



Retiree RxCare

2024 formulario Basico

(Lista de medicamentos cubiertos)

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

ID del formulario No. 24413, Versión 13

Este formulario se actualizó el 26 de Junio de 2024. No hemos realizado cambios a este formulario Desde el 6/26/2024. Esta no es una lista completa de medicamentos cubiertos por nuestro plan. Para una lista o otras preguntas, comuníquese con el Centro de Atención al Cliente de RxCare para Jubilados al 1-855-693-3921 Los usuarios de TTY deben llamar al 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. (EST), o visitar <http://retireerxcare.amwins.com>.

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

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

Este documento incluye una lista parcial de los medicamentos (formulario) para nuestro plan que está vigente al 1 de Julio de 2024. Para obtener un formulario actualizado completo, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en las portadas y contraportadas.

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

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

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

¿Qué es el formulario para jubilados de RxCare?

Un formulario es una lista de medicamentos cubiertos seleccionados por Retiree RxCare en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. Retiree RxCare cubrirá generosamente los medicamentos enumerados en nuestro formulario siempre y cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red Retiree RxCare y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de cobertura.

¿Puede cambiar el formulario (lista de medicamentos)?

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

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

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

miembro solicite una recarga del medicamento, momento en el cual el miembro recibirá un suministro de 30 días de la droga.

o Si hacemos estos otros cambios, usted o su médico pueden pedirnos que hagamos una excepción y continuemos cubriendo el medicamento de marca por usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al formulario de Retiree RxCare?"

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

El formulario adjunto está actualizado a partir del 1 de Julio de 2024, para obtener información actualizada sobre la red de medicamentos de Retiree RxCare, comuníquese con nosotros. Nuestra información de contacto aparece en las portadas y contraportadas. Si hay algún cambio en este formulario a mediados de año, enviaremos a los miembros un aviso de cambio.

¿Cómo uso el formulario?

Hay dos maneras de encontrar su medicamento dentro del formulario:

Dolencia

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

Listado alfabético

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 113. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

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

¿Hay alguna restricción en mi cobertura?

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

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

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

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

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

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

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

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

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

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

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

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

Puede pedirnos que cubramos un medicamento incluso si no está en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel predeterminado de costos compartidos, y usted no podrá solicitarnos que le proporcionemos el medicamento a un nivel de costos compartidos más bajo.

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

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

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

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

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

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

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

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

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

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

Ejemplos de cambios en el nivel de atención pueden incluir:

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

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

Para más información

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

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

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

. Formulario de Retiree RxCare

El formulario que comienza en la página 1 proporciona información de cobertura sobre los medicamentos cubiertos por Retiree RxCare. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que comienza en la página 119.

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

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

Respetar los requisitos/límites

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

(List of Covered Drugs)

DRUG NAME	REQUIREMENTS/LIMITS
Analgesics	
<i>butalbital-acetaminophen-caffe</i>	QL (180 PER 30 DAYS)
<i>butalbital-acetaminophn 50-325</i>	QL (180 PER 30 DAYS)
<i>butalbital-aspirin-caffeine cp</i>	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	QL (180 PER 30 DAYS)
<i>tencon</i>	QL (180 PER 30 DAYS)
ZEBUTAL	QL (180 PER 30 DAYS)
Nonsteroidal Anti-inflammatory Drugs	
ARTHROTEC 50	QL (120 PER 30 DAYS)
ARTHROTEC 75	QL (90 PER 30 DAYS)
<i>cataflam</i>	QL (120 PER 30 DAYS)
CELEBREX (50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE)	QL (60 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	QL (30 PER 30 DAYS)
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg capsule</i>	QL (30 PER 30 DAYS)
DAYPRO	QL (90 PER 30 DAYS)
<i>diclofenac pot 50 mg tablet</i>	QL (120 PER 30 DAYS)
<i>diclofenac sodium (dr 25 mg tab, ec 25 mg tab)</i>	QL (240 PER 30 DAYS)
<i>diclofenac sodium (dr 50 mg tab, ec 50 mg tab)</i>	QL (120 PER 30 DAYS)
<i>diclofenac sodium (dr 75 mg tab, ec 75 mg tab)</i>	QL (60 PER 30 DAYS)
<i>diclofenac sodium 1% gel</i>	
<i>diclofenac sodium er</i>	QL (60 PER 30 DAYS)
<i>diclofenac sodium-misoprostol (75-0.2 mg, 75-0.2 tb)</i>	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>diclofenac-misoprost 50-0.2 mg</i>	QL (120 PER 30 DAYS)
<i>ec-naproxen dr 375 mg tablet</i>	QL (120 PER 30 DAYS)
<i>ec-naproxen dr 500 mg tablet</i>	QL (90 PER 30 DAYS)
<i>etodolac (400 mg tablet, 500 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>etodolac 200 mg capsule</i>	QL (150 PER 30 DAYS)
<i>etodolac 300 mg capsule</i>	QL (90 PER 30 DAYS)
<i>etodolac er (400 mg tablet, 500 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>etodolac er 600 mg tablet</i>	QL (30 PER 30 DAYS)
FELDENE 10 MG CAPSULE	QL (60 PER 30 DAYS)
FELDENE 20 MG CAPSULE	QL (30 PER 30 DAYS)
<i>flurbiprofen 100 mg tablet</i>	QL (90 PER 30 DAYS)
<i>ibu 400 mg tablet</i>	QL (240 PER 30 DAYS)
<i>ibu 600 mg tablet</i>	QL (150 PER 30 DAYS)
<i>ibu 800 mg tablet</i>	QL (120 PER 30 DAYS)
<i>ibuprofen 100 mg/5 ml susp</i>	
<i>ibuprofen 400 mg tablet</i>	QL (240 PER 30 DAYS)
<i>ibuprofen 600 mg tablet</i>	QL (150 PER 30 DAYS)
<i>ibuprofen 800 mg tablet</i>	QL (120 PER 30 DAYS)
<i>indomethacin 25 mg capsule</i>	QL (240 PER 30 DAYS)
<i>indomethacin 50 mg capsule</i>	QL (120 PER 30 DAYS)
<i>meloxicam 15 mg tablet</i>	QL (30 PER 30 DAYS)
<i>meloxicam 7.5 mg tablet</i>	QL (60 PER 30 DAYS)
<i>nabumetone 500 mg tablet</i>	QL (120 PER 30 DAYS)
<i>nabumetone 750 mg tablet</i>	QL (60 PER 30 DAYS)
<i>naproxen (375 mg tablet, dr 375 mg tablet)</i>	QL (120 PER 30 DAYS)
<i>naproxen (500 mg kit, 500 mg tablet, dr 500 mg tablet)</i>	QL (90 PER 30 DAYS)
<i>naproxen 125 mg/5 ml suspen</i>	QL (1800 PER 30 DAYS)
<i>naproxen 250 mg tablet</i>	QL (180 PER 30 DAYS)
<i>naproxen sodium 275 mg tab</i>	QL (150 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>naproxen sodium 550 mg tab</i>	QL (90 PER 30 DAYS)
<i>oxaprozin (600 mg caplet, 600 mg tablet)</i>	QL (90 PER 30 DAYS)
<i>piroxicam 10 mg capsule</i>	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg capsule</i>	QL (30 PER 30 DAYS)
RELAFEN 500 MG TABLET	QL (120 PER 30 DAYS)
RELAFEN 750 MG TABLET	QL (60 PER 30 DAYS)
<i>sulindac</i>	QL (60 PER 30 DAYS)

Opioid Analgesics, Long-acting

BELBUCA	PA, QL (60 PER 30 DAYS)
<i>buprenorphine</i>	PA, QL (4 PER 28 DAYS)
BUTRANS	PA, QL (4 PER 28 DAYS)
<i>fentanyl</i>	PA, QL (15 PER 30 DAYS)
<i>hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)</i>	PA, QL (60 PER 30 DAYS)
<i>levorphanol tartrate</i>	QL (120 PER 30 DAYS)
<i>methadone hcl 10 mg tablet</i>	QL (360 PER 30 DAYS)
<i>methadone hcl 5 mg tablet</i>	QL (180 PER 30 DAYS)
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)</i>	PA, QL (90 PER 30 DAYS)
<i>tramadol hcl er (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	PA, QL (30 PER 30 DAYS)

Opioid Analgesics, Short-acting

<i>acetaminophen-cod #4 tablet</i>	QL (180 PER 30 DAYS)
<i>acetaminophen-codeine (#2 tablet, #3 tablet)</i>	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)</i>	QL (2700 PER 30 DAYS)
<i>butorphanol 1 mg/ml vial</i>	
<i>butorphanol 10 mg/ml spray</i>	QL (48 PER 30 DAYS)
<i>butorphanol tartrate (2 mg/ml vial, 4 mg/2 ml vial)</i>	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>codeine sulfate (15 mg tablet, 60 mg tablet)</i>	QL (180 PER 30 DAYS)
<i>codeine sulfate 30 mg tablet</i>	QL (180 PER 30 DAYS)
DURAMORPH	PA
<i>endocet (2.5-325 mg tablet, 5-325 mg tablet)</i>	QL (360 PER 30 DAYS)
<i>endocet 10-325 mg tablet</i>	QL (180 PER 30 DAYS)
<i>endocet 7.5-325 mg tablet</i>	QL (240 PER 30 DAYS)
<i>fentanyl citrate (400 mcg, 600 mcg, 800 mcg, cit 1,200 mcg, cit 1,600 mcg)</i>	PA, QL (120 PER 30 DAYS)
<i>fentanyl citrate oftc 200 mcg</i>	PA, QL (120 PER 30 DAYS)
<i>hydrocodone-acetaminophen (5-300 mg, 5-325 mg)</i>	QL (240 PER 30 DAYS)
<i>hydrocodone-acetaminophen (7.5-300, 7.5-325, 10-300 mg, 10-325 mg)</i>	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>	QL (2700 PER 30 DAYS)
<i>hydrocodone-ibuprofen (7.5-200, 10-200)</i>	QL (150 PER 30 DAYS)
<i>hydrocodone-ibuprofen 5-200 mg</i>	QL (150 PER 30 DAYS)
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	QL (1440 PER 30 DAYS)
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	QL (180 PER 30 DAYS)
<i>hydromorphone hcl (2 mg/ml amp, 2 mg/ml carpujct, 2 mg/ml isecure, 2 mg/ml syringe, mg/ml vial, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	PA
<i>morphine sulf 100 mg/5 ml conc</i>	QL (270 PER 30 DAYS)
<i>morphine sulf 20 mg/5 ml soln</i>	QL (1350 PER 30 DAYS)
<i>morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)</i>	QL (2700 PER 30 DAYS)
<i>morphine sulfate (5 mg/10 ml vial, 10 mg/10 ml vial)</i>	PA
<i>morphine sulfate ir 15 mg tab</i>	QL (360 PER 30 DAYS)
<i>morphine sulfate ir 30 mg tab</i>	QL (180 PER 30 DAYS)

mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>oxycodone hcl ((ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)</i>	QL (180 PER 30 DAYS)
<i>oxycodone hcl (ir) 5 mg tablet</i>	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)</i>	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen 10-325</i>	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophn 7.5-325</i>	QL (240 PER 30 DAYS)
ROXICODONE 15 MG TABLET	QL (180 PER 30 DAYS)
ROXICODONE 30 MG TABLET	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tablet</i>	QL (240 PER 30 DAYS)
<i>tramadol hcl-acetaminophen</i>	QL (240 PER 30 DAYS)

Anesthetics

Local Anesthetics

<i>dermacinrx lidocan</i>	PA, QL (90 PER 30 DAYS)
<i>glydo</i>	PA, QL (150 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	PA, QL (100 PER 30 DAYS)
<i>lidocaine 5% patch</i>	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl (2% jel urojet ac, 2% jelly, 2% jelly uro-jet, 4% solution)</i>	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl (20 mg/2 ml, 20 mg/2 ml vi, 50 mg/5 ml, 50 mg/5 ml vi, 100 mg/10 ml, 300 mg/30 ml, ampul, vial)</i>	
<i>lidocaine hcl laryngotracheal 4% solution</i>	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl viscous</i>	
<i>lidocaine-prilocaine</i>	PA, QL (60 PER 30 DAYS)
LIDOCAN II	PA, QL (90 PER 30 DAYS)
<i>lidocan iii</i>	PA, QL (90 PER 30 DAYS)
LIDODERM	PA, QL (90 PER 30 DAYS)
XYLOCAINE 1% VIAL	
XYLOCAINE-MPF (AMPUL, VIAL)	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
ZTLIDO	PA, QL (90 PER 30 DAYS)

Anti-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/ Anti-craving

acamprosate calcium

disulfiram

Opioid Dependence

buprenorphine hcl (2 mg tablet, 8 mg tablet)

QL (90 PER 30 DAYS)

buprenorphine-nalox 8-2 mg tab

QL (90 PER 30 DAYS)

buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb)

QL (120 PER 30 DAYS)

buprenorphine-naloxone (4-1mg film, 8-2mg film, 12-3mg film)

QL (60 PER 30 DAYS)

naltrexone 50 mg tablet

SUBLOCADE

SUBOXONE (4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM)

QL (60 PER 30 DAYS)

SUBOXONE 2 MG-0.5 MG SL FILM

QL (120 PER 30 DAYS)

VIVITROL

Opioid Reversal Agents

KLOXXADO

naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg nasal spray, mg/10 ml vial)

NARCAN

Smoking Cessation Agents

bupropion hcl sr 150 mg tablet

NICOTROL

NICOTROL NS

varenicline tartrate

You can find information on what the symbols and abbreviations mean by going to the cover pages.

Antibacterials**Aminoglycosides***amikacin sulfate**gentamicin sulfate (ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)**gentamicin sulfate in ns (iso 100 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml)**gentamicin sulfate in ns (iso 120 mg/100 ml, isoton 60 mg/50 ml)*

HUMATIN

*neomycin sulfate**paromomycin sulfate**streptomycin sulfate**tobramycin 10 mg/ml vial**tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)***Antibacterials, Other**

AZACTAM

*aztreonam**chloramphenicol sod succinate*

CLEOCIN 2% VAGINAL CREAM

CLEOCIN HCL

CLEOCIN PHOSPHATE (9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL, 900 MG/6ML ADDVAN)

CLEOCIN T 1% LOTION

*clindacin etz**clindacin p**clindamycin (pediatric)**clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)*

DRUG NAME**REQUIREMENTS/LIMITS**

clindamycin phosphate (1% gel, ph 1% gel, ph 1% solution, 2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget, phosp 1% lotion)

clindamycin phosphate-d5w

clindamycin-0.9% nacl

colistimethate

CUBICIN

CUBICIN RF

DALVANCE

daptomycin 500 mg vial

FLAGYL 375 CAPSULE

IMPAVIDO

linezolid (100 mg/5 ml susp, 600 mg tablet)

PA

linezolid-0.9% nacl

linezolid-d5w

methenamine hippurate

METRO IV

metronidazole (vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet, 500 mg/100 ml)

neomycin-polymyxin b

nitrofurantoin (50 mg cap, 100 mg cap)

nitrofurantoin mono-macro

SIVEXTRO 200 MG TABLET

PA

SIVEXTRO 200 MG VIAL

SYNERCID

tigecycline

trimethoprim 100 mg tablet

TYGACIL

vancomycin 750 mg/150 ml bag

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, 1.25 gram vial, 1.5 gram vial, 5 gm vial, 10 gm vial, 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)</i>	
<i>vancomycin hcl (1 gram/200 ml bag, 1g/200 ml bag, 1.25 gm/250 ml bag, 1.5 gram/300 ml bag, 1.75 gm/350 ml bag, 2 gram/400 ml bag, 500 mg/100 ml bag)</i>	
<i>vancomycin hcl 125 mg capsule</i>	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	QL (240 PER 30 DAYS)
<i>vancomycin hcl-0.9% nacl (vanco 500 mg/100 ml-0.9%, vanco 750 mg/150 ml-0.9%, vancomycin 1 g/200ml-0.9%)</i>	
<i>vancomycin hcl-d5w</i>	
VANDAZOLE	
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)	PA
ZYVOX 200 MG/100 ML-D5W	
ZYVOX 600 MG/300 ML-D5W	

