



# **Retiree RxCare Formulario Base 2025 (Lista de medicamentos cubiertos)**

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

ID del formulario No. 25485, Versión 19

Este formulario se actualizó el 11/01/2025. No hemos realizado cambios a este formulario Desde el 11/01/2025. Esta no es una lista completa de medicamentos cubiertos por nuestro plan. Para una lista u otras preguntas, comuníquese con el Centro de Atención al Cliente de RxCare para Jubilados al 1-855- 693-3921 Los usuarios de TTY deben llamar al 711, 24 horas al día, 7 días a la semana o visitar <http://retireerxcarepdp.com>.

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

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

Este documento incluye una lista parcial de los medicamentos (formulario) para nuestro plan que está vigente al 11/01/2025. Para obtener un formulario actualizado completo, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en las portadas y contraportadas.

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

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

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

## **¿Qué es el formulario para jubilados de RxCare?**

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

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

## **¿Puede cambiar el formulario (lista de medicamentos)?**

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

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

- Nuevos medicamentos genéricos. Podemos eliminar inmediatamente un medicamento de marca en nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costos compartidos o más bajo y con las mismas o menos restricciones. Además, al agregar el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero immeditar lo a un nivel diferente de costos compartidos o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no le informemos con anticipación antes de realizar ese cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
  - Si hacemos tal cambio, usted o su médico pueden pedirnos que hagamos una excepción y continuemos cubriendo el medicamento de marca por usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al formulario de RxCare para jubilados?"
- Medicamentos retirados del mercado. Si la Administración de Alimentos y Medicamentos considera que un medicamento en nuestro formulario no es seguro o el fabricante del medicamento retira el medicamento del mercado, eliminaremos inmediatamente el medicamento de nuestro formulario y notificaremos a los miembros que toman el medicamento.
- Otros cambios. Podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca actualmente en el formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel diferente de costos compartidos o ambos. Podemos hacer cambios basados en nuevas guías clínicas. Si eliminamos medicamentos de nuestro formulario, o agregamos autorización previa, límites de cantidad y / o restricciones de terapia escalonada en un medicamento o movemos un medicamento a un nivel más alto de costo compartido, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que el cambio entre en vigencia, o en el momento en que el miembro solicite una recarga del medicamento, momento en el cual el miembro recibirá un suministro de 30 días de la droga.
  - Si hacemos estos otros cambios, usted o su médico pueden pedirnos que hagamos una excepción y continuemos cubriendo el medicamento de marca por usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una

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

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

El formulario adjunto está actualizado a partir del 11/01/2025, para obtener información actualizada sobre la red de medicamentos de Retiree RxCare, comuníquese con nosotros. Nuestra información de contacto aparece en las portadas y contraportadas. Si hay algún cambio en este formulario a mediados de año, enviaremos a los miembros un aviso de cambio.

## **¿Cómo uso el formulario?**

Hay dos maneras de encontrar su medicamento dentro del formulario:

### **Dolencia**

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

### **Listado alfabético**

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 115. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

## **¿Qué son los medicamentos genéricos?**

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

## **¿Hay alguna restricción en mi cobertura?**

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

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

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

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

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

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

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

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

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

- Puede solicitar a nuestro Centro de contacto una lista de medicamentos similares que están cubiertos por Retiree RxCare. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Retiree RxCare.
- Puede pedirle a Retiree RxCare que haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

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

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

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

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

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

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

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

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

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

### **¿Qué hago antes de poder hablar con mi médico acerca de cambiar mis medicamentos o solicitar una excepción?**

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

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

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

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

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

Ejemplos de cambios en el nivel de atención pueden incluir:

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

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

## **Para más información**

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

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

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

# Formulario de Retiree RxCare

El formulario que comienza en la página 1 proporciona información de cobertura sobre los medicamentos cubiertos por Retiree RxCare. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que comienza en la página 115.

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

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

## Respetar los requisitos/límites

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

## (List of Covered Drugs)

| DRUG NAME                                                        | REQUIREMENTS/LIMITS  |
|------------------------------------------------------------------|----------------------|
| <b>Analgesics</b>                                                |                      |
| <b>Analgesics, Other</b>                                         |                      |
| <i>butalbital-acetaminophen-caffe (50-300-40, 50-325-40)</i>     | QL (180 PER 30 DAYS) |
| <i>butalbital-acetaminophn 50-325</i>                            | QL (180 PER 30 DAYS) |
| <i>butalbital-aspirin-caffeine cp</i>                            | QL (180 PER 30 DAYS) |
| ESGIC 50-325-40 MG CAPSULE                                       | QL (180 PER 30 DAYS) |
| <i>tencon</i>                                                    | QL (180 PER 30 DAYS) |
| ZEBUTAL                                                          | QL (180 PER 30 DAYS) |
| <b>Nonsteroidal Anti-inflammatory Drugs</b>                      |                      |
| 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)  |

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 sodium-misoprostol (75-0.2 mg, 75-0.2 tb)</i>   | QL (90 PER 30 DAYS)  |
| <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)  |

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 125 mg/5 ml suspen</i>              | QL (1800 PER 30 DAYS) |
| <i>naproxen 250 mg tablet</i>                   | QL (180 PER 30 DAYS)  |
| <i>naproxen sodium 275 mg tab</i>               | QL (150 PER 30 DAYS)  |
| <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)  |

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

| DRUG NAME                                                                                                                        | REQUIREMENTS/LIMITS      |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <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)     |
| <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)     |

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

| DRUG NAME                              | REQUIREMENTS/LIMITS  |
|----------------------------------------|----------------------|
| <i>oxycodone-acetaminophen 10-325</i>  | QL (180 PER 30 DAYS) |
| <i>oxycodone-acetaminophen 7.5-325</i> | QL (240 PER 30 DAYS) |
| 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) |
|-----------------------------------------------------|---------------------|

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-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) |
| <i>buprenorphine-naloxone (4-1mg film, 8-2mg film, 12-3mg film)</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 carpject, 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> |                            |

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

| DRUG NAME                                                                                                                                                                                        | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>gentamicin sulfate in ns (iso 120 mg/100 ml, isoton 60 mg/50 ml)</i>                                                                                                                          |                     |
| HUMATIN                                                                                                                                                                                          |                     |
| <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>                                                                                |                     |
| <b>Antibacterials, Other</b>                                                                                                                                                                     |                     |
| 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                                                                                                                                                                                          |                     |

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

| DRUG NAME                                                                                                                                                        | REQUIREMENTS/LIMITS  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| CUBICIN RF                                                                                                                                                       |                      |
| DALVANCE                                                                                                                                                         |                      |
| <i>daptomycin 500 mg vial</i>                                                                                                                                    |                      |
| FLAGYL 375 CAPSULE                                                                                                                                               |                      |
| IMPAVIDO                                                                                                                                                         |                      |
| <i>linezolid 100 mg/5 ml susp</i>                                                                                                                                | PA                   |
| <i>linezolid 600 mg tablet</i>                                                                                                                                   | PA                   |
| <i>linezolid-0.9% nacl</i>                                                                                                                                       |                      |
| <i>linezolid-d5w</i>                                                                                                                                             |                      |
| <i>methenamine hippurate</i>                                                                                                                                     |                      |
| METRO IV                                                                                                                                                         |                      |
| <i>metronidazole (vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet, 500 mg/100 ml)</i>                                                             |                      |
| <i>nitrofurantoin (50 mg cap, 100 mg cap)</i>                                                                                                                    |                      |
| <i>nitrofurantoin mono-macro</i>                                                                                                                                 |                      |
| SIVEXTRO 200 MG TABLET                                                                                                                                           | PA                   |
| SIVEXTRO 200 MG VIAL                                                                                                                                             |                      |
| <i>tigecycline</i>                                                                                                                                               |                      |
| <i>tinidazole</i>                                                                                                                                                |                      |
| <i>trimethoprim 100 mg tablet</i>                                                                                                                                |                      |
| TYGACIL                                                                                                                                                          |                      |
| <i>vancomycin hcl (1 gm add-van vial, 1 gm vial, 5 gm vial, 10 gm vial, 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)</i> |                      |
| <i>vancomycin hcl (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                                                                                                                                          |                      |

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

| DRUG NAME                                                                                                                                                                                         | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>Beta-lactam, Cephalosporins</b>                                                                                                                                                                |                     |
| <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>                                                                                                               |                     |
| <i>cefazolin 1 g/50 ml-dextrose</i>                                                                                                                                                               |                     |
| <i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</i>                                                        |                     |
| <i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>                                                                                                                              |                     |
| <i>cefepime</i>                                                                                                                                                                                   |                     |
| <i>cefepime hcl (1 gm vial, 2 gram vial)</i>                                                                                                                                                      |                     |
| <i>cefepime-dextrose</i>                                                                                                                                                                          |                     |
| <i>cefixime 400 mg capsule</i>                                                                                                                                                                    |                     |
| <i>cefoxitin</i>                                                                                                                                                                                  |                     |
| <i>cefoxitin sodium</i>                                                                                                                                                                           |                     |
| <i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>                                                                                                     |                     |
| <i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>                                                                                                               |                     |
| <i>ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)</i>                                                                                                                                              |                     |
| <i>ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i> |                     |
| <i>cefuroxime</i>                                                                                                                                                                                 |                     |
| <i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>                                                                                                                                               |                     |
| <i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule, 750 mg capsule)</i>                                                                                            |                     |
| <i>tazicet</i>                                                                                                                                                                                    |                     |
| TEFLARO                                                                                                                                                                                           |                     |

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

| DRUG NAME                                                                                                                                                                                                  | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>Beta-lactam, Penicillins</b>                                                                                                                                                                            |                     |
| <i>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)</i>                |                     |
| <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>                                                                                                                                                                                           |                     |

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

| DRUG NAME                                                                                                                                                                                                                     | REQUIREMENTS/LIMITS       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <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                                                                                                                                                                                                |                           |
| <b>Carbapenems</b>                                                                                                                                                                                                            |                           |
| <i>ertapenem</i>                                                                                                                                                                                                              |                           |
| <i>imipenem-cilastatin 250 mg vl</i>                                                                                                                                                                                          |                           |
| <i>imipenem-cilastatin 500 mg vl</i>                                                                                                                                                                                          |                           |
| INVANZ                                                                                                                                                                                                                        |                           |
| <i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>                                                                                                                                                                               |                           |
| <i>meropenem-0.9% nacl</i>                                                                                                                                                                                                    |                           |
| <b>Macrolides</b>                                                                                                                                                                                                             |                           |
| <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>                                                                                                         |                           |

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

| DRUG NAME                                                                                                           | REQUIREMENTS/LIMITS      |
|---------------------------------------------------------------------------------------------------------------------|--------------------------|
| <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                                                                                                   |                          |

