

Fallon Medicare Plus™

2021 Formulary (List of Covered Drugs)

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

Formulary ID: 00021086 Version: Version 12

This formulary was updated on 11/23/2020. For more recent information or other questions, please contact Fallon Medicare Plus at 1-800-325-5669, or, for TTY users, TRS 711, 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit fallonhealth.org/medicare.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Fallon Health. When it refers to “plan” or “our plan,” it means Fallon Medicare Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of 11/23/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is the Fallon Medicare Plus Formulary?

A formulary is a list of covered drugs selected by Fallon Medicare Plus in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Fallon Medicare Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Fallon Medicare Plus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Fallon Medicare Plus may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Fallon Medicare Plus Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Fallon Medicare Plus Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means that

these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 11/23/2020. To get updated information about the drugs covered by Fallon Medicare Plus, please contact us. Our contact information appears on the front and back cover pages. All members will be mailed an update to their printed formulary that details all non-maintenance formulary changes when they occur. The formulary and any addenda will also be available online at fallonhealth.org/medicare.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 3. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 89. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Fallon Medicare Plus covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Fallon Medicare Plus requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Medicare Plus before you fill your prescriptions. If you don't get approval, Fallon Medicare Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Fallon Medicare Plus limits the amount of the drug that Fallon Medicare Plus will cover. For example, Fallon Medicare Plus provides 2 each per 1 day per prescription for JANUMET. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Fallon Medicare Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Fallon Medicare Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Fallon Medicare Plus will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that Fallon Medicare Plus does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Fallon Medicare Plus. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Fallon Medicare Plus.
- You can ask Fallon Medicare Plus to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Fallon Medicare Plus Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Fallon Medicare Plus limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Fallon Medicare Plus will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If you are a current member being admitted to or discharged from a long-term care facility, you will be able to get an early refill on your medications if needed.

For more information

For more detailed information about your Fallon Medicare Plus prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

Fallon Medicare Plus Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Fallon Medicare Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 89.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., HUMIRA) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*).

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

Abbreviation	Explanation
B/D	This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LA	Limited Access. This prescription may be available only at certain pharmacies. For more information consult your <i>Pharmacy Directory</i> or call Customer Service at 1-800-325-5669 (TRS 711), Monday–Friday, 8 a.m.–8 p.m. (Oct. 1–March 31, seven days a week).
MO	Mail-Order Drug. This prescription drug is available through our mail-order service.
NEDS	Non Extended Day Supply. This drug is limited to a 30-day supply per prescription fill.
PA	Prior Authorization. Fallon Medicare Plus requires your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Medicare Plus before you fill your prescriptions. If you don't get approval, Fallon Medicare Plus may not cover the drug.
QL	Quantity Limit. For certain drugs, Fallon Medicare Plus limits the amount of the drug that Fallon Medicare Plus will cover. For example, Fallon Medicare Plus provides 2 each per 1 day per prescription for JANUMET. This may be in addition to a standard one-month or three-month supply.
ST	Step Therapy. In some cases, Fallon Medicare Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Fallon Medicare Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Fallon Medicare Plus will then cover Drug B.

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Drug	Status	Requirements/Limits
Analgesics		
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule</i>	1	
<i>choline & mag trisalicylate oral tablet 1000 mg</i>	2	
<i>diclofenac potassium oral tablet</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	2	
<i>diclofenac sodium oral tablet delayed release</i>	1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	2	
<i>diflunisal oral tablet</i>	2	
<i>etodolac er oral tablet extended release 24 hour</i>	2	
<i>fenoprofen calcium oral capsule 400 mg</i>	1	
<i>fenoprofen calcium oral tablet</i>	1	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er oral capsule extended release</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>ketoprofen er oral capsule extended release 24 hour</i>	1	
<i>ketoprofen oral capsule</i>	2	
<i>ketorolac tromethamine oral tablet</i>	2	
<i>meclofenamate sodium oral capsule</i>	2	
<i>meloxicam oral suspension</i>	2	
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral tablet</i>	2	
<i>naproxen dr oral tablet delayed release</i>	1	
<i>naproxen oral suspension</i>	2	
<i>naproxen oral tablet</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>oxaprozin oral tablet</i>	2	
<i>piroxicam oral capsule</i>	2	
<i>salsalate oral tablet</i>	2	
<i>sulindac oral tablet</i>	2	
<i>tolmetin sodium oral capsule</i>	2	
<i>tolmetin sodium oral tablet</i>	2	
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal patch weekly</i>	2	
EMBEDA ORAL CAPSULE EXTENDED RELEASE	4	PA

Drug	Status	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	
<i>levorphanol tartrate oral tablet</i>	5	
<i>methadone hcl injection solution</i>	2	
<i>methadone hcl oral solution</i>	2	
<i>methadone hcl oral tablet</i>	2	
<i>morphine sulfate er oral capsule extended release 24 hour</i>	2	
<i>morphine sulfate er oral tablet extended release</i>	2	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	2	PA; QL (2 EA per 1 day)
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine #3 oral tablet</i>	1	
<i>acetaminophen-codeine oral solution</i>	2	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	
<i>butorphanol tartrate nasal solution</i>	2	
<i>codeine sulfate oral tablet</i>	2	
<i>duramorph injection solution</i>	2	
<i>endocet oral tablet 5-325 mg</i>	2	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (4 EA per 1 day)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	2	PA; QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	
<i>hydromorphone hcl oral liquid</i>	2	
<i>hydromorphone hcl oral tablet</i>	2	
<i>meperidine hcl injection solution 10 mg/ml, 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	2	
<i>meperidine hcl oral solution</i>	2	
<i>meperidine hcl oral tablet</i>	2	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	
<i>morphine sulfate (pf) injection solution 1 mg/ml</i>	2	
MORPHINE SULFATE INJECTION SOLUTION 5 MG/ML	4	

Drug	Status	Requirements/Limits
<i>morphine sulfate oral solution</i>	2	
<i>morphine sulfate oral tablet</i>	2	
<i>oxycodone hcl oral capsule</i>	2	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	2	
<i>oxycodone hcl oral solution</i>	2	
<i>oxycodone hcl oral tablet</i>	2	
<i>oxycodone-acetaminophen oral solution</i>	2	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	
<i>oxycodone-ibuprofen oral tablet</i>	2	
ROXICET ORAL SOLUTION	4	
<i>roxicet oral tablet 5-325 mg</i>	2	
<i>tramadol hcl oral tablet 50 mg</i>	1	
<i>tramadol-acetaminophen oral tablet</i>	2	
Anesthetics		
Local Anesthetics		
<i>lidocaine external ointment</i>	1	QL (200 GM per 30 days)
<i>lidocaine external patch 5 %</i>	2	PA; QL (3 EA per 1 day)
<i>lidocaine hcl (pf) injection solution 1 %</i>	1	
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine hcl injection solution 1 %, 2 %</i>	1	
<i>lidocaine hcl urethral/mucosal external gel</i>	2	
<i>lidocaine viscous hcl mouth/throat solution</i>	1	
<i>lidocaine-prilocaine external cream</i>	2	QL (200 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release</i>	2	
<i>disulfiram oral tablet</i>	2	
Opioid Dependence Treatments		
<i>buprenorphine hcl injection solution</i>	2	
<i>buprenorphine hcl sublingual tablet sublingual</i>	6	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	6	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	6	
LUCEMYRA ORAL TABLET	4	
<i>naltrexone hcl oral tablet</i>	1	

Drug	Status	Requirements/Limits
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
Opioid Reversal Agents		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	6	
<i>naloxone hcl injection solution cartridge</i>	6	
<i>naloxone hcl injection solution prefilled syringe</i>	6	
NARCAN NASAL LIQUID	6	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	2	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	4	QL (56 EA per 28 days)
CHANTIX ORAL TABLET	4	QL (60 EA per 30 days)
CHANTIX STARTING MONTH PAK ORAL TABLET	4	QL (53 EA per 28 days)
NICOTROL INHALATION INHALER	4	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
<i>gentak ophthalmic ointment</i>	1	
<i>gentamicin sulfate external cream</i>	3	
<i>gentamicin sulfate external ointment</i>	3	
<i>gentamicin sulfate injection solution</i>	2	
<i>gentamicin sulfate intravenous solution</i>	2	
<i>gentamicin sulfate ophthalmic ointment</i>	2	
<i>gentamicin sulfate ophthalmic solution</i>	1	
<i>neomycin sulfate oral tablet</i>	2	
<i>paromomycin sulfate oral capsule</i>	2	
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED	4	
<i>tobramycin ophthalmic solution</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml</i>	2	
Antibacterials		
<i>colistimethate sodium (cba) injection solution reconstituted</i>	2	
<i>tinidazole oral tablet</i>	2	
Antibacterials, Other		
<i>bacitracin ophthalmic ointment</i>	2	

Drug	Status	Requirements/Limits
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	2	
CHLORAMPHENICOL SOD SUCCINATE INTRAVENOUS SOLUTION RECONSTITUTED	4	
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	2	
<i>clindamycin phosphate external gel</i>	2	QL (75 GM per 30 days)
<i>clindamycin phosphate external lotion</i>	2	
<i>clindamycin phosphate external solution</i>	2	QL (60 ML per 30 days)
<i>clindamycin phosphate injection solution 600 mg/4ml</i>	2	
<i>clindamycin phosphate vaginal cream</i>	2	
<i>colistimethate sodium injection solution reconstituted</i>	2	
<i>daptomycin intravenous solution reconstituted</i>	2	
<i>firvanq oral solution reconstituted</i>	1	
FLAGYL ER ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
GLOBAL ALCOHOL PREP EASE PAD	4	
<i>linezolid intravenous solution 600 mg/300ml</i>	5	PA
<i>linezolid oral suspension reconstituted</i>	5	PA
<i>linezolid oral tablet</i>	2	PA
<i>methenamine hippurate oral tablet</i>	2	
<i>metronidazole external cream</i>	2	
<i>metronidazole external gel</i>	2	
<i>metronidazole external lotion</i>	4	
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.79 mg/100ml-%</i>	2	
<i>metronidazole oral tablet</i>	1	
<i>metronidazole vaginal gel</i>	2	
MONUROL ORAL PACKET	4	
<i>mupirocin external ointment</i>	2	QL (220 GM per 30 days)
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
<i>nitrofurantoin macrocrystal oral capsule</i>	2	QL (56 EA per 14 days)
<i>nitrofurantoin monohyd macro oral capsule</i>	2	QL (28 EA per 14 days)
<i>nitrofurantoin oral suspension</i>	2	

Drug	Status	Requirements/Limits
<i>polymyxin b sulfate injection solution reconstituted</i>	2	
PRIMSOL ORAL SOLUTION	4	
<i>silver sulfadiazine external cream</i>	2	
<i>ssd external cream</i>	2	
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>tigecycline intravenous solution reconstituted</i>	2	PA
<i>trimethoprim oral tablet</i>	2	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 750 mg</i>	2	
VANCOMYCIN HCL ORAL CAPSULE 125 MG	3	PA; QL (120 EA per 30 days)
VANCOMYCIN HCL ORAL CAPSULE 250 MG	3	PA; QL (240 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	QL (3 EA per 1 day)
Beta-Lactam, Cephalosporins		
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
<i>cefaclor oral capsule</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefazolin sodium injection solution reconstituted 10 gm</i>	2	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension reconstituted</i>	2	
<i>cefepime hcl injection solution reconstituted</i>	2	
<i>cefixime oral capsule</i>	2	
<i>cefixime oral suspension reconstituted</i>	2	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	2	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	2	
<i>cefpodoxime proxetil oral tablet</i>	2	
<i>cefprozil oral suspension reconstituted</i>	2	
<i>cefprozil oral tablet</i>	2	

Drug	Status	Requirements/Limits
<i>ceftazidime injection solution reconstituted 1 gm</i>	2	
CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML	4	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	4	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	4	
Beta-Lactam, Other		
AZACTAM INJECTION SOLUTION RECONSTITUTED	4	
<i>aztreonam injection solution reconstituted 1 gm</i>	2	
<i>doripenem intravenous solution reconstituted 500 mg</i>	2	
<i>ertapenem sodium injection solution reconstituted</i>	2	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	2	
<i>meropenem intravenous solution reconstituted</i>	2	
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg</i>	2	
<i>amoxicillin oral tablet chewable 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	2	
<i>ampicillin oral capsule</i>	1	
<i>ampicillin oral suspension reconstituted</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm</i>	2	

Drug	Status	Requirements/Limits
<i>ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	4	
<i>dicloxacillin sodium oral capsule</i>	2	
<i>nafcillin sodium injection solution reconstituted</i>	2	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>penicillin g potassium injection solution reconstituted</i>	2	
<i>penicillin v potassium oral solution reconstituted</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 3.375 (3-0.375) gm</i>	2	
Macrolides		
AZASITE OPHTHALMIC SOLUTION	4	
<i>azithromycin intravenous solution reconstituted</i>	2	
<i>azithromycin oral suspension reconstituted</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>azithromycin oral tablet 600 mg</i>	2	
<i>clarithromycin er oral tablet extended release 24 hour</i>	2	
<i>clarithromycin oral suspension reconstituted</i>	2	
<i>clarithromycin oral tablet</i>	2	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
<i>erythromycin base oral capsule delayed release particles</i>	2	
<i>erythromycin base oral tablet</i>	2	
<i>erythromycin base oral tablet delayed release</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin ophthalmic ointment</i>	1	
<i>erythromycin stearate oral tablet 250 mg</i>	2	
<i>romycin ophthalmic ointment</i>	1	

Drug	Status	Requirements/Limits
ZMAX ORAL SUSPENSION RECONSTITUTED	4	
Quinolones		
CILOXAN OPHTHALMIC OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic solution</i>	2	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	
<i>ciprofloxacin oral suspension reconstituted</i>	2	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour</i>	2	
<i>gatifloxacin ophthalmic solution</i>	2	
<i>levofloxacin intravenous solution</i>	2	
<i>levofloxacin ophthalmic solution</i>	2	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
<i>moxifloxacin hcl oral tablet</i>	2	
<i>ofloxacin ophthalmic solution</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
<i>ofloxacin otic solution</i>	2	
Sulfonamides		
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	4	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
SULFADIAZINE ORAL TABLET	4	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
Tetracyclines		
<i>doxy 100 intravenous solution reconstituted</i>	2	
<i>doxycycline hyclate intravenous solution reconstituted</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	ST
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	ST
<i>doxycycline monohydrate oral capsule</i>	2	

Drug	Status	Requirements/Limits
<i>doxycycline monohydrate oral suspension reconstituted</i>	2	
<i>doxycycline monohydrate oral tablet</i>	2	
<i>minocycline hcl oral capsule</i>	2	
<i>minocycline hcl oral tablet</i>	2	ST
<i>tetracycline hcl oral capsule</i>	2	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	4	PA
BRIVIACT ORAL TABLET	5	PA
FINTEPLA ORAL SOLUTION	4	PA
<i>levetiracetam er oral tablet extended release 24 hour</i>	2	
LEVETIRACETAM IN NAACL INTRAVENOUS SOLUTION	4	
<i>levetiracetam intravenous solution</i>	2	
<i>levetiracetam oral solution</i>	2	
<i>levetiracetam oral tablet</i>	2	
POTIGA ORAL TABLET	4	PA
<i>roweepra xr oral tablet extended release 24 hour</i>	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	4	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	5	QL (60 EA per 30 days)
XCOPRI ORAL TABLET 50 MG	5	QL (90 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE	4	
<i>ethosuximide oral capsule</i>	2	
<i>ethosuximide oral solution</i>	2	
<i>zonisamide oral capsule</i>	2	

Drug	Status	Requirements/Limits
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension</i>	3	PA
<i>clobazam oral tablet</i>	3	PA
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet dispersible</i>	2	
DIASTAT ACUDIAL RECTAL GEL	4	
DIASTAT PEDIATRIC RECTAL GEL	4	
<i>diazepam oral concentrate</i>	2	QL (1200 ML per 30 days)
<i>diazepam rectal gel</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	
EPIDIOLEX ORAL SOLUTION	4	PA
<i>gabapentin oral capsule</i>	2	
<i>gabapentin oral solution 250 mg/5ml</i>	2	
<i>gabapentin oral tablet</i>	2	
NAYZILAM NASAL SOLUTION	4	QL (10 EA per 30 days)
<i>phenobarbital oral elixir</i>	2	
<i>phenobarbital oral tablet</i>	2	
<i>primidone oral tablet</i>	2	
SABRIL ORAL PACKET	5	PA
SYMPAZAN ORAL FILM	4	PA
<i>tiagabine hcl oral tablet</i>	4	
<i>valproate sodium intravenous solution 100 mg/ml</i>	2	
<i>valproic acid oral capsule</i>	2	
<i>valproic acid oral solution</i>	2	
VALTOCO 10 MG DOSE NASAL LIQUID	5	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	5	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	5	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID	5	QL (10 EA per 30 days)
VIGABATRIN ORAL PACKET	5	PA
<i>vigabatrin oral tablet</i>	5	PA
<i>vigadrone oral packet</i>	5	PA
Glutamate Reducing Agents		
<i>felbamate oral suspension</i>	5	
<i>felbamate oral tablet</i>	2	
FYCOMPA ORAL SUSPENSION	4	PA

Drug	Status	Requirements/Limits
FYCOMPA ORAL TABLET	4	PA
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	2	
<i>lamotrigine starter kit-blue oral kit</i>	2	
<i>lamotrigine starter kit-green oral kit</i>	2	
<i>lamotrigine starter kit-orange oral kit</i>	2	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	4	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	2	
<i>topiramate oral capsule sprinkle</i>	2	
<i>topiramate oral tablet</i>	1	
Sodium Channel Agents		
APTIOM ORAL TABLET	4	PA
BANZEL ORAL SUSPENSION	5	PA
BANZEL ORAL TABLET 200 MG	4	PA
BANZEL ORAL TABLET 400 MG	5	PA
<i>carbamazepine er oral capsule extended release 12 hour</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour</i>	2	
<i>carbamazepine oral suspension</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet chewable</i>	2	
DILANTIN ORAL CAPSULE	3	
<i>epitol oral tablet</i>	2	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	2	
<i>oxcarbazepine oral suspension</i>	2	
<i>oxcarbazepine oral tablet</i>	2	
PEGANONE ORAL TABLET	4	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable</i>	2	
<i>phenytoin sodium extended oral capsule</i>	2	
VIMPAT INTRAVENOUS SOLUTION	4	PA
VIMPAT ORAL SOLUTION	4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA
VIMPAT ORAL TABLET 50 MG	4	PA

Drug	Status	Requirements/Limits
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates oral tablet</i>	2	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet</i>	2	QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible</i>	2	QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	2	
<i>galantamine hydrobromide oral solution</i>	2	
<i>galantamine hydrobromide oral tablet</i>	2	
<i>rivastigmine tartrate oral capsule</i>	2	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour</i>	2	QL (1 EA per 1 day)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour</i>	2	QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	QL (1 EA per 1 day)
Antidepressants		
Antidepressants, Other		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	2	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour</i>	2	
<i>bupropion hcl oral tablet</i>	2	
<i>mirtazapine oral tablet</i>	2	QL (30 EA per 30 days)
<i>mirtazapine oral tablet dispersible</i>	2	QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET	4	PA
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	4	PA
MARPLAN ORAL TABLET	3	
<i>phenelzine sulfate oral tablet</i>	2	

