



Aetna D-SNP

2023 Formulary (List of covered drugs)

B2

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

Formulary ID Number: 23016 Version 20

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-855-463-0933** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit

AetnaBetterHealth.com/Virginia-hmosnp/formulary

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

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2023. 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, 2023, and from time to time during the year. You will receive notice when necessary.

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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.

What is the Aetna Medicare Comprehensive Formulary?

A formulary is a list of covered drugs selected by our plan 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. We will generally cover the drugs listed on our formulary as long as the drug is medically necessary, the prescription is filled at an Aetna Medicare 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 we may add or remove drugs on the Drug List during the year or add new restrictions. We must follow 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 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 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 find information in the section below titled “How do I request an exception to the Aetna Medicare Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) 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 the market to replace a brand- name drug currently on the formulary, or add new restrictions to the brand-name drug. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, 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 titled “How do I request an exception to the Aetna Medicare Formulary?”

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available 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 12/01/2023. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. The drugs on 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. If you know what your drug is used for, look for the category name in the list that begins on page 10. 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 88. 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?

Our plan 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:

QL **Quantity Limits.** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for atorvastatin

PA **Prior authorization.** Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

ST **Step Therapy.** In some cases, our plan 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

LA **Limited Access.** These prescriptions may be available only at certain pharmacies. *

MO **Mail Order.** For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "MO" in our Drug List. *

B/D **Part B versus Part 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 D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

You can find out if your drug has requirements or limits by looking on the formulary that begins on page 10. 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 us 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 Aetna® Medicare formulary?" on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included on this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us 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 Aetna Medicare Formulary?

You can ask us 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.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan 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, we will only approve your request for an exception if the alternative drugs included on the plan's formulary 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 experience a change in your setting of care (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

For more information

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

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

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

Mail-order pharmacy

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-855-463-0933 (TTY: 711)** 8 a.m. to 8 p.m., E.S.T., 7 days a week, if you do not receive your mail-order drugs within this time frame. Members may have the option to sign up for automated mail-order delivery.

Drug tier copay levels

This 2023 comprehensive formulary is a listing of brand-name and generic drugs. Aetna® Medicare's 2023 formulary covers most drugs identified by Medicare as Part D drugs.

- Tier 1 Generic drugs \$0 copay
- Tier 1 Brand name drugs \$0 copay

Aetna® Medicare Formulary

The comprehensive formulary that begins on page 10 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 88.

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

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. The following abbreviations are used:

QL	Quantity Limits
PA	Prior Authorization
ST	Step Therapy
LA	Limited Access
MO	Mail-order Delivery
B/D	Part B vs. D Prior Authorization

*For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-855-463-0933 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week.

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1 = Copay tier level	QL = Quantity Limits PA = Prior Authorization ST = Step Therapy LA = Limited Access MO = Mail-order Delivery B/D = Part B vs. Part D
<i>Lowercase italics</i> = Generic medications		
Drug name		Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tabs</i>		MO
<i>colchicine tabs</i>		QL (120 EA per 30 days) MO
<i>febuxostat</i>		ST MO
MITIGARE		QL (60 EA per 30 days) MO
<i>probenecid</i>		MO
<i>probenecid/colchicine</i>		MO
NSAIDS		
<i>celecoxib caps 400mg</i>		QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>		QL (60 EA per 30 days) MO
<i>diclofenac potassium tabs 50mg</i>		QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>		MO
<i>diclofenac sodium er</i>		QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tbec 50mg; 200mcg</i>		QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tbec 75mg; 200mcg</i>		QL (90 EA per 30 days) MO
<i>diflunisal</i>		QL (90 EA per 30 days) MO
<i>ec-naproxen tbec 375mg</i>		QL (120 EA per 30 days)
<i>ec-naproxen tbec 500mg</i>		QL (90 EA per 30 days) MO
<i>etodolac er tb24 600mg</i>		QL (30 EA per 30 days) MO
<i>etodolac er tb24 400mg, 500mg</i>		QL (60 EA per 30 days) MO
<i>etodolac caps 300mg</i>		QL (120 EA per 30 days) MO
<i>etodolac caps 200mg</i>		QL (90 EA per 30 days) MO
<i>etodolac tabs 500mg</i>		QL (60 EA per 30 days) MO
<i>etodolac tabs 400mg</i>		QL (90 EA per 30 days) MO
FENOPROFEN CALCIUM CAPS 400MG		QL (240 EA per 30 days) MO
<i>fenoprofen calcium tabs</i>		QL (150 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>flurbiprofen tabs 100mg</i>	QL (90 EA per 30 days) MO
<i>ibu tabs 600mg, 800mg</i>	MO
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	MO
<i>ibuprofen oral susp 100mg/5ml</i>	MO
<i>ketoprofen er</i>	QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tabs 10mg</i>	QL (20 EA per 30 days) PA MO
<i>meloxicam tabs</i>	MO
<i>nabumetone</i>	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	MO
<i>naproxen tabs 250mg, 375mg, 500mg</i>	MO
<i>naproxen susp</i>	MO
<i>naproxen dr tabs 375mg</i>	QL (120 EA per 30 days) MO
<i>naproxen dr tabs 500mg</i>	QL (90 EA per 30 days) MO
<i>oxaprozin</i>	QL (90 EA per 30 days) MO
<i>piroxicam caps 20mg</i>	QL (30 EA per 30 days) MO
<i>piroxicam caps 10mg</i>	QL (60 EA per 30 days) MO
<i>relafen tabs 500mg, 750mg</i>	
<i>sulindac</i>	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING	
<i>buprenorphine transdermal patch</i>	QL (4 EA per 28 days) PA MO
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	QL (10 EA per 30 days) PA MO
<i>fentanyl pt72 87.5mcg/hr</i>	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er</i>	QL (30 EA per 30 days) PA MO
<i>HYSINGLA ER</i>	QL (30 EA per 30 days) PA MO
<i>methadone hcl oral conc 10mg/ml</i>	QL (90 ML per 30 days) PA MO
METHADONE HCL INJ	
<i>methadone hcl oral soln 10mg/5ml, 5mg/ml</i>	PA QL (450 ML per 30 days) PA MO
<i>methadone hcl tabs</i>	QL (90 EA per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er cap24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg</i>	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 15mg</i>	QL (90 EA per 30 days) PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
MORPHINE SULFATE/SODIUM CHLORIDE	B/D
<i>tramadol hcl er tabs</i>	QL (30 EA per 30 days) PA MO
<i>tramadol hydrochloride er</i>	QL (30 EA per 30 days) PA MO
OPIOID ANALGESICS, SHORT-ACTING	
<i>acetaminophen/codeine tabs</i>	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal soln</i>	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	
<i>butorphanol tartrate inj 2mg/ml</i>	MO
CODEINE SULFATE	QL (180 EA per 30 days) MO
<i>endocet</i>	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tabs</i>	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen soln</i>	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen</i>	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tabs</i>	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJ 4MG/ML	B/D
HYDROMORPHONE HCL INJ 1MG/ML	B/D MO
<i>hydromorphone hcl inj 10mg/ml</i>	B/D
HYDROMORPHONE HYDROCHLORIDE INJ 1MG/ML, 2MG/ML	B/D
HYDROMORPHONE HYDROCHLORIDE INJ 4MG/ML	B/D MO
<i>hydromorphone hydrochloride inj 50mg/5ml</i>	B/D
<i>hydromorphone hydrochloride inj 2mg/ml</i>	B/D MO
<i>morphine sulfate tabs</i>	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJ 10MG/ML PF VIAL IV OR IM, 2MG/ML, 4MG/ML IV OR IM VIAL AND PREFILLED SYRINGE, 5MG/ML, 8MG/ML PF VIAL IV OR IM	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>morphine sulfate inj 0.5mg/ml pf vial, 10mg/ml iv only vial and carpuject, 1mg/ml vial, 4mg/ml iv vial and prefilled syringe, 50mg/ml, 8mg/ml vial and pf carpuject</i>	B/D
<i>morphine sulfate inj 1mg/ml pf vial</i>	B/D MO
<i>morphine sulfate oral soln 10mg/5ml, 20mg/5ml</i>	QL (900 ML per 30 days) MO
<i>morphine sulfate oral soln 20mg/ml</i>	QL (180 ML per 30 days) MO
<i>oxycodone hcl</i>	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride caps</i>	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride soln</i>	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride conc</i>	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tabs 30mg</i>	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg</i>	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i>	QL (180 EA per 30 days) MO
<i>tramadol hcl tabs 50mg</i>	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	QL (240 EA per 30 days) MO

ANESTHETICS**LOCAL ANESTHETICS***lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%**lidocaine hydrochloride***ANTI-INFECTIVES****ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole</i>	MO
<i>amikacin sulfate</i>	MO
<i>atovaquone</i>	PA MO
<i>aztreonam inj 1gm</i>	MO
<i>aztreonam inj 2gm</i>	MO
<i>CAYSTON</i>	PA LA
<i>chloramphenicol sodium succinate</i>	
<i>clindamycin hcl</i>	MO
<i>clindamycin hydrochloride</i>	MO
<i>clindamycin palmitate hcl</i>	MO
<i>clindamycin phosphate/dextrose</i>	
<i>clindamycin phosphate inj 300mg/2ml, 9000mg/60ml, 900mg/6ml</i>	
<i>clindamycin phosphate inj 600mg/4ml</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
CLINDAMYCIN/SODIUM CHLORIDE	
<i>colistimethate sodium</i>	PA MO
<i>dapsone tabs 100mg, 25mg</i>	MO
DAPTO MYCIN/SODIUM CHLORIDE	
DAPTO MYCIN INJ 350MG	
<i>daptomycin inj 500mg</i>	
EMVERM	QL (12 EA per 365 days) MO
<i>ertapenem</i>	MO
<i>gentamicin sulfate pediatric</i>	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	MO
<i>gentamicin sulfate inj 40mg/ml</i>	MO
<i>imipenem/cilastatin</i>	MO
<i>isotonic gentamicin</i>	
<i>ivermectin</i>	QL (12 EA per 90 days) PA MO
<i>linezolid tabs</i>	QL (56 EA per 28 days) PA MO
<i>linezolid oral susp</i>	QL (1800 ML per 30 days) PA MO
LINEZOLID INJ 600MG/300ML; 0.9%	PA
<i>linezolid inj 600mg/300ml</i>	PA
<i>meropenem</i>	MO
<i>methenamine hippurate</i>	MO
<i>methenamine mandelate</i>	MO
<i>metronidazole caps 375mg</i>	MO
<i>metronidazole inj 500mg/100ml</i>	
<i>metronidazole tabs 250mg, 500mg</i>	MO
<i>neomycin sulfate</i>	MO
<i>nitazoxanide</i>	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals caps 100mg, 50mg</i>	MO
<i>nitrofurantoin macrocrystals caps 25mg</i>	MO
<i>nitrofurantoin monohydrate/macrocrys tals</i>	MO
<i>paromomycin sulfate</i>	
<i>pentamidine isethionate inhalation soln</i>	B/D MO
<i>pentamidine isethionate inj</i>	MO
<i>praziquantel</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
SIVEXTRO INJ	
SIVEXTRO TABS	MO
<i>streptomycin sulfate</i>	MO
<i>sulfadiazine</i>	MO
<i>sulfamethoxazole/trimethoprim ds</i>	MO
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	MO
<i>sulfamethoxazole/trimethoprim inj</i>	MO
SYNERCID	
<i>tinidazole</i>	MO
<i>tobramycin sulfate inj 10mg/ml, 40mg/ml</i>	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	MO
<i>tobramycin sulfate inj 1.2gm</i>	
<i>tobramycin nebu 300mg/5ml</i>	QL (280 ML per 56 days) PA
<i>trimethoprim</i>	MO
VANCOMYCIN INJ 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	
<i>vancomycin hcl inj 100gm, 10gm</i>	
<i>vancomycin hydrochloride caps 125mg</i>	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride caps 250mg</i>	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJ 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 5gm, 750mg</i>	
<i>vancomycin hydrochloride inj 500mg</i>	MO
ANTIFUNGALS	
ABELCET	B/D
<i>amphotericin b</i>	B/D MO
<i>amphotericin b liposome</i>	B/D MO
<i>caspofungin acetate inj 70mg</i>	
<i>caspofungin acetate inj 50mg</i>	
<i>fluconazole in sodium chloride</i>	
<i>fluconazole tabs, oral susp</i>	MO
<i>fluconazole/sodium chloride</i>	
<i>flucytosine</i>	MO
<i>griseofulvin microsize</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>griseofulvin ultramicrosize</i>	MO
<i>itraconazole caps</i>	PA MO
<i>ketoconazole tabs 200mg</i>	PA MO
<i>micafungin</i>	
<i>mycamine</i>	MO
NOXAFIL ORAL SUSP	QL (630 ML per 30 days) MO
<i>nystatin tabs 500000unit</i>	MO
<i>posaconazole dr</i>	QL (93 EA per 30 days) MO
<i>posaconazole inj</i>	
<i>posaconazole susp</i>	QL (630 ML per 30 days) MO
<i>terbinafine hcl</i>	QL (90 EA per 365 days) MO
<i>voriconazole inj</i>	PA
<i>voriconazole oral susp</i>	PA MO
<i>voriconazole tabs 200mg</i>	QL (120 EA per 30 days) MO
<i>voriconazole tabs 50mg</i>	QL (480 EA per 30 days) MO
ANTIMALARIALS	
<i>atovaquone/proguanil hcl</i>	MO
<i>chloroquine phosphate</i>	MO
COARTEM	MO
<i>mefloquine hcl</i>	MO
<i>primaquine phosphate</i>	
<i>quinine sulfate</i>	PA MO
ANTIRETROVIRAL AGENTS	
<i>abacavir</i>	MO
APTIVUS	MO
<i>atazanavir sulfate</i>	MO
<i>darunavir tabs 800mg</i>	QL (30 EA per 30 days) MO
<i>darunavir tabs 600mg</i>	QL (60 EA per 30 days) MO
EDURANT	MO
<i>efavirenz</i>	MO
<i>emtricitabine</i>	MO
EMTRIVA ORAL SOLN	MO
<i>etravirine</i>	MO
<i>fosamprenavir calcium</i>	MO
FUZEON	MO
INTELENCE TAB 25MG	
INVIRASE	MO
ISENTRESS HD	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
ISENTRESS PACK, TABS	MO
ISENTRESS CHEW 25MG	MO
ISENTRESS CHEW 100MG	MO
<i>lamivudine soln 10mg/ml</i>	MO
<i>lamivudine tabs 150mg, 300mg</i>	MO
LEXIVA ORAL SUSP	MO
<i>maraviroc</i>	MO
<i>nevirapine er</i>	MO
<i>nevirapine tabs</i>	MO
<i>nevirapine susp</i>	MO
NORVIR SOLN, ORAL POWDER	MO
PIFELTRO	MO
PREZISTA SUSP	QL (400 ML per 30 days) MO
PREZISTA TABS 75MG	QL (480 EA per 30 days) MO
PREZISTA TABS 150MG	QL (240 EA per 30 days) MO
PREZISTA TABS 800MG	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	QL (60 EA per 30 days) MO
REYATAZ ORAL POWDER	MO
<i>ritonavir</i>	MO
RUKOBIA	MO
SELZENTRY SOLN	MO
SELZENTRY TABS 25MG	
SELZENTRY TABS 75MG	
<i>stavudine</i>	MO
SUNLENCA INJ	QL (3 ML per 180 days) LA MO
SUNLENCA TBPK (5 TAB PACK) 300MG	QL (10 EA per 365 days) LA MO
SUNLENCA TBPK (4 TAB PACK) 300MG	QL (8 EA per 365 days) LA MO
<i>tenofovir disoproxil fumarate</i>	MO
TIVICAY PD	MO
TIVICAY TABS 10MG	MO
TIVICAY TABS 25MG, 50MG	MO
TROGARZO	LA MO
TYBOST	MO
VIRACEPT	MO
VIREAD ORAL POWDER, TABS 150MG, 200MG, 250MG	MO
<i>zidovudine caps, syrp</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>zidovudine tabs</i>	MO
ANTIRETROVIRAL COMBINATION AGENTS	
<i>abacavir sulfate/lamivudine</i>	MO
BIKTARVY	MO
CIMDUO	MO
COMPLERA	MO
DELSTRIGO	MO
DESCOVY	MO
DOVATO	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	MO
<i>emtricitabine/tenofovir disoproxil</i>	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate</i>	QL (30 EA per 30 days) MO
EVOTAZ	MO
GENVOYA	MO
JULUCA	MO
<i>lamivudine/zidovudine</i>	MO
<i>lopinavir/ritonavir soln</i>	MO
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	MO
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	MO
ODEFSEY	MO
PREZCOBIX	MO
STRIBILD	MO
SYMTUZA	MO
TEMIXYS	MO
TRIUMEQ	MO
TRIUMEQ PD	MO
TRIZIVIR	MO
ANTITUBERCULAR AGENTS	
<i>cycloserine</i>	MO
<i>ethambutol hydrochloride</i>	MO
<i>isoniazid tabs</i>	MO
<i>isoniazid inj</i>	MO
<i>isoniazid syrp</i>	MO
PASER	MO
PRETOMANID	QL (30 EA per 30 days) PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
PRIFTIN	MO
<i>pyrazinamide</i>	MO
<i>rifabutin</i>	MO
<i>rifampin caps</i>	MO
<i>rifampin inj</i>	
SIRTURO	PA LA
TRECATOR	MO
ANTIVIRALS	
<i>acyclovir</i>	MO
<i>acyclovir sodium</i>	B/D
<i>adefovir dipivoxil</i>	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLN	QL (630 ML per 30 days) MO
<i>entecavir</i>	QL (30 EA per 30 days) MO
EPCLUSIA	PA
EPIVIR HBV ORAL SOLN	MO
<i>famciclovir tabs 500mg</i>	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	QL (60 EA per 30 days) MO
<i>ganciclovir</i>	B/D
HARVONI	PA
<i>lamivudine tabs 100mg</i>	MO
MAVYRET	PA
<i>oseltamivir phosphate caps 30mg</i>	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate caps 45mg, 75mg</i>	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate oral susp</i>	QL (1080 ML per 365 days) MO
PEGASYS	PA
PREVYMIS TABS	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	QL (120 EA per 365 days) MO
<i>ribavirin caps</i>	
<i>ribavirin tabs</i>	
<i>rimantadine hydrochloride</i>	MO
<i>valacyclovir hcl tabs 1gm</i>	MO
<i>valacyclovir hydrochloride tabs 500mg</i>	MO
<i>valganciclovir hydrochloride oral soln</i>	MO
<i>valganciclovir tabs</i>	MO
VEMLIDY	MO
VOSEVI	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
CEPHALOSPORINS	
CEFACLOR ER	MO
<i>cefaclor susr</i>	
<i>cefaclor caps</i>	MO
<i>cefadroxil</i>	MO
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	
CEFAZOLIN SODIUM INJ 100GM, 300GM	
<i>cefazolin sodium inj 1gm</i>	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	MO
CEFAZOLIN INJ 2GM/100ML; 4%	
CEFAZOLIN INJ 2GM, 3GM	
<i>cefazolin inj 2gm</i>	
<i>cefdinir</i>	MO
<i>cefepime inj 1gm, 2gm</i>	MO
<i>cefepime hydrochloride</i>	MO
<i>cefixime caps</i>	MO
<i>cefixime oral susp</i>	MO
<i>cefotetan inj 1gm/10ml, 2gm/20ml</i>	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	
<i>cefepodoxime proxetil</i>	MO
<i>cefprozil</i>	MO
CEFTAZIDIME/DEXTROSE	
<i>ceftazidime inj 6gm</i>	
<i>ceftazidime inj 1gm, 2gm</i>	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	
CEFTRIAXONE SODIUM INJ 100GM	
<i>ceftriaxone sodium inj 1gm</i>	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	MO
<i>cefuroxime axetil</i>	MO
<i>cefuroxime sodium inj 1.5gm</i>	
<i>cefuroxime sodium inj 750mg</i>	MO
<i>cephalexin caps 250mg, 500mg</i>	MO
<i>cephalexin caps 750mg</i>	MO
<i>cephalexin oral susp, tabs</i>	MO
SUPRAX ORAL SUSP 500MG/ML	
<i>tazicef</i>	
TEFLARO	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
ERYTHROMYCINS/MACROLIDES	
AZITHROMYCIN PACK	MO
<i>azithromycin tabs</i>	MO
<i>azithromycin oral susp</i>	MO
<i>azithromycin inj</i>	MO
<i>clarithromycin er</i>	MO
<i>clarithromycin tabs</i>	MO
<i>clarithromycin oral susp</i>	MO
DIFICID ORAL SUSP	
DIFICID TABS	MO
<i>erythrocin stearate</i>	MO
<i>erythromycin base</i>	MO
<i>erythromycin dr</i>	MO
<i>erythromycin ethylsuccinate tabs</i>	MO
<i>erythromycin lactobionate</i>	
<i>erythromycin cpep 250mg</i>	MO
FLUOROQUINOLONES	
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	MO
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	MO
<i>levofloxacin in d5w</i>	
<i>levofloxacin inj 25mg/ml</i>	
<i>levofloxacin oral soln 25mg/ml</i>	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	
<i>moxifloxacin hydrochloride tabs 400mg</i>	MO
PENICILLINS	
<i>amoxicillin/clavulanate potassium er</i>	MO
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg</i>	MO
<i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>amoxicillin/clavulanate potassium oral susp 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	MO
<i>amoxicillin/clavulanate potassium oral susp 250mg/5ml; 62.5mg/5ml</i>	MO
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg</i>	MO
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	MO
<i>amoxicillin caps, chew, tabs</i>	MO
<i>amoxicillin oral susp 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	MO
<i>amoxicillin oral susp 400mg/5ml</i>	MO
<i>ampicillin</i>	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm, 250mg, 2gm</i>	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	MO
<i>ampicillin-sulbactam</i>	
<i>ampicillin/sulbactam</i>	
<i>BICILLIN L-A</i>	MO
<i>dicloxacillin sodium</i>	MO
<i>nafcillin sodium inj 1gm</i>	
<i>nafcillin sodium inj 2gm</i>	MO
<i>nafcillin sodium inj 10gm, 2gm</i>	
<i>oxacillin sodium</i>	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	
<i>penicillin g potassium inj 20000000unit</i>	MO
<i>penicillin g potassium inj 5000000unit</i>	MO
PENICILLIN G PROCAINE	MO
<i>penicillin g sodium</i>	
<i>penicillin v potassium tabs</i>	MO
<i>penicillin v potassium solr</i>	MO
<i>piperacillin sodium/tazobactam sodium</i>	
TETRACYCLINES	
<i>doxy 100</i>	MO
<i>doxycycline hyclate caps 100mg, 50mg, tabs 100mg, 20mg</i>	MO
<i>doxycycline hyclate inj</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>doxycycline monohydrate caps 50mg</i>	MO
<i>doxycycline monohydrate caps 100mg, 150mg, 75mg</i>	MO
<i>doxycycline monohydrate tabs 100mg, 50mg, 75mg</i>	MO
<i>doxycycline monohydrate tabs 150mg</i>	MO
<i>doxycycline oral susp 25mg/5ml</i>	MO
<i>minocycline hcl caps 75mg</i>	MO
<i>minocycline hcl tabs 50mg, 75mg</i>	ST MO
<i>minocycline hcl caps 100mg, 50mg</i>	MO
<i>monodoxine nl</i>	
NUZYRA	LA
<i>tetracycline hydrochloride</i>	MO
<i>tigecycline</i>	