## 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>           |

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

| DRUG NAME                                                                                                                                   | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>doxycycline 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>mondoxyne nl 100 mg capsule</i>                                                                                                          |                     |
| 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)      |

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

| DRUG NAME                                                                                                                                                | REQUIREMENTS/LIMITS  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| FYCOMPA 0.5 MG/ML ORAL SUSP                                                                                                                              | QL (680 PER 28 DAYS) |
| FYCOMPA 2 MG TABLET                                                                                                                                      | QL (30 PER 30 DAYS)  |
| KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET)                                                                                |                      |
| KEPPRA 1,000 MG TABLET                                                                                                                                   |                      |
| LAMICTAL (25 MG DISPER TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)                                                                              |                      |
| LAMICTAL (5 MG DISPER TABLET, 25 MG TABLET)                                                                                                              |                      |
| LAMICTAL (BLUE)                                                                                                                                          |                      |
| <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>                                             |                      |
| <b>Calcium Channel Modifying Agents</b>                                                                                                                  |                      |
| CELONTIN                                                                                                                                                 |                      |

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

| DRUG NAME                                              | REQUIREMENTS/LIMITS |
|--------------------------------------------------------|---------------------|
| <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)       |
| <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)     |

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

| DRUG NAME                                                                                                                                                                                                                           | REQUIREMENTS/LIMITS       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| NEURONTIN 600 MG TABLET                                                                                                                                                                                                             | QL (180 PER 30 DAYS)      |
| NEURONTIN 800 MG TABLET                                                                                                                                                                                                             | QL (135 PER 30 DAYS)      |
| ONFI (10 MG TABLET, 20 MG TABLET)                                                                                                                                                                                                   | PA, QL (60 PER 30 DAYS)   |
| ONFI 2.5 MG/ML SUSPENSION                                                                                                                                                                                                           | PA, QL (480 PER 30 DAYS)  |
| <i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i> |                           |
| <i>pregabalin (225 mg capsule, 300 mg capsule)</i>                                                                                                                                                                                  | QL (60 PER 30 DAYS)       |
| <i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>                                                                                                                     | QL (90 PER 30 DAYS)       |
| <i>pregabalin 20 mg/ml solution</i>                                                                                                                                                                                                 | QL (900 PER 30 DAYS)      |
| <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

|                                                            |                     |
|------------------------------------------------------------|---------------------|
| APTOM (200 MG TABLET, 400 MG TABLET)                       | QL (30 PER 30 DAYS) |
| APTOM (600 MG TABLET, 800 MG TABLET)                       | QL (60 PER 30 DAYS) |
| BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET) |                     |

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

| DRUG NAME                                                                                                                                                              | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>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) |
| <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)                                                                                                |                     |

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

| DRUG NAME                                                                                                                                                                          | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 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                                                                                                                                                                           |                     |
| <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 |
| DRUG                                                                                                     | PA |
| NAMENDA                                                                                                  |    |

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

| DRUG NAME                                                                                       | REQUIREMENTS/LIMITS       |
|-------------------------------------------------------------------------------------------------|---------------------------|
| <b>Antidepressants</b>                                                                          |                           |
| <b>Antidepressants, Other</b>                                                                   |                           |
| 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)       |
| <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) |
| <b>Monoamine Oxidase Inhibitors</b>                                                             |                           |
| EMSAM                                                                                           | PA, QL (30 PER 30 DAYS)   |
| MARPLAN                                                                                         |                           |
| NARDIL                                                                                          |                           |
| PARNATE                                                                                         |                           |
| <i>phenelzine sulfate</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>tranylcypromine sulfate</i>                                                                              |                      |
| <b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito</b> |                      |
| CELEXA (10 MG TABLET, 20 MG TABLET)                                                                         | QL (45 PER 30 DAYS)  |
| CELEXA 40 MG TABLET                                                                                         | QL (30 PER 30 DAYS)  |
| <i>citalopram hbr (10 mg tablet, 20 mg tablet)</i>                                                          | QL (45 PER 30 DAYS)  |
| <i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>                                                    | QL (600 PER 30 DAYS) |
| <i>citalopram hbr 40 mg tablet</i>                                                                          | QL (30 PER 30 DAYS)  |
| CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)                                                                     | QL (60 PER 30 DAYS)  |
| CYMBALTA 30 MG CAPSULE                                                                                      | QL (90 PER 30 DAYS)  |
| <i>desvenlafaxine succinate er</i>                                                                          | QL (30 PER 30 DAYS)  |
| DRIZALMA SPRINKLE (DR 20 MG CAP, DR 40 MG CAP, DR 60 MG CAP)                                                | QL (60 PER 30 DAYS)  |
| DRIZALMA SPRINKLE DR 30 MG CAP                                                                              | QL (90 PER 30 DAYS)  |
| <i>duloxetine hcl (dr 20 mg cap, dr 60 mg cap)</i>                                                          | QL (60 PER 30 DAYS)  |
| <i>duloxetine hcl dr 30 mg cap</i>                                                                          | QL (90 PER 30 DAYS)  |
| EFFEXOR XR 150 MG CAPSULE                                                                                   | QL (30 PER 30 DAYS)  |
| 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)  |

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

| DRUG NAME                                                           | REQUIREMENTS/LIMITS   |
|---------------------------------------------------------------------|-----------------------|
| <i>fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)</i>    | QL (600 PER 30 DAYS)  |
| <i>fluoxetine hcl 20 mg capsule</i>                                 | QL (120 PER 30 DAYS)  |
| <i>fluoxetine hcl 40 mg capsule</i>                                 | QL (60 PER 30 DAYS)   |
| <i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>                   | QL (30 PER 30 DAYS)   |
| <i>fluvoxamine maleate 100 mg tab</i>                               | QL (90 PER 30 DAYS)   |
| LEXAPRO (5 MG TABLET, 10 MG TABLET)                                 | QL (45 PER 30 DAYS)   |
| LEXAPRO 20 MG TABLET                                                | QL (30 PER 30 DAYS)   |
| <i>nefazodone hcl (100 mg tablet, 150 mg tablet, 200 mg tablet)</i> |                       |
| <i>nefazodone hcl (50 mg tablet, 250 mg tablet)</i>                 |                       |
| <i>paroxetine cr (25 mg tablet, 37.5 mg tablet)</i>                 | QL (60 PER 30 DAYS)   |
| <i>paroxetine cr 12.5 mg tablet</i>                                 | QL (30 PER 30 DAYS)   |
| <i>paroxetine er (25 mg tablet, 37.5 mg tablet)</i>                 | QL (60 PER 30 DAYS)   |
| <i>paroxetine er 12.5 mg tablet</i>                                 | QL (30 PER 30 DAYS)   |
| <i>paroxetine hcl (10 mg tablet, 40 mg tablet)</i>                  | QL (45 PER 30 DAYS)   |
| <i>paroxetine hcl 10 mg/5 ml susp</i>                               | QL (900 PER 30 DAYS)  |
| <i>paroxetine hcl 20 mg tablet</i>                                  | QL (30 PER 30 DAYS)   |
| <i>paroxetine hcl 30 mg tablet</i>                                  | QL (60 PER 30 DAYS)   |
| PAXIL (10 MG TABLET, 40 MG TABLET)                                  | QL (45 PER 30 DAYS)   |
| 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)   |

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

| DRUG NAME                                          | REQUIREMENTS/LIMITS  |
|----------------------------------------------------|----------------------|
| <i>sertraline hcl 100 mg tablet</i>                | QL (60 PER 30 DAYS)  |
| <i>trazodone hcl</i>                               |                      |
| TRINTELLIX                                         | QL (30 PER 30 DAYS)  |
| <i>venlafaxine besylate er</i>                     | QL (60 PER 30 DAYS)  |
| <i>venlafaxine hcl</i>                             | QL (90 PER 30 DAYS)  |
| <i>venlafaxine hcl er 150 mg cap</i>               | QL (30 PER 30 DAYS)  |
| <i>venlafaxine hcl er 37.5 mg cap</i>              | QL (60 PER 30 DAYS)  |
| <i>venlafaxine hcl er 75 mg cap</i>                | QL (90 PER 30 DAYS)  |
| VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET) | QL (30 PER 30 DAYS)  |
| <i>vilazodone hcl</i>                              | QL (30 PER 30 DAYS)  |
| ZOLOFT (25 MG TABLET, 50 MG TABLET)                | QL (45 PER 30 DAYS)  |
| ZOLOFT 100 MG TABLET                               | QL (60 PER 30 DAYS)  |
| ZOLOFT 20 MG/ML ORAL CONC                          | QL (300 PER 30 DAYS) |

### Tricyclics

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

*amoxapine*

*clomipramine hcl*

*desipramine hcl*

*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*

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

| DRUG NAME                                                                                                                                                                          | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>Antiemetics</b>                                                                                                                                                                 |                     |
| <b>Antiemetics, Other</b>                                                                                                                                                          |                     |
| <i>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)</i>                                                  | PA                  |
| <i>compro</i>                                                                                                                                                                      |                     |
| <i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>                                                                                                                                |                     |
| <i>perphenazine</i>                                                                                                                                                                | PA                  |
| <i>prochlorperazine</i>                                                                                                                                                            |                     |
| <i>prochlorperazine maleate</i>                                                                                                                                                    |                     |
| <i>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)</i> | PA                  |
| <i>promethegan (12.5 mg suppos, 25 mg suppository)</i>                                                                                                                             | PA                  |
| <i>scopolamine</i>                                                                                                                                                                 | PA                  |
| <b>Emetogenic Therapy Adjuncts</b>                                                                                                                                                 |                     |
| <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>                                                                                                                                  |                     |
| <b>Antifungals</b>                                                                                                                                                                 |                     |
| AMBISOME                                                                                                                                                                           | PA                  |
| <i>amphotericin b</i>                                                                                                                                                              | PA                  |
| <i>amphotericin b liposome</i>                                                                                                                                                     | PA                  |
| CANCIDAS                                                                                                                                                                           |                     |

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

| DRUG NAME                                                                                                    | REQUIREMENTS/LIMITS  |
|--------------------------------------------------------------------------------------------------------------|----------------------|
| <i>casposfungin 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 1% cream</i>                                                                            |                      |
| <i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i> |                      |
| <i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>                                                       |                      |
| <i>flucytosine (250 mg capsule, 500 mg capsule)</i>                                                          | PA                   |
| <i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>                                                     |                      |
| <i>griseofulvin ultramicrosize (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>                                                                                                |                      |

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

| DRUG NAME                                                                                                                                                                      | REQUIREMENTS/LIMITS  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <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                   |