Beta-lactam, Cephalosporins

<i>cefaclor (250 mg capsule, 500 mg capsule)</i>	
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 2 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</i>	
<i>cefazolin sodium-dextrose (1 g/50, 2 g/50)</i>	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	
<i>cefepime</i>	
<i>cefepime hcl (1 gm vial, 2 gram vial)</i>	
<i>cefepime-dextrose</i>	
<i>cefixime 400 mg capsule</i>	
<i>cefoxitin</i>	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME**REQUIREMENTS/LIMITS**

cefoxitin sodium

cefepodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)

cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)

ceftazidime

ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)

cefuroxime

cefuroxime sodium (1.5 gm vial, 750 mg vial)

cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule, 750 mg capsule)

SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE)

tazicel

TEFLARO 400 MG VIAL

TEFLARO 600 MG VIAL

Beta-lactam, Penicillins

amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)

amoxicillin-clavulanate pot er

amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)

ampicillin 500 mg capsule

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 250 mg vial, 500 mg vial)</i>	
<i>ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 3 gm vial)</i>	
AUGMENTIN 500-125 TABLET	
BICILLIN L-A	
<i>dicloxacillin sodium</i>	
EXTENCILLINE	
<i>nafcillin</i>	
<i>nafcillin sodium</i>	
<i>pen g k 2 million unit/50 ml</i>	
<i>penicillin g potassium</i>	
<i>penicillin g sodium</i>	
<i>penicillin gk-iso-osm dextrose (pen g k1 million unit/50 ml, pen g k 3 million unit/50 ml)</i>	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	
<i>pfizerpen</i>	
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial)</i>	
ZOSYN (2.25 GM/50 ML BAG, 3.375 GM/50 ML, 4.5 GM/100 ML BAG)	

Carbapenems

<i>ertapenem</i>
<i>imipenem-cilastatin 250 mg vl</i>
<i>imipenem-cilastatin 500 mg vl</i>
INVANZ
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>
<i>meropenem-0.9% nacl</i>

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME**REQUIREMENTS/LIMITS****Macrolides**

azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)

azithromycin 1 gm pwd packet

clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)

clarithromycin (250 mg tablet, 500 mg tablet)

clarithromycin er

DIFICID 200 MG TABLET

QL (20 PER 10 OVER TIME)

DIFICID 40 MG/ML SUSPENSION

QL (136 PER 10 OVER TIME)

E.E.S. 200

ery

ERY-TAB

ERYPED 200

ERYPED 400

ERYTHROCIN LACTOBIONATE

ERYTHROCIN STEARATE

erythromycin (2% solution, 250 mg tablet, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)

erythromycin dr 250 mg cap

erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp)

erythromycin lactobionate

ZITHROMAX (100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL)

ZITHROMAX TRI-PAK

Quinolones

CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>ciprofloxacin</i>	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	
<i>ciprofloxacin hcl 100 mg tab</i>	
<i>ciprofloxacin-d5w</i>	
<i>levofloxacin (25 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial)</i>	
<i>levofloxacin-d5w</i>	
<i>moxifloxacin 400 mg/250 ml bag</i>	
<i>moxifloxacin hcl 400 mg tablet</i>	
<i>ofloxacin 400 mg tablet</i>	
Sulfonamides	
BACTRIM	
BACTRIM DS	
<i>sulfadiazine</i>	
<i>sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, iv vial, ss tablet, susp)</i>	
Tetracyclines	
<i>avidoxy</i>	
<i>demeclocycline hcl</i>	
<i>doxy 100</i>	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)</i>	
<i>doxycycline monohydrate (50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet)</i>	
<i>minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)</i>	
<i>mondoxyne nl 100 mg capsule</i>	
NUZYRA (100 MG VIAL, 150 MG TABLET)	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	
VIBRAMYCIN 100 MG CAPSULE	

Anticonvulsants

Anticonvulsants, Other

BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	
BRIVIACT 50 MG/5 ML VIAL	
DEPAKOTE	
DEPAKOTE ER	
DEPAKOTE SPRINKLE	
DIACOMIT	
<i>divalproex sodium</i>	
<i>divalproex sodium er</i>	
EPIDIOLEX	PA
EPRONTIA	
<i>felbamate (400 mg tablet, 600 mg tablet)</i>	
<i>felbamate (600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	
FINTEPLA	PA, QL (360 PER 30 DAYS)
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 500 MG/5 ML VIAL, 750 MG TABLET, 1,000 MG TABLET)	
LAMICTAL (25 MG DISPER TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	
LAMICTAL (5 MG DISPER TABLET, 25 MG TABLET)	
LAMICTAL (BLUE)	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>lamotrigine</i>	
<i>lamotrigine (blue)</i>	
<i>lamotrigine er (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 500 mg/5 ml vial, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i>	
<i>levetiracetam er</i>	
<i>levetiracetam-nacl (500 mg/100, 1,000mg/100, 1,500mg/100)</i>	
<i>roweepra 500 mg tablet</i>	
SPRITAM	
<i>subvenite</i>	
<i>subvenite (blue)</i>	
<i>topiramate (15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	
<i>valproate sodium</i>	
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i>	
XCOPRI (25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	
XCOPRI 12.5-25 MG TITRATION PK	

Calcium Channel Modifying Agents

CELONTIN	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	QL (60 PER 30 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
LYRICA 20 MG/ML ORAL SOLUTION	QL (900 PER 30 DAYS)
<i>methsuximide</i>	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	QL (60 PER 30 DAYS)
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	QL (900 PER 30 DAYS)
ZARONTIN 250 MG CAPSULE	

Gamma-aminobutyric Acid (GABA) Augmenting Agents

<i>clobazam (10 mg tablet, 20 mg tablet)</i>	PA, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	PA, QL (480 PER 30 DAYS)
<i>diazepam (10 mg gel, 20 mg gel)</i>	QL (5 PER 30 DAYS)
<i>diazepam 2.5 mg rectal gel sys</i>	QL (5 PER 30 DAYS)
<i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i>	QL (2160 PER 30 DAYS)
<i>gabapentin 100 mg capsule</i>	QL (1080 PER 30 DAYS)
<i>gabapentin 300 mg capsule</i>	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	QL (135 PER 30 DAYS)
GABITRIL (2 MG TABLET, 4 MG TABLET, 12 MG TABLET)	
GABITRIL 16 MG TABLET	
LIBERVANT	QL (10 PER 30 DAYS)
MYSOLINE	
NAYZILAM	QL (10 PER 30 DAYS)
NEURONTIN (250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION)	QL (2160 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	QL (1080 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	QL (270 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
NEURONTIN 600 MG TABLET	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	QL (135 PER 30 DAYS)
ONFI (10 MG TABLET, 20 MG TABLET)	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	PA, QL (480 PER 30 DAYS)
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	
<i>phenobarbital sodium</i>	
<i>primidone (50 mg tablet, 250 mg tablet)</i>	
<i>primidone 125 mg tablet</i>	
SABRIL	QL (180 PER 30 DAYS)
SYMPAZAN 10 MG FILM	PA, QL (60 PER 30 DAYS)
SYMPAZAN 20 MG FILM	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	PA, QL (240 PER 30 DAYS)
<i>tiagabine hcl</i>	
VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY)	QL (10 PER 30 DAYS)
VALTOCO 20 MG NASAL SPRAY	QL (10 PER 30 DAYS)
<i>vigabatrin</i>	QL (180 PER 30 DAYS)
<i>vigadrone</i>	QL (180 PER 30 DAYS)
<i>vigpoder</i>	QL (180 PER 30 DAYS)
ZTALMY	

Sodium Channel Agents

APTIOM

BANZEL (40 MG/ML SUSPENSION, 400 MG TABLET)

BANZEL 200 MG TABLET

carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)

carbamazepine er

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
CARBATROL	
DILANTIN	
DILANTIN-125	
<i>epitol</i>	
<i>fosphenytoin sodium</i>	
<i>lacosamide (10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg/10 ml cup, 150 mg/15 ml cup, 200 mg/20 ml cup, 200 mg/20 ml vial)</i>	
<i>lacosamide (100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	
PHENYTEK	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	
<i>phenytoin sodium extended</i>	
<i>rufinamide (40 mg/ml suspension, 400 mg tablet)</i>	
<i>rufinamide 200 mg tablet</i>	
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	
TEGRETOL XR	
TRILEPTAL (150 MG TABLET, 300 MG TABLET, 600 MG TABLET)	
TRILEPTAL 300 MG/5 ML SUSP	
VIMPAT (10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	
VIMPAT (50 MG TABLET, 200 MG/20 ML VIAL)	
ZONEGRAN 100 MG CAPSULE	
ZONEGRAN 25 MG CAPSULE	
ZONISADE	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	

Antidementia Agents

Cholinesterase Inhibitors

ADLARITY	
ARICEPT (5 MG TABLET, 10 MG TABLET)	
<i>donepezil hcl</i>	
<i>donepezil hcl odt</i>	
EXELON	
<i>galantamine er</i>	
<i>galantamine hbr</i>	
<i>galantamine hydrobromide</i>	
<i>rivastigmine</i>	

N-methyl-D-aspartate (NMDA) Receptor Antagonist

<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 5-10 mg titration pk, 10 mg tablet)</i>	PA
<i>memantine hcl er</i>	PA
NAMENDA	PA

Antidepressants

Antidepressants, Other

AUVELITY	QL (60 PER 30 DAYS)
<i>bupropion hcl 100 mg tablet</i>	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tablet</i>	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 100 mg tablet</i>	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	QL (60 PER 30 DAYS)
<i>bupropion hcl xl 150 mg tablet</i>	QL (90 PER 30 DAYS)
<i>bupropion hcl xl 300 mg tablet</i>	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>mirtazapine (7.5 mg tablet, 15 mg odt, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)</i>	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg tablet</i>	QL (45 PER 30 DAYS)
REMERON (15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB)	QL (30 PER 30 DAYS)
REMERON 15 MG TABLET	QL (45 PER 30 DAYS)
SPRAVATO 56 MG DOSE PACK	PA, QL (16 PER 28 DAYS)
SPRAVATO 84 MG DOSE PACK	PA, QL (24 PER 28 DAYS)
WELLBUTRIN SR (150 MG TABLET, 200 MG TABLET)	QL (60 PER 30 DAYS)
WELLBUTRIN SR 100 MG TABLET	QL (90 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	QL (30 PER 30 DAYS)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	QL (14 PER 365 OVER TIME)

Monoamine Oxidase Inhibitors

EMSAM	PA, QL (30 PER 30 DAYS)
MARPLAN	
NARDIL	
PARNATE	
<i>phenelzine sulfate</i>	
<i>tranylcypromine sulfate</i>	

SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)

CELEXA (10 MG TABLET, 20 MG TABLET)	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	QL (30 PER 30 DAYS)
<i>citalopram hbr (10 mg tablet, 20 mg tablet)</i>	QL (45 PER 30 DAYS)
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>	QL (600 PER 30 DAYS)
<i>citalopram hbr 40 mg tablet</i>	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	QL (30 PER 30 DAYS)
<i>duloxetine hcl (dr 20 mg cap, dr 60 mg cap)</i>	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 30 mg cap</i>	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	QL (90 PER 30 DAYS)
<i>escitalopram 20 mg tablet</i>	QL (30 PER 30 DAYS)
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet)</i>	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5 ml</i>	QL (600 PER 30 DAYS)
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	QL (28 PER 28 DAYS)
<i>fluoxetine dr</i>	QL (4 PER 28 DAYS)
<i>fluoxetine hcl (10 mg capsule, 10 mg tablet)</i>	QL (90 PER 30 DAYS)
<i>fluoxetine hcl (20 mg capsule, 20 mg tablet)</i>	QL (120 PER 30 DAYS)
<i>fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)</i>	QL (600 PER 30 DAYS)
<i>fluoxetine hcl 40 mg capsule</i>	QL (60 PER 30 DAYS)
<i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>	QL (30 PER 30 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	QL (90 PER 30 DAYS)
LEXAPRO (5 MG TABLET, 10 MG TABLET)	QL (45 PER 30 DAYS)
LEXAPRO 20 MG TABLET	QL (30 PER 30 DAYS)
<i>nefazodone hcl (100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	
<i>nefazodone hcl (50 mg tablet, 250 mg tablet)</i>	
<i>paroxetine cr (25 mg tablet, 37.5 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>paroxetine cr 12.5 mg tablet</i>	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>paroxetine er (25 mg tablet, 37.5 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>paroxetine er 12.5 mg tablet</i>	QL (30 PER 30 DAYS)
<i>paroxetine hcl (10 mg tablet, 40 mg tablet)</i>	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml susp</i>	QL (900 PER 30 DAYS)
<i>paroxetine hcl 20 mg tablet</i>	QL (30 PER 30 DAYS)
<i>paroxetine hcl 30 mg tablet</i>	QL (60 PER 30 DAYS)
PAXIL (10 MG TABLET, 40 MG TABLET)	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	QL (60 PER 30 DAYS)
PRISTIQ	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	QL (60 PER 30 DAYS)
<i>sertraline 20 mg/ml oral conc</i>	QL (300 PER 30 DAYS)
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	QL (45 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	QL (60 PER 30 DAYS)
<i>trazodone hcl</i>	
TRINTELLIX	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er</i>	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap</i>	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg cap</i>	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er 75 mg cap</i>	QL (90 PER 30 DAYS)
VIIBRYD	QL (30 PER 30 DAYS)
<i>vilazodone hcl</i>	QL (30 PER 30 DAYS)
ZOLOFT (25 MG TABLET, 50 MG TABLET)	QL (45 PER 30 DAYS)
ZOLOFT 100 MG TABLET	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	QL (300 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
Tricyclics	
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	
<i>amoxapine</i>	
<i>clomipramine hcl</i>	
<i>desipramine hcl</i>	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	
<i>imipramine hcl</i>	
NORPRAMIN	
<i>nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)</i>	
<i>protriptyline hcl</i>	
<i>trimipramine maleate</i>	

Antiemetics

Antiemetics, Other

<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 25 mg/ml amp, 25 mg/ml ampule, 25 mg/ml vial, 30 mg/ml conc, 50 mg tablet, 50 mg/2 ml amp, 50 mg/2 ml vial, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i>	PA
<i>compro</i>	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	
<i>perphenazine</i>	PA
<i>prochlorperazine</i>	
<i>prochlorperazine 10 mg/2 ml vi</i>	
<i>prochlorperazine maleate</i>	
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet)</i>	PA
<i>promethegan (12.5 mg suppos, 25 mg suppository)</i>	PA

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>scopolamine</i>	PA
Emetogenic Therapy Adjuncts	
<i>aprepitant</i>	PA
<i>dronabinol</i>	PA
EMEND (80 MG CAPSULE, TRIPACK)	PA
<i>fosaprepitant dimeglumine</i>	
<i>granisetron hcl (1 mg/ml vial, 4 mg/4 ml vial)</i>	
<i>granisetron hcl 1 mg tablet</i>	PA
<i>ondansetron hcl (4 mg tablet, 4 mg/2 ml amp, 4 mg/2 ml isecure, 4 mg/2 ml syr, 4 mg/2 ml vial, 4 mg/5 ml soln cup, 4 mg/5 ml solution, 8 mg tablet, 24 mg tablet, 40 mg/20 ml vial)</i>	
<i>ondansetron odt</i>	
<i>palonosetron hcl</i>	
Antifungals	
AMBISOME	PA
<i>amphotericin b</i>	PA
<i>amphotericin b liposome</i>	PA
CANCIDAS	
<i>casprofungin acetate</i>	
<i>ciclodan 8% solution</i>	QL (6.6 PER 30 DAYS)
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	
<i>ciclopirox 8% solution</i>	QL (6.6 PER 30 DAYS)
<i>clotrimazole (1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche)</i>	
CRESEMBA	PA
DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	
<i>econazole nitrate</i>	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	
<i>griseofulvin 125 mg/5 ml susp</i>	
<i>griseofulvin micro 500 mg tab</i>	
<i>griseofulvin ultramicrosize</i>	
<i>itraconazole 100 mg capsule</i>	QL (120 PER 30 DAYS)
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	
<i>klayesta</i>	
LOPROX 1% SHAMPOO	
<i>micafungin 100 mg vial</i>	
<i>micafungin 50 mg vial</i>	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP)	PA
NOXAFIL 300 MG/16.7 ML VIAL	PA
<i>nyamyc</i>	
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)</i>	
<i>nystop</i>	
<i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>	PA
<i>posaconazole 300 mg/16.7 ml vl</i>	PA
SPORANOX 100 MG CAPSULE	QL (120 PER 30 DAYS)
<i>terbinafine hcl 250 mg tablet</i>	QL (30 PER 30 DAYS)
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	
VFEND IV	PA
<i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial)</i>	PA