ANTINEOPLASTIC AGENTS**ALKYLATING AGENTS**

CYCLOPHOSPHAMIDE TABS	B/D
<i>cyclophosphamide caps</i>	B/D MO
GLEOSTINE CAPS 10MG, 40MG	
GLEOSTINE CAPS 100MG	
LEUKERAN	MO

ANTIMETABOLITES

INQOVI	QL (5 EA per 28 days) PA LA
LONSURF	PA LA
<i>mercaptopurine</i>	MO
<i>methotrexate</i>	MO
<i>methotrexate sodium inj 250mg/10ml, 50mg/2ml</i>	MO
<i>methotrexate sodium inj 1gm</i>	
ONUREG	QL (14 EA per 28 days) PA LA
PURIXAN	
TABLOID	MO

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate</i>	PA
AKEEGA	QL (60 EA per 30 days) PA LA
<i>anastrozole</i>	MO
<i>bicalutamide</i>	MO
ELIGARD	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
EMCYT	MO
ERLEADA	PA LA
<i>exemestane</i>	MO
<i>flutamide</i>	MO
<i>letrozole</i>	MO
<i>leuprolide acetate</i>	PA
LUPRON DEPOT (1-MONTH) 3.75MG	PA
LUPRON DEPOT (3-MONTH) 11.25MG	PA
LYSODREN	
<i>megestrol acetate tabs 20mg, 40mg</i>	MO
<i>nilutamide</i>	MO
NUBEQA	PA LA
ORGOVYX	PA LA
ORSERDU TABS 345MG	QL (30 EA per 30 days) PA LA
ORSERDU TABS 86MG	QL (90 EA per 30 days) PA LA
SOLTAMOX	MO
<i>tamoxifen citrate</i>	MO
<i>toremifene citrate</i>	PA MO
XTANDI	PA LA
ZYTIGA TABS 500MG	PA LA
IMMUNOMODULATORS	
<i>lenalidomide caps 20mg, 25mg</i>	QL (21 EA per 28 days) PA LA
<i>lenalidomide caps 10mg, 15mg, 2.5mg, 5mg</i>	QL (28 EA per 28 days) PA LA
POMALYST	QL (21 EA per 28 days) PA LA
REVLIMID CAPS 20MG, 25MG	QL (21 EA per 28 days) PA LA
REVLIMID CAPS 10MG, 15MG, 2.5MG, 5MG	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	QL (28 EA per 28 days) PA LA
THALOMID CAPS 150MG, 200MG	QL (56 EA per 28 days) PA LA
MISCELLANEOUS	
ASPARLAS	PA LA
BESREMI	QL (2 ML per 28 days) PA LA
<i>bexarotene caps 75mg</i>	PA
<i>hydroxyurea</i>	MO
KISQALI FEMARA 200 DOSE	PA
KISQALI FEMARA 400 DOSE	PA
KISQALI FEMARA 600 DOSE	PA
MATULANE	LA
ONCASPAR	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
SYNRIBO	PA
<i>tretinoin caps 10mg</i>	MO
WELIREG	QL (90 EA per 30 days) PA LA
MOLECULAR TARGET AGENTS	
ALECENSA	QL (240 EA per 30 days) PA LA
ALUNBRIG TBPK	PA LA
ALUNBRIG TABS 30MG	QL (120 EA per 30 days) PA LA
ALUNBRIG TABS 180MG, 90MG	QL (30 EA per 30 days) PA LA
AYVAKIT	QL (30 EA per 30 days) PA LA
BALVERSA TABS 5MG	QL (28 EA per 28 days) PA LA
BALVERSA TABS 4MG	QL (56 EA per 28 days) PA LA
BALVERSA TABS 3MG	QL (84 EA per 28 days) PA LA
BOSULIF TABS 100MG	QL (180 EA per 30 days) PA
BOSULIF TABS 400MG, 500MG	QL (30 EA per 30 days) PA
BRAFTOVI	QL (180 EA per 30 days) PA LA
BRUKINSA	QL (120 EA per 30 days) PA LA
CABOMETYX	QL (30 EA per 30 days) PA LA
CALQUENCE	QL (60 EA per 30 days) PA LA
CAPRELSA TABS 300MG	QL (30 EA per 30 days) PA LA
CAPRELSA TABS 100MG	QL (60 EA per 30 days) PA LA
COMETRIQ KIT 140MG/DAY	QL (112 EA per 28 days) PA LA
COMETRIQ KIT 100MG/DAY	QL (56 EA per 28 days) PA LA
COMETRIQ KIT 20MG	QL (84 EA per 28 days) PA LA
COPIKTRA	QL (56 EA per 28 days) PA LA
COTELLIC	QL (63 EA per 28 days) PA LA
DAURISMO TABS 100MG	QL (30 EA per 30 days) PA LA
DAURISMO TABS 25MG	QL (60 EA per 30 days) PA LA
ERIVEDGE	PA LA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	QL (90 EA per 30 days) PA
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	QL (30 EA per 30 days) PA
<i>everolimus tbs0 2mg</i>	QL (150 EA per 30 days) PA
<i>everolimus tbs0 5mg</i>	QL (60 EA per 30 days) PA
<i>everolimus tbs0 3mg</i>	QL (90 EA per 30 days) PA
EXKIVITY	QL (120 EA per 30 days) PA LA
FARYDAK	PA LA
FOTIVDA	QL (21 EA per 28 days) PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
GAVRETO	QL (120 EA per 30 days) PA LA
<i>gefitinib</i>	QL (30 EA per 30 days) PA
GILOTrif	QL (30 EA per 30 days) PA LA
IBRANCE	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 10MG, 30MG	PA LA
ICLUSIG TABS 15MG, 45MG	QL (30 EA per 30 days) PA LA
IDHIFA	QL (30 EA per 30 days) PA LA
<i>imatinib mesylate tabs 400mg</i>	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	QL (90 EA per 30 days) PA
IMBRUVICA ORAL SUSP	QL (216 ML per 27 days) PA LA
IMBRUVICA TABS	QL (30 EA per 30 days) PA LA
IMBRUVICA CAPS 70MG	QL (30 EA per 30 days) PA LA
IMBRUVICA CAPS 140MG	QL (90 EA per 30 days) PA LA
INLYTA TABS 5MG	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	QL (180 EA per 30 days) PA LA
INREBIC	QL (120 EA per 30 days) PA LA
IRESSA	QL (30 EA per 30 days) PA LA
JAKAFI	QL (60 EA per 30 days) PA LA
JAYPIRCA TABS 50MG	QL (30 EA per 30 days) PA LA
JAYPIRCA TABS 100MG	QL (60 EA per 30 days) PA LA
KISQALI	PA
KRAZATI	QL (180 EA per 30 days) PA LA
<i>lapatinib ditosylate</i>	QL (180 EA per 30 days) PA LA
LENVIMA 10 MG DAILY DOSE	PA LA
LENVIMA 12MG DAILY DOSE	PA LA
LENVIMA 14 MG DAILY DOSE	PA LA
LENVIMA 18 MG DAILY DOSE	PA LA
LENVIMA 20 MG DAILY DOSE	PA LA
LENVIMA 24 MG DAILY DOSE	PA LA
LENVIMA 4 MG DAILY DOSE	PA LA
LENVIMA 8 MG DAILY DOSE	PA LA
LORBRENA TABS 100MG	QL (30 EA per 30 days) PA LA
LORBRENA TABS 25MG	QL (90 EA per 30 days) PA LA
LUMAKRAS TABS 120MG	QL (240 EA per 30 days) PA LA
LUMAKRAS TABS 320MG	QL (90 EA per 30 days) PA LA
LYNPARZA	QL (120 EA per 30 days) PA LA
LYTGOBI TBPK 16MG	QL (112 EA per 28 days) PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
LYTGOBI TBPK 20MG	QL (140 EA per 28 days) PA LA
LYTGOBI TBPK 12MG	QL (84 EA per 28 days) PA LA
MEKINIST SOLR	QL (1260 ML per 30 days) PA LA
MEKINIST TABS 2MG	QL (30 EA per 30 days) PA LA
MEKINIST TABS 0.5MG	QL (90 EA per 30 days) PA LA
MEKTOVI	QL (180 EA per 30 days) PA LA
NERLYNX	QL (180 EA per 30 days) PA LA
NEXAVAR	QL (120 EA per 30 days) PA LA
NINLARO	PA
ODOMZO	PA LA
OJJAARA	QL (30 EA per 30 days) PA LA
PEMAZYRE	QL (14 EA per 21 days) PA LA
PIQRAY 200MG DAILY DOSE	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	QL (56 EA per 28 days) PA
QINLOCK	QL (90 EA per 30 days) PA LA
RETEVMO CAPS 80MG	QL (120 EA per 30 days) PA LA
RETEVMO CAPS 40MG	QL (180 EA per 30 days) PA LA
REZLIDHIA	QL (60 EA per 30 days) PA LA
<i>romidepsin inj 10MG</i>	
ROZLYTREK CAPS 100MG	QL (150 EA per 30 days) PA LA
ROZLYTREK CAPS 200MG	QL (90 EA per 30 days) PA LA
RUBRACA	PA LA
RYDAPT	QL (224 EA per 28 days) PA
SCEMBLIX TABS 40MG	QL (300 EA per 30 days) PA
SCEMBLIX TABS 20MG	QL (60 EA per 30 days) PA
<i>sorafenib tosylate</i>	QL (120 EA per 30 days) PA
SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG	QL (90 EA per 30 days) PA
STIVARGA	QL (84 EA per 28 days) PA LA
<i>sunitinib malate</i>	QL (30 EA per 30 days) PA
TABRECTA	QL (112 EA per 28 days) PA
TAFINLAR CAPS	QL (120 EA per 30 days) PA LA
TAFINLAR TBSO	QL (900 EA per 30 days) PA LA
TAGRISSO	QL (30 EA per 30 days) PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
TALZENNA CAPS 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	QL (30 EA per 30 days) PA LA
TALZENNA CAPS 0.25MG	QL (90 EA per 30 days) PA LA
TASIGNA	QL (120 EA per 30 days) PA
TAZVERIK	QL (240 EA per 30 days) PA LA
TECVAYLI	PA LA
TEPMETKO	QL (60 EA per 30 days) PA LA
TIBSOVO	PA LA
TRUSELTIQ CPPK 100MG	QL (21 EA per 28 days) PA LA
TRUSELTIQ CPPK 0, 25MG	QL (42 EA per 28 days) PA LA
TRUSELTIQ CPPK 25MG	QL (63 EA per 28 days) PA LA
TRUXIMA	PA
TUKYSA TABS 150MG	QL (120 EA per 30 days) PA LA
TUKYSA TABS 50MG	QL (240 EA per 30 days) PA LA
TURALIO	QL (120 EA per 30 days) PA LA
UKONIQ	QL (120 EA per 30 days) PA LA
VANFLYTA	QL (56 EA per 28 days) PA LA
VENCLEXTA STARTING PACK	QL (42 EA per 28 days) PA LA
VENCLEXTA TABS 10MG	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 50MG	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 100MG	QL (180 EA per 30 days) PA LA
VERZENIO	PA LA
VITRAKVI SOLN	QL (300 ML per 30 days) PA LA
VITRAKVI CAPS 25MG	QL (180 EA per 30 days) PA LA
VITRAKVI CAPS 100MG	QL (60 EA per 30 days) PA LA
VIZIMPRO	QL (30 EA per 30 days) PA LA
VONJO	QL (120 EA per 30 days) PA LA
VOTRIENT	QL (120 EA per 30 days) PA LA
XALKORI	QL (120 EA per 30 days) PA LA
XOSPATA	PA LA
XPOVIO 60 MG TWICE WEEKLY	QL (24 EA per 28 days) PA LA
XPOVIO 80 MG TWICE WEEKLY	QL (32 EA per 28 days) PA LA
XPOVIO TBPK 40MG, 60MG	QL (4 EA per 28 days) PA LA
XPOVIO TBPK 40MG, 50MG	QL (8 EA per 28 days) PA LA
ZEJULA CAPS	PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
ZEJULA TABS	QL (30 EA per 30 days) PA LA
ZELBORAF	QL (240 EA per 30 days) PA LA
ZIRABEV	PA LA
ZOLINZA	PA
ZYDELIG	QL (60 EA per 30 days) PA LA
ZYKADIA	QL (84 EA per 28 days) PA LA
PROTECTIVE AGENTS	
<i>leucovorin calcium tabs</i>	MO
MESNEX TABS 400MG	MO
CARDIOVASCULAR	
ACE INHIBITOR COMBINATIONS	
<i>amlodipine besylate/benazepril hydrochloride</i>	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide</i>	MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	MO
<i>captopril/hydrochlorothiazide</i>	MO
<i>enalapril maleate/hydrochlorothiazide</i>	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	MO
<i>lisinopril/hydrochlorothiazide</i>	MO
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg, 25mg; 20mg</i>	MO
<i>trandolapril/verapamil hcl er</i>	MO
ACE INHIBITORS	
<i>benazepril hcl</i>	MO
<i>benazepril hydrochloride</i>	MO
<i>captopril</i>	MO
<i>enalapril maleate tabs</i>	MO
<i>fosinopril sodium</i>	MO
<i>lisinopril</i>	MO
<i>moexipril hcl</i>	MO
<i>perindopril erbumine</i>	MO
<i>quinapril hcl</i>	MO
<i>quinapril hydrochloride</i>	MO
<i>ramipril</i>	MO
<i>trandolapril</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
ALDOSTERONE RECEPTOR ANTAGONISTS	
eplerenone	MO
KERENDIA	QL (30 EA per 30 days) MO
spironolactone	MO
ALPHA BLOCKERS	
doxazosin mesylate	MO
prazosin hydrochloride	MO
terazosin hcl	MO
terazosin hydrochloride	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
amlodipine besylate/valsartan	QL (30 EA per 30 days) MO
amlodipine/olmesartan medoxomil	QL (30 EA per 30 days) MO
amlodipine/valsartan/hydrochlorothiazide	QL (30 EA per 30 days) MO
candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg	QL (30 EA per 30 days) MO
candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg	QL (60 EA per 30 days) MO
EDARBYCLOR	QL (30 EA per 30 days) MO
ENTRESTO	MO
irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg	QL (30 EA per 30 days) MO
irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg	QL (60 EA per 30 days) MO
losartan potassium/hydrochlorothiazide	QL (30 EA per 30 days) MO
olmesartan medoxomil/amlodipine/ hydrochlorothiazide	QL (30 EA per 30 days) MO
olmesartan medoxomil/hydrochlorothiazide	QL (30 EA per 30 days) MO
telmisartan/amlodipine	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg	QL (60 EA per 30 days) MO
valsartan/hydrochlorothiazide	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
candesartan cilexetil tabs 32mg	QL (30 EA per 30 days) MO
candesartan cilexetil tabs 16mg, 4mg, 8mg	QL (60 EA per 30 days) MO
EDARBI	QL (30 EA per 30 days) MO
irbesartan	QL (30 EA per 30 days) MO
losartan potassium tabs 100mg	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>losartan potassium tabs 25mg, 50mg</i>	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tabs 20mg, 40mg</i>	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tabs 5mg</i>	QL (60 EA per 30 days) MO
<i>telmisartan</i>	QL (30 EA per 30 days) MO
<i>valsartan tabs 320mg</i>	QL (30 EA per 30 days) MO
<i>valsartan tabs 160mg, 40mg, 80mg</i>	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS	
<i>amiodarone hcl</i>	
<i>amiodarone hydrochloride tabs</i>	MO
<i>amiodarone hydrochloride inj</i>	
<i>disopyramide phosphate</i>	PA MO
<i>dofetilide</i>	
<i>flecainide acetate</i>	MO
LIDOCAINE HCL IN D5W	
LIDOCAINE HCL INJ 100MG/5ML VIALS	
<i>lidocaine hcl inj 100mg/5ml prefilled syringe, 50mg/5ml prefilled syringe with needle</i>	
MULTAQ	MO
NORPACE CR	MO
<i>pacerone</i>	
<i>propafenone hcl</i>	MO
<i>propafenone hydrochloride er</i>	MO
<i>quinidine sulfate</i>	MO
<i>sorine tabs 160mg, 240mg, 80mg</i>	
<i>sorine tabs 120mg</i>	MO
<i>sotalol hcl</i>	MO
<i>sotalol hydrochloride (af)</i>	MO
ANTILIPEMICS, FIBRATES	
<i>fenofibrate micronized caps 150mg, 134mg, 130mg, 200mg, 67mg, 50mg, 43mg</i>	MO
<i>fenofibrate tabs 145mg, 160mg, 40mg, 48mg, 54mg</i>	MO
<i>fenofibrate tabs 120mg</i>	MO
<i>fenofibric acid dr</i>	MO
<i>gemfibrozil</i>	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	
<i>atorvastatin calcium</i>	QL (30 EA per 30 days) MO
<i>fluvastatin</i>	QL (60 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>fluvastatin sodium er</i>	QL (30 EA per 30 days) MO
<i>lovastatin</i>	MO
<i>pravastatin sodium</i>	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	QL (30 EA per 30 days) MO
<i>simvastatin</i>	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS	
<i>cholestyramine</i>	MO
<i>cholestyramine light</i>	MO
<i>colesevelam hydrochloride</i>	MO
<i>colestipol hcl</i>	MO
<i>ezetimibe</i>	MO
<i>ezetimibe/simvastatin</i>	QL (30 EA per 30 days) MO
<i>niacin</i>	MO
<i>niacin er tbcr 1000mg, 750mg</i>	MO
<i>niacin er tbcr 500mg</i>	QL (60 EA per 30 days) MO
<i>niacor</i>	MO
<i>PRALUENT</i>	PA
<i>prevalite</i>	
<i>VASCEPA</i>	MO
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol/chlorthalidone</i>	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	MO
<i>metoprolol/hydrochlorothiazide</i>	MO
BETA-BLOCKERS	
<i>acebutolol hydrochloride</i>	MO
<i>atenolol</i>	MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	MO
<i>bisoprolol fumarate</i>	MO
<i>carvedilol</i>	MO
<i>carvedilol phosphate er</i>	QL (30 EA per 30 days) MO
<i>labetalol hydrochloride tabs</i>	MO
<i>labetalol hydrochloride inj 5mg/ml</i>	MO
<i>metoprolol succinate er</i>	MO
<i>metoprolol tartrate tabs</i>	MO
<i>metoprolol tartrate inj</i>	
<i>nadolol</i>	MO
<i>nebivolol hydrochloride tabs 10mg, 2.5mg, 5mg</i>	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tabs 20mg</i>	QL (60 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>pindolol</i>	MO
<i>propranolol hcl er</i>	MO
<i>propranolol hcl oral soln, tabs</i>	MO
<i>propranolol hcl inj</i>	
<i>propranolol hydrochloride</i>	MO
<i>propranolol hydrochloride er</i>	MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	MO
CALCIUM CHANNEL BLOCKERS	
<i>afeditab cr</i>	
<i>amlodipine besylate</i>	MO
<i>cartia xt</i>	
<i>dilt-xr</i>	MO
<i>diltiazem hcl cd</i>	MO
<i>diltiazem hcl er</i>	MO
<i>diltiazem hcl tabs</i>	MO
DILTIAZEM HCL INJ 100MG	
<i>diltiazem hcl inj 125mg/25ml, 50mg/10ml</i>	
<i>diltiazem hydrochloride er</i>	MO
<i>diltiazem hydrochloride tabs</i>	MO
<i>diltiazem hydrochloride inj</i>	
<i>felodipine er</i>	MO
<i>isradipine</i>	MO
<i>matzim la tb24 240mg, 360mg</i>	
<i>matzim la tb24 180mg, 300mg, 420mg</i>	MO
<i>nicardipine hcl caps 20mg, 30mg</i>	MO
<i>nifedipine er tb24 30mg (osmotic release), 60mg (osmotic release), 90mg</i>	MO
<i>nifedipine er tb24 30mg, 60mg</i>	MO
<i>nisoldipine er</i>	MO
<i>taztia xt</i>	
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>tiadylt er cp24 420mg</i>	MO
<i>verapamil hcl</i>	MO
<i>verapamil hcl er tbcr 120mg, 240mg</i>	MO
<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	MO
VERAPAMIL HCL SR CP24 360MG	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	MO
<i>verapamil hcl sr tbcr 240mg</i>	MO
<i>verapamil hcl er tbcr 180mg</i>	MO
<i>verapamil hydrochloride er cp24 200mg</i>	MO
<i>verapamil hydrochloride tabs</i>	MO
<i>verapamil hydrochloride inj</i>	MO
DIURETICS	
<i>acetazolamide er caps</i>	MO
<i>acetazolamide tabs</i>	MO
<i>amiloride hcl</i>	MO
<i>amiloride/hydrochlorothiazide</i>	MO
<i>bumetanide tabs</i>	MO
<i>bumetanide inj</i>	MO
<i>chlorthalidone</i>	MO
<i>furosemide oral soln, tabs</i>	MO
<i>furosemide inj</i>	MO
<i>hydrochlorothiazide</i>	MO
<i>indapamide</i>	MO
<i>methazolamide</i>	MO
<i>metolazone</i>	MO
<i>spironolactone/hydrochlorothiazide</i>	MO
<i>torsemide</i>	MO
<i>triamterene/hydrochlorothiazide</i>	MO
MISCELLANEOUS	
<i>aliskiren</i>	MO
<i>amlodipine besylate/atorvastatin calcium</i>	MO
<i>BIDIL</i>	MO
<i>clonidine hcl ptwk 0.1mg/24hr</i>	QL (8 EA per 28 days) MO
<i>clonidine hcl ptwk 0.2mg/24hr, 0.3mg/24hr</i>	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride tabs</i>	MO
<i>CORLANOR SOLN</i>	
<i>CORLANOR TABS</i>	MO
<i>digitek</i>	QL (30 EA per 30 days)
<i>digox</i>	QL (30 EA per 30 days)
<i>digoxin oral soln</i>	MO
<i>digoxin inj</i>	MO
<i>digoxin tabs 125mcg, 250mcg</i>	QL (30 EA per 30 days) MO
<i>digoxin tabs 62.5mcg</i>	QL (90 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>droxidopa caps 200mg, 300mg</i>	QL (180 EA per 30 days) PA
<i>droxidopa caps 100mg</i>	QL (90 EA per 30 days) PA
<i>guanfacine hydrochloride tabs 1mg, 2mg</i>	PA MO
<i>hydralazine hcl tabs</i>	MO
<i>hydralazine hcl inj</i>	MO
<i>hydralazine hydrochloride</i>	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	MO
<i>metyrosine</i>	PA MO
<i>midodrine hcl tabs 2.5mg, 5mg</i>	MO
<i>midodrine hcl tabs 10mg</i>	MO
<i>minoxidil</i>	MO
<i>ranolazine er</i>	MO
NITRATES	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	MO
<i>isosorbide dinitrate tabs 40mg</i>	MO
<i>isosorbide mononitrate</i>	MO
<i>isosorbide mononitrate er</i>	MO
NITRO-BID	MO
<i>nitroglycerin lingual spray</i>	MO
<i>nitroglycerin transdermal</i>	MO
NITROGLYCERIN INJ	
<i>nitroglycerin subl</i>	MO
PULMONARY ARTERIAL HYPERTENSION	
<i>ADEMPAS</i>	QL (90 EA per 30 days) PA LA
<i>alyq</i>	PA
<i>ambrisentan</i>	QL (30 EA per 30 days) PA LA
<i>bosentan tabs 62.5mg</i>	QL (120 EA per 30 days) PA LA
<i>bosentan tabs 125mg</i>	QL (60 EA per 30 days) PA LA
<i>epoprostenol sodium</i>	B/D LA
OPSUMIT	QL (30 EA per 30 days) PA LA
<i>sildenafil inj</i>	QL (1125 ML per 30 days) PA
<i>sildenafil citrate (generic Revatio) tabs 20mg</i>	QL (360 EA per 30 days) PA
<i>tadalafil (generic Adcirca) tabs 20mg</i>	PA
TRACLEER TAB FOR ORAL SUSP 32MG	QL (120 EA per 30 days) PA LA
VENTAVIS	PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
CENTRAL NERVOUS SYSTEM	
ANTIANXIETY	
<i>alprazolam er tabs 0.5mg</i>	MO
ALPRAZOLAM INTENSOL	QL (300 ML per 30 days) MO
<i>alprazolam tabs 0.25mg, 0.5mg</i>	QL (120 EA per 30 days) MO
<i>alprazolam tabs 1mg, 2mg</i>	QL (150 EA per 30 days) MO
<i>buspirone hcl</i>	MO
<i>buspirone hydrochloride</i>	MO
<i>chlordiazepoxide hcl</i>	QL (120 EA per 30 days) PA MO
<i>chlordiazepoxide hydrochloride</i>	QL (120 EA per 30 days) PA MO
<i>fluvoxamine maleate</i>	MO
<i>fluvoxamine maleate er</i>	QL (60 EA per 30 days) MO
<i>lorazepam intensol</i>	QL (150 ML per 30 days) MO
<i>lorazepam inj</i>	QL (150 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	QL (120 EA per 30 days) MO
<i>lorazepam tabs 1mg, 2mg</i>	QL (150 EA per 30 days) MO
<i>oxazepam</i>	QL (120 EA per 30 days) PA MO
ANTICONVULSANTS	
APTIOM TABS 200MG, 400MG	QL (30 EA per 30 days) MO
APTIOM TABS 600MG, 800MG	QL (60 EA per 30 days) MO
BRIVIACT TABS	QL (60 EA per 30 days) PA MO
BRIVIACT INJ	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLN	QL (600 ML per 30 days) PA MO
<i>carbamazepine er cp12</i>	MO
<i>carbamazepine er tb12 100mg</i>	MO
<i>carbamazepine er tb12 200mg, 400mg</i>	MO
<i>carbamazepine chew, tabs</i>	MO
<i>carbamazepine susp</i>	MO
CELONTIN	MO
<i>clobazam susp</i>	QL (480 ML per 30 days) PA MO
<i>clobazam tabs</i>	QL (60 EA per 30 days) PA MO
<i>clonazepam odt tbdp 2mg</i>	QL (300 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	QL (90 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg, 1mg</i>	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	QL (180 EA per 30 days) PA MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	QL (90 EA per 30 days) PA MO
DIACOMIT CAPS 500MG	QL (180 EA per 30 days) PA LA