### Antigout Agents

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

### Antimigraine Agents

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

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

| DRUG NAME                                                       | REQUIREMENTS/LIMITS     |
|-----------------------------------------------------------------|-------------------------|
| EMGALITY 120 MG/ML SYRINGE                                      | PA, QL (2 PER 30 DAYS)  |
| EMGALITY PEN                                                    | PA, QL (2 PER 30 DAYS)  |
| EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR)) | PA, QL (3 PER 30 DAYS)  |
| NURTEC ODT                                                      | PA, QL (16 PER 30 DAYS) |
| UBRELVY                                                         | PA, QL (16 PER 30 DAYS) |

### Serotonin (5-HT) Receptor Agonist

|                                                                                                           |                     |
|-----------------------------------------------------------------------------------------------------------|---------------------|
| IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)                                                       | QL (18 PER 30 DAYS) |
| IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT)                                                  | QL (6 PER 30 DAYS)  |
| IMITREX (6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT)                                                  | QL (6 PER 30 DAYS)  |
| MAXALT                                                                                                    | QL (18 PER 30 DAYS) |
| MAXALT MLT 10 MG TABLET                                                                                   | QL (18 PER 30 DAYS) |
| <i>naratriptan hcl</i>                                                                                    | QL (18 PER 30 DAYS) |
| <i>rizatriptan</i>                                                                                        | QL (18 PER 30 DAYS) |
| <i>sumatriptan</i>                                                                                        | QL (12 PER 30 DAYS) |
| <i>sumatriptan 6 mg/0.5 ml vial</i>                                                                       | QL (5 PER 30 DAYS)  |
| <i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                                  | QL (18 PER 30 DAYS) |
| <i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj)</i> | QL (6 PER 30 DAYS)  |
| <i>zolmitriptan odt</i>                                                                                   | QL (12 PER 30 DAYS) |

### Antimyasthenic Agents

#### Parasympathomimetics

|                                                                                  |  |
|----------------------------------------------------------------------------------|--|
| MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)                    |  |
| <i>pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)</i> |  |
| <i>pyridostigmine er 180 mg tab</i>                                              |  |

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

| DRUG NAME                                                            | REQUIREMENTS/LIMITS     |
|----------------------------------------------------------------------|-------------------------|
| <b>Antimycobacterials</b>                                            |                         |
| <b>Antimycobacterials, Other</b>                                     |                         |
| <i>dapsone (25 mg tablet, 100 mg tablet)</i>                         |                         |
| MYCOBUTIN                                                            |                         |
| <i>rifabutin</i>                                                     |                         |
| <b>Antituberculars</b>                                               |                         |
| <i>cycloserine</i>                                                   |                         |
| <i>ethambutol hcl</i>                                                |                         |
| <i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i> |                         |
| PRETOMANID                                                           |                         |
| PRIFTIN                                                              |                         |
| <i>pyrazinamide</i>                                                  |                         |
| <i>rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)</i>     |                         |
| SIRTURO                                                              |                         |
| TRECTOR                                                              |                         |
| <b>Antineoplastics</b>                                               |                         |
| <b>Alkylating Agents</b>                                             |                         |
| <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) |

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

| DRUG NAME                                                         | REQUIREMENTS/LIMITS      |
|-------------------------------------------------------------------|--------------------------|
| <b>Antiandrogens</b>                                              |                          |
| <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) |
| <b>Antiangiogenic Agents</b>                                      |                          |
| <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 100 MG CAPSULE                                           | PA, QL (120 PER 30 DAYS) |
| THALOMID 50 MG CAPSULE                                            | PA, QL (90 PER 30 DAYS)  |
| <b>Antiestrogens/Modifiers</b>                                    |                          |
| 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>                                          |                          |

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

| DRUG NAME                                                             | REQUIREMENTS/LIMITS      |
|-----------------------------------------------------------------------|--------------------------|
| <i>toremifene citrate</i>                                             |                          |
| <b>Antimetabolites</b>                                                |                          |
| <i>mercaptopurine 20 mg/ml suspen</i>                                 |                          |
| <i>mercaptopurine 50 mg tablet</i>                                    |                          |
| PURIXAN                                                               |                          |
| TABLOID                                                               |                          |
| <b>Antineoplastics, Other</b>                                         |                          |
| AVMAPKI-FAKZYNJA                                                      | PA, QL (66 PER 28 DAYS)  |
| HYDREA                                                                |                          |
| <i>hydroxyurea</i>                                                    |                          |
| INQOVI                                                                | PA, QL (5 PER 28 DAYS)   |
| KISQALI FEMARA 200 MG CO-PACK                                         | PA, QL (49 PER 28 DAYS)  |
| KISQALI FEMARA 400 MG CO-PACK                                         | PA, QL (70 PER 28 DAYS)  |
| KISQALI FEMARA 600 MG CO-PACK                                         | PA, QL (91 PER 28 DAYS)  |
| <i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i> |                          |
| LONSURF 15 MG-6.14 MG TABLET                                          | PA, QL (100 PER 28 DAYS) |
| LONSURF 20 MG-8.19 MG TABLET                                          | PA, QL (80 PER 28 DAYS)  |
| LYSODREN                                                              |                          |
| MODEYSO                                                               | PA, QL (20 PER 28 DAYS)  |
| 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) |

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

| DRUG NAME                                                     | REQUIREMENTS/LIMITS      |
|---------------------------------------------------------------|--------------------------|
| <b>Aromatase Inhibitors, 3rd Generation</b>                   |                          |
| <i>anastrozole 1 mg tablet</i>                                |                          |
| ARIMIDEX                                                      |                          |
| AROMASIN                                                      |                          |
| <i>exemestane</i>                                             |                          |
| FEMARA                                                        |                          |
| <i>letrozole</i>                                              |                          |
| <b>Enzyme Inhibitors</b>                                      |                          |
| IWILFIN                                                       | PA, QL (240 PER 30 DAYS) |
| <b>Molecular Target Inhibitors</b>                            |                          |
| AFINITOR (2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)         | PA, QL (30 PER 30 DAYS)  |
| AFINITOR 5 MG TABLET                                          | PA, QL (60 PER 30 DAYS)  |
| AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)                   | PA, QL (60 PER 30 DAYS)  |
| AFINITOR DISPERZ 3 MG TABLET                                  | PA, QL (90 PER 30 DAYS)  |
| AKEEGA                                                        | PA, QL (60 PER 30 DAYS)  |
| ALECENSA                                                      | PA, QL (240 PER 30 DAYS) |
| ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET) | PA, QL (30 PER 30 DAYS)  |
| ALUNBRIG 30 MG TABLET                                         | PA, QL (120 PER 30 DAYS) |
| AUGTYRO 160 MG CAPSULE                                        | PA, QL (60 PER 30 DAYS)  |
| AUGTYRO 40 MG CAPSULE                                         | PA, QL (240 PER 30 DAYS) |
| AYVAKIT                                                       | PA, QL (30 PER 30 DAYS)  |
| BALVERSA 3 MG TABLET                                          | PA, QL (90 PER 30 DAYS)  |
| BALVERSA 4 MG TABLET                                          | PA, QL (60 PER 30 DAYS)  |
| 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)  |

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

| DRUG NAME                                                                                 | REQUIREMENTS/LIMITS      |
|-------------------------------------------------------------------------------------------|--------------------------|
| BOSULIF 50 MG CAPSULE                                                                     | PA, QL (330 PER 30 DAYS) |
| BRAFTOVI 75 MG CAPSULE                                                                    | PA, QL (180 PER 30 DAYS) |
| BRUKINSA 160 MG TABLET                                                                    | PA, QL (60 PER 30 DAYS)  |
| BRUKINSA 80 MG CAPSULE                                                                    | PA, QL (120 PER 30 DAYS) |
| CABOMETYX                                                                                 | PA, QL (30 PER 30 DAYS)  |
| CALQUENCE                                                                                 | PA, QL (60 PER 30 DAYS)  |
| CAPRELSA 100 MG TABLET                                                                    | PA, QL (60 PER 30 DAYS)  |
| CAPRELSA 300 MG TABLET                                                                    | PA, QL (30 PER 30 DAYS)  |
| COMETRIQ 100 MG DAILY-DOSE PK                                                             | PA, QL (56 PER 28 DAYS)  |
| COMETRIQ 140 MG DAILY-DOSE PK                                                             | PA, QL (112 PER 28 DAYS) |
| COMETRIQ 60 MG DAILY-DOSE PACK                                                            | PA, QL (84 PER 28 DAYS)  |
| COPIKTRA                                                                                  | PA, QL (56 PER 28 DAYS)  |
| COTELLIC                                                                                  | PA, QL (63 PER 28 DAYS)  |
| DANZITEN                                                                                  | PA, QL (112 PER 28 DAYS) |
| <i>dasatinib (50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)</i> | PA, QL (30 PER 30 DAYS)  |
| <i>dasatinib 20 mg tablet</i>                                                             | PA, QL (90 PER 30 DAYS)  |
| DAURISMO 100 MG TABLET                                                                    | PA, QL (30 PER 30 DAYS)  |
| DAURISMO 25 MG TABLET                                                                     | PA, QL (60 PER 30 DAYS)  |
| ERIVEDGE                                                                                  | PA, QL (30 PER 30 DAYS)  |
| <i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>                                       | PA, QL (30 PER 30 DAYS)  |
| <i>erlotinib hcl 25 mg tablet</i>                                                         | PA, QL (60 PER 30 DAYS)  |
| <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)  |

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

| DRUG NAME                                    | REQUIREMENTS/LIMITS      |
|----------------------------------------------|--------------------------|
| 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)  |
| HERNEXEOS                                    | PA, QL (180 PER 60 DAYS) |
| IBRANCE                                      | PA, QL (21 PER 28 DAYS)  |
| IBTROZI                                      | PA, QL (90 PER 30 DAYS)  |
| ICLUSIG                                      | PA, QL (30 PER 30 DAYS)  |
| IDHIFA                                       | PA, QL (30 PER 30 DAYS)  |
| <i>imatinib mesylate 100 mg tab</i>          | PA, QL (90 PER 30 DAYS)  |
| <i>imatinib mesylate 400 mg tab</i>          | PA, QL (60 PER 30 DAYS)  |
| IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)     | PA, QL (30 PER 30 DAYS)  |
| IMBRUVICA 140 MG CAPSULE                     | PA, QL (120 PER 30 DAYS) |
| IMBRUVICA 70 MG/ML SUSPENSION                | PA, QL (324 PER 30 DAYS) |
| IMKELDI                                      | PA, QL (280 PER 28 DAYS) |
| INLYTA 1 MG TABLET                           | PA, QL (180 PER 30 DAYS) |
| INLYTA 5 MG TABLET                           | PA, QL (120 PER 30 DAYS) |
| INREBIC                                      | PA, QL (120 PER 30 DAYS) |
| 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)  |