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
Antigout Agents	
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	
<i>allopurinol sodium</i>	
ALOPRIM	
<i>colchicine 0.6 mg tablet</i>	
COLCRYS	
<i>probenecid</i>	
<i>probenecid-colchicine</i>	
ZYLOPRIM	

Antimigraine Agents	
AIMOVIG 140 MG/ML AUTOINJECTOR	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	PA, QL (2 PER 30 DAYS)
<i>dihydroergotamine 4 mg/ml spray</i>	PA, QL (8 PER 28 DAYS)
EMGALITY 120 MG/ML SYRINGE	PA, QL (2 PER 30 DAYS)
EMGALITY PEN	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	PA, QL (3 PER 30 DAYS)
<i>ergotamine-caffeine</i>	
MIGRANAL	PA, QL (8 PER 28 DAYS)
NURTEC ODT	PA, QL (16 PER 30 DAYS)
UBRELVY	PA, QL (16 PER 30 DAYS)

Serotonin (5-HT) Receptor Agonist	
IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	ST, QL (18 PER 30 DAYS)
IMITREX (4 MG/0.5 ML CARTRIDGES, MG/0.5 ML PEN INJECT)	ST, QL (6 PER 30 DAYS)
IMITREX (5 MG SPRAY, 20 MG SPRAY)	ST, QL (12 PER 30 DAYS)
IMITREX (6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT)	QL (6 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
MAXALT	ST, QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	ST, QL (18 PER 30 DAYS)
<i>naratriptan hcl</i>	QL (18 PER 30 DAYS)
<i>rizatriptan</i>	QL (18 PER 30 DAYS)
<i>sumatriptan</i>	QL (12 PER 30 DAYS)
<i>sumatriptan 6 mg/0.5 ml vial</i>	QL (5 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5 ml cart, mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj)</i>	QL (6 PER 30 DAYS)
<i>zolmitriptan odt</i>	QL (12 PER 30 DAYS)

Antimyasthenic Agents

Parasympathomimetics

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

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

pyridostigmine bromide er

Antimycobacterials

Antimycobacterials, Other

dapsone (25 mg tablet, 100 mg tablet)

MYCOBUTIN

rifabutin

Antituberculars

cycloserine

ethambutol hcl

isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)

isoniazid 100 mg/ml vial

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
PRIFTIN	
<i>pyrazinamide</i>	
RIFADIN IV 600 MG VIAL	
<i>rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)</i>	
SIRTURO	
TRECTOR	

Antineoplastics

Alkylating Agents

<i>busulfan</i>	
CYCLOPHOSPHAMIDE (1 GM VIAL, 1 GM/ML VL, 1 GM/5 ML VL, 2 GM VIAL, 2 GM/10 ML VL, 2 GM/4 ML VL, 500 MG VIAL, 500 MG/2.5 ML, 500 MG/ML VL)	
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	PA
<i>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>	PA
EVOMELA	
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)	
GLEOSTINE 100 MG CAPSULE	
LEUKERAN	
MATULANE	PA
<i>melphalan hcl</i>	
TEMODAR 100 MG VIAL	
VALCHLOR	
YONDELIS	PA
ZEPZELCA	PA

Antiandrogens

<i>abiraterone acetate 250 mg tab</i>	PA, QL (120 PER 30 DAYS)
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You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>bicalutamide</i>	
CASODEX	
ERLEADA 240 MG TABLET	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	PA, QL (120 PER 30 DAYS)
EULEXIN	
NILANDRON	
<i>nilutamide</i>	
NUBEQA	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	PA, QL (60 PER 30 DAYS)
YONSA	PA, QL (120 PER 30 DAYS)
Antiangiogenic Agents	
<i>lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)</i>	PA, QL (21 PER 28 DAYS)
<i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	PA, QL (30 PER 30 DAYS)
POMALYST	PA, QL (21 PER 28 DAYS)
REVLIMID (15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE)	PA, QL (21 PER 28 DAYS)
REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE)	PA, QL (30 PER 30 DAYS)
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	PA, QL (60 PER 30 DAYS)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	PA, QL (30 PER 30 DAYS)
ZALTRAP	PA
Antiestrogens/Modifiers	
EMCYT	
FARESTON	
FASLODEX	PA
<i>fulvestrant</i>	PA
ORSERDU 345 MG TABLET	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
ORSERDU 86 MG TABLET	PA, QL (90 PER 30 DAYS)
SOLTAMOX	
<i>tamoxifen citrate</i>	
<i>toremifene citrate</i>	
Antimetabolites	
<i>fluorouracil (1 gram/20 ml vial, 2.5 gram/50 ml vl, 5 gram/100 ml vl, 500 mg/10 ml vial)</i>	PA
FOLOTYN	PA
HYDREA	
<i>hydroxyurea</i>	
<i>mercaptopurine</i>	
PURIXAN	
TABLOID	
Antineoplastics, Other	
ABRAXANE	PA
<i>adriamycin (10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 200 mg/100 ml vial)</i>	PA
<i>adriamycin 10 mg vial</i>	PA
ALIMTA	PA
ARRANON	PA
<i>arsenic trioxide 10 mg/10ml vl</i>	
<i>arsenic trioxide 12 mg/6 ml vl</i>	
ASPARLAS	
<i>azacitidine</i>	
<i>bendamustine hcl (25 mg vial, 100 mg vial)</i>	
BENDEKA	
BICNU	
<i>bleomycin sulfate</i>	PA
BLINCYTO 35MCG VL W-STABILIZER	PA

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>carboplatin (50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial)</i>	
<i>carmustine 100 mg vial</i>	
<i>cisplatin (50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial)</i>	
<i>cladribine</i>	PA
<i>clofarabine</i>	
CLOLAR	
COSMEGEN	
<i>cytarabine</i>	PA
<i>dacarbazine 100 mg vial</i>	
<i>dacarbazine 200 mg vial</i>	
<i>dactinomycin</i>	
<i>daunorubicin 20 mg/4 ml vial</i>	
<i>daunorubicin 50 mg/10 ml vial</i>	
<i>decitabine</i>	
<i>docetaxel (20 mg/2 ml vial, 20 mg/ml vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/16 ml vial, 160 mg/8 ml vial)</i>	
<i>doxorubicin 10 mg vial</i>	PA
<i>doxorubicin hcl (10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial)</i>	PA
<i>doxorubicin hcl liposome</i>	PA
<i>eribulin mesylate</i>	PA
<i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>	
<i>gemcitabine hcl (1 gram vial, 1 gram/26.3 ml vl, 2 gram vial, 2 gram/52.6 ml vl, 200 mg vial, 200 mg/5.26 ml vl)</i>	
HALAVEN	PA
<i>idarubicin hcl</i>	
IFEX 3 GM VIAL	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>ifosfamide (1 gm vial, 1 gm/20 ml vial, 3 gm/60 ml vial)</i>	
<i>ifosfamide 3 gm vial</i>	
IMLYGIC 1 MILLION PFU/ML VIAL	
IMLYGIC 100 MILLION PFU/ML VL	
INQOVI	PA, QL (5 PER 28 DAYS)
ISTODAX	PA
IXEMPRA	
<i>kemoplat</i>	
KISQALI FEMARA 200 MG CO-PACK	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA 400 MG CO-PACK	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA 600 MG CO-PACK	PA, QL (91 PER 28 DAYS)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg vial, 100 mg vial, cal 100 mg/10 ml vl, 200 mg vial, 350 mg vial, 500 mg vial, cal 500 mg/50 ml vl)</i>	
LONSURF 15 MG-6.14 MG TABLET	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	PA, QL (80 PER 28 DAYS)
<i>mitomycin (20 mg vial, 40 mg vial)</i>	
<i>mitomycin 5 mg vial</i>	
<i>mitoxantrone hcl</i>	
MUTAMYCIN (20 MG VIAL, 40 MG VIAL)	
MUTAMYCIN 5 MG VIAL	
<i>nelarabine</i>	PA
NINLARO	PA, QL (3 PER 28 DAYS)
NIPENT	
ONCASPAR	
ONUREG	PA, QL (14 PER 28 DAYS)
<i>oxaliplatin (50 mg vial, 50 mg/10 ml vial, 100 mg vial, 100 mg/20 ml vial, 200 mg/40 ml vial)</i>	
<i>paclitaxel</i>	
<i>paraplatin</i>	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>pemetrexed (100 mg vial, 500 mg vial)</i>	PA
<i>pemetrexed disodium (1 gm vial, 1 gm/40 ml, 100 mg vl, 100 mg/4ml, 500 mg vl, 500mg/20ml, 750 mg vl, 850mg/34ml)</i>	PA
<i>romidepsin (10 mg kit, 10 mg vial, 27.5 mg/5.5 ml vial)</i>	PA
RYLAZE	
SYNRIBO	PA
<i>thiotepa</i>	
TREANDA	
TRISENOX	
<i>vinblastine sulfate</i>	PA
<i>vincasar pfs</i>	PA
<i>vincristine sulfate</i>	PA
<i>vinorelbine tartrate</i>	
VYXEOS	PA
WELIREG	PA, QL (90 PER 30 DAYS)
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	PA, QL (8 PER 28 DAYS)
XPOVIO (40 MG, 60 MG)	PA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	PA, QL (32 PER 28 DAYS)
ZANOSAR	
ZOLINZA	PA, QL (120 PER 30 DAYS)

Aromatase Inhibitors, 3rd Generation

anastrozole 1 mg tablet

ARIMIDEX

AROMASIN

exemestane

FEMARA

letrozole

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
Enzyme Inhibitors	
ETOPOPHOS	
<i>etoposide (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)</i>	
<i>irinotecan hcl (40 mg/2 ml vial, 100 mg/5 ml vial, 500 mg/25 ml vial)</i>	
IWILFIN	PA, QL (240 PER 30 DAYS)
ONIVYDE	PA
<i>toposar</i>	
<i>topotecan hcl (4 mg vial, 4 mg/4 ml vial)</i>	
Molecular Target Inhibitors	
AFINITOR (2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	PA, QL (90 PER 30 DAYS)
AKEEGA	PA, QL (60 PER 30 DAYS)
ALECENSA	PA, QL (240 PER 30 DAYS)
ALIQOPA	PA
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	PA, QL (120 PER 30 DAYS)
AUGTYRO	PA, QL (240 PER 30 DAYS)
AYVAKIT	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	PA, QL (30 PER 30 DAYS)
BELEODAQ	PA
<i>bortezomib (1 mg vial, 2.5 mg vial)</i>	PA
<i>bortezomib (3.5 mg iv vial, 3.5 mg vial)</i>	PA

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG TABLET, 500 MG TABLET)	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	PA, QL (180 PER 30 DAYS)
BRUKINSA	PA, QL (120 PER 30 DAYS)
CABOMETYX	PA, QL (30 PER 30 DAYS)
CALQUENCE	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	PA, QL (84 PER 28 DAYS)
COPIKTRA	PA, QL (56 PER 28 DAYS)
COTELLIC	PA, QL (63 PER 28 DAYS)
CYRAMZA	PA
DAURISMO 100 MG TABLET	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	PA, QL (60 PER 30 DAYS)
ERIVEDGE	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	PA, QL (60 PER 30 DAYS)
<i>everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)</i>	PA, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	PA, QL (90 PER 30 DAYS)
EXKIVITY	PA, QL (120 PER 30 DAYS)
FARYDAK	PA, QL (6 PER 21 DAYS)
FOTIVDA	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	PA, QL (84 PER 28 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
FRUZAQLA 5 MG CAPSULE	PA, QL (21 PER 28 DAYS)
GAVRETO	PA, QL (120 PER 30 DAYS)
<i>gefitinib</i>	PA, QL (30 PER 30 DAYS)
GILOTRIF	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	PA, QL (60 PER 30 DAYS)
IBRANCE	PA, QL (21 PER 28 DAYS)
ICLUSIG	PA, QL (30 PER 30 DAYS)
IDHIFA	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	PA, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)	PA, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	PA, QL (324 PER 30 DAYS)
INLYTA 1 MG TABLET	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	PA, QL (120 PER 30 DAYS)
INREBIC	PA, QL (120 PER 30 DAYS)
IRESSA	PA, QL (30 PER 30 DAYS)
JAKAFI	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	PA, QL (30 PER 30 DAYS)
JEVTANA	PA
KISQALI 200 MG DAILY DOSE	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	PA, QL (120 PER 30 DAYS)
KRAZATI	PA, QL (180 PER 30 DAYS)
KYPROLIS	PA

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>lapatinib</i>	PA, QL (180 PER 30 DAYS)
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	PA, QL (90 PER 30 DAYS)
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	PA, QL (30 PER 30 DAYS)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	PA, QL (60 PER 30 DAYS)
LORBRENA 100 MG TABLET	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	PA, QL (90 PER 30 DAYS)
LYNPARZA	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	PA, QL (30 PER 30 DAYS)
MEKTOVI	PA, QL (180 PER 30 DAYS)
NERLYNX	PA, QL (180 PER 30 DAYS)
NEXAVAR	PA, QL (120 PER 30 DAYS)
ODOMZO	PA, QL (30 PER 30 DAYS)
OGSIVEO (100 MG TABLET, 150 MG TABLET)	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	PA, QL (180 PER 30 DAYS)
OJEMDA (100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	PA, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML ORAL SUSP	PA, QL (96 PER 28 DAYS)
OJJAARA	PA, QL (30 PER 30 DAYS)
<i>pazopanib hcl</i>	PA, QL (120 PER 30 DAYS)
PEMAZYRE	PA, QL (14 PER 21 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	PA, QL (60 PER 30 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	PA, QL (30 PER 30 DAYS)
QINLOCK	PA, QL (90 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	PA, QL (180 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	PA, QL (120 PER 30 DAYS)
REZLIDHIA	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLETT PACKET	PA, QL (336 PER 28 DAYS)
RUBRACA	PA, QL (120 PER 30 DAYS)
RYDAPT	PA, QL (240 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	PA, QL (300 PER 30 DAYS)
<i>sorafenib</i>	PA, QL (120 PER 30 DAYS)
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	PA, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TABLET	PA, QL (90 PER 30 DAYS)
STIVARGA	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	PA, QL (30 PER 30 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	PA, QL (90 PER 30 DAYS)
SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	PA, QL (90 PER 30 DAYS)
TABRECTA	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	PA, QL (840 PER 28 DAYS)
TAGRISSE	PA, QL (30 PER 30 DAYS)
TALZENNA	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
TARCEVA (100 MG TABLET, 150 MG TABLET)	PA, QL (30 PER 30 DAYS)
TARCEVA 25 MG TABLET	PA, QL (60 PER 30 DAYS)
TASIGNA	PA, QL (120 PER 30 DAYS)
TAZVERIK	PA, QL (240 PER 30 DAYS)
<i>temsirolimus</i>	
TEPMETKO	PA, QL (60 PER 30 DAYS)
TIBSOVO	PA, QL (60 PER 30 DAYS)
TORISEL	
TRUQAP	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	PA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TABLET	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	PA, QL (120 PER 30 DAYS)
TYKERB	PA, QL (180 PER 30 DAYS)
VANFLYTA	PA, QL (60 PER 30 DAYS)
VELCADE	PA
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	PA, QL (42 PER 28 DAYS)
VERZENIO	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	PA, QL (180 PER 30 DAYS)
VIZIMPRO	PA, QL (30 PER 30 DAYS)
VONJO	PA, QL (120 PER 30 DAYS)
VOTRIENT	PA, QL (120 PER 30 DAYS)
XALKORI (20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE)	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	PA, QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
XOSPATA	PA, QL (90 PER 30 DAYS)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	PA, QL (30 PER 30 DAYS)
ZEJULA 100 MG CAPSULE	PA, QL (90 PER 30 DAYS)
ZELBORAF	PA, QL (240 PER 30 DAYS)
ZYDELIG	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	PA, QL (90 PER 30 DAYS)