DIACOMIT CAPS 250MG	QL (360 EA per 30 days) PA LA
DIACOMIT PACK 500MG	QL (180 EA per 30 days) PA LA
DIACOMIT PACK 250MG	QL (360 EA per 30 days) PA LA
<i>diazepam intensol</i>	QL (240 ML per 30 days) PA MO
DIAZEPAM RECTAL GEL	MO
<i>diazepam conc</i>	QL (240 ML per 30 days) PA MO
<i>diazepam tabs</i>	QL (120 EA per 30 days) PA MO
<i>diazepam oral soln</i>	QL (1200 ML per 30 days) PA MO
<i>diazepam inj</i>	QL (240 ML per 30 days) PA MO
DILANTIN	MO
DILANTIN INFATABS	MO
DILANTIN-125	MO
<i>divalproex sodium</i>	MO
<i>divalproex sodium dr</i>	MO
<i>divalproex sodium er</i>	MO
EPIDIOLEX	QL (600 ML per 30 days) PA LA
<i>epitol</i>	
EPRONTIA	QL (480 ML per 30 days) PA MO
<i>ethosuximide caps</i>	MO
<i>ethosuximide soln</i>	MO
<i>felbamate</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
FINTEPLA	QL (360 ML per 30 days) PA LA
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	MO
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	MO
FYCOMPA SUSP	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	QL (30 EA per 30 days) PA MO
<i>gabapentin caps 100mg</i>	QL (180 EA per 30 days) MO
<i>gabapentin caps 400mg</i>	QL (270 EA per 30 days) MO
<i>gabapentin caps 300mg</i>	QL (360 EA per 30 days) MO
<i>gabapentin soln</i>	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	QL (90 EA per 30 days) MO
<i>lacosamide inj</i>	
<i>lacosamide oral soln</i>	QL (1200 ML per 30 days) MO
<i>lacosamide tabs 50mg</i>	QL (120 EA per 30 days) MO
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	QL (60 EA per 30 days) MO
<i>lamotrigine er</i>	MO
<i>lamotrigine immediate release tabs, chew tabs</i>	MO
<i>lamotrigine odt</i>	MO
<i>lamotrigine starter kit/blue</i>	MO
<i>lamotrigine starter kit/green</i>	MO
<i>lamotrigine starter kit/orange</i>	MO
<i>levetiracetam er</i>	MO
<i>levetiracetam/sodium chloride</i>	
<i>levetiracetam oral soln, tabs</i>	MO
<i>levetiracetam inj</i>	
<i>methsuximide</i>	MO
NAYZILAM	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tabs</i>	MO
<i>oxcarbazepine susp</i>	MO
<i>phenobarbital sodium</i>	PA
<i>phenobarbital tabs</i>	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	QL (1500 ML per 30 days) PA MO
<i>phenytek</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>phenytoin</i>	MO
<i>phenytoin sodium</i>	
<i>phenytoin sodium extended</i>	MO
<i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i>	QL (120 EA per 30 days) PA MO
<i>pregabalin caps 225mg, 300mg</i>	QL (60 EA per 30 days) PA MO
<i>pregabalin caps 200mg</i>	QL (90 EA per 30 days) PA MO
<i>pregabalin soln</i>	QL (900 ML per 30 days) PA MO
<i>primidone</i>	MO
<i>roweepra</i>	
<i>rufinamide susp</i>	QL (2760 ML per 30 days) PA MO
<i>rufinamide tabs 200mg</i>	QL (480 EA per 30 days) PA MO
<i>rufinamide tabs 400mg</i>	QL (240 EA per 30 days) PA MO
SPRITAM	PA MO
<i>subvenite</i>	
<i>subvenite starter kit/blue</i>	
<i>subvenite starter kit/green</i>	
<i>subvenite starter kit/orange</i>	
SYMPAZAN	QL (60 EA per 30 days) PA MO
<i>tiagabine hydrochloride</i>	MO
<i>topiramate er</i>	MO
<i>topiramate cpsp</i>	MO
<i>topiramate tabs 100mg</i>	QL (120 EA per 30 days) MO
<i>topiramate tabs 200mg</i>	QL (60 EA per 30 days) MO
<i>topiramate tabs 25mg, 50mg</i>	QL (90 EA per 30 days) MO
<i>valproate sodium</i>	
<i>valproic acid</i>	MO
VALTOCO 10 MG DOSE	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	QL (180 EA per 30 days) PA LA
<i>vigadron</i>	QL (180 EA per 30 days) PA LA
XCOPRI TABS 100MG, 50MG	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
XCOPRI TABS 150MG, 200MG	QL (60 EA per 30 days) MO
XCOPRI TITRATION PACK 12.5MG; 25MG	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 150MG; 100MG, 200MG; 150MG	QL (56 EA per 28 days) MO
ZONISADE	QL (900 ML per 30 days) PA MO
<i>zonisamide</i>	MO
ZTALMY	QL (1100 ML per 30 days) PA LA
ANTIDEMENTIA	
<i>donepezil hcl tbdp</i>	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 23mg</i>	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride</i>	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	PA MO
<i>memantine hydrochloride soln</i>	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tabs</i>	QL (60 EA per 30 days) PA MO
NAMZARIC	MO
<i>rivastigmine tartrate</i>	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS	
<i>amitriptyline hcl tabs 100mg, 150mg, 75mg</i>	MO
<i>amitriptyline hydrochloride tabs 10mg, 25mg, 50mg</i>	MO
<i>amoxapine</i>	MO
AUVELITY	QL (60 EA per 30 days) PA MO
<i>bupropion hcl immediate release tabs 100mg</i>	QL (120 EA per 30 days) MO
<i>bupropion hcl immediate release tabs 75mg</i>	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	QL (60 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
bupropion hydrochloride er (xl) tb24 150mg, 300mg	QL (30 EA per 30 days) MO
citalopram hydrobromide soln	QL (600 ML per 30 days) MO
citalopram hydrobromide tabs 10mg	QL (120 EA per 30 days) MO
citalopram hydrobromide tabs 40mg	QL (30 EA per 30 days) MO
citalopram hydrobromide tabs 20mg	QL (60 EA per 30 days) MO
clomipramine hydrochloride caps	PA MO
desipramine hydrochloride tabs 10mg, 150mg, 25mg, 50mg, 75mg	MO
desipramine hydrochloride tabs 100mg	MO
DESVENLAFAKINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	QL (30 EA per 30 days)
desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg	QL (30 EA per 30 days) PA MO
doxepin hcl oral conc, caps 75mg	MO
doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg	MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	QL (90 EA per 30 days) PA MO
duloxetine hcl caps 40mg	QL (60 EA per 30 days) MO
duloxetine hydrochloride caps 20mg, 30mg, 60mg	QL (60 EA per 30 days) MO
EMSAM	QL (30 EA per 30 days) PA MO
escitalopram oxalate soln	QL (600 ML per 30 days) MO
escitalopram oxalate tabs 20mg	QL (30 EA per 30 days) MO
escitalopram oxalate tabs 10mg, 5mg	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	PA MO
FETZIMA CP24 120MG, 80MG	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	QL (60 EA per 30 days) PA MO
fluoxetine dr caps 90mg	QL (4 EA per 28 days) MO
fluoxetine hcl caps 20mg	QL (120 EA per 30 days) MO
fluoxetine hcl soln	MO
fluoxetine hydrochloride caps 10mg	QL (30 EA per 30 days) MO
fluoxetine hydrochloride caps 40mg	QL (60 EA per 30 days) MO
fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg, 60mg, soln 20mg/5ml	MO
imipramine hcl tabs 25mg, 50mg	MO
imipramine hydrochloride tabs 10mg	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
MARPLAN	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	QL (30 EA per 30 days) MO
<i>mirtazapine tabs 15mg, 30mg, 45mg</i>	QL (30 EA per 30 days) MO
<i>mirtazapine tabs 7.5mg</i>	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	MO
<i>nortriptyline hcl caps 25mg, 75mg, soln 10mg/5ml</i>	MO
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	MO
<i>paroxetine hcl er tb24 37.5mg</i>	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	QL (90 EA per 30 days) MO
<i>paroxetine hcl tabs 40mg</i>	QL (30 EA per 30 days) MO
<i>paroxetine hcl tabs 30mg</i>	QL (60 EA per 30 days) MO
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	QL (30 EA per 30 days) MO
<i>paroxetine hydrochloride susp</i>	QL (900 ML per 30 days) MO
<i>perphenazine/amitriptyline</i>	PA MO
<i>phenelzine sulfate</i>	MO
<i>protriptyline hcl</i>	PA MO
<i>sertraline hcl oral conc</i>	QL (300 ML per 30 days) MO
<i>sertraline hcl tabs 25mg</i>	QL (30 EA per 30 days) MO
<i>sertraline hcl tabs 50mg</i>	QL (60 EA per 30 days) MO
<i>sertraline hydrochloride tabs 100mg</i>	QL (60 EA per 30 days) MO
<i>tranylcypromine sulfate</i>	MO
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	MO
<i>trazodone hydrochloride tabs 300mg</i>	MO
<i>trimipramine maleate caps 50mg</i>	QL (120 EA per 30 days) PA
<i>trimipramine maleate caps 25mg</i>	MO QL (240 EA per 30 days) PA
<i>trimipramine maleate caps 100mg</i>	MO QL (60 EA per 30 days) PA MO
TRINTELLIX	QL (30 EA per 30 days) MO
VENLAFAKINE BESYLATE ER	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er cp24 37.5mg</i>	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	QL (60 EA per 30 days) MO
<i>venlafaxine hydrochloride tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	MO
<i>venlafaxine hydrochloride er cp24 75mg</i>	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>vilazodone hydrochloride</i>	QL (30 EA per 30 days) MO
ANTIPARKINSONIAN AGENTS	
<i>amantadine hcl soln, tabs</i>	MO
<i>amantadine hcl caps</i>	QL (120 EA per 30 days) MO
<i>benztropine mesylate inj</i>	MO
<i>benztropine mesylate tabs</i>	PA MO
<i>bromocriptine mesylate tabs, caps</i>	MO
<i>carbidopa tabs</i>	MO
<i>carbidopa/levodopa</i>	MO
<i>carbidopa/levodopa er</i>	MO
<i>carbidopa/levodopa odt</i>	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	MO
<i>entacapone</i>	MO
INBRIJA	QL (300 EA per 30 days) PA LA
NEUPRO	MO
<i>pramipexole dihydrochloride immediate release tabs</i>	MO
<i>rasagiline mesylate</i>	MO
<i>ropinirole er tb24 6mg</i>	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tabs 0.25mg, 3mg</i>	MO
<i>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	MO
<i>selegiline hcl tabs, caps</i>	MO
<i>trihexyphenidyl hcl oral soln</i>	PA MO
<i>trihexyphenidyl hydrochloride tabs</i>	PA MO
ANTIPSYCHOTICS	
ABILIFY MAINTENA	QL (1 EA per 28 days) MO
<i>ariPIPRAZOLE odt</i>	QL (60 EA per 30 days) MO
<i>ariPIPRAZOLE tabs</i>	QL (30 EA per 30 days) MO
<i>ariPIPRAZOLE soln</i>	QL (900 ML per 30 days) MO
ARISTADA INITIO	
ARISTADA INJ 441MG/1.6ML	QL (1.6 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
ARISTADA INJ 662MG/2.4ML	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	QL (3.9 ML per 56 days)
<i>asenapine maleate sl</i>	QL (60 EA per 30 days) MO
CAPLYTA	QL (30 EA per 30 days) MO
<i>chlorpromazine hcl tabs</i>	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	
<i>chlorpromazine hcl inj 25mg/ml</i>	MO
<i>chlorpromazine hydrochloride oral conc</i>	
<i>chlorpromazine hydrochloride tabs</i>	MO
CLOZAPINE ODT TBDP 150MG	QL (180 EA per 30 days) PA
CLOZAPINE ODT TBDP 200MG	QL (120 EA per 30 days) PA
<i>clozapine odt tbdp 12.5mg, 25mg</i>	PA
<i>clozapine odt tbdp 100mg</i>	QL (270 EA per 30 days) PA
<i>clozapine tabs 25mg, 50mg</i>	
<i>clozapine tabs 200mg</i>	QL (120 EA per 30 days)
<i>clozapine tabs 100mg</i>	QL (270 EA per 30 days)
FANAPT	QL (60 EA per 30 days) PA MO
FANAPT TITRATION PACK	PA MO
<i>fluphenazine decanoate inj</i>	MO
<i>fluphenazine hcl conc, tabs</i>	MO
<i>fluphenazine hcl inj</i>	MO
<i>fluphenazine hydrochloride oral elixir</i>	MO
<i>haloperidol decanoate inj</i>	MO
<i>haloperidol lactate inj</i>	MO
<i>haloperidol tabs</i>	MO
<i>haloperidol conc</i>	MO
INVEGA HAFYERA INJ 1092MG/3.5ML	QL (3.5 ML per 180 days)
INVEGA HAFYERA INJ 1560MG/5ML	QL (5 ML per 180 days)
INVEGA SUSTENNA INJ 39MG/0.25ML	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.88ML	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.32ML	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.63ML	QL (2.63 ML per 90 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
LATUDA TABS 120MG, 20MG, 40MG, 60MG	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	QL (60 EA per 30 days) MO
<i>loxapine</i>	MO
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	QL (30 EA per 30 days) MO
<i>lurasidone hydrochloride tabs 80mg</i>	QL (60 EA per 30 days) MO
<i>molindone hydrochloride tabs 10mg, 5mg</i>	
<i>molindone hydrochloride tabs 25mg</i>	
NUPLAZID	QL (30 EA per 30 days) PA LA
<i>olanzapine odt</i>	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	QL (3 EA per 1 days) MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 7.5mg</i>	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg, 5mg</i>	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	QL (60 EA per 30 days) MO
<i>perphenazine</i>	MO
PERSERIS	QL (1 EA per 30 days)
<i>pimozide</i>	MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	QL (30 EA per 30 days) PA MO
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	QL (60 EA per 30 days) PA MO
<i>quetiapine fumarate tabs 200mg</i>	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 150mg, 50mg</i>	QL (90 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	QL (2 EA per 28 days) MO
<i>risperidone odt tbdp 0.5mg</i>	QL (90 EA per 30 days) MO
<i>risperidone odt tbdp 4mg</i>	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg, 3mg</i>	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg</i>	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	QL (480 ML per 30 days) MO
<i>risperidone tabs 4mg</i>	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	QL (90 EA per 30 days) MO
SECUADO	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>thioridazine hcl tabs</i>	PA MO
<i>thiothixene</i>	MO
<i>trifluoperazine hcl tabs 2mg, 5mg</i>	MO
<i>trifluoperazine hcl tabs 10mg</i>	MO
<i>trifluoperazine hydrochloride tabs 1mg</i>	MO
VERSACLOZ	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	QL (30 EA per 30 days) MO
VRAYLAR CAPS 1.5MG	QL (60 EA per 30 days) MO
<i>ziprasidone hcl caps</i>	QL (60 EA per 30 days) MO
<i>ziprasidone mesylate inj</i>	QL (6 EA per 3 days) MO
ZYPREXA RELPREVV INJ 210MG	QL (2 EA per 28 days) PA
ZYPREXA RELPREVV INJ 405MG	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 300MG	QL (2 EA per 28 days) PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER	
<i>amphetamine/dextroamphetamine er cp24</i>	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	QL (120 EA per 30 days) MO
<i>atomoxetine caps 18mg</i>	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er caps 20mg, 35mg</i>	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tabs 5mg, 10mg</i>	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er caps 10mg, 15mg, 30mg, 40mg, 5mg</i>	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er cp24 25mg</i>	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate immediate release tabs 5mg, 10mg</i>	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate soln</i>	QL (1800 ML per 30 days) MO
<i>guanfacine er tabs 2mg</i>	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride tb24 1mg, 4mg</i>	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride tb24 3mg</i>	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate</i>	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>methylphenidate hydrochloride cd er caps 20mg, 30mg, 50mg, 60mg</i>	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 60mg</i>	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg</i>	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg</i>	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride cd er caps 10mg, 40mg</i>	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tb24 18mg, 36mg</i>	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 27mg, 54mg</i>	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 45MG, 63MG, 72MG	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbcr (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbcr 10mg, 20mg</i>	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tabs</i>	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride chew tabs</i>	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	QL (900 ML per 30 days) MO
VYVANSE	QL (30 EA per 30 days) MO
<i>zenzedi tabs 10mg, 5mg</i>	QL (180 EA per 30 days)
HYPNOTICS	
BELSOMRA	QL (30 EA per 30 days) MO
DAYVIGO	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	QL (30 EA per 30 days) MO
HETLIOZ CAPS	QL (30 EA per 30 days) PA LA
HETLIOZ LQ ORAL SUSP	QL (158 ML per 30 days) PA LA
<i>tasimelteon</i>	QL (30 EA per 30 days) PA
<i>temazepam</i>	QL (30 EA per 30 days) PA MO
<i>triazolam tabs 0.125mg</i>	QL (60 EA per 30 days) PA MO
<i>zaleplon caps 5mg</i>	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	QL (60 EA per 30 days) PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>zolpidem tartrate immediate release tabs 10mg, 5mg</i>	QL (30 EA per 30 days) PA MO
MIGRAINE	
AIMOVIG	QL (1 ML per 30 days) PA
<i>dihydroergotamine mesylate inj</i>	PA MO
<i>dihydroergotamine mesylate nasal soln</i>	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl</i>	QL (9 EA per 30 days) MO
NURTEC	QL (16 EA per 30 days) PA MO
<i>rizatriptan benzoate odt</i>	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill inj</i>	QL (4 ML per 30 days) MO
<i>sumatriptan succinate inj</i>	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs 100mg</i>	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tabs 25mg, 50mg</i>	QL (9 EA per 30 days) MO
MISCELLANEOUS	
AUSTEDO XR PATIENT TITRATION KIT	QL (84 EA per 365 days) PA
AUSTEDO XR TB24 12MG	QL (120 EA per 30 days) PA
AUSTEDO XR TB24 24MG	QL (60 EA per 30 days) PA
AUSTEDO XR TB24 6MG	QL (90 EA per 30 days) PA
AUSTEDO TABS 12MG, 9MG	QL (120 EA per 30 days) PA LA
AUSTEDO TABS 6MG	QL (60 EA per 30 days) PA LA
<i>lithium carbonate caps, tabs</i>	MO
<i>lithium carbonate er</i>	MO
LITHIUM ORAL SOLN	MO
NUEDEXTA	QL (60 EA per 30 days) PA MO
<i>pregabalin er tb24 330mg</i>	QL (60 EA per 30 days) PA MO
<i>pregabalin er tb24 165mg, 82.5mg</i>	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide tabs 60mg</i>	MO
<i>pyridostigmine bromide er</i>	MO
<i>riluzole</i>	MO
<i>tetrabenazine tabs 25mg</i>	QL (120 EA per 30 days) PA LA
<i>tetrabenazine tabs 12.5mg</i>	QL (90 EA per 30 days) PA LA
MULTIPLE SCLEROSIS AGENTS	
AUBAGIO	QL (30 EA per 30 days) PA LA
AVONEX	QL (1 EA per 28 days) PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
AVONEX PEN	QL (1 EA per 28 days) PA
BETASERON	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	PA
<i>fingolimod</i>	QL (28 EA per 28 days) PA
GILENYA CAPS 0.5MG	QL (28 EA per 28 days) PA
KESIMPTA	QL (6.4 ML per 365 days) PA LA
TECFIDERA STARTER PACK	QL (120 EA per 365 days) PA LA
TECFIDERA CPDR 120MG	QL (14 EA per 7 days) PA LA
TECFIDERA CPDR 240MG	QL (60 EA per 30 days) PA LA
VUMERTY	QL (120 EA per 30 days) PA LA
MUSCULOSKELETAL THERAPY AGENTS	
<i>baclofen tabs</i>	MO
<i>chlorzoxazone tabs 500mg</i>	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tabs 5mg, 10mg</i>	QL (90 EA per 30 days) PA MO
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	MO
<i>tizanidine hcl caps 4mg, tabs 2mg</i>	MO
<i>tizanidine hydrochloride caps 2mg, 6mg, tabs 4mg</i>	MO
NARCOLEPSY/CATAPLEXY	
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	QL (30 EA per 30 days) PA MO
<i>armodafinil tabs 50mg</i>	QL (60 EA per 30 days) PA MO
<i>modafinil tabs 100mg</i>	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	QL (540 ML per 30 days) PA LA
XYREM	QL (540 ML per 30 days) PA LA
PSYCHOTHERAPEUTIC-MISC	
<i>acamprosate calcium dr</i>	MO
<i>buprenorphine hcl subl 2mg, 8mg</i>	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl subl tabs</i>	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	QL (60 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 150mg disulfiram tabs</i>	QL (60 EA per 30 days) MO
<i>naloxone hcl inj 2mg/2ml</i>	MO
<i>naloxone hcl inj 4mg/10ml</i>	MO
<i>naloxone hydrochloride nasal spray</i>	MO
<i>naloxone hydrochloride cartridge inj 0.4mg/ml</i>	MO
<i>naloxone hydrochloride vial inj 0.4mg/ml</i>	MO
<i>naltrexone hcl tabs</i>	MO
NICOTROL INHALER	MO
NICOTROL NASAL SPRAY	QL (360 ML per 365 days) MO
VARENICLINE STARTING MONTH BOX	PA MO
VARENICLINE TARTRATE TABS 1MG, 0.5MG	PA MO
VIVITROL	