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

| DRUG NAME                                       | REQUIREMENTS/LIMITS       |
|-------------------------------------------------|---------------------------|
| KISQALI 400 MG DAILY DOSE                       | PA, QL (42 PER 28 DAYS)   |
| KISQALI 600 MG DAILY DOSE                       | PA, QL (63 PER 28 DAYS)   |
| KOSELUGO 10 MG CAPSULE                          | PA, QL (240 PER 30 DAYS)  |
| KOSELUGO 25 MG CAPSULE                          | PA, QL (120 PER 30 DAYS)  |
| KRAZATI                                         | PA, QL (180 PER 30 DAYS)  |
| <i>lapatinib</i>                                | PA, QL (180 PER 30 DAYS)  |
| LAZCLUZE 240 MG TABLET                          | PA, QL (30 PER 30 DAYS)   |
| LAZCLUZE 80 MG TABLET                           | PA, QL (60 PER 30 DAYS)   |
| LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY) | PA, QL (90 PER 30 DAYS)   |
| LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)        | PA, QL (30 PER 30 DAYS)   |
| LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)  | PA, QL (60 PER 30 DAYS)   |
| LORBRENA 100 MG TABLET                          | PA, QL (30 PER 30 DAYS)   |
| LORBRENA 25 MG TABLET                           | PA, QL (90 PER 30 DAYS)   |
| LUMAKRAS 120 MG TABLET                          | PA, QL (240 PER 30 DAYS)  |
| LUMAKRAS 240 MG TABLET                          | PA, QL (120 PER 30 DAYS)  |
| LUMAKRAS 320 MG TABLET                          | PA, QL (90 PER 30 DAYS)   |
| LYNPARZA                                        | PA, QL (120 PER 30 DAYS)  |
| LYTGOBI 12 MG DOSE (3X 4MG TB)                  | PA, QL (84 PER 28 DAYS)   |
| LYTGOBI 16 MG DOSE (4X 4MG TB)                  | PA, QL (112 PER 28 DAYS)  |
| LYTGOBI 20 MG DOSE (5X 4MG TB)                  | PA, QL (140 PER 28 DAYS)  |
| MEKINIST 0.05 MG/ML SOLUTION                    | PA, QL (1170 PER 28 DAYS) |
| 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)   |

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

| DRUG NAME                                                                          | REQUIREMENTS/LIMITS      |
|------------------------------------------------------------------------------------|--------------------------|
| OGSIVEO (100 MG TABLET, 150 MG TABLET)                                             | PA, QL (56 PER 28 DAYS)  |
| OGSIVEO 50 MG TABLET                                                               | PA, QL (180 PER 30 DAYS) |
| OJEMDA (100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE)) | PA, QL (24 PER 28 DAYS)  |
| OJEMDA 25 MG/ML ORAL SUSP                                                          | PA, QL (96 PER 28 DAYS)  |
| OJJAARA                                                                            | PA, QL (30 PER 30 DAYS)  |
| <i>pazopanib hcl</i>                                                               | PA, QL (120 PER 30 DAYS) |
| PEMAZYRE                                                                           | PA, QL (14 PER 21 DAYS)  |
| PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)                                      | PA, QL (60 PER 30 DAYS)  |
| PIQRAY 200 MG DAILY DOSE PACK                                                      | PA, QL (30 PER 30 DAYS)  |
| QINLOCK                                                                            | PA, QL (90 PER 30 DAYS)  |
| RETEVMO (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)                               | PA, QL (60 PER 30 DAYS)  |
| RETEVMO 40 MG CAPSULE                                                              | PA, QL (180 PER 30 DAYS) |
| RETEVMO 40 MG TABLET                                                               | PA, QL (90 PER 30 DAYS)  |
| RETEVMO 80 MG CAPSULE                                                              | PA, QL (120 PER 30 DAYS) |
| REVUFORJ 110 MG TABLET                                                             | PA, QL (120 PER 30 DAYS) |
| REVUFORJ 160 MG TABLET                                                             | PA, QL (60 PER 30 DAYS)  |
| REVUFORJ 25 MG TABLET                                                              | PA, QL (240 PER 30 DAYS) |
| REZLIDHIA                                                                          | PA, QL (60 PER 30 DAYS)  |
| ROMVIMZA                                                                           | PA, QL (8 PER 28 DAYS)   |
| ROZLYTREK 100 MG CAPSULE                                                           | PA, QL (150 PER 30 DAYS) |
| 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) |

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

| DRUG NAME                                                                        | REQUIREMENTS/LIMITS      |
|----------------------------------------------------------------------------------|--------------------------|
| <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) |
| 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)  |

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

| DRUG NAME                                                              | REQUIREMENTS/LIMITS      |
|------------------------------------------------------------------------|--------------------------|
| VENCLEXTA 100 MG TABLET                                                | PA, QL (180 PER 30 DAYS) |
| VENCLEXTA 50 MG TABLET                                                 | PA, QL (30 PER 30 DAYS)  |
| VENCLEXTA STARTING PACK                                                | PA, QL (42 PER 28 DAYS)  |
| VERZENIO                                                               | PA, QL (60 PER 30 DAYS)  |
| VITRAKVI 100 MG CAPSULE                                                | PA, QL (60 PER 30 DAYS)  |
| VITRAKVI 20 MG/ML SOLUTION                                             | PA, QL (300 PER 30 DAYS) |
| VITRAKVI 25 MG CAPSULE                                                 | PA, QL (180 PER 30 DAYS) |
| VIZIMPRO                                                               | PA, QL (30 PER 30 DAYS)  |
| VONJO                                                                  | PA, QL (120 PER 30 DAYS) |
| VORANIGO 10 MG TABLET                                                  | PA, QL (60 PER 30 DAYS)  |
| VORANIGO 40 MG TABLET                                                  | PA, QL (30 PER 30 DAYS)  |
| VOTRIENT                                                               | PA, QL (120 PER 30 DAYS) |
| XALKORI (20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE) | PA, QL (120 PER 30 DAYS) |
| XALKORI 150 MG PELLETT                                                 | PA, QL (180 PER 30 DAYS) |
| XOSPATA                                                                | PA, QL (90 PER 30 DAYS)  |
| ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)                   | PA, QL (30 PER 30 DAYS)  |
| ZELBORAF                                                               | PA, QL (240 PER 30 DAYS) |
| ZYDELIG                                                                | PA, QL (60 PER 30 DAYS)  |
| ZYKADIA 150 MG TABLET                                                  | PA, QL (90 PER 30 DAYS)  |

### Monoclonal Antibody/Antibody-Drug Conjugate

|           |    |
|-----------|----|
| KANJINTI  | PA |
| MVASI     | PA |
| ONTRUZANT | PA |
| RIABNI    | PA |
| RUXIENCE  | PA |
| TRAZIMERA | PA |
| ZIRABEV   | PA |

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

| DRUG NAME                                 | REQUIREMENTS/LIMITS      |
|-------------------------------------------|--------------------------|
| <b>Retinoids</b>                          |                          |
| <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                       |
| <b>Treatment Adjuncts</b>                 |                          |
| <i>mesna 400 mg tablet</i>                |                          |
| MESNEX 400 MG TABLET                      |                          |
| <b>Antiparasitics</b>                     |                          |
| <b>Anthelmintics</b>                      |                          |
| <i>albendazole 200 mg tablet</i>          |                          |
| <i>benznidazole</i>                       |                          |
| BILTRICIDE                                |                          |
| <i>ivermectin 3 mg tablet</i>             | PA                       |
| <i>praziquantel</i>                       |                          |
| STROMECTOL                                | PA                       |
| <b>Antiprotozoals</b>                     |                          |
| <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) |

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

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

## Antiparkinson Agents

### Antiparkinson Agents, Other

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

### Dopamine Agonists

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

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

| DRUG NAME                                                                       | REQUIREMENTS/LIMITS      |
|---------------------------------------------------------------------------------|--------------------------|
| <b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>         |                          |
| <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                                                                  |                          |
| <b>Monoamine Oxidase B (MAO-B) Inhibitors</b>                                   |                          |
| AZILECT 0.5 MG TABLET                                                           |                          |
| AZILECT 1 MG TABLET                                                             |                          |
| <i>rasagiline mesylate</i>                                                      |                          |
| <i>selegiline hcl</i>                                                           |                          |
| <b>Antipsychotics</b>                                                           |                          |
| <b>1st Generation/Typical</b>                                                   |                          |
| <i>fluphenazine 2.5 mg/ml vial</i>                                              | PA                       |
| <i>fluphenazine decanoate</i>                                                   | PA                       |
| <i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i> | PA                       |
| <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                       |

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

| DRUG NAME                                                                                            | REQUIREMENTS/LIMITS         |
|------------------------------------------------------------------------------------------------------|-----------------------------|
| <i>molindone hcl</i>                                                                                 | PA                          |
| <i>pimozide</i>                                                                                      | PA                          |
| <i>thioridazine hcl</i>                                                                              | PA                          |
| <i>thiothixene</i>                                                                                   | PA                          |
| <i>trifluoperazine hcl</i>                                                                           | PA                          |
| <b>2nd Generation/Atypical</b>                                                                       |                             |
| ABILIFY (10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)                                     | PA, QL (30 PER 30 DAYS)     |
| ABILIFY (2 MG TABLET, 5 MG TABLET)                                                                   | PA, QL (45 PER 30 DAYS)     |
| ABILIFY ASIMTUFII 720 MG/2.4ML                                                                       | QL (2.4 PER 56 OVER TIME)   |
| ABILIFY ASIMTUFII 960 MG/3.2ML                                                                       | QL (3.2 PER 56 OVER TIME)   |
| ABILIFY MAINTENA                                                                                     | QL (1 PER 28 DAYS)          |
| <i>aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>                         | PA, QL (30 PER 30 DAYS)     |
| <i>aripiprazole (2 mg tablet, 5 mg tablet)</i>                                                       | PA, QL (45 PER 30 DAYS)     |
| <i>aripiprazole 1 mg/ml solution</i>                                                                 | PA, QL (750 PER 30 DAYS)    |
| <i>aripiprazole odt</i>                                                                              | PA, QL (60 PER 30 DAYS)     |
| ARISTADA ER 1064 MG/3.9 ML SYR                                                                       | QL (3.9 PER 56 OVER TIME)   |
| ARISTADA ER 441 MG/1.6 ML SYRN                                                                       | QL (1.6 PER 28 DAYS)        |
| ARISTADA ER 662 MG/2.4 ML SYRN                                                                       | QL (2.4 PER 28 DAYS)        |
| ARISTADA ER 882 MG/3.2 ML SYRN                                                                       | QL (3.2 PER 28 DAYS)        |
| ARISTADA INITIO                                                                                      | QL (2.4 PER 42 OVER TIME)   |
| <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)     |