Monoclonal Antibody/Antibody-Drug Conjugate

ADCETRIS	PA
ALYMSYS	PA
ARZERRA	PA
AVASTIN	PA
BAVENCIO	PA
BESPONSA	PA
BLENREP	PA
DANYELZA	PA
DARZALEX	PA
DARZALEX FASPRO	PA
EMPLICITI	PA
ENHERTU	PA
ERBITUX	PA
GAZYVA	PA
HERCEPTIN 150 MG VIAL	PA
HERCEPTIN HYLECTA	PA
HERZUMA	PA
IMFINZI	PA
JEMPERLI	PA
KADCYLA	PA
KANJINTI	PA
KEYTRUDA	PA

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
LIBTAYO	PA
LUMOXITI	PA
MARGENZA	PA
MONJUVI	PA
MVASI	PA
MYLOTARG	PA
OGIVRI	PA
ONTRUZANT	PA
OPDIVO	PA
PADCEV	PA
PERJETA	PA
PHESGO	PA
POLIVY	PA
PORTRAZZA	PA
POTELIGEO	PA
RIABNI	PA
RITUXAN	PA
RITUXAN HYCELA	PA
RUXIENCE	PA
RYBREVANT	PA
SARCLISA	PA
TECENTRIQ	PA
TRAZIMERA	PA
TRODELVY	PA
TRUXIMA	PA
UNITUXIN	PA
VECTIBIX	PA
VEGZELMA	PA
YERVOY	PA
ZIRABEV	PA

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
ZYNLONTA	PA
Retinoids	
<i>bexarotene (1% gel, 75 mg capsule)</i>	PA
PANRETIN	PA
TARGRETIN (1% GEL, 75 MG CAPSULE)	PA
<i>tretinoin 10 mg capsule</i>	PA
Treatment Adjuncts	
COSELA	
<i>dexrazoxane</i>	
ELITEK	
<i>mesna</i>	
MESNEX 400 MG TABLET	
Antiparasitics	
Anthelmintics	
<i>albendazole 200 mg tablet</i>	
<i>benznidazole</i>	
BILTRICIDE	
<i>ivermectin 3 mg tablet</i>	PA
<i>praziquantel</i>	
STROMEKTOL	PA
Antiprotozoals	
<i>atovaquone</i>	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	
<i>chloroquine phosphate</i>	
COARTEM	
DARAPRIM	PA
<i>hydroxychloroquine 200 mg tab</i>	
MALARONE	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>mefloquine hcl</i>	
NEBUPENT	PA
<i>nitazoxanide 500 mg tablet</i>	QL (20 PER 30 OVER TIME)
PENTAM 300	
<i>pentamidine 300 mg inhal powdr</i>	PA
<i>pentamidine 300 mg inject vial</i>	
PLAQUENIL	
<i>primaquine</i>	
<i>pyrimethamine 25 mg tablet</i>	PA
<i>quinine sulfate</i>	PA

Antiparkinson Agents

Antiparkinson Agents, Other

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

Dopamine Agonists

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

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
<i>carbidopa</i>	
<i>carbidopa-levodopa</i>	
<i>carbidopa-levodopa er</i>	
INBRIJA	PA, QL (300 PER 30 DAYS)
RYTARY	
SINEMET 10-100	
SINEMET 25-100	
Monoamine Oxidase B (MAO-B) Inhibitors	
AZILECT	
<i>rasagiline mesylate</i>	
<i>selegiline hcl</i>	
Antipsychotics	
1st Generation/Typical	
<i>fluphenazine 2.5 mg/ml vial</i>	PA
<i>fluphenazine decanoate</i>	PA
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	PA
<i>fluphenazine hcl (2.5 mg/5 ml elix, 5 mg/ml conc)</i>	PA
HALDOL DECANOATE 100	PA
HALDOL DECANOATE 50	PA
<i>haloperidol</i>	PA
<i>haloperidol decanoate</i>	PA
<i>haloperidol decanoate 100</i>	PA
<i>haloperidol lactate</i>	PA
<i>loxapine</i>	PA
<i>molindone hcl</i>	PA
<i>pimozide</i>	PA

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>thioridazine hcl</i>	PA
<i>thiothixene</i>	PA
<i>trifluoperazine hcl</i>	PA

2nd Generation/Atypical

ABILIFY (10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	PA, QL (30 PER 30 DAYS)
ABILIFY (2 MG TABLET, 5 MG TABLET)	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA	QL (1 PER 28 DAYS)
<i>aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>aripiprazole (2 mg tablet, 5 mg tablet)</i>	PA, QL (45 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	PA, QL (750 PER 30 DAYS)
<i>aripiprazole odt</i>	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate</i>	PA, QL (60 PER 30 DAYS)
CAPLYTA	QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	PA, QL (56 PER 28 DAYS)
GEODON (60 MG CAPSULE, 80 MG CAPSULE)	PA, QL (60 PER 30 DAYS)
GEODON 20 MG CAPSULE	PA, QL (90 PER 30 DAYS)
GEODON 20 MG/ML VIAL	PA, QL (60 PER 30 DAYS)
GEODON 40 MG CAPSULE	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
INVEGA (ER 3 MG TABLET, ER 9 MG TABLET)	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	QL (2.63 PER 84 OVER TIME)
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	PA, QL (60 PER 30 DAYS)
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	PA, QL (60 PER 30 DAYS)
LYBALVI	PA, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	PA, QL (30 PER 30 DAYS)
<i>olanzapine (15 mg tablet, 20 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	PA, QL (45 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	PA, QL (90 PER 30 DAYS)
<i>olanzapine odt</i>	PA, QL (30 PER 30 DAYS)
<i>paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	PA, QL (60 PER 30 DAYS)
PERSERIS	QL (1 PER 28 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>quetiapine 150 mg tablet</i>	PA, QL (150 PER 30 DAYS)
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	PA, QL (60 PER 30 DAYS)
<i>quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>	PA, QL (60 PER 30 DAYS)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 4 MG TABLET)	PA, QL (30 PER 30 DAYS)
RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET)	PA, QL (60 PER 30 DAYS)
RISPERDAL 1 MG/ML SOLUTION	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	PA, QL (120 PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL)	QL (2 PER 28 DAYS)
RISPERDAL CONSTA 50 MG VIAL	QL (2 PER 28 DAYS)
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, mg tablet, 2 mg tablet, 3 mg tablet)</i>	PA, QL (60 PER 30 DAYS)
<i>risperidone 0.25 mg odt</i>	PA, QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	PA, QL (480 PER 30 DAYS)
<i>risperidone 4 mg odt</i>	PA, QL (120 PER 30 DAYS)
<i>risperidone 4 mg tablet</i>	PA, QL (120 PER 30 DAYS)
<i>risperidone er (12.5 mg vial, 25 mg vial, 37.5 mg vial)</i>	QL (2 PER 28 DAYS)
<i>risperidone er 50 mg vial</i>	QL (2 PER 28 DAYS)
<i>risperidone odt (0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)</i>	PA, QL (60 PER 30 DAYS)
SAPHRIS	PA, QL (60 PER 30 DAYS)
SECUADO	PA, QL (30 PER 30 DAYS)
SEROQUEL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	PA, QL (120 PER 30 DAYS)
SEROQUEL (300 MG TABLET, 400 MG TABLET)	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
SEROQUEL XR (150 MG TABLET, 200 MG TABLET)	PA, QL (30 PER 30 DAYS)
SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	QL (0.7 PER 56 OVER TIME)
UZEDY ER 50 MG/0.14 ML SYRINGE	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	QL (0.21 PER 28 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	QL (28 PER 28 DAYS)
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule)</i>	QL (90 PER 30 DAYS)
<i>ziprasidone hcl (60 mg capsule, 80 mg capsule)</i>	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	PA, QL (60 PER 30 DAYS)
ZYPREXA (15 MG TABLET, 20 MG TABLET)	PA, QL (30 PER 30 DAYS)
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	PA, QL (45 PER 30 DAYS)
ZYPREXA 10 MG VIAL	PA, QL (90 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (300 MG VIAL, 300 MG VL KIT)	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS	PA, QL (30 PER 30 DAYS)

Treatment-Resistant

<i>clozapine (25 mg tablet, 50 mg tablet)</i>	PA, QL (90 PER 30 DAYS)
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You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>clozapine 100 mg tablet</i>	PA, QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	PA, QL (120 PER 30 DAYS)
<i>clozapine odt (25 mg tablet, 100 mg tablet)</i>	PA, QL (270 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	PA, QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	PA, QL (120 PER 30 DAYS)
CLOZARIL (25 MG TABLET, 50 MG TABLET)	PA, QL (90 PER 30 DAYS)
CLOZARIL 100 MG TABLET	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	PA, QL (120 PER 30 DAYS)
VERSACLOZ	PA, QL (540 PER 30 DAYS)

Antispasticity Agents

<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	
DANTRIUM 25 MG CAPSULE	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	
<i>tizanidine hcl</i>	

Antivirals

Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY	QL (30 PER 30 DAYS)
CABENUVA ER 400 MG-600 MG SUSP	QL (4 PER 28 DAYS)
CABENUVA ER 600 MG-900 MG SUSP	QL (6 PER 28 DAYS)
DOVATO	QL (30 PER 30 DAYS)
GENVOYA	QL (30 PER 30 DAYS)
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)	QL (180 PER 30 DAYS)
ISENTRESS 100 MG POWDER PACKET	QL (60 PER 30 DAYS)
ISENTRESS 400 MG TABLET	QL (60 PER 30 DAYS)
ISENTRESS HD	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
JULUCA	QL (30 PER 30 DAYS)
STRIBILD	QL (30 PER 30 DAYS)
TIVICAY (25 MG TABLET, 50 MG TABLET)	QL (60 PER 30 DAYS)
TIVICAY 10 MG TABLET	QL (240 PER 30 DAYS)
TIVICAY PD	QL (360 PER 30 DAYS)

Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)

DELSTRIGO	QL (30 PER 30 DAYS)
EDURANT	QL (30 PER 30 DAYS)
<i>efavirenz 200 mg capsule</i>	QL (120 PER 30 DAYS)
<i>efavirenz 50 mg capsule</i>	QL (90 PER 30 DAYS)
<i>efavirenz 600 mg tablet</i>	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitenofovir disoproxil fumarate</i>	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	QL (30 PER 30 DAYS)
<i>etravirine 100 mg tablet</i>	QL (60 PER 30 DAYS)
<i>etravirine 200 mg tablet</i>	QL (60 PER 30 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tablet</i>	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml susp</i>	QL (1200 PER 30 DAYS)
<i>nevirapine er 100 mg tablet</i>	QL (90 PER 30 DAYS)
<i>nevirapine er 400 mg tablet</i>	QL (30 PER 30 DAYS)
PIFELTRO	QL (30 PER 30 DAYS)
SYMFI	QL (30 PER 30 DAYS)
SYMFI LO	QL (30 PER 30 DAYS)

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

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

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
CIMDUO	QL (30 PER 30 DAYS)
COMPLERA	QL (30 PER 30 DAYS)
DESCOVY	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)</i>	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofv 200-300mg</i>	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	QL (30 PER 30 DAYS)
EPZICOM	QL (30 PER 30 DAYS)
<i>lamivudine 10 mg/ml oral soln</i>	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	QL (60 PER 30 DAYS)
ODEFSEY	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	QL (180 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	
<i>stavudine</i>	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	QL (30 PER 30 DAYS)
TRIUMEQ	QL (30 PER 30 DAYS)
TRIUMEQ PD	QL (180 PER 30 DAYS)
TRIZIVIR	QL (60 PER 30 DAYS)
TRUVADA	QL (30 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	QL (30 PER 30 DAYS)
VIREAD POWDER	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
ZIAGEN 20 MG/ML SOLUTION	QL (960 PER 30 DAYS)
ZIAGEN 300 MG TABLET	QL (60 PER 30 DAYS)
<i>zidovudine 100 mg capsule</i>	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tablet</i>	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5 ml syrup</i>	QL (1920 PER 30 DAYS)
Anti-HIV Agents, Other	
FUZEON	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tablet</i>	QL (120 PER 30 DAYS)
RUKOBIA	QL (60 PER 30 DAYS)
SELZENTRY (75 MG TABLET, 150 MG TABLET)	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	QL (120 PER 30 DAYS)
SUNLENCA 4- 300 MG TABLET	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	QL (5 PER 28 OVER TIME)
TROGARZO	QL (18.62 PER 28 DAYS)
TYBOST	QL (30 PER 30 DAYS)
Anti-HIV Agents, Protease Inhibitors	
APTIVUS 250 MG CAPSULE	QL (120 PER 30 DAYS)
<i>atazanavir sulfate (150 mg cap, 300 mg cap)</i>	QL (30 PER 30 DAYS)
<i>atazanavir sulfate 200 mg cap</i>	QL (60 PER 30 DAYS)
<i>darunavir 600 mg tablet</i>	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	QL (30 PER 30 DAYS)
EVOTAZ	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	QL (480 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
LEXIVA 50 MG/ML SUSPENSION	QL (1800 PER 30 DAYS)
LEXIVA 700 MG TABLET	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 80-20mg/ml</i>	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir 100-25mg tb</i>	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir 200-50mg tb</i>	QL (120 PER 30 DAYS)
NORVIR (100 MG POWDER PACKET, 100 MG TABLET)	QL (360 PER 30 DAYS)
PREZCOBIX	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	QL (240 PER 30 DAYS)
<i>ritonavir</i>	QL (360 PER 30 DAYS)
SYMTUZA	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	QL (120 PER 30 DAYS)

Anti-cytomegalovirus (CMV) Agents

<i>cidofovir 375 mg/5 ml vial</i>	
<i>ganciclovir 500 mg vial</i>	PA
PREVYMIS (240 MG TABLET, 480 MG TABLET)	QL (30 PER 30 DAYS)
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	
<i>valganciclovir hcl (50 mg/ml, 450 mg tablet)</i>	

Anti-hepatitis B (HBV) Agents

<i>adefovir dipivoxil</i>	
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You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
BARACLUDE (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET)	
<i>entecavir</i>	
<i>lamivudine 100 mg tablet</i>	
<i>lamivudine hbv</i>	
Anti-hepatitis C (HCV) Agents	
EPCLUSA	PA
HARVONI	PA
<i>ledipasvir-sofosbuvir</i>	PA
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	
<i>sofosbuvir-velpatasvir</i>	PA
SOVALDI	PA
VOSEVI	PA
ZEPATIER	PA
Anti-influenza Agents	
<i>oseltamivir 6 mg/ml suspension</i>	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phos 30 mg capsule</i>	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>	QL (84 PER 365 OVER TIME)
RELENZA	QL (120 PER 365 OVER TIME)
TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)	QL (84 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	QL (168 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	QL (1080 PER 365 OVER TIME)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	QL (2 PER 365 OVER TIME)
Antiherpetic Agents	
<i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i>	
<i>acyclovir 5% ointment</i>	PA

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	PA
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>	
<i>valacyclovir</i>	
VALTREX	
ZOVIRAX 5% OINTMENT	PA

