XR	18
TEKTURNA	66
telmisartan	61
telmisartan-amlodipine	66
telmisartan-hydrochlorothiazid	66
temazepam	112
tencon	2
TENIVAC	102
tenofovir disoproxil fumarate	47
TENORETIC 100	66
TENORETIC 50	66

TENORMIN	63
TEPMETKO	36
terazosin hcl	60
terbinafine hcl	25
terbutaline sulfate	110
terconazole	25
TERIPARATIDE	104
testosterone	87
testosterone cypionate	87
testosterone enanthate	87
tetrabenazine	72
tetracycline hcl	14
THALOMID	29
THEO-24	110
theophylline anhydrous	110
theophylline er	110
thioridazine hcl	40
thiothixene	40
THYMOGLOBULIN	97
tiadylt er	64
tiagabine hcl	17
TIAZAC	64
TIBSOVO	36
ticagrelor	59
TICOVAC	102
tigecycline	9
TIKOSYN	62
tilia fe	92
timolol maleate	63,107
TIMOPTIC	107
TIMOPTIC OCUDOSE	107
tinidazole	9
tiotropium bromide	109
TIROSINT	95
TIROSINT-SOL	95
TIVICAY	45
TIVICAY PD	45
tizanidine hcl	45
TOBRADEX	105
tobramycin	105,110
tobramycin sulfate	8

tobramycin-dexamethasone	105	tri-lo-sprintec	92
tolcapone	39	tri-mili	92
tolterodine tartrate	84	tri-nymyo	92
tolterodine tartrate er	85	tri-sprintec	92
tolvaptan	79	tri-vylibra	92
topiramate	15	tri-vylibra lo	93
TOPROL XL	63	triamcinolone acetanide	73,76
toremifene citrate	29	triamterene-hydrochlorothiazid	67
torpenz	36	TRIBENZOR	66
torseamide	67	triderm	76
TOUJEO MAX SOLOSTAR	57	trientine hcl	79
TOUJEO SOLOSTAR	57	trifluoperazine hcl	40
TOVIAZ	85	trifluridine	105
TRACLEER	111	trihexyphenidyl hcl	39
TRADJENTA	54	TRIKAFTA	110
tramadol hcl	6	triklo	69
tramadol hcl er	4	TRILEPTAL	18
tramadol hcl-acetaminophen	6	trimethoprim	9
trandolapril	61	trimipramine maleate	23
trandolapril-verapamil er	66	TRINTELLIX	22
tranexamic acid	59	TRIUMEQ	47
tranylcypromine sulfate	20	TRIUMEQ PD	47
TRAVASOL	79	trivora-28	93
TRAVATAN Z	107	TROPHAMINE	79
travoprost	107	trospium chloride	85
TRAZIMERA	37	trospium chloride er	85
trazodone hcl	22	true comfort safety pen needle	57
TRECTOR	28	TRULICITY	54
TRELEGY ELLIPTA	112	TRUMENBA	102
TRELSTAR	96	TRUQAP	36
TREMFYA	98	TRUVADA	47
TREMFYA ONE-PRESS	98	TUKYSA	36
TREMFYA PEN	98	TURALIO	36
TREMFYA PEN INDUCTION PK-CROHN	98	turqoz	93
tretinoin	37,74	TWINRIX	102
tri-estarylla	92	TYBLUME	93
tri-legest fe	92	TYBOST	47
tri-linyah	92	tydemy	93
tri-lo-estarylla	92	TYENNE	98
tri-lo-marzia	92	TYENNE AUTOINJECTOR	98
tri-lo-mili	92	TYGACIL	9

TYKERB.....	36
TYMLOS.....	104
TYPHIM VI.....	102

U

UBRELVY.....	26
UDENYCA.....	59
UDENYCA AUTOINJECTOR.....	59
UDENYCA ONBODY.....	59
unifine pentips.....	57
unifine pentips plus.....	57
UNITHROID.....	95
ursodiol.....	81
UZEDY.....	43