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

| DRUG NAME                                                                       | REQUIREMENTS/LIMITS        |
|---------------------------------------------------------------------------------|----------------------------|
| GEODON (60 MG CAPSULE, 80 MG CAPSULE)                                           | PA, QL (60 PER 30 DAYS)    |
| GEODON 20 MG/ML VIAL                                                            | PA, QL (60 PER 30 DAYS)    |
| INVEGA (ER 3 MG TABLET, ER 9 MG TABLET)                                         | PA, QL (30 PER 30 DAYS)    |
| INVEGA ER 6 MG TABLET                                                           | PA, QL (60 PER 30 DAYS)    |
| INVEGA HAFYERA 1,092 MG/3.5 ML                                                  | QL (3.5 PER 180 OVER TIME) |
| INVEGA HAFYERA 1,560 MG/5 ML                                                    | QL (5 PER 180 OVER TIME)   |
| INVEGA SUSTENNA 117 MG/0.75 ML                                                  | QL (0.75 PER 28 DAYS)      |
| INVEGA SUSTENNA 156 MG/ML SYRG                                                  | QL (1 PER 28 DAYS)         |
| INVEGA SUSTENNA 234 MG/1.5 ML                                                   | QL (1.5 PER 28 DAYS)       |
| INVEGA SUSTENNA 39 MG/0.25 ML                                                   | QL (0.25 PER 28 DAYS)      |
| INVEGA SUSTENNA 78 MG/0.5 ML                                                    | QL (0.5 PER 28 DAYS)       |
| INVEGA TRINZA 273 MG/0.88 ML                                                    | QL (0.88 PER 84 OVER TIME) |
| INVEGA TRINZA 410 MG/1.32 ML                                                    | QL (1.32 PER 84 OVER TIME) |
| INVEGA TRINZA 546 MG/1.75 ML                                                    | QL (1.75 PER 84 OVER TIME) |
| INVEGA TRINZA 819 MG/2.63 ML                                                    | QL (2.63 PER 84 OVER TIME) |
| LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)                | PA, QL (30 PER 30 DAYS)    |
| LATUDA 80 MG TABLET                                                             | PA, QL (60 PER 30 DAYS)    |
| <i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i> | PA, QL (30 PER 30 DAYS)    |
| <i>lurasidone hcl 80 mg tablet</i>                                              | PA, QL (60 PER 30 DAYS)    |
| LYBALVI                                                                         | PA, QL (30 PER 30 DAYS)    |
| 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)    |

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

| DRUG NAME                                                                                   | REQUIREMENTS/LIMITS      |
|---------------------------------------------------------------------------------------------|--------------------------|
| OPIPZA 2 MG FILM                                                                            | PA, QL (30 PER 30 DAYS)  |
| <i>paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)</i>                            | PA, QL (30 PER 30 DAYS)  |
| <i>paliperidone er 6 mg tablet</i>                                                          | PA, QL (60 PER 30 DAYS)  |
| PERSERIS                                                                                    | QL (1 PER 28 DAYS)       |
| <i>quetiapine 150 mg tablet</i>                                                             | PA, QL (150 PER 30 DAYS) |
| <i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>                   | PA, QL (120 PER 30 DAYS) |
| <i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>                                         | PA, QL (60 PER 30 DAYS)  |
| <i>quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)</i>                          | PA, QL (30 PER 30 DAYS)  |
| <i>quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>         | PA, QL (60 PER 30 DAYS)  |
| REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET) | PA, QL (30 PER 30 DAYS)  |
| RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET)                            | PA, QL (60 PER 30 DAYS)  |
| RISPERDAL 1 MG/ML SOLUTION                                                                  | PA, QL (480 PER 30 DAYS) |
| RISPERDAL 4 MG TABLET                                                                       | PA, QL (120 PER 30 DAYS) |
| RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL)                                   | QL (2 PER 28 DAYS)       |
| RISPERDAL CONSTA 50 MG VIAL                                                                 | QL (2 PER 28 DAYS)       |
| <i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet)</i>   | QL (60 PER 30 DAYS)      |
| <i>risperidone 0.25 mg odt</i>                                                              | PA, QL (60 PER 30 DAYS)  |
| <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)  |

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

| DRUG NAME                                                            | REQUIREMENTS/LIMITS        |
|----------------------------------------------------------------------|----------------------------|
| SAPHRIS                                                              | PA, QL (60 PER 30 DAYS)    |
| SECUADO                                                              | PA, QL (30 PER 30 DAYS)    |
| SEROQUEL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)  | PA, QL (120 PER 30 DAYS)   |
| SEROQUEL (300 MG TABLET, 400 MG TABLET)                              | PA, QL (60 PER 30 DAYS)    |
| SEROQUEL XR (150 MG TABLET, 200 MG TABLET)                           | PA, QL (30 PER 30 DAYS)    |
| SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)             | PA, QL (60 PER 30 DAYS)    |
| UZEDY ER 100 MG/0.28 ML SYRING                                       | QL (0.28 PER 28 DAYS)      |
| UZEDY ER 125 MG/0.35 ML SYRING                                       | QL (0.35 PER 28 DAYS)      |
| UZEDY ER 150 MG/0.42 ML SYRING                                       | QL (0.42 PER 56 OVER TIME) |
| UZEDY ER 200 MG/0.56 ML SYRING                                       | QL (0.56 PER 56 OVER TIME) |
| UZEDY ER 250 MG/0.7 ML SYRINGE                                       | QL (0.7 PER 56 OVER TIME)  |
| UZEDY ER 50 MG/0.14 ML SYRINGE                                       | QL (0.14 PER 28 DAYS)      |
| UZEDY ER 75 MG/0.21 ML SYRINGE                                       | QL (0.21 PER 28 DAYS)      |
| VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE) | QL (30 PER 30 DAYS)        |
| <i>ziprasidone hcl (20 mg capsule, 40 mg capsule)</i>                | QL (90 PER 30 DAYS)        |
| <i>ziprasidone hcl (60 mg capsule, 80 mg capsule)</i>                | QL (60 PER 30 DAYS)        |
| <i>ziprasidone mesylate</i>                                          | PA, QL (60 PER 30 DAYS)    |
| ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)    | PA, QL (45 PER 30 DAYS)    |
| 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)     |

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

| DRUG NAME                                                   | REQUIREMENTS/LIMITS      |
|-------------------------------------------------------------|--------------------------|
| 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)  |
| <b>Antipsychotics, Other</b>                                |                          |
| COBENFY                                                     | PA, QL (60 PER 30 DAYS)  |
| COBENFY STARTER PACK                                        | PA, QL (56 PER 28 DAYS)  |
| <b>Treatment-Resistant</b>                                  |                          |
| <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) |
| <b>Antispasticity Agents</b>                                |                          |
| <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>                                       |                          |

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

| DRUG NAME                                                                       | REQUIREMENTS/LIMITS   |
|---------------------------------------------------------------------------------|-----------------------|
| <b>Antivirals</b>                                                               |                       |
| <b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>                            |                       |
| 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)  |
| <b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b> |                       |
| DELSTRIGO                                                                       | QL (30 PER 30 DAYS)   |
| EDURANT                                                                         | QL (30 PER 30 DAYS)   |
| EDURANT PED                                                                     | QL (180 PER 30 DAYS)  |
| <i>efavirenz 600 mg tablet</i>                                                  | QL (30 PER 30 DAYS)   |
| <i>efavirenz-emtricitenofovir disoproxil fumarate</i>                           | QL (30 PER 30 DAYS)   |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>                       | QL (30 PER 30 DAYS)   |
| <i>etravirine</i>                                                               | QL (60 PER 30 DAYS)   |
| INTELENCE (100 MG TABLET, 200 MG TABLET)                                        | QL (60 PER 30 DAYS)   |
| INTELENCE 25 MG TABLET                                                          | QL (120 PER 30 DAYS)  |
| <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)   |

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

| DRUG NAME | REQUIREMENTS/LIMITS |
|-----------|---------------------|
| PIFELTRO  | QL (30 PER 30 DAYS) |
| SYMFI     | QL (30 PER 30 DAYS) |
| SYMFI LO  | QL (30 PER 30 DAYS) |

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

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

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

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

### Anti-HIV Agents, Other

|                                            |                         |
|--------------------------------------------|-------------------------|
| FUZEON                                     | QL (60 PER 30 DAYS)     |
| <i>maraviroc 150 mg tablet</i>             | QL (60 PER 30 DAYS)     |
| <i>maraviroc 300 mg tablet</i>             | QL (120 PER 30 DAYS)    |
| RUKOBIA                                    | QL (60 PER 30 DAYS)     |
| SELZENTRY (75 MG TABLET, 150 MG TABLET)    | QL (60 PER 30 DAYS)     |
| SELZENTRY 20 MG/ML ORAL SOLN               | QL (1840 PER 30 DAYS)   |
| SELZENTRY 25 MG TABLET                     | QL (240 PER 30 DAYS)    |
| SELZENTRY 300 MG TABLET                    | QL (120 PER 30 DAYS)    |
| SUNLENCA (4- 300 MG TABLET, 300 MG TABLET) | QL (4 PER 28 OVER TIME) |
| SUNLENCA 5- 300 MG TABLET                  | QL (5 PER 28 OVER TIME) |
| TYBOST                                     | QL (30 PER 30 DAYS)     |

### Anti-HIV Agents, Protease Inhibitors

|                                                    |                      |
|----------------------------------------------------|----------------------|
| APTIVUS 250 MG CAPSULE                             | QL (120 PER 30 DAYS) |
| <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)  |

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

| DRUG NAME                                    | REQUIREMENTS/LIMITS  |
|----------------------------------------------|----------------------|
| <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) |
| <b>Anti-cytomegalovirus (CMV) Agents</b>     |                      |
| 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)   |                      |

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

| DRUG NAME                                                                                                                     | REQUIREMENTS/LIMITS         |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <i>valganciclovir 450 mg tablet</i>                                                                                           |                             |
| <i>valganciclovir hcl 50 mg/ml</i>                                                                                            |                             |
| <b>Anti-hepatitis B (HBV) Agents</b>                                                                                          |                             |
| <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>                                                                                                         |                             |
| <b>Anti-hepatitis C (HCV) Agents</b>                                                                                          |                             |
| MAVYRET                                                                                                                       | PA                          |
| <i>ribavirin (200 mg capsule, 200 mg tablet)</i>                                                                              |                             |
| ZEPA                                                                                                                          | PA                          |
| <b>Anti-influenza Agents</b>                                                                                                  |                             |
| <i>oseltamivir 6 mg/ml suspension</i>                                                                                         | QL (1080 PER 365 OVER TIME) |
| <i>oseltamivir phos 30 mg capsule</i>                                                                                         | QL (168 PER 365 OVER TIME)  |
| <i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>                                                                   | QL (84 PER 365 OVER TIME)   |
| RELENZA                                                                                                                       | QL (120 PER 365 OVER TIME)  |
| TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)                                                                                        | QL (84 PER 365 OVER TIME)   |
| TAMIFLU 30 MG CAPSULE                                                                                                         | QL (168 PER 365 OVER TIME)  |
| TAMIFLU 6 MG/ML SUSPENSION                                                                                                    | QL (1080 PER 365 OVER TIME) |
| XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)                                                                                | QL (4 PER 365 OVER TIME)    |
| XOFLUZA 80 MG TABLET                                                                                                          | QL (2 PER 365 OVER TIME)    |
| <b>Antitherpetic Agents</b>                                                                                                   |                             |
| <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> |                             |