Drug	Status	Requirements/Limits
<i>tranylcypromine sulfate oral tablet</i>	2	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
BRINTELLIX ORAL TABLET	4	PA
<i>citalopram hydrobromide oral solution</i>	2	
<i>citalopram hydrobromide oral tablet</i>	1	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (1 EA per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	2	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (90 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	2	
<i>escitalopram oxalate oral tablet</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	PA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	PA
<i>fluoxetine hcl oral capsule 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl oral capsule 40 mg</i>	2	
<i>fluoxetine hcl oral capsule delayed release</i>	2	QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	2	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	2	
FLUOXETINE HCL ORAL TABLET 60 MG	3	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	2	
<i>fluvoxamine maleate oral tablet</i>	2	
<i>maprotiline hcl oral tablet</i>	2	
<i>nefazodone hcl oral tablet</i>	2	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	2	
PAXIL ORAL SUSPENSION	4	
<i>sertraline hcl oral concentrate</i>	2	
<i>sertraline hcl oral tablet</i>	1	
<i>trazodone hcl oral tablet 100 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 150 mg, 300 mg</i>	2	

Drug	Status	Requirements/Limits
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	
VENLAFAXINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 225 MG	4	
VIIBRYD ORAL KIT	4	PA
VIIBRYD ORAL TABLET	4	PA
VIIBRYD STARTER PACK ORAL KIT	4	PA
Tricyclics		
<i>amitriptyline hcl oral tablet</i>	2	PA
AMOXAPINE ORAL TABLET	4	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	2	
<i>clomipramine hcl oral capsule</i>	2	
<i>desipramine hcl oral tablet</i>	2	
<i>doxepin hcl oral capsule</i>	2	PA
<i>doxepin hcl oral concentrate</i>	2	PA
<i>imipramine hcl oral tablet</i>	2	
<i>nortriptyline hcl oral capsule</i>	1	
<i>nortriptyline hcl oral solution</i>	2	
<i>perphenazine-amitriptyline oral tablet</i>	2	
<i>protriptyline hcl oral tablet</i>	2	
<i>trimipramine maleate oral capsule</i>	2	
Antiemetics		
Antiemetics, Other		
<i>doxylamine-pyridoxine oral tablet delayed release</i>	2	
<i>meclizine hcl oral tablet</i>	1	
<i>phenadoz rectal suppository 12.5 mg</i>	2	
<i>promethazine hcl injection solution</i>	2	
<i>promethazine hcl oral syrup</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	2	
<i>scopolamine transdermal patch 72 hour</i>	2	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule</i>	2	PA
CINVANTI INTRAVENOUS EMULSION	4	
<i>dronabinol oral capsule</i>	3	

Drug	Status	Requirements/Limits
EMEND ORAL SUSPENSION RECONSTITUTED	4	PA
<i>granisetron hcl oral tablet</i>	2	
<i>ondansetron hcl injection solution 4 mg/2ml</i>	2	
<i>ondansetron hcl oral solution</i>	2	
<i>ondansetron hcl oral tablet</i>	2	
<i>ondansetron oral tablet dispersible</i>	2	
SYNDROS ORAL SOLUTION	4	
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	4	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	4	
AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED	4	
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	5	
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>ciclopirox external gel</i>	2	QL (100 GM per 30 days)
<i>ciclopirox external shampoo</i>	4	
<i>ciclopirox external solution</i>	3	
<i>ciclopirox olamine external cream</i>	2	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension</i>	2	QL (60 ML per 30 days)
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	2	QL (30 ML per 30 days)
<i>clotrimazole mouth/throat lozenge</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	
<i>econazole nitrate external cream</i>	3	QL (85 GM per 30 days)
EXELDERM EXTERNAL CREAM	3	
<i>fluconazole in sodium chloride intravenous solution 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted</i>	2	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	2	
<i>fluconazole oral tablet 150 mg</i>	1	
<i>flucytosine oral capsule</i>	5	
<i>griseofulvin microsize oral suspension</i>	2	
<i>griseofulvin microsize oral tablet</i>	2	
<i>griseofulvin ultramicrosize oral tablet</i>	2	

Drug	Status	Requirements/Limits
<i>itraconazole oral capsule</i>	2	
<i>itraconazole oral solution</i>	2	
<i>ketoconazole external cream</i>	2	QL (60 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	2	
<i>ketoconazole oral tablet</i>	2	
<i>miconazole 3 vaginal suppository</i>	2	
NAFTIN EXTERNAL GEL 1 %	4	
NATACYN OPHTHALMIC SUSPENSION	4	
NOXAFIL ORAL SUSPENSION	4	PA
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder</i>	2	QL (60 GM per 30 days)
<i>nystatin mouth/throat suspension</i>	2	
<i>nystatin oral tablet</i>	2	
<i>nystatin-triamcinolone external cream</i>	3	
<i>nystatin-triamcinolone external ointment</i>	3	
<i>nystop external powder</i>	2	QL (60 GM per 30 days)
OXISTAT EXTERNAL LOTION	3	
<i>posaconazole oral tablet delayed release</i>	2	PA
<i>terbinafine hcl oral tablet</i>	1	QL (90 EA per 365 days)
<i>terconazole vaginal cream</i>	2	
<i>terconazole vaginal suppository</i>	2	
<i>voriconazole intravenous solution reconstituted</i>	2	PA
<i>voriconazole oral suspension reconstituted</i>	2	PA
<i>voriconazole oral tablet 200 mg</i>	5	PA
<i>voriconazole oral tablet 50 mg</i>	4	PA
<i>zazole vaginal cream 0.8 %</i>	2	
<i>zazole vaginal suppository</i>	2	
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet</i>	1	
<i>colchicine oral capsule</i>	2	
<i>colchicine oral tablet</i>	2	
<i>colchicine-probenecid oral tablet</i>	2	
COLCRYS ORAL TABLET	3	
<i>febuxostat oral tablet</i>	2	
<i>probenecid oral tablet</i>	2	

Drug	Status	Requirements/Limits
Anti-Inflammatory Agents		
Glucocorticoids		
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	2	
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg</i>	2	
Nonsteroidal Anti-Inflammatory Drugs		
<i>etodolac oral capsule</i>	2	
<i>etodolac oral tablet</i>	2	
<i>flurbiprofen oral tablet</i>	2	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>profeno oral tablet</i>	1	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate injection solution</i>	4	QL (8 ML per 30 days)
<i>dihydroergotamine mesylate nasal solution</i>	2	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	3	
<i>ergotamine-caffeine oral tablet</i>	2	
Prophylactic		
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (1 ML per 30 days)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	
<i>timolol maleate oral tablet</i>	2	
Serotonin 5-Ht-Receptor Agonists		
<i>rizatriptan benzoate oral tablet</i>	2	QL (36 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	2	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	QL (8 ML per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL ORAL TABLET	4	
<i>pyridostigmine bromide er oral tablet extended release</i>	3	

Drug	Status	Requirements/Limits
<i>pyridostigmine bromide oral solution</i>	5	
<i>pyridostigmine bromide oral tablet</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet</i>	2	
<i>rifabutin oral capsule</i>	2	
Antituberculars		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED	4	
<i>ethambutol hcl oral tablet</i>	2	
ISONIAZID ORAL SYRUP	4	
<i>isoniazid oral tablet</i>	1	
PASER ORAL PACKET	4	
<i>pretomanid oral tablet</i>	2	
PRIFTIN ORAL TABLET	4	
<i>pyrazinamide oral tablet</i>	2	
<i>rifampin intravenous solution reconstituted</i>	2	
<i>rifampin oral capsule</i>	2	
RIFATER ORAL TABLET	4	
SIRTURO ORAL TABLET	5	PA
TRECTOR ORAL TABLET	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	2	
GLEOSTINE ORAL CAPSULE	4	
HEXALEN ORAL CAPSULE	5	
LEUKERAN ORAL TABLET	3	
<i>lomustine oral capsule</i>	2	
MATULANE ORAL CAPSULE	5	
THIOTEPA INJECTION SOLUTION RECONSTITUTED 15 MG	5	
VALCHLOR EXTERNAL GEL	5	PA
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
Antiandrogens		
ABIRATERONE ACETATE ORAL TABLET	5	PA
<i>bicalutamide oral tablet</i>	2	
ERLEADA ORAL TABLET	5	PA

Drug	Status	Requirements/Limits
<i>flutamide oral capsule</i>	2	
<i>nilutamide oral tablet</i>	5	
NUBEQA ORAL TABLET	5	PA
XTANDI ORAL CAPSULE	5	PA
YONSA ORAL TABLET	5	PA
ZYTIGA ORAL TABLET 500 MG	5	PA
Antiangiogenic Agents		
POMALYST ORAL CAPSULE	5	PA
REVLIMID ORAL CAPSULE	5	PA
THALOMID ORAL CAPSULE	5	PA
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	3	
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	5	
SOLTAMOX ORAL SOLUTION	4	
<i>tamoxifen citrate oral tablet</i>	2	
<i>toremifene citrate oral tablet</i>	3	
Antimetabolites		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>hydroxyurea oral capsule</i>	2	
INQOVI ORAL TABLET	5	PA; QL (5 EA per 28 days)
LONSURF ORAL TABLET	5	PA
<i>mercaptopurine oral tablet</i>	2	
PURIXAN ORAL SUSPENSION	4	
TABLOID ORAL TABLET	4	
Antineoplastics		
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED	5	
DACTINOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	5	
FARYDAK ORAL CAPSULE	5	PA
<i>fludarabine phosphate intravenous solution reconstituted</i>	2	
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	5	PA
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 160 MG	5	PA
LYNPARZA ORAL TABLET	5	PA

Drug	Status	Requirements/Limits
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	5	PA
OXALIPLATIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	
RUBRACA ORAL TABLET 250 MG	5	PA
TALZENNA ORAL CAPSULE	5	PA
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	5	
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	5	
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 100-44 MG	5	
ZEJULA ORAL CAPSULE	5	PA
Antineoplastics, Other		
<i>amifostine intravenous solution reconstituted</i>	5	
<i>azacitidine injection suspension reconstituted</i>	5	PA
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
<i>bleomycin sulfate injection solution reconstituted 30 unit</i>	2	
COTELLIC ORAL TABLET	5	PA
<i>decitabine intravenous solution reconstituted</i>	5	
ERWINAZE INJECTION SOLUTION RECONSTITUTED	5	PA
GILOTRIF ORAL TABLET	5	PA
IBRANCE ORAL CAPSULE	5	PA
IBRANCE ORAL TABLET	5	PA
LARTRUVO INTRAVENOUS SOLUTION 500 MG/50ML	5	PA
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	2	
<i>levoleucovorin calcium intravenous solution</i>	5	
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	5	
<i>levoleucovorin calcium pf intravenous solution 250 mg/25ml</i>	5	
LYNPARZA ORAL CAPSULE	5	PA
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	2	
NINLARO ORAL CAPSULE	5	PA
ODOMZO ORAL CAPSULE	5	PA

Drug	Status	Requirements/Limits
ONCASPAR INJECTION SOLUTION	5	
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 300 mg/50ml</i>	2	
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	5	
RETEVMO ORAL CAPSULE	5	PA
RUBRACA ORAL TABLET 200 MG, 300 MG	5	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
TAGRISSE ORAL TABLET	5	PA
TRISENOX INTRAVENOUS SOLUTION 10 MG/10ML	4	
TUKYSA ORAL TABLET	5	PA
VELCADE INJECTION SOLUTION RECONSTITUTED	5	
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA
VENCLEXTA ORAL TABLET 100 MG	5	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML	5	PA
ZOLINZA ORAL CAPSULE	5	PA
ZYKADIA ORAL CAPSULE	5	PA
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet</i>	2	

Drug	Status	Requirements/Limits
<i>exemestane oral tablet</i>	2	
<i>letrozole oral tablet</i>	2	
Enzyme Inhibitors		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
COPIKTRA ORAL CAPSULE	5	PA
<i>etoposide intravenous solution 100 mg/5ml, 500 mg/25ml</i>	2	
IDHIFA ORAL TABLET	5	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 30 MG, 60 MG	5	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA
TIBSOVO ORAL TABLET	5	PA
<i>toposar intravenous solution 500 mg/25ml</i>	2	
<i>topotecan hcl intravenous solution reconstituted</i>	2	
VERZENIO ORAL TABLET	5	PA
VITRAKVI ORAL CAPSULE	5	PA
VITRAKVI ORAL SOLUTION	5	PA
XOSPATA ORAL TABLET	5	PA
ZYDELIG ORAL TABLET	5	PA
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	5	PA
AFINITOR ORAL TABLET 10 MG	5	PA

Drug	Status	Requirements/Limits
ALECENSA ORAL CAPSULE	5	PA
ALUNBRIG ORAL TABLET	5	PA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA
AYVAKIT ORAL TABLET	5	PA; QL (1 EA per 1 day)
BALVERSA ORAL TABLET	5	PA
BOSULIF ORAL TABLET	5	PA
BRAFTOVI ORAL CAPSULE	5	PA
BRUKINSA ORAL CAPSULE	5	PA
CABOMETYX ORAL TABLET	5	PA
CALQUENCE ORAL CAPSULE	5	PA
CAPRELSA ORAL TABLET	5	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	5	PA
DAURISMO ORAL TABLET	5	PA
ERIVEDGE ORAL CAPSULE	5	PA
<i>erlotinib hcl oral tablet</i>	3	PA
<i>everolimus oral tablet</i>	5	PA
ICLUSIG ORAL TABLET	5	PA
<i>imatinib mesylate oral tablet</i>	3	
IMBRUVICA ORAL CAPSULE	5	PA
IMBRUVICA ORAL TABLET	5	PA
INLYTA ORAL TABLET	5	PA
INREBIC ORAL CAPSULE	5	PA
IRESSA ORAL TABLET	5	PA
JAKAFI ORAL TABLET	5	PA
KOSELUGO ORAL CAPSULE 10 MG	5	PA; QL (8 EA per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	5	PA; QL (4 EA per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA

Drug	Status	Requirements/Limits
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LORBRENA ORAL TABLET	5	PA
MEKINIST ORAL TABLET	5	PA
MEKTOVI ORAL TABLET	5	PA
NERLYNX ORAL TABLET	5	PA
NEXAVAR ORAL TABLET	5	PA
PEMAZYRE ORAL TABLET	5	PA
QINLOCK ORAL TABLET	5	PA
ROZLYTREK ORAL CAPSULE	5	PA
RYDAPT ORAL CAPSULE	5	PA
SPRYCEL ORAL TABLET	5	PA
STIVARGA ORAL TABLET	5	PA
SUTENT ORAL CAPSULE	5	PA
TABRECTA ORAL TABLET	5	PA
TAFINLAR ORAL CAPSULE	5	PA
TASIGNA ORAL CAPSULE	5	PA
TAZVERIK ORAL TABLET	5	PA; QL (8 EA per 1 day)
TURALIO ORAL CAPSULE	5	PA
TYKERB ORAL TABLET	5	PA
VIZIMPRO ORAL TABLET	5	PA
VOTRIENT ORAL TABLET	5	PA
XALKORI ORAL CAPSULE	5	PA
ZELBORAF ORAL TABLET	5	PA
ZYKADIA ORAL TABLET	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML	5	
BAVENCIO INTRAVENOUS SOLUTION	5	PA
CYRAMZA INTRAVENOUS SOLUTION	5	
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML	5	PA

Drug	Status	Requirements/Limits
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG	5	PA
IMFINZI INTRAVENOUS SOLUTION	5	PA
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA
KEYTRUDA INTRAVENOUS SOLUTION	5	PA
KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
LARTRUVO INTRAVENOUS SOLUTION 190 MG/19ML	5	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML	5	PA
PERJETA INTRAVENOUS SOLUTION	5	PA
RITUXAN INTRAVENOUS SOLUTION	5	
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	5	PA
YERVOY INTRAVENOUS SOLUTION 50 MG/10ML	5	PA
Retinoids		
<i>bexarotene oral capsule</i>	5	
PANRETIN EXTERNAL GEL	4	
TARGRETIN EXTERNAL GEL	5	PA
<i>tretinoin oral capsule</i>	5	
Treatment Adjuncts		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG	5	
LEUCOVORIN CALCIUM ORAL TABLET 10 MG, 15 MG	4	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	2	
MESNEX ORAL TABLET	4	
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet</i>	1	
<i>ivermectin oral tablet</i>	2	
<i>praziquantel oral tablet</i>	2	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	4	

Drug	Status	Requirements/Limits
ALINIA ORAL TABLET	4	
<i>atovaquone oral suspension</i>	2	
<i>atovaquone-proguanil hcl oral tablet</i>	2	
<i>chloroquine phosphate oral tablet</i>	2	
COARTEM ORAL TABLET	4	
<i>hydroxychloroquine sulfate oral tablet</i>	2	
KRINTAFEL ORAL TABLET	4	
<i>mefloquine hcl oral tablet</i>	2	
<i>pentamidine isethionate inhalation solution reconstituted</i>	2	
<i>pentamidine isethionate injection solution reconstituted</i>	2	
<i>primaquine phosphate oral tablet</i>	2	
<i>pyrimethamine oral tablet</i>	5	
<i>quinine sulfate oral capsule</i>	2	
Pediculicides/Scabicides		
EURAX EXTERNAL CREAM	4	
<i>lindane external lotion</i>	2	
<i>lindane external shampoo</i>	2	
<i>malathion external lotion</i>	2	
<i>permethrin external cream</i>	3	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet</i>	1	PA
<i>trihexyphenidyl hcl oral solution</i>	2	
<i>trihexyphenidyl hcl oral tablet</i>	1	
Antiparkinson Agents, Other		
<i>entacapone oral tablet</i>	2	
<i>tolcapone oral tablet</i>	5	
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
<i>bromocriptine mesylate oral capsule</i>	2	
<i>bromocriptine mesylate oral tablet</i>	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	
<i>pramipexole dihydrochloride oral tablet</i>	2	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	2	

Drug	Status	Requirements/Limits
<i>ropinirole hcl oral tablet</i>	2	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet dispersible</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	
INBRIJA INHALATION CAPSULE	5	PA; QL (10 EA per 1 day)
RYTARY ORAL CAPSULE EXTENDED RELEASE	4	ST
STALEVO 100 ORAL TABLET	4	
STALEVO 125 ORAL TABLET	4	
STALEVO 150 ORAL TABLET	4	
STALEVO 200 ORAL TABLET	4	
STALEVO 50 ORAL TABLET	4	
STALEVO 75 ORAL TABLET	4	
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet</i>	2	
<i>selegiline hcl oral capsule</i>	2	
<i>selegiline hcl oral tablet</i>	2	
ZELAPAR ORAL TABLET DISPERSIBLE	4	
Antipsychotics		
1St Generation/Typical		
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	4	
<i>chlorpromazine hcl oral tablet</i>	2	
<i>compro rectal suppository</i>	2	
<i>fluphenazine decanoate injection solution</i>	2	
FLUPHENAZINE HCL INJECTION SOLUTION	4	
FLUPHENAZINE HCL ORAL CONCENTRATE	4	
FLUPHENAZINE HCL ORAL ELIXIR	4	
<i>fluphenazine hcl oral tablet</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	

