

CDPHP Medicaid Select/HARP Clinical Formulary 2023

(Effective 01-01-23)

NON-DISCRIMINATION/MULTI-LANGUAGE INTERPRETER SERVICES: APPLIES TO MEMBERS/ENROLLEES ONLY

Notice of Non-Discrimination

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with Federal civil rights laws. CDPHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CDPHP provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call CDPHP at 1-800-388-2994. For TTY/TDD services, call 711.

If you believe that CDPHP has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with CDPHP by:

- Mail: CDPHP Civil Rights Coordinator, 500 Patroon Creek Blvd., Albany, New York 12206
- Phone: 1-844-391-4803 (for TTY/TDD services, call 711)
- Fax: (518) 641-3401
- In person: 500 Patroon Creek Blvd., Albany, New York 12206
- Email: <https://www.cdphp.com/customer-support/email-cdphp>

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building Washington, DC 2022
- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- Phone: 1-800-368-1019 (TTY/TDD 1-800-537-7697)

Multi-language Interpreter Services

ATTENTION: If you speak a non-English language, language assistance services, free of charge, are available to you. Call (518) 641-3800 or 1-800-388-2994 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (518) 641-3800 o 1-800-388-2994 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (518) 641-3800 或 1-800-388-2994 (TTY: 711)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (518) 641-3800 или 1-800-388-2994 (телетайп: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (518) 641-3800 oswa 1-800-388-2994 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (518) 641-3800 또는 1-800-388-2994 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (518) 641-3800 o 1-800-388-2994 (TTY: 711).

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל.
רופט (518) 641-3800 או 1-800-388-2994 (TTY: 711).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন (518) 641-3800 বা 1-800-388-2994 (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (518) 641-3800 lub 1-800-388-2994 (TTY: 711).

تنبيه: إذا كنت تتحدث لغة غير الإنجليزية، تتوفر إليك خدمات مساعدة اللغة مجانًا. اتصل بالرقم (518) 641-3800 أو 1-800-388-2994 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (518) 641-3800 ou 1-800-388-2994 (ATS : 711).

توجه دیں: اگر آپ غیر انگریزی زبان بولتے ہیں تو، آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ (518) 641-3800 یا 1-800-388-2994 (TTY: 711) پر کال کریں۔

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (518) 641-3800 o 1-800-388-2994 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε (518) 641-3800 ή 1-800-388-2994 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në (518) 641-3800 ose 1-800-388-2994 (TTY: 711)

INTRODUCTION

Capital District Physicians' Health Plan, Inc. (CDPHP) is pleased to provide the *CDPHP Medicaid Select/HARP Clinical Formulary 2023* as a useful reference and informational tool to assist practitioners in selecting clinically appropriate and cost-effective drug therapies.

The information contained in this *CDPHP Medicaid Select/HARP Clinical Formulary* and its appendices is provided by CDPHP, solely for the convenience of medical practitioners. CDPHP does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This *CDPHP Medicaid Select/HARP Clinical Formulary* is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical practitioner in his/her choice of prescription drugs. All the information in the *CDPHP Medicaid Select/HARP Clinical Formulary* is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

CDPHP assumes no responsibility for the actions or omissions of any medical practitioner based upon reliance, in whole or in part, on the information contained herein. **The medical practitioner should consult the drug manufacturer's product literature or standard references for more detailed information.**

National guidelines can be found on the National Guideline Clearinghouse site at www.guideline.gov.

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

Coverage of any agent listed in the formulary may be subject to quantity limits, prior authorization, and/or step therapy requirements. Injectables are generally covered under the medical benefit. Injectables that are listed in the *CDPHP Medicaid Select Plan Clinical Formulary* are covered under the pharmacy benefit unless otherwise noted by the "▲" symbol. Pharmacy benefits may impose additional coverage restrictions or may not cover selected drug products.

Please note that all new drugs will be excluded from the formulary and require prior authorization until reviewed by the CDPHP P&T Committee.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The CDPHP P&T Committee includes a cross-section of practicing network physicians and pharmacists whose primary role on the committee is to ensure that the most clinically appropriate and cost-effective drugs will be available for CDPHP members. The P&T Committee is responsible for reviewing new drugs, reviewing and revising pharmacy policies, reviewing patient profiles and drug utilization review quarterly reports, and reviewing clinical initiatives/programs for all lines of business. The members of the P&T Committee are bound by a confidentiality and conflict of interest agreement, which is renewed annually.

The actions of the CDPHP P&T Committee are communicated after each committee meeting by posting final decisions on the CDPHP web page Formulary Updates section of Rx Corner on the providers tab of www.cdphp.com.

PRODUCT SELECTION CRITERIA

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, the entire CDPHP formulary is reviewed on an annual basis.

Quantity limitations, prior authorizations, and/or step therapy may also apply to formulary drugs. **Excluded drugs are not covered unless medical exception procedures have been followed and a medical exception is approved.**

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. **Boldface type** indicates generic availability. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

SPECIALTY DRUGS (SP)

Specialty pharmaceuticals are used in the management of complex chronic or genetic conditions and certain catastrophic diseases. They are often injectable medications, but they may also include oral agents. CDPHP has chosen ConnectRx Clifton Park or CVS Caremark Specialty Pharmacy Services to dispense high cost injectables and biotech drugs for its members.

Both offer the following:

- The ability to receive a 30-day supply of medications and additional supplies needed for the medications. Medications can be sent to a patient's home, another address selected by the patient, a doctor's office, or they can be picked up at the pharmacy.
- Help for side effects, educational materials about certain health issues, refill reminder calls, and access to health care professionals for emergencies 24 hours a day, seven days a week.
- ConnectRx offers free, personal delivery, convenience, and a hassle-free transfer process.
- CVS Caremark provides Patient Resource Centers. CDPHP members can find the latest news, helpful tips and tools, drug information, safety alerts, support groups, community links, and other useful resources.

Get Started with ConnectRx Clifton Park

Call (518) 350-9900 or toll free at (855) 967-5900 or visit online at <http://www.pharmacyconnectrx.com/cliftonpark>.

Get Started with CVS Caremark Specialty Pharmacy Services

Call 1-800-237-2767, fax 1-800-323-2445, or visit them online at <https://www.cvsspecialty.com>.

Managed Medicaid members, or providers on behalf of members, may contact CDPHP and request to obtain specialty drugs at a retail pharmacy, rather than CVS Caremark Specialty Pharmacy. CDPHP will facilitate the process by sending the appropriate paperwork to the network pharmacy. The network retail pharmacy must accept the price comparable to that of the specialty pharmacy, as well as sign a member/drug-specific contract amendment. Contract amendments refer only to price, not terms and conditions, and are not required for each refill. For further information, please call the CDPHP Pharmacy Department at (518) 641-3784.

Drugs that are considered specialty medications are noted within this booklet by the "**SP**" symbol.

PRIOR AUTHORIZATION (PA)

CDPHP requires prior authorization for certain drugs before they will be approved for coverage. Coverage will be approved when specific approval criteria for that drug is met, according to CDPHP policies.

The list of drugs that require prior authorization is subject to change from time to time and may not be all-inclusive. If a drug requires prior authorization, the prescribing practitioner should initiate a prior authorization request with CDPHP. Prior authorization can be requested through the CDPHP Pharmacy Department by faxing the request to (518) 641-3208. Drugs that require prior authorization are noted within this booklet by the "**PA**" symbol.

PRESCRIPTION QUANTITY MANAGEMENT

CDPHP, working closely with the P&T Committee members, has chosen to limit the quantity of certain drugs that CDPHP may cover for a member. Quantity limits are in place for quality and/or clinical considerations. The list of drugs that have quantity limits is subject to change from time to time and may not be all-inclusive. Drugs that have quantity limits are noted within this booklet by the "**QL**" symbol.

MEDICAL EXCEPTION

The CDPHP P&T Committee developed the Medical Exception policy so that practitioners may request an excluded drug for a specific patient when medically necessary. The Medical Exception process is coordinated through CDPHP's Pharmacy Department. Requests are processed in the order received. Medical exceptions can be requested through the CDPHP Pharmacy Department by faxing the request to (518) 641-3208. A response will be sent to both the medical practitioner and member as soon as possible.

EDITOR

Your comments and suggestions regarding the *CDPHP Medicaid Select Plan Clinical Formulary 2016* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

CDPHP, Pharmacy Department
500 Patroon Creek Boulevard
Albany, NY 12206-1057
E-mail: pharmacy@cdphp.com
Internet: www.cdphp.com

LEGEND

PA	Prior Authorization; refer to Prior Authorization section
QL	Quantity Limitations; refer to Prescription Quantity Management section
SP	Specialty Drug; refer to Specialty Drug section
MN	Member note; additional information about the drug
Rx4L	Rx4Less Program Applies

NOTICE FROM NEW YORK STATE DEPARTMENT OF HEALTH

The New York State Department of Health (NYSDOH) has created a new list of preferred prescription drugs for the treatment of opioid dependence, and agents used to reverse an opioid overdose. Effective October 1, 2021, all Medicaid Managed Care Members and Medicaid Fee-For-Service will use the same formulary. Further details on the NYS DOH Single Statewide Medication Assisted Treatment can be found here: <https://newyork.fhsc.com/providers/mat.asp>

NOTICE

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The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with CDPHP. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between CDPHP and such third-party pharmaceutical companies.

CDPHP NEW YORK MANAGED MEDICAID (List of Covered Drugs)

DRUG NAME	REQUIREMENTS/LIMITS
ANALGESICS	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	
<i>aspirin (chew tab 81 mg, 300 mg suppos, tab 325 mg, tab delayed release 81 mg, tab delayed release 325 mg)</i>	
<i>aspirin-caffeine tab 500-32.5 mg</i>	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	QL (60 EA PER 30 DAYS)
<i>celecoxib (cap 50 mg, cap 100 mg, cap 200 mg, cap 400 mg)</i>	QL (60 PER 30 DAY(S))
<i>diclofenac potassium tab 50 mg</i>	
<i>diclofenac sodium (50 mg tab dr, 75 mg tab dr)</i>	Rx4L
<i>diclofenac sodium (tab delayed release 25 mg, tab er 24hr 100 mg)</i>	
<i>diclofenac sodium gel 1%</i>	QL (1000 GM PER 30 DAY(S))
<i>diclofenac sodium soln 1.5%</i>	
<i>diflunisal tab 500 mg</i>	
<i>etodolac (cap 200 mg, cap 300 mg, tab 400 mg, tab 500 mg)</i>	
<i>flurbiprofen tab 100 mg</i>	
<i>flurbiprofen tab 50 mg</i>	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	Rx4L
<i>ibuprofen (susp 100 mg/5ml, tab 200 mg)</i>	
<i>indomethacin (cap 50 mg, cap er 75 mg)</i>	
<i>indomethacin 25 mg cap</i>	Rx4L
<i>ketorolac tromethamine tab 10 mg</i>	QL (20 EA PER 30 DAYS)
<i>meloxicam (tab 7.5 mg, tab 15 mg)</i>	Rx4L
<i>nabumetone (tab 500 mg, tab 750 mg)</i>	
<i>naproxen (375 mg tab, 500 mg tab)</i>	Rx4L
<i>naproxen (susp 125 mg/5ml, tab 250 mg, tab ec 375 mg, tab ec 500 mg)</i>	
<i>naproxen sodium (tab 275 mg, tab 550 mg)</i>	
<i>sulindac (tab 150 mg, tab 200 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
OPIOID ANALGESICS, LONG-ACTING	
<i>buprenorphine (patch 5 mcg/hr, patch 10 mcg/hr, patch 15 mcg/hr, patch 20 mcg/hr)</i>	QL
<i>fentanyl (patch 72hr 100 mcg/hr, patch 72hr 12 mcg/hr, patch 72hr 25 mcg/hr, patch 72hr 50 mcg/hr, patch 72hr 75 mcg/hr)</i>	PA, QL
<i>hydromorphone hcl (tab er 24hr 12 mg, tab er 24hr 16 mg, tab er 24hr 32 mg, tab er 24hr 8 mg)</i>	PA, QL
<i>methadone hcl (tab 5 mg, tab 10 mg)</i>	PA, QL
<i>morphine sulfate (tab er 15 mg, tab er 30 mg, tab er 60 mg)</i>	PA, QL
NUCYNTA ER (50 MG TAB ER 12H, 100 MG TAB ER 12H, 150 MG TAB ER 12H, 200 MG TAB ER 12H, 250 MG TAB ER 12H)	PA, QL
<i>oxycodone hcl er 10 mg tb12 deter</i>	PA, QL
<i>oxycodone hcl er 20 mg tb12 deter</i>	PA, QL
<i>oxycodone hcl er 40 mg tb12 deter</i>	PA, QL
<i>oxycodone hcl er 80 mg tb12 deter</i>	PA, QL
<i>oxymorphone hcl er 10 mg tab er 12h</i>	PA, QL
<i>oxymorphone hcl er 15 mg tab er 12h</i>	PA, QL
<i>oxymorphone hcl er 20 mg tab er 12h</i>	PA, QL
<i>oxymorphone hcl er 30 mg tab er 12h</i>	PA, QL
<i>oxymorphone hcl er 40 mg tab er 12h</i>	PA, QL
<i>oxymorphone hcl er 5 mg tab er 12h</i>	PA, QL
<i>oxymorphone hcl er 7.5 mg tab er 12h</i>	PA, QL
<i>tramadol hcl (tab er 24hr 100 mg, tab er 24hr 200 mg, tab er 24hr 300 mg)</i>	QL
OPIOID ANALGESICS, SHORT-ACTING	
<i>acetaminophen w/ codeine (tab 300-15 mg, tab 300-30 mg, tab 300-60 mg)</i>	QL
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	QL

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>fentanyl citrate (lozenge a handle 200 mcg, lozenge a handle 400 mcg, lozenge a handle 600 mcg, lozenge a handle 800 mcg, lozenge a handle 1200 mcg, lozenge a handle 1600 mcg)</i>	PA, QL
<i>hydrocodone-acetaminophen (tab 5-325 mg, tab 7.5-325 mg, tab 10-325 mg)</i>	QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	QL
<i>hydromorphone hcl (tab 2 mg, tab 4 mg)</i>	QL
<i>hydromorphone hcl liqd 1 mg/ml</i>	QL
<i>hydromorphone hcl tab 8 mg</i>	PA, QL
<i>morphine sulfate (15 mg tab, tab 15 mg)</i>	QL
<i>morphine sulfate (30 mg tab, tab 30 mg)</i>	PA, QL
<i>morphine sulfate (oral soln 10 mg/5ml, 20 mg/5ml solution, oral soln 20 mg/5ml)</i>	QL
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	QL
NUCYNTA (50 MG TAB, 75 MG TAB, 100 MG TAB)	PA
<i>oxycodone hcl (cap 5 mg, tab 5 mg)</i>	QL
<i>oxycodone hcl (tab 15 mg, tab 20 mg)</i>	PA, QL
<i>oxycodone hcl soln 5 mg/5ml</i>	QL
<i>oxycodone hcl tab 10 mg</i>	QL
<i>oxycodone hcl tab 30 mg</i>	PA, QL
<i>oxycodone w/ acetaminophen (tab 2.5-325 mg, tab 5-325 mg, tab 7.5-325 mg)</i>	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL
<i>oxycodone-aspirin 4.8355-325 mg tab</i>	QL
<i>oxycodone-ibuprofen 5-400 mg tab</i>	QL
<i>oxymorphone hcl (tab 5 mg, tab 10 mg)</i>	PA, QL
<i>tramadol hcl tab 50 mg</i>	QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	QL

ANESTHETICS

LOCAL ANESTHETICS

lidocaine hcl cream 4%

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine hcl viscous soln 2%</i>	
<i>lidocaine oint 5%</i>	QL (35.44 GM PER 30 DAY(S))
<i>lidocaine patch 4%</i>	
<i>lidocaine patch 5%</i>	QL (90 PER 30 DAY(S))
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
NAYZILAM 5 MG/0.1ML SOLUTION	QL (4 PER 30 DAY(S)), MN (PA if < 12 yoa)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

<i>acamprosate calcium tab delayed release 333 mg</i>	
<i>disulfiram (tab 250 mg, tab 500 mg)</i>	
VIVITROL 380 MG RECON SUSP	SP

OPIOID DEPENDENCE

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	QL
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl dihydrate (-naloxone sl film 2-0.5 mg (base equiv), -naloxone sl film 4-1 mg (base equiv), -naloxone sl film 8-2 mg (base equiv), -naloxone sl film 12-3 mg (base equiv), -naloxone sl tab 2-0.5 mg (base equiv), -naloxone sl tab 8-2 mg (base equiv))</i>	QL
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	QL, SP
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	QL, SP
SUBOXONE (2-0.5 MG FILM, 4-1 MG FILM, 8-2 MG FILM, 12-3 MG FILM)	QL
ZUBSOLV (0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 2.9-0.71 MG SL TAB, 5.7-1.4 MG SL TAB)	QL
ZUBSOLV 11.4-2.9 MG SL TAB	QL
ZUBSOLV 8.6-2.1 MG SL TAB	QL

OPIOID REVERSAL AGENTS

<i>naloxone hcl (nasal spray 4 mg/0.1ml, soln prefilled syringe 2 mg/2ml)</i>	
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You can find information on what the symbols and abbreviations on this table mean by going to page 5.