ENDOCRINE AND METABOLIC**ANDROGENS**

<i>depo-testosterone</i>	
<i>oxandrolone tabs 2.5mg</i>	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	QL (60 EA per 30 days) PA MO
<i>testosterone cypionate inj</i>	MO
<i>testosterone enanthate inj</i>	PA MO
<i>testosterone pump gel 1%</i>	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	QL (120 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>	QL (180 ML per 30 days) MO

ANTIDIABETICS, INSULINS

BD ALCOHOL SWABS	MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	MO
BASAGLAR KWIKPEN	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	MO
BD/NOVO PEN NEEDLE ULTRA-FINE	MO
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	MO
CURITY GAUZE PADS 2"X2"	MO
FIASP	MO
FIASP FLEXTOUCH	MO
FIASP PENFILL	MO
FIASP PUMPCART	B/D
HUMULIN R U-500 (CONCENTRATED)	B/D MO
HUMULIN R U-500 KWIKPEN	MO
LANTUS	MO
LANTUS SOLOSTAR	MO
LEVEMIR	MO
LEVEMIR FLEXPEN	MO
LEVEMIR FLEXTOUCH	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	MO
NOVOLIN N (BRAND RELION NOT COVERED)	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	MO
NOVOLIN R (BRAND RELION NOT COVERED)	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	MO
NOVOLOG (BRAND RELION NOT COVERED)	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	MO
NOVOLOG PENFILL	MO
SOLIQUA 100/33	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	MO
TOUJEO SOLOSTAR	MO
TRESIBA	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
TRESIBA FLEXTOUCH	MO
XULTOPHY 100/3.6	QL (15 ML per 30 days) MO
ANTIDIABETICS	
acarbose tabs	QL (90 EA per 30 days) MO
BYDUREON BCISE	QL (3.4 ML per 28 days) PA MO
BYETTA INJ 5MCG/0.02ML	QL (1.2 ML per 30 days) PA MO
BYETTA INJ 10MCG/0.04ML	QL (2.4 ML per 30 days) PA MO
FARXIGA	QL (30 EA per 30 days) MO
glimepiride tabs 4mg	QL (60 EA per 30 days) MO
glimepiride tabs 1mg, 2mg	QL (90 EA per 30 days) MO
glipizide er tb24 10mg	QL (60 EA per 30 days) MO
glipizide er tb24 2.5mg, 5mg	QL (90 EA per 30 days) MO
glipizide xl tb24 10mg	QL (60 EA per 30 days) MO
glipizide xl tb24 2.5mg, 5mg	QL (90 EA per 30 days) MO
glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg	QL (120 EA per 30 days) MO
glipizide/metformin hydrochloride tabs 2.5mg; 250mg	QL (240 EA per 30 days) MO
glipizide tabs 10mg	QL (120 EA per 30 days) MO
glipizide tabs 5mg	QL (240 EA per 30 days) MO
GLYXAMBI	QL (30 EA per 30 days) MO
JANUMET	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	QL (60 EA per 30 days) MO
JANUVIA	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	QL (60 EA per 30 days) MO
JENTADUETO	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	QL (60 EA per 30 days) MO
metformin hydrochloride er tb24 (generic Glucophage XR) 500mg	QL (120 EA per 30 days) MO
metformin hydrochloride er tb24 (generic Glucophage XR) 750mg	QL (60 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>metformin hydrochloride er tb24 (generic Fortamet and Glumetza) 500mg</i>	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tabs 500mg</i>	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tabs 850mg</i>	QL (90 EA per 30 days) MO
<i>miglitol</i>	QL (90 EA per 30 days) MO
<i>nateglinide</i>	QL (90 EA per 30 days) MO
OZEMPIC INJ 2MG/1.5ML (0.25MG OR 0.5MG/DOSE)	QL (1.5 ML per 28 days) PA
OZEMPIC INJ 2MG/1.5ML (1MG/DOSE)	QL (3 ML per 28 days) PA
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl tabs 45mg</i>	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	QL (30 EA per 30 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	QL (240 EA per 30 days) MO
RYBELSUS	QL (30 EA per 30 days) PA MO
SYMLINPEN 120	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	QL (6 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	QL (60 EA per 30 days) MO
TRADJENTA	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	QL (60 EA per 30 days) MO
TRULICITY	QL (2 ML per 28 days) PA MO
VICTOZA	QL (9 ML per 30 days) PA MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	QL (60 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
CALCIUM REGULATORS	
<i>alendronate sodium oral soln</i>	MO
<i>alendronate sodium tabs 10mg</i>	QL (120 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal spray</i>	MO
FORTEO	PA
<i>ibandronate sodium tabs</i>	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	QL (3 ML per 90 days) MO
NATPARA	PA LA
PAMIDRONATE DISODIUM INJ 6MG/ML	
<i>pamidronate disodium inj 30mg/10ml, 90mg/10ml</i>	
PROLIA	QL (1 ML per 180 days)
<i>risedronate sodium dr tab 35mg</i>	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	QL (30 EA per 30 days) MO
XGEVA	PA
ZOLEDRONIC ACID INJ 4MG/100ML	
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	
CHELATIN AGENTS	
CHEMET	MO
<i>deferasirox pack, tabs for oral susp 125mg, 250mg, 500mg</i>	PA
<i>deferasirox tabs 90mg</i>	PA
<i>deferasirox tabs 180mg, 360mg</i>	PA
LOKELMA PACK 10GM	QL (34 EA per 30 days) MO
LOKELMA PACK 5GM	QL (96 EA per 30 days) MO
<i>penicillamine tabs</i>	
<i>sodium polystyrene sulfonate oral powder</i>	MO
<i>sps oral susp 15gm/60ml</i>	MO
<i>trientine hydrochloride</i>	PA
VELTASSA PACK 16.8GM, 25.2GM	QL (30 EA per 30 days) MO
VELTASSA PACK 8.4GM	QL (90 EA per 30 days) MO
CONTRACEPTIVES	
<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen 1/35</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>alyacen 7/7/7</i>	
<i>amethia</i>	
<i>amethyst</i>	
<i>apri</i>	
<i>aranelle</i>	MO
<i>ashlyna</i>	
<i>aubra</i>	
<i>aubra eq</i>	
<i>aurovela 1.5/30</i>	
<i>aurovela 24 fe</i>	
<i>aurovela fe 1.5/30</i>	
<i>aurovela fe 1/20</i>	
<i>aviane</i>	
<i>ayuna</i>	
<i>balziva</i>	
<i>blisovi 24 fe</i>	MO
<i>blisovi fe 1.5/30</i>	MO
<i>blisovi fe 1/20</i>	
<i>briellyn</i>	
<i>camila</i>	MO
CAMRESE	
CAMRESE LO	
<i>caziant</i>	
<i>charlotte 24 fe</i>	
<i>chateal</i>	
<i>chateal eq</i>	
<i>cryselle-28</i>	MO
<i>cyred</i>	
<i>cyred eq</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	
<i>daysee</i>	
<i>deblitane</i>	
<i>delyla</i>	
<i>desogestrel/ethinyl estradiol</i>	MO
<i>dolishale</i>	
<i>drospirenone/ethinyl estradiol</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>drosipренон/этил эстрадиол/левомекольфолат</i>	MO
<i>кальций табс 3мг; 0.03мг; 0.451мг</i>	
<i>elinest</i>	
<i>eluryng</i>	
<i>emoquette</i>	
<i>enilloring</i>	
<i>enpresse-28</i>	
<i>enskyce</i>	MO
<i>errin</i>	MO
<i>estarylla</i>	MO
<i>ethynodiol diacetate/ethynodiol estradiol</i>	MO
<i>falmina</i>	
<i>fayosim</i>	
<i>femynor</i>	
<i>finzala</i>	
<i>GIANVI</i>	
<i>hailey 1.5/30</i>	MO
<i>hailey 24 fe</i>	
<i>hailey fe 1.5/30</i>	
<i>hailey fe 1/20</i>	
<i>haloette</i>	
<i>heather</i>	
<i>iclevia</i>	
<i>incassia</i>	
<i>introvale</i>	
<i>isibloom</i>	
<i>jaimiess</i>	
<i>jasmiel</i>	
<i>jencycla</i>	
<i>JOLESSA</i>	
<i>juleber</i>	
<i>junel 1.5/30</i>	MO
<i>junel 1/20</i>	MO
<i>junel fe 1.5/30</i>	MO
<i>junel fe 1/20</i>	MO
<i>junel fe 24</i>	
<i>kaitlib fe</i>	MO
<i>kalliga</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>kariva</i>	
<i>kelnor 1/35</i>	MO
<i>kelnor 1/50</i>	MO
<i>kurvelo</i>	
<i>larin 1.5/30</i>	
<i>larin 1/20</i>	
<i>larin 24 fe</i>	
<i>larin fe 1.5/30</i>	
<i>larin fe 1/20</i>	
<i>larissia</i>	
<i>LEENA</i>	
<i>lessina</i>	
<i>levonest</i>	
<i>levonorgestrel and ethinyl estradiol</i>	MO
<i>levonorgestrel/ethinyl estradiol</i>	MO
<i>levora 0.15/30-28</i>	
<i>lillow</i>	
<i>lo-zumandimine</i>	MO
<i>loestrin 1.5/30-21</i>	
<i>loestrin 1/20-21</i>	
<i>loestrin fe 1.5/30</i>	
<i>loestrin fe 1/20</i>	
<i>lojaimiess</i>	MO
<i>loryna</i>	
<i>low-ogestrel</i>	
<i>lutera</i>	MO
<i>lyeq</i>	
<i>lyza</i>	
<i>marlissa</i>	MO
<i>medroxyprogesterone acetate inj 150mg/ml</i>	MO
<i>mibelas 24 fe</i>	
<i>MICROGESTIN 1.5/30</i>	
<i>MICROGESTIN 1/20</i>	
<i>microgestin 24 fe</i>	
<i>MICROGESTIN FE 1.5/30</i>	
<i>MICROGESTIN FE 1/20</i>	
<i>mili</i>	
<i>mono-linyah</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>necon 0.5/35-28</i>	
<i>nikki</i>	
NORA-BE	
<i>norethindrone tabs 0.35mg</i>	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	MO
<i>norgestimate/ethinyl estradiol</i>	MO
<i>norlyda</i>	
<i>norlyroc</i>	
<i>nortrel 0.5/35 (28)</i>	MO
<i>nortrel 1/35 28-day regimen</i>	
<i>nortrel 1/35 21-day regimen</i>	MO
<i>nortrel 7/7/7</i>	
<i>nylia 1/35</i>	
<i>nylia 7/7/7</i>	MO
<i>nymyo</i>	
OCELLA	
<i>orsythia</i>	
<i>philith</i>	
<i>pimtrea</i>	
<i>pirmella 1/35</i>	MO
<i>pirmella 7/7/7</i>	MO
<i>portia-28</i>	
<i>previfem</i>	
<i>reclipsen</i>	
RIVELSA	
<i>setlakin</i>	
<i>sharobel</i>	
<i>simliya</i>	
<i>simpesse</i>	MO
<i>sprintec 28</i>	
<i>sronyx</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
syeda	
<i>tarina 24 fe</i>	
<i>tarina fe 1/20</i>	
<i>tarina fe 1/20 eq</i>	
TILIA FE	
<i>tri femynor</i>	
<i>tri-estarylla</i>	MO
<i>tri-legest fe</i>	MO
<i>tri-linyah</i>	
<i>tri-lo-estarylla</i>	
<i>tri-lo-marzia</i>	
<i>tri-lo-mili</i>	
<i>tri-lo-sprintec</i>	MO
<i>tri-mili</i>	
<i>tri-nymyo</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>tri-vylibra lo</i>	
<i>trivora-28</i>	MO
<i>tydemy</i>	
<i>velivet</i>	MO
<i>vestura</i>	
<i>vienna</i>	
<i>viorele</i>	MO
<i>volnea</i>	MO
<i>vyfemla</i>	MO
<i>vylibra</i>	
<i>wera</i>	
<i>wymzya fe</i>	
<i>zovia 1/35</i>	
<i>zumandimine</i>	
ENDOMETRIOSIS	
<i>danazol caps</i>	MO
<i>SYNAREL</i>	MO
ESTROGENS	
<i>amabelz</i>	MO
<i>DELESTROGEN INJ 10MG/ML</i>	MO
<i>dotti</i>	QL (8 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
DUAVEE	MO
<i>estradiol valerate inj</i>	MO
<i>estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg</i>	MO
<i>estradiol oral tabs</i>	MO
<i>estradiol vaginal crea, vaginal tabs</i>	MO
<i>estradiol patch weekly</i>	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	QL (8 EA per 28 days) MO
ESTRING	QL (1 EA per 90 days) MO
<i>fyavolv</i>	MO
<i>jinteli</i>	
<i>lyllana</i>	QL (8 EA per 28 days)
<i>mimvey</i>	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	MO
PREMARIN	MO
PREMPRO	MO
<i>yuvafem</i>	
GLUCOCORTICOIDS	
DEXAMETHASONE INTENSOL	MO
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml pf vial, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	MO
<i>dexamethasone tabs, oral soln, oral elixir</i>	MO
<i>fludrocortisone acetate tabs</i>	MO
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	MO
<i>methylprednisolone acetate inj</i>	B/D MO
<i>methylprednisolone dose pack</i>	MO
<i>methylprednisolone sodium succinate inj 1000mg</i>	B/D MO
<i>methylprednisolone sodium succinate inj 125mg, 40mg</i>	B/D MO
<i>methylprednisolone tabs</i>	B/D MO
<i>prednisolone oral soln 15mg/5ml</i>	B/D MO
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	B/D MO
<i>prednisolone sodium phosphate oral soln 25mg/5ml, 5mg/5ml</i>	B/D MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
PREDNISONE INTENSOL	B/D MO
<i>prednisone tabs</i>	B/D MO
<i>prednisone tab therapy pack</i>	MO
<i>prednisone soln</i>	B/D MO
SOLU-CORTEF	MO
<i>triamcinolone acetonide inj 40mg/ml</i>	MO
GLUCOSE ELEVATING AGENTS	
<i>diazoxide oral susp</i>	MO
GVOKE HYPOEN 1-PACK	MO
GVOKE HYPOEN 2-PACK	MO
GVOKE KIT	MO
GVOKE PFS	MO
MISCELLANEOUS	
<i>acetylcysteine inj 200mg/ml</i>	
<i>betaine anhydrous</i>	LA
<i>cabergoline</i>	MO
<i>carglumic acid</i>	PA LA
CERDELGA	PA LA
<i>cinacalcet hydrochloride tabs 30mg</i>	QL (60 EA per 30 days)
<i>cinacalcet hydrochloride tabs 90mg</i>	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 60mg</i>	QL (60 EA per 30 days)
CYSTAGON	PA LA
<i>desmopressin acetate tabs</i>	MO
<i>desmopressin acetate nasal soln</i>	MO
<i>desmopressin acetate pf inj 4mcg/ml</i>	MO
<i>desmopressin acetate inj 4mcg/ml</i>	MO
<i>fomepizole</i>	
GENOTROPIN	PA
GENOTROPIN MINIQUICK INJ 0.2MG	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	PA
INCRELEX	PA LA
<i>javygtor</i>	PA LA
KORLYM	PA LA
LEVOCARNITINE TABS	MO
<i>levocarnitine inj</i>	
<i>levocarnitine oral soln</i>	MO
LUPRON DEPOT-PED	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	PA
<i>methergine</i>	
<i>methylergonovine maleate tabs</i>	MO
<i>nitisinone</i>	PA
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	PA
<i>raloxifene hydrochloride</i>	MO
SANDOSTATIN LAR DEPOT KIT	PA
<i>sapropterin dihydrochloride</i>	PA
