



University of Utah Employee Plan Preferred Drug List



HEALTH PLANS
UNIVERSITY OF UTAH

How to use the Preferred Drug List

The Preferred Drug List (PDL) is a summary of prescription drugs covered under your plan. This contains the most commonly prescribed drugs with their dosing and forms. This list is not a complete list and additional drugs may be covered. *Please note that the Preferred Drug List is subject to change as new drugs become available and therapeutic categories are reviewed and updated to provide the most effective and greatest value therapies available for our members.*

Your pharmacy benefit has four tiers and the tier is identified in the second column on the Preferred Drug List below. These tiers determine your out of pocket responsibility and correspond to the copays and/or coinsurance shown on your benefit summary. In most cases, the drugs on the lower tiers will cost less.

- Tier 0: Preventive Drugs required by the Affordable Care Act (ACA)
- Tier 1: Preferred Generics
- Tier 2: Non-Preferred Generics / Preferred Brands
- Tier 3: Non-Preferred Brands
- Tier 4: Specialty (Most specialty drugs require PA and must be filled at the Plan's designated Specialty Pharmacy)

If you have any questions about the Preferred Drug List or your pharmacy benefits please contact Pharmacy Customer Service at the number listed on the back of your ID Card. Pharmacy Customer Service is available 24 hours / 7 days a week / 365 days a year. You can also view additional information by logging into the pharmacy member portal. If you need assistance in registering for the portal, please contact Pharmacy Customer Service. The pharmacy member portal provides information such as how to find a pharmacy; look up drug information like benefit tier, limits, and drug interactions; shop for best price of a medication at different pharmacies; check the status of a prescription; print your drug fill history; and how to set up mail order.

HOW DRUGS ARE CHOSEN FOR THE PDL

Drugs approved by the United States (U.S.) Food and Drug Administration (FDA) are reviewed and considered for the PDL by the Pharmaceutical & Therapeutics (P&T) Committee utilizing the following criteria:

- a) The drug is effective and medically necessary for the treatment, maintenance, and/or prevention of a specific medical condition
- b) The PDL does not have other alternatives or similar drugs that could be used in its place
- c) The drug shows a strong therapeutic outcome
- d) The drug shows safety for medical use

As new drugs are approved by the FDA, they are reviewed within 180 days against similar drugs available on PDL before being considered for inclusion. New drugs with an FDA designation of 1P (FDA priority review – potential therapeutic gain) will automatically be reviewed for consideration for the Preferred Drug List. New drugs with an FDA designation of 1S (FDA standard review – no therapeutic gain) will not be reviewed for consideration until a provider/member requests or the next therapeutic class review is done.

In addition, therapeutic classes are reviewed on a regular basis to ensure the Preferred Drug List includes the most clinically and cost-effective medications.

Members will receive notices related to drug formulary changes at the point of sale when filling a prescription that is impacted by modifications to the PDL. Network pharmacies are required to inform the member of these messages regarding updates or changes to the program which may impact a member. In addition, members whose drugs have been removed from the PDL or have a negative change such as increased tier or new limits will receive written communication of change.

PREVENTIVE DRUGS

Certain medications are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent (no patient responsibility), although limits may apply. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.

PRIOR AUTHORIZATION (PA)

To ensure appropriate utilization, some generic and brand medications and all specialty drugs require Prior Authorization to be eligible for coverage under the member's prescription drug benefit. The P&T Committee establishes the Prior

Authorization criteria. In order for a member to receive coverage for a medication requiring Prior Authorization, the member or member's provider should contact Pharmacy Customer Service at the number listed on the back of your ID Card. Your provider will be required to complete a prior authorization form and provide clinical documentation to show why this medication is needed for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include in his/her letter your diagnosis and previous therapies that have failed. If Prior Authorization is not received or if the medication is filled prior to approval, the cost of the medication will be full member responsibility. In addition, Prior Authorizations are not able to be back-dated.

QUANTITY LIMIT (QL)

Quantity Limit is a program that ensures members do not receive a prescription for a quantity that exceeds recommended Plan or safety limits. Limits are set because some medications have the potential to be abused, misused, shared, or have a manufacturer's limit on the recommended maximum dose. Quantity limits are based on FDA approved dosing schedules, current medical practices, evidence-based clinical guidelines, and peer-reviewed medical literature related to a particular drug. Prior Authorization is required for any quantities that exceed Plan limits.

STEP THERAPY (ST)

Step Therapy is a program for prescription drugs that are taken on a regular basis to treat an ongoing medical condition. The program is developed around safety, cost, and a member's health. In Step Therapy, the covered drugs are arranged in a series of "steps". The program typically starts with generic drugs as the "first step." These generics are rigorously tested and approved by the FDA and allow you to have safe, effective treatment with medication that is more affordable. More expensive brand-name drugs are usually considered in the "second step" if your provider determines the "second step" products are medically necessary for your treatment. Step Therapy is developed under the guidance and direction of independent, licensed doctors, pharmacists, and other medical experts. They review the most current research on thousands of drugs tested and approved by the FDA for safety and efficacy. The first time you submit a prescription that is not for a first-step drug, your pharmacist will receive a message to tell you that the Plan requires Step Therapy. This means if you don't want to pay full price for your prescription drug, your doctor needs to write a new prescription for a "first-step" drug. With Step Therapy, if you've already tried and failed the "first-step" drug, can't take the "first-step" drug (because of an allergy, etc.), and/or your provider can show medical necessity for the second step products, your provider can submit a request for Prior Authorization review.

THERAPEUTIC INTERCHANGE (TI)

Therapeutic interchange is the practice of replacing, with your physician's approval, a prescription medication originally prescribed with a chemically different medication. Medications used in therapeutic interchange programs are expected to produce similar levels of effectiveness and results. Therapeutic interchange programs are based on scientific evidence. These programs are developed and administered by a team of physicians, pharmacists, and other medical practitioners who are experts in the diagnosis and treatment of disease. The program is designed to work along with other tools that medical professionals use to promote safe and effective drug therapy. If therapeutic interchange is required on a drug, your pharmacist will receive a message to request a therapeutic interchange from your provider. If you or your provider feel the interchange is not right for you and you do not want to pay full price for your prescription, your provider can submit a request for Prior Authorization review.

AGE

Some medications have a minimum or maximum age limit requirement under the Plan. Only members within those limits are able to fill those medications.

BRAND-GENERIC PENALTY (Ancillary Charge)

A Brand-Generic penalty is applied if you receive a brand name drug, regardless of reason or medical necessity, or if your provider prescribes a brand name drug when a generic is available. A Brand-Generic Penalty is the difference in cost from the generic to the brand name drug. This penalty is in addition to the regular cost sharing outlined in your benefits summary. The Brand-Generic penalty does not apply towards Deductibles or Out-of-Pocket Maximum.

GENERIC MANDATORY PLAN

The Plan mandates generic drugs wherever available. If a brand-name drug is requested when a generic is available, the generic will be available without a Prior Authorization. If brand is still desired, Prior Authorization will be required, even if not indicated on the PDL below. If brand is approved through the PA process, the Brand-Generic penalty will still be applied.

MAIL ORDER

Mail order is when a 90 day supply of a generic or brand name drug (Tier 0, 1, 2, and 3) is mailed directly to you through a designated Mail Order Pharmacy. Not all medications are available through Mail Order. Contact Pharmacy Customer Service at the number listed on the back of your ID Card for more information or to get started on the Mail Order program.