Drug	Status	Requirements/Limits
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate oral concentrate</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1	
<i>haloperidol oral tablet 10 mg, 20 mg</i>	2	
<i>loxapine succinate oral capsule</i>	2	
<i>molindone hcl oral tablet</i>	2	
<i>perphenazine oral tablet</i>	2	
<i>pimozide oral tablet</i>	2	
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	2	
<i>prochlorperazine maleate oral tablet</i>	1	
<i>prochlorperazine rectal suppository</i>	2	
<i>thioridazine hcl oral tablet 10 mg</i>	2	
<i>thioridazine hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule</i>	2	
<i>trifluoperazine hcl oral tablet</i>	2	
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 400 MG	5	
<i>aripiprazole oral solution</i>	2	
<i>aripiprazole oral tablet</i>	2	
<i>aripiprazole oral tablet dispersible</i>	2	
CAPLYTA ORAL CAPSULE	5	ST; QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	PA
FANAPT TITRATION PACK ORAL TABLET	4	PA
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	5	PA
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	5	PA
LATUDA ORAL TABLET	5	PA
NUPLAZID ORAL CAPSULE	5	PA; QL (60 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (60 EA per 30 days)
NUPLAZID ORAL TABLET 17 MG	5	PA
<i>olanzapine intramuscular solution reconstituted</i>	2	
<i>olanzapine oral tablet</i>	2	

Drug	Status	Requirements/Limits
<i>olanzapine oral tablet dispersible</i>	2	
<i>paliperidone er oral tablet extended release 24 hour</i>	2	PA
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	5	PA
<i>quetiapine fumarate oral tablet</i>	2	
REXULTI ORAL TABLET	5	PA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	
<i>risperidone oral solution</i>	2	QL (8 ML per 1 day)
<i>risperidone oral tablet</i>	2	QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible</i>	2	QL (2 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	5	PA
SECUADO TRANSDERMAL PATCH 24 HOUR	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE	5	PA; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	PA
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	
Treatment-Resistant		
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet dispersible</i>	2	
VERSACLOZ ORAL SUSPENSION	4	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet</i>	2	
<i>dantrolene sodium oral capsule</i>	2	
<i>tizanidine hcl oral tablet</i>	2	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
<i>cidofovir intravenous solution</i>	5	
<i>ganciclovir sodium intravenous solution reconstituted</i>	2	
PREVYMIS INTRAVENOUS SOLUTION	5	
PREVYMIS ORAL TABLET	5	PA
<i>valganciclovir hcl oral solution reconstituted</i>	2	

Drug	Status	Requirements/Limits
<i>valganciclovir hcl oral tablet</i>	2	
ZIRGAN OPHTHALMIC GEL	4	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet</i>	5	PA
BARACLUDE ORAL SOLUTION	4	PA
<i>entecavir oral tablet</i>	5	PA
EPIVIR HBV ORAL SOLUTION	3	
INTRON A INJECTION SOLUTION	3	
INTRON A INJECTION SOLUTION RECONSTITUTED	3	
<i>lamivudine oral tablet 100 mg</i>	2	
<i>tenofovir disoproxil fumarate oral tablet</i>	2	
TYZEKA ORAL TABLET	5	
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
DAKLINZA ORAL TABLET	5	PA
<i>ledipasvir-sofosbuvir oral tablet</i>	5	PA
MAVYRET ORAL TABLET	5	PA
<i>sofosbuvir-velpatasvir oral tablet</i>	5	PA
VOSEVI ORAL TABLET	5	PA
Anti-Hepatitis C (Hcv) Agents, Other		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	5	
PEGASYS SUBCUTANEOUS SOLUTION	5	
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 80 MCG/0.5ML	5	
PEG-INTRON REDIPEN SUBCUTANEOUS KIT	5	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	5	
REBETOL ORAL SOLUTION	4	
<i>ribasphere oral capsule</i>	2	
<i>ribasphere oral tablet 200 mg, 400 mg</i>	2	
<i>ribasphere oral tablet 600 mg</i>	5	
RIBAVIRIN INHALATION SOLUTION RECONSTITUTED	5	
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	

Drug	Status	Requirements/Limits
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	5	
Anti-Hepatitis C (Hcv) Agents, Others		
EPCLUSA ORAL TABLET	5	PA
HARVONI ORAL PACKET	5	PA
HARVONI ORAL TABLET 90-400 MG	5	PA
RIBASPHERE RIBAPAK ORAL TABLET 600 MG	5	
Antitherpetic Agents		
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension</i>	2	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium intravenous solution</i>	2	
<i>famciclovir oral tablet</i>	2	
SITAVIG BUCCAL TABLET	4	
<i>trifluridine ophthalmic solution</i>	2	
<i>valacyclovir hcl oral tablet</i>	2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET	5	
GENVOYA ORAL TABLET	5	
ISENTRESS HD ORAL TABLET	5	
ISENTRESS ORAL PACKET	3	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET CHEWABLE	3	
STRIBILD ORAL TABLET	5	
SYMTUZA ORAL TABLET	5	
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
TIVICAY PD ORAL TABLET SOLUBLE	3	
VITEKTA ORAL TABLET	5	
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
ATRIPLA ORAL TABLET	5	
COMPLERA ORAL TABLET	5	
EDURANT ORAL TABLET	5	
<i>efavirenz oral capsule 200 mg</i>	1	
<i>efavirenz oral tablet</i>	1	

Drug	Status	Requirements/Limits
INTELENCE ORAL TABLET 100 MG, 200 MG	5	
INTELENCE ORAL TABLET 25 MG	4	
<i>nevirapine er oral tablet extended release 24 hour</i>	2	
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	
ODEFSEY ORAL TABLET	5	
PIFELTRO ORAL TABLET	4	
RESCRIPTOR ORAL TABLET	3	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution</i>	1	
<i>abacavir sulfate oral tablet</i>	2	
<i>abacavir sulfate-lamivudine oral tablet</i>	2	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	
CIMDUO ORAL TABLET	3	
DELSTRIGO ORAL TABLET	4	
DESCOVY ORAL TABLET	5	
<i>didanosine oral capsule delayed release</i>	2	
DOVATO ORAL TABLET	5	
<i>efavirenz oral capsule 50 mg</i>	1	
EMTRIVA ORAL CAPSULE	4	
EMTRIVA ORAL SOLUTION	4	
JULUCA ORAL TABLET	5	
<i>lamivudine oral solution</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet</i>	2	
RETROVIR INTRAVENOUS SOLUTION	3	
<i>stavudine oral capsule</i>	2	
<i>stavudine oral solution reconstituted</i>	2	
SYMFI LO ORAL TABLET	5	
SYMFI ORAL TABLET	5	
TRIUMEQ ORAL TABLET	5	
TRUVADA ORAL TABLET	5	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	4	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	4	

Drug	Status	Requirements/Limits
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	
ZERIT ORAL SOLUTION RECONSTITUTED	4	
<i>zidovudine oral capsule</i>	2	
<i>zidovudine oral syrup</i>	2	
<i>zidovudine oral tablet</i>	2	
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION	3	
SELZENTRY ORAL TABLET	3	
TYBOST ORAL TABLET	3	
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	5	
APTIVUS ORAL SOLUTION	5	
<i>atazanavir sulfate oral capsule</i>	2	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
EVOTAZ ORAL TABLET	5	
FOSAMPRENAVIR CALCIUM ORAL TABLET	5	
INVIRASE ORAL CAPSULE	3	
INVIRASE ORAL TABLET	5	
KALETRA ORAL TABLET 100-25 MG	3	
KALETRA ORAL TABLET 200-50 MG	5	
LEXIVA ORAL SUSPENSION	4	
<i>lopinavir-ritonavir oral solution</i>	2	
NORVIR ORAL CAPSULE	3	
NORVIR ORAL PACKET	3	
NORVIR ORAL SOLUTION	3	
PREZCOBIX ORAL TABLET	5	
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
PREZISTA ORAL TABLET 600 MG, 800 MG	5	
REYATAZ ORAL PACKET	4	

Drug	Status	Requirements/Limits
<i>ritonavir oral tablet</i>	2	
VIRACEPT ORAL TABLET 250 MG	3	
VIRACEPT ORAL TABLET 625 MG	5	
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral syrup</i>	2	
<i>amantadine hcl oral tablet</i>	2	
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	QL (4 EA per 1 day)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	2	QL (2 EA per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
<i>rimantadine hcl oral tablet</i>	2	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	3	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl oral tablet</i>	2	
<i>doxepin hcl oral tablet</i>	2	QL (30 EA per 30 days)
<i>hydroxyzine hcl oral syrup</i>	2	PA
<i>hydroxyzine hcl oral tablet</i>	2	PA
<i>triazolam oral tablet 0.25 mg</i>	2	QL (60 EA per 30 days)
Benzodiazepines		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg</i>	2	
<i>alprazolam oral tablet</i>	1	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	2	
<i>chlordiazepoxide hcl oral capsule</i>	1	
<i>clorazepate dipotassium oral tablet</i>	2	
<i>diazepam oral concentrate</i>	2	QL (1200 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>estazolam oral tablet</i>	2	QL (1 EA per 1 day)

Drug	Status	Requirements/Limits
<i>lorazepam injection solution 2 mg/ml</i>	2	
<i>lorazepam oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>oxazepam oral capsule</i>	2	
<i>triazolam oral tablet 0.125 mg</i>	2	QL (60 EA per 30 days)
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	2	QL (90 EA per 30 days)
<i>paroxetine hcl oral tablet</i>	1	
<i>venlafaxine hcl oral tablet</i>	2	
Bipolar Agents		
Bipolar Agents, Other		
ABILIFY DISCMELT ORAL TABLET DISPERSIBLE 10 MG	4	QL (3 EA per 1 day)
ABILIFY DISCMELT ORAL TABLET DISPERSIBLE 15 MG	4	QL (2 EA per 1 day)
ABILIFY INTRAMUSCULAR SOLUTION	4	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG	5	
ABILIFY ORAL SOLUTION	4	QL (30 ML per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule</i>	2	
<i>ziprasidone hcl oral capsule</i>	2	
Mood Stabilizers		
<i>divalproex sodium oral tablet delayed release</i>	2	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet chewable</i>	2	
<i>lithium carbonate er oral tablet extended release</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	
<i>lithium carbonate oral capsule 600 mg</i>	2	
<i>lithium carbonate oral tablet</i>	2	
LITHIUM ORAL SOLUTION	4	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet</i>	2	QL (3 EA per 1 day)
<i>alogliptin benzoate oral tablet</i>	2	

Drug	Status	Requirements/Limits
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	
BYDUREON SUBCUTANEOUS PEN-INJECTOR	3	
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER	3	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	
<i>colesevelam hcl oral tablet</i>	2	
CYCLOSET ORAL TABLET	4	
FARXIGA ORAL TABLET	3	
<i>glimepiride oral tablet</i>	1	
<i>glipizide er oral tablet extended release 24 hour</i>	1	
<i>glipizide oral tablet</i>	1	
<i>glyburide micronized oral tablet</i>	2	PA
<i>glyburide oral tablet</i>	2	PA
GLYXAMBI ORAL TABLET	3	
JANUVIA ORAL TABLET	3	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET	3	
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	
<i>metformin hcl oral solution</i>	2	
<i>metformin hcl oral tablet</i>	1	
<i>miglitol oral tablet</i>	1	
<i>nateglinide oral tablet</i>	2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
<i>pioglitazone hcl oral tablet</i>	1	
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>	2	QL (8 EA per 1 day)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA
SYNJARDY ORAL TABLET	3	

Drug	Status	Requirements/Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<i>tolazamide oral tablet</i>	2	
TOLBUTAMIDE ORAL TABLET	4	
TRADJENTA ORAL TABLET	3	QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	3	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
Blood Glucose Regulators		
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<i>glipizide-metformin hcl oral tablet</i>	2	
<i>glyburide-metformin oral tablet</i>	2	PA; QL (4 EA per 1 day)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	3	QL (0.4 ML per 1 day)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	3	QL (0.8 ML per 1 day)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	3	QL (0.4 ML per 1 day)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	QL (0.8 ML per 1 day)
JANUMET ORAL TABLET	3	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (2 EA per 1 day)
JENTADUETO ORAL TABLET	3	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (2 EA per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet</i>	2	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	2	
Glycemic Agents		
<i>diazoxide oral suspension</i>	2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	3	
GLUCAGON EMERGENCY INJECTION KIT	3	

Drug	Status	Requirements/Limits
Insulins		
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	3	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	3	
HUMALOG SUBCUTANEOUS SOLUTION	3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	3	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
HUMULIN N SUBCUTANEOUS SUSPENSION	3	
HUMULIN R INJECTION SOLUTION	3	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	3	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	3	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	3	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	

Drug	Status	Requirements/Limits
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LANTUS SUBCUTANEOUS SOLUTION	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
Blood Glucose Supplies		
Glucose Monitoring Test Supplies		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
ACCU-CHEK GUIDE IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
ACCU-CHEK SMARTVIEW IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
ACCU-TREND GLUCOSE IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
ADVANCE INTUITION TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
ADVOCATE REDI-CODE IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
ADVOCATE TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
AGAMATRIX AMP TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
AGAMATRIX JAZZ TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
AGAMATRIX PRESTO TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
ASSURE 3 TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
ASSURE 4 TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
ASSURE II CHECK IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
ASSURE II IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
ASSURE PLATINUM IN VITRO STRIP	4	PA
ASSURE PRISM MULTI TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
ASSURE PRO TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)

Drug	Status	Requirements/Limits
BIOSCANNER GLUCOSE TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
BLOOD GLUCOSE TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
CARESENS N GLUCOSE TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
CARETOUCH TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
CLEVER CHEK TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
CLEVER CHOICE MICRO TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
CLEVER CHOICE NO CODING IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
CONTOUR NEXT TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
CONTOUR TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
DEXCOM G4 PLAT PED RCV/SHARE DEVICE	4	PA
DEXCOM G4 PLAT PED RECEIVER DEVICE	4	PA
DEXCOM G4 PLATINUM RCV/SHARE DEVICE	4	PA
DEXCOM G4 PLATINUM RECEIVER DEVICE	4	PA
DEXCOM G4 PLATINUM TRANSMITTER	4	PA
DEXCOM G4 SENSOR	4	PA
DEXCOM G5 MOB/G4 PLAT SENSOR	4	PA
DEXCOM G5 MOBILE RECEIVER DEVICE	4	PA
DEXCOM G5 MOBILE TRANSMITTER	4	PA
DEXCOM G6 RECEIVER DEVICE	4	PA
DEXCOM G6 SENSOR	4	PA
DEXCOM G6 TRANSMITTER	4	PA
DEXCOM RECEIVER KIT DEVICE	4	PA
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)

Drug	Status	Requirements/Limits
EASY STEP TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
EASY TOUCH HEALTHPRO TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
EASY TOUCH TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
EASYGLUCO IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
EASYGLUCO PLUS IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
EASYMAX 15 TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
ENLITE GLUCOSE SENSOR	4	PA
EVENCARE G2 TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
EVENCARE G3 TEST IN VITRO STRIP	4	PA
EVENCARE MINI GLUCOSE TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
EVERSENSE SENSOR/HOLDER	4	PA
EVERSENSE SMART TRANSMITTER	4	PA
EXACTECH R-S-G TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
EXACTECH TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
FREESTYLE INSULINX TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
FREESTYLE LIBRE 14 DAY READER DEVICE	4	PA
FREESTYLE LIBRE 14 DAY SENSOR	4	PA
FREESTYLE LIBRE READER DEVICE	4	PA
FREESTYLE LIBRE SENSOR SYSTEM	4	PA
FREESTYLE LITE TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
FREESTYLE TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
GUARDIAN CONNECT TRANSMITTER	4	PA
GUARDIAN LINK 3 TRANSMITTER	4	PA
GUARDIAN REAL-TIME REPLACE PED DEVICE	4	PA
GUARDIAN REAL-TIME REPLACEMENT DEVICE	4	PA
GUARDIAN REAL-TIME STARTER KIT	4	PA
GUARDIAN REAL-TIME SYSTEM KIT	4	PA
GUARDIAN REAL-TIME SYSTEM PED KIT	4	PA

Drug	Status	Requirements/Limits
GUARDIAN RT STARTER KIT	4	PA
GUARDIAN RT SYSTEM KIT	4	PA
GUARDIAN SENSOR (3)	4	PA
GUARDIAN TRANSMITTER	4	PA
MINIMED GUARDIAN SENSOR 3	4	PA
ONETOUCH ULTRA 2 KIT	3	QL (1 EA per 365 days)
ONETOUCH ULTRA BLUE IN VITRO STRIP	3	QL (5 EA per 1 day)
ONETOUCH ULTRA MINI KIT	3	QL (1 EA per 365 days)
ONETOUCH ULTRALINK KIT	3	QL (1 EA per 365 days)
ONETOUCH VERIO FLEX SYSTEM KIT	3	QL (1 EA per 365 days)
ONETOUCH VERIO IN VITRO STRIP	3	QL (5 EA per 1 day)
ONETOUCH VERIO IQ SYSTEM KIT	3	QL (1 EA per 365 days)
ONETOUCH VERIO KIT	3	QL (1 EA per 365 days)
OPTIUM TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
OPTIUMEZ TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
PARADIGM REAL-TIME STARTER KIT	4	PA
PRECISION PCX IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
PRECISION PCX PLUS TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
PRECISION POINT OF CARE TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
PRECISION QID TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
PRECISION SOF-TACT TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
PTS PANELS GLUCOSE TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
QUICKTEK TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
RELION CONFIRM/MICRO TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
RELION PRIME TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
RELION ULTIMA TEST IN VITRO STRIP	4	PA; QL (5 EA per 1 day)
SOF-SENSOR	4	PA

Drug	Status	Requirements/Limits
Blood Products And Modifiers		
Platelet Modifying Agents		
<i>prasugrel hcl oral tablet</i>	2	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	3	
ELIQUIS ORAL TABLET	3	
<i>enoxaparin sodium injection solution</i>	2	
<i>enoxaparin sodium subcutaneous solution</i>	2	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	
<i>heparin (porcine) in nacl injection solution 2-0.9 unit/ml-%</i>	2	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION 2500 UNIT/ML	4	
<i>jantoven oral tablet</i>	1	
PRADAXA ORAL CAPSULE	4	
<i>warfarin sodium oral tablet</i>	1	
XARELTO ORAL TABLET	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	3	
Blood Formation Modifiers		
<i>anagrelide hcl oral capsule</i>	2	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML	3	PA

Drug	Status	Requirements/Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	5	PA
CABLIVI INJECTION KIT	5	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	
MOZOBIL SUBCUTANEOUS SOLUTION	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
NEUMEGA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
PROMACTA ORAL PACKET	5	PA
PROMACTA ORAL TABLET	5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	
Hemostasis Agents		
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	2	
<i>tranexamic acid oral tablet</i>	2	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	2	
BRILINTA ORAL TABLET	3	
<i>cilostazol oral tablet</i>	2	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	QL (1 EA per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet</i>	2	
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet</i>	1	
<i>clonidine transdermal patch weekly</i>	2	