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

| DRUG NAME                                                                                                                 | REQUIREMENTS/LIMITS      |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <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                       |
| <b>Antiviral, Coronavirus agents</b>                                                                                      |                          |
| 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) |
| <b>Anxiolytics</b>                                                                                                        |                          |
| <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) |
| <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)     |

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

| DRUG NAME                                                                                                             | REQUIREMENTS/LIMITS       |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------|
| <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)     |
| <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) |

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

| DRUG NAME                                             | REQUIREMENTS/LIMITS  |
|-------------------------------------------------------|----------------------|
| 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 &amp; dressings - pads 2 x2</i>         | PA                   |
| <i>glimepiride 1 mg tablet</i>                        | QL (240 PER 30 DAYS) |
| <i>glimepiride 2 mg tablet</i>                        | QL (120 PER 30 DAYS) |
| <i>glimepiride 4 mg tablet</i>                        | QL (60 PER 30 DAYS)  |
| <i>glipizide 10 mg tablet</i>                         | QL (120 PER 30 DAYS) |
| <i>glipizide 2.5 mg tablet</i>                        | QL (480 PER 30 DAYS) |
| <i>glipizide 5 mg tablet</i>                          | QL (240 PER 30 DAYS) |
| <i>glipizide er 10 mg tablet</i>                      | QL (60 PER 30 DAYS)  |
| <i>glipizide er 2.5 mg tablet</i>                     | QL (240 PER 30 DAYS) |
| <i>glipizide er 5 mg tablet</i>                       | QL (120 PER 30 DAYS) |
| <i>glipizide xl 10 mg tablet</i>                      | QL (60 PER 30 DAYS)  |
| <i>glipizide xl 2.5 mg tablet</i>                     | QL (240 PER 30 DAYS) |
| <i>glipizide xl 5 mg tablet</i>                       | QL (120 PER 30 DAYS) |
| <i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>     | QL (120 PER 30 DAYS) |
| <i>glipizide-metformin 2.5-250 mg</i>                 | QL (240 PER 30 DAYS) |
| GLUCOTROL XL 10 MG TABLET                             | QL (60 PER 30 DAYS)  |
| GLUCOTROL XL 5 MG TABLET                              | QL (120 PER 30 DAYS) |
| <i>glyburid-metformin 1.25-250 mg</i>                 | QL (240 PER 30 DAYS) |
| <i>glyburide 1.25 mg tablet</i>                       | QL (480 PER 30 DAYS) |
| <i>glyburide 2.5 mg tablet</i>                        | QL (240 PER 30 DAYS) |
| <i>glyburide 5 mg tablet</i>                          | QL (120 PER 30 DAYS) |
| <i>glyburide micro 1.5 mg tab</i>                     | QL (240 PER 30 DAYS) |
| <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) |

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

| DRUG NAME                                                                  | REQUIREMENTS/LIMITS     |
|----------------------------------------------------------------------------|-------------------------|
| GLYXAMBI                                                                   | QL (30 PER 30 DAYS)     |
| <i>gnp sterile gauze pads 2" x 2"</i>                                      | PA                      |
| <i>isopropyl alcohol 0.7 ml/ml medicated pad</i>                           | PA                      |
| JANUMET                                                                    | QL (60 PER 30 DAYS)     |
| JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)                         | QL (30 PER 30 DAYS)     |
| JANUMET XR 50-1,000 MG TABLET                                              | QL (60 PER 30 DAYS)     |
| JANUVIA                                                                    | QL (30 PER 30 DAYS)     |
| JARDIANCE                                                                  | QL (30 PER 30 DAYS)     |
| JENTADUETO                                                                 | QL (60 PER 30 DAYS)     |
| JENTADUETO XR 2.5 MG-1,000 MG                                              | QL (60 PER 30 DAYS)     |
| JENTADUETO XR 5 MG-1,000 MG TB                                             | QL (30 PER 30 DAYS)     |
| <i>metformin hcl 1,000 mg tablet</i>                                       | QL (75 PER 30 DAYS)     |
| <i>metformin hcl 500 mg tablet</i>                                         | QL (150 PER 30 DAYS)    |
| <i>metformin hcl 850 mg tablet</i>                                         | QL (90 PER 30 DAYS)     |
| <i>metformin hcl er 500 mg tablet</i>                                      | QL (120 PER 30 DAYS)    |
| <i>metformin hcl er 750 mg tablet</i>                                      | QL (60 PER 30 DAYS)     |
| MOUNJARO                                                                   | PA, QL (2 PER 28 DAYS)  |
| <i>nateglinide 120 mg tablet</i>                                           | QL (90 PER 30 DAYS)     |
| <i>nateglinide 60 mg tablet</i>                                            | QL (180 PER 30 DAYS)    |
| OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/ML)) | PA, QL (3 PER 28 DAYS)  |
| <i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>                       | QL (30 PER 30 DAYS)     |
| <i>pioglitazone hcl 15 mg tablet</i>                                       | QL (90 PER 30 DAYS)     |
| <i>pioglitazone-glimepiride</i>                                            | QL (30 PER 30 DAYS)     |
| <i>pioglitazone-metformin</i>                                              | QL (90 PER 30 DAYS)     |
| <i>repaglinide 0.5 mg tablet</i>                                           | QL (960 PER 30 DAYS)    |
| <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) |

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

| DRUG NAME                                                                                         | REQUIREMENTS/LIMITS    |
|---------------------------------------------------------------------------------------------------|------------------------|
| <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)    |
| SOLIQUA 100-33                                                                                    | QL (18 PER 30 DAYS)    |
| SYMLINPEN 120                                                                                     |                        |
| SYMLINPEN 60                                                                                      |                        |
| SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)                            | QL (60 PER 30 DAYS)    |
| SYNJARDY 5-500 MG TABLET                                                                          | QL (120 PER 30 DAYS)   |
| SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)                            | QL (60 PER 30 DAYS)    |
| SYNJARDY XR 25-1,000 MG TABLET                                                                    | QL (30 PER 30 DAYS)    |
| TRADJENTA                                                                                         | QL (30 PER 30 DAYS)    |
| TRULICITY                                                                                         | PA, QL (2 PER 28 DAYS) |
| XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)                                               | QL (30 PER 30 DAYS)    |
| XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)                         | QL (60 PER 30 DAYS)    |

### 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) |
| 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) |

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

| DRUG NAME                                                                                                                   | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------|
| PROGLYCEM                                                                                                                   |                     |
| <b>Insulins</b>                                                                                                             |                     |
| <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                  |
| <i>insulin syringe (syr 0.5 ml, 1ml)</i>                                                                                    | PA                  |
| LANTUS                                                                                                                      | QL (60 PER 30 DAYS) |
| LANTUS SOLOSTAR                                                                                                             | 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          |
|--------------------------------------------------------|------------------------------|
| 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)      |
| <i>pen needle (31g 5mm, 31g 8mm, 32g 4mm, 32g 6mm)</i> | PA                           |
| TOUJEO MAX SOLOSTAR                                    | 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 |
|---------------------------------------|---------------------|
| 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 (0.5 MG PKT(1X0.5MG TB), 1.5 MG PKT(3X0.5MG TB), 2 MG PKT(4X 0.5 MG TB)) | QL (560 PER 28 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)      |
| ELIQUIS SPRINKLE                                                                 | QL (74 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 carpjct, 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                                                                                                                                                                                                                                                                                                       |                          |
| <b>Blood Products and Modifiers, Other</b>                                                                                                                                                                                                                                                                      |                          |
| AGRYLIN                                                                                                                                                                                                                                                                                                         |                          |
| <i>anagrelide hcl</i>                                                                                                                                                                                                                                                                                           |                          |
| ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE)                                                                                                                                   | PA                       |
| ARANESP (100 MCG/ML VIAL, 150 MCG/0. 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 ML SYRING, 480 MCG/1.6 ML VIAL)                                               | PA                  |
| NIVESTYM 300 MCG/0.5 ML SYRING                                                                                       | PA                  |
| PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNIT/2 ML VIAL) | PA                  |
| PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)                                                                 | PA                  |
| PROMACTA                                                                                                             | PA                  |
| RETACRIT                                                                                                             | PA                  |
| UDENYCA                                                                                                              | PA                  |
| UDENYCA AUTOINJECTOR                                                                                                 | PA                  |
| UDENYCA ONBODY                                                                                                       | PA                  |
| ZIEXTENZO                                                                                                            | PA                  |

### Hemostasis Agents

*tranexamic acid 650 mg tablet*

### Platelet Modifying Agents

*aspirin-dipyridamole er*

BRILINTA

CABLIVI

*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 |
|--------------------------------------------------------------------|---------------------|
| <b>Cardiovascular Agents</b>                                       |                     |
| <b>Alpha-adrenergic Agonists</b>                                   |                     |
| <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                  |
| <b>Alpha-adrenergic Blocking Agents</b>                            |                     |
| 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) |
| <b>Angiotensin II Receptor Antagonists</b>                         |                     |
| 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 |
|---------------------------------------------------------------------|---------------------|
| <b>Antiarrhythmics</b>                                              |                     |
| <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                                                             |                     |
| <b>Beta-adrenergic Blocking Agents</b>                              |                     |
| <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 |
|--------------------------------------------------------------------------------|---------------------|
| <b>Calcium Channel Blocking Agents, Nondihydropyridines</b>                    |                     |
| 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                                                                     |                     |
| <b>Cardiovascular Agents, Other</b>                                            |                     |
| <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>sacubitril-valsartan (49-51 mg, 97-103 mg)</i>                   | QL (60 PER 30 DAYS)     |
| <i>sacubitril-valsartan 24-26 mg</i>                                | QL (180 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)     |

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

| DRUG NAME                                                                                                                                                                                    | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>valsartan-hydrochlorothiazide</i>                                                                                                                                                         | QL (30 PER 30 DAYS) |
| VASERETIC                                                                                                                                                                                    |                     |
| ZESTORETIC                                                                                                                                                                                   |                     |
| ZIAC                                                                                                                                                                                         |                     |
| <b>Diuretics, Loop</b>                                                                                                                                                                       |                     |
| <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>                                                                                                                                                                             |                     |
| <b>Diuretics, Potassium-sparing</b>                                                                                                                                                          |                     |
| <i>amiloride hcl</i>                                                                                                                                                                         |                     |
| <i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>                                                                                                           |                     |
| <b>Diuretics, Thiazide</b>                                                                                                                                                                   |                     |
| <i>chlorthalidone</i>                                                                                                                                                                        |                     |
| <i>hydrochlorothiazide</i>                                                                                                                                                                   |                     |
| <i>indapamide</i>                                                                                                                                                                            |                     |
| <i>metolazone</i>                                                                                                                                                                            |                     |
| <b>Dyslipidemics, Fibric Acid Derivatives</b>                                                                                                                                                |                     |
| <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) |