DRUG NAME	REQUIREMENTS/LIMITS
<i>naltrexone hcl tab 50 mg</i>	
NARCAN 4 MG/0.1ML LIQUID	
ZIMHI 5 MG/0.5ML SOLN PRSYR	
SMOKING CESSATION AGENTS	
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	
<i>nicotine (patch 24hr 14 mg/24hr, patch 24hr 21 mg/24hr, patch 24hr 7 mg/24hr)</i>	
<i>nicotine polacrilex (gum 2 mg, gum 4 mg, lozenge 2 mg, lozenge 4 mg)</i>	
NICOTROL 10 MG INHALER	
NICOTROL NS 10 MG/ML SOLUTION	
<i>varenicline tartrate 0.5 mg tab</i>	
<i>varenicline tartrate 0.5 mg tab</i>	
<i>varenicline tartrate 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	
<i>varenicline tartrate 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	
<i>varenicline tartrate 1 mg tab</i>	
<i>varenicline tartrate 1 mg tab</i>	

ANTIBACTERIALS

AMINOGLYCOSIDES

gentamicin sulfate (topical) (cream, oint)
neomycin sulfate tab 500 mg

ANTIBACTERIALS, OTHER

neomycin-bacitracin-polymyxin oint**
acetic acid otic soln 2%
 AEMCOLO 194 MG TAB DR PA
bacitracin oint 500 unit/gm
bacitracin zinc oint 500 unit/gm
 CLEOCIN 100 MG SUPPOS
clindamycin hcl (cap 150 mg, cap 300 mg)
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)
clindamycin phosphate vaginal cream 2%

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	QL (1 PER 30 DAY(S))
<i>linezolid for susp 100 mg/5ml</i>	
<i>linezolid tab 600 mg</i>	QL (60 PER 30 DAY(S))
<i>methenamine hippurate tab 1 gm</i>	
<i>metronidazole (tab 250 mg, tab 500 mg)</i>	
<i>metronidazole (topical) (cream 0.75%, gel 0.75%, gel 1%, lotion 0.75%)</i>	
<i>metronidazole vaginal gel 0.75%</i>	
<i>nitrofurantoin macrocrystal (line cap 25 mg, line cap 50 mg, line cap 100 mg)</i>	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	
<i>nitrofurantoin susp 25 mg/5ml</i>	
<i>trimethoprim tab 100 mg</i>	
<i>vancomycin hcl (cap 125 mg (base equivalent), cap 250 mg (base equivalent))</i>	
XIFAXAN (200 MG TAB, 550 MG TAB)	PA

BETA-LACTAM, CEPHALOSPORINS

<i>cefaclor (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, cap 250 mg, 375 mg/5ml recon susp, 500 mg cap, cap 500 mg)</i>
<i>cefadroxil (1 gm tab, cap 500 mg, for susp 250 mg/5ml, for susp 500 mg/5ml)</i>
<i>cefdinir (cap 300 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i>
<i>cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)</i>
<i>cefuroxime axetil (tab 250 mg, tab 500 mg)</i>
<i>cephalexin (cap 250 mg, cap 500 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i>
<i>cephalexin 250 mg tab</i>
<i>cephalexin 500 mg tab</i>

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

DRUG NAME	REQUIREMENTS/LIMITS
BETA-LACTAM, PENICILLINS	
<i>amoxicillin & pot clavulanate (k for susp 200-28.5 mg/5ml, k for susp 250-62.5 mg/5ml, k for susp 400-57 mg/5ml, k for susp 600-42.9 mg/5ml, k tab 250-125 mg, k tab 500-125 mg, k tab 875-125 mg)</i>	
<i>amoxicillin ((trihydrate) cap 250 mg, (trihydrate) cap 500 mg, (trihydrate) for susp 125 mg/5ml, (trihydrate) for susp 200 mg/5ml, (trihydrate) for susp 250 mg/5ml, (trihydrate) for susp 400 mg/5ml, (trihydrate) tab 500 mg, (trihydrate) tab 875 mg)</i>	
<i>amoxicillin 125 mg chew tab</i>	
<i>amoxicillin 250 mg chew tab</i>	
<i>amoxicillin-pot clavulanate 200-28.5 mg chew tab</i>	
<i>amoxicillin-pot clavulanate 400-57 mg chew tab</i>	
<i>ampicillin 500 mg cap</i>	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	
<i>dicloxacillin sodium (cap 250 mg, cap 500 mg)</i>	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)</i>	
MACROLIDES	
<i>azithromycin (1 gm packet, for susp 100 mg/5ml, for susp 200 mg/5ml, tab 250 mg, tab 500 mg, tab 600 mg)</i>	
<i>clarithromycin (tab 250 mg, tab 500 mg, tab er 24hr 500 mg, 125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	
ERYTHROCIN STEARATE 250 MG TAB	
<i>erythromycin base (250 mg cp dr part, tab 250 mg, tab 500 mg)</i>	
<i>erythromycin ethylsuccinate 400 mg tab</i>	
<i>erythromycin ethylsuccinate 400 mg tab</i>	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	
QUINOLONES	
<i>ciprofloxacin hcl (100 mg tab, tab 250 mg (base equiv), tab 500 mg (base equiv), tab 750 mg (base equiv))</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	
<i>levofloxacin (oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
SULFONAMIDES	
<i>sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)</i>	
TETRACYCLINES	
<i>doxycycline hyclate (cap 50 mg, cap 100 mg, tab 20 mg, tab 100 mg)</i>	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	
<i>minocycline hcl (cap 50 mg, cap 75 mg, cap 100 mg, tab 50 mg, tab 75 mg, tab 100 mg)</i>	
<i>tetracycline hcl (cap 250 mg, cap 500 mg)</i>	
ANTICONVULSANTS	
ANTICONVULSANTS, OTHER	
<i>divalproex sodium (cap delayed release sprinkle 125 mg, tab delayed release 125 mg, tab delayed release 250 mg, tab delayed release 500 mg, tab er 24 hr 250 mg, tab er 24 hr 500 mg)</i>	
FINTEPLA 2.2 MG/ML SOLUTION	PA, SP
<i>lamotrigine (orally disintegrating tab 25 mg, orally disintegrating tab 50 mg, orally disintegrating tab 100 mg, orally disintegrating tab 200 mg, tab 25 mg, tab 100 mg, tab 150 mg, tab 200 mg, tab chewable dispersible 5 mg, tab chewable dispersible 25 mg)</i>	
<i>levetiracetam (oral soln 100 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)</i>	
<i>topiramate (sprinkle cap 15 mg, sprinkle cap 25 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	
<i>valproic acid cap 250 mg</i>	
ZTALMY 50 MG/ML SUSPENSION	PA, SP
CALCIUM CHANNEL MODIFYING AGENTS	
<i>ethosuximide (cap 250 mg, soln 250 mg/5ml)</i>	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS	
<i>clobazam (suspension 2.5 mg/ml, tab 10 mg, tab 20 mg)</i>	
<i>diazepam 10 mg gel</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>diazepam 2.5 mg gel</i>	
<i>diazepam 20 mg gel</i>	
<i>gabapentin cap 100 mg</i>	QL (480 EA PER 30 DAYS)
<i>gabapentin cap 300 mg</i>	QL (360 EA PER 30 DAYS)
<i>gabapentin cap 400 mg</i>	QL (270 EA PER 30 DAYS)
<i>gabapentin oral soln 250 mg/5ml</i>	
<i>gabapentin tab 600 mg</i>	QL (180 EA PER 30 DAYS)
<i>gabapentin tab 800 mg</i>	QL (150 EA PER 30 DAYS)
<i>phenobarbital (elixir 20 mg/5ml, tab 15 mg, tab 16.2 mg, tab 30 mg, tab 32.4 mg, tab 60 mg, tab 64.8 mg, tab 97.2 mg, tab 100 mg)</i>	
<i>primidone (tab 50 mg, tab 250 mg)</i>	
<i>tiagabine hcl (tab 2 mg, tab 4 mg, tab 12 mg, tab 16 mg)</i>	
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	QL (2 PER 30 DAY(S)), MN (PA if < 6 yoa)
VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK	QL (2 PER 30 DAY(S)), MN (PA if < 6 yoa)
VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK	QL (2 PER 30 DAY(S)), MN (PA if < 6 yoa)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	QL (2 PER 30 DAY(S)), MN (PA if < 6 yoa)
<i>vigabatrin (powd pack 500 mg, tab 500 mg)</i>	PA, SP

SODIUM CHANNEL AGENTS

<i>carbamazepine (cap er 12hr 100 mg, cap er 12hr 200 mg, cap er 12hr 300 mg, chew tab 100 mg, susp 100 mg/5ml, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 400 mg)</i>	
<i>carbamazepine tab 200 mg</i>	
DILANTIN 30 MG CAP	
<i>lacosamide (oral solution 10 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	PA
<i>oxcarbazepine (susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg)</i>	
<i>phenytoin (chew tab 50 mg, susp 125 mg/5ml)</i>	
<i>phenytoin sodium extended (cap 100 mg, cap 200 mg, cap 300 mg)</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>rufinamide (susp 40 mg/ml, tab 200 mg, tab 400 mg)</i>	PA
VIMPAT (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	PA
<i>zonisamide (cap 25 mg, cap 50 mg, cap 100 mg)</i>	

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

<i>bupropion hcl (tab 75 mg, tab 100 mg, tab er 12hr 100 mg, tab er 12hr 150 mg, tab er 12hr 200 mg, tab er 24hr 150 mg, tab er 24hr 300 mg)</i>	
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	PA
<i>mirtazapine (orally disintegrating tab 15 mg, orally disintegrating tab 30 mg, orally disintegrating tab 45 mg, tab 7.5 mg, tab 15 mg, tab 30 mg, tab 45 mg)</i>	
<i>perphenazine-amitriptyline 2-10 mg tab</i>	
<i>perphenazine-amitriptyline 2-25 mg tab</i>	
<i>perphenazine-amitriptyline 4-10 mg tab</i>	
PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB	
<i>perphenazine-amitriptyline 4-50 mg tab</i>	

MONOAMINE OXIDASE INHIBITORS

MARPLAN 10 MG TAB	
<i>phenelzine sulfate (15 mg tab, tab 15 mg)</i>	
<i>tranylcypromine sulfate tab 10 mg</i>	

SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

<i>citalopram hydrobromide (20 mg tab, 40mg tab)</i>	Rx4L
<i>citalopram hydrobromide (oral soln 10 mg/5ml, tab 10 mg (base equiv))</i>	
<i>desvenlafaxine succinate (tab er 24hr 25 mg (base equiv), tab er 24hr 50 mg (base equiv))</i>	QL (30 EA PER 30 DAYS)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	QL (120 EA PER 30 DAYS)
<i>escitalopram oxalate (10 mg tab, 20 mg tab)</i>	Rx4L
<i>escitalopram oxalate (soln 5 mg/5ml (base equiv), tab 5 mg (base equiv))</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>fluoxetine hcl (10 mg cap, 20 mg cap)</i>	Rx4L
<i>fluoxetine hcl (cap 40 mg, solution 20 mg/5ml)</i>	
<i>fluvoxamine maleate (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>paroxetine hcl (10 mg tab, 20 mg tab)</i>	Rx4L
<i>paroxetine hcl (tab 30 mg, tab 40 mg, tab er 24hr 12.5 mg, tab er 24hr 25 mg, tab er 24hr 37.5 mg)</i>	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	
<i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i>	Rx4L
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	Rx4L
<i>trazodone hcl tab 300 mg</i>	
<i>venlafaxine hcl (tab 25 mg (base equivalent), tab 37.5 mg (base equivalent), tab 50 mg (base equivalent), tab 75 mg (base equivalent), tab 100 mg (base equivalent))</i>	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h, 150 mg cap er 24h)</i>	Rx4L

TRICYCLICS

<i>amitriptyline hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)</i>	
<i>amoxapine 100 mg tab</i>	
<i>amoxapine 150 mg tab</i>	
<i>amoxapine 25 mg tab</i>	
<i>amoxapine 50 mg tab</i>	
<i>clomipramine hcl (cap 25 mg, cap 50 mg, cap 75 mg)</i>	
<i>desipramine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 75 mg, tab 100 mg, tab 150 mg)</i>	
<i>doxepin hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, conc 10 mg/ml)</i>	
<i>imipramine hcl (tab 10 mg, tab 25 mg, tab 50 mg)</i>	
<i>nortriptyline hcl (10 mg cap, 25 mg cap)</i>	Rx4L
<i>nortriptyline hcl (10 mg/5ml solution, cap 50 mg, cap 75 mg)</i>	
<i>protriptyline hcl (tab 5 mg, tab 10 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
ANTIEMETICS	
ANTIEMETICS, OTHER	
BONJESTA 20-20 MG TAB ER	QL (180 EA PER 365 DAYS)
<i>dimenhydrinate tab 50 mg</i>	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	
<i>meclizine hcl (tab 12.5 mg, tab 25 mg)</i>	
<i>metoclopramide hcl (soln 5 mg/5ml (10 mg/10ml) (base equiv), tab 5 mg (base equivalent), tab 10 mg (base equivalent))</i>	
<i>perphenazine (tab 2 mg, tab 4 mg, tab 8 mg, tab 16 mg)</i>	
<i>prochlorperazine maleate (tab 5 mg (base equivalent), tab 10 mg (base equivalent))</i>	
<i>prochlorperazine suppos 25 mg</i>	
<i>promethazine hcl (suppos 12.5 mg, suppos 25 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	
<i>scopolamine td patch 72hr 1 mg/3days</i>	QL (10 PER 30 DAY(S))
<i>trimethobenzamide hcl cap 300 mg</i>	
EMETOGENIC THERAPY ADJUNCTS	
<i>aprepitant capsule 125 mg</i>	QL (1 PER 15 DAY(S))
<i>aprepitant capsule 40 mg</i>	QL (3 PER 180 DAYS)
<i>aprepitant capsule 80 mg</i>	QL (2 PER 15 DAY(S))
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	QL (3 PER 15 DAY(S))
<i>dronabinol (cap 2.5 mg, cap 5 mg, cap 10 mg)</i>	PA
EMEND 125 MG/5ML RECON SUSP	PA, QL (3 PER 15 DAY(S))
<i>granisetron hcl tab 1 mg</i>	QL (6 EA PER 30 DAYS)
<i>ondansetron (tab 4 mg, tab 8 mg)</i>	
<i>ondansetron hcl (24 mg tab, tab 24 mg)</i>	QL (1 PER 15 DAY(S))
<i>ondansetron hcl (tab 4 mg, tab 8 mg)</i>	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	QL (100 ML PER 15 DAY(S))
VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK	PA, QL (4 PER 30 DAY(S))
ANTIFUNGALS	
<i>butenafine hcl cream 1%</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>ciclopirox olamine (cream (base equiv), susp (base equiv))</i>	
<i>clotrimazole (topical) (cream, soln)</i>	
<i>clotrimazole troche 10 mg</i>	
<i>clotrimazole vaginal cream 1%</i>	
<i>clotrimazole vaginal cream 2%</i>	
<i>econazole nitrate cream 1%</i>	
<i>fluconazole (for susp 10 mg/ml, for susp 40 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	
<i>griseofulvin microsize susp 125 mg/5ml</i>	
<i>griseofulvin ultramicrosize (tab 125 mg, tab 250 mg)</i>	
<i>itraconazole cap 100 mg</i>	QL (120 PER 30 DAY(S))
<i>ketoconazole (topical) (cream, shampoo)</i>	
<i>ketoconazole tab 200 mg</i>	
MICONAZOLE 3 200 MG SUPPOS	
<i>miconazole nitrate cream 2%</i>	
<i>miconazole nitrate vaginal (cream 2%, supp 200 mg & 2% cream 9 gm kit, suppos 100 mg)</i>	
<i>nystatin (*nystatin oral powder*, nystatin tab 500000 unit)</i>	
<i>nystatin (topical) (cream 100000 unit/gm, oint 100000 unit/gm)</i>	
<i>nystatin susp 100000 unit/ml</i>	
<i>nystatin topical powder 100000 unit/gm</i>	
SPORANOX 10 MG/ML SOLUTION	PA
<i>terbinafine hcl cream 1%</i>	
<i>terbinafine hcl tab 250 mg</i>	
<i>terconazole vaginal (cream 0.4%, cream 0.8%, suppos 80 mg)</i>	
<i>tolnaftate (cream, powder)</i>	
<i>voriconazole (for susp 40 mg/ml, tab 50 mg, tab 200 mg)</i>	
ANTIGOUT AGENTS	
<i>allopurinol (tab 100 mg, tab 300 mg)</i>	Rx4L

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>colchicine tab 0.6 mg</i>	QL (60 PER 30 DAY(S))
<i>febuxostat (tab 40 mg, tab 80 mg)</i>	
<i>probenecid tab 500 mg</i>	

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

dapsone (tab 25 mg, tab 100 mg)

rifabutin cap 150 mg

ANTITUBERCULARS

ethambutol hcl (tab 100 mg, tab 400 mg)

isoniazid (50 mg/5ml syrup, 100 mg tab, tab 300 mg)

PRETOMANID 200 MG TAB

PA

pyrazinamide tab 500 mg

rifampin (cap 150 mg, cap 300 mg)

SIRTURO 100 MG TAB

PA

SIRTURO 20 MG TAB

PA

ANTINEOPLASTICS

ALKYLATING AGENTS

cyclophosphamide (25 mg cap, cap 25 mg, 50 mg cap, cap 50 mg)

LEUKERAN 2 MG TAB

MATULANE 50 MG CAP

SP

melphalan tab 2 mg

MYLERAN 2 MG TAB

temozolomide (cap 5 mg, cap 20 mg, cap 100 mg, cap 140 mg, cap 180 mg, cap 250 mg)

PA, SP

VALCHLOR 0.016 % GEL

PA, SP

ANTIANDROGENS

bicalutamide tab 50 mg

flutamide 125 mg cap

NUBEQA 300 MG TAB

PA, SP

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

DRUG NAME	REQUIREMENTS/LIMITS
XTANDI (40 MG CAP, 40 MG TAB, 80 MG TAB)	PA, SP
ANTIANGIOGENIC AGENTS	
<i>lenalidomide (cap 20 mg, caps 2.5 mg)</i>	PA
REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP)	PA, SP
THALOMID (50 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP)	PA, SP
ANTIESTROGENS/MODIFIERS	
<i>fulvestrant (250 mg/5ml soln prsy, inj soln pref syr 250 mg/5ml)</i>	
<i>tamoxifen citrate (tab 10 mg (base equivalent), tab 20 mg (base equivalent))</i>	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	
ANTIMETABOLITES	
<i>capecitabine (tab 150 mg, tab 500 mg)</i>	PA, SP
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	
<i>hydroxyurea cap 500 mg</i>	
<i>mercaptopurine tab 50 mg</i>	
PURIXAN 2000 MG/100ML SUSPENSION	SP
ANTINEOPLASTICS, OTHER	
AYVAKIT (25 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	PA, QL (30 PER 30 DAY(S)), SP
AYVAKIT 50 MG TAB	PA, SP
BRUKINSA 80 MG CAP	PA, SP
EXKIVITY 40 MG CAP	PA, SP
ISTODAX (OVERFILL) 10 MG RECON SOLN	PA
<i>leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg)</i>	
LONSURF (15-6.14 MG TAB, 20-8.19 MG TAB)	PA, SP
LUMAKRAS 120 MG TAB	PA, SP
LYSODREN 500 MG TAB	SP
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	PA, SP
RETEVMO (40 MG CAP, 80 MG CAP)	PA, SP

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

DRUG NAME	REQUIREMENTS/LIMITS
ROZLYTREK (100 MG CAP, 200 MG CAP)	PA, SP
TABRECTA (150 MG TAB, 200 MG TAB)	PA, SP
TAZVERIK 200 MG TAB	PA, SP
VIJOICE (50 MG TAB THPK, 125 MG TAB THPK, 200 & 50 MG TAB THPK)	PA
VONJO 100 MG CAP	PA, SP
XPOVIO (100 MG ONCE WEEKLY) (20 MG TAB THPK, 50 MG TAB THPK)	PA, SP
XPOVIO (40 MG ONCE WEEKLY) (20 MG TAB THPK, 40 MG TAB THPK)	PA, SP
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	PA, SP
XPOVIO (60 MG ONCE WEEKLY) (20 MG TAB THPK, 60 MG TAB THPK)	PA, SP
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	PA, SP
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	PA, SP
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	PA, SP
ZOLINZA 100 MG CAP	PA, SP

AROMATASE INHIBITORS, 3RD GENERATION

anastrozole tab 1 mg

exemestane tab 25 mg

letrozole tab 2.5 mg

ENZYME INHIBITORS

etoposide 50 mg cap

MOLECULAR TARGET INHIBITORS

BALVERSA (3 MG TAB, 4 MG TAB, 5 MG TAB)	PA, SP
BOSULIF (100 MG TAB, 400 MG TAB, 500 MG TAB)	PA, SP
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	PA, SP
CAPRELSA 300 MG TAB	PA, SP
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	PA, SP
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	PA, SP
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	PA, SP
COTELLIC 20 MG TAB	PA, SP