Drug	Status	Requirements/Limits
<i>guanfacine hcl oral tablet</i>	2	
<i>methyldopa oral tablet</i>	2	
<i>midodrine hcl oral tablet</i>	2	
Alpha-Adrenergic Blocking Agents		
<i>phenoxybenzamine hcl oral capsule</i>	2	
<i>prazosin hcl oral capsule</i>	2	
RESERPINE ORAL TABLET	4	
Angiotensin Ii Receptor Antagonists		
<i>amlodipine-olmesartan oral tablet</i>	2	
<i>candesartan cilexetil oral tablet</i>	2	
<i>candesartan cilexetil-hctz oral tablet</i>	2	
ENTRESTO ORAL TABLET	3	
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
<i>losartan potassium oral tablet</i>	1	
<i>losartan potassium-hctz oral tablet</i>	1	QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet</i>	2	
<i>olmesartan medoxomil-hctz oral tablet</i>	2	
<i>telmisartan oral tablet</i>	2	
<i>telmisartan-hctz oral tablet</i>	2	
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	2	
<i>captopril oral tablet</i>	2	
<i>captopril-hydrochlorothiazide oral tablet</i>	2	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	2	
<i>fosinopril sodium oral tablet</i>	1	
<i>fosinopril sodium-hctz oral tablet</i>	2	
<i>lisinopril oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
<i>moexipril hcl oral tablet</i>	2	
<i>moexipril-hydrochlorothiazide oral tablet</i>	2	
<i>perindopril erbumine oral tablet</i>	2	
<i>quinapril hcl oral tablet</i>	1	QL (2 EA per 1 day)

Drug	Status	Requirements/Limits
<i>quinapril-hydrochlorothiazide oral tablet</i>	2	QL (1 EA per 1 day)
<i>ramipril oral capsule</i>	1	
<i>trandolapril oral tablet</i>	2	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	2	
Antiarrhythmics		
<i>amiodarone hcl oral tablet</i>	2	
<i>disopyramide phosphate oral capsule</i>	2	
<i>dofetilide oral capsule</i>	2	
<i>flecainide acetate oral tablet</i>	2	
<i>mexiletine hcl oral capsule</i>	2	
MULTAQ ORAL TABLET	3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
<i>pacerone oral tablet 100 mg, 200 mg</i>	2	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	2	
<i>propafenone hcl oral tablet</i>	2	
<i>quinidine gluconate er oral tablet extended release</i>	2	
QUINIDINE SULFATE ER ORAL TABLET EXTENDED RELEASE	4	
<i>quinidine sulfate oral tablet</i>	2	
<i>sorine oral tablet</i>	2	
<i>sotalol hcl (af) oral tablet</i>	2	
<i>sotalol hcl oral tablet</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	2	
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	1	
<i>betaxolol hcl oral tablet</i>	2	
<i>bisoprolol fumarate oral tablet</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	1	
<i>labetalol hcl oral tablet</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	2	
<i>metoprolol tartrate oral tablet</i>	1	

Drug	Status	Requirements/Limits
<i>metoprolol-hydrochlorothiazide oral tablet</i>	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nadolol-bendroflumethiazide oral tablet</i>	2	
<i>pindolol oral tablet</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	2	
<i>propranolol hcl oral solution</i>	2	
<i>propranolol hcl oral tablet</i>	2	
<i>propranolol-hctz oral tablet</i>	2	
Calcium Channel Blocking Agents		
<i>amlodipine besy-benazepril hcl oral capsule</i>	2	
<i>amlodipine besylate oral tablet</i>	1	
<i>amlodipine besylate-valsartan oral tablet</i>	2	QL (1 EA per 1 day)
<i>amlodipine-valsartan-hctz oral tablet</i>	2	QL (1 EA per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	4	
<i>cartia xt oral capsule extended release 24 hour</i>	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 90 mg</i>	2	
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg</i>	2	
<i>felodipine er oral tablet extended release 24 hour</i>	2	
<i>isradipine oral capsule</i>	2	
<i>matzim la oral tablet extended release 24 hour</i>	2	
<i>nicardipine hcl oral capsule</i>	2	
<i>nifedipine er oral tablet extended release 24 hour</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	2	
<i>nifedipine oral capsule</i>	2	
<i>taztia xt oral capsule extended release 24 hour</i>	2	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	2	

Drug	Status	Requirements/Limits
<i>verapamil hcl er oral tablet extended release</i>	2	
<i>verapamil hcl oral tablet</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet</i>	2	
CORLANOR ORAL SOLUTION	4	PA
CORLANOR ORAL TABLET	4	PA
DEMSER ORAL CAPSULE	4	
<i>digox oral tablet</i>	2	
<i>digoxin oral solution</i>	2	
<i>digoxin oral tablet 125 mcg</i>	2	
<i>digoxin oral tablet 250 mcg</i>	2	PA
LANOXIN ORAL TABLET 187.5 MCG	4	
NORTHERA ORAL CAPSULE	5	PA
<i>pentoxifylline er oral tablet extended release</i>	2	
<i>ranolazine er oral tablet extended release 12 hour</i>	2	
<i>telmisartan-amlodipine oral tablet</i>	2	
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral tablet</i>	2	
<i>methazolamide oral tablet</i>	2	
Diuretics, Loop		
<i>bumetanide oral tablet</i>	2	
<i>ethacrynic acid oral tablet</i>	4	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	
<i>furosemide oral tablet</i>	1	
<i>torseamide oral tablet</i>	2	
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet</i>	2	
<i>eplerenone oral tablet</i>	2	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	
<i>spironolactone oral tablet 25 mg</i>	1	
<i>spironolactone-hctz oral tablet</i>	2	
<i>triamterene oral capsule</i>	2	
<i>triamterene-hctz oral capsule</i>	2	
<i>triamterene-hctz oral tablet</i>	2	

Drug	Status	Requirements/Limits
Diuretics, Thiazide		
<i>chlorothiazide oral tablet</i>	1	
<i>chlorthalidone oral tablet</i>	2	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	1	
METHYCLOTHIAZIDE ORAL TABLET	4	
<i>metolazone oral tablet</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>gemfibrozil oral tablet</i>	2	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet</i>	1	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	2	
<i>fluvastatin sodium oral capsule</i>	2	
<i>lovastatin oral tablet</i>	1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (1.5 EA per 1 day)
<i>pravastatin sodium oral tablet 80 mg</i>	1	QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet</i>	2	
<i>simvastatin oral tablet</i>	1	QL (1.5 EA per 1 day)
Dyslipidemics, Other		
<i>cholestyramine light oral packet</i>	2	
<i>cholestyramine light oral powder</i>	2	
<i>cholestyramine oral packet</i>	2	
<i>cholestyramine oral powder</i>	2	
<i>colesevelam hcl oral packet</i>	2	
<i>colestipol hcl oral packet</i>	2	
<i>colestipol hcl oral tablet</i>	2	
<i>ezetimibe oral tablet</i>	2	
<i>ezetimibe-simvastatin oral tablet</i>	2	
JUXTAPID ORAL CAPSULE	5	PA
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA

Drug	Status	Requirements/Limits
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	2	
<i>niacor oral tablet</i>	2	
<i>omega-3-acid ethyl esters oral capsule</i>	2	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
<i>prevalite oral packet</i>	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
VASCEPA ORAL CAPSULE	4	
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral tablet</i>	2	
<i>minoxidil oral tablet</i>	2	
Vasodilators, Direct-Acting Arterial/Venous		
<i>isosorbide dinitrate er oral tablet extended release</i>	2	
<i>isosorbide dinitrate oral tablet</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	2	
<i>isosorbide mononitrate oral tablet</i>	2	
<i>minitran transdermal patch 24 hour</i>	2	
NITRO-BID TRANSDERMAL OINTMENT	4	
<i>nitroglycerin sublingual tablet sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual solution</i>	2	
RECTIV RECTAL OINTMENT	4	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 5 mg</i>	2	

Drug	Status	Requirements/Limits
<i>amphetamine-dextroamphetamine oral tablet</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral solution</i>	2	
<i>dextroamphetamine sulfate oral tablet</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>	2	QL (30 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule</i>	2	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg</i>	2	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 40 mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg, 5 mg</i>	2	QL (180 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	2	
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	2	PA
<i>metadate er oral tablet extended release 20 mg</i>	2	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 50 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution</i>	2	
<i>methylphenidate hcl oral tablet</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable</i>	2	

Drug	Status	Requirements/Limits
Central Nervous System, Other		
AUSTEDO ORAL TABLET	5	PA
HETLIOZ ORAL CAPSULE	5	PA
NUEDEXTA ORAL CAPSULE	4	PA
RADICAVA INTRAVENOUS SOLUTION	5	PA
<i>riluzole oral tablet</i>	2	
<i>tetrabenazine oral tablet</i>	5	PA
Fibromyalgia Agents		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral capsule</i>	2	PA
<i>pregabalin oral solution</i>	2	PA
SAVELLA ORAL TABLET	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	3	
Multiple Sclerosis Agents		
AUBAGIO ORAL TABLET	5	PA
AVONEX INTRAMUSCULAR KIT	5	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	
BETASERON SUBCUTANEOUS KIT	5	
<i>dalfampridine er oral tablet extended release 12 hour</i>	5	PA
GILENYA ORAL CAPSULE 0.5 MG	5	PA
GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	5	
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	
TECFIDERA ORAL	5	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE	5	PA
TYSABRI INTRAVENOUS CONCENTRATE	5	PA
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline hcl oral capsule</i>	2	
<i>chlorhexidine gluconate mouth/throat solution</i>	1	

Drug	Status	Requirements/Limits
<i>periogard mouth/throat solution</i>	1	
<i>pilocarpine hcl oral tablet</i>	2	
<i>triamcinolone acetone mouth/throat paste</i>	2	
Dermatological Agents		
Dermatological Agents		
<i>acitretin oral capsule</i>	2	
<i>acyclovir external ointment</i>	2	QL (15 GM per 14 days)
<i>adapalene external gel 0.1 %</i>	2	
<i>adapalene external solution</i>	2	
<i>ammonium lactate external cream</i>	3	
<i>ammonium lactate external lotion</i>	2	
<i>azelaic acid external gel</i>	3	
<i>bacitracin external ointment</i>	2	
<i>calcipotriene external cream</i>	3	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	4	QL (120 ML per 30 days)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	
<i>clobetasol propionate e external cream</i>	4	
<i>clobetasol propionate emulsion external foam</i>	4	
<i>clobetasol propionate external foam</i>	4	
<i>clobetasol propionate external lotion</i>	4	
<i>clobetasol propionate external shampoo</i>	4	
<i>clotrimazole-betamethasone external cream</i>	2	
<i>clotrimazole-betamethasone external lotion</i>	3	
CONDYLOX EXTERNAL GEL	4	
CORTISPORIN EXTERNAL CREAM	4	
CORTISPORIN EXTERNAL OINTMENT	4	
CVS GAUZE STERILE PAD 2"X2"	4	
<i>diclofenac sodium transdermal gel 1 %</i>	2	QL (960 GM per 30 days)
<i>diclofenac sodium transdermal gel 3 %</i>	3	QL (200 GM per 30 days)
<i>doxepin hcl external cream</i>	5	QL (90 GM per 30 days)
<i>doxycycline oral capsule delayed release</i>	2	ST
<i>erythromycin external gel</i>	2	
<i>erythromycin external solution</i>	2	
<i>fluorouracil external cream</i>	2	
<i>fluorouracil external solution</i>	4	
<i>imiquimod external cream</i>	4	

Drug	Status	Requirements/Limits
<i>methoxsalen rapid oral capsule</i>	5	
<i>mupirocin calcium external cream</i>	2	
PICATO EXTERNAL GEL 0.015 %	5	QL (3 EA per 30 days)
PICATO EXTERNAL GEL 0.05 %	5	QL (2 EA per 30 days)
<i>pimecrolimus external cream</i>	3	
<i>podofilox external solution</i>	2	
REGRANEX EXTERNAL GEL	5	
SANTYL EXTERNAL OINTMENT	3	QL (100 GM per 30 days)
<i>selenium sulfide external lotion</i>	2	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
<i>sulfacetamide sodium (acne) external lotion</i>	2	
<i>sulfacetamide sodium-sulfur external emulsion</i>	2	
<i>tacrolimus external ointment</i>	3	
<i>tazarotene external cream</i>	3	
TAZORAC EXTERNAL CREAM 0.05 %	4	
TAZORAC EXTERNAL GEL	4	
TOLAK EXTERNAL CREAM	4	
<i>tretinoin external cream</i>	2	
Electrolytes/Minerals/ Metals/ Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INTRAVENOUS SOLUTION 7 %	4	
<i>aminosyn ii/electrolytes intravenous solution</i>	2	
<i>citric acid-sodium citrate oral solution</i>	2	
<i>cytra k crystals oral packet</i>	2	
<i>dextrose in lactated ringers intravenous solution</i>	2	
<i>dextrose intravenous solution 10 %, 5 %</i>	2	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %	4	
<i>dextrose-nacl intravenous solution 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%</i>	2	
<i>klor-con 10 oral tablet extended release</i>	2	
<i>klor-con m10 oral tablet extended release</i>	2	

Drug	Status	Requirements/Limits
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	4	
<i>klor-con m20 oral tablet extended release</i>	2	
<i>klor-con oral packet 20 meq</i>	2	
KLOR-CON ORAL PACKET 25 MEQ	4	
<i>klor-con oral tablet extended release</i>	2	
K-PHOS NO 2 ORAL TABLET	4	
<i>lactated ringers intravenous solution</i>	2	
<i>magnesium sulfate injection solution 50 %</i>	2	
ORACIT ORAL SOLUTION	4	
<i>potassium chloride crys er oral tablet extended release</i>	2	
<i>potassium chloride er oral capsule extended release</i>	2	
<i>potassium chloride er oral tablet extended release</i>	2	
<i>potassium chloride intravenous solution 20 meq/100ml, 40 meq/100ml</i>	2	
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<i>potassium citrate er oral tablet extended release</i>	2	
<i>potassium citrate-citric acid oral solution</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 5 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	
SUPREP BOWEL PREP KIT ORAL SOLUTION	4	
<i>tpn electrolytes intravenous solution</i>	2	
TRAVASOL INTRAVENOUS SOLUTION	4	
Electrolyte/Mineral/Metal Modifiers		
CARBAGLU ORAL TABLET	5	PA
CLOVIQUE ORAL CAPSULE	5	
<i>deferasirox oral tablet soluble</i>	5	
FERRIPROX ORAL TABLET 1000 MG	5	PA
<i>penicillamine oral tablet</i>	5	
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sodium polystyrene sulfonate oral suspension</i>	2	
TRIENTINE HCL ORAL CAPSULE	5	
VELTASSA ORAL PACKET	3	

Drug	Status	Requirements/Limits
Vitamins		
<i>doxercalciferol oral capsule</i>	3	
ELITE-OB ORAL TABLET	4	
<i>natalcare plus oral tablet</i>	2	
<i>natatab fa oral tablet</i>	2	
<i>natatab rx oral tablet</i>	2	
PNV-DHA ORAL CAPSULE	4	
PRENATABS FA ORAL TABLET	4	
<i>prenatal oral tablet 27-1 mg</i>	2	
PRENATAL PLUS IRON ORAL TABLET	4	
<i>ultra natalcare oral tablet</i>	2	
<i>vp-pnv-dha oral capsule</i>	2	
ZATEAN-PN ORAL TABLET	4	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
CANTIL ORAL TABLET	4	
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl oral solution</i>	2	
<i>dicyclomine hcl oral tablet</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>methscopolamine bromide oral tablet</i>	4	
PROPANTHELINE BROMIDE ORAL TABLET	4	
Gastrointestinal Agents, Other		
<i>diphenoxylate-atropine oral liquid</i>	2	
<i>diphenoxylate-atropine oral tablet</i>	2	
GATTEX SUBCUTANEOUS KIT	5	PA
<i>loperamide hcl oral capsule</i>	2	
<i>metoclopramide hcl injection solution</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	1	
MOTOFEN ORAL TABLET	4	
MOVANTIK ORAL TABLET	3	PA
OCALIVA ORAL TABLET	5	PA; QL (30 EA per 30 days)
OSMOPREP ORAL TABLET	4	
RELISTOR ORAL TABLET	5	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	5	PA

Drug	Status	Requirements/Limits
<i>ursodiol oral capsule</i>	2	
<i>ursodiol oral tablet</i>	4	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution</i>	2	
<i>cimetidine oral tablet</i>	2	
<i>famotidine oral suspension reconstituted</i>	2	
<i>famotidine oral tablet 20 mg</i>	2	
<i>famotidine oral tablet 40 mg</i>	2	
<i>ranitidine hcl injection solution 150 mg/6ml</i>	2	
<i>ranitidine hcl oral capsule</i>	2	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	
Irritable Bowel Syndrome Agents		
<i>alosetron hcl oral tablet</i>	5	PA; QL (2 EA per 1 day)
AMITIZA ORAL CAPSULE	3	
LINZESS ORAL CAPSULE	3	
Laxatives		
<i>enulose oral solution</i>	2	
<i>gavilyte-c oral solution reconstituted</i>	2	
<i>gavilyte-g oral solution reconstituted</i>	2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	2	
MOVIPREP ORAL SOLUTION RECONSTITUTED	4	
<i>peg 3350/electrolytes oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	
<i>trilyte oral solution reconstituted</i>	2	
Protectants		
<i>misoprostol oral tablet 100 mcg</i>	2	
<i>sucralfate oral suspension</i>	2	
<i>sucralfate oral tablet</i>	2	
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE DELAYED RELEASE	3	
<i>esomeprazole magnesium oral capsule delayed release</i>	3	
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	2	

Drug	Status	Requirements/Limits
<i>lansoprazole oral capsule delayed release</i>	3	
<i>omeprazole oral capsule delayed release 10 mg</i>	2	QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg</i>	2	QL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 40 mg</i>	2	
<i>pantoprazole sodium oral tablet delayed release</i>	2	QL (2 EA per 1 day)
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN INTRAMUSCULAR SOLUTION	5	
ALDURAZYME INTRAVENOUS SOLUTION	5	
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
CYSTADANE ORAL POWDER	4	
CYSTAGON ORAL CAPSULE	4	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
KUVAN ORAL PACKET	5	PA
KUVAN ORAL TABLET SOLUBLE	5	PA
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
<i>miglustat oral capsule</i>	5	
NAGLAZYME INTRAVENOUS SOLUTION	5	PA
<i>nitisinone oral capsule</i>	5	PA
ORFADIN ORAL CAPSULE 20 MG	5	PA
ORFADIN ORAL SUSPENSION	5	PA
RAVICTI ORAL LIQUID	5	
SODIUM PHENYL BUTYRATE ORAL TABLET	5	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA

Drug	Status	Requirements/Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 10000-32000 UNIT, 15000-47000 UNIT, 15000-51000 UNIT, 20000-63000 UNIT, 20000-68000 UNIT, 25000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 40000-136000 UNIT, 5000 UNIT, 5000-24000 UNIT	4	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	2	
<i>flavoxate hcl oral tablet</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2	
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet</i>	1	
<i>solifenacin succinate oral tablet</i>	2	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	2	
<i>tolterodine tartrate oral tablet</i>	2	
<i>trospium chloride er oral capsule extended release 24 hour</i>	2	
<i>trospium chloride oral tablet</i>	2	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	2	QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet</i>	2	
<i>dutasteride oral capsule</i>	2	
<i>dutasteride-tamsulosin hcl oral capsule</i>	2	
<i>finasteride oral tablet 5 mg</i>	2	QL (1 EA per 1 day)
<i>silodosin oral capsule</i>	2	
<i>tamsulosin hcl oral capsule</i>	2	
<i>terazosin hcl oral capsule</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	2	
ELMIRON ORAL CAPSULE	4	
JYNARQUE ORAL TABLET	5	PA
JYNARQUE ORAL TABLET THERAPY PACK	5	PA

Drug	Status	Requirements/Limits
<i>tolvaptan oral tablet</i>	5	PA
Phosphate Binders		
AURYXIA ORAL TABLET	4	PA
<i>calcium acetate (phos binder) oral capsule</i>	2	
<i>calcium acetate (phos binder) oral tablet</i>	2	
<i>sevelamer carbonate oral packet</i>	5	
<i>sevelamer carbonate oral tablet</i>	2	
<i>sevelamer hcl oral tablet</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>ala-cort external cream 1 %</i>	2	
<i>alclometasone dipropionate external cream</i>	2	QL (240 GM per 30 days)
<i>alclometasone dipropionate external ointment</i>	2	QL (240 GM per 30 days)
<i>amcinonide external cream</i>	2	
<i>amcinonide external lotion</i>	2	QL (180 ML per 30 days)
AMCINONIDE EXTERNAL OINTMENT	4	
<i>betamethasone dipropionate aug external cream</i>	2	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external gel</i>	4	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	4	
<i>betamethasone dipropionate aug external ointment</i>	2	QL (150 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	2	QL (150 GM per 30 days)
<i>betamethasone dipropionate external lotion</i>	4	QL (150 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	4	QL (150 GM per 30 days)
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external lotion</i>	2	QL (180 ML per 30 days)
<i>betamethasone valerate external ointment</i>	2	QL (150 GM per 30 days)
CAPEX EXTERNAL SHAMPOO	4	
<i>clobetasol prop emollient base external cream</i>	4	QL (60 GM per 30 days)
<i>clobetasol propionate external cream</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external gel</i>	3	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external solution</i>	3	QL (59 ML per 30 days)
<i>cortisone acetate oral tablet</i>	2	
<i>desonide external cream</i>	4	QL (240 GM per 30 days)

Drug	Status	Requirements/Limits
<i>desonide external lotion</i>	4	QL (240 ML per 30 days)
<i>desonide external ointment</i>	4	QL (240 GM per 30 days)
<i>desoximetasone external cream</i>	4	QL (180 GM per 30 days)
<i>desoximetasone external gel</i>	4	QL (180 GM per 30 days)
<i>desoximetasone external ointment</i>	4	QL (180 GM per 30 days)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	4	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
DEXAMETHASONE ORAL TABLET 1 MG	4	
<i>dexamethasone oral tablet therapy pack</i>	2	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	2	
<i>dexpak 13 day oral tablet therapy pack</i>	2	
<i>diflorasone diacetate external cream</i>	4	QL (180 GM per 30 days)
<i>diflorasone diacetate external ointment</i>	4	QL (180 GM per 30 days)
<i>fludrocortisone acetate oral tablet</i>	2	
<i>fluocinolone acetonide body external oil</i>	3	
<i>fluocinolone acetonide external cream</i>	4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external ointment</i>	4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external solution</i>	4	QL (90 ML per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	3	
<i>fluocinonide emulsified base external cream</i>	4	QL (120 GM per 30 days)
<i>fluocinonide external gel</i>	4	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	4	QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	4	QL (60 ML per 30 days)
<i>fluticasone propionate external cream</i>	2	QL (150 GM per 30 days)
<i>fluticasone propionate external lotion</i>	4	QL (240 ML per 30 days)
<i>fluticasone propionate external ointment</i>	2	QL (150 GM per 30 days)
<i>halcinonide external cream</i>	3	
<i>halobetasol propionate external cream</i>	4	QL (150 GM per 30 days)
<i>halobetasol propionate external ointment</i>	4	QL (150 GM per 30 days)
HALOG EXTERNAL OINTMENT	4	
<i>hydrocortisone butyrate external cream</i>	4	QL (180 GM per 30 days)
<i>hydrocortisone butyrate external ointment</i>	4	QL (180 GM per 30 days)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	QL (240 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	2	QL (240 ML per 30 days)

Drug	Status	Requirements/Limits
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	QL (240 GM per 30 days)
<i>hydrocortisone valerate external cream</i>	4	QL (180 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	4	QL (180 GM per 30 days)
MEDROL ORAL TABLET 2 MG	4	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablet therapy pack</i>	2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg</i>	2	
<i>mometasone furoate external cream</i>	2	QL (150 GM per 30 days)
<i>mometasone furoate external ointment</i>	2	QL (150 GM per 30 days)
<i>mometasone furoate external solution</i>	2	
<i>prednicarbate external cream</i>	4	QL (180 GM per 30 days)
<i>prednicarbate external ointment</i>	2	QL (180 GM per 30 days)
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	2	
PREDNISONE INTENSOL ORAL CONCENTRATE	4	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	2	
PROCTOFOAM HC RECTAL FOAM	4	
<i>procto-med hc rectal cream</i>	2	
<i>proctosol hc rectal cream</i>	2	
<i>proctozone-hc rectal cream</i>	2	
<i>scalacort external lotion</i>	2	
<i>taperdex 7-day oral tablet therapy pack 1.5 mg (27)</i>	2	
TEXACORT EXTERNAL SOLUTION	4	
<i>triamcinolone acetonide external aerosol solution</i>	4	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	1	QL (160 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	2	QL (150 GM per 30 days)
<i>triamcinolone acetonide external lotion</i>	2	QL (180 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	1	QL (160 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	2	QL (150 GM per 30 days)
<i>triderm external cream 0.1 %</i>	1	QL (160 GM per 30 days)

Drug	Status	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace rhinal tube nasal solution</i>	2	
<i>desmopressin ace spray refrig nasal solution</i>	2	
<i>desmopressin acetate injection solution</i>	2	
<i>desmopressin acetate oral tablet</i>	2	
<i>desmopressin acetate spray nasal solution</i>	2	
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
INCRELEX SUBCUTANEOUS SOLUTION	5	PA
STIMATE NASAL SOLUTION	4	
VYNDAMAX ORAL CAPSULE	5	PA; QL (1 EA per 1 day)
VYNDAQEL ORAL CAPSULE	5	PA; QL (4 EA per 1 day)
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM ORAL TABLET	5	PA
<i>misoprostol oral tablet 200 mcg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50 ORAL TABLET	5	PA
<i>oxandrolone oral tablet 10 mg</i>	5	PA
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA
Androgens		
<i>danazol oral capsule</i>	2	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	

Drug	Status	Requirements/Limits
<i>testosterone enanthate intramuscular solution</i>	2	
<i>testosterone transdermal gel 10 mg/act (2%), 50 mg/5gm (1%)</i>	2	PA
Estrogens		
ALORA TRANSDERMAL PATCH TWICE WEEKLY	4	QL (8 EA per 28 days)
<i>amethia oral tablet</i>	2	
<i>amethyst oral tablet</i>	2	
ANGELIQ ORAL TABLET 0.5-1 MG	4	
<i>apri oral tablet</i>	2	
<i>aranelle oral tablet</i>	2	
<i>aviane oral tablet</i>	2	
<i>balziva oral tablet</i>	2	
<i>briellyn oral tablet</i>	2	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	4	
<i>cryselle-28 oral tablet</i>	2	
<i>cyclafem 1/35 oral tablet</i>	2	
<i>cyclafem 7/7/7 oral tablet</i>	2	
<i>dotti transdermal patch twice weekly</i>	2	QL (8 EA per 28 days)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>eluryng vaginal ring</i>	2	
<i>emoquette oral tablet</i>	2	
ENJUVIA ORAL TABLET	4	
<i>enpresse-28 oral tablet</i>	2	
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal patch twice weekly</i>	2	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	2	
<i>estradiol vaginal tablet</i>	2	
<i>estradiol-norethindrone acet oral tablet</i>	2	
ESTRING VAGINAL RING	4	
<i>estropipate oral tablet</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	2	
FEMRING VAGINAL RING	4	
<i>gianvi oral tablet</i>	2	
<i>introvale oral tablet</i>	2	

Drug	Status	Requirements/Limits
<i>jinteli oral tablet</i>	2	
<i>junel 1.5/30 oral tablet</i>	2	
<i>junel 1/20 oral tablet</i>	2	
<i>junel fe 1.5/30 oral tablet</i>	2	
<i>junel fe 1/20 oral tablet</i>	2	
<i>junel fe 24 oral tablet</i>	2	
<i>kariva oral tablet</i>	2	
<i>kelnor 1/35 oral tablet</i>	2	
<i>leena oral tablet</i>	2	
<i>lessina oral tablet</i>	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg</i>	2	
<i>levora 0.15/30 (28) oral tablet</i>	2	
<i>low-ogestrel oral tablet</i>	2	
<i>lutra oral tablet</i>	2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	
MENEST ORAL TABLET 2.5 MG	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY	4	
<i>microgestin 1.5/30 oral tablet</i>	2	
<i>microgestin 1/20 oral tablet</i>	2	
<i>microgestin fe 1.5/30 oral tablet</i>	2	
<i>microgestin fe 1/20 oral tablet</i>	2	
<i>mononessa oral tablet</i>	2	
<i>necon 0.5/35 (28) oral tablet</i>	2	
<i>necon 1/35 (28) oral tablet</i>	2	
<i>necon 1/50 (28) oral tablet</i>	2	
NECON 10/11 (28) ORAL TABLET	4	
<i>necon 7/7/7 oral tablet</i>	2	
<i>norethindrone-eth estradiol oral tablet</i>	2	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>nortrel 0.5/35 (28) oral tablet</i>	2	
<i>nortrel 1/35 (21) oral tablet</i>	2	
<i>nortrel 1/35 (28) oral tablet</i>	2	
<i>nortrel 7/7/7 oral tablet</i>	2	
<i>ocella oral tablet</i>	2	
OGESTREL ORAL TABLET	4	

Drug	Status	Requirements/Limits
<i>orsythia oral tablet</i>	2	
<i>portia-28 oral tablet</i>	2	
PREFEST ORAL TABLET	4	
PREMARIN ORAL TABLET	4	
PREMARIN VAGINAL CREAM	3	
PREMPHASE ORAL TABLET	4	
PREMPRO ORAL TABLET	4	
<i>previfem oral tablet</i>	2	
<i>quasense oral tablet</i>	2	
<i>reclipsen oral tablet</i>	2	
<i>sprintec 28 oral tablet</i>	2	
<i>sronyx oral tablet</i>	2	
<i>tri-legest fe oral tablet</i>	2	
<i>trinessa (28) oral tablet</i>	2	
<i>tri-previfem oral tablet</i>	2	
<i>tri-sprintec oral tablet</i>	2	
<i>trivora (28) oral tablet</i>	2	
<i>velivet oral tablet</i>	2	
<i>wymzya fe oral tablet chewable</i>	2	
<i>yuvafem vaginal tablet</i>	2	
<i>zenchent fe oral tablet chewable</i>	2	
<i>zovia 1/35e (28) oral tablet</i>	2	
<i>zovia 1/50e (28) oral tablet</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>altavera oral tablet</i>	2	
BIJUVA ORAL CAPSULE	4	
<i>cyred eq oral tablet</i>	2	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	2	
<i>estarylla oral tablet</i>	2	
<i>estradiol vaginal cream</i>	1	
<i>hailey 24 fe oral tablet</i>	2	
<i>incassia oral tablet</i>	2	
<i>kelnor 1/50 oral tablet</i>	2	
<i>kurvelo oral tablet</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	2	
<i>lopreeza oral tablet 1-0.5 mg</i>	2	

Drug	Status	Requirements/Limits
<i>mili oral tablet</i>	2	
<i>syeda oral tablet</i>	2	
<i>tarina 24 fe oral tablet</i>	2	
<i>tri-estarylla oral tablet</i>	2	
<i>tri-mili oral tablet</i>	2	
<i>tri-vylibra lo oral tablet</i>	2	
<i>tri-vylibra oral tablet</i>	2	
<i>vylibra oral tablet</i>	2	
Progestins		
<i>camila oral tablet</i>	2	
CRINONE VAGINAL GEL	4	PA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	QL (1 ML per 90 days)
<i>errin oral tablet</i>	2	
<i>hydroxyprogesterone caproate intramuscular solution</i>	2	
<i>jolivette oral tablet</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	2	PA
<i>megestrol acetate oral tablet</i>	2	PA
<i>nora-be oral tablet</i>	2	
<i>norethindrone acetate oral tablet</i>	2	
<i>norethindrone oral tablet</i>	2	
<i>progesterone micronized oral capsule</i>	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET	4	
<i>raloxifene hcl oral tablet</i>	2	QL (1 EA per 1 day)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox oral tablet</i>	1	

Drug	Status	Requirements/Limits
<i>levo-t oral tablet</i>	1	
<i>levothyroxine sodium oral tablet</i>	1	
<i>levoxyl oral tablet</i>	1	
<i>liothyronine sodium oral tablet</i>	2	
SYNTHROID ORAL TABLET	4	
<i>thyroid oral tablet 65 mg</i>	2	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	3	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	3	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	3	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	3	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	3	
<i>unithroid oral tablet</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	3	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet</i>	2	QL (32 EA per 30 days)
ELIGARD SUBCUTANEOUS KIT	4	
<i>leuprolide acetate injection kit</i>	5	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	5	
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	

Drug	Status	Requirements/Limits
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	5	
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
SYNAREL NASAL SOLUTION	4	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	2	
<i>propylthiouracil oral tablet</i>	2	
Immunological Agents		
Angioedema Agents		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
ICATIBANT ACETATE SUBCUTANEOUS SOLUTION	5	PA
Immune Suppressants		
AZASAN ORAL TABLET	4	
<i>azathioprine oral tablet</i>	2	
<i>azathioprine sodium injection solution reconstituted</i>	2	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>cyclosporine modified oral capsule 25 mg</i>	2	
CYCLOSPORINE MODIFIED ORAL CAPSULE 50 MG	4	
<i>cyclosporine modified oral solution</i>	2	
<i>cyclosporine oral capsule</i>	2	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL (8 ML per 28 days)

Drug	Status	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (16 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 ML per 28 days)
<i>gengraf oral capsule</i>	2	
<i>gengraf oral solution</i>	2	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; QL (3 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	PA; QL (2 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (3 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (4 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (3 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	5	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 EA per 28 days)
INGREZZA ORAL CAPSULE	5	PA
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA
<i>methotrexate oral tablet</i>	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	2	

Drug	Status	Requirements/Limits
<i>methotrexate sodium injection solution reconstituted</i>	2	
<i>mycophenolate mofetil hcl intravenous solution reconstituted</i>	2	
<i>mycophenolate mofetil oral capsule</i>	2	
<i>mycophenolate mofetil oral suspension reconstituted</i>	2	
<i>mycophenolate mofetil oral tablet</i>	2	
<i>mycophenolate sodium oral tablet delayed release</i>	2	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	5	
PROGRAF ORAL PACKET	4	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
RHEUMATREX ORAL TABLET	4	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA; QL (1 EA per 1 day)
SANDIMMUNE ORAL SOLUTION	4	
<i>sirolimus oral solution</i>	3	
<i>sirolimus oral tablet</i>	2	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; QL (150 EA per 84 days)
<i>tacrolimus oral capsule</i>	2	
TREXALL ORAL TABLET	4	
XATMEP ORAL SOLUTION	4	
XELJANZ ORAL TABLET	5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA
ZORTRESS ORAL TABLET 0.25 MG	4	
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG	5	
Immunizing Agents, Passive		
HYPERRAB S/D INTRAMUSCULAR INJECTABLE	4	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	5	
Immunoglobulins		
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA

Drug	Status	Requirements/Limits
Immunological Agents, Other		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (3 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (3 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
ILARIS SUBCUTANEOUS SOLUTION	5	PA
<i>leflunomide oral tablet</i>	2	
RIDAURA ORAL CAPSULE	3	
SYNAGIS INTRAMUSCULAR SOLUTION	5	PA
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	6	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	6	
<i>bcg vaccine injection injectable</i>	6	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	6	
CERVARIX INTRAMUSCULAR SUSPENSION	6	
COMVAX INTRAMUSCULAR SUSPENSION	6	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	6	

Drug	Status	Requirements/Limits
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	6	
ENGERIX-B INJECTION SUSPENSION	6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION	6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	
GARDASIL INTRAMUSCULAR SUSPENSION	6	
HAVRIX INTRAMUSCULAR SUSPENSION	6	
HIBERIX INJECTION SOLUTION RECONSTITUTED	6	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	6	
INFANRIX INTRAMUSCULAR SUSPENSION	6	
IPOL INJECTION INJECTABLE	6	
IXIARO INTRAMUSCULAR SUSPENSION	6	
KINRIX INTRAMUSCULAR SUSPENSION	6	
MENACTRA INTRAMUSCULAR INJECTABLE	6	
MENHIBRIX INTRAMUSCULAR SOLUTION RECONSTITUTED	6	
MENOMUNE SUBCUTANEOUS INJECTABLE	6	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	6	
M-M-R II INJECTION SOLUTION RECONSTITUTED	6	
PEDIARIX INTRAMUSCULAR SUSPENSION	6	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	6	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	
QUADRACEL INTRAMUSCULAR SUSPENSION	6	
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	
RECOMBIVAX HB INJECTION SUSPENSION	6	
ROTARIX ORAL SUSPENSION RECONSTITUTED	6	

Drug	Status	Requirements/Limits
ROTATEQ ORAL SOLUTION	6	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	6	QL (2 EA per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION	6	
TENIVAC INTRAMUSCULAR INJECTABLE	6	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	
TYPHIM VI INTRAMUSCULAR SOLUTION	6	
VAQTA INTRAMUSCULAR SUSPENSION	6	
VARIVAX SUBCUTANEOUS INJECTABLE	6	
VARIZIG INTRAMUSCULAR SOLUTION	6	
YF-VAX SUBCUTANEOUS INJECTABLE	6	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	QL (1 EA per 365 days)
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium oral capsule</i>	2	
DIPENTUM ORAL CAPSULE	5	
<i>mesalamine oral tablet delayed release 800 mg</i>	2	
<i>mesalamine rectal enema</i>	2	
<i>mesalamine rectal suppository</i>	3	
<i>mesalamine-cleanser rectal kit</i>	2	
<i>sulfasalazine oral tablet</i>	2	
<i>sulfasalazine oral tablet delayed release</i>	2	
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour</i>	5	
<i>budesonide oral capsule delayed release particles</i>	2	
<i>colocort rectal enema</i>	2	
CORTIFOAM RECTAL FOAM	3	
<i>hydrocortisone oral tablet</i>	2	
<i>hydrocortisone rectal enema</i>	2	
<i>procto-pak rectal cream</i>	2	