Anxiolytics

<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, mg tablet)</i>	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	QL (150 PER 30 DAYS)
<i>bupirone hcl</i>	
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, mg dis tablet, 1 mg odt)</i>	QL (90 PER 30 DAYS)
<i>clonazepam (0.5 mg tablet, 1 mg tablet)</i>	QL (120 PER 30 DAYS)
<i>clonazepam (2 mg odt, 2 mg tablet)</i>	QL (300 PER 30 DAYS)
<i>clorazepate 15 mg tablet</i>	PA, QL (180 PER 30 DAYS)
<i>clorazepate 3.75 mg tablet</i>	PA, QL (120 PER 30 DAYS)
<i>clorazepate 7.5 mg tablet</i>	PA, QL (360 PER 30 DAYS)
<i>diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	PA, QL (120 PER 30 DAYS)
<i>diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)</i>	PA, QL (1200 PER 30 DAYS)
<i>diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)</i>	PA, QL (240 PER 30 DAYS)
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)</i>	PA
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	PA
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	PA, QL (120 PER 30 DAYS)
<i>lorazepam (2 mg tablet, 2 mg/ml oral concent)</i>	PA, QL (150 PER 30 DAYS)
<i>lorazepam intensol</i>	PA, QL (150 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>oxazepam</i>	PA, QL (120 PER 30 DAYS)
Bipolar Agents	
<i>lithium carbonate</i>	
<i>lithium carbonate er</i>	
<i>lithium citrate</i>	
LITHOBID	
Blood Glucose Regulators	
Antidiabetic Agents	
<i>acarbose 100 mg tablet</i>	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	QL (180 PER 30 DAYS)
ACTOS (30 MG TABLET, 45 MG TABLET)	QL (30 PER 30 DAYS)
ACTOS 15 MG TABLET	QL (90 PER 30 DAYS)
BYDUREON BCISE	PA, QL (3.4 PER 28 DAYS)
BYETTA	PA, QL (2.4 PER 30 DAYS)
CYCLOSET	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	QL (60 PER 30 DAYS)
<i>gauze pads & dressings - pads 2 x</i>	
<i>glimepiride 1 mg tablet</i>	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	QL (120 PER 30 DAYS)
<i>glipizide 2.5 mg tablet</i>	QL (480 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tablet</i>	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>glipizide xl 10 mg tablet</i>	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tablet</i>	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	QL (120 PER 30 DAYS)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	QL (120 PER 30 DAYS)
<i>glipizide-metformin 2.5-250 mg</i>	QL (240 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	QL (60 PER 30 DAYS)
GLUCOTROL XL 2.5 MG TABLET	QL (240 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	QL (120 PER 30 DAYS)
<i>glyburid-metformin 1.25-250 mg</i>	QL (240 PER 30 DAYS)
<i>glyburide 1.25 mg tablet</i>	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	QL (120 PER 30 DAYS)
<i>glyburide micro 1.5 mg tab</i>	QL (240 PER 30 DAYS)
<i>glyburide micro 3 mg tablet</i>	QL (120 PER 30 DAYS)
<i>glyburide micro 6 mg tablet</i>	QL (60 PER 30 DAYS)
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	QL (120 PER 30 DAYS)
GLYXAMBI	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	
JANUMET	QL (60 PER 30 DAYS)
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	QL (60 PER 30 DAYS)
JANUMET XR 100-1,000 MG TABLET	QL (30 PER 30 DAYS)
JANUVIA 100 MG TABLET	QL (30 PER 30 DAYS)
JANUVIA 25 MG TABLET	QL (120 PER 30 DAYS)
JANUVIA 50 MG TABLET	QL (60 PER 30 DAYS)
JARDIANCE 10 MG TABLET	QL (60 PER 30 DAYS)
JARDIANCE 25 MG TABLET	QL (30 PER 30 DAYS)
JENTADUETO	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
JENTADUETO XR 5 MG-1,000 MG TB	QL (30 PER 30 DAYS)
KOMBIGLYZE XR (5-1,000 MG TAB, 5-500 MG TABLET)	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	QL (60 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet</i>	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	QL (60 PER 30 DAYS)
MOUNJARO	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	QL (180 PER 30 DAYS)
ONGLYZA 2.5 MG TABLET	QL (60 PER 30 DAYS)
ONGLYZA 5 MG TABLET	QL (30 PER 30 DAYS)
OZEMPIC	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	QL (30 PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	QL (90 PER 30 DAYS)
<i>pioglitazone-glimepiride</i>	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin</i>	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	QL (240 PER 30 DAYS)
RYBELSUS	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl 2.5 mg tablet</i>	QL (60 PER 30 DAYS)
<i>saxagliptin hcl 5 mg tablet</i>	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformin er 5-1000)</i>	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er 2.5-1000</i>	QL (60 PER 30 DAYS)
SOLQUA 100-33	QL (18 PER 30 DAYS)
SYMLINPEN 120	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
SYMLINPEN 60	
SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	QL (30 PER 30 DAYS)
TRADJENTA	QL (30 PER 30 DAYS)
TRULICITY	PA, QL (2 PER 28 DAYS)
VICTOZA 2-PAK	PA, QL (9 PER 30 DAYS)
VICTOZA 3-PAK	PA, QL (9 PER 30 DAYS)
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	QL (30 PER 30 DAYS)
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	QL (60 PER 30 DAYS)

Glycemic Agents

BAQSIMI	QL (4 PER 30 DAYS)
<i>diazoxide 50 mg/ml oral susp</i>	
GLUCAGEN	QL (4 PER 30 DAYS)
<i>glucagon emergency kit (, 1 mg kit)</i>	QL (4 PER 30 DAYS)
GVOKE	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	QL (0.8 PER 30 DAYS)
GVOKE PFS 1PK 0.5MG/0.1 ML SYR	QL (0.4 PER 30 DAYS)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	QL (0.8 PER 30 DAYS)
GVOKE PFS 2PK 0.5MG/0.1 ML SYR	QL (0.4 PER 30 DAYS)
PROGLYCEM	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
Insulins	
HUMALOG	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-100	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100	QL (60 PER 30 DAYS)
HUMULIN 70-30	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	QL (60 PER 30 DAYS)
HUMULIN N	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN	QL (60 PER 30 DAYS)
HUMULIN R	QL (60 PER 30 DAYS)
HUMULIN R U-500	PA
HUMULIN R U-500 KWIKPEN	QL (60 PER 30 DAYS)
<i>inpen (for humalog)</i>	
<i>inpen (for novolog or fiasp)</i>	
<i>insulin pen needle</i>	
<i>insulin syringe (disp) u-100 0.3 ml</i>	
<i>insulin syringe (disp) u-100 1 ml</i>	
<i>insulin syringe (disp) u-100 1/2 ml</i>	
<i>insulin syringe u-500</i>	
LANTUS	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR	QL (60 PER 30 DAYS)
LYUMJEV	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
LYUMJEV TEMPO PEN U-100	QL (60 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	
<i>novopen echo</i>	
<i>omnipod 5 g6 intro kit (gen 5)</i>	
<i>omnipod 5 g6 pods (gen 5)</i>	
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	
<i>omnipod 5 g6-g7 pods (gen 5)</i>	
<i>omnipod classic pdm kit(gen 3)</i>	
<i>omnipod classic pods (gen 3)</i>	
<i>omnipod dash intro kit (gen 4)</i>	
<i>omnipod dash pdm kit (gen 4)</i>	
<i>omnipod dash pods (gen 4)</i>	
<i>omnipod go pods</i>	
TOUJEO MAX SOLOSTAR	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR	QL (60 PER 30 DAYS)
<i>v-go 20</i>	
<i>v-go 30</i>	
<i>v-go 40</i>	
<i>vgo 20</i>	
<i>vgo 30</i>	
<i>vgo 40</i>	

Blood Products and Modifiers

Anticoagulants

<i>dabigatran etexilate (75 mg cap, 150 mg cp)</i>	QL (60 PER 30 DAYS)
<i>dabigatran etexilate 110 mg cp</i>	QL (120 PER 30 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	QL (60 PER 30 DAYS)
<i>enoxaparin 30 mg/0.3 ml syr</i>	QL (9 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>enoxaparin 40 mg/0.4 ml syr</i>	QL (12 PER 90 OVER TIME)
<i>enoxaparin 60 mg/0.6 ml syr</i>	QL (18 PER 90 OVER TIME)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3 ml vial)</i>	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	QL (24 PER 90 OVER TIME)
<i>fondaparinux 10 mg/0.8 ml syr</i>	QL (24 PER 90 OVER TIME)
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	QL (15 PER 90 OVER TIME)
<i>fondaparinux 5 mg/0.4 ml syr</i>	QL (12 PER 90 OVER TIME)
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	QL (18 PER 90 OVER TIME)
<i>heparin 20,000 unit/500 ml-d5w</i>	
<i>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpuct, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i>	
<i>jantoven</i>	
LOVENOX (100 MG/ML SYRINGE, 150 MG/ML SYRINGE)	QL (30 PER 90 OVER TIME)
LOVENOX (80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE)	QL (24 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	QL (9 PER 90 OVER TIME)
LOVENOX 300 MG/3 ML VIAL	QL (30 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	QL (18 PER 90 OVER TIME)
PRADAXA (75 MG CAPSULE, 150 MG CAPSULE)	QL (60 PER 30 DAYS)
PRADAXA 110 MG CAPSULE	QL (120 PER 30 DAYS)
<i>warfarin sodium</i>	
XARELTO (10 MG TABLET, 20 MG TABLET)	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML SUSPENSION	QL (620 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
XARELTO DVT-PE TREAT START 30D	QL (51 PER 30 DAYS)
ZONTIVITY	
Blood Products and Modifiers, Other	
AGRYLIN	
<i>anagrelide hcl</i>	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE)	PA
ARANESP (100 MCG/ML VIAL, 150 MCG/0.4 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	PA
FULPHILA	PA
GRANIX (300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	PA
GRANIX 300 MCG/ML VIAL	PA
LEUKINE	PA
MOZOBIL	
NIVESTYM (300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	PA
NIVESTYM 300 MCG/0.5 ML SYRING	PA
<i>plerixafor</i>	
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL)	PA
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	PA
PROMACTA	PA
RETACRIT	PA
UDENYCA	PA
UDENYCA AUTOINJECTOR	PA

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
UDENYCA ONBODY	PA
ZIEXTENZO	PA
Hemostasis Agents	
CYKLOKAPRON	
<i>tranexamic acid (650 mg tablet, 1,000 mg/10 ml)</i>	
Platelet Modifying Agents	
<i>aspirin-dipyridamole er</i>	
BRILINTA	
CABLIVI	
<i>cilostazol</i>	
<i>clopidogrel 75 mg tablet</i>	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	
PLAVIX	
<i>prasugrel hcl</i>	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine</i>	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	
<i>droxidopa</i>	PA
<i>guanfacine hcl</i>	
<i>midodrine hcl</i>	
NORTHERA	PA
Alpha-adrenergic Blocking Agents	
CARDURA	QL (60 PER 30 DAYS)
<i>doxazosin mesylate</i>	QL (60 PER 30 DAYS)
MINIPRESS	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>phenoxybenzamine hcl</i>	
<i>prazosin hcl</i>	
<i>terazosin 1 mg capsule</i>	QL (90 PER 30 DAYS)
<i>terazosin hcl (2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	QL (60 PER 30 DAYS)

Angiotensin II Receptor Antagonists

ATACAND (4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	QL (60 PER 30 DAYS)
ATACAND 32 MG TABLET	QL (30 PER 30 DAYS)
AVAPRO	QL (30 PER 30 DAYS)
BENICAR (20 MG TABLET, 40 MG TABLET)	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	QL (60 PER 30 DAYS)
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb)</i>	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tb</i>	QL (30 PER 30 DAYS)
COZAAR (25 MG TABLET, 50 MG TABLET)	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	QL (30 PER 30 DAYS)
DIOVAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET)	QL (60 PER 30 DAYS)
DIOVAN 320 MG TABLET	QL (30 PER 30 DAYS)
EDARBI	QL (30 PER 30 DAYS)
<i>irbesartan</i>	QL (30 PER 30 DAYS)
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	QL (60 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	QL (30 PER 30 DAYS)
MICARDIS	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	QL (60 PER 30 DAYS)
<i>telmisartan</i>	QL (30 PER 30 DAYS)
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>valsartan 320 mg tablet</i>	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

Angiotensin-converting Enzyme (ACE) Inhibitors

ACCUPRIL

ALTACE

*benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)**captopril**enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)**fosinopril sodium**lisinopril*

LOTENSIN

*moexipril hcl**perindopril erbumine**quinapril hcl**ramipril**trandolapril*

VASOTEC

ZESTRIL

Antiarrhythmics*amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)**dofetilide**flecainide acetate**lidocaine hcl (abboject, syringe)**mexiletine hcl*

MULTAQ

*pacerone (100 mg tablet, 200 mg tablet, 400 mg tablet)**propafenone hcl**propafenone hcl er**quinidine gluc er 324 mg tab*

DRUG NAME	REQUIREMENTS/LIMITS
<i>quinidine sulfate</i>	
RYTHMOL SR (225 MG CAPSULE, 325 MG CAPSULE)	
RYTHMOL SR 425 MG CAPSULE	
<i>sorine</i>	
<i>sotalol</i>	
<i>sotalol af</i>	
TIKOSYN	

Beta-adrenergic Blocking Agents

<i>acebutolol hcl</i>	
<i>atenolol</i>	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	
BYSTOLIC	
<i>carvedilol</i>	
<i>carvedilol er</i>	
COREG CR	
CORGARD (20 MG TABLET, 40 MG TABLET)	
INDERAL LA	
INDERAL XL	
INNOPRAN XL	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	
LOPRESSOR (50 MG TABLET, 100 MG TABLET)	
<i>metoprolol succinate</i>	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>	
<i>nadolol</i>	
<i>nebivolol hcl</i>	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>pindolol</i>	
<i>propranolol hcl (1 mg/ml vial, 10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	
<i>propranolol hcl er</i>	
TENORMIN	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	
TOPROL XL	

Calcium Channel Blocking Agents, Dihydropyridines

<i>amlodipine besylate</i>	
<i>felodipine er</i>	
<i>isradipine</i>	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	
<i>nifedipine er</i>	
<i>nimodipine</i>	
<i>nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 34 mg tablet)</i>	
<i>nisoldipine er 25.5 mg tablet</i>	
NORVASC	
PROCARDIA XL	
SULAR	

Calcium Channel Blocking Agents, Nondihydropyridines

CARDIZEM	
CARDIZEM CD	
CARDIZEM LA	
<i>cartia xt</i>	
<i>dilt-xr</i>	
<i>diltiazem 12hr er</i>	
<i>diltiazem 24hr er</i>	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>diltiazem 24hr er (cd)</i>	
<i>diltiazem 24hr er (la)</i>	
<i>diltiazem 24hr er (xr)</i>	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	
<i>matzim la</i>	
<i>taztia xt</i>	
<i>tiadylt er</i>	
TIAZAC	
<i>verapamil er</i>	
<i>verapamil er pm</i>	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	
<i>verapamil sr</i>	
VERELAN	
VERELAN PM	

Cardiovascular Agents, Other

ACCURETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET)	
<i>acetazolamide</i>	
<i>acetazolamide er</i>	
ALDACTAZIDE 25-25 TABLET	
<i>aliskiren</i>	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	
<i>amlodipine besylate-benazepril</i>	
<i>amlodipine-atorvastatin</i>	
<i>amlodipine-olmesartan</i>	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan</i>	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz</i>	QL (30 PER 30 DAYS)
ATACAND HCT	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone</i>	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
AVALIDE	QL (30 PER 30 DAYS)
AZOR	QL (30 PER 30 DAYS)
<i>benazepril-hydrochlorothiazide</i>	
BENICAR HCT	QL (30 PER 30 DAYS)
<i>bisoprolol-hydrochlorothiazide</i>	
<i>candesartan-hydrochlorothiazid</i>	QL (30 PER 30 DAYS)
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	PA, QL (600 PER 30 DAYS)
DEMSER	
<i>digitek</i>	QL (30 PER 30 DAYS)
<i>digox</i>	QL (30 PER 30 DAYS)
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)</i>	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	QL (150 PER 30 DAYS)
DIOVAN HCT	QL (30 PER 30 DAYS)
EDARBYCLOR	QL (30 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	
ENTRESTO (49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	QL (60 PER 30 DAYS)
ENTRESTO 24 MG-26 MG TABLET	QL (180 PER 30 DAYS)
EXFORGE	QL (30 PER 30 DAYS)
EXFORGE HCT	QL (30 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide</i>	
HYZAAR	QL (30 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide</i>	QL (30 PER 30 DAYS)
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	QL (30 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	
<i>losartan-hydrochlorothiazide</i>	QL (30 PER 30 DAYS)
LOTENSIN HCT	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
MAXZIDE	
MAXZIDE-25 MG	
<i>methazolamide</i>	
<i>metoprolol-hydrochlorothiazide</i>	
<i>metyrosine</i>	
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	QL (60 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	QL (30 PER 30 DAYS)
<i>olmesartan-hydrochlorothiazide</i>	QL (30 PER 30 DAYS)
<i>pentoxifylline</i>	
<i>quinapril-hydrochlorothiazide</i>	
<i>ranolazine er</i>	QL (60 PER 30 DAYS)
<i>spironolactone-hctz</i>	
TEKTURNA	QL (30 PER 30 DAYS)
<i>telmisartan-amlodipine</i>	QL (30 PER 30 DAYS)
<i>telmisartan-hctz 80-12.5 mg tb</i>	QL (60 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)</i>	QL (30 PER 30 DAYS)
TENORETIC 100	
TENORETIC 50	
<i>trandolapril-verapamil er</i>	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	
TRIBENZOR	QL (30 PER 30 DAYS)
<i>valsartan-hydrochlorothiazide</i>	QL (30 PER 30 DAYS)
VASERETIC	
VERQUVO	QL (30 PER 30 DAYS)
ZESTORETIC	
ZIAC	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME**REQUIREMENTS/LIMITS****Diuretics, Loop**

bumetanide (0.25 mg/ml vial, 0.5 mg tablet, mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)

furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml syringe, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml syringe, 100 mg/10 ml vial)