SPECIALTY PHARMACY

The Plan requires that all medications noted as Specialty drugs (Tier 4) be filled through the Plan's designated Specialty Pharmacies. In cases where drugs are available only through a limited distribution channel from the manufacturer, these drugs may be filled at other designated specialty pharmacies as directed by the Plan.

OFF-LABEL USE OF MEDICATIONS

The FDA requires that drugs used in the U.S. be safe and effective. The label information of a medication outlines drug use for "approved" doses and specific conditions or disease states. The use of a drug for a disease state or condition not listed on the label, or in a dose or therapy not listed on the label, is considered to be a "non-approved" or "off-label" use of the drug. Off-label use of a medication is not covered unless it meets the Plan's off-label use policy. A Prior Authorization is required when a medication is used outside of its FDA indication, dosage, or treatment. Coverage will be reviewed under the off-label use policy and subject to the same conditions and limitations as any other prescription drug. Therapies deemed investigational are not a covered benefit.

NON-FORMULARY (not covered) OR EXCEPTION REQUESTS FOR MEDICATIONS

For drugs that are not covered by the Plan or non-formulary drugs, you or your provider can submit an exception request. Your provider will be required to complete a request for formulary exception form and provide clinical documentation to show why this medication is needed for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include in his/her letter your diagnosis and previous therapies that have failed. If exception request approval is not received or medication is filled prior to approval, the cost of the medication will be full member responsibility. Contact Pharmacy Customer Service at the number listed on the back of your ID Card for more information.

PAPER CLAIMS FILING LIMITS

Point-of-sale claims are generally submitted electronically at the time of dispensing. However, there may be mitigating reasons that require a claim to be submitted via a paper claim after being dispensed. The timely filing limit for paper claims submission is 90 days from the date of service for all original claims. Paper claims will be reimbursed off of what the contractual discount would have been if claim had processed through the system, so member will be responsible for any difference in paid cost.

Table of Contents

Analgesic, Anti-Inflammatory Or Antipyretic	3
Anesthetics	10
Anorectal Preparations	10
Antidotes And Other Reversal Agents	10
Anti-Infective Agents	11
Antineoplastics	20
Antiseptics And Disinfectants	25
Biologicals	25
Cardiovascular Therapy Agents	29
Central Nervous System Agents	37
Chemical Dependency, Agents To Treat	53
Chemicals-Pharmaceutical Adjuvants	54
Cognitive Disorder Therapy	55
Contraceptives	56
Dermatological	63
Diagnostic Agents	72
Drugs To Treat Erectile Dysfunction	72
Eating Disorder Therapy	73
Electrolyte Balance-Nutritional Products	73
Endocrine	76
Enzymes	84
Fdb Class Obsolete-Not Used	84
Gastrointestinal Therapy Agents	84
Genitourinary Therapy	89
Gout And Hyperuricemia Therapy	91
Hematological Agents	92
Immunosuppressive Agents	95
Locomotor System	95
Medical Supplies And Durable Medical Equipment (Dme)	96
Medical Supply, Fdb Superset	100
Metabolic Disease Enzyme Replacement Agents	104
Metabolic Modifiers	104
Mouth-Throat-Dental - Preparations	104
Multiple Sclerosis Agents	105
Ophthalmic Agents	106
Otic (Ear)	109
Respiratory Therapy Agents	110
Vaginal Products	116