Drug	Status	Requirements/Limits
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>alendronate sodium oral tablet 40 mg</i>	2	QL (1 EA per 1 day)
<i>calcitonin (salmon) nasal solution</i>	2	
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule</i>	2	
<i>calcitriol oral solution</i>	2	
<i>cinacalcet hcl oral tablet 30 mg</i>	4	
<i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>	5	
<i>etidronate disodium oral tablet</i>	2	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	5	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
<i>ibandronate sodium intravenous solution</i>	2	
<i>ibandronate sodium oral tablet</i>	2	QL (1 EA per 28 days)
MIACALCIN INJECTION SOLUTION	4	
<i>paricalcitol oral capsule</i>	2	PA
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	2	QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	2	QL (4 EA per 28 days)
XGEVA SUBCUTANEOUS SOLUTION	5	PA
<i>zoledronic acid intravenous concentrate</i>	2	
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	2	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	4	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	4	
BD PEN NEEDLE ORIGINAL U/F	4	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	4	
BD SYRINGE LUER-LOK 1 ML	4	
BD SYRINGE SLIP TIP 1 ML	4	

Drug	Status	Requirements/Limits
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	4	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	4	
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	4	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	4	
FERRIPROX ORAL TABLET 500 MG	5	PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	
KEVEYIS ORAL TABLET	5	PA
<i>levocarnitine oral solution</i>	2	
<i>levocarnitine oral tablet</i>	2	
LITETOUCH PEN NEEDLES 29G X 12.7MM	4	
<i>methylergonovine maleate oral tablet</i>	2	
MONOJECT HYPODERMIC NEEDLE 25G X 1" , 25G X 1-1/4" , 25G X 5/8" , 27G X 1/2" , 30G X 3/4"	4	
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML	4	
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	4	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	4	
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	4	
SURE COMFORT PEN NEEDLES 29G X 12.7MM	4	
SURE-FINE PEN NEEDLES 29G X 12.7MM	4	
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML	4	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	4	
ULTICARE PEN NEEDLES 29G X 12.7MM	4	
ULTILET PEN NEEDLE 29G X 12.7MM	4	
ULTRA-THIN II PEN NEEDLES	4	

Drug	Status	Requirements/Limits
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostamide Analogs		
COMBIGAN OPHTHALMIC SOLUTION	3	
<i>latanoprost ophthalmic solution</i>	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
RHOPRESSA OPHTHALMIC SOLUTION	3	
<i>travoprost (bak free) ophthalmic solution</i>	2	
<i>travoprost ophthalmic solution</i>	2	
Ophthalmic Agents, Other		
<i>ak-poly-bac ophthalmic ointment</i>	2	
ATROPINE SULFATE OPHTHALMIC OINTMENT	4	
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	2	
CYSTARAN OPHTHALMIC SOLUTION	5	PA
<i>homatropine hbr ophthalmic solution</i>	2	
<i>mydral ophthalmic solution</i>	2	
<i>naphazoline hcl ophthalmic solution</i>	2	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>polycin b ophthalmic ointment</i>	2	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	
<i>proparacaine hcl ophthalmic solution</i>	2	
RESTASIS OPHTHALMIC EMULSION	3	
ROCKLATAN OPHTHALMIC SOLUTION	4	
Ophthalmic Anti-Allergy Agents		
ALOCRILOPHTHALMIC SOLUTION	4	
<i>azelastine hcl ophthalmic solution</i>	2	
<i>cromolyn sodium ophthalmic solution</i>	1	
EMADINE OPHTHALMIC SOLUTION	4	
<i>epinastine hcl ophthalmic solution</i>	2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	2	

Drug	Status	Requirements/Limits
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
<i>apraclonidine hcl ophthalmic solution</i>	2	
AZOPT OPHTHALMIC SUSPENSION	3	
<i>betaxolol hcl ophthalmic solution</i>	2	
BETOPTIC-S OPHTHALMIC SUSPENSION	3	
<i>brimonidine tartrate ophthalmic solution</i>	2	
<i>carteolol hcl ophthalmic solution</i>	2	
<i>dorzolamide hcl ophthalmic solution</i>	2	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
<i>metipranolol ophthalmic solution</i>	2	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	4	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
SIMBRINZA OPHTHALMIC SUSPENSION	3	
<i>timolol maleate ophthalmic gel forming solution</i>	2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	2	
Ophthalmic Anti-Inflammatories		
ALOMIDE OPHTHALMIC SOLUTION	4	
ALREX OPHTHALMIC SUSPENSION	3	
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	2	
<i>bromfenac sodium ophthalmic solution</i>	2	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	2	
<i>diclofenac sodium ophthalmic solution</i>	2	

Drug	Status	Requirements/Limits
DUREZOL OPHTHALMIC EMULSION	4	
<i>fluorometholone ophthalmic suspension</i>	2	
<i>flurbiprofen sodium ophthalmic solution</i>	2	
FML FORTE OPHTHALMIC SUSPENSION	3	
FML OPHTHALMIC OINTMENT	3	
INVELTYS OPHTHALMIC SUSPENSION	4	
<i>ketorolac tromethamine ophthalmic solution</i>	2	
<i>loteprednol etabonate ophthalmic suspension</i>	2	
MAXIDEX OPHTHALMIC SUSPENSION	3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
NEVANAC OPHTHALMIC SUSPENSION	4	
<i>poly-dex ophthalmic ointment</i>	2	
PRED MILD OPHTHALMIC SUSPENSION	4	
PRED-G OPHTHALMIC SUSPENSION	3	
PRED-G S.O.P. OPHTHALMIC OINTMENT	3	
<i>prednisolone acetate ophthalmic suspension</i>	2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	4	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	2	
VEXOL OPHTHALMIC SUSPENSION	3	
Otic Agents		
Otic Agents		
<i>acetazol hc otic solution</i>	2	
<i>acetic acid otic solution</i>	2	
<i>acetic acid-aluminum acetate otic solution</i>	2	
<i>ciprofloxacin-dexamethasone otic suspension</i>	2	
COLY-MYCIN S OTIC SUSPENSION	4	
<i>fluocinolone acetonide otic oil</i>	2	
<i>hydrocortisone-acetic acid otic solution</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension</i>	2	

Drug	Status	Requirements/Limits
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %</i>	2	
<i>cypheptadine hcl oral tablet</i>	2	
<i>diphenhydramine hcl injection solution</i>	2	
<i>hydroxyzine pamoate oral capsule</i>	2	PA
<i>levocetirizine dihydrochloride oral tablet</i>	2	QL (1 EA per 1 day)
<i>olopatadine hcl nasal solution</i>	2	ST
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUTY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
<i>budesonide inhalation suspension</i>	2	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
FLOVENT HFA INHALATION AEROSOL	3	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	
<i>fluticasone propionate nasal suspension</i>	2	
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
Antileukotrienes		
<i>montelukast sodium oral packet</i>	2	
<i>montelukast sodium oral tablet</i>	2	
<i>montelukast sodium oral tablet chewable</i>	2	
<i>zafirlukast oral tablet</i>	2	QL (2 EA per 1 day)
<i>zileuton er oral tablet extended release 12 hour</i>	2	QL (4 EA per 1 day)
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR	4	QL (4 EA per 1 day)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	4	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	

Drug	Status	Requirements/Limits
<i>ipratropium bromide inhalation solution</i>	2	
<i>ipratropium bromide nasal solution</i>	2	
<i>ipratropium-albuterol inhalation solution</i>	2	
SPIRIVA HANDHALER INHALATION CAPSULE	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	2	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	2	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	
FORADIL AEROLIZER INHALATION CAPSULE	3	
<i>levalbuterol hcl inhalation nebulization solution</i>	2	
<i>levalbuterol tartrate inhalation aerosol</i>	2	
<i>metaproterenol sulfate oral syrup</i>	2	
METAPROTERENOL SULFATE ORAL TABLET	4	
PROAIR HFA INHALATION AEROSOL SOLUTION	3	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	3	QL (2 EA per 1 day)
<i>terbutaline sulfate oral tablet</i>	2	

Drug	Status	Requirements/Limits
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	PA
KALYDECO ORAL PACKET	5	PA
KALYDECO ORAL TABLET	5	PA
ORKAMBI ORAL PACKET	5	PA
ORKAMBI ORAL TABLET	5	PA
PULMOZYME INHALATION SOLUTION	5	
SYMDEKO ORAL TABLET THERAPY PACK	5	PA; QL (2 EA per 1 day)
TOBI PODHALER INHALATION CAPSULE	5	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA; QL (3 EA per 1 day)
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution</i>	2	
<i>cromolyn sodium oral concentrate</i>	2	
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET 250 MCG	4	QL (30 EA per 30 days)
DALIRESP ORAL TABLET 500 MCG	4	QL (1 EA per 1 day)
ELIXOPHYLLIN ORAL ELIXIR	4	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
<i>theochron oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>theophylline er oral tablet extended release 12 hour</i>	2	
<i>theophylline er oral tablet extended release 24 hour</i>	2	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	5	PA
ALYQ ORAL TABLET	5	PA
<i>ambrisentan oral tablet</i>	5	PA
<i>bosentan oral tablet</i>	5	PA
OPSUMIT ORAL TABLET	5	PA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	5	
<i>sildenafil citrate intravenous solution</i>	5	PA

Drug	Status	Requirements/Limits
<i>sildenafil citrate oral suspension reconstituted</i>	5	PA
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA
<i>tadalafil (pah) oral tablet</i>	5	PA
TRACLEER ORAL TABLET SOLUBLE	5	PA
UPTRAVI ORAL TABLET	5	PA
UPTRAVI ORAL TABLET THERAPY PACK	5	PA
VENTAVIS INHALATION SOLUTION	5	PA
Pulmonary Fibrosis Agents		
ESBRIET ORAL TABLET	5	PA
OFEV ORAL CAPSULE	5	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution</i>	2	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
BEVESPI AEROSPHERE INHALATION AEROSOL	3	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	
SYMBICORT INHALATION AEROSOL	2	
TYZINE NASAL SOLUTION	3	
Respiratory Tract/Pulmonary Agents		
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ADVAIR HFA INHALATION AEROSOL	2	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>mometasone furoate nasal suspension</i>	2	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
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TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	

Drug	Status	Requirements/Limits
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet</i>	2	PA
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	1	PA
<i>cyclobenzaprine hcl oral tablet 5 mg</i>	2	PA
<i>methocarbamol oral tablet</i>	1	PA
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	2	
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>eszopiclone oral tablet</i>	2	PA; QL (30 EA per 30 days)
<i>flurazepam hcl oral capsule</i>	2	QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	2	QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	2	PA; QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	1	PA; QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual</i>	2	PA
Sleep Disorders, Other		
<i>doxepin hcl oral tablet</i>	2	QL (30 EA per 30 days)
<i>modafinil oral tablet</i>	3	PA; QL (1 EA per 1 day)
<i>ramelteon oral tablet</i>	2	QL (30 EA per 30 days)
XYREM ORAL SOLUTION	5	PA
Therapeutic Nutrients/Minerals/Electrolytes		
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<i>eplerenone</i>	51	PEN NEEDLE	79	<i>fluphenazine decanoate</i>	30
EQUETRO	14	EXELDERM	18	FLUPHENAZINE HCL	30
<i>ergocalciferol</i>	87	<i>exemestane</i>	25	<i>fluphenazine hcl</i>	30
<i>ergoloid mesylates</i>	15	<i>ezetimibe</i>	52	<i>flurazepam hcl</i>	87
ERGOMAR	20	<i>ezetimibe-simvastatin</i>	52	<i>flurbiprofen</i>	20
<i>ergotamine-caffeine</i>	20	FABRAZYME	61	<i>flurbiprofen sodium</i>	82
ERIVEDGE	26	<i>famciclovir</i>	34	<i>flutamide</i>	22
ERLEADA	21	<i>famotidine</i>	60	<i>fluticasone propionate</i>	64, 83
<i>erlotinib hcl</i>	26	FANAPT	31	<i>fluvastatin sodium</i>	52
<i>errin</i>	70	FANAPT TITRATION		<i>fluvastatin sodium er</i>	52
<i>ertapenem sodium</i>	9	PACK	31	<i>fluvoxamine maleate</i>	16
ERWINAZE	23	FARXIGA	39	<i>fluvoxamine maleate er</i>	16
ERYTHROCIN		FARYDAK	22	FML	82
LACTOBIONATE	10	FASENRA	86	FML FORTE	82
<i>erythromycin</i>	10, 56	FASENRA PEN	86	<i>fondaparinux sodium</i>	46
<i>erythromycin base</i>	10	FASLODEX	22	FORADIL AEROLIZER	84
<i>erythromycin ethylsuccinate</i>	10	<i>febuxostat</i>	19	FORTEO	78
<i>erythromycin stearate</i>	10	<i>felbamate</i>	13	FOSAMPRENAVIR	
ESBRIET	86	<i>felodipine er</i>	50	CALCIUM	36
<i>escitalopram oxalate</i>	16	FEMRING	67	<i>fosinopril sodium</i>	48
<i>esomeprazole magnesium</i>	60	<i>fenofibrate</i>	52	<i>fosinopril sodium-hctz</i>	48
<i>esomeprazole sodium</i>	60	<i>fenofibrate micronized</i>	52	<i>fosphenytoin sodium</i>	14
<i>estarylla</i>	69	<i>fenoprofen calcium</i>	3	FRAGMIN	46
<i>estazolam</i>	37	<i>fentanyl</i>	4	FREESTYLE INSULINX	
<i>estradiol</i>	67, 69	<i>fentanyl citrate</i>	4	TEST	44
<i>estradiol-norethindrone acet</i>	67	FERRIPROX	58, 79	FREESTYLE LIBRE 14 DAY	
ESTRING	67	FETZIMA	16	READER	44
<i>estropipate</i>	67	FETZIMA TITRATION	16	FREESTYLE LIBRE 14 DAY	
<i>eszopiclone</i>	87	<i>finasteride</i>	62	SENSOR	44
<i>ethacrynic acid</i>	51	FINTEPLA	12	FREESTYLE LIBRE	
<i>ethambutol hcl</i>	21	<i>firvanq</i>	7	READER	44
<i>ethosuximide</i>	12	FLAGYL ER	7	FREESTYLE LIBRE	
<i>etidronate disodium</i>	78	<i>flavoxate hcl</i>	62	SENSOR SYSTEM	44
<i>etodolac</i>	20	FLEBOGAMMA DIF	74	FREESTYLE LITE TEST	44
<i>etodolac er</i>	3	<i>flecainide acetate</i>	49	FREESTYLE PRECISION	
<i>etonogestrel-ethinyl estradiol</i>	67	FLOVENT DISKUS	83	NEO TEST	44
<i>etoposide</i>	25	FLOVENT HFA	83	FREESTYLE TEST	44
EURAX	29	<i>fluconazole</i>	18	<i>furosemide</i>	51
<i>euthyrox</i>	70	<i>fluconazole in sodium chloride</i> ..	18	FUZEON	36
EVENCARE G2 TEST	44	<i>flucytosine</i>	18	FYCOMPA	13, 14
EVENCARE G3 TEST	44	<i>fludarabine phosphate</i>	22	<i>gabapentin</i>	13
EVENCARE MINI		<i>fludrocortisone acetate</i>	64	<i>galantamine hydrobromide</i>	15
GLUCOSE TEST	44	<i>flunisolide</i>	83	<i>galantamine hydrobromide er</i>	15
<i>everolimus</i>	26	<i>fluocinolone acetonide</i>	64, 82	GAMMAGARD	74
EVERSENSE		<i>fluocinolone acetonide body</i>	64	<i>ganciclovir sodium</i>	32
SENSOR/HOLDER	44	<i>fluocinolone acetonide scalp</i>	64	GARDASIL	76

GARDASIL 9	76	GUARDIAN REAL-TIME		HUMULIN R U-500	
<i>gatifloxacin</i>	11	SYSTEM PED	44	(CONCENTRATED)	41
GATTEX	59	GUARDIAN RT STARTER ...	45	HUMULIN R U-500	
<i>gavilyte-c</i>	60	GUARDIAN RT SYSTEM	45	KWIKPEN	41
<i>gavilyte-g</i>	60	GUARDIAN SENSOR (3)	45	<i>hydralazine hcl</i>	53
<i>gavilyte-n with flavor pack</i>	60	GUARDIAN		<i>hydrochlorothiazide</i>	52
<i>gemfibrozil</i>	52	TRANSMITTER	45	<i>hydrocodone-acetaminophen</i>	4
<i>gengraf</i>	73	GVOKE HYPOPEN 2-PACK ..	40	<i>hydrocodone-ibuprofen</i>	4
GENOTROPIN	66	GVOKE PFS	40	<i>hydrocortisone</i>	64, 65, 77
GENOTROPIN MINIQUICK ..	66	HAEGARDA	72	<i>hydrocortisone butyrate</i>	64
<i>gentak</i>	6	<i>hailey 24 fe</i>	69	<i>hydrocortisone valerate</i>	65
<i>gentamicin sulfate</i>	6	<i>halcinonide</i>	64	<i>hydrocortisone-acetic acid</i>	82
GENVOYA	34	<i>halobetasol propionate</i>	64	<i>hydromorphone hcl</i>	4
<i>gianvi</i>	67	HALOG	64	<i>hydroxychloroquine sulfate</i>	29
GILENYA	55	<i>haloperidol</i>	31	<i>hydroxyprogesterone caproate</i> ...	70
GILOTRIF	23	<i>haloperidol decanoate</i>	30	<i>hydroxyurea</i>	22
GLATIRAMER ACETATE	55	<i>haloperidol lactate</i>	31	<i>hydroxyzine hcl</i>	37
<i>glatopa</i>	55	HARVONI	34	<i>hydroxyzine pamoate</i>	83
GLATOPA	55	HAVRIX	76	HYPERRAB S/D	74
GLEOSTINE	21	<i>heparin (porcine) in nacl</i>	46	<i>ibandronate sodium</i>	78
<i>glimepiride</i>	39	<i>heparin sodium (porcine)</i>	46	IBRANCE	23
<i>glipizide</i>	39	HEPARIN SODIUM		<i>ibu</i>	20
<i>glipizide er</i>	39	(PORCINE)	46	<i>ibuprofen</i>	3
<i>glipizide-metformin hcl</i>	40	HERCEPTIN	22, 28	ICATIBANT ACETATE	72
GLOBAL ALCOHOL PREP		HETLIOZ	55	ICLUSIG	26
EASE	7	HEXALEN	21	IDHIFA	25
GLUCAGEN HYPOKIT	40	HIBERIX	76	ILARIS	75
GLUCAGON EMERGENCY ..	40	<i>homatropine hbr</i>	80	ILARIS (150MG	
<i>glyburide</i>	39	HUMALOG	41	DELIVERED)	75
<i>glyburide micronized</i>	39	HUMALOG JUNIOR		<i>imatinib mesylate</i>	26
<i>glyburide-metformin</i>	40	KWIKPEN	41	IMBRUVICA	26
<i>glycopyrrolate</i>	59	HUMALOG KWIKPEN	41	IMFINZI	28
GLYXAMBI	39	HUMALOG MIX 50/50	41	<i>imipenem-cilastatin</i>	9
<i>granisetron hcl</i>	18	HUMALOG MIX 50/50		<i>imipramine hcl</i>	17
<i>griseofulvin microsize</i>	18	KWIKPEN	41	<i>imiquimod</i>	56
<i>griseofulvin ultramicrosize</i>	18	HUMALOG MIX 75/25	41	IMOVAX RABIES	76
<i>guanfacine hcl</i>	48	HUMALOG MIX 75/25		INBRIJA	30
<i>guanfacine hcl er</i>	54	KWIKPEN	41	<i>incassia</i>	69
GUANIDINE HCL	20	HUMIRA	73	INCRELEX	66
GUARDIAN CONNECT		HUMIRA PEDIATRIC		<i>indapamide</i>	52
TRANSMITTER	44	CROHNS START	73	<i>indomethacin</i>	3
GUARDIAN LINK 3		HUMIRA PEN	73	<i>indomethacin er</i>	3
TRANSMITTER	44	HUMIRA PEN-CD/UC/HS		INFANRIX	76
GUARDIAN REAL-TIME		STARTER	73	INGREZZA	73
REPLACE PED	44	HUMIRA PEN-PS/UV/ADOL		INLYTA	26
GUARDIAN REAL-TIME		HS START	73	INQOVI	22
REPLACEMENT	44	HUMULIN 70/30	41	INREBIC	26
GUARDIAN REAL-TIME		HUMULIN 70/30 KWIKPEN ..	41	INSULIN LISPRO	41
STARTER	44	HUMULIN N	41	INSULIN LISPRO (1 UNIT	
GUARDIAN REAL-TIME		HUMULIN N KWIKPEN	41	DIAL)	41
SYSTEM	44	HUMULIN R	41	<i>insulin lispro junior kwikpen</i>	41
				<i>insulin lispro prot & lispro</i>	41