LASIX

torseamide

Diuretics, Potassium-sparing

ALDACTONE

amiloride hcl

eplerenone

INSPRA

KERENDIA

PA, QL (30 PER 30 DAYS)

spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)

Diuretics, Thiazide

chlorthalidone

hydrochlorothiazide

indapamide

metolazone

Dyslipidemics, Fibric Acid Derivatives

fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)

QL (60 PER 30 DAYS)

fenofibrate (67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)

QL (30 PER 30 DAYS)

fenofibric acid dr 135 mg cap

QL (30 PER 30 DAYS)

fenofibric acid dr 45 mg cap

QL (60 PER 30 DAYS)

gemfibrozil

QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
LOPID	QL (60 PER 30 DAYS)
Dyslipidemics, HMG CoA Reductase Inhibitors	
<i>atorvastatin 80 mg tablet</i>	QL (30 PER 30 DAYS)
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	QL (45 PER 30 DAYS)
CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	ST, QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	ST, QL (30 PER 30 DAYS)
<i>fluvastatin sodium</i>	QL (60 PER 30 DAYS)
LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	ST, QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	ST, QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	QL (45 PER 30 DAYS)
<i>pravastatin sodium 80 mg tab</i>	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	QL (45 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tab</i>	QL (30 PER 30 DAYS)
<i>simvastatin (5 mg tablet, 10 mg tablet, 40 mg tablet)</i>	QL (45 PER 30 DAYS)
<i>simvastatin 20 mg tablet</i>	QL (60 PER 30 DAYS)
<i>simvastatin 80 mg tablet</i>	QL (30 PER 30 DAYS)
ZOCOR (10 MG TABLET, 40 MG TABLET)	ST, QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	ST, QL (60 PER 30 DAYS)

Dyslipidemics, Other

<i>cholestyramine (packet, powder)</i>	
<i>cholestyramine light (packet, powder)</i>	
COLESTID (1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET)	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</i>	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>ezetimibe</i>	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	QL (30 PER 30 DAYS)
<i>icosapent ethyl (0.5 gm capsule, 500 mg capsule)</i>	QL (240 PER 30 DAYS)
<i>icosapent ethyl 1 gram capsule</i>	QL (120 PER 30 DAYS)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	PA
LOVAZA	
<i>niacin er (750 mg tablet, 1,000 mg tablet)</i>	QL (60 PER 30 DAYS)
<i>niacin er 500 mg tablet</i>	QL (30 PER 30 DAYS)
<i>omega-3 acid ethyl esters</i>	
<i>prevalite (packet, powder)</i>	
REPATHA PUSHTRONEX	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE	PA, QL (2 PER 28 DAYS)
<i>triklo</i>	
VASCEPA 0.5 GM CAPSULE	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	QL (120 PER 30 DAYS)
VYTORIN	ST, QL (30 PER 30 DAYS)
ZETIA	QL (30 PER 30 DAYS)

Vasodilators, Direct-acting Arterial

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

minoxidil (2.5 mg tablet, 10 mg tablet)

Vasodilators, Direct-acting Arterial/Venous

ISORDIL TITRADOSE

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

isosorbide mononitrate

isosorbide mononitrate er

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
NITRO-BID	
<i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)</i>	
<i>nitroglycerin patch</i>	
NITROLINGUAL	
NITROSTAT	
RECTIV	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR	QL (30 PER 30 DAYS)
DEXEDRINE (10 MG, 15 MG)	QL (120 PER 30 DAYS)
DEXEDRINE SPANSULE 5 MG	QL (90 PER 30 DAYS)
<i>dextroamp-amphetamin 20 mg tab</i>	QL (90 PER 30 DAYS)
<i>dextroamphetamine 10 mg tab</i>	QL (180 PER 30 DAYS)
<i>dextroamphetamine 5 mg tab</i>	QL (90 PER 30 DAYS)
<i>dextroamphetamine er 5 mg cap</i>	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)</i>	QL (120 PER 30 DAYS)
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	QL (30 PER 30 DAYS)
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 30 mg tab, dextroamp-amphetamine 5 mg tab)</i>	QL (60 PER 30 DAYS)
<i>lisdexamfetamine dimesylate (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule)</i>	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	QL (30 PER 30 DAYS)
<i>zenzedi 10 mg tablet</i>	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	QL (30 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tablet</i>	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl</i>	PA, QL (60 PER 30 DAYS)
FOCALIN	PA, QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	QL (30 PER 30 DAYS)
<i>methylphenidate 10 mg/5 ml sol</i>	PA, QL (900 PER 30 DAYS)
<i>methylphenidate 5 mg/5 ml soln</i>	PA, QL (450 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	PA, QL (90 PER 30 DAYS)
RITALIN	PA, QL (90 PER 30 DAYS)
STRATTERA (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	QL (60 PER 30 DAYS)
STRATTERA (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	QL (30 PER 30 DAYS)
Central Nervous System, Other	
AUSTEDO (9 MG TABLET, 12 MG TABLET)	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TABLET	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 12 MG TABLET	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET	PA, QL (90 PER 30 DAYS)
AUSTEDO XR TITRATION KT(WK1-4)	PA, QL (42 PER 28 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
NUEDEXTA	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	
<i>tetrabenazine 12.5 mg tablet</i>	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	PA, QL (120 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	PA, QL (120 PER 30 DAYS)

Multiple Sclerosis Agents

AMPYRA	PA
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	PA, QL (1 PER 28 DAYS)
AVONEX PEN	PA, QL (1 PER 28 DAYS)
BETASERON	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	PA, QL (12 PER 28 DAYS)
<i>dalfampridine er</i>	PA
<i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate 30d start pk</i>	PA, QL (60 PER 30 DAYS)
<i>fingolimod</i>	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	PA, QL (1.6 PER 28 DAYS)
MAYZENT (1 MG TABLET, 2 MG TABLET)	PA, QL (30 PER 30 DAYS)
MAYZENT 0.25 MG TABLET	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	PA, QL (7 PER 28 DAYS)
MAYZENT 0.25MG START-2MG MAINT	PA, QL (12 PER 28 DAYS)
PLEGRIDY	PA, QL (1 PER 28 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
PLEGRIDY PEN	PA, QL (1 PER 28 DAYS)
TECFIDERA	PA, QL (60 PER 30 DAYS)
TYSABRI	PA
VUMERITY	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

<i>cevimeline hcl</i>	
<i>chlorhexidine gluconate (15 ml cup, rinse)</i>	
KEPIVANCE	
<i>kourzeq</i>	
<i>oralone</i>	
<i>periogard</i>	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	
SALAGEN	
<i>triamcinolone 0.1% paste</i>	

Dermatological Agents

Acne and Rosacea Agents

<i>acutane</i>	
<i>acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)</i>	
<i>amnesteem</i>	
AVITA	PA
<i>azelaic acid 15% gel</i>	
AZELEX	
BENZAMYCIN	
<i>claravis</i>	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	
<i>doxycycline ir-dr</i>	
<i>erythromycin-benzoyl peroxide</i>	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
FINACEA 15% FOAM	
FINACEA 15% GEL	
<i>isotretinoin</i>	
KLARON	
<i>myorisan</i>	
ORACEA	
RETIN-A	PA
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	
<i>tazarotene (0.05% gel, 0.1% cream, 0.1% gel)</i>	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	PA
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	PA
<i>zenatane</i>	

Dermatitis and Pruitus Agents

ALA-CORT 1% CREAM	
<i>ala-cort 2.5% cream</i>	QL (454 PER 30 DAYS)
<i>alclometasone dipropionate</i>	QL (120 PER 30 DAYS)
<i>ammonium lactate</i>	
<i>betamethasone diprop augmented (crm, oin)</i>	QL (200 PER 28 DAYS)
<i>betamethasone dipropionate (crm, oint)</i>	QL (135 PER 30 DAYS)
<i>betamethasone dp 0.05% lot</i>	QL (120 PER 30 DAYS)
<i>betamethasone dp aug 0.05% gel</i>	QL (200 PER 28 DAYS)
<i>betamethasone dp aug 0.05% lot</i>	QL (210 PER 30 DAYS)
<i>betamethasone va 0.1% lotion</i>	QL (120 PER 30 DAYS)
<i>betamethasone valerate (va cream, valer ointm)</i>	QL (135 PER 30 DAYS)
<i>clobetasol 0.05% shampoo</i>	QL (236 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	QL (210 PER 28 DAYS)
<i>clobetasol propionate (cream, gel, ointment)</i>	QL (210 PER 28 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>clobetasol propionate (prop foam, solution)</i>	QL (200 PER 28 DAYS)
<i>clodan</i>	QL (236 PER 30 DAYS)
<i>desonide (cream, ointment)</i>	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment)</i>	QL (120 PER 30 DAYS)
DIPROLENE	QL (200 PER 28 DAYS)
<i>doxepin 5% cream</i>	PA
ELIDEL	PA
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide (body oil, scalp oil)</i>	QL (118.28 PER 30 DAYS)
<i>fluocinonide (cream, gel, ointment, solution)</i>	QL (120 PER 30 DAYS)
<i>fluocinonide-e</i>	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	QL (120 PER 30 DAYS)
<i>halobetasol propionate (cream, ointmnt)</i>	QL (200 PER 28 DAYS)
<i>hydrocortisone (cream, ointment)</i>	
<i>hydrocortisone 2.5% lotion</i>	QL (118 PER 30 DAYS)
<i>hydrocortisone 2.5% ointment</i>	QL (454 PER 30 DAYS)
<i>hydrocortisone butyr 0.1% soln</i>	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)</i>	QL (135 PER 30 DAYS)
<i>hydrocortisone valerate</i>	QL (120 PER 30 DAYS)
LOCOID LIPOCREAM	QL (135 PER 30 DAYS)
<i>mometasone furoate (cream, oint)</i>	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% soln</i>	QL (120 PER 30 DAYS)
<i>pimecrolimus</i>	PA
<i>prednicarbate 0.1% ointment</i>	QL (120 PER 30 DAYS)
PRUDOXIN	PA
<i>selenium sulfide 2.5% lotion</i>	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>tacrolimus (0.03%, 0.1%)</i>	PA
<i>triamcinolone acetonide (0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)</i>	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)</i>	QL (120 PER 30 DAYS)
<i>triderm</i>	QL (454 PER 30 DAYS)
ZONALON	PA

Dermatological Agents, Other

<i>calcipotriene (cream, ointment, solution)</i>	QL (120 PER 30 DAYS)
<i>calcitrene</i>	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone (crm, lot)</i>	
<i>diclofenac sodium 3% gel</i>	PA
EFUDEX	
<i>fluorouracil (cream, topical soln)</i>	
<i>fluorouracil 0.5% cream</i>	
<i>fluorouracil 2% topical soln</i>	
<i>imiquimod 5% cream packet</i>	PA
<i>methoxsalen</i>	
<i>nystatin-triamcinolone</i>	
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET)	PA
<i>podofilox 0.5% topical soln</i>	
REGRANEX	PA, QL (15 PER 30 DAYS)
SANTYL	QL (180 PER 30 DAYS)
SILVADENE	
<i>silver sulfadiazine</i>	
SSD	

Pediculicides/Scabicides

<i>ivermectin 1% cream</i>	PA
<i>lindane</i>	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>malathion</i>	
OVIDE	
<i>permethrin</i>	
SOOLANTRA	PA

Topical Anti-infectives

<i>gentamicin sulfate (cream, ointment)</i>	
METROCREAM	
METROGEL	
METROLOTION	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	
<i>mupirocin</i>	QL (30 PER 30 OVER TIME)
<i>rosadan</i>	

Electrolytes/Minerals/ Metals/ Vitamins

Electrolyte/Mineral Replacement

<i>aqua care sodium chloride</i>	
CARBAGLU	PA
<i>carglumic acid</i>	PA
<i>dextrose 2.5%-0.45% nacl</i>	
<i>dextrose 5%-0.2% nacl</i>	
<i>dextrose 5%-0.225% nacl</i>	
<i>dextrose 5%-0.3% nacl</i>	
<i>dextrose 5%-0.33% nacl</i>	
<i>dextrose 5%-0.45% nacl</i>	
<i>dextrose 5%-0.9% nacl</i>	
<i>dextrose in lactated ringers</i>	
<i>kcl 20 meq in d5w-lact ringer</i>	
<i>kcl 20 meq/l in d5w solution</i>	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME**REQUIREMENTS/LIMITS**

kcl-d5w-0.2% nacl

kcl-d5w-0.225% nacl (10meq/500ml-d5w-0.225%nacl, 20 meq/l-d5w-0.225% nacl)

kcl-d5w-0.45% nacl

KLOR-CON 10

KLOR-CON 8

klor-con m10

KLOR-CON M15

klor-con m20

lactated ringers injection

magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)

potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)

potassium chloride proamp

potassium chloride-0.45% nacl

potassium citrate er

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial)</i>	
<i>sodium chloride-water</i>	
Electrolyte/Mineral/Metal Modifiers	
CHEMET	
<i>deferasirox (90 mg granule pkt, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)</i>	PA
<i>deferasirox (90 mg tablet, 125 mg tb for susp)</i>	PA
EXJADE	PA
JADENU	PA
JADENU SPRINKLE	PA
SAMSCA	PA
SYPRINE	PA, QL (240 PER 30 DAYS)
<i>tolvaptan</i>	PA
<i>trientine hcl 250 mg capsule</i>	PA, QL (240 PER 30 DAYS)
<i>dextrose in water (5%-water 100 ml, 5%-water 50 ml, 5%-water iv soln, 10%-water iv solution)</i>	
<i>fomepizole</i>	
<i>glucose in water</i>	
INTRALIPID 20% IV FAT EMUL	PA
NUTRILIPID	PA
<i>sterile water for irrigation</i>	
TRAVASOL	PA

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
TROPHAMINE	PA
Phosphate Binders	
AURYXIA	PA, QL (360 PER 30 DAYS)
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	
FOSRENOL (750 MG POWDER PACKET, 750 MG TABLET CHEW)	QL (180 PER 30 DAYS)
FOSRENOL (MG POWDER PACK, MG TABLET CHEW)	QL (120 PER 30 DAYS)
FOSRENOL 500 MG TABLET CHEW	QL (90 PER 30 DAYS)
<i>lanthanum carb 1,000 mg tb chw</i>	QL (120 PER 30 DAYS)
<i>lanthanum carb 500 mg tab chew</i>	QL (90 PER 30 DAYS)
<i>lanthanum carb 750 mg tab chew</i>	QL (180 PER 30 DAYS)
REVELA 0.8 GM POWDER PACKET	QL (270 PER 30 DAYS)
REVELA 2.4 GM POWDER PACKET	QL (90 PER 30 DAYS)
REVELA 800 MG TABLET	
<i>sevelamer 0.8 gm powder packet</i>	QL (270 PER 30 DAYS)
<i>sevelamer 2.4 gm powder packet</i>	QL (90 PER 30 DAYS)
<i>sevelamer carbonate 800 mg tab</i>	
VELPHORO	QL (180 PER 30 DAYS)
Potassium Binders	
<i>sodium polystyrene sulf powder</i>	
SPS	
VELTASSA	