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

DRUG NAME	REQUIREMENTS/LIMITS
ERIVEDGE 150 MG CAP	PA, SP
<i>erlotinib hcl (tab 25 mg (base equivalent), tab 100 mg (base equivalent), tab 150 mg (base equivalent))</i>	PA, SP
<i>everolimus (tab 2.5 mg, tab 5 mg, tab 7.5 mg, tab 10 mg)</i>	PA, SP
GAVRETO 100 MG CAP	PA, SP
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	PA, SP
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	PA, SP
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	PA, SP
<i>imatinib mesylate (tab 100 mg (base equivalent), tab 400 mg (base equivalent))</i>	PA, SP
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB)	PA
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	PA, QL (60 PER 30 DAY(S)), SP
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	PA, SP
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	PA, SP
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	PA, SP
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	PA, SP
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	PA, SP
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	PA, SP
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	PA, SP
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	PA, SP
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	PA, SP
ODOMZO 200 MG CAP	PA, SP
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	PA, SP
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	PA, SP
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	PA, SP
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	PA, SP
RYDAPT 25 MG CAP	PA, SP

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	PA, SP
SPRYCEL (20 MG TAB, 50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	PA, SP
STIVARGA 40 MG TAB	PA, SP
<i>sunitinib malate (cap 12.5 mg (base equivalent), cap 25 mg (base equivalent), cap 37.5 mg (base equivalent), cap 50 mg (base equivalent))</i>	PA, SP
TAFINLAR (50 MG CAP, 75 MG CAP)	PA, SP
TAGRISSE (40 MG TAB, 80 MG TAB)	PA, SP
TALZENNA (0.25 MG CAP, 1 MG CAP)	PA, SP
TASIGNA (50 MG CAP, 150 MG CAP, 200 MG CAP)	PA, SP
TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK	PA, SP
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK	PA, SP
TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK	PA, SP
TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK	PA, SP
TURALIO 200 MG CAP	PA, SP
VENCLEXTA (10 MG TAB, 50 MG TAB, 100 MG TAB)	PA, SP
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	PA, SP
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	PA, SP
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	PA, SP
VOTRIENT 200 MG TAB	PA, SP
XALKORI (200 MG CAP, 250 MG CAP)	PA, SP
XOSPATA 40 MG TAB	PA, SP
ZEJULA 100 MG CAP	PA, SP
ZELBORAF 240 MG TAB	PA, SP
ZYDELIG (100 MG TAB, 150 MG TAB)	PA, SP
ZYKADIA 150 MG TAB	PA, SP
RETINOIDS	
<i>bexarotene cap 75 mg</i>	PA, SP
<i>tretinoin cap 10 mg</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
ANTIPARASITICS	
ANTHELMINTHICS	
<i>albendazole tab 200 mg</i>	QL (4 PER 30 DAY(S))
<i>ivermectin tab 3 mg</i>	QL (20 PER 30 DAY(S))
ANTIPROTOZOALS	
<i>atovaquone susp 750 mg/5ml</i>	QL (100 ML PER 30 DAY(S))
<i>atovaquone-proguanil hcl (tab 62.5-25 mg, tab 250-100 mg)</i>	
<i>chloroquine phosphate (tab 250 mg, tab 500 mg)</i>	
COARTEM 20-120 MG TAB	QL (24 EA PER 180 DAYS)
<i>hydroxychloroquine sulfate tab 200 mg</i>	
<i>mefloquine hcl tab 250 mg</i>	
ANTIPARKINSON AGENTS	
ANTICHOLINERGICS	
<i>benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, oral soln 0.4 mg/ml, tab 2 mg, tab 5 mg)</i>	
ANTIPARKINSON AGENTS, OTHER	
<i>amantadine hcl (cap 100 mg, tab 100 mg)</i>	
<i>carbidopa-levodopa-entacapone (tabs 12.5-50-200 mg, tabs 18.75-75-200 mg, tabs 25-100-200 mg, tabs 31.25-125-200 mg, tabs 37.5-150-200 mg, tabs 50-200-200 mg)</i>	
<i>entacapone tab 200 mg</i>	
DOPAMINE AGONISTS	
APOKYN 30 MG/3ML SOLN CART	PA, SP
<i>bromocriptine mesylate (cap 5 mg (base equivalent), tab 2.5 mg (base equivalent))</i>	
<i>pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)</i>	
<i>ropinirole hydrochloride (tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg, tab 5 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS	
<i>carbidopa-levodopa 10-100 mg tab</i>	
<i>carbidopa-levodopa 10-100 mg tab disp</i>	
<i>carbidopa-levodopa 25-100 mg tab</i>	
<i>carbidopa-levodopa 25-100 mg tab disp</i>	
<i>carbidopa-levodopa 25-250 mg tab</i>	
<i>carbidopa-levodopa 25-250 mg tab disp</i>	
<i>carbidopa-levodopa er 25-100 mg tab er</i>	
<i>carbidopa-levodopa er 50-200 mg tab er</i>	
INBRIJA 42 MG CAP	PA, SP
MONOAMINE OXIDASE B (MAO-B) INHIBITORS	
<i>rasagiline mesylate (tab 0.5 mg (base equiv), tab 1 mg (base equiv))</i>	
<i>selegiline hcl (cap 5 mg, tab 5 mg)</i>	
ANTISPASTICITY AGENTS	
<i>baclofen (tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>dantrolene sodium (cap 25 mg, cap 50 mg, cap 100 mg)</i>	
<i>tizanidine hcl (tab 2 mg (base equivalent), tab 4 mg (base equivalent))</i>	
ANTIVIRALS	
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	
LIVTENCITY 200 MG TAB	PA, SP
PREVYMIS (240 MG TAB, 480 MG TAB)	PA, SP
<i>valganciclovir hcl (for soln 50 mg/ml (base equiv), tab 450 mg (base equivalent))</i>	
ANTI-HEPATITIS B (HBV) AGENTS	
<i>adefovir dipivoxil tab 10 mg</i>	
BARACLUDE 0.05 MG/ML SOLUTION	SP
<i>entecavir (tab 0.5 mg, tab 1 mg)</i>	
EPIVIR HBV 5 MG/ML SOLUTION	SP

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>lamivudine tab 100 mg (hbv)</i>	
ANTI-HEPATITIS C (HCV) AGENTS	
MAVYRET 100-40 MG TAB	QL (168 EA PER 365 DAYS), SP
MAVYRET 50-20 MG PACKET	SP
<i>ribavirin cap 200 mg</i>	SP
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)	
BIKTARVY 50-200-25 MG TAB	
DOVATO 50-300 MG TAB	
GENVOYA 150-150-200-10 MG TAB	QL (30 PER 30 DAY(S))
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB, 100 MG PACKET, 400 MG TAB)	
ISENTRESS HD 600 MG TAB	
JULUCA 50-25 MG TAB	
STRIBILD 150-150-200-300 MG TAB	
TIVICAY (10 MG TAB, 25 MG TAB, 50 MG TAB)	
TIVICAY PD 5 MG TAB SOL	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)	
COMPLERA 200-25-300 MG TAB	
EDURANT 25 MG TAB	
<i>efavirenz (cap 50 mg, cap 200 mg, tab 600 mg)</i>	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate (tab 400-300-300 mg, tab 600-300-300 mg)</i>	
<i>etravirine (tab 100 mg, tab 200 mg)</i>	
INTELENCE (25 MG TAB, 100 MG TAB, 200 MG TAB)	
<i>nevirapine (tab er 24hr 400 mg, 50 mg/5ml suspension, tab 200 mg)</i>	
<i>nevirapine er 100 mg tab er 24h</i>	
ODEFSEY 200-25-25 MG TAB	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
<i>abacavir sulfate (soln 20 mg/ml (base equiv), tab 300 mg (base equiv))</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>abacavir sulfate-lamivudine tab 600-300 mg</i>	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	
CIMDUO 300-300 MG TAB	
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	
<i>emtricitabine caps 200 mg</i>	
<i>emtricitabine-tenofovir disoproxil fumarate (tab 100-150 mg, tab 133-200 mg, tab 167-250 mg, tab 200-300 mg)</i>	
EMTRIVA 10 MG/ML SOLUTION	
<i>lamivudine (oral soln 10 mg/ml, tab 150 mg, tab 300 mg)</i>	
<i>lamivudine-zidovudine tab 150-300 mg</i>	
<i>stavudine (15 mg cap, cap 15 mg, 20 mg cap, cap 20 mg, 30 mg cap, cap 30 mg, 40 mg cap, cap 40 mg)</i>	
TEMIXYS 300-300 MG TAB	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	
TRIUMEQ 600-50-300 MG TAB	
TRIZIVIR 300-150-300 MG TAB	
VIDEX 2 GM RECON SOLN	
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	
<i>zidovudine (cap 100 mg, syrup 10 mg/ml, tab 300 mg)</i>	
ANTI-HIV AGENTS, OTHER	
FUZEON 90 MG RECON SOLN	PA
RUKOBIA 600 MG TAB ER 12H	
SELZENTRY (20 MG/ML SOLUTION, 25 MG TAB, 75 MG TAB, 150 MG TAB, 300 MG TAB)	
TYBOST 150 MG TAB	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)	
APTIVUS 250 MG CAP	
<i>atazanavir sulfate (cap 150 mg (base equiv), cap 200 mg (base equiv), cap 300 mg (base equiv))</i>	
CRIXIVAN 400 MG CAP	
EVOTAZ 300-150 MG TAB	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
INVIRASE 500 MG TAB	
LEXIVA 50 MG/ML SUSPENSION	
<i>lopinavir-ritonavir (soln 400-100 mg/5ml (80-20 mg/ml), tab 100-25 mg, tab 200-50 mg)</i>	
NORVIR 80 MG/ML SOLUTION	
PREZCOBIX 800-150 MG TAB	
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB, 600 MG TAB, 800 MG TAB)	
REYATAZ 50 MG PACKET	
<i>ritonavir tab 100 mg</i>	
SYMTUZA 800-150-200-10 MG TAB	
VIRACEPT (250 MG TAB, 625 MG TAB)	

ANTI-INFLUENZA AGENTS

<i>oseltamivir phosphate (cap 45 mg (base equiv), cap 75 mg (base equiv))</i>	QL (20 EA PER 180 DAYS)
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	QL (40 EA PER 180 DAYS)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	QL (300 ML ML PER 180 DAYS)
RELENZA DISKHALER 5 MG/ACT AER POW BA	QL (40 EA PER 180 DAYS)
RIMANTADINE HCL 100 MG TAB	

ANTIHERPETIC AGENTS

<i>acyclovir (cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg)</i>	
<i>docosanol cream 10%</i>	
<i>famciclovir (tab 125 mg, tab 250 mg, tab 500 mg)</i>	
<i>trifluridine 1 % solution</i>	
<i>valacyclovir hcl (tab 1 gm, tab 500 mg)</i>	

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>alogliptin benzoate 12.5 mg tab</i>	QL (30 EA PER 30 DAYS)
<i>alogliptin benzoate 25 mg tab</i>	QL (30 EA PER 30 DAYS)
<i>alogliptin benzoate 6.25 mg tab</i>	QL (30 EA 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
<i>alogliptin-metformin hcl 12.5-1000 mg tab</i>	QL (60 EA PER 30 DAYS)
<i>alogliptin-metformin hcl 12.5-500 mg tab</i>	QL (60 EA PER 30 DAYS)
BYETTA 5 MCG PEN 5 MCG/0.02ML SOLN PEN	
<i>glimepiride (tab 1 mg, tab 2 mg, tab 4 mg)</i>	Rx4L
<i>glipizide (tab 5 mg, tab 10 mg, tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)</i>	Rx4L
<i>glipizide-metformin hcl (tab 2.5-250 mg, tab 2.5-500 mg, tab 5-500 mg)</i>	
<i>glyburide (tab 1.25 mg, tab 2.5 mg, tab 5 mg)</i>	
<i>glyburide micronized (tab 1.5 mg, tab 3 mg, tab 6 mg)</i>	
<i>glyburide-metformin (tab 1.25-250 mg, tab 2.5-500 mg, tab 5-500 mg)</i>	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	QL (30 PER 30 DAY(S))
INVOKAMET (50-1000 MG TAB, 50-500 MG TAB, 150-1000 MG TAB, 150-500 MG TAB)	QL (60 EA PER 30 DAYS)
INVOKANA (100 MG TAB, 300 MG TAB)	QL (30 EA PER 30 DAYS)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	
JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)	
JANUVIA (25 MG TAB, 50 MG TAB, 100 MG TAB)	
JARDIANCE (10 MG TAB, 25 MG TAB)	QL (30 EA PER 30 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	QL (60 EA PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	QL (60 EA PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	QL (30 EA PER 30 DAYS)
KERENDIA (10 MG TAB, 20 MG TAB)	PA
<i>metformin hcl (tab 500 mg, tab 850 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)</i>	Rx4L
<i>nateglinide (tab 60 mg, tab 120 mg)</i>	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	
OZEMPIC (1 MG/DOSE) 2 MG/1.5ML SOLN PEN	
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	
<i>pioglitazone hcl (tab 15 mg (base equiv), tab 30 mg (base equiv), tab 45 mg (base equiv))</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>pioglitazone hcl-glimepiride (tab 30-2 mg, tab 30-4 mg)</i>	
<i>pioglitazone hcl-metformin hcl (tab 15-500 mg, tab 15-850 mg)</i>	
<i>repaglinide (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)	
SEGLUROMET (2.5-1000 MG TAB, 7.5-1000 MG TAB)	
STEGLATRO (5 MG TAB, 15 MG TAB)	
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN	PA
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	PA
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	
TRADJENTA 5 MG TAB	QL (30 EA PER 30 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN PEN, 1.5 MG/0.5ML SOLN PEN)	QL (2 ML PER 28 DAYS)
TRULICITY (3 MG/0.5ML SOLN PEN, 4.5 MG/0.5ML SOLN PEN)	
VICTOZA 18 MG/3ML SOLN PEN	QL (9 ML PER 30 DAYS)
GLYCEMIC AGENTS	
BAQSIMI ONE PACK 3 MG/DOSE POWDER	QL (2 PER 30 DAY(S))
BAQSIMI TWO PACK 3 MG/DOSE POWDER	QL (2 PER 30 DAY(S))
GLUCAGEN HYPOKIT 1 MG RECON SOLN	QL (2 EA PER 30 DAYS)
GLUCAGON EMERGENCY 1 MG KIT	QL (2 EA PER 30 DAYS)
GLUCOSE 4 GM CHEW TAB	
INSULINS	
ADMELOG 100 UNIT/ML SOLUTION	
BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN	
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	
HUMULIN N 100 UNIT/ML SUSPENSION	
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	
HUMULIN R 100 UNIT/ML SOLUTION	
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	

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

DRUG NAME	REQUIREMENTS/LIMITS
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	QL (18 ML PER 30 DAY(S))
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	
INSULIN GLARGINE-YFGN (100 UNIT/ML SOLN PEN, 100 UNIT/ML SOLUTION)	
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	
NOVOLIN N 100 UNIT/ML SUSPENSION	
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN	
NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN	
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	
NOVOLIN R 100 UNIT/ML SOLUTION	
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	
NOVOLIN R RELION 100 UNIT/ML SOLUTION	
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	
SEMGLEE (YFGN) (100 UNIT/ML SOLN PEN, 100 UNIT/ML SOLUTION)	

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

ELIQUIS (2.5 MG TAB, 5 MG TAB)

enoxaparin sodium (inj soln pref 100 mg/ml, inj soln pref 150 mg/ml) QL (60 ML PER 30 DAY(S))

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>enoxaparin sodium (inj soln pref 40 mg/0.4ml, inj soln pref 80 mg/0.8ml)</i>	QL (24 ML PER 30 DAY(S))
<i>enoxaparin sodium inj 300 mg/3ml</i>	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	QL (48 ML PER 30 DAY(S))
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	QL (18 ML PER 30 DAY(S))
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	QL (36 ML PER 30 DAY(S))
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	QL (24 ML PER 180 DAYS)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	QL (15 ML PER 180 DAYS)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	QL (12 ML PER 180 DAYS)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	QL (18 ML PER 180 DAYS)
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	
<i>warfarin sodium (tab 1 mg, tab 2 mg, tab 2.5 mg, tab 3 mg, tab 4 mg, tab 5 mg, tab 6 mg, tab 7.5 mg, tab 10 mg)</i>	Rx4L
XARELTO (1 MG/ML RECON SUSP, 20 MG TAB)	
XARELTO (2.5 MG TAB, 10 MG TAB, 15 MG TAB)	
XARELTO STARTER PACK 15 & 20 MG TAB THPK	

BLOOD PRODUCTS AND MODIFIERS, OTHER

<i>anagrelide hcl (cap 0.5 mg, cap 1 mg)</i>	
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 300 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR)	PA, SP
MULPLETA 3 MG TAB	PA, SP
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	PA, SP
PROMACTA (12.5 MG PACKET, 12.5 MG TAB, 25 MG PACKET, 25 MG TAB, 50 MG TAB, 75 MG TAB)	PA, SP
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	PA, SP
PYRUKYND TAPER PACK (5 MG TAB THPK, 7 X 20 MG & 7 X 5 MG TAB THPK, 7 X 50 MG & 7 X 20 MG TAB THPK)	PA, SP

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>tranexamic acid tab 650 mg</i>	QL (30 PER 30 DAY(S))
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	PA, SP

HEMOSTASIS AGENTS

aminocaproic acid tab 1000 mg
phytonadione tab 5 mg

PLATELET MODIFYING AGENTS

BRILINTA 60 MG TAB
BRILINTA 90 MG TAB
cilostazol (tab 50 mg, tab 100 mg)
clopidogrel bisulfate (tab 75 mg (base equiv), tab 300 mg (base equiv))
dipyridamole (tab 25 mg, tab 50 mg, tab 75 mg)
DOPTELET 20 MG TAB PA, SP
OXBRYTA 300 MG TAB SOL PA, QL (60 PER 30 DAY(S)), SP
OXBRYTA 500 MG TAB PA, QL (90 PER 30 DAY(S)), SP
prasugrel hcl (tab 5 mg (base equiv), tab 10 mg (base equiv))

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

clonidine (patch 0.1 mg/24hr, patch 0.2 mg/24hr, patch 0.3 mg/24hr)
clonidine hcl (tab 0.1 mg, tab 0.2 mg, tab 0.3 mg) Rx4L
guanfacine hcl (tab 1 mg, tab 2 mg) Rx4L
methyldopa (250 mg tab, tab 250 mg, 500 mg tab, tab 500 mg)
midodrine hcl (tab 2.5 mg, tab 5 mg, tab 10 mg)

ALPHA-ADRENERGIC BLOCKING AGENTS

doxazosin mesylate (tab 1 mg, tab 2 mg, tab 4 mg, tab 8 mg)
prazosin hcl (cap 1 mg, cap 2 mg, cap 5 mg)
terazosin hcl (cap 1 mg (base equivalent), cap 2 mg (base equivalent), cap 5 mg (base equivalent), cap 10 mg (base equivalent)) Rx4L