CURRENT AS OF 1/1/2020

Status 0 = Zero Cost Share Preventive Drugs 1 = Preferred Generic 2 = Non-Preferred Generic, Preferred Brand 3 = Non-Preferred Brand 4 = Specialty Drugs		
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		Necessary Actions, Restrictions, or Limits on Use PA = Prior Authorization Required ST = Step Therapy Applies
Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Analgesic, Anti-Inflammatory Or Antipyretic		
Analgesic Opioid Agonists		
ABSTRAL	3	PA; QL (120 EA per 30 days)
ARYMO ER	3	PA; QL (60 EA per 30 days)
<i>codeine sulfate oral tablet</i>	1	QL (180 EA per 30 days)
<i>fentanyl</i>	1	PA; QL (15 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	2	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	2	PA; QL (30 EA per 30 days)
<i>fentanyl citrate buccal tablet, effervescent</i>	2	PA; QL (112 EA per 28 days)
<i>hydromorphone injection syringe 0.5 mg/0.5 ml</i>	1	QL (120 ML per 30 days)
<i>hydromorphone oral liquid</i>	1	QL (120 ML per 30 days)
<i>hydromorphone oral tablet</i>	1	QL (90 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA; QL (30 EA per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 60 MG, 80 MG	3	PA; QL (30 EA per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG	3	PA; QL (60 EA per 30 days)
LAZANDA	3	PA; QL (5 EA per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	1	QL (60 EA per 30 days)
<i>methadone injection solution</i>	1	QL (240 ML per 30 days)
<i>methadone oral concentrate</i>	1	QL (60 ML per 30 days)
<i>methadone oral solution</i>	1	QL (240 ML per 30 days)
<i>methadone oral tablet</i>	1	QL (60 EA per 30 days)
<i>methadone oral tablet,soluble</i>	1	QL (30 EA per 30 days)
METHADOSE ORAL CONCENTRATE	1	QL (60 ML per 30 days)
<i>morphine concentrate oral solution</i>	1	QL (120 ML per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 45 mg, 75 mg, 90 mg</i>	2	PA; QL (30 EA per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 60 mg</i>	2	PA; QL (60 EA per 30 days)
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	PA; QL (60 EA per 30 days)
<i>morphine oral solution</i>	1	QL (480 ML per 30 days)
<i>morphine oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
<i>morphine oral tablet 30 mg</i>	1	QL (90 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>morphine oral tablet extended release 100 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; QL (60 EA per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	1	PA; QL (90 EA per 30 days)
NUCYNTA	3	PA; QL (90 EA per 30 days)
NUCYNTA ER	3	PA; QL (60 EA per 30 days)
<i>oxycodone oral capsule</i>	1	QL (240 EA per 30 days)
<i>oxycodone oral concentrate</i>	1	QL (90 ML per 30 days)
<i>oxycodone oral solution</i>	1	QL (1800 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL (90 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg</i>	1	PA; QL (60 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 15 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	2	PA; QL (60 EA per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	QL (90 EA per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	QL (60 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 5 mg, 7.5 mg</i>	1	PA; QL (60 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 15 mg, 20 mg, 30 mg, 40 mg</i>	2	PA; QL (60 EA per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	3	PA; QL (120 EA per 30 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 1,600 MCG (800 MCG/SPRAY X 2)	3	PA; QL (30 EA per 30 days)
<i>tramadol oral capsule,er biphasic 24 hr 17-83</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol oral capsule,er biphasic 24 hr 25-75</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphasic 24 hr</i>	1	PA; QL (30 EA per 30 days)
ZOXYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	PA; QL (60 EA per 30 days)
Analgesic Opioid Codeine Combinations		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	QL (450 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (240 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180 EA per 30 days)
BUTALBITAL COMPOUND W/CODEINE	2	QL (180 EA per 30 days)
<i>butalbital-acetaminop-caf-cod</i>	1	QL (180 EA per 30 days)
Analgesic Opioid Dihydrocodeine Combinations		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	QL (120 EA per 30 days)
<i>aspirin-caffeine-dihydrocodein</i>	1	QL (120 EA per 30 days)
Analgesic Opioid Dihydrocodeine, Non-Salicylate Analgesic, Xanthine		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	QL (120 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Analgesic Opioid Dihydrocodeine, Salicylate Analgesic, Xanthine Comb		
<i>aspirin-caffeine-dihydrocodein</i>	1	QL (120 EA per 30 days)
Analgesic Opioid Hydrocodone And Non-Salicylate Combinations		
<i>hydrocodone-acetaminophen 5-325 mg tablet</i>	1	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (450 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg</i>	1	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	1	QL (180 EA per 30 days)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	QL (450 ML per 30 days)
ZAMICET	1	QL (450 ML per 30 days)
Analgesic Opioid Hydrocodone And Nsaid Combinations		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (120 EA per 30 days)
Analgesic Opioid Hydrocodone Combinations		
<i>hydrocodone-acetaminophen 5-325 mg tablet</i>	1	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (450 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg</i>	1	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	1	QL (180 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (120 EA per 30 days)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	QL (450 ML per 30 days)
ZAMICET	1	QL (450 ML per 30 days)
Analgesic Opioid Oxycodone And Non-Salicylate Combinations		
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>	1	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (180 EA per 30 days)
Analgesic Opioid Oxycodone And Nsaid Combinations		
<i>ibuprofen-oxycodone</i>	1	QL (120 EA per 30 days)
Analgesic Opioid Oxycodone And Salicylate Combinations		
<i>oxycodone-aspirin</i>	1	QL (120 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Analgesic Opioid Oxycodone Combinations		
<i>ibuprofen-oxycodone</i>	1	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>	1	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone-aspirin</i>	1	QL (120 EA per 30 days)
Analgesic Opioid Partial-Mixed Agonists		
BELBUCA	3	QL (60 EA per 30 days)
<i>buprenorphine</i>	2	QL (4 EA per 28 days)
<i>butorphanol tartrate nasal</i>	1	QL (2.5 ML per 30 days)
<i>pentazocine-naloxone</i>	1	QL (120 EA per 30 days)
TALWIN	4	PA
Analgesic Opioid Tramadol And Non-Salicylate Combinations		
<i>tramadol-acetaminophen</i>	1	QL (120 EA per 30 days)
Analgesic Opioid Tramadol Combinations		
<i>tramadol-acetaminophen</i>	1	QL (120 EA per 30 days)
Analgesic Or Antipyretic Non-Opioid/Sedative Combinations		
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	
<i>butalbital-acetaminophen-caffeine 50-325-40 mg tablet</i>	1	
TENCON ORAL TABLET 50-325 MG	1	
VANATOL LQ	3	
Anti-Inflammatory - Interleukin-1 Beta Blockers		
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA; QL (1 ML per 56 days)
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective		
ENBREL MINI	4	PA