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	PA LA
<i>sodium phenylbutyrate tabs, oral powder</i>	PA
SOMATULINE DEPOT	PA LA
SOMAVERT INJ	PA LA
PHOSPHATE BINDER AGENTS	
<i>calcium acetate caps, tabs 667mg</i>	QL (360 EA per 30 days) MO
<i>lanthanum carbonate</i>	MO
PROGESTINS	
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	MO
<i>megestrol acetate susp 40mg/ml</i>	MO
<i>megestrol acetate susp 625mg/5ml</i>	MO
<i>norethindrone acetate tabs 5mg</i>	MO
<i>progesterone caps</i>	MO
<i>progesterone inj</i>	MO
THYROID AGENTS	
<i>euthyrox</i>	MO
LEVO-T	
<i>levothyroxine sodium tabs</i>	MO
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/ML, 200MCG/5ML, 500MCG/5ML	
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML	
LEVOXYL	MO
<i>liothyronine sodium tabs</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>liothyronine sodium inj</i>	
<i>methimazole tabs</i>	MO
<i>propylthiouracil tabs</i>	MO
SYNTHROID	MO
UNITHROID	
VITAMIN D ANALOGS	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	MO
<i>calcitriol inj 1mcg/ml</i>	
<i>calcitriol oral soln 1mcg/ml</i>	MO
<i>doxercalciferol inj</i>	
<i>paricalcitol</i>	MO
GASTROINTESTINAL	
ANTIEMETICS	
<i>aprepitant caps therapy pack, 40mg, 80mg</i>	B/D MO
<i>aprepitant caps 125mg</i>	B/D MO
<i>compro</i>	MO
DIMENHYDRINATE INJ	
<i>dronabinol</i>	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSP	B/D
<i>gransetron hcl tabs</i>	QL (60 EA per 30 days) B/D
	MO
<i>meclizine hcl tabs 12.5mg, 25mg</i>	MO
<i>meclizine hydrochloride</i>	MO
<i>metoclopramide hcl tabs 5mg</i>	MO
<i>metoclopramide hcl soln</i>	MO
<i>metoclopramide hydrochloride tabs</i>	MO
<i>metoclopramide hydrochloride inj</i>	MO
METOCLOPRAMIDE ODT TBDP 10MG	MO
<i>metoclopramide odt tbdp 5mg</i>	MO
<i>ondansetron hcl tabs 24mg</i>	B/D
<i>ondansetron hcl oral soln</i>	QL (900 ML per 30 days) B/D
	MO
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	B/D MO
<i>ondansetron hydrochloride inj 40mg/20ml, 4mg/2ml</i>	MO
<i>ondansetron odt</i>	B/D MO
<i>prochlorperazine edisylate inj</i>	MO
<i>prochlorperazine maleate tabs</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>prochlorperazine rectal supp</i>	MO
<i>promethazine hcl plain syrup 6.25mg/5ml</i>	PA MO
<i>promethazine hcl tabs 12.5mg</i>	PA MO
<i>promethazine hcl inj, supp</i>	PA MO
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	PA MO
PROMETHEGAN SUPP 50MG	PA MO
<i>promethegan supp 25mg</i>	PA
<i>promethegan supp 12.5mg</i>	PA MO
SANCUSO	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hydrochloride caps</i>	PA MO
ANTISPASMODICS	
<i>dicyclomine hcl oral soln</i>	MO
<i>dicyclomine hydrochloride caps, tabs</i>	MO
<i>dicyclomine hydrochloride inj</i>	PA MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	MO
<i>glycopyrrolate oral soln</i>	MO
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml</i>	
<i>glycopyrrolate vial inj 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	MO
<i>methscopolamine bromide tabs</i>	PA MO
H2-RECEPTOR ANTAGONISTS	
<i>cimetidine hcl</i>	MO
<i>cimetidine tabs</i>	MO
<i>famotidine premixed inj</i>	
<i>famotidine tabs</i>	MO
<i>famotidine inj</i>	
<i>famotidine oral susp</i>	MO
<i>nizatidine soln</i>	MO
<i>nizatidine caps</i>	MO
INFLAMMATORY BOWEL DISEASE	
<i>balsalazide disodium</i>	MO
<i>budesonide er tabs 9mg</i>	MO
<i>budesonide cprep 3mg</i>	MO
<i>hydrocortisone enem 100mg/60ml</i>	MO
<i>mesalamine dr caps 400mg, tabs 1.2gm, 800mg</i>	MO
<i>mesalamine supp</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>mesalamine enem, kit</i>	MO
<i>sulfasalazine tabs, dr tabs</i>	MO
LAXATIVES	
CLENPIQ SOLN 12GM/160ML; 3.5GM/160ML; 10MG/160ML	
CLENPIQ SOLN 12GM/175ML; 3.5GM/175ML; 10MG/175ML	MO
<i>constulose</i>	
<i>enulose</i>	MO
<i>gavilyte-c</i>	MO
<i>gavilyte-g</i>	MO
<i>gavilyte-n/flavor pack</i>	
<i>generlac</i>	
GOLYTELY	MO
KRISTALOSE	PA MO
<i>lactulose oral soln</i>	MO
NULYTELY	MO
<i>peg-3350/electrolytes</i>	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	MO
PLENU	MO
SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE	MO
SUPREP BOWEL PREP KIT	MO
SUTAB	MO
MISCELLANEOUS	
<i>alosetron hydrochloride</i>	QL (60 EA per 30 days) PA MO
<i>cromolyn sodium oral conc 100mg/5ml</i>	MO
<i>diphenoxylate hydrochloride/atropine sulfate tabs</i>	MO
<i>diphenoxylate/atropine oral soln</i>	MO
GATTEX	PA LA
LINZESS	QL (30 EA per 30 days) MO
<i>loperamide hcl caps</i>	MO
<i>misoprostol tabs</i>	MO
MOVANTIK TABS 25MG	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	QL (60 EA per 30 days) MO
SUCRALFATE SUSP	MO
<i>sucralfate tabs</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>ursodiol caps 300mg</i>	MO
<i>ursodiol tabs</i>	MO
XERMELO	QL (84 EA per 28 days) PA LA
XIFAXAN TABS 550MG	PA MO
PANCREATIC ENZYMEs	
CREON	MO
ZENPEP	MO
PROTON PUMP INHIBITORS	
<i>dexlansoprazole</i>	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	
<i>lansoprazole caps dr 15mg</i>	QL (30 EA per 30 days) MO
<i>lansoprazole caps dr 30mg</i>	QL (42 EA per 30 days) MO
<i>omeprazole</i>	QL (60 EA per 30 days) MO
<i>omeprazole dr caps 10mg</i>	QL (30 EA per 30 days) MO
<i>pantoprazole sodium inj</i>	
<i>pantoprazole sodium ec tabs 20mg</i>	QL (30 EA per 30 days) MO
<i>pantoprazole sodium ec tabs 40mg</i>	QL (60 EA per 30 days) MO
<i>rabeprazole sodium dr tabs 20mg</i>	QL (30 EA per 30 days) MO
GENITOURINARY	
BENIGN PROSTATIC HYPERPLASIA	
<i>alfuzosin hcl er</i>	QL (30 EA per 30 days) MO
<i>dutasteride</i>	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	QL (30 EA per 30 days) MO
<i>finasteride tabs</i>	QL (30 EA per 30 days) MO
<i>silodosin caps 8mg</i>	QL (30 EA per 30 days) MO
<i>silodosin caps 4mg</i>	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	QL (60 EA per 30 days) MO
MISCELLANEOUS	
<i>acetic acid 0.25%</i>	MO
<i>bethanechol chloride</i>	MO
ELMIRON	QL (90 EA per 30 days) MO
<i>potassium citrate er tbcr 540mg</i>	MO
<i>potassium citrate er tbcr 1080mg, 15meq</i>	MO
URINARY ANTISPASMODICS	
<i>fesoterodine fumarate er</i>	QL (30 EA per 30 days) MO
GEMTESA	QL (30 EA per 30 days) MO
MYRBETRIQ TB24	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
MYRBETRIQ SRER	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	QL (120 EA per 30 days) MO
<i>oxybutynin chloride soln</i>	QL (600 ML per 30 days) MO
<i>solifenacin succinate</i>	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate</i>	QL (60 EA per 30 days) ST MO
<i>tolterodine tartrate er</i>	QL (30 EA per 30 days) ST MO
<i>trospium chloride</i>	QL (60 EA per 30 days) MO
<i>trospium chloride er</i>	QL (30 EA per 30 days) MO
VAGINAL ANTI-INFECTIVES	
<i>clindamycin phosphate crea 2%</i>	MO
<i>metronidazole vaginal</i>	MO
<i>miconazole 3</i>	MO
<i>terconazole crea</i>	MO
<i>terconazole supp</i>	MO
HEMATOLOGIC	
ANTICOAGULANTS	
<i>dabigatran etexilate</i>	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	QL (74 EA per 30 days) MO
<i>enoxaparin sodium inj 150mg/ml</i>	
<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	MO
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	MO
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	MO
FRAGMIN INJ 10000UNIT/4ML	
FRAGMIN INJ 2500UNIT/0.2ML, 95000UNIT/3.8ML	MO
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	MO
HEPARIN SODIUM/D5W	
HEPARIN SODIUM/DEXTROSE	
HEPARIN SODIUM/NACL 0.45%	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
HEPARIN SODIUM/SODIUM CHLORIDE	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ML	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	MO
<i>jantoven</i>	MO
<i>warfarin sodium</i>	MO
XARELTO STARTER PACK	QL (51 EA per 30 days) MO
XARELTO ORAL SUSP	QL (620 ML per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS	
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	PA
ZARXIO	PA
MISCELLANEOUS	
<i>anagrelide hydrochloride</i>	MO
BERINERT	QL (24 EA per 30 days) PA LA
<i>cilostazol</i>	MO
DOPTELET	QL (60 EA per 30 days) PA LA
DROXIA	MO
HAEGARDA INJ 3000UNIT	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	QL (30 EA per 30 days) PA LA
<i>icatibant acetate</i>	QL (27 ML per 30 days) PA
<i>pentoxifylline er</i>	MO
PROMACTA PACK 25MG	QL (180 EA per 30 days) PA LA
PROMACTA PACK 12.5MG	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	QL (60 EA per 30 days) PA LA
<i>sajazir</i>	QL (27 ML per 30 days) PA LA
<i>tranexamic acid tabs</i>	MO
<i>tranexamic acid inj</i>	
PLATELET AGGREGATION INHIBITORS	
<i>aspirin/dipyridamole er</i>	QL (60 EA per 30 days) MO
BRILINTA	MO
<i>clopidogrel tabs 75mg</i>	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>clopidogrel tabs 300mg</i>	QL (2 EA per 365 days) MO
<i>dipyridamole tabs</i>	PA MO
<i>prasugrel</i>	MO
IMMUNOLOGIC AGENTS	
AUTOIMMUNE AGENTS	
DUPIXENT INJ 100MG/0.67ML	QL (1.34 ML per 28 days) PA
DUPIXENT INJ 200MG/1.14ML	QL (4.56 ML per 28 days) PA
DUPIXENT INJ 300MG/2ML	QL (8 ML per 28 days) PA
ENBREL MINI	QL (8 ML per 28 days) PA
ENBREL SURECLICK	QL (8 ML per 28 days) PA
ENBREL INJ 25MG	QL (8 EA per 28 days) PA
ENBREL INJ 25MG/0.5ML, 50MG/ML	QL (8 ML per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	PA
HUMIRA PEN-CD/UC/HS STARTER	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	PA
HUMIRA PEN-PS/UV STARTER	PA
HUMIRA PEN INJ 80MG/0.8ML	PA
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	QL (6 EA per 28 days) PA
KEVZARA	QL (2.28 ML per 28 days) PA
OTEZLA STARTER PACK	QL (110 EA per 365 days) PA
OTEZLA TABS	QL (60 EA per 30 days) PA
RINVOQ	QL (30 EA per 30 days) PA
SKYRIZI PEN	QL (6 ML per 365 days) PA
SKYRIZI INJ 180MG/1.2ML	QL (1.2 ML per 56 days) PA
SKYRIZI INJ 360MG/2.4ML	QL (2.4 ML per 56 days) PA
SKYRIZI INJ 75MG/0.83ML	QL (6 EA per 365 days) PA
SKYRIZI INJ 150MG/ML	QL (6 ML per 365 days) PA
SKYRIZI INJ 600MG/10ML	QL (60 ML per 365 days) PA
STELARA INJ 45MG/0.5ML PREFILLED SYRINGE	QL (0.5 ML per 28 days) PA
STELARA INJ 45MG/0.5ML VIAL	QL (0.5 ML per 28 days) PA LA
STELARA INJ 90MG/ML	QL (1 ML per 28 days) PA
STELARA INJ 130MG/26ML	QL (104 ML per 365 days) PA LA
TALTZ	QL (3 ML per 28 days) PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
XELJANZ XR	QL (30 EA per 30 days) PA
XELJANZ SOLN	QL (480 ML per 24 days) PA
XELJANZ TABS	QL (60 EA per 30 days) PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)	
<i>hydroxychloroquine sulfate tabs 200mg</i>	MO
<i>leflunomide</i>	QL (30 EA per 30 days) MO
<i>methotrexate sodium tabs 2.5mg</i>	MO
XATMEP	MO
IMMUNOGLOBULINS	
BIVIGAM	PA LA
FLEBOGAMMA DIF	PA
GAMASTAN	B/D LA
GAMMAGARD LIQUID	PA
GAMMAGARD S/D INJ 5GM, 10GM	PA
GAMMAKED	PA
GAMMAPLEX	PA LA
GAMUNEX-C	PA
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 25GM/500ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	PA
PANZYGA	PA
PRIVIGEN	PA
IMMUNOMODULATORS	
ACTIMMUNE	PA LA
ARCALYST	PA LA
INTRON A	LA
IMMUNOSUPPRESSANTS	
AZATHIOPRINE INJ	B/D
<i>azathioprine tabs 50mg</i>	B/D MO
BENLYSTA	PA LA
<i>cyclosporine</i>	B/D MO
<i>cyclosporine modified</i>	B/D MO
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	B/D MO
<i>gengraf caps</i>	B/D
<i>gengraf soln</i>	B/D MO
<i>mycophenolate mofetil caps, tabs</i>	B/D MO
<i>mycophenolate mofetil inj</i>	B/D MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>mycophenolate mofetil oral susp</i>	B/D MO
<i>mycophenolic acid dr</i>	B/D MO
NULOJIX	B/D
PROGRAF GRANULES	B/D MO
REZUROCK	QL (30 EA per 30 days) PA LA
SANDIMMUNE ORAL SOLN	B/D MO
<i>sirolimus soln</i>	B/D MO
<i>sirolimus tabs 0.5mg, 1mg</i>	B/D MO
<i>sirolimus tabs 2mg</i>	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	B/D MO
VACCINES	
ABRYSVO	
ACTHIB	
ADACEL	
AREXVY	
BCG VACCINE	
BEXSERO	
BOOSTRIX	
DAPTACEL	
DENGVAXIA	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED	
PEDIATRIC	
ENGERIX-B	B/D
GARDASIL 9	
HAVRIX	
HEPLISAV-B	B/D
HIBERIX	
IMOVAX RABIES (H.D.C.V.)	B/D
INFANRIX	
IPOL INACTIVATED IPV	
IXIARO	
JYNNEOS	B/D
KINRIX	
M-M-R II	
MENACTRA	
MENQUADFI	
MENVEO	
PEDIARIX	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
PEDVAX HIB	
PENTACEL	
PREHEVBRIOS	B/D
PRIORIX	
PROQUAD	
QUADRACEL	
RABAVERT	B/D
RECOMBIVAX HB	B/D
ROTARIX	
ROTATEQ	
SHINGRIX	QL (2 EA per 999 days)
TDVAX	
TENIVAC	
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
YF-VAX	