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

DRUG NAME	REQUIREMENTS/LIMITS
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil (tab 4 mg, tab 8 mg, tab 32 mg)</i>	
<i>irbesartan (tab 75 mg, tab 150 mg, tab 300 mg)</i>	Rx4L
<i>losartan potassium (tab 25 mg, tab 50 mg, tab 100 mg)</i>	Rx4L
<i>olmesartan medoxomil (tab 5 mg, tab 20 mg, tab 40 mg)</i>	
<i>valsartan (tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg)</i>	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	
<i>benazepril hcl (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg)</i>	Rx4L
<i>captopril (tab 12.5 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	Rx4L
<i>fosinopril sodium (tab 10 mg, tab 20 mg, tab 40 mg)</i>	Rx4L
<i>lisinopril (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)</i>	Rx4L
<i>quinapril hcl (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg)</i>	Rx4L
<i>ramipril (cap 1.25 mg, cap 2.5 mg, cap 5 mg, cap 10 mg)</i>	Rx4L
<i>trandolapril (tab 1 mg, tab 2 mg, tab 4 mg)</i>	
ANTIARRHYTHMICS	
<i>amiodarone hcl (tab 100 mg, tab 400 mg)</i>	
<i>amiodarone hcl tab 200 mg</i>	
<i>disopyramide phosphate (cap 100 mg, cap 150 mg)</i>	
<i>dofetilide (cap 125 mcg (0.125 mg), cap 250 mcg (0.25 mg), cap 500 mcg (0.5 mg))</i>	
<i>flecainide acetate (tab 50 mg, tab 100 mg, tab 150 mg)</i>	
NORPACE CR 100 MG CAP ER 12H	
<i>propafenone hcl (cap er 12hr 225 mg, cap er 12hr 325 mg, cap er 12hr 425 mg, tab 150 mg, tab 225 mg, tab 300 mg)</i>	
<i>sotalol hcl (afib/af) (tab 80 mg, tab 120 mg, tab 160 mg)</i>	
<i>sotalol hcl (tab 80 mg, tab 120 mg, tab 160 mg, tab 240 mg)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
BETA-ADRENERGIC BLOCKING AGENTS	
<i>acebutolol hcl (cap 200 mg, cap 400 mg)</i>	
<i>atenolol (tab 25 mg, tab 50 mg, tab 100 mg)</i>	Rx4L
<i>bisoprolol fumarate (tab 5 mg, tab 10 mg)</i>	
<i>carvedilol (tab 3.125 mg, tab 6.25 mg, tab 12.5 mg, tab 25 mg)</i>	Rx4L
<i>labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)</i>	
<i>metoprolol succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h)</i>	Rx4L
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	Rx4L
<i>metoprolol tartrate tab 75 mg</i>	
<i>nadolol (tab 20 mg, tab 40 mg, tab 80 mg)</i>	
<i>nebivolol hcl (tab 2.5 mg (base equivalent), tab 5 mg (base equivalent), tab 10 mg (base equivalent), tab 20 mg (base equivalent))</i>	
<i>pindolol (tab 5 mg, tab 10 mg)</i>	
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	Rx4L
<i>propranolol hcl (cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg, oral soln 20 mg/5ml, 40 mg/5ml solution, tab 60 mg)</i>	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES	
<i>amlodipine besylate (tab 2.5 mg (base equivalent), tab 5 mg (base equivalent), tab 10 mg (base equivalent))</i>	Rx4L
<i>felodipine (tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)</i>	
<i>nifedipine (tab er 24hr 30 mg, tab er 24hr 60 mg, tab er 24hr 90 mg, tab er 24hr osmotic release 30 mg, tab er 24hr osmotic release 60 mg, tab er 24hr osmotic release 90 mg)</i>	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES	
<i>diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg)</i>	Rx4L

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>diltiazem hcl coated beads (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, cap er 24hr 300 mg, cap er 24hr 360 mg)</i>	
<i>diltiazem hcl coated beads (tab er 24hr 180 mg, tab er 24hr 240 mg, tab er 24hr 300 mg, tab er 24hr 360 mg, tab er 24hr 420 mg)</i>	
<i>diltiazem hcl extended release beads (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, cap er 24hr 300 mg, cap er 24hr 360 mg, cap er 24hr 420 mg)</i>	
<i>verapamil hcl (120 mg tab, 80 mg tab)</i>	Rx4L
<i>verapamil hcl (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 40 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)</i>	
<i>verapamil hcl er 100 mg cap er 24h</i>	
<i>verapamil hcl er 200 mg cap er 24h</i>	
<i>verapamil hcl er 300 mg cap er 24h</i>	
<i>verapamil hcl er 360 mg cap er 24h</i>	

CARDIOVASCULAR AGENTS, OTHER

<i>acetazolamide (tab 125 mg, tab 250 mg)</i>	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
<i>amlodipine besylate-benazepril hcl (cap 2.5-10 mg, cap 5-10 mg, cap 5-20 mg, cap 5-40 mg, cap 10-20 mg, cap 10-40 mg)</i>	
<i>atenolol & chlorthalidone (tab 50-25 mg, tab 100-25 mg)</i>	Rx4L
<i>benazepril & hydrochlorothiazide (tab 5-6.25 mg, tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg)</i>	
<i>bisoprolol & hydrochlorothiazide (tab 2.5-6.25 mg, tab 5-6.25 mg, tab 10-6.25 mg)</i>	Rx4L
CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	PA, QL (30 EA PER 30 DAYS)
CORLANOR (5 MG TAB, 7.5 MG TAB)	
<i>digoxin (0.05 mg/ml solution, inj 0.25 mg/ml, oral soln 0.05 mg/ml, tab 125 mcg (0.125 mg), tab 250 mcg (0.25 mg))</i>	
<i>enalapril maleate & hydrochlorothiazide (tab 5-12.5 mg, tab 10-25 mg)</i>	Rx4L
ENTRESTO (24-26 MG TAB, 97-103 MG TAB)	
ENTRESTO 49-51 MG TAB	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>fosinopril sodium & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg)</i>	
<i>irbesartan-hydrochlorothiazide (tab 150-12.5 mg, tab 300-12.5 mg)</i>	
LANOXIN 62.5 MCG TAB	
<i>lisinopril & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg)</i>	Rx4L
<i>losartan potassium & hydrochlorothiazide (tab 50-12.5 mg, tab 100-12.5 mg, tab 100-25 mg)</i>	
<i>metoprolol & hydrochlorothiazide (tab 50-25 mg, tab 100-25 mg, tab 100-50 mg)</i>	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide (tab 20-5-12.5 mg, tab 40-10-12.5 mg, tab 40-10-25 mg, tab 40-5-12.5 mg, tab 40-5-25 mg)</i>	
<i>olmesartan medoxomil-hydrochlorothiazide (tab 20-12.5 mg, tab 40-12.5 mg, tab 40-25 mg)</i>	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	Rx4L
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	
<i>ranolazine (tab er 500 mg, tab er 1000 mg)</i>	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	
<i>triamterene & hydrochlorothiazide (cap 37.5-25 mg, tab 37.5-25 mg, tab 75-50 mg)</i>	Rx4L
<i>valsartan-hydrochlorothiazide (tab 80-12.5 mg, tab 160-12.5 mg, tab 160-25 mg, tab 320-12.5 mg)</i>	
VYNDAMAX 61 MG CAP	PA, SP
DIURETICS, LOOP	
<i>bumetanide (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	Rx4L
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	Rx4L
<i>furosemide oral soln 10 mg/ml</i>	
<i>torseamide (tab 5 mg, tab 10 mg, tab 20 mg, tab 100 mg)</i>	
DIURETICS, POTASSIUM-SPARING	
<i>amiloride hcl tab 5 mg</i>	
CAROSPIR 25 MG/5ML SUSPENSION	
<i>eplerenone (tab 25 mg, tab 50 mg)</i>	
<i>spironolactone (25 mg tab, 50 mg tab)</i>	Rx4L

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>spironolactone tab 100 mg</i>	
DIURETICS, THIAZIDE	
<i>chlorthalidone (tab 25 mg, tab 50 mg)</i>	
<i>hydrochlorothiazide (25 mg tab, 50 mg tab)</i>	Rx4L
<i>hydrochlorothiazide 12.5 mg cap</i>	Rx4L
<i>hydrochlorothiazide tab 12.5 mg</i>	
<i>indapamide (tab 1.25 mg, tab 2.5 mg)</i>	
<i>metolazone (tab 2.5 mg, tab 5 mg, tab 10 mg)</i>	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	
<i>fenofibrate (tab 48 mg, tab 54 mg, tab 145 mg, tab 160 mg)</i>	
<i>fenofibrate micronized (cap 67 mg, cap 134 mg, cap 200 mg)</i>	
<i>gemfibrozil tab 600 mg</i>	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium (tab 10 mg (base equivalent), tab 20 mg (base equivalent), tab 40 mg (base equivalent), tab 80 mg (base equivalent))</i>	QL (30 EA PER 30 DAYS), Rx4L
<i>lovastatin (tab 10 mg, tab 20 mg, tab 40 mg)</i>	QL (30 EA PER 30 DAYS), Rx4L
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	QL (30 EA PER 30 DAYS), Rx4L
<i>pravastatin sodium tab 80 mg</i>	QL (30 EA PER 30 DAYS)
<i>rosuvastatin calcium (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg)</i>	QL (30 EA PER 30 DAYS)
<i>simvastatin (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	QL (30 EA PER 30 DAYS), Rx4L
<i>simvastatin tab 5 mg</i>	QL (30 EA PER 30 DAYS)
DYSLIPIDEMICS, OTHER	
<i>cholestyramine (powder 4 gm/dose, powder packets 4 gm)</i>	
<i>cholestyramine light (powder 4 gm/dose, powder packets 4 gm)</i>	
<i>colestipol hcl (granule packets 5 gm, granules 5 gm, tab 1 gm)</i>	
<i>ezetimibe tab 10 mg</i>	QL (30 PER 30 DAY(S))
<i>icosapent ethyl (cap 0.5 gm, cap 1 gm)</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>niacin (antihyperlipidemic) (tab er 500 mg (antihyperlipidemic), tab er 750 mg (antihyperlipidemic), tab er 1000 mg (antihyperlipidemic))</i>	
<i>niacin (tab 500 mg, tab er 500 mg)</i>	
<i>niacinamide tab 500 mg</i>	
<i>omega-3-acid ethyl esters cap 1 gm</i>	
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	PA
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	PA

VASODILATORS, DIRECT-ACTING ARTERIAL

hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)

minoxidil (tab 2.5 mg, tab 10 mg)

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

isosorbide dinitrate (tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg)

isosorbide mononitrate (10 mg tab, tab 10 mg, 20 mg tab, tab 20 mg, tab er 24hr 120 mg, tab er 24hr 30 mg, tab er 24hr 60 mg)

NITRO-BID 2 % OINTMENT

nitroglycerin (sl tab 0.3 mg, sl tab 0.4 mg, sl tab 0.6 mg, td patch 24hr 0.1 mg/hr, td patch 24hr 0.2 mg/hr, td patch 24hr 0.4 mg/hr, td patch 24hr 0.6 mg/hr)

CENTRAL NERVOUS SYSTEM

ANTIDEMENTIA

donepezil hydrochloride (orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, tab 5 mg, tab 10 mg, tab 23 mg)

galantamine hydrobromide (4 mg/ml solution, cap er 24hr 16 mg, cap er 24hr 24 mg, cap er 24hr 8 mg, tab 4 mg, tab 8 mg, tab 12 mg)

memantine hcl (oral solution 2 mg/ml, tab 5 mg, tab 10 mg, tab 28 x 5 mg & 21 x 10 mg titration pack)

rivastigmine (patch 24hr 13.3 mg/24hr, patch 24hr 4.6 mg/24hr, patch 24hr 9.5 mg/24hr)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>rivastigmine tartrate (cap 1.5 mg (base equivalent), cap 3 mg (base equivalent), cap 4.5 mg (base equivalent), cap 6 mg (base equivalent))</i>	
ANTIPSYCHOTICS	
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	
<i>aripiprazole (tab 10 mg, tab 15 mg)</i>	PA, QL (30 EA PER 30 DAYS)
<i>aripiprazole (tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	QL (30 EA PER 30 DAYS)
<i>aripiprazole (tab 2 mg, tab 5 mg)</i>	QL (60 PER 30 DAY(S))
<i>aripiprazole oral solution 1 mg/ml</i>	QL (600 ML PER 30 DAY(S))
ARISTADA (441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML PRSYR, 1064 MG/3.9ML PRSYR)	
ARISTADA INITIO 675 MG/2.4ML PRSYR	
<i>asenapine maleate (sl tab 2.5 mg (base equiv), sl tab 5 mg (base equiv), sl tab 10 mg (base equiv))</i>	QL (60 PER 30 DAY(S)), MN (PA if < 10 yoa)
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	PA
<i>chlorpromazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>	
<i>clozapine (12.5 mg tab disp, orally disintegrating tab 25 mg, orally disintegrating tab 100 mg, tab 25 mg, tab 50 mg, tab 100 mg, 150 mg tab disp, 200 mg tab disp, tab 200 mg)</i>	
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	PA, QL (60 EA PER 30 DAYS)
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	PA, QL (8 EA PER 180 DAYS)
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>fluphenazine hcl (tab 1 mg, 2.5 mg/5ml elixir, 2.5 mg/ml solution, tab 2.5 mg, 5 mg/ml conc, tab 5 mg, tab 10 mg)</i>	
<i>haloperidol (tab 0.5 mg, tab 1 mg, tab 2 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	
<i>haloperidol decanoate (soln 50 mg/ml, soln 100 mg/ml)</i>	
<i>haloperidol lactate (inj 5 mg/ml, oral conc 2 mg/ml)</i>	
INVEGA SUSTENNA (39 MG/0.25ML SUSP PRSYR, 78 MG/0.5ML SUSP PRSYR, 117 MG/0.75ML SUSP PRSYR, 156 MG/ML SUSP PRSYR, 234 MG/1.5ML SUSP PRSYR)	

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

DRUG NAME	REQUIREMENTS/LIMITS
INVEGA TRINZA (273 MG/0.88ML SUSP PRSYR, 410 MG/1.32ML SUSP PRSYR, 546 MG/1.75ML SUSP PRSYR, 819 MG/2.63ML SUSP PRSYR)	
LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB, 80 MG TAB, 120 MG TAB)	PA, QL (30 EA PER 30 DAYS)
<i>loxapine succinate (cap 5 mg, cap 10 mg, cap 25 mg, cap 50 mg)</i>	
<i>olanzapine (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 15 mg)</i>	MN (PA if < 13 yoa)
<i>olanzapine (tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg)</i>	QL (60 EA PER 30 DAYS), MN (PA if < 13 yoa)
<i>olanzapine (tab 7.5 mg, tab 20 mg)</i>	MN (PA if < 13 yoa)
<i>paliperidone (tab er 24hr 1.5 mg, tab er 24hr 3 mg, tab er 24hr 6 mg, tab er 24hr 9 mg)</i>	QL (30 EA PER 30 DAYS), MN (PA if < 12 yoa)
<i>quetiapine fumarate (50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab)</i>	MN (PA if < 10 yoa), Rx4L
<i>quetiapine fumarate (tab 25 mg, tab 400 mg)</i>	MN (PA if < 10 yoa)
<i>quetiapine fumarate (tab er 24hr 150 mg, tab er 24hr 200 mg, tab er 24hr 400 mg, tab er 24hr 50 mg)</i>	QL (60 EA PER 30 DAYS), MN (PA if < 10 yoa)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	QL (60 EA PER 30 DAYS), MN (PA if < 10 yoa)
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	PA, QL (30 EA PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG, 25 MG, 37.5 MG, 50 MG)	
<i>risperidone (0.25 mg tab disp, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, orally disintegrating tab 3 mg, orally disintegrating tab 4 mg)</i>	QL (60 EA PER 30 DAYS)
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	Rx4L
<i>risperidone (tab 3 mg, tab 4 mg)</i>	
<i>risperidone soln 1 mg/ml</i>	QL (90 ML PER 30 DAYS)
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	PA
<i>thioridazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	
<i>thiothixene (cap 1 mg, cap 2 mg, cap 5 mg, cap 10 mg)</i>	
<i>trifluoperazine hcl (tab 1 mg (base equivalent), tab 2 mg (base equivalent), tab 5 mg (base equivalent), tab 10 mg (base equivalent))</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
VERSACLOZ 50 MG/ML SUSPENSION	PA
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	PA, QL (30 EA PER 30 DAYS)
VRAYLAR 1.5 & 3 MG CAP THPK	PA, QL (7 EA PER 180 DAYS)
<i>ziprasidone hcl (cap 20 mg, cap 60 mg, cap 80 mg)</i>	QL (90 PER 30 DAY(S)), MN (PA if < 16 yoa)
<i>ziprasidone hcl cap 40 mg</i>	QL (90 PER 30 DAY(S)), MN (PA if < 16 yoa)
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	

ANXIOLYTICS

<i>alprazolam (orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	QL (150 PER 30 DAY(S)), MN (PA if < 18 yoa)
<i>alprazolam (tab er 24hr 0.5 mg, tab er 24hr 1 mg, tab er 24hr 2 mg, tab er 24hr 3 mg)</i>	QL (60 PER 30 DAY(S)), MN (PA if < 18 yoa)
<i>bupirone hcl (5 mg tab, 10 mg tab)</i>	Rx4L
<i>bupirone hcl (tab 7.5 mg, tab 15 mg, tab 30 mg)</i>	
<i>chlordiazepoxide hcl (cap 5 mg, cap 10 mg, cap 25 mg)</i>	
<i>clonazepam (orally disintegrating tab 0.125 mg, orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	QL (300 PER 30 DAY(S))
<i>diazepam (tab 2 mg, tab 5 mg, tab 10 mg)</i>	QL (120 PER 30 DAY(S))
<i>diazepam oral soln 1 mg/ml</i>	QL (1200 ML PER 30 DAY(S))
<i>lorazepam (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	QL (150 PER 30 DAY(S))
<i>lorazepam conc 2 mg/ml</i>	QL (150 ML PER 30 DAY(S))
<i>oxazepam (cap 10 mg, cap 15 mg, cap 30 mg)</i>	QL (120 PER 30 DAY(S))

MIGRAINE

AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	PA
<i>candesartan cilexetil tab 16 mg</i>	
<i>eletriptan hydrobromide (tab 20 mg (base equivalent), tab 40 mg (base equivalent))</i>	QL (12 EA PER 30 DAYS)
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	PA
EMGALITY 120 MG/ML SOLN A-INJ	PA

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>naratriptan hcl (tab 1 mg (base equiv), tab 2.5 mg (base equiv))</i>	QL (12 EA PER 30 DAYS)
NURTEC 75 MG TAB DISP	PA, QL (16 PER 32 DAY(S))
REYVOW 100 MG TAB	PA, QL (8 PER 30 DAY(S))
REYVOW 50 MG TAB	PA, QL (4 PER 30 DAY(S))
<i>rizatriptan benzoate (oral disintegrating tab 5 mg (base eq), oral disintegrating tab 10 mg (base eq), tab 5 mg (base equivalent), tab 10 mg (base equivalent))</i>	QL (12 EA PER 30 DAYS)
<i>sumatriptan (5 mg/act, 20 mg/act)</i>	QL (6 EA PER 30 DAYS)
<i>sumatriptan succinate (solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml soln prsyr, inj 6 mg/0.5ml, solution auto-injector 6 mg/0.5ml)</i>	QL (5 ML ML PER 30 DAYS)
<i>sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)</i>	QL (12 EA PER 30 DAYS)
<i>sumatriptan succinate refill 4 mg/0.5ml soln cart</i>	QL (5 ML PER 30 DAYS)
<i>sumatriptan succinate refill 6 mg/0.5ml soln cart</i>	QL (5 ML PER 30 DAYS)
<i>timolol maleate (tab 5 mg, tab 10 mg, tab 20 mg)</i>	
UBRELVY (50 MG TAB, 100 MG TAB)	PA, QL (16 PER 30 DAY(S))
<i>zolmitriptan (tab 2.5 mg, tab 5 mg)</i>	QL (12 EA PER 30 DAYS)