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; QL (16 EA per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; QL (8 ML per 28 days)
ENBREL SURECLICK	4	PA; QL (8 ML per 28 days)
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Tnf-Alpha Sel		
CIMZIA POWDER FOR RECONST	4	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT	4	PA; QL (3 EA per 30 days)
HUMIRA PEDIATRIC CROHNS START	4	PA; QL (6 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	4	PA; QL (6 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) 40 MG/0.4 ML SYRINGE	4	PA; QL (2 EA per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
HUMIRA(CF) PEN 40 MG/0.4 ML LATEX-FREE, SUV, P/F	4	PA; QL (2 EA per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (1 ML per 28 days)
Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents		
CIMZIA POWDER FOR RECONST	4	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT	4	PA; QL (3 EA per 30 days)
ENBREL MINI	4	PA
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; QL (16 EA per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; QL (8 ML per 28 days)
ENBREL SURECLICK	4	PA; QL (8 ML per 28 days)
HUMIRA PEDIATRIC CROHNS START	4	PA; QL (6 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	4	PA; QL (6 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) 40 MG/0.4 ML SYRINGE	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML LATEX-FREE, SUV, P/F	4	PA; QL (2 EA per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (1 ML per 28 days)
Dmard - Antimalarials		
<i>hydroxychloroquine</i>	1	PA
Dmard - Antimetabolites		
<i>methotrexate sodium oral</i>	1	
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	PA
Dmard - Antinflammatory, Select. Costimulation Modulator, T-Cell Inhib.		
ORENCIA CLICKJECT	4	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA
Dmard - Gold Compounds		
RIDAURA	3	
Dmard - Immunosuppressives		
<i>azathioprine</i>	1	
<i>cyclophosphamide oral capsule</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	1	QL (90 EA per 30 days)
<i>cyclosporine modified oral capsule 50 mg</i>	2	QL (120 EA per 30 days)
<i>cyclosporine modified oral solution</i>	1	QL (90 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>cyclosporine oral capsule</i>	2	
GENGRAF ORAL CAPSULE 50 MG	2	QL (120 EA per 30 days)
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	
<i>mycophenolate mofetil oral tablet</i>	1	
Dmard - Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET	4	PA; QL (28 ML per 28 days)
Dmard - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody		
ACTEMRA	4	PA
Dmard - Janus Kinase (Jak) Inhibitors		
OLUMIANT 2 MG TABLET	4	PA; QL (30 EA per 30 days)
OLUMIANT ORAL TABLET 1 MG	4	PA; QL (30 EA per 30 days)
XELJANZ ORAL TABLET 5 MG	4	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	4	PA; QL (30 EA per 30 days)
Dmard - Other		
CUPRIMINE	3	
DEPEN TITRATABS	4	PA
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>sulfasalazine</i>	1	
Dmard - Phosphodiesterase-4 (Pde4) Inhibitors		
OTEZLA	4	PA; QL (60 EA per 30 days)
OTEZLA STARTER	4	PA; QL (60 EA per 30 days)
Dmard - Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1	QL (30 EA per 30 days)
Immunomodulator B-Lymphocyte Stimulator (Blys)-Specific Inhibitor Mcab		
BENLYSTA INTRAVENOUS	4	PA
BENLYSTA SUBCUTANEOUS	4	PA; QL (4 ML per 28 days)
Nsaid Analgesic And Prostaglandin Analog Combinations		
<i>diclofenac-misoprostol</i>	1	
Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors		
<i>celecoxib oral capsule 100 mg, 50 mg</i>	1	
<i>celecoxib oral capsule 200 mg, 400 mg</i>	1	QL (60 EA per 30 days)
Nsaid Analgesics (Cox Non-Specific) - Anthranilic Acid Derivatives		
<i>meclofenamate oral capsule 50 mg</i>	1	
<i>mefenamic acid</i>	2	
Nsaid Analgesics (Cox Non-Specific) - Other		
<i>ketorolac intramuscular</i>	1	QL (4 ML per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>ketorolac oral</i>	1	QL (20 EA Max Qty Per Fill Retail)
<i>nabumetone</i>	1	
<i>sulindac</i>	1	
<i>tolmetin</i>	1	
Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives		
<i>meloxicam oral suspension</i>	1	
<i>meloxicam oral tablet</i>	1	QL (30 EA per 30 days)
<i>piroxicam</i>	1	
Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives		
CAMBIA	3	QL (9 EA per 30 days)
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium oral</i>	1	
Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives		
<i>fenoprofen</i>	1	
<i>flurbiprofen</i>	1	
IBU	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	
<i>naproxen</i>	1	
<i>naproxen sod cr 375 mg tablet</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>oxaprozin</i>	1	
Nsaid Analgesics (Cyclooxygenase Inhibitors-Non-Selective)		
CAMBIA	3	QL (9 EA per 30 days)
Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives		
<i>etodolac</i>	1	
<i>indomethacin oral capsule 25 mg</i>	1	QL (120 EA per 30 days)
<i>indomethacin oral capsule 50 mg</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
Salicylate Analgesic And Sedative Combinations		
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
Salicylate Analgesic Combinations		
<i>choline,magnesium salicylate</i>	1	
Salicylate Analgesics		
<i>aspirin oral tablet</i>	0	
<i>aspirin oral tablet,delayed release (drlec) 325 mg, 81 mg</i>	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
BAYER ASPIRIN	0	
CHILDREN'S ASPIRIN	0	
<i>diflunisal</i>	1	
ECOTRIN	0	
<i>salsalate</i>	1	
ST. JOSEPH ASPIRIN	0	
Anesthetics		
General Anesthetic - Parenteral, Benzodiazepines		
<i>midazolam (pf) injection solution 5 mg/ml</i>	1	
<i>midazolam injection solution 5 mg/ml</i>	1	
Local Anesthetic - Amides		
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine topical ointment</i>	1	
Anorectal Preparations		
Anorectal - Glucocorticoids		
ANUSOL-HC RECTAL SUPPOSITORY	2	
<i>hydrocortisone acetate rectal</i>	2	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
PROCTO-MED HC	1	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb		
<i>hydrocortisone-pramoxine rectal</i>	1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
Antidotes And Other Reversal Agents		
Antidote - Acetaminophen Poisoning		
<i>acetylcysteine</i>	1	
CETYLEV	3	
Antidote - Radioactive Agents		
RADIOGARDASE	2	
Antidote Others		
GALZIN	3	
RADIOGARDASE	2	
Chelating Agents - Copper		
CUPRIMINE	3	
DEPEN TITRATABS	4	PA
<i>trientine</i>	4	PA
Chelating Agents - Iron		
<i>deferasirox 125 mg tb for susp</i>	4	PA
<i>deferasirox 250 mg tb for susp</i>	4	PA
<i>deferasirox 500 mg tb for susp</i>	4	PA
FERRIPROX ORAL SOLUTION	4	PA
FERRIPROX ORAL TABLET 500 MG	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
JADENU	4	PA
Chelating Agents - Lead Poisoning		
CHEMET	3	PA
Mu-Opioid Receptor Antagonists, Peripherally-Acting		
ENTEREG	3	PA
MOVANTIK	3	PA; QL (30 EA per 30 days)
SYMPROIC	3	PA; QL (30 EA per 30 days)
Opioid Reversal Agents - Opioid Antagonists		
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naltrexone</i>	1	QL (60 EA per 30 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	1	QL (2 EA per 30 days)
Anti-Infective Agents		
Amebicides		
<i>paromomycin</i>	1	
Aminoglycoside Antibiotic		
<i>gentamicin injection solution 40 mg/ml</i>	3	
<i>neomycin</i>	1	
Aminopenicillin Antibiotic		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>ampicillin oral capsule</i>	1	
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
Anthelmintic Agents - Benzimidazole Derivatives		