NUTRITIONAL/SUPPLEMENTS**ELECTROLYTES/MINERALS, INJECTABLE**

DEXTROSE 10%/NACL 0.45%	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	
DEXTROSE 10%/NACL 0.2%	
DEXTROSE 2.5%/NACL 0.45%	
DEXTROSE 5%/LACTATED RINGERS	
DEXTROSE 5%/NACL 0.2%	
<i>dextrose 5%/nacl 0.3%</i>	
DEXTROSE 5%/NACL 0.33%	
DEXTROSE 5%/NACL 0.45%	
DEXTROSE 5%/NACL 0.9%	MO
DEXTROSE 5%/NACL 0.225%	
ISOLYTE-P/DEXTROSE 5%	
ISOLYTE-S	B/D
ISOLYTE-S PH 7.4	B/D
KCL 0.075%/D5W/NACL 0.45%	
KCL 0.15%/D5W/NACL 0.2%	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
KCL 0.15%/D5W/NACL 0.45%	
KCL 0.15%/D5W/NACL 0.9%	
KCL 0.3%/D5W/NACL 0.45%	
KCL 0.3%/D5W/NACL 0.9%	
<i>lactated ringers</i>	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	
<i>magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%</i>	
<i>multiple electrolytes injection type 1</i>	
PLASMA-LYTE A	
PLASMA-LYTE-148	
POTASSIUM CHLORIDE/DEXTROSE	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE INJ 5%; 10MEQ/L; 0.45%, 5%; 20MEQ/L; 0.45%, 5%; 20MEQ/L; 0.9%, 5%; 30MEQ/L; 0.45%, 5%; 40MEQ/L; 0.45%, 5%; 40MEQ/L; 0.9%	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM HI CHLORIDE INJ 5%; 0.15%; 0.225%	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%</i>	
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	
<i>potassium chloride inj 2meq/ml</i> MO	
RINGERS INJECTION	
SODIUM BICARBONATE INJ 7.5%	
<i>sodium bicarbonate inj 4.2%</i>	
<i>sodium bicarbonate inj 8.4%</i> MO	
<i>sodium chloride 0.45%</i>	
SODIUM CHLORIDE INJ 2.5MEQ/ML, 5% MO	
<i>sodium chloride inj 0.9%, 3%, 4meq/ml</i> MO	
TPN ELECTROLYTES B/D	
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
<i>adc/fluoride</i> MO	
<i>effer-k tab 25meq</i> MO	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>fluoride</i>	MO
<i>klor-con 10</i>	
<i>klor-con 8</i>	
<i>klor-con m10</i>	MO
<i>klor-con m15</i>	MO
<i>klor-con m20</i>	MO
<i>klor-con powder packet 20meq</i>	
<i>klor-con/ef</i>	MO
M-NATAL PLUS	MO
<i>multi vitamin/fluoride</i>	MO
<i>multi-vitamin/fluoride drops</i>	MO
<i>multi-vitamin/fluoride/iron</i>	MO
<i>multivitamin/fluoride</i>	MO
NEONATAL PLUS	MO
NIVA-PLUS	MO
PNV PRENATAL PLUS MULTIVITAMIN	MO
<i>poly-vitamin/fluoride</i>	
<i>potassium chloride er caps</i>	MO
<i>potassium chloride er tabs 15meq</i>	
<i>potassium chloride er tabs 10meq, 20meq, 8meq</i>	MO
<i>potassium chloride pack 20meq</i>	MO
<i>potassium chloride oral soln 10%, 20%</i>	MO
PRENATAL	MO
PRENATAL PLUS	MO
PRENATAL VITAMINS PLUS LOW IRON	MO
PREPLUS	MO
<i>sodium fluoride chew 0.25mg, 0.5mg, 1mg</i>	MO
<i>sodium fluoride soln 0.5mg/ml</i>	MO
<i>tri-vite/fluoride</i>	MO
TRICARE PRENATAL TABS	MO
VP-PNV-DHA	MO
WESTAB PLUS	MO
IV NUTRITION	
CLINIMIX 4.25%/DEXTROSE 10%	B/D
CLINIMIX 4.25%/DEXTROSE 5%	B/D
CLINIMIX 5%/DEXTROSE 15%	B/D
CLINIMIX 5%/DEXTROSE 20%	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
CLINIMIX 6/5	B/D
CLINIMIX 8/10	B/D
CLINIMIX 8/14	B/D
<i>clinisol sf 15%</i>	B/D MO
CLINOLIPID	B/D
<i>dextrose 10%</i>	
<i>dextrose 5%</i>	MO
DEXTROSE 50%	B/D
DEXTROSE 70%	B/D
FREAMINE III	B/D
HEPATAMINE	B/D
NUTRILIPID	B/D
<i>plenamine</i>	B/D
PREMASOL	B/D
PROCALAMINE	B/D
PROSOL	B/D
TRAVASOL	B/D
TROPHAMINE	B/D