MISCELLANEOUS

LITHIUM 8 MEQ/5ML SOLUTION

lithium carbonate (150 mg cap, 300 mg cap) Rx4L

lithium carbonate (300 mg cap, cap 300 mg, tab er 300 mg, tab er 450 mg)

lithium carbonate 300 mg tab

lithium carbonate 600 mg cap

pyridostigmine bromide (tab 60 mg, tab er 180 mg)

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

amphetamine-dextroamphetamine (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 20 mg, cap er 24hr 25 mg, cap er 24hr 30 mg, cap er 24hr 5 mg) QL (60 EA PER 30 DAYS)

amphetamine-dextroamphetamine (tab 5 mg, tab 7.5 mg, tab 10 mg, tab 12.5 mg, tab 15 mg, tab 20 mg, tab 30 mg) QL (90 EA 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
<i>dextroamphetamine sulfate (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 5 mg, tab 5 mg, tab 10 mg)</i>	QL (120 EA PER 30 DAYS)
VYVANSE (10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP)	QL (30 PER 30 DAY(S))

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl (cap 10 mg (base equiv), cap 18 mg (base equiv), cap 25 mg (base equiv), cap 40 mg (base equiv), cap 60 mg (base equiv), cap 80 mg (base equiv), cap 100 mg (base equiv))</i>	QL (30 EA PER 30 DAYS)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	QL (120 PER 30 DAY(S))
<i>dexmethylphenidate hcl (cap er 24 hr 10 mg, cap er 24 hr 15 mg, cap er 24 hr 20 mg, cap er 24 hr 25 mg, cap er 24 hr 5 mg)</i>	QL (60 EA PER 30 DAYS)
<i>dexmethylphenidate hcl (cap er 24 hr 30 mg, cap er 24 hr 35 mg, cap er 24 hr 40 mg)</i>	QL (30 EA PER 30 DAYS)
<i>dexmethylphenidate hcl (tab 2.5 mg, tab 5 mg, tab 10 mg)</i>	QL (90 EA PER 30 DAYS)
<i>guanfacine hcl (adhd) (tab er 24hr 1 mg (base equiv), tab er 24hr 2 mg (base equiv), tab er 24hr 3 mg (base equiv), tab er 24hr 4 mg (base equiv))</i>	QL (60 EA PER 30 DAYS)
<i>methylphenidate hcl (cap er 10 mg (cd), cap er 20 mg (cd), cap er 30 mg (cd), cap er 40 mg (cd), cap er 50 mg (cd), cap er 60 mg (cd), tab er 24hr 27 mg, tab er 24hr 36 mg, tab er osmotic release (osm) 18 mg, tab er osmotic release (osm) 27 mg, tab er osmotic release (osm) 36 mg)</i>	QL (60 EA PER 30 DAYS)
<i>methylphenidate hcl (cap er 24hr 20 mg (la), cap er 24hr 30 mg (la), cap er 24hr 40 mg (la), chew tab 2.5 mg, chew tab 5 mg, chew tab 10 mg, tab er 10 mg, tab er 20 mg)</i>	QL (60 PER 30 DAY(S))
<i>methylphenidate hcl (tab 5 mg, tab 10 mg, tab 20 mg)</i>	QL (90 EA PER 30 DAYS)
<i>methylphenidate hcl (tab er 24hr 54 mg, tab er osmotic release (osm) 54 mg)</i>	QL (30 EA PER 30 DAYS)
<i>methylphenidate hcl er 18 mg tab er 24h</i>	QL (60 EA PER 30 DAYS)
<i>methylphenidate hcl soln 10 mg/5ml</i>	QL (360 ML PER 30 DAY(S))
<i>methylphenidate hcl soln 5 mg/5ml</i>	QL (1800 ML PER 30 DAY(S))

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, OTHER	
<i>acetaminophen (cap 500 mg, chew tab 80 mg, chew tab 160 mg, liquid 160 mg/5ml, soln 160 mg/5ml, suppos 120 mg, suppos 650 mg, susp 160 mg/5ml, tab 325 mg, tab 500 mg, tab er 650 mg)</i>	
<i>acetaminophen-caffeine tab 500-65 mg</i>	
<i>aspirin-acetaminophen-caffeine tab 250-250-65 mg</i>	
AUSTEDO (6 MG TAB, 12 MG TAB)	PA, SP
AUSTEDO 9 MG TAB	PA, SP
<i>butalbital-acetaminophen-caffeine (cap 50-300-40 mg, cap 50-325-40 mg, tab 50-325-40 mg)</i>	QL (60 EA PER 30 DAYS)
FEVERALL INFANTS 80 MG SUPPOS	
FEVERALL JUNIOR STRENGTH 325 MG SUPPOS	
INGREZZA (40 MG CAP, 60 MG CAP, 80 MG CAP)	PA, QL (30 PER 30 DAY(S)), SP
INGREZZA 40 & 80 MG CAP THPK	SP
NUDEXTA 20-10 MG CAP	PA
<i>tetrabenazine (tab 12.5 mg, tab 25 mg)</i>	PA, SP
FIBROMYALGIA AGENTS	
<i>duloxetine hcl (cap 20 mg (base eq), cap 30 mg (base eq), cap 60 mg (base eq))</i>	QL (60 PER 30 DAY(S))
<i>pregabalin (cap 225 mg, cap 300 mg)</i>	QL (60 PER 30 DAY(S))
<i>pregabalin (cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, cap 200 mg)</i>	QL (90 PER 30 DAY(S))
<i>pregabalin soln 20 mg/ml</i>	PA, QL (900 ML PER 30 DAY(S))
SAVELLA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB)	QL (60 PER 30 DAY(S))
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	QL (60 PER 30 DAY(S))
MULTIPLE SCLEROSIS AGENTS	
AUBAGIO (7 MG TAB, 14 MG TAB)	PA, SP
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	PA, SP
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	PA, SP
BETASERON 0.3 MG KIT	PA, SP
COPAXONE 20 MG/ML SOLN PRSYR	SP
COPAXONE 40 MG/ML SOLN PRSYR	PA, SP

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>dalfampridine tab er 12hr 10 mg</i>	PA, SP
<i>dimethyl fumarate (capsule delayed release 120 mg, capsule delayed release 240 mg, capsule dr starter pack 120 mg & 240 mg)</i>	PA, SP
EXTAVIA 0.3 MG KIT	PA, SP
GILENYA 0.5 MG CAP	PA, SP
<i>glatiramer acetate (soln 20 mg/ml, soln 40 mg/ml)</i>	PA, SP
KESIMPTA 20 MG/0.4ML SOLN A-INJ	PA, SP
MAVENCLAD (10 TABS) 10 MG TAB THPK	PA, SP
MAVENCLAD (4 TABS) 10 MG TAB THPK	PA, SP
MAVENCLAD (5 TABS) 10 MG TAB THPK	PA, SP
MAVENCLAD (6 TABS) 10 MG TAB THPK	PA, SP
MAVENCLAD (7 TABS) 10 MG TAB THPK	PA, SP
MAVENCLAD (8 TABS) 10 MG TAB THPK	PA, SP
MAVENCLAD (9 TABS) 10 MG TAB THPK	PA, SP
MAYZENT (0.25 MG TAB, 1 MG TAB, 2 MG TAB)	PA, SP
MAYZENT STARTER PACK 0.25 MG TAB THPK	PA, SP
REBIF (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR)	PA, SP
REBIF REBIDOSE (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ)	PA, SP
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	PA, SP
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	PA, SP
VUMERITY 231 MG CAP DR	PA, SP
ZEPOSIA 0.92 MG CAP	PA, SP
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	PA, SP
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	PA, SP

DENTAL AND ORAL AGENTS

<i>chlorhexidine gluconate soln 0.12%</i>
<i>pilocarpine hcl (oral) (tab 5 mg, tab 7.5 mg)</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>sodium fluoride (dental) (cream 1.1%, gel 1.1% (0.5% f), rinse 0.2%)</i>	
<i>triamcinolone acetonide dental paste 0.1%</i>	

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>adapalene (gel 0.1%, gel 0.3%)</i>	QL (45 GM PER 30 DAY(S))
<i>azelaic acid gel 15%</i>	
DIFFERIN 0.1 % GEL	
<i>isotretinoin (cap 10 mg, cap 20 mg, cap 30 mg, cap 40 mg)</i>	QL (300 EA PER 365 DAYS)
<i>tazarotene cream 0.1%</i>	PA
TAZORAC (0.05 % CREAM, 0.05 % GEL, 0.1 % GEL)	PA
<i>tretinoin (cream 0.05%, cream 0.1%, gel 0.01%)</i>	PA, MN (PA if 40 yoa and older)
<i>tretinoin (cream, gel)</i>	PA, MN (PA if 40 yoa and older)

DERMATITIS AND PRURITUS AGENTS

<i>alclometasone dipropionate oint 0.05%</i>	
<i>betamethasone dipropionate (topical) (cream, lotion)</i>	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	
<i>betamethasone dipropionate augmented oint 0.05%</i>	
<i>betamethasone valerate (cream (base equivalent), lotion (base equivalent), oint (base equivalent))</i>	
<i>clobetasol propionate (cream, foam, gel, oint, shampoo, soln)</i>	
<i>desonide (cream, oint)</i>	QL (60 GM PER 30 DAY(S))
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	
<i>fluocinonide (cream, gel, oint, soln)</i>	
<i>fluticasone propionate (cream 0.05%, oint 0.005%)</i>	
<i>halobetasol propionate (cream, oint)</i>	QL (50 GM PER 30 DAY(S))
<i>hydrocortisone (rectal) (cream 1%, cream 2.5%)</i>	
<i>hydrocortisone (topical) (cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)</i>	
<i>hydrocortisone butyrate (0.1 % cream, 0.1 % solution, cream 0.1%)</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>hydrocortisone cream 1%</i>	
<i>lactic acid (ammonium lactate) (cream, lotion)</i>	
<i>mometasone furoate solution 0.1% (lotion)</i>	
<i>pimecrolimus cream 1%</i>	QL (30 GM PER 30 DAY(S))
<i>tacrolimus (topical) (oint 0.03%, oint 0.1%)</i>	QL (30 GM PER 30 DAY(S))
<i>triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)</i>	

DERMATOLOGICAL AGENTS, OTHER

<i>*menthol-methyl salicylate cream***</i>	
<i>*vitamins a & d oint**</i>	
<i>aluminum sulfate & calcium acetate powd pack</i>	
<i>benzoyl peroxide (gel 5%, gel 10%)</i>	
<i>betamethasone dipropionate aug 0.05 % gel</i>	
<i>calcipotriene (oint, soln (50 mcg/ml))</i>	
<i>capsaicin (cream 0.075%, cream 0.1%)</i>	
CAPZASIN-HP 0.1 % CREAM	
<i>castellani paint</i>	
<i>clotrimazole w/ betamethasone (cream 1-0.05%, lotion 1-0.05%)</i>	
<i>fluorouracil 2 % solution</i>	
<i>fluorouracil 5 % solution</i>	
<i>fluorouracil cream 5%</i>	
<i>imiquimod cream 5%</i>	
<i>menthol patch 5%</i>	
OTEZLA 30 MG TAB	PA, QL (60 PER 30 DAY(S)), SP
<i>podofilox soln 0.5%</i>	
<i>silver sulfadiazine cream 1%</i>	
<i>zinc oxide oint 20%</i>	

PEDICULICIDES/SCABICIDES

IVERMECTIN 0.5 % LOTION	
<i>malathion lotion 0.5%</i>	QL (59 ML ML PER 30 DAYS)
<i>permethrin cream 5%</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>permethrin creme rinse 1%</i>	
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	
VANALICE 0.3-3.5 % GEL	

TOPICAL ANTI-INFECTIVES

<i>ciclopirox (gel 0.77%, shampoo 1%, solution 8%)</i>	
<i>clindamycin phosphate (topical) (gel, lotion, soln)</i>	
<i>dapsone gel 5%</i>	QL (60 GM PER 30 DAY(S))
<i>erythromycin (acne aid) (gel, soln)</i>	
<i>mupirocin oint 2%</i>	

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>*oral electrolyte solution***</i>	
<i>ferrous gluconate (tab 240 mg (27 mg elemental fe), 324 (38 fe) mg tab, tab 324 mg (37.5 mg elemental iron))</i>	
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	
<i>magnesium oxide (mg supplement) (tab 400 mg (240 mg elemental mg), tab 500 mg (mg supplement))</i>	
<i>magnesium oxide tab 400 mg</i>	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	
PEDIALYTE SOLUTION	
PEDIALYTE FREEZER POPS SOLUTION	
PEDIALYTE SINGLES SOLUTION	
<i>potassium chloride (cap er 8 meq, cap er 10 meq, oral soln 10% (20 meq/15ml), oral soln 20% (40 meq/15ml), powder packet 20 meq, tab er 10 meq, tab er 20 meq (1500 mg))</i>	
<i>potassium chloride er 8 meq tab er</i>	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	
<i>potassium chloride microencapsulated crystals er (crys er tab 10, crys er tab 20)</i>	
<i>potassium citrate (alkalinizer) (tab er 5 (540 mg), tab er 10 (1080 mg), tab er 15 (1620 mg))</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>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	
ELECTROLYTE/MINERAL/METAL MODIFIERS	
FERRIPROX TWICE-A-DAY 1000 MG TAB	PA, SP
<i>tolvaptan tab 30 mg</i>	SP
PHOSPHATE BINDERS	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	
<i>sevelamer carbonate (packet 0.8 gm, packet 2.4 gm, tab 800 mg)</i>	
POTASSIUM BINDERS	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	
SPS 15 GM/60ML SUSPENSION	
VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	
VITAMINS	
<i>*b-complex w/ c & folic acid tab 1 mg***</i>	
<i>*b-complex w/ c tab**</i>	
<i>*b-complex w/ folic acid cap**</i>	
<i>*iron w/ vitamin tab**</i>	
<i>*multiple vitamin tab**</i>	
<i>*multiple vitamins w/ iron tab**</i>	
<i>*multiple vitamins w/ minerals tab**</i>	
<i>*pediatric multiple vitamin chew tab**</i>	
<i>*pediatric multiple vitamin w/ minerals & c drops 45 mg/ml**</i>	
<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i>	
<i>*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***</i>	
<i>acetylcysteine cap 600 mg</i>	
ANIMAL SHAPES/IRON 18 MG CHEW TAB	
AQUA-E 50.25 MG/ML (75 UT/ML) LIQUID	
<i>ascorbic acid (chew tab 250 mg, tab 250 mg, tab 500 mg)</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>b-complex vitamins (cap**, tab**)</i>	
<i>biotin (cap 5 mg, tab 5 mg)</i>	
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	
<i>calcium carbonate-cholecalciferol (carb-cholecalciferol tab 500 mg-15 mcg (600 unit), carb-cholecalciferol tab 600 mg-10 mcg (400 unit), chew tab 500 mg-400 unit, tab 500 mg-200 unit, tab 500 mg-5 mcg(200 unit), tab 600 mg-200 unit, tab 600 mg-400 unit)</i>	
CERTAVITE SENIOR TAB	
CERTAVITE SENIOR/ANTIOXIDANT TAB	
CERTAVITE/ANTIOXIDANTS TAB	
CITRANATAL 90 DHA 90-1 & 300 MG MISC	
CITRANATAL ASSURE 35-1 & 300 MG MISC	
CITRANATAL BLOOM DHA 90-1 & 300 MG MISC	
CITRANATAL DHA 27-1 & 250 MG MISC	
CITRANATAL RX 27-1 MG TAB	
COMPLETENATE 29-1 MG CHEW TAB	
<i>cyanocobalamin (tab 100 mcg, tab 500 mcg, tab 1000 mcg)</i>	
<i>cyanocobalamin inj 1000 mcg/ml</i>	
DEKAS ESSENTIAL (CAP, LIQUID)	
DEKAS PLUS (CAP, CHEW TAB, LIQUID)	
ELITE-OB 50-1.25 MG TAB	
ENBRACE HR CAP	
ESCAVITE 0.25-7.5 MG CHEW TAB	
FER-IN-SOL 75 (15 FE) MG/ML SOLUTION	
<i>ferrous sulfate (elixir 220 mg/5ml (44 mg/5ml elemental fe), soln 75 mg/ml (15 mg/ml elemental fe), 324 (65 fe) mg tab dr, tab ec 325 mg (65 mg fe equivalent))</i>	
FLORIVA (0.25 MG CHEW TAB, 0.25-400 MG-UNIT/ML LIQUID, 1 MG CHEW TAB)	
FLURA-DROPS 0.55 (0.25 F) MG/DROP SOLUTION	
<i>folic acid tab 1 mg</i>	Rx4L
<i>folic acid tab 400 mcg</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>folic acid-vitamin b6-vitamin b12 (tab 2.2-25-0.5 mg, tab 2.2-25-1 mg)</i>	
<i>folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i>	
FOLIVANE-OB 85-1 MG CAP	
GNP PRENATAL 28-0.8 MG TAB	
HIGH POTENCY MULTIVITAMIN TAB	
INATAL GT TAB	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	
MAG64 64 MG TAB DR	
MAGNEBIND 400 80-115 MG TAB	
<i>magnesium oxide tab 420 mg</i>	
MARNATAL-F 60-1 MG CAP	
MULTI-VIT-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	
MULTIVITAMIN TAB	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	
MYNATAL 90-1 MG TAB	
MYNATAL ADVANCE TAB	
NEPHPLEX RX TAB	
NEPHRON FA TAB	
NESTABS 32-1 MG TAB	
NESTABS ONE 38-1-225 MG CAP	
OB COMPLETE 50-1.25 MG TAB	
OB COMPLETE ONE 50-1-476 MG CAP	
OB COMPLETE PETITE 35-5-1-200 MG CAP	
OB COMPLETE PREMIER 30-20-1 MG TAB	
ONCOVITE TAB	
<i>oyster shell calcium tab 500 mg</i>	
<i>pediatric multivitamins w/fl (w/ chew tab 0.5 mg***, w/ soln 0.5 mg/ml***)</i>	
<i>pediatric vitamins acd w/ fluoride (*soln 0.25 mg/ml***, *soln 0.5 mg/ml***)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
PNV-DHA 27-0.6-0.4-300 MG CAP	
POLY-VI-SOL SOLUTION	
POLY-VI-SOL/IRON 11 MG/ML SOLUTION	
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	
<i>potassium bicarbonate effer tab 25 meq</i>	
PRENATAL 19 (29-1 MG CHEW TAB, CHEW TAB, TAB)	
PRENATAL 27-1 MG TAB	
PRENATE 0.6-0.4 MG CHEW TAB	
PRENATE AM 1 MG TAB	
PRENATE DHA 18-0.6-0.4-300 MG CAP	
PRENATE ELITE 20-0.6-0.4 MG TAB	
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP	
PRENATE ESSENTIAL 18-0.6-0.4-300 MG CAP	
PRENATE MINI 18-0.6-0.4-350 MG CAP	
PRENATE PIXIE 10-0.6-0.4-200 MG CAP	
PRENATE RESTORE 27-0.6-0.4-400 MG CAP	
PREPLUS 27-1 MG TAB	
PRETAB 29-1 MG TAB	
<i>pyridoxine hcl (tab 25 mg, tab 50 mg, tab 100 mg)</i>	
QUFLORA FE PEDIATRIC 0.25-9.5 MG/ML LIQUID	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	
SE-NATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB)	
SELECT-OB (29-0.6-0.4 MG CHEW TAB, 29-1 MG CHEW TAB)	
<i>selenium tab 50 mcg</i>	
<i>sodium chloride tab 1 gm</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>sodium fluoride (chew tab 0.25 mg f (from 0.55 mg naf), chew tab 0.5 mg f (from 1.1 mg naf), chew tab 1 mg f (from 2.2 mg naf), soln 0.125 mg/drop f (0.275 mg/drop naf), soln 0.5 mg/ml f (from 1.1 mg/ml naf), 1.1 (0.5 f) mg tab, 2.2 (1 f) mg tab)</i>	
TAB-A-VITE/IRON/BETA CAROTENE	TAB
TARON-C DHA 35-1	MG CAP
THERA	TAB
THERA M PLUS	TAB
THERA-M	TAB
THEREMS	TAB
<i>thiamine hcl tab 100 mg</i>	
TRI-VI-SOL A/C/D 250-10-50	MCG-MG/ML SOLUTION
TRICARE	TAB
TRISTART DHA 31-0.6-0.4-200	MG CAP
VIRT-NATE DHA 28-1-200	MG CAP
VITAFOL GUMMIES 3.33-0.333-34.8	MG CHEW TAB
VITAFOL ULTRA 29-0.6-0.4-200	MG CAP
VITAFOL-NANO 18-0.6-0.4	MG TAB
VITAFOL-OB	TAB
VITAFOL-ONE 29-1-200	MG CAP
<i>vitamin a cap 3 mg (10000 unit)</i>	
VP-PNV-DHA 28-1-215.8	MG CAP
ZATEAN-PN PLUS 28-0.6-0.4-340	MG CAP