<i>albendazole</i>	2	QL (120 EA per 30 days)
EMVERM	3	PA; QL (6 EA per 3 days)
Anthelmintic Agents - Macrocyclic Lactones		
<i>ivermectin oral</i>	1	
Anthelmintic Agents Other		
<i>ivermectin oral</i>	1	
<i>praziquantel 600 mg tablet</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antibacterial Folate Antagonist - Other Combinations		
<i>sulfamethoxazole-trimethoprim oral</i>	1	
Antibacterial Folate Antagonist Others		
<i>trimethoprim</i>	1	
Antibacterial Nitrofurantoin Derivatives		
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate-cryst</i>	1	
Antibacterial Other		
MONUROL	3	
Antifungal - Allylamines		
<i>terbinafine hcl oral</i>	1	QL (30 EA per 30 days)
Antifungal - Amphoteric Polyene Macrolides		
<i>nystatin oral tablet</i>	1	
Antifungal - Fluorinated Pyrimidine-Type Agents		
<i>flucytosine</i>	1	
Antifungal - Imidazoles		
<i>ketoconazole oral</i>	1	
ORAVIG	3	QL (14 EA per 14 days)
Antifungal - Triazoles		
CRESEMBA ORAL	4	PA; QL (68 EA per 30 days)
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL (180 EA per 30 days)
<i>itraconazole oral capsule</i>	1	
NOXAFIL ORAL SUSPENSION	4	PA; QL (105 ML per 30 days)
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC)	4	PA; QL (31 EA per 30 days)
<i>voriconazole oral suspension for reconstitution</i>	1	
<i>voriconazole oral tablet 200 mg</i>	2	QL (60 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	1	QL (120 EA per 30 days)
Antifungal Other		
<i>flucytosine</i>	1	
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	2	QL (30 EA per 30 days)
<i>griseofulvin ultramicrosize</i>	2	QL (30 EA per 30 days)
Antileprotic - Immunomodulators		
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (60 EA per 30 days)
Antileprotic - Sulfone Agents		
<i>dapsone oral</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antimalarial Combinations		
<i>atovaquone-proguanil</i>	1	
COARTEM	2	
Antimalarials		
<i>chloroquine phosphate</i>	1	
<i>hydroxychloroquine</i>	1	PA
<i>mefloquine</i>	1	
<i>primaquine</i>	2	
<i>quinine sulfate</i>	1	
Antiprotozoal Agents - Other		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	PA
ALINIA ORAL TABLET	3	PA; QL (20 EA per 10 days)
<i>atovaquone</i>	1	
IMPAVIDO	3	PA; QL (84 EA per 28 days)
Antiprotozoal Agents (Antiparasitic) - 5-Nitrothiazolyl Derivatives		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	PA
ALINIA ORAL TABLET	3	PA; QL (20 EA per 10 days)
Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole		
<i>metronidazole oral</i>	1	
Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole		
<i>tinidazole</i>	1	
Antiretroviral - Ccr5 Co-Receptor Antagonist		
SELZENTRY ORAL TABLET	4	PA
Antiretroviral - Hiv-1 Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN	4	PA
Antiretroviral - Hiv-1 Integrase Strand Transfer Inhibitors		
ISENTRESS HD	4	QL (60 EA per 30 days)
ISENTRESS ORAL POWDER IN PACKET	4	QL (240 EA per 30 days)
ISENTRESS ORAL TABLET	4	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	QL (720 EA per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	4	QL (60 EA per 30 days)
Antiretroviral - Integrase Inhibitor And Nrti Combinations		
DOVATO 50-300 MG TABLET	4	PA; QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (Nnrti)		
EDURANT	4	QL (30 EA per 30 days)
<i>efavirenz</i>	4	
INTELENCE ORAL TABLET 100 MG, 25 MG	4	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	4	QL (60 EA per 30 days)
<i>nevirapine oral suspension</i>	1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	1	QL (60 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	QL (90 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	QL (30 EA per 30 days)
PIFELTRO 100 MG TABLET	4	
RESCRIPTOR ORAL TABLET	4	QL (180 EA per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	4	QL (360 EA per 30 days)
SUSTIVA ORAL CAPSULE 200 MG	4	QL (120 EA per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	4	QL (360 EA per 30 days)
SUSTIVA ORAL TABLET	4	QL (30 EA per 30 days)
Antiretroviral - Nucleoside And Nucleotide Analog Rtis Combinations		
DESCOVY	4	QL (30 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	
TRUVADA ORAL TABLET 200-300 MG	4	QL (30 EA per 30 days)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir oral solution</i>	1	
<i>abacavir oral tablet</i>	1	QL (60 EA per 30 days)
<i>didanosine oral capsule, delayed release (drlec) 125 mg</i>	4	QL (90 EA per 30 days)
<i>didanosine oral capsule, delayed release (drlec) 200 mg</i>	4	QL (60 EA per 30 days)
<i>didanosine oral capsule, delayed release (drlec) 250 mg, 400 mg</i>	4	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	4	QL (850 ML per 30 days)
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	QL (30 EA per 30 days)
RETROVIR INTRAVENOUS	4	
<i>stavudine oral capsule 15 mg, 20 mg</i>	1	QL (120 EA per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	1	QL (60 EA per 30 days)
VIDEX 4 GRAM PEDIATRIC	4	QL (120 ML per 30 days)
ZERIT ORAL RECON SOLN	4	
ZIAGEN ORAL TABLET	4	QL (60 EA per 30 days)
<i>zidovudine oral capsule</i>	1	QL (180 EA per 30 days)
<i>zidovudine oral syrup</i>	1	QL (1920 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>zidovudine oral tablet</i>	1	QL (60 EA per 30 days)
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors		
<i>tenofovir disoproxil fumarate</i>	4	
VIREAD ORAL POWDER	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (30 EA per 30 days)
Antiretroviral Combinations - Protease Inhibitors		
EVOTAZ	4	QL (30 EA per 30 days)
KALETRA	4	PA
<i>lopinavir-ritonavir</i>	1	
PREZCOBIX	4	QL (30 EA per 30 days)
Antiretroviral- Nucleoside And Nucleotide Analogs, Protease Inhibitors		
SYMTUZA 800-150-200-10 MG TAB	4	
Antiretroviral-Integrase Inhibitor, Nucleoside And Nucleotide Rti Comb		
BIKTARVY 50-200-25 MG TABLET	4	QL (30 EA per 30 days)
GENVOYA	4	QL (30 EA per 30 days)
STRIBILD	4	QL (30 EA per 30 days)
Antiretroviral-Nucleoside Analogs And Integrase Inhibitor Combinations		
TRIUMEQ	4	QL (30 EA per 30 days)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (Nrti) Comb		
<i>abacavir-lamivudine</i>	1	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	1	QL (60 EA per 30 days)
EPZICOM	4	QL (30 EA per 30 days)
<i>lamivudine-zidovudine</i>	1	QL (60 EA per 30 days)
Antiretroviral-Nucleoside, Nucleotide Analogs And Non-Nucleoside Rti		
ATRIPLA	4	
COMPLERA	4	QL (30 EA per 30 days)
ODEFSEY	4	QL (30 EA per 30 days)
Antitubercular - Aminobenzoic Acid Analogs		
PASER	3	
Antitubercular - D-Alanine Analogs		
<i>cycloserine</i>	2	
Antitubercular - Diarylquinoline Antibiotics		
SIRTURO	4	PA
Antitubercular - Isonicotinic Acid Derivatives		
<i>isoniazid</i>	1	
Antitubercular - Niacinamide Derivatives		
<i>pyrazinamide</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antitubercular - Rifamycin And Derivatives		
PRIFTIN	3	
<i>rifabutin</i>	1	
<i>rifampin oral</i>	1	
Antitubercular Agents Other		
<i>ethambutol</i>	1	
TRECTOR	3	
Antitubercular Combinations		
RIFAMATE	3	
RIFATER	3	
Cephalosporin Antibiotics - 1St Generation		
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cephalexin</i>	1	
Cephalosporin Antibiotics - 2Nd Generation		
<i>cefaclor oral capsule</i>	1	QL (30 EA per 10 days)
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	QL (20 EA per 10 days)
<i>cefprozil</i>	1	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION 125 MG/5 ML	3	