OPHTHALMIC**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

BLEPHAMIDE S.O.P.	MO
<i>neo-polycin hc</i>	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	MO
<i>neomycin/polymyxin/dexamethasone</i>	MO
<i>neomycin/polymyxin/hydrocortisone</i>	MO
<i>ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	MO
TOBRADEX OINT	MO
TOBRADEX ST	MO
<i>tobramycin/dexamethasone</i>	MO
ZYLET	MO

ANTI-INFECTIVES

<i>bacitracin</i>	MO
<i>bacitracin/polymyxin b</i>	MO
BESIVANCE	MO
CILOXAN OINT	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride soln 0.3%</i>	QL (30 ML per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>erythromycin oint 5mg/gm</i>	QL (42 GM per 30 days) MO
<i>gatifloxacin</i>	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic soln 1.5%</i>	QL (20 ML per 30 days)
<i>levofloxacin ophthalmic soln 0.5%</i>	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic soln 0.5%</i>	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic soln 0.5%</i>	QL (12 ML per 30 days) MO
NATACYN	MO
<i>neo-polycin</i>	
<i>neomycin/bacitracin/polymyxin</i>	MO
<i>neomycin/polymyxin/gramicidin</i>	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	QL (60 ML per 30 days) MO
<i>polycin</i>	
<i>polymyxin b sulfate(trimethoprim sulfate</i>	MO
<i>sulfacetamide sodium oint 10%</i>	QL (42 GM per 30 days) MO
<i>sulfacetamide sodium soln 10%</i>	QL (90 ML per 30 days) MO
<i>tobramycin soln 0.3%</i>	QL (30 ML per 30 days) MO
<i>trifluridine</i>	MO
ZIRGAN	MO
ANTI-INFLAMMATORIES	
ALREX	MO
<i>bromfenac ophthalmic solution</i>	MO
BROMSITE	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	MO
<i>diclofenac sodium ophthalmic soln 0.1%</i>	QL (10 ML per 30 days) MO
<i>difluprednate</i>	MO
DUREZOL	MO
EYSUVIS	MO
FLAREX	MO
FLUOROMETHOLONE	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	MO
ILEVRO	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	MO
LOTEMAX OINT	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
LOTEMAX SM	MO
<i>loteprednol etabonate</i>	MO
<i>prednisolone acetate ophthalmic susp</i>	MO
PREDNISOLONE SODIUM PHOSPHATE	MO
OPHTHALMIC SOLN 1%	
PROLENSA	MO
ANTIALLERGICS	
<i>azelastine hcl ophthalmic soln 0.05%</i>	MO
<i>cromolyn sodium ophthalmic soln 4%</i>	MO
<i>epinastine hcl</i>	MO
LASTACAFT	
<i>olopatadine hcl ophthalmic soln 0.1%</i>	MO
<i>olopatadine hydrochloride ophthalmic soln 0.2%</i>	MO
ZERVIATE	MO
ANTIGLAUCOMA	
ALPHAGAN P OPHTHALMIC SOLN 0.1%	MO
<i>betaxolol hcl soln 0.5%</i>	MO
BETOPTIC-S	MO
BRIMONIDINE TARTRATE SOLN 0.15%	MO
<i>brimonidine tartrate soln 0.2%</i>	MO
<i>brinzolamide</i>	MO
<i>carteolol hcl</i>	MO
COMBIGAN	MO
<i>dorzolamide hcl/timolol maleate</i>	MO
<i>dorzolamide hydrochloride</i>	MO
<i>dorzolamide hydrochloride/timolol maleate soln 2%-0.5% preservative free</i>	MO
<i>latanoprost ophthalmic soln</i>	MO
<i>levobunolol hcl</i>	MO
LUMIGAN	MO
PHOSPHOLINE IODIDE	
<i>pilocarpine hcl ophthalmic soln</i>	MO
RHOPRESSA	MO
ROCKLATAN	MO
SIMBRINZA	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	MO
<i>timolol maleate (generic Istalol) soln 0.5%</i>	MO
<i>travoprost</i>	MO
<i>VYZULTA</i>	MO
MISCELLANEOUS	
ATROPINE SULFATE OPHTH SOLN	MO
CYSTARAN	PA LA
ISOPTO ATROPINE	MO
<i>proparacaine hcl</i>	MO
RESTASIS	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	QL (5.5 ML per 30 days) MO
TYRVAYA	QL (8.4 ML per 30 days) MO
XIIDRA	QL (60 EA per 30 days) MO
OTIC	
OTIC AGENTS	
<i>acetic acid otic soln 2%</i>	MO
CIPRO HC	MO
CIPROFLOXACIN OTIC SOLN 0.2%	MO
<i>ciprofloxacin/dexamethasone</i>	MO
<i>flac otic oil</i>	QL (20 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01%</i>	QL (20 ML per 30 days) MO
<i>hydrocortisone/acetic acid otic soln</i>	MO
<i>neomycin/polymyxin/hc otic soln</i>	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	MO
<i>ofloxacin otic soln 0.3%</i>	MO
RESPIRATORY	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPTA	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate neb soln</i>	B/D MO
TRELEGY ELLIPTA	QL (60 EA per 30 days) MO
ANTICHOLINERGICS	
ATROVENT HFA	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>ipratropium bromide inhalation soln</i>	B/D MO
<i>ipratropium bromide nasal soln 0.03%</i>	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal soln 0.06%</i>	QL (45 ML per 30 days) MO
ANTIHISTAMINES	
<i>azelastine hcl nasal soln 0.15%</i>	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.1%</i>	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln</i>	PA MO
CARBINOXAMINE MALEATE TABS 6MG	PA MO
<i>carbinoxamine maleate tabs 4mg</i>	PA MO
<i>cetirizine hydrochloride oral soln 1mg/ml</i>	QL (300 ML per 30 days) MO
<i>clemastine fumarate tabs 2.68mg</i>	PA MO
<i>cyproheptadine hcl oral syrup 2mg/5ml</i>	PA MO
<i>cyproheptadine hcl tabs 4mg</i>	PA MO
<i>desloratadine</i>	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj</i>	MO
<i>hydroxyzine hcl tabs</i>	PA MO
<i>hydroxyzine hydrochloride inj, syrup 10mg/5ml</i>	PA MO
<i>hydroxyzine pamoate caps</i>	PA MO
<i>levocetirizine dihydrochloride tabs</i>	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	MO
<i>olopatadine hcl nasal soln 0.6%</i>	QL (30.5 GM per 30 days) MO
BETA AGONISTS	
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act</i>	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aers 108mcg/act</i>	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</i>	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebu</i>	B/D MO
<i>albuterol sulfate syrup, tabs</i>	MO
<i>levalbuterol hcl nebu 0.63mg/3ml, 1.25mg/3ml</i>	B/D MO
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	B/D MO
<i>levalbuterol hydrochloride</i>	B/D MO
<i>levalbuterol nebu 1.25mg/0.5ml</i>	B/D MO
LEVALBUTEROL TARTRATE HFA SEREVENT DISKUS	QL (30 GM per 30 days) MO
<i>terbutaline sulfate tabs, inj</i>	QL (60 EA per 30 days) MO
	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
VENTOLIN HFA	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS	
<i>montelukast sodium chew, tabs</i>	QL (30 EA per 30 days) MO
<i>montelukast sodium pack</i>	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	QL (60 EA per 30 days) MO
MISCELLANEOUS	
<i>acetylcysteine inhalation soln 10%, 20%</i>	B/D MO
<i>aminophylline</i>	
<i>cromolyn sodium nebu 20mg/2ml</i>	B/D MO
DALIRESP	MO
<i>epinephrine inj 0.15mg/0.3ml, 0.15mg/0.15ml, 0.3mg/0.3ml</i>	QL (2 EA per 30 days) MO
ESBRIET CAPS	QL (270 EA per 30 days) PA LA
FASENRA	QL (1 ML per 28 days) PA LA
FASENRA PEN	QL (1 ML per 28 days) PA LA
KALYDECO PACK	QL (56 EA per 28 days) PA LA
KALYDECO TABS	QL (60 EA per 30 days) PA LA
OFEV	QL (60 EA per 30 days) PA LA
ORKAMBI TABS	QL (112 EA per 28 days) PA LA
ORKAMBI PACK	QL (56 EA per 28 days) PA LA
<i>pirfenidone caps</i>	QL (270 EA per 30 days) PA
<i>pirfenidone tabs 267mg</i>	QL (270 EA per 30 days) PA
<i>pirfenidone tabs 534mg, 801mg</i>	QL (90 EA per 30 days) PA
PROLASTIN-C	PA LA
PULMOZYME	PA
<i>roflumilast</i>	MO
<i>theophylline er tabs 24hr 400mg, 600mg</i>	MO
<i>theophylline er tb12 100mg, 200mg</i>	
<i>theophylline er tb12 300mg, 450mg</i>	MO
<i>theophylline oral soln</i>	MO
TRIKAFTA THPK	QL (56 EA per 28 days) PA LA
TRIKAFTA TBPK	QL (84 EA per 28 days) PA LA
XOLAIR	PA LA
NASAL STEROIDS	
<i>flunisolide nasal spray 0.025%</i>	QL (75 ML per 30 days) MO
<i>fluticasone propionate susp 50mcg/act</i>	QL (16 GM per 30 days) MO
<i>mometasone furoate susp 50mcg/act</i>	QL (34 GM per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
XHANCE	QL (32 ML per 30 days) PA MO
STEROID INHALANTS	
ARNUITY ELLIPTA <i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	QL (30 EA per 30 days) MO B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ ACT	QL (24 GM per 30 days) MO
PULMICORT FLEXHALER	QL (2 EA per 30 days) MO
STEROID/BETA-AGONIST COMBINATIONS	
ADVAIR DISKUS	QL (60 EA per 30 days) MO
ADVAIR HFA	QL (12 GM per 30 days) MO
BREO ELLIPTA AEPB 50MCG/INH; 25MCG/INH	QL (60 EA per 30 days)
BREO ELLIPTA AEPB 100MCG/INH; 25MCG/ INH, 200MCG/INH; 25MCG/INH	QL (60 EA per 30 days) MO
SYMBICORT	QL (10.2 GM per 30 days) MO
TOPICAL	
DERMATOLOGY, ACNE	
accutane	PA
amnesteem	PA
claravis	PA
clindacin	QL (100 GM per 30 days)
clindamycin phosphate foam 1%	QL (100 GM per 30 days) MO
clindamycin phosphate gel 1%	QL (75 GM per 30 days) MO
clindamycin phosphate lotn 1%	QL (60 ML per 30 days) MO
clindamycin phosphate external soln 1%	QL (60 ML per 30 days) MO
dapsone gel 5%	QL (90 GM per 30 days) MO
ery pad 2%	MO
erythromycin/benzoyl peroxide	MO
erythromycin gel 2%	QL (60 GM per 30 days) MO
erythromycin soln 2%	QL (60 ML per 30 days) MO
isotretinoin	PA
sulfacetamide sodium lotn 10%	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
TRETINOIN MICROSPHERE	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	PA
DERMATOLOGY, ANTIBIOTICS	
<i>gentamicin sulfate crea 0.1%</i>	QL (30 GM per 30 days) MO
<i>gentamicin sulfate oint 0.1%</i>	QL (30 GM per 30 days) MO
<i>mafenide acetate packets</i>	MO
<i>mupirocin oint</i>	QL (30 GM per 30 days) MO
<i>mupirocin crea</i>	QL (30 GM per 30 days) MO
<i>silver sulfadiazine cream</i>	MO
<i>SSD</i>	
SULFAMYLON CREAM 85MG/GM	MO
DERMATOLOGY, ANTIFUNGALS	
<i>ciclopirox olamine crea 0.77%</i>	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	QL (100 GM per 30 days) MO
<i>ciclopirox sham</i>	QL (120 ML per 30 days) MO
<i>ciclopirox susp</i>	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	QL (45 GM per 30 days) MO
<i>clotrimazole crea 1%</i>	QL (45 GM per 30 days) MO
<i>clotrimazole soln 1%</i>	QL (30 ML per 30 days) MO
<i>econazole nitrate cream</i>	QL (85 GM per 30 days) MO
<i>ERTACZO</i>	QL (60 GM per 30 days) MO
<i>ketoconazole crea 2%</i>	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	QL (100 GM per 30 days) MO
<i>ketodan foam 2%</i>	QL (100 GM per 30 days)
<i>naftifine hcl cream 1%</i>	QL (90 GM per 30 days) MO
<i>nyamyc</i>	QL (60 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	QL (30 GM per 30 days) MO
<i>nystatin oint 100000unit/gm</i>	QL (30 GM per 30 days) MO
<i>nystatin powd 100000unit/gm</i>	QL (60 GM per 30 days) MO
<i>nystop</i>	QL (60 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
DERMATOLOGY, ANTIPSORIATICS	
<i>acitretin</i>	PA MO
<i>calcipotriene crea, oint</i>	QL (120 GM per 30 days) PA MO
<i>calcipotriene soln</i>	QL (60 ML per 30 days) PA MO
<i>calcitrene</i>	QL (120 GM per 30 days) PA MO
CALCITRIOL OINT 3MCG/GM	QL (800 GM per 28 days) PA MO
<i>methoxsalen caps</i>	MO
<i>tazarotene gel</i>	QL (100 GM per 30 days) PA MO
<i>tazarotene cream 0.1%</i>	QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS	
<i>ketoconazole sham 2%</i>	MO
<i>selenium sulfide lotion 2.5%</i>	MO
DERMATOLOGY, CORTICOSTEROIDS	
<i>ala-cort crea 1%</i>	
<i>ala-cort crea 2.5%</i>	QL (30 GM per 30 days)
<i>alclometasone dipropionate</i>	MO
<i>betamethasone dipropionate augmented crea</i>	MO
<i>betamethasone dipropionate augmented gel, oint</i>	MO
<i>betamethasone dipropionate augmented lotn</i>	QL (60 ML per 30 days) MO
<i>betamethasone dipropionate lotn</i>	MO
<i>betamethasone dipropionate crea, oint</i>	MO
<i>betamethasone valerate crea, lotn, oint</i>	MO
<i>betamethasone valerate foam</i>	QL (100 GM per 30 days) MO
<i>clobetasol propionate e cream 0.05%</i>	QL (60 GM per 30 days) MO
<i>clobetasol propionate emollient foam 0.05%</i>	QL (100 GM per 30 days) MO
<i>clobetasol propionate foam</i>	QL (100 GM per 30 days) MO
<i>clobetasol propionate sham</i>	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray liqd</i>	QL (125 ML per 30 days) MO
<i>clobetasol propionate soln</i>	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel, oint</i>	QL (60 GM per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>clodan shampoo 0.05%</i>	QL (118 ML per 30 days)
<i>desonide lotn</i>	QL (118 ML per 30 days) MO
<i>desonide crea, gel, oint</i>	QL (60 GM per 30 days) MO
<i>desoximetasone cream, oint</i>	QL (100 GM per 30 days) MO
<i>desrx</i>	QL (60 GM per 30 days)
<i>diflorasone diacetate crea</i>	QL (60 GM per 30 days) MO
<i>diflorasone diacetate oint</i>	QL (60 GM per 30 days) MO
ENSTILAR	QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body</i>	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide crea 0.025%</i>	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide crea 0.01%</i>	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide oint 0.025%</i>	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide soln 0.01%</i>	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	QL (120 GM per 30 days) MO
<i>fluocinonide crea 0.05%</i>	QL (120 GM per 30 days) MO
<i>fluocinonide gel, oint</i>	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	QL (60 ML per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	MO
<i>fluticasone propionate lotn 0.05%</i>	QL (120 ML per 30 days) MO
<i>fluticasone propionate oint 0.005%</i>	MO
<i>halobetasol propionate crea</i>	QL (50 GM per 30 days) MO
<i>halobetasol propionate oint</i>	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate lotn</i>	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate oint</i>	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate oint</i>	QL (60 GM per 30 days) MO
<i>hydrocortisone crea 1%</i>	MO
<i>hydrocortisone crea 2.5%</i>	QL (30 GM per 30 days) MO
<i>hydrocortisone lotn 2.5%</i>	MO
<i>hydrocortisone oint 2.5%</i>	QL (30 GM per 30 days) MO
<i>mometasone furoate crea 0.1%</i>	MO
<i>mometasone furoate oint 0.1%</i>	MO
<i>mometasone furoate soln 0.1%</i>	MO
<i>prednicarbate</i>	QL (60 GM per 30 days) MO