V

VAGIFEM.....	88
valacyclovir.....	50
VALCHLOR.....	28
VALCYTE.....	49
valganciclovir hcl.....	49
valproic acid.....	15
valsartan.....	61
valsartan-hydrochlorothiazide.....	66
VALTOCO.....	17
VALTREX.....	50
valtya.....	93
vanadom.....	112
vancomycin hcl.....	9
VANFLYTA.....	36
VAQTA.....	102
varenicline tartrate.....	7
VARIVAX VACCINE.....	102
VASCEPA.....	69
VASERETIC.....	66
VASOTEC.....	61
VAXCHORA VACCINE.....	102
velivet.....	93
VELTASSA.....	80
VENCLEXTA.....	36
VENCLEXTA STARTING PACK.....	36

venlafaxine besylate er.....	22
venlafaxine hcl.....	22
venlafaxine hcl er.....	22
VENTAVIS.....	111
VENTOLIN HFA.....	110
VEOZAH.....	72
verapamil er.....	64
verapamil er pm.....	64
verapamil hcl.....	64
verapamil sr.....	64
VERELAN.....	64
VERELAN PM.....	64
VERQUVO.....	70
VERSACLOZ.....	44
VERZENIO.....	36
vestura.....	93
VFEND IV.....	25
VIBERZI.....	80
vienna.....	93
vigabatrin.....	17
vigadrone.....	17
VIGAFYDE.....	17
VIGAMOX.....	105
vigpoder.....	17
VIIBRYD.....	22
vilazodone hcl.....	22
VIMKUNYA.....	102
VIMPAT.....	18
viorele.....	93
VIRACEPT.....	48
VIREAD.....	47
VITRAKVI.....	36
VIVITROL.....	7
VIVOTIF.....	102
VIZIMPRO.....	36
volnea.....	93
VONJO.....	36
VORANIGO.....	36
voriconazole.....	25
voriconazole (hpbcd).....	25
VOTRIENT.....	36

VOWST	81
VPRIV	84
VRAYLAR	43
VUMERITY	73
vyfemla	93
vylibra	93
VYNDAMAX	84
VYNDAQEL	84
VYTORIN	69
VYVANSE	71

W

warfarin sodium	58
WELIREG	84
WELLBUTRIN SR	20
WELLBUTRIN XL	20
wera	93
wixela inhub	112
wymzya fe	93

X

XALKORI	36
xarah fe	93
XARELTO	58
XATMEP	100
XCOPRI	18
XDEMVY	105
xelria fe	93
XENAZINE	72
XERMELO	80
XGEVA	104
XHANCE	108
XIFAXAN	81
XIGDUO XR	54
XIIDRA	105
XOFLUZA	49,50
XOLAIR	98
XOPENEX HFA	110
XOSPATA	36
XPOVIO	30
XPOVIO 40 MG ONCE WEEKLY	30

XTANDI	28
xulane	93

Y

yargesa	84
YASMIN 28	93
YAZ	93
YF-VAX	102
YONSA	28
yuvafem	88

Z

zafemy	93
zafirlukast	109
zaleplon	112
ZARONTIN	15
ZEBUTAL	2
ZEJULA	36
ZELBORAF	37
zenatane	74
ZENPEP	84
zenzedi	71
ZEPATIER	49
ZESTORETIC	67
ZESTRIL	61
ZETIA	69
ZIAC	67
ZIAGEN	47
zidovudine	47
ZIEXTENZO	59
ziprasidone hcl	43
ziprasidone mesylate	43
ZIRABEV	37
ZITHROMAX	12
ZITHROMAX TRI-PAK	12
ZOCOR	68
ZOKINVY	84
ZOLINZA	30
zolmitriptan odt	27
ZOLOFT	22,23
zolpidem tartrate	113

zolpidem tartrate er.....	113
ZONALON.....	76
ZONEGRAN.....	18
ZONISADE.....	18
zonisamide.....	19
ZONTIVITY.....	58
ZORTRESS.....	100
ZOSYN.....	11
zovia 1-35.....	93
ZOVIRAX.....	50
ZTALMY.....	17
ZTLIDO.....	6
zumandimine.....	93
ZURZUVAE.....	20
ZYDELIG.....	37
ZYKADIA.....	37
ZYPREXA.....	44
ZYPREXA RELPREVV.....	44
ZYPREXA ZYDIS.....	44
ZYVOX.....	9

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