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

| DRUG NAME                                                              | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------|---------------------|
| LOPID                                                                  | QL (60 PER 30 DAYS) |
| <b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>                     |                     |
| <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) |
| <b>Dyslipidemics, Other</b>                                            |                     |
| <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 (6 PER 28 DAYS) |
| REPATHA SYRINGE                                                      | PA, QL (6 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 |
|-----------------------------------------------------------------------------------------------------------|---------------------|
| <b>Vasodilators, Direct-acting Arterial/Venous</b>                                                        |                     |
| 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)      |
| <b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>                                                                                                                                                             |                          |
| <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      |
|-------------------------------------------------------------------------------------------------|--------------------------|
| <b>Central Nervous System, Other</b>                                                            |                          |
| 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) |
| <b>Multiple Sclerosis Agents</b>                                                                |                          |
| 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 (dp crm, dp oin)</i>                                      | QL (200 PER 28 DAYS)    |
| <i>betamethasone dipropionate (dp crm, dp 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 acetoneide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i> | QL (120 PER 30 DAYS)    |
| <i>fluocinolone acetoneide (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                                                                                                 |                          |
| <b>Pediculicides/Scabicides</b>                                                                     |                          |
| <i>ivermectin 1% cream</i>                                                                          | PA                       |
| <i>malathion</i>                                                                                    |                          |
| OVIDE                                                                                               |                          |
| <i>permethrin</i>                                                                                   |                          |
| SOOLANTRA                                                                                           | PA                       |
| <b>Topical Anti-infectives</b>                                                                      |                          |
| <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>                                                                                      |                          |
| <b>Electrolytes/Minerals/ Metals/ Vitamins</b>                                                      |                          |
| <b>Electrolyte/Mineral Replacement</b>                                                              |                          |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |
| <b>Electrolyte/Mineral/Metal Modifiers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |
| 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     |
|-----------------------------------------------------------------------------------------------------------|-------------------------|
| <b>Potassium Binders</b>                                                                                  |                         |
| <i>kionex</i>                                                                                             |                         |
| <i>sodium polystyrene sulf powder</i>                                                                     |                         |
| SPS                                                                                                       |                         |
| VELTASSA                                                                                                  |                         |
| <b>Gastrointestinal Agents</b>                                                                            |                         |
| <b>Anti-Constipation Agents</b>                                                                           |                         |
| <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) |
| <b>Anti-Diarrheal Agents</b>                                                                              |                         |
| <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     |
|---------------------------------------------------------------------------------------------------------|-------------------------|
| <b>Antispasmodics, Gastrointestinal</b>                                                                 |                         |
| <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>                                                                          |                         |
| <b>Gastrointestinal Agents, Other</b>                                                                   |                         |
| <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 DAYS) |
| 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>Histamine2 (H2) Receptor Antagonists</b>                                                                                                             |                     |
| <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>                                                                                                      |                     |
| <b>Protectants</b>                                                                                                                                      |                     |
| 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>                                                                                   |                     |
| <b>Proton Pump Inhibitors</b>                                                                                                                           |                     |
| <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      |
|----------------------------------------------------------------------------------------|--------------------------|
| <b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>        |                          |
| <i>betaine anhydrous</i>                                                               |                          |
| BUPHENYL 500 MG TABLET                                                                 | PA                       |
| CARNITOR (1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET)                    |                          |
| CARNITOR SF                                                                            |                          |
| CEREZYME                                                                               | PA                       |
| CREON                                                                                  |                          |
| <i>cromolyn 100 mg/5 ml oral conc</i>                                                  |                          |
| CRYSVITA                                                                               | PA                       |
| CYSTADANE                                                                              |                          |
| CYSTAGON                                                                               | PA                       |
| ELELYSO                                                                                | PA                       |
| ENDARI                                                                                 | PA                       |
| KUVAN                                                                                  | PA                       |
| <i>l-glutamine 5 gram powder pkt</i>                                                   | PA                       |
| <i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>   |                          |
| <i>levocarnitine st</i>                                                                |                          |
| <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) |
| <i>zelvysia</i>                                 | PA                       |
| 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)  |

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</i>                                         | QL (60 PER 30 DAYS)     |
| <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)     |
| <b>Benign Prostatic Hypertrophy Agents</b>                          |                         |
| <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)     |
| <b>Contraceptives, Other</b>                                        |                         |
| LILETTA                                                             |                         |
| NEXPLANON                                                           |                         |
| SKYLA                                                               |                         |
| <b>Genitourinary Agents, Other</b>                                  |                         |
| <i>bethanechol chloride</i>                                         |                         |
| DEPEN                                                               |                         |
| <i>penicillamine 250 mg tablet</i>                                  |                         |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b> |                         |
| ACTHAR                                                              | PA                      |
| ACTHAR SELFJECT                                                     | PA                      |

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

| DRUG NAME                                                                                                                                                                                                       | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| CORTEF                                                                                                                                                                                                          |                     |
| <i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb)</i> |                     |
| <i>fludrocortisone acetate</i>                                                                                                                                                                                  |                     |
| HEMADY                                                                                                                                                                                                          |                     |
| <i>hidex</i>                                                                                                                                                                                                    |                     |
| <i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>                                                                                                                                                 |                     |
| MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET)                                                                                                                                                   |                     |
| <i>methylprednisolone</i>                                                                                                                                                                                       |                     |
| <i>prednisolone (15 mg/5 ml soln, 15 mg/5 ml syrup, 15mg/5ml soln cup)</i>                                                                                                                                      |                     |
| <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>                                                                                                                                                                             |                     |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>                                                                                                                                           |                     |
| 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       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>                                                                                                                        |                           |
| <b>Androgens</b>                                                                                                                                                                                           |                           |
| 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                        |
| <b>Estrogens</b>                                                                                                                                                                                           |                           |
| 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</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>                                                                                            |                     |

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

| DRUG NAME                             | REQUIREMENTS/LIMITS |
|---------------------------------------|---------------------|
| <i>briellyn</i>                       |                     |
| <i>camrese</i>                        |                     |
| <i>camrese lo</i>                     |                     |
| <i>chateal</i>                        |                     |
| <i>chateal eq</i>                     |                     |
| COMBIPATCH                            |                     |
| <i>cryselle</i>                       |                     |
| <i>cyred</i>                          |                     |
| <i>cyred eq</i>                       |                     |
| <i>dasetta</i>                        |                     |
| <i>daysee</i>                         |                     |
| <i>desogestr-eth estrad eth estra</i> |                     |
| <i>desogestrel-ethinyl estradiol</i>  |                     |
| <i>dolishale</i>                      |                     |
| <i>drospirenone-eth estra-levomet</i> |                     |
| <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>                      |                     |

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

| DRUG NAME                                                                                | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------|---------------------|
| <i>gemmily</i>                                                                           |                     |
| <i>hailey</i>                                                                            |                     |
| <i>hailey 24 fe</i>                                                                      |                     |
| <i>hailey fe</i>                                                                         |                     |
| <i>haloette</i>                                                                          |                     |
| <i>iclevia</i>                                                                           |                     |
| <i>introvale</i>                                                                         |                     |
| <i>isibloom</i>                                                                          |                     |
| <i>jaimiess</i>                                                                          |                     |
| <i>jasmiel</i>                                                                           |                     |
| <i>jinteli</i>                                                                           |                     |
| <i>jolessa</i>                                                                           |                     |
| <i>juleber</i>                                                                           |                     |
| <i>junel</i>                                                                             |                     |
| <i>junel fe</i>                                                                          |                     |
| <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>luizza</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-linyah</i>                                                                                                                     |                     |
| <i>necon</i>                                                                                                                           |                     |
| <i>nikki</i>                                                                                                                           |                     |
| <i>norelgestromin-eth estradiol</i>                                                                                                    |                     |
| <i>norethin-eth estra-ferrous fum</i>                                                                                                  |                     |
| <i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethin-eth estrad 1 mg-5 mcg, norethind-eth estrad 1-0.02 mg)</i> |                     |
| <i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1.5-0.03mg(21)-75)</i>                     |                     |
| <i>norgestimate-ethinyl estradiol</i>                                                                                                  |                     |
| <i>nortrel</i>                                                                                                                         |                     |
| NUVARING                                                                                                                               |                     |

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

| DRUG NAME                | REQUIREMENTS/LIMITS |
|--------------------------|---------------------|
| <i>nylia</i>             |                     |
| <i>nymyo</i>             |                     |
| <i>ocella</i>            |                     |
| <i>philith</i>           |                     |
| <i>pimtrea</i>           |                     |
| <i>portia</i>            |                     |
| PREMPHASE                |                     |
| PREMPRO                  |                     |
| <i>reclipsen</i>         |                     |
| <i>setlakin</i>          |                     |
| <i>simliya</i>           |                     |
| <i>simpesse</i>          |                     |
| <i>sprintec</i>          |                     |
| <i>sronyx</i>            |                     |
| <i>syeda</i>             |                     |
| <i>tarina 24 fe</i>      |                     |
| <i>tarina fe</i>         |                     |
| <i>tarina fe 1-20 eq</i> |                     |
| <i>taysofy</i>           |                     |
| <i>tilia fe</i>          |                     |
| <i>tri-estarylla</i>     |                     |
| <i>tri-legest fe</i>     |                     |
| <i>tri-lynyah</i>        |                     |
| <i>tri-lo-estarylla</i>  |                     |
| <i>tri-lo-marzia</i>     |                     |
| <i>tri-lo-mili</i>       |                     |
| <i>tri-lo-sprintec</i>   |                     |
| <i>tri-mili</i>          |                     |
| <i>tri-nymyo</i>         |                     |
| <i>tri-sprintec</i>      |                     |

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</i>    |                     |
| <i>tri-vylibra lo</i> |                     |
| <i>trivora-28</i>     |                     |
| <i>turqoz</i>         |                     |
| TYBLUME               |                     |
| <i>tydemy</i>         |                     |
| <i>valtya</i>         |                     |
| <i>velivet</i>        |                     |
| <i>vestura</i>        |                     |
| <i>vienva</i>         |                     |
| <i>viorele</i>        |                     |
| <i>volnea</i>         |                     |
| <i>vyfemla</i>        |                     |
| <i>vylibra</i>        |                     |
| <i>wera</i>           |                     |
| <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 |