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Drug name	Requirements/Limits
<i>proctosol hc</i>	
TEXACORT	MO
<i>tovet</i>	QL (100 GM per 30 days)
<i>triamcinolone acetonide aers spray</i>	MO
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	MO
<i>triamcinolone acetonide crea 0.1%</i>	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	MO
DERMATOLOGY, LOCAL ANESTHETICS	
<i>lidocaine/prilocaine</i>	QL (30 GM per 30 days) MO
<i>lidocaine ptch</i>	QL (3 EA per 1 days) PA MO
<i>lidocaine oint</i>	QL (35.44 GM per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
<i>ammonium lactate cream, lotn</i>	MO
<i>azelaic acid gel</i>	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	QL (60 GM per 30 days) PA
<i>diclofenac sodium gel 1%</i>	QL (1000 GM per 30 days) MO
DOXEPIN HYDROCHLORIDE CREA 5%	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CPDR 40MG	QL (30 EA per 30 days) PA MO
FINACEA FOAM	QL (50 GM per 30 days) MO
FLUOROPLEX	QL (30 GM per 30 days) PA MO
FLUOROURACIL CREA 0.5%	QL (30 GM per 30 days) PA MO
<i>fluorouracil crea 5%</i>	QL (40 GM per 30 days) PA MO
<i>fluorouracil topical soln 2%, 5%</i>	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	MO
IMIQUIMOD PUMP	QL (15 GM per 28 days) MO
<i>imiquimod crea 5%</i>	QL (24 EA per 30 days) MO
<i>imiquimod crea 3.75%</i>	QL (28 EA per 28 days) MO
<i>metronidazole crea 0.75%</i>	MO
<i>metronidazole gel 0.75%</i>	MO
<i>metronidazole gel 1%</i>	MO
<i>metronidazole lotn 0.75%</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
NORITATE	QL (60 GM per 30 days) MO
ORACEA	QL (30 EA per 30 days) PA MO
PANRETIN	QL (60 GM per 30 days)
<i>podofilox</i>	MO
<i>procto-med hc</i>	
<i>procto-pak</i>	MO
<i>proctozone-hc</i>	
RECTIV	QL (30 GM per 30 days) MO
<i>rosadan gel</i>	
<i>rosadan crea</i>	
<i>tacrolimus oint 0.03%, 0.1%</i>	QL (60 GM per 30 days) MO
VALCHLOR	QL (60 GM per 30 days) PA LA
ZYCLARA PUMP CREAM 2.5%	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES	
<i>malathion</i>	MO
<i>permethrin cream 5%</i>	MO
DERMATOLOGY, WOUND CARE AGENTS	
REGRANEX	QL (30 GM per 30 days) PA MO
SANTYL	MO
<i>sodium chloride irrigation soln 0.9%</i>	MO
<i>sterile water for irrigation</i>	MO
MOUTH/THROAT/DENTAL AGENTS	
<i>cevimeline hydrochloride</i>	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	MO
<i>clinpro 5000</i>	MO
<i>clotrimazole troc 10mg</i>	MO
<i>dentagel</i>	MO
<i>fluoridex daily defense</i>	
<i>fluoridex sensitivity relief/sls free</i>	
<i>fluorimax 5000</i>	
<i>fluorimax 5000 sensitive</i>	
<i>just right 5000</i>	
<i>kourzeq</i>	
<i>lidocaine hydrochloride viscous</i>	MO
<i>lidocaine viscous soln 2%</i>	MO
<i>nystatin susp 100000unit/ml</i>	MO
<i>oralone dental paste</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>paroex</i>	
<i>periogard</i>	
<i>pilocarpine hydrochloride tabs</i>	MO
<i>sf gel</i>	MO
<i>sodium fluoride 5000 ppm dental paste</i>	MO
<i>sodium fluoride 5000 ppm dry mouth</i>	MO
<i>sodium fluoride gel 1.1%</i>	MO
<i>triamcinolone acetonide dental paste</i>	MO

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<i>phenytoin sodium</i>	39	<i>portia-28</i>	58	1%	
<i>extended</i>		<i>posaconazole</i>	16	<i>prednisone</i>	60
<i>philith</i>	58	<i>posaconazole dr</i>	16	PREDNISONE	60
PHOSPHOLINE	77	<i>potassium chloride</i>	73,	INTENSOL	
IODIDE		74		<i>pregabalin</i>	39
PIFELTRO	17	POTASSIUM	73	<i>pregabalin er</i>	48
<i>pilocarpine hcl</i>	77	CHLORIDE		PREHEVBARIO	72
<i>pilocarpine</i>	87	POTASSIUM	73	PREMARIN	60
<i>hydrochloride</i>		CHLORIDE/		PREMASOL	75
<i>pimozide</i>	45	DEXTROSE		PREMPRO	60
<i>pimtrea</i>	58	POTASSIUM	73	PRENATAL	74
<i>pindolol</i>	33	CHLORIDE/		PRENATAL PLUS	74
<i>pioglitazone hcl</i>	53	DEXTROSE/SODIUM		PRENATAL PLUS	74
<i>pioglitazone hcl-</i>	53	CHLORIDE		LOW IRON	
<i>glimepiride</i>		<i>potassium chloride</i>	74	PREPLUS	74
		<i>er</i>		PRETOMANID	18

Drug name	Page	Drug name	Page	Drug name	Page
<i>prevalite</i>	32	<i>propafenone</i>	31	<i>ramipril</i>	29
<i>previfem</i>	58	<i>hydrochloride er</i>		<i>ranolazine er</i>	35
PREVYMIS	19	<i>proparacaine hcl</i>	78	<i>rasagiline mesylate</i>	43
PREZCOBIX	18	<i>propranolol hcl</i>	33	<i>reclipsen</i>	58
PREZISTA	17	<i>propranolol hcl er</i>	33	RECOMBIVAX HB	72
PRIFTIN	19	<i>propranolol</i>	33	RECTIV	86
primaquine	16	<i>hydrochloride</i>		REGRANEX	86
<i>phosphate</i>		<i>propranolol</i>	33	<i>relafen</i>	11
<i>primidone</i>	39	<i>hydrochloride er</i>		RELENZA	19
PRIORIX	72	<i>propylthiouracil</i>	62	DISKHALER	
PRIVIGEN	70	<i>PROQUAD</i>	72	<i>repaglinide</i>	53
<i>probencid</i>	10	<i>PROSOL</i>	75	RESTASIS	78
<i>probencid/ colchicine</i>	10	<i>protriptyline hcl</i>	42	RESTASIS	78
PROCALAMINE	75	<i>PULMICORT</i>	81	MULTIDOSE	
<i>procchlorperazine</i>	63	<i>FLEXHALER</i>		RETEVMO	27
<i>procchlorperazine edisylate</i>	63	<i>PULMOZYME</i>	80	REVLIMID	24
<i>procchlorperazine maleate</i>	63	<i>PURIXAN</i>	23	REXULTI	45
PROCRT	68	<i>pyrazinamide</i>	19	REYATAZ	17
<i>procto-med hc</i>	86	<i>pyridostigmine bromide</i>	48	REZLIDHIA	27
<i>procto-pak</i>	86	<i>pyridostigmine bromide er</i>	48	REZUROCK	71
<i>proctosol hc</i>	85	<i>QINLOCK</i>	27	RHOPRESSA	77
<i>proctozone-hc</i>	86	<i>QUADRACEL</i>	72	<i>ribavirin</i>	19
<i>progesterone</i>	62	<i>quetiapine fumarate</i>	45	<i>rifabutin</i>	19
PROGRAF	71	<i>quetiapine fumarate er</i>	45	<i>rifampin</i>	19
PROLASTIN-C	80	<i>quinapril hcl</i>	29	<i>riluzole</i>	48
PROLENSA	77	<i>quinapril</i>	29	<i>rimantadine hydrochloride</i>	19
PROLIA	54	<i>hydrochloride</i>		RINGERS INJECTION	73
PROMACTA	68	<i>quinapril/ hydrochlorothiazide</i>	29	RINVOQ	69
<i>promethazine hcl</i>	63, 64	<i>quinidine sulfate</i>	31	<i>risedronate sodium</i>	54
<i>promethazine hydrochloride</i>	64	<i>quinine sulfate</i>	16	<i>risedronate sodium dr</i>	54
PROMETHEGAN	64	<i>RABAVERT</i>	72	RISPERDAL CONSTA	45
<i>promethegan supp</i>	64	<i>rabeprozole sodium dr</i>	66	<i>risperidone</i>	45
<i>propafenone hcl</i>	31	<i>raloxifene hydrochloride</i>	62	<i>risperidone odt</i>	45

Drug name	Page	Drug name	Page	Drug name	Page
rivastigmine	40	sertraline	42	SODIUM SULFATE/	65
transdermal system		hydrochloride		POTASSIUM	
RIVELSA	58	setlakin	58	SULFATE/	
rizatriptan benzoate	48	sf gel	87	MAGNESIUM	
rizatriptan benzoate	48	sharobel	58	SULFATE	
odt		SHINGRIX	72	solifenacin succinate	67
ROCKLATAN	77	SIGNIFOR	62	SOLIQUA 100/33	51
roflumilast	80	sildenafil	35	SOLTAMOX	24
romidepsin	27	sildenafil citrate	35	SOLU-CORTEF	61
ropinirole er	43	silodosin	66	SOMATULINE DEPOT	62
ropinirole hcl	43	silver sulfadiazine	82	SOMAVERT	62
rosadan	86	SIMBRINZA	77	sorafenib tosylate	27
rosuvastatin calcium	32	simliya	58	sorine	31
ROTARIX	72	simpesse	58	sotalol hcl	31
ROTATEQ	72	simvastatin	32	sotalol hydrochloride	31
roweepra	39	sirolimus	71	(af)	
ROZLYTREK	27	SIRTURO	19	spironolactone	30,
RUBRACA	27	SIVEXTRO	15	34	
rufinamide	39	SKYRIZI	69	spironolactone/	34
RUKOBIA	17	SKYRIZI PEN	69	hydrochlorothiazide	
RYBELSUS	53	sodium bicarbonate	73	sprintec	28
RYDAPT	27	SODIUM	73	58	
sajazir	68	BICARBONATE		SPRITAM	39
SANCUSO	64	sodium chloride	73	SPRYCEL	27
SANDIMMUNE	71	SODIUM CHLORIDE	73	sps	54
SANDOSTATIN LAR	62	sodium chloride	73	sronyx	58
SANTYL	86	0.45%		SSD	82
sapropterin	62	sodium chloride	86	stavudine	17
dihydrochloride		irrigation soln		STELARA	69
SCEMBLIX	27	sodium fluoride	74,	sterile water for	86
scopolamine	64		87	irrigation	
SECUADO	45	sodium fluoride	5000	STIVARGA	27
selegiline hcl	43	ppm dental		streptomycin sulfate	15
selenium sulfide	83	SODIUM OXYBATE	49	STRIBILD	18
SELZENTRY	17	sodium	62	subvenite	39
SEREVENT DISKUS	79	phenylbutyrate		subvenite starter kit	39
sertraline hcl	42	sodium polystyrene	54	sucralfate	65
		sulfonate		SUCRALFATE SUSP	65
				sulfacetamide	76,
				sodium	81

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sodium/prednisolone		TAGRISSO	27	terconazole	67
sodium phosphate		TALTZ	69	testosterone	50
sulfadiazine	15	TALZENNA	28	testosterone	50
sulfamethoxazole/	15	tamoxifen citrate	24	cypionate	
trimethoprim		tamsulosin	66	testosterone	50
sulfamethoxazole/	15	hydrochloride		enanthate	
trimethoprim ds		tarina 24 fe	58	testosterone gel	50
SULFAMYLYON	82	tarina fe 1/20	58	testosterone pump	50
sulfasalazine	64	tarina fe 1/20 eq	58	tetrabenazine	48
sulindac	11	TASIGNA	28	tetracycline	23
sumatriptan	48	tasimelteon	47	hydrochloride	
sumatriptan	48	tazarotene	83	TEXACORT	85
succinate		tazicef	20	THALOMID	24
sumatriptan	48	TAZORAC	83	theophylline	80
succinate refill		taztia xt	33	theophylline er	80
sunitinib malate	27	TAZVERIK	28	thioridazine hcl	46
SUNLENCA	17	TDVAX	72	thiothixene	46
SUPRAX	20	TECFIDERA	49	tiadylt er	33
SUPREP BOWEL	65	TECFIDERA STARTER	49	tiagabine	39
PREP		PACK		hydrochloride	
SUTAB	65	TECVAYLI	28	TIBSOVO	28
syeda	58	TEFLARO	20	TICOVAC	72
SYMBICORT	81	telmisartan	30,	tigecycline	23
SYMLINPEN	60	31		TILIA FE	59
SYMLINPEN	120	telmisartan/	30	timolol maleate	33,
SYMPAZAN	39	amlodipine		78	
SYMTUZA	18	telmisartan/	30	TIMOLOL MALEATE	77
SYNAREL	59	hydrochlorothiazide		tinidazole	15
SYNERCID	15	temazepam	47	TIVICAY	17
SYNJARDY	53	TEMIXYS	18	TIVICAY PD	17
SYNJARDY XR	53	TENIVAC	72	tizanidine hcl	49
SYNRIBO	25	tenofovir disoproxil	17	tizanidine	49
SYNTROID	63	fumarate		hydrochloride	
TABLOID	23	TEPMETKO	28	TOBRADEX	75
TABRECTA	27	terazosin hcl	30	TOBRADEX ST	75
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	86	hydrochloride		tobramycin/	75
		terbinafine hcl	16	dexamethasone	

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<i>tobramycin sulfate</i>	15	MICROSPHERE		<i>tri-vite/fluoride</i>	74
<i>tolterodine tartrate</i>	67	<i>triamcinolone</i>	61,	<i>trivora-28</i>	59
<i>tolterodine tartrate er</i>	67	<i>acetonide</i>	85	<i>tri-vylibra</i>	59
<i>topiramate</i>	39	<i>triamcinolone</i>	87	<i>tri-vylibra lo</i>	59
<i>topiramate er</i>	39	<i>acetonide dental</i>		TRIZIVIR	18
<i>toremifene citrate</i>	24	<i>paste</i>		TROGARZO	17
<i>torsemide</i>	34	<i>triamterene/</i>	34	TROPHAMINE	75
TOUJEOL MAX	51	<i>hydrochlorothiazide</i>		<i>trospium chloride</i>	67
SOLOSTAR		<i>triazolam</i>	47	<i>trospium chloride er</i>	67
TOUJEOL SOLOSTAR	51	TRICARE PRENATAL	74	TRULICITY	53
<i>tovet</i>	85	<i>trientine</i>	54	TRUMENBA	72
TPN ELECTROLYTES	73	<i>hydrochloride</i>		TRUSELTIQ	28
TRACLEER	35	<i>tri-estarrylla</i>	59	TRUXIMA	28
TRADJENTA	53	<i>tri femynor</i>	59	TUKYSA	28
<i>tramadol hcl</i>	13	<i>trifluoperazine hcl</i>	46	TURALIO	28
<i>tramadol hcl er</i>	12	<i>trifluoperazine</i>	46	TWINRIX	72
<i>tramadol</i>	13	<i>hydrochloride</i>		TYBOST	17
<i>hydrochloride/</i>		<i>trifluridine</i>	76	<i>tydemy</i>	59
<i>acetaminophen</i>		<i>trihexyphenidyl hcl</i>	43	TYPHIM VI	72
<i>tramadol</i>	12	<i>trihexyphenidyl</i>	43	TYRVAYA	78
<i>hydrochloride er</i>		<i>hydrochloride</i>		UKONIQ	28
<i>trandolapril</i>	29	TRIJARDY XR	53	UNITHROID	63
<i>trandolapril/</i>	29	<i>TRIKAFTA</i>	80	<i>ursodiol</i>	65
<i>verapamil hcl er</i>		<i>tri-legest fe</i>	59	valacyclovir hcl	19
<i>tranexamic acid</i>	68	<i>tri-linyah</i>	59	<i>valacyclovir</i>	19
<i>tranylcypromine</i>	42	<i>tri-lo-estarrylla</i>	59	<i>hydrochloride</i>	
<i>sulfate</i>		<i>tri-lo-marzia</i>	59	VALCHLOR	86
TRAVASOL	75	<i>tri-lo-mili</i>	59	<i>valganciclovir</i>	19
<i>travoprost</i>	78	<i>tri-lo-sprintec</i>	59	<i>valganciclovir</i>	19
<i>trazodone</i>	42	<i>trimethobenzamide</i>	64	<i>hydrochloride</i>	
<i>hydrochloride</i>		<i>hydrochloride</i>		<i>valproate sodium</i>	39
TRECATOR	19	<i>trimethoprim</i>	15	<i>valproic acid</i>	39
TRELEGY ELLIPTA	78	<i>tri-mili</i>	59	<i>valsartan</i>	31
TRESIBA	51	<i>trimipramine maleate</i>	42	<i>valsartan/</i>	30
TRESIBA	51	TRINTELLIX	42	<i>hydrochlorothiazide</i>	
FLEXTOUCH		<i>tri-nymyo</i>	59	VALTOCO	39
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<i>vancomycin</i>	15	VICTOZA	53	XATMEP	70
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VAQTA	72	<i>vigadron</i>	39	XELJANZ	70
VARENICLINE	50	VIIBRYD STARTER	42	XELJANZ XR	69
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BOX		<i>vilazodone</i>	43	XGEVA	54
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TARTRATE		<i>viorele</i>	59	XIFAXAN	66
VARIVAX	72	VIRACEPT	17	XIGDUO XR	53
VASCEPA	32	VIREAD	17	IIIDRA	78
<i>velvet</i>	59	VITRAKVI	28	XOLAIR	80
VELTASSA	54	VIVITROL	50	XOSPATA	28
VEMLIDY	19	VIZIMPRO	28	XPOVIO	28
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VENCLEXTA	28	VONJO	28	XULTOPHY	51
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VENLAFAXINE	42	VOSEVI	19	YF-VAX	72
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<i>venlafaxine hcl er</i>	42	VP-PNV-DHA	74	zafirlukast	80
<i>venlafaxine</i>	42	VRAYLAR	46	zaleplon	47
<i>hydrochloride</i>		VRAYLAR CAP	46	ZARXIO	68
<i>venlafaxine</i>	42	THERAPY PACK		ZEJULA	28,
<i>hydrochloride er</i>		<i>VUMERTY</i>	49	29	
VENTAVIS	35	<i>vyfemla</i>	59	ZELBORAF	29
VENTOLIN HFA	80	<i>vylibra</i>	59	zenatane	82
<i>verapamil hcl</i>	33,	VYVANSE	47	ZENPEP	66
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34		WELIREG	25	<i>zidovudine</i>	17, 18
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<i>verapamil</i>	34	<i>wymzya fe</i>	59	ZIRABEV	29
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<i>verapamil</i>	34	XARELTO	68	<i>zoledronic acid</i>	54
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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación.

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Multi-Language Insert

Multi-language Interpreter Services

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Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-463-0933 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-463-0933. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-463-0933. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-463-0933. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-463-0933. Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-855-463-0933にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ūlelo kā mākou i mea e pane īa ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāau lapaāu paha. I mea e loaā ai ke kōkua māhele ūlelo, e kelepona mai iā mākou ma 1-855-463-0933. E hiki ana i kekahī mea ūlelo Pelekānia/ ūlelo ke kōkua iā be. He pōmaikaī manuahi kēia.

Y0001_NR_30475b_2023_C

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Aetna® Medicare Member Services at **1-855-463-0933** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit **AetnaBetterHealth.com/Virginia-hmosnp/formulary**

Contract/PBP: H1610-001, 002, 003



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23016B2NG1b.1 N (12/23)
Updated 12/01/2023
Y0001_32266_2023_C