INTELENCE	35	<i>ketoconazole</i>	19	LENVIMA (12 MG DAILY DOSE)	26
INTRALIPID	79	<i>ketoprofen</i>	3	LENVIMA (14 MG DAILY DOSE)	26
INTRON A	33	<i>ketoprofen er</i>	3	LENVIMA (18 MG DAILY DOSE)	26
<i>introvale</i>	67	<i>ketorolac tromethamine</i>	3, 82	LENVIMA (20 MG DAILY DOSE)	27
INVEGA SUSTENNA	31	KEYEYIS	79	LENVIMA (24 MG DAILY DOSE)	27
INVEGA TRINZA	31	KEYTRUDA	28	LENVIMA (4 MG DAILY DOSE)	27
INVELTYS	82	KINRIX	76	LENVIMA (8 MG DAILY DOSE)	27
INVIRASE	36	KISQALI (200 MG DOSE)	25	<i>lessina</i>	68
IOPIDINE	81	KISQALI (400 MG DOSE)	25	<i>letrozole</i>	25
IPOL	76	KISQALI (600 MG DOSE)	25	<i>leucovorin calcium</i>	23, 28
<i>ipratropium bromide</i>	84	KISQALI FEMARA (400 MG DOSE)	25	LEUCOVORIN CALCIUM	28
<i>ipratropium-albuterol</i>	84	KISQALI FEMARA (600 MG DOSE)	25	LEUKERAN	21
<i>irbesartan</i>	48	KISQALI FEMARA (200 MG DOSE)	25	LEUKINE	47
<i>irbesartan-hydrochlorothiazide</i>	48	KISQALI FEMARA(200 MG DOSE)	25	<i>leuprolide acetate</i>	71
IRESSA	26	<i>klor-con</i>	58	<i>levabuterol hcl</i>	84
ISENTRESS	34	KLOR-CON	58	<i>levabuterol tartrate</i>	84
ISENTRESS HD	34	<i>klor-con 10</i>	57	<i>levetiracetam</i>	12
ISONIAZID	21	<i>klor-con m10</i>	57	<i>levetiracetam er</i>	12
<i>isoniazid</i>	21	KLOR-CON M15	58	LEVETIRACETAM IN NACL	12
<i>isosorbide dinitrate</i>	53	<i>klor-con m20</i>	58	<i>levobunolol hcl</i>	81
<i>isosorbide dinitrate er</i>	53	KORLYM	66	<i>levocarnitine</i>	79
<i>isosorbide mononitrate</i>	53	KOSELUGO	26	<i>levocetirizine dihydrochloride</i>	83
<i>isosorbide mononitrate er</i>	53	K-PHOS NO 2	58	<i>levofloxacin</i>	11
<i>isradipine</i>	50	KRINTAFEL	29	<i>levoleucovorin calcium</i>	23
<i>itraconazole</i>	19	<i>kurvelo</i>	69	<i>levoleucovorin calcium pf</i>	23
<i>ivermectin</i>	28	KUVAN	61	<i>levonorgest-eth estrad 91-day</i>	68
IXIARO	76	KYNAMRO	52	<i>levonorgestrel-ethinyl estrad</i>	69
JAKAFI	26	KYPROLIS	25	<i>levora 0.15/30 (28)</i>	68
<i>jantoven</i>	46	<i>labetalol hcl</i>	49	<i>levorphanol tartrate</i>	4
JANUMET	40	<i>lactated ringers</i>	58	<i>levo-t</i>	71
JANUMET XR	40	<i>lactulose</i>	60	<i>levothyroxine sodium</i>	71
JANUVIA	39	<i>lamivudine</i>	33, 35	<i>levoxyl</i>	71
JARDIANCE	39	<i>lamivudine-zidovudine</i>	35	LEXIVA	36
JENTADUETO	40	<i>lamotrigine</i>	14, 38	<i>lidocaine</i>	5
JENTADUETO XR	40	<i>lamotrigine starter kit-blue</i>	14	<i>lidocaine hcl</i>	5
<i>jinteli</i>	68	<i>lamotrigine starter kit-green</i>	14	<i>lidocaine hcl (pf)</i>	5
<i>jolivet</i>	70	<i>lamotrigine starter kit-orange</i>	14	<i>lidocaine hcl urethral/mucosal</i>	5
JULUCA	35	LANOXIN	51	<i>lidocaine viscous hcl</i>	5
<i>junel 1.5/30</i>	68	<i>lansoprazole</i>	61	<i>lidocaine-prilocaine</i>	5
<i>junel 1/20</i>	68	LANTUS	42	<i>lindane</i>	29
<i>junel fe 1.5/30</i>	68	LANTUS SOLOSTAR	42	<i>linezolid</i>	7
<i>junel fe 1/20</i>	68	LARTRUVO	23, 28	LINZESS	60
<i>junel fe 24</i>	68	<i>latanoprost</i>	80	<i>liothyronine sodium</i>	71
JUXTAPID	52	LATUDA	31	<i>lisinopril</i>	48
JYNARQUE	62	<i>ledipasvir-sofosbuvir</i>	33		
KADCYLA	22, 28	<i>leena</i>	68		
KALETRA	36	<i>leflunomide</i>	75		
KALYDECO	85	LENVIMA (10 MG DAILY DOSE)	26		
<i>kariva</i>	68				
<i>kcl in dextrose-nacl</i>	57				
<i>kelnor 1/35</i>	68				
<i>kelnor 1/50</i>	69				

<i>lisinopril-hydrochlorothiazide</i>	48	MENHIBRIX	76	<i>midodrine hcl</i>	48
LITETOUCH PEN		MENOMUNE	76	<i>miglitol</i>	39
NEEDLES	79	MENOSTAR	68	<i>miglustat</i>	61
LITHIUM	38	MENVEO	76	<i>mili</i>	70
<i>lithium carbonate</i>	38	<i>meperidine hcl</i>	4	MINIMED GUARDIAN	
<i>lithium carbonate er</i>	38	<i>mercaptopurine</i>	22	SENSOR 3	45
<i>lomustine</i>	21	<i>meropenem</i>	9	<i>minitran</i>	53
LONSURF	22	<i>mesalamine</i>	77	<i>minocycline hcl</i>	12
<i>loperamide hcl</i>	59	<i>mesalamine-cleanser</i>	77	<i>minoxidil</i>	53
<i>lopinavir-ritonavir</i>	36	MESNEX	28	<i>mirtazapine</i>	15
<i>lopreeza</i>	69	<i>metadate er</i>	54	<i>misoprostol</i>	60, 66
<i>lorazepam</i>	38	<i>metaproterenol sulfate</i>	84	<i>mitoxantrone hcl</i>	23
LORBRENA	27	METAPROTERENOL		M-M-R II	76
<i>losartan potassium</i>	48	SULFATE	84	<i>modafinil</i>	87
<i>losartan potassium-hctz</i>	48	<i>metformin hcl</i>	39	<i>moexipril hcl</i>	48
<i>loteprednol etabonate</i>	82	<i>metformin hcl er</i>	39	<i>moexipril-hydrochlorothiazide</i> ..	48
<i>lovastatin</i>	52	<i>methadone hcl</i>	4	<i>molindone hcl</i>	31
<i>low-ogestrel</i>	68	<i>methazolamide</i>	51	<i>mometasone furoate</i>	65, 86
<i>loxapine succinate</i>	31	<i>methenamine hippurate</i>	7	MONOJECT	
LUCEMYRA	5	<i>methimazole</i>	72	HYPODERMIC NEEDLE	79
LUMIGAN	80	<i>methocarbamol</i>	87	MONOJECT INSULIN	
LUMIZYME	61	<i>methotrexate</i>	73	SYRINGE	79
LUPRON DEPOT (1-MONTH)	71	<i>methotrexate sodium</i>	73, 74	<i>mononessa</i>	68
LUPRON DEPOT (3-MONTH)	71	<i>methotrexate sodium (pf)</i>	73	<i>montelukast sodium</i>	83
LUPRON DEPOT (4-MONTH)	71	<i>methoxsalen rapid</i>	57	MONUROL	7
<i>lutera</i>	68	<i>methscopolamine bromide</i>	59	MORPHINE SULFATE	4
LYNPARZA	22, 23	METHYCLOTHIAZIDE	52	<i>morphine sulfate</i>	5
LYSODREN	71	<i>methyl dopa</i>	48	<i>morphine sulfate (concentrate)</i>	4
<i>magnesium sulfate</i>	58	<i>methylergonovine maleate</i>	79	<i>morphine sulfate (pf)</i>	4
<i>malathion</i>	29	<i>methylphenidate hcl</i>	54	<i>morphine sulfate er</i>	4
<i>maprotiline hcl</i>	16	<i>methylphenidate hcl er</i>	54	MOTOFEN	59
MARPLAN	15	<i>methylphenidate hcl er (cd)</i>	54	MOVANTIK	59
MATULANE	21	<i>methylphenidate hcl er (la)</i>	54	MOVIPREP	60
<i>matzim la</i>	50	<i>methylprednisolone</i>	65	<i>moxifloxacin hcl</i>	11
MAVYRET	33	<i>methylprednisolone acetate</i>	20	MOZOBIL	47
MAXIDEX	82	<i>methylprednisolone sodium succ</i>		MULTAQ	49
<i>meclizine hcl</i>	17	20, 65	<i>mupirocin</i>	7
<i>meclofenamate sodium</i>	3	<i>metipranolol</i>	81	<i>mupirocin calcium</i>	57
MEDROL	65	<i>metoclopramide hcl</i>	59	<i>mycophenolate mofetil</i>	74
<i>medroxyprogesterone acetate</i>	70	<i>metolazone</i>	52	<i>mycophenolate mofetil hcl</i>	74
<i>mefloquine hcl</i>	29	<i>metoprolol succinate er</i>	49	<i>mycophenolate sodium</i>	74
<i>megestrol acetate</i>	70	<i>metoprolol tartrate</i>	49	<i>mydral</i>	80
MEKINIST	27	<i>metoprolol-hydrochlorothiazide</i> ..	50	MYLOTARG	23
MEKTOVI	27	<i>metronidazole</i>	7	MYRBETRIQ	62
<i>meloxicam</i>	3	<i>metronidazole in nacl</i>	7	<i>nabumetone</i>	3
<i>memantine hcl</i>	15	<i>mexiletine hcl</i>	49	<i>nadolol</i>	50
<i>memantine hcl er</i>	15	MIACALCIN	78	<i>nadolol-bendroflumethiazide</i>	50
MENACTRA	76	<i>miconazole 3</i>	19	<i>nafcillin sodium</i>	10
MENEST	68	<i>microgestin 1.5/30</i>	68	NAFTIN	19
		<i>microgestin 1/20</i>	68	NAGLAZYME	61
		<i>microgestin fe 1.5/30</i>	68	<i>naloxone hcl</i>	6
		<i>microgestin fe 1/20</i>	68	<i>naltrexone hcl</i>	5

NAMENDA XR TITRATION			
PACK	15	<i>norethindrone acetate</i>	70
NAMZARIC	15	<i>norethindrone-eth estradiol</i>	68
<i>naphazoline hcl</i>	80	<i>norgestim-eth estrad triphasic</i>	68
<i>naproxen</i>	3	NORPACE CR	49
<i>naproxen dr</i>	3	NORTHERA	51
<i>naproxen sodium</i>	3	<i>nortrel 0.5/35 (28)</i>	68
NARCAN	6	<i>nortrel 1/35 (21)</i>	68
NATACYN	19	<i>nortrel 1/35 (28)</i>	68
<i>natalcare plus</i>	59	<i>nortrel 7/7/7</i>	68
<i>natatab fa</i>	59	<i>nortriptyline hcl</i>	17
<i>natatab rx</i>	59	NORVIR	36
<i>nateglinide</i>	39	NOXAFIL	19
NATPARA	79	NUBEQA	22
NAYZILAM	13	NUCALA	83, 86
<i>necon 0.5/35 (28)</i>	68	NUDEXTA	55
<i>necon 1/35 (28)</i>	68	NULOJIX	74
<i>necon 1/50 (28)</i>	68	NUPLAZID	31
NECON 10/11 (28)	68	<i>nystatin</i>	19
<i>necon 7/7/7</i>	68	<i>nystatin-triamcinolone</i>	19
<i>nefazodone hcl</i>	16	<i>nystop</i>	19
<i>neomycin sulfate</i>	6	OCALIVA	59
<i>neomycin-bacitracin zn-</i>		<i>ocella</i>	68
<i>polymyx</i>	80	<i>octreotide acetate</i>	71
<i>neomycin-polymyxin-dexameth</i> ..	82	ODEFSEY	35
<i>neomycin-polymyxin-gramicidin</i>	80	ODOMZO	23
<i>neomycin-polymyxin-hc</i>	7, 82	OFEV	86
NERLYNX	27	<i>ofloxacin</i>	11
NEULASTA	47	OGESTREL	68
NEUMEGA	47	<i>olanzapine</i>	31, 32
NEUPRO	29	<i>olanzapine-fluoxetine hcl</i>	38
NEVANAC	82	<i>olmesartan medoxomil</i>	48
<i>nevirapine</i>	35	<i>olmesartan medoxomil-hctz</i>	48
<i>nevirapine er</i>	35	<i>olopatadine hcl</i>	80, 83
NEXAVAR	27	<i>omega-3-acid ethyl esters</i>	53
<i>niacin er (antihyperlipidemic)</i> ...	53	<i>omeprazole</i>	61
<i>niacor</i>	53	ONCASPAR	24
<i>nicardipine hcl</i>	50	<i>ondansetron</i>	18
NICOTROL	6	<i>ondansetron hcl</i>	18
<i>nifedipine</i>	50	ONETOUCH ULTRA 2	45
<i>nifedipine er</i>	50	ONETOUCH ULTRA BLUE ..	45
<i>nifedipine er osmotic release</i>	50	ONETOUCH ULTRA MINI ..	45
<i>nilutamide</i>	22	ONETOUCH ULTRALINK	45
NINLARO	23	ONETOUCH VERIO	45
<i>nitisinone</i>	61	ONETOUCH VERIO FLEX	
NITRO-BID	53	SYSTEM	45
<i>nitrofurantoin</i>	7	ONETOUCH VERIO IQ	
<i>nitrofurantoin macrocrystal</i>	7	SYSTEM	45
<i>nitrofurantoin monohyd macro</i>	7	OPDIVO	28
<i>nitroglycerin</i>	53	OPSUMIT	85
<i>nora-be</i>	70	OPTIUM TEST	45
<i>norethindrone</i>	70	OPTIUMEZ TEST	45
		ORACIT	58
		ORFADIN	61
		ORKAMBI	85
		<i>orphenadrine citrate er</i>	87
		<i>orsythia</i>	69
		<i>oseltamivir phosphate</i>	37
		OSMOPREP	59
		OSPHENA	70
		<i>oxacillin sodium</i>	10
		OXALIPLATIN	23
		<i>oxandrolone</i>	66
		<i>oxaprozin</i>	3
		<i>oxazepam</i>	38
		<i>oxcarbazepine</i>	14
		OXISTAT	19
		<i>oxybutynin chloride</i>	62
		<i>oxybutynin chloride er</i>	62
		<i>oxycodone hcl</i>	5
		<i>oxycodone hcl er</i>	4
		<i>oxycodone-acetaminophen</i>	5
		<i>oxycodone-aspirin</i>	5
		<i>oxycodone-ibuprofen</i>	5
		OZEMPIC (0.25 OR 0.5	
		MG/DOSE)	39
		OZEMPIC (1 MG/DOSE)	39
		<i>pacerone</i>	49
		<i>paclitaxel</i>	24
		<i>paliperidone er</i>	32
		PANRETIN	28
		<i>pantoprazole sodium</i>	61
		PARADIGM REAL-TIME	
		STARTER	45
		<i>paricalcitol</i>	78
		<i>paromomycin sulfate</i>	6
		<i>paroxetine hcl</i>	38
		<i>paroxetine hcl er</i>	16
		PASER	21
		PAXIL	16
		PEDIARIX	76
		PEDVAX HIB	76
		<i>peg 3350/electrolytes</i>	60
		<i>peg-3350/electrolytes</i>	60
		PEGANONE	14
		PEGASYS	33
		PEGASYS PROCLICK	33
		PEGINTRON	33
		PEG-INTRON REDIPEN	33
		PEG-INTRON REDIPEN	
		PAK 4	33
		PEMAZYRE	27
		<i>penicillamine</i>	58
		<i>penicillin g potassium</i>	10
		<i>penicillin v potassium</i>	10