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

sodium phosphates - enema**

bisacodyl (suppos 10 mg, tab delayed release 5 mg)

bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit

calcium polycarbophil tab 625 mg

docusate sodium (cap 100 mg, cap 250 mg, enema 283 mg/5ml, liquid 150 mg/15ml, tab 100 mg)

ENEMEEZ PLUS 20-283

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

DRUG NAME	REQUIREMENTS/LIMITS
FLEET BISACODYL 10 MG/30ML ENEMA	
FLEET ENEMA ENEMA	
FLEET PEDIATRIC 3.5-9.5 GM/59ML ENEMA	
<i>glycerin suppos 1 gm</i>	
KONSYL DAILY FIBER 100 % PACKET	
KONSYL ORIGINAL DAILY FIBER 100 % PACKET	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	
<i>lactulose solution 10 gm/15ml</i>	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	PA
<i>lubiprostone 24 mcg cap</i>	PA
<i>lubiprostone 8 mcg cap</i>	PA
<i>magnesium citrate soln</i>	
<i>magnesium hydroxide susp 400 mg/5ml</i>	
<i>methylcellulose tab 500 mg</i>	
MOTEGRITY (1 MG TAB, 2 MG TAB)	PA
MOVANTIK (12.5 MG TAB, 25 MG TAB)	PA, QL (30 EA PER 30 DAYS)
PEDIA-LAX 1 GM SUPPOS	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	
<i>polyethylene glycol 3350 (packet 17 gm, powder 17 gm/scoop)</i>	
<i>psyllium (powder 25%, powder 28.3%)</i>	
<i>sennosides (syrup 8.8 mg/5ml, tab 8.6 mg, tab 25 mg)</i>	
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	
SENOKOT 8.6 MG TAB	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	
SYMPROIC 0.2 MG TAB	PA
TRULANCE 3 MG TAB	PA

ANTI-DIARRHEAL AGENTS

<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>
<i>loperamide hcl (liq 1 mg/7.5ml, soln 2 mg/15ml, tab 2 mg)</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>loperamide hcl cap 2 mg</i>	
ZELNORM 6 MG TAB	PA
ANTISPASMODICS, GASTROINTESTINAL	
<i>dicyclomine hcl (cap 10 mg, oral soln 10 mg/5ml, tab 20 mg)</i>	
<i>glycopyrrolate (tab 1 mg, tab 2 mg)</i>	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	PA
<i>hyoscyamine sulfate (elixir 0.125 mg/5ml, sl tab 0.125 mg, soln 0.125 mg/ml, tab 0.125 mg, tab disint 0.125 mg)</i>	
GASTROINTESTINAL AGENTS, OTHER	
<i>alum & mag hydrox-simethicone (susp 200-200-20 mg/5ml, susp 400-400-40 mg/5ml)</i>	
ALUMINUM HYDROXIDE GEL 320 MG/5ML SUSPENSION	
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	
<i>bismuth subsalicylate (chew tab 262 mg, susp 262 mg/15ml)</i>	
<i>calcium carbonate (antacid) (chew tab 500 mg, chew tab 1000 mg)</i>	
GAVILYTE-C 240 GM RECON SOLN	
GOLYTELY 227.1 GM RECON SOLN	
IBSRELA 50 MG TAB	PA
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	
<i>simethicone (chew tab 80 mg, chew tab 125 mg, susp 40 mg/0.6ml)</i>	
<i>sodium bicarbonate tab 650 mg</i>	
<i>ursodiol (cap 300 mg, tab 250 mg, tab 500 mg)</i>	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	
<i>cimetidine (tab 300 mg, tab 400 mg, tab 800 mg)</i>	
<i>cimetidine hcl (300 mg/5ml solution, soln 300 mg/5ml)</i>	
<i>famotidine (for susp 40 mg/5ml, tab 20 mg, tab 40 mg)</i>	
<i>famotidine tab 10 mg</i>	
<i>nizatidine (15 mg/ml solution, 150 mg cap, cap 150 mg, 300 mg cap, cap 300 mg)</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>ranitidine hcl (syrup 15 mg/ml (75 mg/5ml), tab 300 mg)</i>	
PROTECTANTS	
<i>misoprostol (tab 100 mcg, tab 200 mcg)</i>	
<i>sucralfate (susp 1 gm/10ml, tab 1 gm)</i>	
PROTON PUMP INHIBITORS	
<i>esomeprazole magnesium (cap 20 mg (base eq), cap 40 mg (base eq))</i>	QL (60 PER 30 DAY(S))
<i>esomeprazole magnesium tab delayed release 20 mg</i>	
<i>lansoprazole cap delayed release 15 mg</i>	
<i>lansoprazole cap delayed release 30 mg</i>	QL (60 PER 30 DAY(S))
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	MN (Covered for members age 6 and under)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	
<i>omeprazole (cap 10 mg, cap 20 mg, cap 40 mg)</i>	
<i>omeprazole delayed release tab 20 mg</i>	
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	QL (60 PER 30 DAY(S))
<i>rabeprazole sodium ec tab 20 mg</i>	

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

BYLVAY (400 MCG CAP, 1200 MCG CAP)	PA, SP
BYLVAY (PELLETS) (200 MCG CAP SPRINK, 600 MCG CAP SPRINK)	PA, SP
CREON (3000-9500 CP DR PART, 6000 CP DR PART, 12000 CP DR PART, 24000-76000 CP DR PART, 36000 CP DR PART)	
LIVMARLI 9.5 MG/ML SOLUTION	PA, SP
PANCREAZE (2600-8800 CP DR PART, 4200 CP DR PART, 10500 CP DR PART, 16800 CP DR PART, 21000 CP DR PART, 37000-97300 CP DR PART)	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>sapropterin dihydrochloride (powder packet 100 mg, powder packet 500 mg, tab 100 mg)</i>	PA, SP
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	PA, SP
VYNDAQEL 20 MG CAP	PA, SP

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>oxybutynin chloride (syrup 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)</i>
OXYTROL FOR WOMEN 3.9 MG/24HR PATCH TW
<i>solifenacin succinate (tab 5 mg, tab 10 mg)</i>
<i>tolterodine tartrate (cap er 24hr 2 mg, cap er 24hr 4 mg, tab 1 mg, tab 2 mg)</i>
<i>tropium chloride (cap er 24hr 60 mg, tab 20 mg)</i>

BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl tab er 24hr 10 mg</i>
<i>finasteride tab 5 mg</i>
<i>tamsulosin hcl cap 0.4 mg</i>

GENITOURINARY AGENTS, OTHER

<i>bethanechol chloride (tab 5 mg, tab 10 mg, tab 25 mg, tab 50 mg)</i>
K-PHOS NO 2 305-700 MG TAB
K-PHOS-NEUTRAL 155-852-130 MG TAB
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL
<i>phenazopyridine hcl (tab 100 mg, tab 200 mg)</i>
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>
<i>potassium phosphate monobasic tab 500 mg</i>
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>
TODAY SPONGE 1000 MG MISC

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

DRUG NAME	REQUIREMENTS/LIMITS
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 28 % FILM)	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	
<i>betamethasone dipropionate augmented (cream, lotion)</i>	
<i>betamethasone dipropionate oint 0.05%</i>	
<i>desonide lotion 0.05%</i>	QL (59 ML PER 30 DAY(S))
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml solution, elixir 0.5 mg/5ml, 0.75 mg tab, tab 0.75 mg, 1 mg tab, tab 1.5 mg, tab 2 mg, tab 4 mg, tab 6 mg)</i>	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	
<i>dexamethasone sodium phosphate (inj 4 mg/ml, inj 20 mg/5ml)</i>	
<i>fludrocortisone acetate tab 0.1 mg</i>	
<i>hydrocortisone acetate oint 1%</i>	
<i>hydrocortisone butyrate oint 0.1%</i>	
KORLYM 300 MG TAB	PA, SP
MEDROL 2 MG TAB	
<i>methylprednisolone (tab 4 mg, tab 8 mg, tab 16 mg, tab 32 mg, tab therapy pack 4 mg (21))</i>	
<i>mometasone furoate (cream, oint)</i>	
PREDNISOLONE SODIUM PHOSPHATE (10 MG TAB DISP, SOD PHOS ORALLY DISINTEGR TAB 10 MG (BASE EQ), SOD PHOSPH ORAL SOLN 6.7 MG/5ML (5 MG/5ML BASE), 15 MG TAB DISP, SOD PHOS ORALLY DISINTEGR TAB 15 MG (BASE EQ), 25 MG/5ML SOLUTION, 30 MG TAB DISP, SOD PHOS ORALLY DISINTEGR TAB 30 MG (BASE EQ), SOD PHOSPHATE ORAL SOLN 15 MG/5ML (BASE EQUIV))	
<i>prednisolone soln 15 mg/5ml</i>	
<i>prednisone (5 mg tab, 10 mg tab)</i>	Rx4L
<i>prednisone (tab 1 mg, tab 2.5 mg, 5 mg/5ml solution, tab 20 mg, tab 50 mg, tab therapy pack 5 mg (21), tab therapy pack 5 mg (48), tab therapy pack 10 mg (21), tab therapy pack 10 mg (48))</i>	
SOLU-CORTEF 100 MG RECON SOLN	

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

DRUG NAME	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	
<i>desmopressin acetate (tab 0.1 mg, tab 0.2 mg)</i>	
<i>desmopressin acetate nasal spray soln 0.01%</i>	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	
NOCDURNA (27.7 MCG SL TAB, 55.3 MCG SL TAB)	PA
NOCTIVA 1.66 MCG/0.1ML EMULSION	PA
NORDITROPIN FLEXPRO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN)	PA, SP
STIMATE 1.5 MG/ML SOLUTION	PA, SP

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

ANDROGENS

ANDRODERM (2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR)	PA, QL (30 EA PER 30 DAYS)
<i>danazol (cap 50 mg, cap 100 mg, cap 200 mg)</i>	
<i>testosterone (12.5 mg/act (1%) gel, td gel 12.5 mg/act (1%))</i>	PA, QL (300 GM PER 30 DAYS)
<i>testosterone (td gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%) gel, td gel 25 mg/2.5gm (1%), td gel 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) gel, td gel 50 mg/5gm (1%))</i>	PA, QL (300 GM PER 30 DAY(S))
<i>testosterone cypionate (injoil 100 mg/ml, injoil 200 mg/ml)</i>	
<i>testosterone enanthate (200 mg/ml solution, im inj in oil 200 mg/ml)</i>	
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	PA, QL (150 GM PER 30 DAY(S))

ESTROGENS

CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK	
<i>clomiphene citrate 50 mg tab</i>	PA, QL (25 EA PER 999 DAYS)
DEPO-ESTRADIOL 5 MG/ML OIL	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(2 1/5)</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>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>drospirenone-ethinyl estradiol (tab 3-0.02 mg, tab 3-0.03 mg)</i>	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	
<i>estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg, td patch twice weekly 0.1 mg/24hr, td patch weekly 0.025 mg/24hr, td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), td patch weekly 0.05 mg/24hr, td patch weekly 0.06 mg/24hr, td patch weekly 0.075 mg/24hr, td patch weekly 0.1 mg/24hr)</i>	
<i>estradiol vaginal cream 0.1 mg/gm</i>	
<i>estradiol vaginal tab 10 mcg</i>	
ESTRING 2 MG RING	PA
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	QL (1 EA PER 28 DAYS)
FEMRING (0.05 MG/24HR RING, 0.1 MG/24HR RING)	PA
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
<i>levonorgestrel-ethinyl estradiol (91-day) (levonorg-eth tab 0.1-0.02mg(84) & eth tab 0.01mg(7), levonorg-eth tab 0.15-0.03mg(84) & eth tab 0.01mg(7), levonorgrel & ethinyl radiol (91-day) tab 0.15-0.03 mg)</i>	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	
<i>norethin acet & estrad-fe (ace-eth chew tab 1 mg-20 mcg (24), aceethinyl tab 1 mg-20 mcg, aceethinyl tab 1.5 mg-30 mcg)</i>	
<i>norethindrone & eth estradiol (tab 0.4 mcg, tab 0.5 mcg, tab 1 mcg)</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>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	
<i>norethindrone acet & eth estra (tab 1 mg-20 mcg, tab 1.5 mg-30 mcg)</i>	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	
<i>norethindrone-eth estradiol (triphasic) (tab 0.5-35/0.75-35/1-35, tab 0.5-35/1-35/0.5-35)</i>	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	
<i>norgestimate-ethinyl estradiol (triphasic) (tab 0.18-25/0.215-25/0.25-25, tab 0.18-35/0.215-35/0.25-35)</i>	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	
OGESTREL 0.5-50 MG-MCG TAB	
PREFEST 1/1-0.09 MG (15/15) TAB	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	
PREMARIN 0.625 MG/GM CREAM	PA
PREMPHASE 0.625-5 MG TAB	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	
<i>raloxifene hcl tab 60 mg</i>	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	

PROGESTINS

DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	
ELLA 30 MG TAB	
<i>levonorgestrel tab 1.5 mg</i>	
MAKENA 275 MG/1.1ML SOLN A-INJ	PA, QL (1 ML PER 7 DAY(S)), SP
<i>medroxyprogesterone acetate (contraceptive) (susp 150 mg/ml, susp prefilled syr 150 mg/ml)</i>	QL (1 ML ML PER 84 DAYS)
<i>medroxyprogesterone acetate (tab 2.5 mg, tab 5 mg, tab 10 mg)</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>megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)</i>	
<i>norethindrone acetate tab 5 mg</i>	
<i>norethindrone tab 0.35 mg</i>	
<i>progesterone (cap 100 mg, cap 200 mg)</i>	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	
<i>levothyroxine sodium (tab 25 mcg, tab 50 mcg, tab 75 mcg, tab 88 mcg, tab 100 mcg, tab 112 mcg, tab 125 mcg, tab 137 mcg, tab 150 mcg, tab 175 mcg, tab 200 mcg, tab 300 mcg)</i>	
<i>liothyronine sodium (tab 5 mcg, tab 25 mcg, tab 50 mcg)</i>	
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	
<i>thyroid (tab 15 mg (1/4 grain), tab 30 mg (1/2 grain), tab 60 mg (1 grain), tab 90 mg (1 1/2 grain), tab 120 mg (2 grain))</i>	

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

<i>cabergoline tab 0.5 mg</i>	
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	PA, SP
FIRMAGON 80 MG RECON SOLN	PA, SP
<i>leuprolide acetate inj kit 5 mg/ml</i>	PA, SP
LUPANETA PACK (3.75 & 5 MG KIT, 11.25 & 5 MG KIT)	PA, SP
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	PA, SP
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	PA, SP
LUPRON DEPOT (4-MONTH) 30 MG KIT	PA, SP
LUPRON DEPOT (6-MONTH) 45 MG KIT	PA, SP

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

DRUG NAME	REQUIREMENTS/LIMITS
ORLISSA (150 MG TAB, 200 MG TAB)	PA
SYNAREL 2 MG/ML SOLUTION	PA
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP)	PA, SP

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

methimazole (tab 5 mg, tab 10 mg)

propylthiouracil tab 50 mg

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

TAKHZYRO 300 MG/2ML SOLUTION PA, SP

IMMUNOLOGICAL AGENTS, OTHER

ACTEMRA 162 MG/0.9ML SOLN PRSYR PA, QL (4 ML PER 28 DAY(S)), SP

ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ PA, QL (4 ML PER 28 DAY(S)), SP

BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR) PA, SP

COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR PA, QL (2 ML PER 28 DAY(S)), SP

COSENTYX 150 MG/ML SOLN PRSYR PA, QL (1 ML PER 28 DAY(S)), SP

COSENTYX 75 MG/0.5ML SOLN PRSYR PA, QL (0.5 ML PER 28 DAY(S)), SP

COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ PA, QL (2 ML PER 28 DAY(S)), SP

COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ PA, QL (1 ML PER 28 DAY(S)), SP

DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR) PA, SP

EMPAVELI 1080 MG/20ML SOLUTION PA, SP

ENSPRYNG 120 MG/ML SOLN PRSYR PA, SP

ILARIS 150 MG/ML SOLUTION PA, SP

KEVZARA 150 MG/1.14ML SOLN A-INJ PA, QL (2.28 ML PER 30 DAY(S)), SP

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

DRUG NAME	REQUIREMENTS/LIMITS
KEVZARA 200 MG/1.14ML SOLN PRSYR	PA, QL (2.28 ML PER 28 DAYS), SP
OTEZLA 10 & 20 & 30 MG TAB THPK	PA, QL (55 PER 28 DAY(S)), SP
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK	PA, SP
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK	PA, SP
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK	PA, SP
PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK	PA, SP
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK	PA, SP
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK	PA, SP
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK	PA, SP
PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET	PA, SP
PALFORZIA (300 MG TITRATION) 300 MG PACKET	PA, SP
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK	PA, SP
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK	PA, SP
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK	PA, SP
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	PA, SP
SYNAGIS (50 MG/0.5ML SOLUTION, 100 MG/ML SOLUTION)	PA, SP
TALTZ 80 MG/ML SOLN A-INJ	PA, QL (1 ML PER 30 DAY(S)), SP
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	PA, QL (60 PER 30 DAY(S)), SP
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	PA, SP
XOLAIR 150 MG RECON SOLN	PA, SP