CEFTIN ORAL SUSPENSION FOR RECONSTITUTION 250 MG/5 ML	2	
<i>cefuroxime axetil oral tablet</i>	1	
Cephalosporin Antibiotics - 3Rd Generation		
<i>cefdinir</i>	1	
<i>cefditoren pivoxil</i>	1	
<i>cefixime oral capsule</i>	2	QL (14 EA per 30 days)
<i>cefixime oral suspension for reconstitution</i>	2	
<i>cefpodoxime</i>	1	
<i>ceftibuten</i>	1	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE	3	
Cmv Antiviral Agent - Nucleoside Analogs		
<i>valganciclovir oral recon soln</i>	4	PA
<i>valganciclovir oral tablet</i>	2	
Fluoroquinolone Antibiotics		
<i>ciprofloxacin</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
FACTIVE	3	
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	QL (14 EA per 14 days)
<i>moxifloxacin oral</i>	1	QL (14 EA Max Qty Per Fill Retail)
<i>ofloxacin oral tablet 400 mg</i>	1	
Glycopeptide Antibiotics		
<i>vancomycin 1 gm vial plf, latex-free</i>	1	
<i>vancomycin hcl 750 mg vial plf, llf, inner</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	PA
<i>vancomycin intravenous recon soln 10 gram, 5 gram, 750 mg</i>	1	
<i>vancomycin oral capsule</i>	2	QL (56 EA per 14 days)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral)		
BARACLUDGE ORAL SOLUTION	4	PA
<i>entecavir</i>	1	QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	QL (30 EA per 30 days)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral)		
<i>adefovir</i>	4	PA; QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	
VIREAD ORAL POWDER	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (30 EA per 30 days)
Hepatitis C - Interferons		
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	4	PA; QL (4 EA per 30 days)
Hepatitis C - Ns5a Inhibitor And Ns3/4A Protease Inhibitor Combination		
MAVYRET	4	PA
Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations		
<i>ledipasvir-sofosbuvir 90-400 mg</i>	4	PA
<i>sofosbuvir-velpatasvir 400-100</i>	4	PA
Hepatitis C - Nucleoside Analogs		
MODERIBA	3	PA
MODERIBA DOSE PACK	3	PA
REBETOL ORAL SOLUTION	3	PA
RIBASPHERE ORAL CAPSULE	3	PA
RIBASPHERE ORAL TABLET 400 MG, 600 MG	3	PA
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Herpes Antiviral Agent - Purine Analogs		
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium</i>	1	
SITAVIG	3	ST
<i>valacyclovir</i>	1	
Herpes Antiviral Agent - Thymidine Analogs		
<i>famciclovir</i>	1	QL (60 EA per 30 days)
Influenza Antiviral Agents - Neuraminidase Inhibitors		
<i>oseltamivir oral capsule</i>	1	
<i>oseltamivir oral suspension for reconstitution</i>	1	QL (180 ML Max Qty Per Fill Retail)
RELENZA DISKHALER	2	QL (20 EA per 10 days)
Influenza Antiviral Agents - Pa Endonuclease Inhibitor		
XOFLUZA	3	QL (2 EA Max Qty Per Fill Retail)
Influenza-A Antiviral Agents		
<i>rimantadine</i>	1	
Lincosamide Antibiotics		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
Macrolide Antibiotics		
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	1	QL (30 ML per 5 days)
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i>	1	QL (90 ML per 5 days)
<i>azithromycin oral tablet 250 mg</i>	1	QL (6 EA per 5 days)
<i>azithromycin oral tablet 500 mg, 600 mg</i>	1	QL (30 EA per 30 days)
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet 250 mg</i>	1	
<i>clarithromycin oral tablet 500 mg</i>	1	QL (28 EA per 14 days)
<i>clarithromycin oral tablet extended release 24 hr</i>	1	QL (28 EA per 14 days)
DIFICID	4	PA; QL (20 EA per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin oral tablet 250 mg</i>	1	
<i>erythromycin oral tablet, delayed release (drlec)</i>	1	
PCE	3	
ZMAX	3	
Misc Anti-Infective		
NEBUPENT	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Misc Anti-Infective Combinations		
HYOPHEN	2	
URO-MP	2	
Oxazolidinone Antibiotics		
<i>linezolid in dextrose 5%</i>	4	PA
<i>linezolid oral suspension for reconstitution</i>	1	
<i>linezolid oral tablet</i>	1	QL (56 EA per 28 days)
Penicillin Antibiotic - Natural		
<i>penicillin v potassium</i>	1	
Penicillin Antibiotic - Penicillinase-Resistant		
<i>dicloxacillin</i>	1	
Protease Inhibitors (Non-Peptidic) Antiretroviral		
APTIVUS	4	QL (120 EA per 30 days)
APTIVUS (WITH VITAMIN E)	4	QL (300 ML per 30 days)
PREZCOBIX	4	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	4	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	4	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (300 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	4	
Protease Inhibitors (Peptidic) Antiretroviral		
<i>atazanavir oral capsule 150 mg</i>	1	
<i>atazanavir oral capsule 200 mg</i>	1	QL (60 EA per 30 days)
<i>atazanavir oral capsule 300 mg</i>	1	QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	QL (360 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	QL (180 EA per 30 days)
EVOTAZ	4	QL (30 EA per 30 days)
<i>fosamprenavir</i>	4	QL (120 EA per 30 days)
INVIRASE ORAL CAPSULE	4	QL (300 EA per 30 days)
INVIRASE ORAL TABLET	4	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION	4	QL (1800 ML per 30 days)
LEXIVA ORAL TABLET	4	QL (120 EA per 30 days)
NORVIR ORAL CAPSULE	4	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION	4	QL (480 ML per 30 days)
REYATAZ ORAL POWDER IN PACKET	4	
<i>ritonavir</i>	1	
VIRACEPT ORAL TABLET	4	
Rifamycins And Related Derivative Antibiotics		
PRIFTIN	3	
<i>rifabutin</i>	1	
<i>rifampin oral</i>	1	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (90 EA per 30 days)
Sulfonamide Antibiotic		
<i>sulfadiazine</i>	1	
Tetracycline Antibiotics		
AVIDOXY	1	
<i>demeclocycline</i>	1	
DORYX MPC	3	PA
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg</i>	1	
<i>doxycycline hyclate oral tablet 75 mg</i>	1	PA
<i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 200 mg</i>	2	PA
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 75 mg</i>	2	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 75 mg</i>	1	PA
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg</i>	2	QL (30 EA per 30 days)
MONDOXYNE NL	1	
<i>tetracycline</i>	1	
VIBRAMYCIN ORAL SYRUP	3	
Antineoplastics		
Antineoplastic-Epiderm.Growth Factor-Egfr (ErbB1),Her-2 (ErbB2)R.Inhib		
TYKERB	4	PA; QL (180 EA per 30 days)
Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor		
<i>abiraterone</i>	2	PA; QL (120 EA per 30 days)
Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor		
<i>erlotinib</i>	4	PA; QL (30 EA per 30 days)
Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor		
GILOTRIF	4	PA; QL (30 EA per 30 days)
VIZIMPRO 15 MG TABLET	4	PA
VIZIMPRO 30 MG TABLET	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
VIZIMPRO 45 MG TABLET	4	PA
Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor		
TAGRISO	4	PA
Antineoplastic - Alkylating Agent - Alkyl Sulfonates		
MYLERAN	4	PA
Antineoplastic - Alkylating Agent - Ethylenimines And Methylmelamines		
HEXALEN	4	PA
Antineoplastic - Alkylating Agent - Methylhydrazines		
MATULANE	4	PA
Antineoplastic - Alkylating Agent - Nitrogen Mustards		
ALKERAN	4	PA
<i>cyclophosphamide oral capsule</i>	1	
LEUKERAN	4	PA
<i>melphalan</i>	1	
Antineoplastic - Alkylating Agent - Nitrosoureas		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA
Antineoplastic - Alkylating Agent - Triazines		
<i>temozolomide</i>	2	QL (10 EA per 28 days)
Antineoplastic - Anaplastic Lymphoma Kinase (Alk) Inhibitors		
ALECENSA	4	PA
XALKORI	4	PA; QL (60 EA per 30 days)
ZYKADIA ORAL CAPSULE	4	PA; QL (150 EA per 30 days)