Gastrointestinal Agents

Anti-Constipation Agents

constulose

enulose

generlac

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	
LINZESS	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	QL (120 PER 30 DAYS)
MOVANTIK	
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET)	PA
Anti-Diarrheal Agents	
<i>alosetron hcl 0.5 mg tablet</i>	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tablet</i>	PA, QL (60 PER 30 DAYS)
<i>diphenoxylate-atrop 2.5-0.025</i>	PA
<i>loperamide 2 mg capsule</i>	
LOTRONEX	PA, QL (60 PER 30 DAYS)
VIBERZI	PA, QL (60 PER 30 DAYS)
XERMELO	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal	
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i>	PA
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	
<i>methscopolamine bromide</i>	PA
Gastrointestinal Agents, Other	
<i>bismuth-metronidazole-tetracyc</i>	
CHENODAL	PA
GATTEX	PA
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	
<i>gavilyte-n</i>	
GOLYTELY	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol, 10 mg/2 ml syr, 10 mg/2 ml vial)</i>	
MOVIPREP	
MYALEPT	PA
NULYTELY	
OICALIVA	PA, QL (30 PER 30 DAYS)
<i>peg 3350-electrolyte solution</i>	
<i>peg-3350 and electrolytes</i>	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	
PYLERA	
REGLAN	
<i>sod sulf-potass sulf-mag sulf</i>	
SUPREP	
SUTAB	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	
XIFAXAN 550 MG TABLET	PA, QL (90 PER 30 DAYS)

Histamine2 (H2) Receptor Antagonists

<i>cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>
<i>famotidine (20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml susp, 200 mg/20 ml vial, 500 mg/50 ml vial)</i>
<i>nizatidine 150 mg capsule</i>
<i>nizatidine 300 mg capsule</i>

Protectants

CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)
CYTOTEC
<i>misoprostol</i>
<i>sucralfate (1 gm tablet, 1 gm/10 ml susp, gm/10 ml susp cup)</i>

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
Proton Pump Inhibitors	
<i>esomeprazole magnesium (dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap)</i>	QL (30 PER 30 DAYS)
<i>esomeprazole sodium 40 mg vial</i>	
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	QL (30 PER 30 DAYS)
NEXIUM (DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET)	ST, QL (30 PER 30 DAYS)
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	QL (30 PER 30 DAYS)
NEXIUM I.V.	
<i>omeprazole (dr 20 mg capsule, dr 40 mg capsule)</i>	QL (60 PER 30 DAYS)
<i>omeprazole dr 10 mg capsule</i>	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 20 mg tab</i>	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 40 mg tab</i>	QL (60 PER 30 DAYS)
<i>pantoprazole sodium 40 mg vial</i>	
PREVACID DR 30 MG CAPSULE	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	ST, QL (60 PER 30 DAYS)
<i>rabeprazole sod dr 20 mg tab</i>	QL (30 PER 30 DAYS)

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

ALDURAZYME

betaine anhydrous

BUPHENYL 500 MG TABLET

PA

CARNITOR (100 MG/ML ORAL SOLN, 330 MG TABLET)

CARNITOR SF

CEREZYME

PA

CREON

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>cromolyn 100 mg/5 ml oral conc</i>	
CRYSVITA	PA
CYSTADANE	
CYSTAGON	PA
ELAPRASE	
ELELYSO	PA
ENDARI	PA
FABRAZYME	
<i>javygtor (100 mg powder packet, 500 mg powder packet)</i>	PA
<i>javygtor 100 mg tablet</i>	PA
KUVAN	PA
<i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>	
<i>levocarnitine st</i>	
LUMIZYME	
<i>miglustat</i>	PA, QL (90 PER 30 DAYS)
NAGLAZYME	
<i>nitisinone</i>	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	
PALYNZIQ	PA
PROLASTIN C	PA
REVCOVI	
<i>sapropterin 100 mg tablet</i>	PA
<i>sapropterin dihydrochloride (100 mg powder pkt, 500 mg powder pkt)</i>	PA
<i>sodium phenylbutyrate (500mg tb, powder)</i>	PA
STRENSIQ	PA
VPRIV	PA
VYNDAMAX	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
VYNDAQEL	PA, QL (120 PER 30 DAYS)
<i>yargesa</i>	PA, QL (90 PER 30 DAYS)
ZENPEP	
ZOKINVY	PA, QL (120 PER 30 DAYS)

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin er</i>	QL (30 PER 30 DAYS)
DETROL	ST, QL (60 PER 30 DAYS)
DETROL LA	ST, QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	QL (30 PER 30 DAYS)
GEMTESA	QL (30 PER 30 DAYS)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	QL (300 PER 28 DAYS)
<i>oxybutynin 5 mg tablet</i>	QL (120 PER 30 DAYS)
<i>oxybutynin chloride (5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	QL (600 PER 30 DAYS)
<i>oxybutynin cl er 10 mg tablet</i>	QL (90 PER 30 DAYS)
<i>oxybutynin cl er 15 mg tablet</i>	QL (60 PER 30 DAYS)
<i>oxybutynin cl er 5 mg tablet</i>	QL (30 PER 30 DAYS)
<i>solifenacin succinate</i>	QL (30 PER 30 DAYS)
<i>tolterodine tartrate</i>	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er</i>	QL (30 PER 30 DAYS)
TOVIAZ	ST, QL (30 PER 30 DAYS)
<i>trospium chloride</i>	QL (60 PER 30 DAYS)
<i>trospium chloride er</i>	QL (30 PER 30 DAYS)

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	QL (30 PER 30 DAYS)
AVODART	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>dutasteride 0.5 mg capsule</i>	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin</i>	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	QL (30 PER 30 DAYS)
FLOMAX	QL (60 PER 30 DAYS)
PROSCAR	QL (30 PER 30 DAYS)
RAPAFLO	QL (30 PER 30 DAYS)
<i>silodosin</i>	QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	QL (60 PER 30 DAYS)

Contraceptives, Other

LILETTA

SKYLA

Genitourinary Agents, Other

bethanechol chloride

DEPEN

methylergonovine 0.2 mg tablet

penicillamine 250 mg tablet

Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)

ACTHAR

PA

CORTEF

decadron (0.5 mg tablet, 0.75 mg tablet, 4 mg tablet, 6 mg tablet)

dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb)

dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 20 mg/5 ml vial, 120 mg/30 ml vl)

fludrocortisone acetate

HEMADY

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>hidex</i>	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	
MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	
<i>methylprednisolone</i>	
<i>methylprednisolone sodium succ</i>	
<i>prednisolone 15 mg/5 ml soln</i>	
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 15mg/5ml soln cup, sod ph 25 mg/5 ml)</i>	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	
SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL)	
<i>taperdex 6 day 1.5 mg tablet</i>	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

CHORIONIC GONADOTROPIN	PA
DDAVP (0.1 MG TABLET, 0.2 MG TABLET)	
<i>desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg tb, 0.2 mg tb, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)</i>	
INCRELEX	
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL)	PA
OMNITROPE 10 MG/1.5 ML CRTG	PA
PREGNYL	PA

Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)

Androgens

ANDROGEL (1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT)	PA, QL (150 PER 30 DAYS)
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You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>danazol</i>	PA
DEPO-TESTOSTERONE	PA
<i>methyltestosterone 10 mg cap</i>	PA
<i>testosterone ((2.5 g) pkt, gel pump)</i>	PA, QL (150 PER 30 DAYS)
<i>testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	PA, QL (300 PER 30 DAYS)
<i>testosterone 1% (25mg/2.5g) pk</i>	PA, QL (225 PER 30 DAYS)
<i>testosterone 1.62%(1.25 g) pkt</i>	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/1.5 ml pump</i>	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate (100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)</i>	PA
<i>testosterone enanthate</i>	PA

Estrogens

DEPO-ESTRADIOL
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)
<i>dotti</i>
ESTRACE 0.01% CREAM
<i>estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)</i>
<i>estradiol (once weekly)</i>
<i>estradiol (twice weekly)</i>
<i>estradiol valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)</i>
ESTRING
<i>lyllana</i>
MENEST

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME**REQUIREMENTS/LIMITS**

PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)

VAGIFEM

yuvafem

Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)

afirmelle

altavera

alyacen

amabelz

amethia

amethyst

apri

aranelle

ashlyna

aubra

aubra eq

aurovela

aurovela 24 fe

aurovela fe

aviane

ayuna

azurette

balziva

blisovi 24 fe

blisovi fe

briellyn

camrese

camrese lo

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME**REQUIREMENTS/LIMITS***chateal**chateal eq*

COMBIPATCH

*cryselle**cyred**cyred eq**dasetta**daysee**desogestr-eth estrad eth estra**desogestrel-ethinyl estradiol**dolishale**drospirenone-eth estra-levomet**drospirenone-ethinyl estradiol**elinest**eluryng**emoquette**enpresse**enskyce**estarylla**estradiol-norethindrone acetat**ethynodiol-ethinyl estradiol**etonogestrel-ethinyl estradiol**falmina**femynor**gemmily**hailey**hailey 24 fe**hailey fe**haloette**iclevia*

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME**REQUIREMENTS/LIMITS***introvale**isibloom**jaimiess**jasmiel**jolessa**juleber**junel**junel fe**junel fe 24**kaitlib fe**kalliga**kariva**kelnor 1-35**kelnor 1-50**kurvelo**larin**larin 24 fe**larin fe**larissia*

LAYOLIS FE

*leena**lessina**levonest**levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)**levonorgestrel-eth estradiol**levora-28**lillow**lo-zumandimine*

LOESTRIN

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME**REQUIREMENTS/LIMITS**

LOESTRIN FE

*lojaimiess**loryna*

LOSEASONIQUE

*low-ogestrel**lutra**marlissa**merzee**microgestin**microgestin 24 fe**microgestin fe**mili**mimvey*

MIRCETTE

*mono-linyah**necon**nikki**norethin-eth estra-ferrous fum**norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)**norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1.5-0.03mg(21)-75)**norgestimate-ethinyl estradiol**nortrel*

NUVARING

*nylia**nymyo**ocella**orsythia*

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME**REQUIREMENTS/LIMITS***philith**pimtrea**pirmella**portia*

PREMPHASE

PREMPRO

*previfem**reclipsen*

SEASONIQUE

*setlakin**simliya**simpesse**sprintec**sronyx**syeda**tarina 24 fe**tarina fe**tarina fe 1-20 eq**tilia fe**tri femynor**tri-estarylla**tri-legest fe**tri-lynyah**tri-lo-estarylla**tri-lo-marzia**tri-lo-mili**tri-lo-sprintec**tri-mili**tri-nymyo**tri-previfem*

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>tri-vylibra lo</i>	
<i>trivora-28</i>	
TYBLUME	
<i>tydemy</i>	
<i>velivet</i>	
<i>vestura</i>	
<i>vienva</i>	
<i>viorele</i>	
<i>volnea</i>	
<i>vyfemla</i>	
<i>vylibra</i>	
<i>wera</i>	
<i>wymzya fe</i>	
YASMIN 28	
YAZ	
<i>zarah</i>	
<i>zovia 1-35</i>	
<i>zumandimine</i>	
<i>enilloring</i>	
<i>taysofy</i>	
<i>turqoz</i>	

Progestins

AYGESTIN	
<i>camila</i>	
<i>deblitane</i>	
DEPO-PROVERA (150 MG/ML SYRINGE, 150 MG/ML VIAL)	
DEPO-SUBQ PROVERA 104	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>emzahh</i>	
<i>errin</i>	
<i>heather</i>	
<i>hydroxyprogesterone 1.25 g/5ml</i>	
<i>incassia</i>	
<i>jencycla</i>	
<i>lyleq</i>	
<i>lyza</i>	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)</i>	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i>	
<i>nora-be</i>	
<i>norethindrone</i>	
<i>norethindrone ac (lupaneta)</i>	
<i>norethindrone acetate</i>	
<i>norlyda</i>	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	
PROVERA	
<i>sharobel</i>	
<i>tulana</i>	

Selective Estrogen Receptor Modifying Agents

- DUAVEE
- EVISTA
- raloxifene hcl*

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

- CYTOMEL
- EUTHYROX

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
LEVO-T	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	
LEVOXYL	
<i>lithyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	
SYNTHROID	
TIROSINT	
TIROSINT-SOL	
UNITHROID	

Hormonal Agents, Suppressant (Adrenal)

KORLYM	PA, QL (120 PER 30 DAYS)
LYSODREN	
<i>mifepristone 300 mg tablet</i>	PA, QL (120 PER 30 DAYS)

Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline</i>	
ELIGARD	PA
FIRMAGON	
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	PA
<i>leuprolide depot</i>	PA
LUPRON DEPOT	PA
LUPRON DEPOT (LUPANETA)	PA
LUPRON DEPOT-PED	PA
<i>octreotide acetate (500 mcg/ml amp, 500 mcg/ml vl)</i>	PA

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml syr, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	PA
ORGOVYX	PA, QL (90 PER 30 DAYS)
SANDOSTATIN LAR DEPOT	PA
SIGNIFOR	PA
SIGNIFOR LAR	PA
SOMATULINE DEPOT	PA
SOMAVERT	PA
SYNAREL	
TRELSTAR	PA

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

methimazole

propylthiouracil

Immunological Agents

Angioedema Agents

CINRYZE PA, QL (20 PER 30 DAYS)

FIRAZYR PA, QL (18 PER 30 DAYS)

HAEGARDA 2,000 UNIT VIAL PA, QL (27 PER 30 DAYS)

HAEGARDA 3,000 UNIT VIAL PA, QL (18 PER 30 DAYS)

icatibant PA, QL (18 PER 30 DAYS)

sajazir PA, QL (18 PER 30 DAYS)

Immunoglobulins

ATGAM PA

GAMMAGARD LIQUID PA

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
GAMMAGARD S-D	PA
GAMMAPLEX	PA
GAMUNEX-C	PA
SYNAGIS	
THYMOGLOBULIN	PA
Immunological Agents, Other	
ARCALYST	PA
BENLYSTA (120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL)	PA
COSENTYX (2 SYRINGES)	PA
COSENTYX SENSOREADY (2 PENS)	PA
COSENTYX SENSOREADY PEN	PA
COSENTYX SYRINGE	PA
COSENTYX UNOREADY PEN	PA
DUPIXENT PEN	PA
DUPIXENT SYRINGE	PA
ILARIS	PA
KINERET	PA
NULOJIX	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	PA
ORENCIA CLICKJECT	PA
RIDAURA	
RINVOQ	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	PA
SKYRIZI ON-BODY	PA
SKYRIZI PEN	PA
STELARA	PA

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
TREMFYA	PA
XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	PA
XELJANZ XR	PA
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	PA

Immunostimulants

ACTIMMUNE	PA
BESREMI	PA, QL (2 PER 28 DAYS)
INTRON A 10 MILLION UNITS VIAL	
INTRON A 18 MILLION UNITS VIAL	
INTRON A 50 MILLION UNITS VIAL	
PEGASYS	PA

Immunosuppressants

ASTAGRAF XL	PA
AZASAN	PA
<i>azathioprine</i>	PA
<i>azathioprine sodium</i>	PA
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	PA
CELLCEPT 500 MG VIAL	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule, 250 mg/5 ml ampul)</i>	PA
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	PA
CYLTEZO(CF)	PA
CYLTEZO(CF) PEN	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS	PA
CYLTEZO(CF) PEN PSORIASIS-UV	PA