IMMUNOSTIMULANTS

INTRON A (6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN)	PA
PEGASYS (180 MCG/0.5ML SOLN PRSYR, 180 MCG/ML SOLUTION)	PA, SP

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

DRUG NAME	REQUIREMENTS/LIMITS
IMMUNOSUPPRESSANTS	
<i>azathioprine (tab 75 mg, tab 100 mg)</i>	
<i>azathioprine tab 50 mg</i>	
<i>cyclosporine (cap 25 mg, cap 100 mg)</i>	
<i>cyclosporine modified (for microemulsion) (cap 25 mg, cap 50 mg, cap 100 mg)</i>	
<i>cyclosporine modified oral soln 100 mg/ml</i>	
ENBREL 25 MG RECON SOLN	PA, QL (8 PER 30 DAY(S)), SP
ENBREL 25 MG/0.5ML SOLN PRSYR	PA, QL (4 ML PER 28 DAY(S)), SP
ENBREL 25 MG/0.5ML SOLUTION	PA, QL (4 ML PER 30 DAY(S)), SP
ENBREL 50 MG/ML SOLN PRSYR	PA, QL (4 ML PER 30 DAY(S)), SP
ENBREL MINI 50 MG/ML SOLN CART	PA, QL (4 ML PER 30 DAY(S)), SP
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	PA, QL (4 ML PER 30 DAY(S)), SP
HUMIRA (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT)	PA, QL (2 PER 28 DAY(S)), SP
HUMIRA (40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	PA, QL (4 PER 28 DAY(S)), SP
HUMIRA PEDIATRIC CROHNS START 40 MG/0.8ML PREF SY KT	PA, SP
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	PA, QL (2 PER 28 DAY(S)), SP
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	PA, QL (3 PER 28 DAY(S)), SP
HUMIRA PEN (40 MG/0.4ML PEN KIT, 40 MG/0.8ML PEN KIT)	PA, QL (4 PER 28 DAY(S)), SP
HUMIRA PEN 80 MG/0.8ML PEN KIT	PA, QL (2 PER 28 DAY(S)), SP
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	PA, QL (4 PER 28 DAY(S)), SP
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	PA, QL (4 EA PER 180 DAYS), SP
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT	PA, QL (4 EA PER 180 DAYS), SP
HUMIRA PEN-PS/UV/ADOL HS START 40 MG/0.8ML PEN KIT	PA, QL (4 PER 28 DAY(S)), SP
HUMIRA PEN-PSOR/UEVIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT	PA, QL (4 PER 28 DAY(S)), SP

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>leflunomide (tab 10 mg, tab 20 mg)</i>	
<i>methotrexate sodium (inj 50 mg/2ml (25 mg/ml), inj pf 50 mg/2ml (25 mg/ml), tab 2.5 mg (base equiv), 250 mg/10ml solution, inj pf 250 mg/10ml (25 mg/ml), inj pf 1000 mg/40ml (25 mg/ml))</i>	
<i>mycophenolate mofetil (cap 250 mg, for oral susp 200 mg/ml, tab 500 mg)</i>	
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H, 45 MG TAB ER 24H)	PA, QL (30 PER 30 DAY(S)), SP
SANDIMMUNE (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	SP
<i>sirolimus (oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	
<i>tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)</i>	
TREXALL (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB)	
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	PA, QL (30 PER 30 DAY(S)), SP

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

mesalamine rectal enema 4 gm & cleanser wipe kit*

ASACOL HD 800 MG TAB DR

balsalazide disodium cap 750 mg

DIPENTUM 250 MG CAP

mesalamine (cap er 24hr 0.375 gm, enema 4 gm, suppos 1000 mg, tab delayed release 1.2 gm, tab delayed release 800 mg)

PENTASA (250 MG CAP ER, 500 MG CAP ER)

sulfasalazine (tab 500 mg, tab delayed release 500 mg)

GLUCOCORTICOIDS

budesonide delayed release particles cap 3 mg

CORTIFOAM 10 % FOAM

hydrocortisone (tab 5 mg, tab 10 mg, tab 20 mg)

hydrocortisone enema 100 mg/60ml

TARPEYO 4 MG CAP DR

PA, SP

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

DRUG NAME	REQUIREMENTS/LIMITS
METABOLIC BONE DISEASE AGENTS	
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	Rx4L
<i>alendronate sodium 5 mg tab</i>	
<i>alendronate sodium tab 10 mg</i>	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	
<i>calcitriol (cap 0.25 mcg, cap 0.5 mcg, 1 mcg/ml solution, oral soln 1 mcg/ml)</i>	
<i>cholecalciferol (cap 50 mcg (2000 unit), cap 125 mcg (5000 unit), oral liquid 10 mcg/ml (400 unit/ml), tab 25 mcg (1000 unit), tab 50 mcg (2000 unit))</i>	
<i>cinacalcet hcl (tab 30 mg (base equiv), tab 60 mg (base equiv), tab 90 mg (base equiv))</i>	SP
D-VI-SOL 10 MCG/ML LIQUID	
<i>doxercalciferol (cap 0.5 mcg, cap 1 mcg, cap 2.5 mcg)</i>	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	
NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE)	PA, SP
<i>paricalcitol (cap 1 mcg, cap 2 mcg, cap 4 mcg)</i>	
TYMLOS 3120 MCG/1.56ML SOLN PEN	PA, SP

MISCELLANEOUS THERAPEUTIC AGENTS

CHERRY SYRUP	
CONTOUR MONITOR DEVICE	
CONTOUR NEXT EZ W/DEVICE KIT	QL (1 EA PER 365 DAYS)
CONTOUR NEXT GEN MONITOR W/DEVICE KIT	QL (1 EA PER 365 DAYS)
CONTOUR NEXT MONITOR W/DEVICE KIT	QL (1 EA PER 365 DAYS)
CONTOUR NEXT ONE (DEVICE, KIT)	
CONTOUR NEXT TEST STRIP	QL (100 PER 30 DAY(S))
CONTOUR TEST STRIP	QL (100 PER 30 DAY(S))
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	
FIRST-LANSOPRAZOLE 3 MG/ML SUSPENSION	
FIRST-MOUTHWASH BLM SUSPENSION	

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

DRUG NAME	REQUIREMENTS/LIMITS
FIRST-OMEPRAZOLE 2 MG/ML SUSPENSION	
LANCETS	
<i>methylergonovine maleate tab 0.2 mg</i>	
OCEAN NASAL SPRAY 0.65 % SOLUTION	
OMEPRAZOLE+SYRSPEND SF ALKA 2 MG/ML SUSPENSION	
ORA-BLEND SUSPENSION	
ORA-BLEND SF SUSPENSION	
ORA-PLUS LIQUID	
ORA-SWEET SYRUP	
ORA-SWEET SF SYRUP	
PROPYLENE GLYCOL LIQUID	
PYRIDOXAL-5-PHOSPHATE POWDER	
<i>saline nasal spray 0.65%</i>	
SILICA GEL	
SIMPLE SYRUP SYRUP	
SODIUM HYDROXIDE PELLET	
SOLIRIS 300 MG/30ML SOLUTION	
SUSPENDOL-S LIQUID	
SYRSPEND SF LIQUID	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

white petrolatum-mineral oil ophth ointment**

ATROPINE SULFATE 1 % SOLUTION

bacitracin-polymyxin b ophth oint

bacitracin-polymyxin-neomycin-hc ophth oint 1%

brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%

carboxymethylcellulose sodium (ophth) ((pf) gel 1%, (pf) soln 0.5%, soln 0.5%)

cyclopentolate hcl ophth soln 1%

dorzolamide hcl-timolol maleate (sol 22.3-6.8 mg/ml pf, soln 22.3-6.8 mg/ml)

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

DRUG NAME	REQUIREMENTS/LIMITS
FRESHKOTE PF 2.7-2 % SOLUTION	
GENTEAL SEVERE 0.3 % GEL	
GENTEAL TEARS MODERATE PF 0.1-0.3 % SOLUTION	
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	
ISOPTO ATROPINE 1 % SOLUTION	
MURO 128 (2 % SOLUTION, 5 % OINTMENT, 5 % SOLUTION)	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-dexameth (oint, susp)</i>	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	
<i>polyvinyl alcohol ophth soln 1.4%</i>	
<i>propylene glycol ophth soln 0.6%</i>	
REFRESH 1.4-0.6 % SOLUTION	
REFRESH OPTIVE 0.5-0.9 % SOLUTION	
REFRESH OPTIVE PF 0.5-0.9 % SOLUTION	
REFRESH PLUS 0.5 % SOLUTION	
REFRESH RELIEVA 0.5-0.9 % SOLUTION	
REFRESH TEARS 0.5 % SOLUTION	
<i>sodium chloride hypertonic (oint, soln)</i>	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	
SYSTANE 0.4-0.3 % SOLUTION	
SYSTANE BALANCE 0.6 % SOLUTION	
SYSTANE COMPLETE 0.6 % SOLUTION	
SYSTANE HYDRATION PF 0.4-0.3 % SOLUTION	
SYSTANE OVERNIGHT THERAPY 0.3 % GEL	
SYSTANE PRESERVATIVE FREE 0.4-0.3 % SOLUTION	
SYSTANE ULTRA PF 0.4-0.3 % SOLUTION	

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

DRUG NAME	REQUIREMENTS/LIMITS
THERATEARS 0.25 % SOLUTION	
TOBRADEX 0.3-0.1 % OINTMENT	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
OPHTHALMIC ANTI-ALLERGY AGENTS	
<i>azelastine hcl ophth soln 0.05%</i>	
<i>cromolyn sodium ophth soln 4%</i>	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	
LASTACAFT 0.25 % SOLUTION	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	
PATADAY (0.1 % SOLUTION, 0.2 % SOLUTION, 0.7 % SOLUTION)	
ZADITOR 0.025 % SOLUTION	
OPHTHALMIC ANTI-INFECTIVES	
BACITRACIN 500 UNIT/GM OINTMENT	
<i>erythromycin ophth oint 5 mg/gm</i>	
GENTAK 0.3 % OINTMENT	
<i>gentamicin sulfate ophth soln 0.3%</i>	
<i>levofloxacin ophth soln 0.5%</i>	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	
NATACYN 5 % SUSPENSION	
<i>ofloxacin ophth soln 0.3%</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium ophth soln 10%</i>	
<i>tobramycin ophth soln 0.3%</i>	SP
OPHTHALMIC ANTI-INFLAMMATORIES	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	
<i>diclofenac sodium ophth soln 0.1%</i>	
<i>fluorometholone ophth susp 0.1%</i>	
<i>ketorolac tromethamine (ophth) (soln 0.4%, soln 0.5%)</i>	
PRED MILD 0.12 % SUSPENSION	

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>prednisolone acetate 1 % suspension</i>	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS	
<i>betaxolol hcl ophth soln 0.5%</i>	
BETIMOL (0.25 % SOLUTION, 0.5 % SOLUTION)	
BETOPTIC-S 0.25 % SUSPENSION	
LEVOBUNOLOL HCL 0.5 % SOLUTION	
<i>timolol maleate (ophth) (gel forming soln 0.25%, gel forming soln 0.5%, preservative free soln 0.25%, soln 0.25%, soln 0.5%)</i>	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER	
<i>acetazolamide cap er 12hr 500 mg</i>	
<i>brimonidine tartrate (soln 0.15%, soln 0.2%)</i>	
<i>dorzolamide hcl ophth soln 2%</i>	
<i>methazolamide (tab 25 mg, tab 50 mg)</i>	
<i>pilocarpine hcl (soln 1%, soln 2%, soln 4%)</i>	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	
<i>latanoprost ophth soln 0.005%</i>	
OTIC AGENTS	
<i>carbamide peroxide 6.5% otic soln</i>	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	
DEBROX 6.5 % SOLUTION	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	QL (20 ML PER 30 DAY(S))
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	
<i>neomycin-polymyxin-hc (otic) (soln 1%, susp 3.5 mg/ml-10000 unit/ml-1%)</i>	
<i>ofloxacin otic soln 0.3%</i>	
RESPIRATORY TRACT/PULMONARY AGENTS	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	
ALVESCO 160 MCG/ACT AERO SOLN	QL (12.2 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
ALVESCO 80 MCG/ACT AERO SOLN	QL (6.1 GM PER 30 DAYS)
ARNUIITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	QL (30 EA PER 30 DAYS)
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	QL (2 PER 30 DAY(S))
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	QL (2 PER 30 DAY(S))
ASMANEX (30 METERED DOSES) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	QL (2 PER 30 DAY(S))
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	QL (2 PER 30 DAY(S))
ASMANEX (7 METERED DOSES) 110 MCG/ACT AER POW BA	QL (2 PER 30 DAY(S))
ASMANEX HFA (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	QL (13 GM PER 30 DAY(S))
<i>budesonide (inhalation) (susp 0.25 mg/2ml, susp 0.5 mg/2ml)</i>	QL (120 ML PER 30 DAYS)
<i>budesonide inhalation susp 1 mg/2ml</i>	QL (120 ML PER 30 DAY(S))
<i>budesonide nasal susp 32 mcg/act</i>	
FLOVENT DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 250 MCG/ACT AER POW BA)	QL (60 PER 30 DAY(S))
<i>fluticasone propionate hfa 110 mcg/act aerosol</i>	QL (24 GM PER 30 DAY(S))
<i>fluticasone propionate hfa 220 mcg/act aerosol</i>	QL (24 GM PER 30 DAY(S))
<i>fluticasone propionate hfa 44 mcg/act aerosol</i>	QL (21.2 GM PER 30 DAY(S))
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (16 GM PER 30 DAYS)
<i>mometasone furoate nasal susp 50 mcg/act</i>	
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	QL (1 PER 30 DAY(S))
QVAR REDHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	QL (21.2 GM PER 30 DAY(S))
ANTI-HISTAMINES	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	QL (60 ML PER 30 DAYS)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	QL (30 ML PER 30 DAY(S))
<i>cetirizine hcl (tab 5 mg, tab 10 mg)</i>	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	QL (300 ML 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
<i>chlorpheniramine maleate tab 4 mg</i>	
<i>clemastine fumarate 2.68 mg tab</i>	
<i>cyproheptadine hcl (syrup 2 mg/5ml, tab 4 mg)</i>	
<i>diphenhydramine hcl (cap 50 mg, liquid 12.5 mg/5ml, tab 25 mg)</i>	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	
<i>fexofenadine hcl (tab 60 mg, tab 180 mg)</i>	
<i>hydroxyzine hcl (syrup 10 mg/5ml, tab 10 mg, tab 25 mg, tab 50 mg)</i>	
<i>hydroxyzine pamoate (cap 25 mg, cap 50 mg, 100 mg cap)</i>	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	QL (300 ML PER 30 DAYS)
<i>levocetirizine dihydrochloride tab 5 mg</i>	
<i>loratadine (syrup 5 mg/5ml, tab 10 mg)</i>	
<i>olopatadine hcl nasal soln 0.6%</i>	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	

ANTILEUKOTRIENES

montelukast sodium (chew tab 4 mg (base equiv), chew tab 5 mg (base equiv), oral granules packet 4 mg (base equiv))

montelukast sodium 10 mg tab Rx4L

BRONCHODILATORS, ANTICHOLINERGIC

ATROVENT HFA 17 MCG/ACT AERO SOLN QL (65 GM PER 30 DAY(S))

INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA

ipratropium bromide (nasal) (soln 0.03% (21 mcg/spray), soln 0.06% (42 mcg/spray))

ipratropium bromide 0.02 % solution Rx4L

SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN) QL (4 GM PER 30 DAYS)

BRONCHODILATORS, SYMPATHOMIMETIC

albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln Rx4L

albuterol sulfate (soln nebu 0.63 mg/3ml (base equiv), soln nebu 1.25 mg/3ml (base equiv), syrup 2 mg/5ml, tab 2 mg, tab 4 mg)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proair hfa)</i>	QL (17 GM PER 30 DAY(S))
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proventil hfa)</i>	QL (13.4 GM PER 30 DAY(S))
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of ventolin hfa)</i>	QL (36 GM PER 30 DAY(S))
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	QL (60 PER 30 DAY(S))
<i>epinephrine 0.15 mg/0.15ml soln a-inj</i>	QL (6 EA PER 365 DAYS)
<i>epinephrine 0.3 mg/0.3ml soln a-inj</i>	QL (6 EA PER 365 DAYS)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	QL (6 EA PER 365 DAYS)
EPIPEN 2-PAK 0.3 MG/0.3ML SOLN A-INJ	QL (6 EA PER 365 DAYS)
EPIPEN JR 2-PAK 0.15 MG/0.3ML SOLN A-INJ	QL (6 EA PER 365 DAYS)
<i>levalbuterol tartrate 45 mcg/act aerosol</i>	QL (30 GM PER 30 DAY(S))
<i>pseudoephedrine hcl tab 30 mg</i>	
SEREVENT DISKUS 50 MCG/ACT AER POW BA	QL (60 EA PER 30 DAYS)
<i>terbutaline sulfate (tab 2.5 mg, tab 5 mg)</i>	
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	QL (36 GM GM PER 30 DAYS)

CYSTIC FIBROSIS AGENTS

KALYDECO (25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	PA, SP
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 100-125 MG TAB, 150-188 MG PACKET, 200-125 MG TAB)	PA
PULMOZYME 2.5 MG/2.5ML SOLUTION	PA, SP
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	PA, SP
<i>tobramycin (300 mg/5ml nebu soln, nebu soln 300 mg/5ml)</i>	PA, SP
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	PA, SP

PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 5.