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

| DRUG NAME                                                                                                                            | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <i>emzahh</i>                                                                                                                        |                     |
| <i>errin</i>                                                                                                                         |                     |
| <i>gallifrey</i>                                                                                                                     |                     |
| <i>heather</i>                                                                                                                       |                     |
| <i>incassia</i>                                                                                                                      |                     |
| <i>jencycla</i>                                                                                                                      |                     |
| <i>lyleq</i>                                                                                                                         |                     |
| <i>lyza</i>                                                                                                                          |                     |
| <i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)</i>                                                      |                     |
| <i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i> |                     |
| <i>meleya</i>                                                                                                                        |                     |
| <i>nora-be</i>                                                                                                                       |                     |
| <i>norethindrone</i>                                                                                                                 |                     |
| <i>norethindrone ac (lupaneta)</i>                                                                                                   |                     |
| <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 |

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

| DRUG NAME                                                                                                                                                                                                                | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| LEVO-T                                                                                                                                                                                                                   |                     |
| <i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i> |                     |
| LEVOXYL                                                                                                                                                                                                                  |                     |
| <i>liomny</i>                                                                                                                                                                                                            |                     |
| <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)

*icatibant* PA, QL (18 PER 30 DAYS)

*sajazir* 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                  |
| <b>Immunological Agents, Other</b>                                                     |                     |
| 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/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                     |
| <b>Immunostimulants</b>                                                                                                                                                 |                        |
| ACTIMMUNE                                                                                                                                                               | PA                     |
| BESREMI                                                                                                                                                                 | PA, QL (2 PER 28 DAYS) |
| PEGASYS                                                                                                                                                                 | PA                     |
| <b>Immunosuppressants</b>                                                                                                                                               |                        |
| 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>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>                 | PA                  |
| HADLIMA                                                                            | PA                  |
| HADLIMA PUSHTOUCH                                                                  | PA                  |
| HADLIMA(CF)                                                                        | PA                  |
| HADLIMA(CF) PUSHTOUCH                                                              | PA                  |
| HUMIRA                                                                             | PA                  |
| HUMIRA PEN                                                                         | PA                  |
| HUMIRA(CF)                                                                         | PA                  |
| HUMIRA(CF) PEN                                                                     | PA                  |
| HUMIRA(CF) PEN CROHN'S-UC-HS                                                       | PA                  |
| HUMIRA(CF) PEN PEDIATRIC UC                                                        | PA                  |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS                                                     | PA                  |
| IMURAN                                                                             | PA                  |
| <i>leflunomide (10 mg tablet, 20 mg tablet)</i>                                    |                     |
| <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 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>                                                  |                         |
| <b>Glucocorticoids</b>                                                   |                         |
| <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)    |
| <b>Metabolic Bone Disease Agents</b>                                     |                         |
| <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)      |
| BONSITY                                                                  | PA                      |
| <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)      |

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

| DRUG NAME                                                         | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------|---------------------|
| <i>ibandronate sodium 150 mg tab</i>                              | QL (1 PER 28 DAYS)  |
| JUBBONTI                                                          | PA                  |
| <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                  |
| WYOST                                                             | 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>                 |                         |

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-bacitracin-poly-hc</i>                                                          |                         |
| <i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i> |                         |
| RESTASIS                                                                                    | QL (60 PER 30 DAYS)     |
| RESTASIS MULTIDOSE                                                                          | QL (11 PER 30 DAYS)     |
| <i>sulfacetamide-prednisolone</i>                                                           |                         |
| TOBRADEX (DROPS, OINTMENT)                                                                  |                         |
| <i>tobramycin-dexamethasone</i>                                                             |                         |
| XDEMVI                                                                                      | 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>               |  |

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

| DRUG NAME                                                    | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------|---------------------|
| <i>trifluridine</i>                                          |                     |
| VIGAMOX                                                      |                     |
| <b>Ophthalmic Anti-allergy Agents</b>                        |                     |
| <i>azelastine hcl 0.05% drops</i>                            |                     |
| <i>cromolyn 4% eye drops</i>                                 |                     |
| <i>epinastine hcl</i>                                        |                     |
| <b>Ophthalmic Anti-inflammatories</b>                        |                     |
| 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                                                     |                     |
| <b>Ophthalmic Beta-Adrenergic Blocking Agents</b>            |                     |
| <i>betaxolol hcl 0.5% eye 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| BETOPTIC S                                                                                                                                          |                     |
| <i>carteolol hcl</i>                                                                                                                                |                     |
| ISTALOL                                                                                                                                             |                     |
| <i>levobunolol hcl</i>                                                                                                                              |                     |
| <i>timolol maleate (0.25% eye drop, 0.25% gel-solution, 0.5% eye drop, 0.5% eye drop, 0.5% eye drops, 0.5% gel-solution, 0.5% gfs gel-solution)</i> |                     |
| TIMOPTIC                                                                                                                                            |                     |
| TIMOPTIC OCUDOSE                                                                                                                                    |                     |

### Ophthalmic Intraocular Pressure Lowering Agents, Other

|                                                        |                          |
|--------------------------------------------------------|--------------------------|
| ALPHAGAN P                                             |                          |
| AZOPT                                                  |                          |
| <i>brimonidine tartrate (0.15% drp, 0.2% eye drop)</i> |                          |
| <i>brimonidine tartrate 0.1% drop</i>                  |                          |
| <i>brinzolamide</i>                                    |                          |
| <i>dorzolamide hcl</i>                                 |                          |
| <i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>  |                          |
| RHOPRESSA                                              | QL (15 PER 75 OVER TIME) |
| ROCKLATAN                                              | QL (15 PER 75 DAYS)      |
| 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> |  |
|------------------------------------|--|

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

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

## Respiratory Tract/ Pulmonary Agents

### Anti-inflammatories, Inhaled Corticosteroids

|                                                                             |                       |
|-----------------------------------------------------------------------------|-----------------------|
| ARNUITY ELLIPTA                                                             | QL (30 PER 30 DAYS)   |
| ASMANEX                                                                     | QL (1 PER 30 DAYS)    |
| ASMANEX HFA                                                                 | QL (13 PER 30 DAYS)   |
| <i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i> | PA                    |
| <i>flunisolide</i>                                                          | QL (75 PER 30 DAYS)   |
| <i>fluticasone prop 50 mcg spray</i>                                        | QL (16 PER 30 DAYS)   |
| <i>fluticasone prop hfa 110 mcg</i>                                         | QL (12 PER 30 DAYS)   |
| <i>fluticasone prop hfa 220 mcg</i>                                         | QL (24 PER 30 DAYS)   |
| <i>fluticasone prop hfa 44 mcg</i>                                          | QL (10.6 PER 30 DAYS) |
| <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>cycloheptadine 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) |
| <b>Antileukotrienes</b>                                                                                                                                                                                                              |                       |
| ACCOLATE                                                                                                                                                                                                                             |                       |
| <i>montelukast sodium</i>                                                                                                                                                                                                            |                       |
| SINGULAIR                                                                                                                                                                                                                            |                       |
| <i>zafirlukast</i>                                                                                                                                                                                                                   |                       |
| <b>Bronchodilators, Anticholinergic</b>                                                                                                                                                                                              |                       |
| 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)   |
| <b>Bronchodilators, Sympathomimetic</b>                                                                                                                                                                                              |                       |
| <i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>                                                                                                                                                                             | QL (17 PER 30 DAYS)   |
| <i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>                                                                                                                                                                          | QL (13.4 PER 30 DAYS) |
| <i>albuterol sulfate (2 mg tab, 2 mg/5 ml syrup cup, sulf 2 mg/5 ml syrup, 4 mg tab, 8 mg/20 ml syrup cup)</i>                                                                                                                       |                       |
| <i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i> | PA                    |
| <i>epinephrine 0.15 mg auto-inject</i>                                                                                                                                                                                               |                       |
| <i>epinephrine 0.3 mg auto-inject</i>                                                                                                                                                                                                |                       |

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)      |
| <b>Cystic Fibrosis Agents</b>                                                       |                          |
| 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)  |
| <b>Mast Cell Stabilizers</b>                                                        |                          |
| <i>cromolyn 20 mg/2 ml neb soln</i>                                                 | PA                       |
| <b>Phosphodiesterase Inhibitors, Airways Disease</b>                                |                          |
| 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> |                          |
| <b>Pulmonary Antihypertensives</b>                                                  |                          |
| 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)  |
| <i>bosentan 32 mg tablet for susp</i>           | PA, QL (120 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>breynd</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                    |

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 (100-50, 250-50, 500-50)</i>                       | QL (60 PER 30 DAYS)     |
| <i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>                        | QL (1 PER 30 DAYS)      |
| <i>ipratropium-albuterol</i>                                                 | PA                      |
| ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB) | PA, QL (30 PER 30 DAYS) |
| STIOLTO RESPIMAT                                                             | QL (4 PER 30 DAYS)      |
| TRELEGY ELLIPTA                                                              | QL (60 PER 30 DAYS)     |
| <i>wixela inhub</i>                                                          | QL (60 PER 30 DAYS)     |

## Skeletal Muscle Relaxants

|                                                        |
|--------------------------------------------------------|
| <i>carisoprodol 350 mg tablet</i>                      |
| <i>chlorzoxazone 500 mg tablet</i>                     |
| <i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i> |
| <i>methocarbamol (500 mg tablet, 750 mg tablet)</i>    |
| <i>vanadom</i>                                         |

## 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)     |

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

| DRUG NAME                                            | REQUIREMENTS/LIMITS |
|------------------------------------------------------|---------------------|
| <i>zaleplon 10 mg capsule</i>                        | QL (60 PER 30 DAYS) |
| <i>zaleplon 5 mg capsule</i>                         | QL (30 PER 30 DAYS) |
| <i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i> | QL (30 PER 30 DAYS) |
| <i>zolpidem tartrate er</i>                          | QL (30 PER 30 DAYS) |

### Wakefulness Promoting Agents

|                                                       |                          |
|-------------------------------------------------------|--------------------------|
| <i>armodafinil</i>                                    | PA, QL (30 PER 30 DAYS)  |
| LUMRYZ                                                | PA, QL (30 PER 30 DAYS)  |
| LUMRYZ STARTER PACK                                   | PA, QL (28 PER 28 DAYS)  |
| <i>modafinil (100 mg tablet, 200 mg tablet)</i>       | PA, QL (30 PER 30 DAYS)  |
| NUVIGIL (150 MG TABLET, 200 MG TABLET, 250 MG TABLET) | PA, QL (30 PER 30 DAYS)  |
| NUVIGIL 50 MG TABLET                                  | PA, QL (30 PER 30 DAYS)  |
| <i>sodium oxybate</i>                                 | PA, QL (540 PER 30 DAYS) |

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

# Alphabetical Listing

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# **Retiree RxCare**

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