Antineoplastic - Antiadrenals		
LYSODREN	4	PA
Antineoplastic - Antiandrogens		
<i>abiraterone</i>	2	PA; QL (120 EA per 30 days)
<i>bicalutamide</i>	1	QL (30 EA per 30 days)
ERLEADA	4	PA; QL (120 EA per 30 days)
<i>flutamide</i>	1	
<i>nilutamide</i>	2	PA; QL (60 EA per 30 days)
XTANDI	4	PA
Antineoplastic - Antimetabolite - Folic Acid Analogs		
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
Antineoplastic - Antimetabolite - Purine Analogs		
<i>mercaptopurine</i>	1	
PURIXAN	4	PA
TABLOID	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antineoplastic - Antimetabolite - Pyrimidine Analogs		
<i>capecitabine</i>	2	
Antineoplastic - Antimetabolite - Urea Derivatives		
<i>hydroxyurea</i>	1	
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations		
LONSURF	4	PA
Antineoplastic - Aromatase Inhibitors		
<i>anastrozole</i>	1	QL (30 EA per 30 days)
<i>exemestane</i>	1	QL (60 EA per 30 days)
<i>letrozole</i>	1	QL (30 EA per 30 days)
Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors		
VENCLEXTA	4	PA
VENCLEXTA STARTING PACK	4	PA
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI	4	PA
TAFINLAR ORAL CAPSULE 50 MG	4	PA; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	4	PA; QL (120 EA per 20 days)
ZELBORAF	4	PA; QL (240 EA per 30 days)
Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor		
BRUKINSA	4	PA; QL (120 EA per 30 days)
IMBRUVICA 140 MG TABLET	4	PA; QL (120 EA per 30 days)
IMBRUVICA 280 MG TABLET	4	PA; QL (120 EA per 30 days)
IMBRUVICA 420 MG TABLET	4	PA; QL (120 EA per 30 days)
IMBRUVICA 560 MG TABLET	4	PA; QL (120 EA per 30 days)
IMBRUVICA 70 MG CAPSULE	4	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120 EA per 30 days)
Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors		
IBRANCE	4	PA; QL (21 EA per 28 days)
Antineoplastic - Epipodophyllotoxins		
<i>etoposide oral</i>	4	PA
Antineoplastic - Estrogens		
EMCYT	4	PA
Antineoplastic - Fibroblast Growth Factor Receptor (Fgfr) Kinase Inhib		
BALVERSA 5 MG TABLET	4	PA
BALVERSA ORAL TABLET 3 MG, 4 MG	4	PA
Antineoplastic - Hedgehog Pathway Inhibitor		
ERIVEDGE	4	PA; QL (30 EA per 30 days)
ODOMZO	4	PA; QL (30 EA per 30 days)
Antineoplastic - Histone Deacetylase (Hdac) Inhibitors		
FARYDAK	4	PA; QL (6 EA per 21 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ZOLINZA	4	PA; QL (120 EA per 30 days)
Antineoplastic - Interferons		
INTRON A INJECTION	4	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI	4	PA; QL (60 EA per 30 days)
Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants		
ELIGARD	4	PA
ELIGARD (3 MONTH)	4	PA
ELIGARD (4 MONTH)	4	PA
ELIGARD (6 MONTH)	4	PA
<i>leuprolide</i>	4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	4	PA
LUPRON DEPOT (4 MONTH)	4	PA
LUPRON DEPOT (6 MONTH)	4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	4	PA
Antineoplastic - Mast Cell Stabilizers		
<i>cromolyn oral</i>	1	
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC	4	PA
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 EA per 30 days)
MEKTOVI	4	PA
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR	4	PA; QL (30 EA per 30 days)
AFINITOR DISPERZ	4	PA; QL (30 EA per 30 days)
Antineoplastic - Multikinase Inhibitors		
CABOMETYX	4	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; QL (60 EA per 30 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; QL (120 EA per 30 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; QL (90 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	4	PA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	4	PA; QL (30 EA per 30 days)
NEXAVAR	4	PA; QL (120 EA per 30 days)
STIVARGA	4	PA; QL (84 EA per 28 days)
Antineoplastic - Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors		
COPIKTRA 15 MG CAPSULE	4	PA
COPIKTRA 25 MG CAPSULE	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ZYDELIG	4	PA; QL (60 EA per 30 days)
Antineoplastic - Pi3k-Alpha Inhibitors		
PIQRAY	4	PA
Antineoplastic - Pi3k-Delta And Gamma Inhibitors		
COPIKTRA 15 MG CAPSULE	4	PA
COPIKTRA 25 MG CAPSULE	4	PA
Antineoplastic - Pi3k-Delta Inhibitors		
ZYDELIG	4	PA; QL (60 EA per 30 days)
Antineoplastic - Poly (Adp-Ribose) Polymerase (Parp) Inhibitors		
LYNPARZA ORAL TABLET 100 MG	4	PA; QL (240 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	4	PA; QL (120 EA per 30 days)
Antineoplastic - Progestins		
<i>megestrol oral tablet</i>	1	
Antineoplastic - Protein-Tyrosine Kinase Inhibitors		
BOSULIF	4	PA
BRUKINSA	4	PA; QL (120 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	4	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	2	QL (90 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	2	QL (60 EA per 30 days)
IMBRUVICA 140 MG TABLET	4	PA; QL (120 EA per 30 days)
IMBRUVICA 280 MG TABLET	4	PA; QL (120 EA per 30 days)
IMBRUVICA 420 MG TABLET	4	PA; QL (120 EA per 30 days)
IMBRUVICA 560 MG TABLET	4	PA; QL (120 EA per 30 days)
IMBRUVICA 70 MG CAPSULE	4	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120 EA per 30 days)
INLYTA	4	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1)	4	PA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; QL (60 EA per 30 days)
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; QL (90 EA per 30 days)
OFEV	4	PA; QL (60 EA per 30 days)
ROZLYTREK	4	PA
SPRYCEL	4	PA; QL (30 EA per 30 days)
SUTENT	4	PA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (120 EA per 30 days)
TURALIO	4	PA
VOTRIENT	4	PA; QL (120 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antineoplastic - Retinoids		
<i>tretinoin (antineoplastic)</i>	1	
Antineoplastic - Selective Estrogen Receptor Modulators (Serms)		
FARESTON	4	PA; QL (30 EA per 30 days)
SOLTAMOX	3	PA
<i>tamoxifen</i>	0	
<i>toremifene</i>	2	QL (30 EA per 30 days)
Antineoplastic - Selective Retinoid X Receptor Agonists		
<i>bexarotene</i>	2	PA
TARGRETIN ORAL	4	PA
Antineoplastic - Thalidomide Analogs		
POMALYST	4	PA; QL (21 EA per 28 days)
REVLIMID	4	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (60 EA per 30 days)
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN	4	PA
Methotrexate Rescue Agents		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	2	
<i>leucovorin calcium oral tablet 5 mg</i>	1	
Methotrexate Rescue Agents - Folic Acid Antagonist Type		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	2	
<i>leucovorin calcium oral tablet 5 mg</i>	1	
Urinary Tract Protective Agents Used In Conjunction With Chemotherapy		
MESNEX ORAL	3	PA
Antiseptics And Disinfectants		
Antiseptic - Iodine/Iodophores		
IODOFLEX	3	
IODOSORB	3	
Antiseptic - Others		
FORMADON TOPICAL SOLUTION	1	
FORMADON TOPICAL SOLUTION WITH APPLICATOR	2	
<i>formaldehyde</i>	1	
Disinfectants - Aldehydes		
FORMADON TOPICAL SOLUTION	1	
Biologicals		
Antiviral Monoclonal Antibodies		
SYNAGIS	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (Rsv)		
SYNAGIS	4	PA
Hepatitis A And Hepatitis B Vaccine Combinations		
TWINRIX (PF)	0	
Hepatitis A Vaccine - Single Agents		
HAVRIX (PF)	0	
VAQTA (PF)	0	
Hepatitis B Vaccines - Single Agents		
ENGERIX-B (PF)	0	
ENGERIX-B PEDIATRIC (PF)	0	
HEPLISAV-B (PF)	0	
RECOMBIVAX HB (PF)	0	
Immune Globulin - Gamma Globulin (Igg), Human		
HIZENTRA SUBCUTANEOUS SOLUTION	4	PA
HYQVIA	4	PA
HYQVIA IG COMPONENT	4	PA
Live Vaccine And Live Virus Formulations		
FLUMIST QUAD 2017-2018	0	QL (0.5 EA Max Qty Per Fill Retail)
FLUMIST QUAD 2018-2019	0	QL (0.5 EA Max Qty Per Fill Retail)