DRUG NAME	REQUIREMENTS/LIMITS
<i>theophylline (elixir 80 mg/15ml, soln 80 mg/15ml, tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)</i>	
PULMONARY ANTIHYPERTENSIVES	
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	PA, SP
<i>ambrisentan (tab 5 mg, tab 10 mg)</i>	PA, SP
<i>bosentan (tab 62.5 mg, tab 125 mg)</i>	PA, SP
<i>epoprostenol sodium (inj 0.5 mg, inj 1.5 mg)</i>	SP
OPSUMIT 10 MG TAB	PA, SP
ORENITRAM (0.125 MG TAB ER, 0.25 MG TAB ER, 1 MG TAB ER, 2.5 MG TAB ER)	PA, SP
<i>sildenafil citrate (pulmonary hypertension) (for suspension 10 mg/ml, tab 20 mg)</i>	PA, SP
<i>tadalafil tab 20 mg (pah)</i>	PA, SP
TRACLEER 32 MG TAB SOL	PA, SP
<i>treprostinil (inj soln 20 mg/20ml (1 mg/ml), inj soln 50 mg/20ml (2.5 mg/ml), inj soln 100 mg/20ml (5 mg/ml), inj soln 200 mg/20ml (10 mg/ml))</i>	PA, SP
TYVASO 0.6 MG/ML SOLUTION	SP
TYVASO REFILL 0.6 MG/ML SOLUTION	SP
TYVASO STARTER 0.6 MG/ML SOLUTION	SP
UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	PA, SP
VENTAVIS (10 MCG/ML SOLUTION, 20 MCG/ML SOLUTION)	SP
PULMONARY FIBROSIS AGENTS	
ESBRIET (267 MG CAP, 267 MG TAB, 801 MG TAB)	PA, SP
OFEV (100 MG CAP, 150 MG CAP)	PA, SP
<i>pirfenidone (tab 267 mg, tab 801 mg)</i>	PA, SP
RESPIRATORY TRACT AGENTS, OTHER	
<i>budesonide-formoterol fumarate 80-4.5 mcg/act aerosol</i>	QL (10.2 GM PER 30 DAY(S))
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	QL (60 PER 30 DAY(S))
<i>benzonatate (cap 100 mg, cap 200 mg)</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>budesonide-formoterol fumarate 160-4.5 mcg/act aerosol</i>	QL (10.2 GM PER 30 DAY(S))
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	QL (4 GM PER 30 DAY(S))
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	
<i>dextromethorphan polistirex extended release susp 30 mg/5ml</i>	
<i>dextromethorphan-guaifenesin (liquid 5-100 mg/5ml, liquid 10-100 mg/5ml, syrup 10-100 mg/5ml, tab 20-400 mg, tab er 12hr 30-600 mg, tab er 12hr 60-1200 mg)</i>	
<i>dextromethorphan-phenylephrine-apap liqd 10-5-325 mg/15ml</i>	
FASENRA 30 MG/ML SOLN PRSYR	SP
<i>fluticasone-salmeterol (aer powder ba 100-50 mcg/act, aer powder ba 250-50 mcg/act, aer powder ba 500-50 mcg/act)</i>	QL (60 PER 30 DAY(S))
<i>fluticasone-salmeterol 113-14 mcg/act aer pow ba</i>	QL (1 PER 30 DAY(S))
<i>fluticasone-salmeterol 232-14 mcg/act aer pow ba</i>	QL (1 PER 30 DAY(S))
<i>fluticasone-salmeterol 55-14 mcg/act aer pow ba</i>	QL (1 PER 30 DAY(S))
<i>guaifenesin (liquid 100 mg/5ml, tab 400 mg, tab er 12hr 1200 mg, tab er 12hr 600 mg)</i>	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	QL (540 ML PER 30 DAYS)
<i>loratadine & pseudoephedrine (tab er 12hr 5-120 mg, tab er 24hr 10-240 mg)</i>	
NUCALA (40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ)	
<i>oxymetazoline hcl nasal soln 0.05%</i>	
<i>phenylephrine hcl tab 10 mg</i>	
<i>phenylephrine w/ dm-gg (liqd 5-10-100 mg/5ml, syrup 5-10-100 mg/5ml)</i>	
<i>phenylephrine-brompheniramine-dm liquid 2.5-1-5 mg/5ml</i>	
<i>phenylephrine-guaifenesin tab 10-400 mg</i>	
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	
<i>sodium chloride (inhalant) (soln nebu 0.9%, soln nebu 3%, soln nebu 7%, soln nebu 10%)</i>	

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

DRUG NAME	REQUIREMENTS/LIMITS
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	QL (4 GM PER 30 DAY(S))
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	QL (60 PER 30 DAY(S))
<i>triprolidine & pseudoephedrine tab 2.5-60 mg</i>	

SKELETAL MUSCLE RELAXANTS

<i>chlorzoxazone tab 500 mg</i>	
<i>cyclobenzaprine hcl (tab 5 mg, tab 10 mg)</i>	
<i>methocarbamol (tab 500 mg, tab 750 mg)</i>	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	
<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i>	

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

<i>eszopiclone (tab 1 mg, tab 2 mg, tab 3 mg)</i>	QL (30 EA PER 30 DAYS)
<i>ramelteon tab 8 mg</i>	QL (30 PER 30 DAY(S))
<i>temazepam (cap 15 mg, cap 30 mg)</i>	QL (30 EA PER 30 DAYS)
<i>zaleplon (cap 5 mg, cap 10 mg)</i>	QL (30 EA PER 30 DAYS)
<i>zolpidem tartrate (tab 5 mg, tab 10 mg, tab er 6.25 mg, tab er 12.5 mg)</i>	QL (30 EA PER 30 DAYS)

WAKEFULNESS PROMOTING AGENTS

<i>armodafinil (tab 50 mg, tab 150 mg, tab 200 mg, tab 250 mg)</i>	QL (30 PER 30 DAY(S))
<i>modafinil (tab 100 mg, tab 200 mg)</i>	PA, QL (30 PER 30 DAY(S))
SUNOSI (75 MG TAB, 150 MG TAB)	PA, QL (30 PER 30 DAY(S)), SP
WAKIX (4.45 MG TAB, 17.8 MG TAB)	PA, QL (30 PER 30 DAY(S)), SP
XYREM 500 MG/ML SOLUTION	PA, SP

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<i>etravirine (tab 100 mg, tab 200 mg)</i>	
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You can find information on what the symbols and abbreviations on this table mean by going to page 5.

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cyclopentolate hcl	69	diazepam 2.5 mg gel	14
cyclophosphamide	19	diazepam 20 mg gel	14
cyclosporine	66	diclofenac potassium	6
cyclosporine modified (for microemulsion)	66	diclofenac sodium	6
cyproheptadine hcl	74	diclofenac sodium (50 mg tab dr, 75 mg tab dr)	6
		diclofenac sodium (ophth)	71
D		diclofenac sodium (topical)	6
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desmopressin acetate	60	diphenoxylate w/ atropine	55
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desmopressin acetate spray refrigerated	60	dipyridamole	33
desogestrel & ethinyl estradiol	61	disopyramide phosphate	34
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hydrocortisone (intra-rectal)	67
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hydrocortisone (topical)	47,48
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MAVENCLAD (6 TABS)	46	metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)	35
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MAVENCLAD (8 TABS)	46	metronidazole (topical)	11
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megestrol acetate	63	modafinil	78
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menthol (topical analgesic)	48	montelukast sodium 10 mg tab	74
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mesalamine	67	MOVANTIK	55
mesalamine w/ cleanser	67	moxifloxacin hcl (ophth)	71
metformin hcl	29	MULPLETA	32
methadone hcl	7	MULTI-VIT-FLOR	52
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methenamine hippurate	11	multiple vitamins w/ iron	50
methimazole	64	multiple vitamins w/ minerals	50
methocarbamol	78	MULTIVITAMIN	52
methotrexate sodium	67	MULTIVITAMIN/FLUORIDE	49,52
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naloxone hcl.....	9	nitroglycerin.....	39
naltrexone hcl.....	10	nizatidine.....	56
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naproxen (375 mg tab, 500 mg tab).....	6	NOCTIVA.....	60
naproxen sodium.....	6	NORDITROPIN FLEXPRO.....	60
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		oseltamivir phosphate.....	28
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OCEAN NASAL SPRAY.....	69	oxycodone hcl.....	8
ODEFSEY.....	26	oxycodone hcl er 10 mg tb12 deter.....	7
ODOMZO.....	22	oxycodone hcl er 20 mg tb12 deter.....	7
OFEV.....	76	oxycodone hcl er 40 mg tb12 deter.....	7
ofloxacin (ophth).....	71	oxycodone hcl er 80 mg tb12 deter.....	7
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OGESTREL.....	62	oxycodone-aspirin 4.8355-325 mg tab.....	8
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olmesartan medoxomil-amlodipine- hydrochlorothiazide.....	37	oxymorphone hcl.....	8
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olopatadine hcl (nasal).....	74	oxymorphone hcl er 20 mg tab er 12h.....	7
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P

PALFORZIA (12 MG DAILY DOSE).....	65	perphenazine-amitriptyline 2-25 mg tab.....	15
PALFORZIA (120 MG DAILY DOSE).....	65	perphenazine-amitriptyline 4-10 mg tab.....	15
PALFORZIA (160 MG DAILY DOSE).....	65	PERPHENAZINE-AMITRIPTYLINE 4-25 MG	
PALFORZIA (20 MG DAILY DOSE).....	65	TAB.....	15
PALFORZIA (200 MG DAILY DOSE).....	65	perphenazine-amitriptyline 4-50 mg tab.....	15
PALFORZIA (240 MG DAILY DOSE).....	65	phenazopyridine hcl.....	58
PALFORZIA (3 MG DAILY DOSE).....	65	phenelzine sulfate.....	15
PALFORZIA (300 MG MAINTENANCE)....	65	phenobarbital.....	14
PALFORZIA (300 MG TITRATION).....	65	phenylephrine hcl (oral).....	77
PALFORZIA (40 MG DAILY DOSE).....	65	phenylephrine w/ dm-gg.....	77
PALFORZIA (6 MG DAILY DOSE).....	65	phenylephrine-brompheniramine-dm.....	77
PALFORZIA (80 MG DAILY DOSE).....	65	phenylephrine-guaifenesin.....	77
PALFORZIA INITIAL ESCALATION.....	65	phenytoin.....	14
paliperidone.....	41	phenytoin sodium extended.....	14
PANCREAZE.....	57	phytonadione.....	33
pantoprazole sodium.....	57	pilocarpine hcl.....	72
paricalcitol.....	68	pilocarpine hcl (oral).....	46
paroxetine hcl.....	16	pimecrolimus.....	48
paroxetine hcl (10 mg tab, 20 mg tab).....	16	pindolol.....	35
PATADAY.....	71	pioglitazone hcl.....	29
ped multivitamins w/fl & iron.....	50	pioglitazone hcl-glimepiride.....	30
PEDIA-LAX.....	55	pioglitazone hcl-metformin hcl.....	30
PEDIALYTE.....	49	PIQRAY (200 MG DAILY DOSE).....	22
PEDIALYTE FREEZER POPS.....	49	PIQRAY (250 MG DAILY DOSE).....	22
PEDIALYTE SINGLES.....	49	PIQRAY (300 MG DAILY DOSE).....	22
pediatric multiple vitamin w/ minerals & c.....	50	pirfenidone.....	76
pediatric multiple vitamins.....	50	PNV-DHA.....	53
pediatric multivitamins w/fl.....	50,52	podofilox.....	48
pediatric vitamins acd w/ fluoride.....	52	POLY-VI-SOL.....	53
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sulfate.....	56	polyethylene glycol 3350.....	55
peg 3350-potassium chloride-sod		polyethylene glycol-propylene glycol	
bicarbonate-sod chloride.....	55	(ophth).....	70
PEGASYS.....	65	polymyxin b-trimethoprim.....	71
penicillin v potassium.....	12	polysaccharide iron complex.....	53
PENTASA.....	67	polyvinyl alcohol.....	70
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perphenazine.....	17	pot phosphate monobasic w/ sod phosphate	
perphenazine-amitriptyline 2-10 mg tab.....	15	dibasic & monobasic.....	58
		potassium bicarbonate.....	53
		potassium chloride.....	49

potassium chloride er 8 meq tab er	49	primidone	14
potassium chloride microencapsulated crystals er	49	probenecid	19
potassium citrate (alkalinizer)	49	prochlorperazine	17
potassium citrate-citric acid	58	prochlorperazine maleate	17
potassium phosphate monobasic	58	PROCRIT	32
pramipexole dihydrochloride	24	progesterone	63
prasugrel hcl	33	PROMACTA	32
pravastatin sodium	38	promethazine hcl	17,74
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)	38	propafenone hcl	34
prazosin hcl	33	propranolol hcl	35
PRED MILD	71	propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	35
prednisolone	59	PROPYLENE GLYCOL	69
prednisolone acetate 1 % suspension	72	propylene glycol (ophth)	70
PREDNISOLONE SODIUM PHOSPHATE	59,72	propylthiouracil	64
prednisone	59	protriptyline hcl	16
prednisone (5 mg tab, 10 mg tab)	59	pseudoephedrine hcl	75
PREFEST	62	pseudoephedrine-guaifenesin	77
pregabalin	45	psyllium	55
PREMARIN	62	PULMICORT FLEXHALER	73
PREMPHASE	62	PULMOZYME	75
PREMPRO	62	PURIXAN	20
PRENATAL	53	pyrazinamide	19
PRENATAL 19	53	pyrethrins-piperonyl butoxide	49
PRENATE	53	pyridostigmine bromide	43
PRENATE AM	53	PYRIDOXAL-5-PHOSPHATE	69
PRENATE DHA	53	pyridoxine hcl	53
PRENATE ELITE	53	PYRUKYND	32
PRENATE ENHANCE	53	PYRUKYND TAPER PACK	32
PRENATE ESSENTIAL	53		
PRENATE MINI	53	Q	
PRENATE PIXIE	53	quetiapine fumarate	41
PRENATE RESTORE	53	quetiapine fumarate (50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab)	41
PREPLUS	53	QUFLORA FE PEDIATRIC	53
PRETAB	53	QUFLORA PEDIATRIC	53
PRETOMANID	19	quinapril hcl	34
PREVYMIS	25	quinapril-hydrochlorothiazide	37
PREZCOBIX	28	quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)	37
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R

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raloxifene hcl	62
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ranolazine	37
rasagiline mesylate	25
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REFRESH RELIEVA	70
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REPATHA SURECLICK	39
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REVLIMID	20
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REYATAZ	28
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rifampin	19
RIMANTADINE HCL	28
RINVOQ	67
RISPERDAL CONSTA	41
risperidone	41
risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)	41
ritonavir	28
rivastigmine	39
rivastigmine tartrate	40
rizatriptan benzoate	43

ropinirole hydrochloride	24
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SAVELLA TITRATION PACK	45
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SEGLUROMET	30
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sennosides	55
sennosides-docusate sodium	55
SENOKOT	55
SEREVENT DISKUS	75
sertraline hcl	16
sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)	16
sevelamer carbonate	50
sildenafil citrate (pulmonary hypertension)	76
SILICA	69
silver sulfadiazine	48
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SIMPLE SYRUP	69
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simvastatin (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	38
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sodium chloride.....	53	sumatriptan succinate refill 4 mg/0.5ml soln cart.....	43
sodium chloride (inhalant).....	77	sumatriptan succinate refill 6 mg/0.5ml soln cart.....	43
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sodium citrate & citric acid.....	58	SUNOSI.....	78
sodium fluoride.....	50,54	SUSPENDOL-S.....	69
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sodium phosphates.....	54	SYMLINPEN 60.....	30
sodium polystyrene sulfonate.....	50	SYMPROIC.....	55
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solifenacin succinate.....	58	SYNAGIS.....	65
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sotalol hcl.....	34	SYRSPEND SF.....	69
sotalol hcl (afib/afib).....	34	SYSTANE.....	70
SPIRIVA RESPIMAT.....	74	SYSTANE BALANCE.....	70
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spironolactone & hydrochlorothiazide.....	37	SYSTANE HYDRATION PF.....	70
spironolactone (25 mg tab, 50 mg tab).....	37	SYSTANE OVERNIGHT THERAPY.....	70
SPORANOX.....	18	SYSTANE PRESERVATIVE FREE.....	70
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STEGLATRO.....	30	TAB-A-VITE/IRON/BETA CAROTENE.....	54
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STIVARGA.....	23	tacrolimus (topical).....	48
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SUBOXONE.....	9	TAKHZYRO.....	64
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sulfacetamide sodium (ophth).....	71	TALZENNA.....	23
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sulfamethoxazole-trimethoprim.....	13	tamsulosin hcl.....	58
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TASIGNA.....	23	tolnaftate.....	18
tazarotene.....	47	tolterodine tartrate.....	58
TAZORAC.....	47	tolvaptan.....	50
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temazepam.....	78	toremifene citrate.....	20
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temozolomide.....	19	TRACLEER.....	76
tenofovir disoproxil fumarate.....	27	TRADJENTA.....	30
terazosin hcl.....	33	tramadol hcl.....	7,8
terbinafine hcl.....	18	tramadol-acetaminophen.....	8
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terbutaline sulfate.....	75	tranexamic acid.....	33
terconazole vaginal.....	18	tranylcypromine sulfate.....	15
testosterone.....	60	trazodone hcl.....	16
testosterone cypionate.....	60	trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab).....	16
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tetrabenazine.....	45	TRELSTAR MIXJECT.....	64
tetracycline hcl.....	13	treprostinil.....	76
THALOMID.....	20	tretinoin.....	47
THEO-24.....	75	tretinoin (chemotherapy).....	23
theophylline.....	76	TREXALL.....	67
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thioridazine hcl.....	41	trifluridine 1 % solution.....	28
thiothixene.....	41	trihexyphenidyl hcl.....	24
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tiagabine hcl.....	14	trimethobenzamide hcl.....	17
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tobramycin.....	75	TRULANCE.....	55
tobramycin (ophth).....	71	TRULICITY.....	30
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TRUSELTIQ (100MG DAILY DOSE).....	23	venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h, 150 mg cap er 24h).....	16
TRUSELTIQ (125MG DAILY DOSE).....	23	VENTAVIS.....	76
TRUSELTIQ (50MG DAILY DOSE).....	23	VENTOLIN HFA.....	75
TRUSELTIQ (75MG DAILY DOSE).....	23	verapamil hcl.....	36
TURALIO.....	23	verapamil hcl (120 mg tab, 80 mg tab).....	36
TYBOST.....	27	verapamil hcl er 100 mg cap er 24h.....	36
TYMLOS.....	68	verapamil hcl er 200 mg cap er 24h.....	36
TYVASO.....	76	verapamil hcl er 300 mg cap er 24h.....	36
TYVASO REFILL.....	76	verapamil hcl er 360 mg cap er 24h.....	36
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U		VERZENIO.....	23
UBRELVY.....	43	VICTOZA.....	30
UPTRAVI.....	76	VIDEX.....	27
ursodiol.....	56	vigabatrin.....	14
V		VIJOICE.....	21
valacyclovir hcl.....	28	VIMPAT.....	15
VALCHLOR.....	19	VIRACEPT.....	28
valganciclovir hcl.....	25	VIREAD.....	27
valproate sodium.....	13	VIRT-NATE DHA.....	54
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VALTOCO 10 MG DOSE.....	14	VITAFOL-OB.....	54
VALTOCO 15 MG DOSE.....	14	VITAFOL-ONE.....	54
VALTOCO 20 MG DOSE.....	14	vitamin a.....	54
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varenicline tartrate 1 mg tab.....	10	VOTRIENT.....	23
VARUBI (180 MG DOSE).....	17	VP-PNV-DHA.....	54
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XARELTO STARTER PACK	32
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XOLAIR	65
XOSPATA	23
XPOVIO (100 MG ONCE WEEKLY)	21
XPOVIO (40 MG ONCE WEEKLY)	21
XPOVIO (40 MG TWICE WEEKLY)	21
XPOVIO (60 MG ONCE WEEKLY)	21
XPOVIO (60 MG TWICE WEEKLY)	21
XPOVIO (80 MG ONCE WEEKLY)	21
XPOVIO (80 MG TWICE WEEKLY)	21
XTANDI	20
XYREM	78

Z

ZADITOR	71
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ZARXIO	33
ZATEAN-PN PLUS	54
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ZELBORAF	23
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ZIMHI	10
zinc oxide (topical)	48
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zolmitriptan	43
zolpidem tartrate	78
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