<i>pentamidine isethionate</i>	29	<i>pravastatin sodium</i>	52	<i>procto-pak</i>	77
<i>pentoxifylline er</i>	51	<i>praziquantel</i>	28	<i>proctosol hc</i>	65
<i>perindopril erbumine</i>	48	<i>prazosin hcl</i>	48	<i>proctozone-hc</i>	65
<i>perio gard</i>	56	PRECISION PCX	45	PRODIGY NO CODING	
PERJETA	28	PRECISION PCX PLUS		BLOOD GLUC	45
<i>permethrin</i>	29	TEST	45	<i>profeno</i>	20
<i>perphenazine</i>	31	PRECISION POINT OF		<i>progesterone micronized</i>	70
<i>perphenazine-amitriptyline</i>	17	CARE TEST	45	PROGRAF	74
PERSERIS	32	PRECISION QID TEST	45	PROLEUKIN	24
<i>phenadoz</i>	17	PRECISION SOF-TACT		PROLIA	78
<i>phenelzine sulfate</i>	15	TEST	45	PROMACTA	47
<i>phenobarbital</i>	13	PRECISION XTRA BLOOD		<i>promethazine hcl</i>	17
<i>phenoxybenzamine hcl</i>	48	GLUCOSE	45	<i>promethegan</i>	17
<i>phenytoin</i>	14	PRED MILD	82	<i>propafenone hcl</i>	49
<i>phenytoin sodium extended</i>	14	PRED-G	82	<i>propafenone hcl er</i>	49
PHOSPHOLINE IODIDE	81	PRED-G S.O.P.	82	PROPANTHELIN	
PICATO	57	<i>prednicarbate</i>	65	BROMIDE	59
PIFELTRO	35	<i>prednisolone</i>	65	<i>proparacaine hcl</i>	80
<i>pilocarpine hcl</i>	56, 81	<i>prednisolone acetate</i>	82	<i>propranolol hcl</i>	50
<i>pimecrolimus</i>	57	<i>prednisolone sodium phosphate</i>	65	<i>propranolol hcl er</i>	50
<i>pimozide</i>	31	PREDNISOLONE SODIUM		<i>propranolol-hctz</i>	50
<i>pindolol</i>	50	PHOSPHATE	82	<i>propylthiouracil</i>	72
<i>pioglitazone hcl</i>	39	<i>prednisone</i>	65	PROQUAD	76
<i>pioglitazone hcl-glimepiride</i>	40	PREDNISON		<i>protriptyline hcl</i>	17
<i>pioglitazone hcl-metformin hcl</i>	40	INTENSOL	65	PTS PANELS GLUCOSE	
<i>piperacillin sod-tazobactam so</i>	10	PREFERRED PLUS		TEST	45
PIQRAY (200 MG DAILY		INSULIN SYRINGE	79	PULMICORT FLEXHALER	83
DOSE)	25	PREFEST	69	PULMOZYME	85
PIQRAY (250 MG DAILY		<i>pregabalin</i>	55	PURIXAN	22
DOSE)	25	PREMARIN	69	<i>pyrazinamide</i>	21
PIQRAY (300 MG DAILY		PREMPHASE	69	<i>pyridostigmine bromide</i>	21
DOSE)	25	PREMPRO	69	<i>pyridostigmine bromide er</i>	20
<i>piroxicam</i>	3	PRENATABS FA	59	<i>pyrimethamine</i>	29
PNV-DHA	59	<i>prenatal</i>	59	QINLOCK	27
<i>podofilox</i>	57	<i>pretomanid</i>	21	QUADRACEL	76
<i>polycin b</i>	80	<i>prevalite</i>	53	<i>quasense</i>	69
<i>poly-dex</i>	82	<i>previfem</i>	69	QUDEXY XR	14
<i>polymyxin b sulfate</i>	8	PREVYMIS	32	<i>quetiapine fumarate</i>	32
<i>polymyxin b-trimethoprim</i>	80	PREZCOBIX	36	QUICKTEK TEST	45
POMALYST	22	PREZISTA	36	<i>quinapril hcl</i>	48
<i>portia-28</i>	69	PRIFTIN	21	<i>quinapril-hydrochlorothiazide</i>	49
<i>posaconazole</i>	19	<i>primaquine phosphate</i>	29	<i>quinidine gluconate er</i>	49
<i>potassium chloride</i>	58	<i>primidone</i>	13	<i>quinidine sulfate</i>	49
<i>potassium chloride crys er</i>	58	PRIMSOL	8	QUINIDINE SULFATE ER	49
<i>potassium chloride er</i>	58	PROAIR HFA	84	<i>quinine sulfate</i>	29
<i>potassium citrate er</i>	58	PROAIR RESPICLICK	84	RABAVERT	76
<i>potassium citrate-citric acid</i>	58	<i>probenecid</i>	19	RADICAVA	55
POTIGA	12	<i>prochlorperazine</i>	31	<i>raloxifene hcl</i>	70
PRADAXA	46	<i>prochlorperazine edisylate</i>	31	<i>ramelteon</i>	87
PRALUENT	53	<i>prochlorperazine maleate</i>	31	<i>ramipril</i>	49
<i>pramipexole dihydrochloride</i>	29	PROCTOFOAM HC	65	<i>ranitidine hcl</i>	60
<i>prasugrel hcl</i>	46	<i>procto-med hc</i>	65	<i>ranolazine er</i>	51

<i>rasagiline mesylate</i>	30	RITUXAN	28	SODIUM	
RAVICTI	61	<i>rivastigmine</i>	15	PHENYLBUTYRATE	61
REBETOL	33	<i>rivastigmine tartrate</i>	15	<i>sodium polystyrene sulfonate</i>	58
<i>reclipsen</i>	69	<i>rizatriptan benzoate</i>	20	<i>sofosbuvir-velpatasvir</i>	33
RECOMBIVAX HB	76	ROCKLATAN	80	SOF-SENSOR	45
RECTIV	53	<i>romycin</i>	10	<i>solifenacin succinate</i>	62
REGRANEX	57	<i>ropinirole hcl</i>	30	SOLTAMOX	22
RELENZA DISKHALER	37	<i>ropinirole hcl er</i>	29	SOMATULINE DEPOT	72
RELION BLOOD GLUCOSE TEST	45	<i>rosuvastatin calcium</i>	52	SOMAVERT	72
RELION CONFIRM/MICRO TEST	45	ROTARIX	76	<i>sorine</i>	49
RELION INSULIN SYRINGE	79	ROTATEQ	77	<i>sotalol hcl</i>	49
RELI-ON INSULIN SYRINGE	79	<i>roweepra xr</i>	12	<i>sotalol hcl (af)</i>	49
RELION PRIME TEST	45	ROXICET	5	SPIRIVA HANDIHALER	84
RELION ULTIMA TEST	45	<i>roxicet</i>	5	SPIRIVA RESPIMAT	84
RELISTOR	59	ROZLYTREK	27	<i>spironolactone</i>	51
REMICADE	74	RUBRACA	23, 24	<i>spironolactone-hctz</i>	51
REMODULIN	85	RUKOBIA	36	<i>sprintec 28</i>	69
<i>repaglinide</i>	39	RYDAPT	27	SPRITAM	12
REPATHA	53	RYTARY	30	SPRYCEL	27
REPATHA PUSHTRONEX SYSTEM	53	SABRIL	13	<i>sronyx</i>	69
REPATHA SURECLICK	53	<i>salsalate</i>	3	<i>ssd</i>	8
RESCRIPTOR	35	SANDIMMUNE	74	STALEVO 100	30
RESERPINE	48	SANTYL	57	STALEVO 125	30
RESTASIS	80	SAPHRIS	32	STALEVO 150	30
RETACRIT	47	SAVELLA	55	STALEVO 200	30
RETEVMO	24	SAVELLA TITRATION PACK	55	STALEVO 50	30
RETROVIR	35	<i>scalacort</i>	65	STALEVO 75	30
REVLIMID	22	<i>scopolamine</i>	17	<i>stavudine</i>	35
REXULTI	32	SECUADO	32	STELARA	57
REYATAZ	36	<i>selegiline hcl</i>	30	STIMATE	66
RHEUMATREX	74	<i>selenium sulfide</i>	57	STIOLTO RESPIMAT	86
RHOPRESSA	80	SELZENTRY	36	STIVARGA	27
<i>ribasphere</i>	33	SEREVENT DISKUS	84	STREPTOMYCIN SULFATE ..	6
RIBASPHERE RIBAPAK	34	<i>sertraline hcl</i>	16	STRIBILD	34
RIBAVIRIN	33	<i>sevelamer carbonate</i>	63	<i>sucralfate</i>	60
<i>ribavirin</i>	33	<i>sevelamer hcl</i>	63	SULFACETAMIDE	
RIDAURA	75	SHINGRIX	77	SODIUM	11
<i>rifabutin</i>	21	SIGNIFOR	72	<i>sulfacetamide sodium</i>	11
<i>rifampin</i>	21	SIGNIFOR LAR	72	<i>sulfacetamide sodium (acne)</i>	57
RIFATER	21	<i>sildenafil citrate</i>	85, 86	<i>sulfacetamide sodium-sulfur</i>	57
<i>riluzole</i>	55	<i>silodosin</i>	62	<i>sulfacetamide-prednisolone</i>	82
<i>rimantadine hcl</i>	37	<i>silver sulfadiazine</i>	8	SULFADIAZINE	11
RINVOQ	74	SIMBRINZA	81	<i>sulfamethoxazole-trimethoprim</i> ..	11
<i>risedronate sodium</i>	78	<i>simvastatin</i>	52	<i>sulfasalazine</i>	77
RISPERDAL CONSTA	32	<i>sirolimus</i>	74	<i>sulindac</i>	3
<i>risperidone</i>	32	SIRTURO	21	<i>sumatriptan succinate</i>	20
<i>ritonavir</i>	37	SITAVIG	34	SUPRAX	9
		SITAVIG	34	SUPREP BOWEL PREP KIT	58
		SKYRIZI (150 MG DOSE)	74	SURE COMFORT PEN NEEDLES	79
		<i>sodium chloride</i>	58	SURE-FINE PEN NEEDLES ..	79
		<i>sodium fluoride</i>	58	SUTENT	27

<i>syeda</i>	70	<i>terconazole</i>	19	TRADJENTA	40
SYLATRON	24	<i>testosterone</i>	67	<i>tramadol hcl</i>	5
SYMBICORT	86	<i>testosterone cypionate</i>	66	<i>tramadol-acetaminophen</i>	5
SYMDEKO	85	<i>testosterone enanthate</i>	67	<i>trandolapril</i>	49
SYMFI	35	<i>tetrabenazine</i>	55	<i>trandolapril-verapamil hcl er</i>	49
SYMFI LO	35	<i>tetracycline hcl</i>	12	<i>tranexamic acid</i>	47
SYMJEPI	84	TEXACORT	65	<i>tranylcypramine sulfate</i>	16
SYMLINPEN 120	39	THALOMID	22	TRAVASOL	58
SYMLINPEN 60	39	THEO-24	85	<i>travoprost</i>	80
SYMPAZAN	13	<i>theochron</i>	85	<i>travoprost (bak free)</i>	80
SYMTUZA	34	<i>theophylline er</i>	85	<i>trazodone hcl</i>	16
SYNAGIS	75	<i>thioridazine hcl</i>	31	TREANDA	23
SYNAREL	72	THIOTEPA	21	TRECATOR	21
SYNDROS	18	<i>thiothixene</i>	31	TRELEGY ELLIPTA	86
SYNERCID	8	THYMOGLOBULIN	74	<i>tretinoin</i>	28, 57
SYNJARDY	39	<i>thyroid</i>	71	TREXALL	74
SYNJARDY XR	40	THYROLAR-1	71	<i>triamcinolone acetonide</i>	56, 65
SYNRIBO	24	THYROLAR-1/2	71	<i>triamterene</i>	51
SYNTHROID	71	THYROLAR-1/4	71	<i>triamterene-hctz</i>	51
TABLOID	22	THYROLAR-2	71	<i>triazolam</i>	37, 38
TABRECTA	27	THYROLAR-3	71	<i>triderm</i>	65
<i>tacrolimus</i>	57, 74	<i>tiagabine hcl</i>	13	TRIENTINE HCL	58
<i>tadalafil (pah)</i>	86	TIBSOVO	25	<i>tri-estarylla</i>	70
TAFINLAR	27	<i>tigecycline</i>	8	<i>trifluoperazine hcl</i>	31
TAGRISSE	24	<i>timolol maleate</i>	20, 81	<i>trifluridine</i>	34
TALTZ	75	<i>tinidazole</i>	6	<i>trihexyphenidyl hcl</i>	29
TALZENNA	23	TIVICAY	34	TRIKAFTA	85
<i>tamoxifen citrate</i>	22	TIVICAY PD	34	<i>tri-legest fe</i>	69
<i>tamsulosin hcl</i>	62	<i>tizanidine hcl</i>	32	<i>trilyte</i>	60
<i>taperdex 7-day</i>	65	TOBI PODHALER	85	<i>trimethoprim</i>	8
TARGRETIN	28	TOBRADEX	82	<i>tri-mili</i>	70
<i>tarina 24 fe</i>	70	<i>tobramycin</i>	6, 85	<i>trimipramine maleate</i>	17
TASIGNA	27	<i>tobramycin sulfate</i>	6	<i>trinessa (28)</i>	69
<i>tazarotene</i>	57	<i>tobramycin-dexamethasone</i>	82	TRINTELLIX	15
TAZORAC	57	TOLAK	57	<i>tri-previfem</i>	69
<i>taztia xt</i>	50	<i>tolazamide</i>	40	TRISENOX	23, 24
TAZVERIK	27	TOLBUTAMIDE	40	<i>tri-sprintec</i>	69
TDVAX	77	<i>tolcapone</i>	29	TRIUMEQ	35
TECENTRIQ	28	<i>tolmetin sodium</i>	3	<i>trivora (28)</i>	69
TECFIDERA	55	<i>tolterodine tartrate</i>	62	<i>tri-vylibra</i>	70
TECHLITE INSULIN		<i>tolterodine tartrate er</i>	62	<i>tri-vylibra lo</i>	70
SYRINGE	79	<i>tolvaptan</i>	63	<i>tropium chloride</i>	62
TEFLARO	9	<i>topiramate</i>	14	<i>tropium chloride er</i>	62
<i>telmisartan</i>	48	<i>topiramate er</i>	14	TRUEPLUS 5-BEVEL PEN	
<i>telmisartan-amlodipine</i>	51	<i>toposar</i>	25	NEEDLES	79
<i>telmisartan-hctz</i>	48	<i>topotecan hcl</i>	25	TRULICITY	40
<i>temazepam</i>	87	<i>toremifene citrate</i>	22	TRUMENBA	77
TENIVAC	77	<i>torseamide</i>	51	TRUVADA	35
<i>tenofovir disoproxil fumarate</i>	33	TOUJEO MAX SOLOSTAR	42	TUDORZA PRESSAIR	84
<i>terazosin hcl</i>	62	TOUJEO SOLOSTAR	42	TUKYSA	24
<i>terbinafine hcl</i>	19	<i>tpn electrolytes</i>	58	TURALIO	27
<i>terbutaline sulfate</i>	84	TRACLEER	86	TWINRIX	77

TYBOST	36	<i>vigabatrin</i>	13	XPOVIO (80 MG ONCE	
TYGACIL	8	<i>vigadrone</i>	13	WEEKLY)	24
TYKERB	27	VIIBRYD	17	XPOVIO (80 MG TWICE	
TYPHIM VI	77	VIIBRYD STARTER PACK ..	17	WEEKLY)	24
TYSABRI	55	VIMPAT	14	XTANDI	22
TYZEKA	33	VIRACEPT	37	XYREM	87
TYZINE	86	VIRAZOLE	34	YERVOY	28
UDENYCA	61	VIREAD	36	YF-VAX	77
ULTICARE PEN NEEDLES ...	79	<i>vitamin d (ergocalciferol)</i>	87	YONDELIS	21
ULTILET PEN NEEDLE	79	VITEKTA	34	YONSA	22
<i>ultra natalcare</i>	59	VITRAKVI	25	<i>yuvafem</i>	69
ULTRA-THIN II PEN		VIVITROL	6	<i>zafirlukast</i>	83
NEEDLES	79	VIZIMPRO	27	<i>zaleplon</i>	87
<i>unithroid</i>	71	<i>voriconazole</i>	19	ZALTRAP	24
UPTRAVI	86	VOSEVI	33	ZARXIO	47
<i>ursodiol</i>	60	VOTRIENT	27	ZATEAN-PN	59
<i>valacyclovir hcl</i>	34	<i>vp-pnv-dha</i>	59	<i>zazole</i>	19
VALCHLOR	21	VRAYLAR	32	ZEJULA	23
<i>valganciclovir hcl</i>	32, 33	<i>vylibra</i>	70	ZELAPAR	30
<i>valproate sodium</i>	13	VYNDAMAX	66	ZELBORAF	27
<i>valproic acid</i>	13	VYNDAQEL	66	<i>zenchent fe</i>	69
<i>valsartan</i>	48	VYXEOS	23	ZENPEP	62
<i>valsartan-hydrochlorothiazide</i> ...	48	<i>warfarin sodium</i>	46	ZERIT	36
VALTOCO 10 MG DOSE	13	<i>wymzya fe</i>	69	<i>zidovudine</i>	36
VALTOCO 15 MG DOSE	13	XALKORI	27	<i>zileuton er</i>	83
VALTOCO 20 MG DOSE	13	XARELTO	46	<i>ziprasidone hcl</i>	38
VALTOCO 5 MG DOSE	13	XARELTO STARTER PACK	46	<i>ziprasidone mesylate</i>	32
<i>vancomycin hcl</i>	8	XATMEP	74	ZIRGAN	33
VANCOMYCIN HCL	8	XCOPRI	12	ZMAX	11
VAQTA	77	XCOPRI (250 MG DAILY		<i>zoledronic acid</i>	78
VARIVAX	77	DOSE)	12	ZOLINZA	24
VARIZIG	77	XCOPRI (350 MG DAILY		<i>zolpidem tartrate</i>	87
VASCEPA	53	DOSE)	12	<i>zolpidem tartrate er</i>	87
VELCADE	24	XELJANZ	74	<i>zonisamide</i>	12
<i>velivet</i>	69	XELJANZ XR	74	ZORTRESS	74
VELTASSA	58	XGEVA	78	ZOSTAVAX	77
VENCLEXTA	24	XIFAXAN	8	<i>zovia 1/35e (28)</i>	69
VENCLEXTA STARTING		XIGDUO XR	40	<i>zovia 1/50e (28)</i>	69
PACK	24	XOFLUZA (40 MG DOSE)	37	ZYDELIG	25
<i>venlafaxine hcl</i>	38	XOFLUZA (80 MG DOSE)	37	ZYFLO CR	83
<i>venlafaxine hcl er</i>	17	XOLAIR	75	ZYKADIA	24, 27
VENLAFAXINE HCL ER	17	XOSPATA	25	ZYPREXA RELPREVV	32
VENTAVIS	86	XPOVIO (100 MG ONCE		ZYTIGA	22
<i>verapamil hcl</i>	51	WEEKLY)	24		
<i>verapamil hcl er</i>	50, 51	XPOVIO (40 MG ONCE			
VERSACLOZ	32	WEEKLY)	24		
VERZENIO	25	XPOVIO (40 MG TWICE			
VEXOL	82	WEEKLY)	24		
VICTOZA	40	XPOVIO (60 MG ONCE			
VIDEX	35	WEEKLY)	24		
VIDEX EC	35	XPOVIO (60 MG TWICE			
VIGABATRIN	13	WEEKLY)	24		



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This formulary was updated on 11/23/2020. For more recent information or other questions, please contact Fallon Medicare Plus at 1-800-325-5669 or, for TTY users, TRS 711, 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit fallonhealth.org/medicare.