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	PA
ENBREL MINI	PA
ENBREL SURECLICK	PA
<i>everolimus (0.25 mg tablet, 0.5 mg tablet)</i>	PA
<i>everolimus (0.75 mg tablet, 1 mg tablet)</i>	PA
<i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	PA
HADLIMA	PA
HADLIMA PUSHTOUCH	PA
HADLIMA(CF)	PA
HADLIMA(CF) PUSHTOUCH	PA
HUMIRA 40 MG/0.8 ML SYRINGE	PA
HUMIRA PEN	PA
HUMIRA PEN CROHN'S-UC-HS	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	PA
HUMIRA(CF)	PA
HUMIRA(CF) PEDIATRIC CROHN'S	PA
HUMIRA(CF) PEN	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	PA
HUMIRA(CF) PEN PEDIATRIC UC	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	PA
IMURAN	PA
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	
<i>methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	
<i>methotrexate sodium</i>	
<i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet, 500 mg vial)</i>	PA
<i>mycophenolic acid</i>	PA
MYFORTIC 180 MG TABLET	PA

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	PA
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG/ML AMPULE)	PA
PROGRAF 5 MG CAPSULE	PA
RAPAMUNE 1 MG/ML ORAL SOLN	PA
RENFLEXIS	PA
SANDIMMUNE (25 MG CAPSULE, 50 MG/ML AMPUL, 100 MG CAPSULE, 100 MG/ML SOLN)	PA
SIMULECT	PA
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	PA
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	PA
XATMEP	PA
ZORTRESS	PA

Vaccines

ABRYSVO	
ACTHIB	
ADACEL TDAP	
AREXVY	
BCG VACCINE (TICE STRAIN)	
BEXSERO	
BOOSTRIX TDAP	
DAPTACEL DTAP	
DENGVAXIA	
DIPHTHERIA-TETANUS TOXOIDS-PED	
ENGERIX-B ADULT	PA
ENGERIX-B PEDIATRIC-ADOLESCENT	PA
GARDASIL 9	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

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

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
TDVAX	PA
TENIVAC	PA
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX VACCINE	
YF-VAX	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	QL (120 PER 30 DAYS)
ASACOL HD	QL (180 PER 30 DAYS)
AZULFIDINE	
<i>balsalazide disodium</i>	
CANASA	
COLAZAL	
DELZICOL	QL (180 PER 30 DAYS)
DIPENTUM	
LIALDA	QL (120 PER 30 DAYS)
<i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp)</i>	
<i>mesalamine 800 mg dr tablet</i>	QL (180 PER 30 DAYS)
<i>mesalamine dr</i>	QL (180 PER 30 DAYS)
<i>mesalamine dr 1.2 gm tablet</i>	QL (120 PER 30 DAYS)
<i>mesalamine er 0.375 gram cap</i>	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg capsule</i>	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
ROWASA 4 GM/60 ML ENEMA KIT	
SFROWASA	
<i>sulfasalazine</i>	
<i>sulfasalazine dr</i>	
Glucocorticoids	
<i>budesonide dr</i>	PA, QL (90 PER 30 DAYS)
<i>budesonide ec</i>	PA, QL (90 PER 30 DAYS)
<i>budesonide er</i>	PA, QL (30 PER 30 DAYS)
<i>hydrocortisone 100 mg/60 ml</i>	
<i>hydrocortisone 2.5% cream</i>	QL (454 PER 30 DAYS)
<i>procto-med hc</i>	QL (454 PER 30 DAYS)
<i>procto-pak</i>	
<i>proctosol-hc</i>	QL (454 PER 30 DAYS)
<i>proctozone-hc</i>	QL (454 PER 30 DAYS)
Metabolic Bone Disease Agents	
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	QL (4 PER 28 DAYS)
<i>alendronate sodium 10 mg tab</i>	QL (120 PER 30 DAYS)
ATELVIA	QL (4 PER 28 DAYS)
<i>calcitonin-salmon 200 unit spr</i>	
<i>calcitonin-salmon 400 unit/2ml</i>	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	
<i>calcitriol (1 mcg/ml ampul, 1 mcg/ml vial)</i>	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>	PA
<i>cinacalcet hcl 90 mg tablet</i>	PA
FORTEO	PA
FOSAMAX	QL (4 PER 28 DAYS)
<i>ibandronate sodium (3 mg/3 ml syringe, mg/3 ml vial)</i>	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>ibandronate sodium 150 mg tab</i>	QL (1 PER 28 DAYS)
MIACALCIN	
NATPARA	PA, QL (2 PER 28 DAYS)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, mcg/ml vial, 4 mcg capsule, 5 mcg/ml vial, 10 mcg/2 ml vial)</i>	
PROLIA	PA
<i>risedronate sodium (5 mg tablet, 30 mg tab)</i>	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	QL (4 PER 28 DAYS)
<i>risedronate sodium dr</i>	QL (4 PER 28 DAYS)
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	
SENSIPAR (60 MG TABLET, 90 MG TABLET)	PA
SENSIPAR 30 MG TABLET	PA
<i>teriparatide (600 mcg/2.4ml pen, 620 mcg/2.48 ml)</i>	PA
TYMLOS	PA
XGEVA	PA
ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	
<i>zoledronic acid (4 mg/5 ml vial, 5 mg/100 ml)</i>	

Ophthalmic Agents

Ophthalmic Agents, Other

<i>atropine 1% eye drops</i>	
<i>brimonidine tartrate-timolol</i>	
COMBIGAN	
COSOPT	
CYSTADROPS	PA
CYSTARAN	PA
<i>dorzolamide-timolol eye drops</i>	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
MAXITROL EYE OINTMENT	
<i>neo-polycin hc</i>	
<i>neomycin-bacitracin-poly-hc</i>	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	
RESTASIS	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	QL (11 PER 30 DAYS)
<i>sulfacetamide-prednisolone</i>	
TOBRADEX (DROPS, OINTMENT)	
<i>tobramycin-dexamethasone</i>	
Ophthalmic Anti-Infectives	
<i>ak-poly-bac</i>	
<i>bacitracin 500 unit/gm ophth</i>	
<i>bacitracin-polymyxin</i>	
BESIVANCE	
<i>ciprofloxacin 0.3% eye drop</i>	
<i>erythromycin 0.5% eye ointment</i>	
<i>gentamicin 0.3% eye drop</i>	
LACRISERT	
MOXEZA	
<i>moxifloxacin (drops, drp-visc)</i>	
NATACYN	
<i>neo-polycin</i>	
<i>neomycin-bacitracin-polymyxin</i>	
<i>neomycin-polymyxin-gramicidin</i>	
OCUFLOX	
<i>ofloxacin 0.3% eye drops</i>	
<i>polycin</i>	
<i>polymyxin b sul-trimethoprim</i>	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>sulfacetamide 10% eye drops</i>	
<i>sulfacetamide 10% eye ointment</i>	
<i>tobramycin 0.3% eye drop</i>	
<i>trifluridine</i>	
VIGAMOX	
Ophthalmic Anti-allergy Agents	
<i>azelastine hcl 0.05% drops</i>	
<i>cromolyn 4% eye drops</i>	
<i>epinastine hcl</i>	
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	
Ophthalmic Anti-inflammatories	
ACULAR	
ACULAR LS	
<i>bromfenac sodium (0.07% drp, 0.09% drp)</i>	
<i>dexamethasone 0.1% eye drop</i>	
<i>diclofenac 0.1% eye drops</i>	
<i>difluprednate</i>	
DUREZOL	
EYSUVIS	PA
<i>fluorometholone</i>	
<i>flurbiprofen sodium</i>	
FML	
ILEVRO	
INVELTYS	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	
PRED FORTE	
PRED MILD	
<i>prednisolone acetate</i>	
<i>prednisolone sod 1% eye drop</i>	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
PROLENSA	
Ophthalmic Beta-Adrenergic Blocking Agents	
<i>betaxolol hcl 0.5% eye drop</i>	
BETOPTIC S	
<i>carteolol hcl</i>	
ISTALOL	
<i>levobunolol hcl</i>	
<i>timolol maleate (0.25% eye drop, 0.25% gel-solution, 0.5% eye drop, 0.5% eye drop, 0.5% eye drops, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	
TIMOPTIC	
TIMOPTIC OCUDOSE	
Ophthalmic Intraocular Pressure Lowering Agents, Other	
ALPHAGAN P	
AZOPT	
<i>brimonidine tartrate (0.15% drp, 0.2% eye drop)</i>	
<i>brimonidine tartrate 0.1% drop</i>	
<i>brinzolamide</i>	
<i>dorzolamide hcl</i>	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	
RHOPRESSA	QL (15 PER 75 OVER TIME)
ROCKLATAN	QL (15 PER 75 OVER TIME)
SIMBRINZA	
Ophthalmic Prostaglandin and Prostanoid Analogs	
<i>bimatoprost 0.03% eye drops</i>	QL (15 PER 75 OVER TIME)
<i>latanoprost 0.005% eye drops</i>	QL (15 PER 75 OVER TIME)
LUMIGAN	QL (15 PER 75 OVER TIME)
TRAVATAN Z	QL (15 PER 75 OVER TIME)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>travoprost</i>	QL (15 PER 75 OVER TIME)
Otic Agents	
<i>acetic acid 2% ear solution</i>	
CIPRODEX	
<i>ciprofloxacin-dexamethasone</i>	
<i>flac otic oil</i>	
<i>fluocinolone acetonide oil</i>	
<i>hydrocortisone-acetic acid</i>	
<i>neomycin-polymyxin-hc ear susp</i>	
<i>neomycin-polymyxin-hydrocort</i>	
<i>ofloxacin 0.3% ear drops</i>	

Respiratory Tract/ Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

ARNUIITY ELLIPTA	QL (30 PER 30 DAYS)
ASMANEX	QL (1 PER 30 DAYS)
ASMANEX HFA	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	PA
<i>flunisolide</i>	QL (75 PER 30 DAYS)
<i>fluticasone prop 50 mcg spray</i>	QL (16 PER 30 DAYS)
<i>fluticasone prop hfa 110 mcg</i>	QL (12 PER 30 DAYS)
<i>fluticasone prop hfa 220 mcg</i>	QL (24 PER 30 DAYS)
<i>fluticasone prop hfa 44 mcg</i>	QL (10.6 PER 30 DAYS)
<i>mometasone furoate 50 mcg spry</i>	QL (34 PER 30 DAYS)
QVAR REDIHALER 40 MCG	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	QL (21.2 PER 30 DAYS)
XHANCE	QL (32 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
Antihistamines	
<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	QL (60 PER 30 DAYS)
<i>clemastine fum 2.68 mg tab</i>	PA
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrps)</i>	PA
<i>desloratadine 5 mg tablet</i>	
<i>diphenhydramine hcl (50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial)</i>	
<i>levocetirizine 5 mg tablet</i>	
<i>olopatadine 665 mcg nasal spry</i>	QL (30.5 PER 30 DAYS)
Antileukotrienes	
ACCOLATE	
<i>montelukast sodium</i>	
SINGULAIR	
<i>zafirlukast</i>	
Bronchodilators, Anticholinergic	
ATROVENT HFA	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	QL (30 PER 30 DAYS)
<i>ipratropium 0.03% spray</i>	QL (60 PER 30 DAYS)
<i>ipratropium 0.06% spray</i>	QL (45 PER 30 DAYS)
<i>ipratropium br 0.02% soln</i>	PA
SPIRIVA HANDIHALER	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	QL (4 PER 30 DAYS)
Bronchodilators, Sympathomimetic	
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	QL (36 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	QL (36 PER 30 DAYS)
<i>albuterol sulfate (2 mg tab, sulf 2 mg/5 ml syrup, 4 mg tab)</i>	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	PA
<i>epinephrine 0.15 mg auto-inject</i>	
<i>epinephrine 0.3 mg auto-inject</i>	
PROAIR HFA	QL (36 PER 30 DAYS)
PROAIR RESPICLICK	QL (2 PER 30 DAYS)
SEREVENT DISKUS	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	
VENTOLIN HFA	QL (36 PER 30 DAYS)
XOPENEX HFA	QL (30 PER 30 DAYS)
Cystic Fibrosis Agents	
KALYDECO	PA, QL (60 PER 30 DAYS)
ORKAMBI (100 MG TABLET, 200 MG TABLET)	PA, QL (120 PER 30 DAYS)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	PA, QL (60 PER 30 DAYS)
PULMOZYME	PA
<i>tobramycin 300 mg/5 ml ampule</i>	PA
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	PA, QL (90 PER 30 DAYS)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	PA, QL (60 PER 30 DAYS)
Mast Cell Stabilizers	
<i>cromolyn 20 mg/2 ml neb soln</i>	PA
Phosphodiesterase Inhibitors, Airways Disease	
<i>caffeine cit 60 mg/3 ml oral</i>	
DALIRESP	PA, QL (30 PER 30 DAYS)
<i>roflumilast</i>	PA, QL (30 PER 30 DAYS)
THEO-24	

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
<i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	
<i>theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)</i>	

Pulmonary Antihypertensives

ADCIRCA	PA, QL (60 PER 30 DAYS)
ADEMPAS	PA, QL (90 PER 30 DAYS)
<i>alyq</i>	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	PA, QL (60 PER 30 DAYS)
LETAIRIS	PA, QL (30 PER 30 DAYS)
OPSUMIT	PA, QL (30 PER 30 DAYS)
REMODULIN	PA
<i>sildenafil 20 mg tablet</i>	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	PA, QL (60 PER 30 DAYS)
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	PA, QL (120 PER 30 DAYS)
<i>treprostinil</i>	PA
VENTAVIS	PA, QL (270 PER 30 DAYS)

Pulmonary Fibrosis Agents

ESBRIET (267 MG CAPSULE, 267 MG TABLET)	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	PA, QL (90 PER 30 DAYS)
OFEV	PA, QL (60 PER 30 DAYS)
<i>pirfenidone (267 mg capsule, 267 mg tablet)</i>	PA, QL (270 PER 30 DAYS)
<i>pirfenidone 801 mg tablet</i>	PA, QL (90 PER 30 DAYS)

Respiratory Tract Agents, Other

<i>acetylcysteine (10% vial, 20% vial)</i>	PA
ADVAIR HFA	QL (12 PER 30 DAYS)
ANORO ELLIPTA	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
BREO ELLIPTA	QL (60 PER 30 DAYS)
<i>brey-na</i>	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	QL (10.3 PER 30 DAYS)
COMBIVENT RESPIMAT	QL (8 PER 30 DAYS)
DULERA	QL (13 PER 30 DAYS)
FASENRA	PA
FASENRA PEN	PA
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol</i>	PA
LAGEVRIO (COMMERCIAL)	QL (40 PER 30 OVER TIME)
LAGEVRIO (USG DIST.)	
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	PA, QL (30 PER 30 DAYS)
PAXLOVID 150-100 MG DOSE PACK	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	QL (30 PER 30 OVER TIME)
<i>ribavirin 6 gm inhalation vial</i>	
STIOLTO RESPIMAT	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	QL (60 PER 30 DAYS)

Skeletal Muscle Relaxants

<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>

You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	REQUIREMENTS/LIMITS
Sleep Disorder Agents	
Sleep Promoting Agents	
BELSOMRA	PA, QL (30 PER 30 DAYS)
DAYVIGO	PA, QL (30 PER 30 DAYS)
<i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>	QL (30 PER 30 DAYS)
HETLIOZ	PA, QL (30 PER 30 DAYS)
<i>ramelteon</i>	QL (30 PER 30 DAYS)
ROZEREM	QL (30 PER 30 DAYS)
SILENOR	QL (30 PER 30 DAYS)
<i>tasimelteon</i>	PA, QL (30 PER 30 DAYS)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	QL (30 PER 30 DAYS)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	QL (30 PER 30 DAYS)
Wakefulness Promoting Agents	
<i>armodafinil</i>	PA, QL (30 PER 30 DAYS)
LUMRYZ	PA, QL (30 PER 30 DAYS)
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	PA, QL (30 PER 30 DAYS)
NUVIGIL	PA, QL (30 PER 30 DAYS)
<i>sodium oxybate</i>	PA, QL (540 PER 30 DAYS)

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Retiree RxCare

Este formulario fue actualizado el 6/26/2024. Para obtener información más reciente u otros Si tiene alguna pregunta, comuníquese con el Centro de atención al cliente de Retiree RxCare al 1-855-693-3921 o, para usuarios de TTY, al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m. (EST), o visite <http://retireerxcare.amwins.com>.

You can find information on what the symbols and abbreviations on this table mean by going to the cover pages