M-M-R II (PF)	0	
PROQUAD (PF)	0	
ROTARIX	0	
ROTATEQ VACCINE	0	
VARIVAX (PF)	0	
VAXCHORA VACCINE	2	QL (100 ML Max Qty Per Fill Retail)
VIVOTIF	2	QL (4 EA Max Qty Per Fill Retail)
YF-VAX (PF)	2	
ZOSTAVAX (PF)	0	
Toxoid Vaccine Combinations		
ADACEL(TDAP ADOLESN/ADULT)(PF)	0	
BOOSTRIX TDAP	0	
DAPTACEL (DTAP PEDIATRIC) (PF)	0	
INFANRIX (DTAP) (PF)	0	
KINRIX (PF)	0	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	0	
QUADRACEL (PF)	0	
TDVAX	0	
TENIVAC (PF)	0	
<i>tetanus,diphtheria tox ped(pf)</i>	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric)		
HIBERIX (PF)	0	
PEDVAX HIB (PF)	0	
TYPHIM VI	2	QL (0.5 ML Max Qty Per Fill Retail)
VIVOTIF	2	QL (4 EA Max Qty Per Fill Retail)
Vaccine Bacterial - Gram Negative Cocci		
MENACTRA (PF) INTRAMUSCULAR SOLUTION	0	
MENOMUNE - A/C/Y/W-135	0	
MENOMUNE - A/C/Y/W-135 (PF)	0	
MENVEO A-C-Y-W-135-DIP (PF)	0	
Vaccine Bacterial - Gram Positive Cocci		
PNEUMOVAX-23	0	
PREVNAR 13 (PF)	0	
Vaccine Bacterial - Meningococcal Group B Vaccines		
BEXSERO	0	
TRUMENBA	0	QL (0.5 ML Max Qty Per Fill Retail)
Vaccine Bacterial - Toxin-Producing Bacilli		
VAXCHORA VACCINE	2	QL (100 ML Max Qty Per Fill Retail)
Vaccine Viral - Human Papillomavirus (Hpv) Vaccines		
GARDASIL 9 (PF)	0	
Vaccine Viral - Influenza A And B		
AFLURIA 2017-2018	0	QL (0.5 ML Max Qty Per Fill Retail)
AFLURIA 2017-2018 (PF)	0	QL (0.5 ML Max Qty Per Fill Retail)
AFLURIA 2018-2019	0	QL (0.5 ML Max Qty Per Fill Retail)
AFLURIA 2018-2019 (PF)	0	QL (0.5 ML Max Qty Per Fill Retail)
AFLURIA QUAD 2017-2018	0	QL (0.5 ML Max Qty Per Fill Retail)
AFLURIA QUAD 2017-2018 (PF)	0	QL (0.5 ML Max Qty Per Fill Retail)
AFLURIA QUAD 2018-2019 (PF)	0	QL (0.5 ML Max Qty Per Fill Retail)
AFLURIA QUAD 2019-20 (3 YEAR UP) 0.5 ML SYRINGE SUV, L/F, OUTER, P/F	0	QL (0.5 ML Max Qty Per Fill Retail)
EZ FLU 2018-19 (FLUCELVAX) KIT	0	QL (0.5 EA Max Qty Per Fill Retail)
FLUAD 2017-2018 (65 YR UP)(PF)	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUAD 2018-2019 (65 YR UP)(PF)	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUAD 2019-2020 SYRINGE P/F,L/F,SUV,OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUARIX QUAD 2019-2020 SYRINGE SUV,P/F,L/F,INNER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUBLOK 2017-2018 (PF)	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUBLOK QUAD 2017-2018 (PF)	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUBLOK QUAD 2018-2019 (PF)	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUBLOK QUAD 2019-2020 SYRINGE SUV,L/F,P/F,OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUCELVAX QUAD 2017-2018	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUCELVAX QUAD 2017-2018 (PF)	0	QL (0.5 ML Max Qty Per Fill Retail)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
FLUCELVAX QUAD 2018-2019	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUCELVAX QUAD 2018-2019 (PF)	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUCELVAX QUAD 2019-2020 SYR P/F,SUV,L/F,OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUCELVAX QUAD 2019-2020 VIAL MUV,LATEX-FREE,OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLULAVAL QUAD 2017-2018 (PF)	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUMIST QUAD 2017-2018	0	QL (0.5 EA Max Qty Per Fill Retail)
FLUMIST QUAD 2018-2019	0	QL (0.5 EA Max Qty Per Fill Retail)
FLUVIRIN 2017-2018	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUVIRIN 2017-2018 (PF)	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE HIGH-DOSE 2017-18 (PF)	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE HIGH-DOSE 2018-19 (PF)	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE HIGH-DOSE 2019-20 SYR L/F, SUV, P/F, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE INTRADERM QUAD 2017-18	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD 2017-2018	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD 2017-2018 (PF)	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD 2018-2019	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD 2018-2019 VIAL L/F, P/F, SDV, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD 2019-2020 VIAL L/F, P/F, SUV, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD 2019-2020 VIAL MUV, L/F, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD PEDI 2017-18 (PF)	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD PEDI 2018-19 (PF)	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD PEDI 2019-20 SYR L/F, SUV, P/F, INNER	0	QL (0.5 ML Max Qty Per Fill Retail)
Vaccine Viral - Japanese Encephalitis		
IXIARO (PF)	2	
Vaccine Viral - Measles		
M-M-R II (PF)	0	
PROQUAD (PF)	0	
Vaccine Viral - Mumps And Related		
M-M-R II (PF)	0	
PROQUAD (PF)	0	
Vaccine Viral - Poliomyelitis		
IPOL	0	
Vaccine Viral - Rabies		
IMOVAX RABIES VACCINE (PF)	2	QL (1 EA Max Qty Per Fill Retail)
RABAVERT (PF)	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Vaccine Viral - Rotavirus		
ROTARIX	0	
ROTATEQ VACCINE	0	
Vaccine Viral - Rubella		
M-M-R II (PF)	0	
PROQUAD (PF)	0	
Vaccine Viral - Varicella		
PROQUAD (PF)	0	
SHINGRIX (PF)	0	
SHINGRIX GE ANTIGEN COMPONENT	0	
VARIVAX (PF)	0	
ZOSTAVAX (PF)	0	
Vaccine Viral - Yellow Fever		
YF-VAX (PF)	2	
Vaccine Viral Combinations		
M-M-R II (PF)	0	
PROQUAD (PF)	0	
Cardiovascular Therapy Agents		
Ace Inhibitor And Calcium Channel Blocker Combinations		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	1	QL (30 EA per 30 days)
<i>trandolapril-verapamil</i>	1	QL (30 EA per 30 days)
Ace Inhibitor And Diuretic Combinations		
<i>benazepril-hydrochlorothiazide</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
Ace Inhibitors		
<i>benazepril</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
EPANED ORAL SOLUTION	3	PA
<i>fosinopril</i>	1	
<i>lisinopril</i>	1	
<i>moexipril</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>quinapril</i>	1	
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>ramipril oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>trandolapril oral tablet 1 mg, 2 mg</i>	1	QL (30 EA per 30 days)
<i>trandolapril oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
Aldosterone Receptor Antagonists		
<i>eplerenone</i>	1	QL (60 EA per 30 days)
<i>spironolactone</i>	1	
Alpha-Beta Blockers		
<i>carvedilol</i>	1	QL (90 EA per 30 days)
<i>carvedilol phosphate</i>	2	QL (30 EA per 30 days)
<i>labetalol oral</i>	1	
Angiotensin II Receptor Blocker (Arb)-Calcium Channel Blocker Comb.		
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg</i>	1	
<i>amlodipine-valsartan oral tablet 5-160 mg, 5-320 mg</i>	1	QL (30 EA per 30 days)
<i>telmisartan-amlodipine</i>	1	QL (30 EA per 30 days)
Angiotensin II Receptor Blocker (Arb)-Calcium Channel Blocker-Diuretic		
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 5-160-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i>	1	
<i>olmesartan-amlodipin-hcthiiazid</i>	1	QL (30 EA per 30 days)
Angiotensin II Receptor Blocker (Arb)-Diuretic Combinations		
<i>candesartan-hydrochlorothiazid</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 40-25 mg</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide</i>	1	
Angiotensin II Receptor Blocker-Nepriylsin Inhibitor Comb. (Arni)		
ENTRESTO	3	PA; QL (60 EA per 30 days)
Angiotensin II Receptor Blockers (Arbs)		
<i>candesartan</i>	1	QL (30 EA per 30 days)
<i>eprosartan</i>	1	QL (30 EA per 30 days)
<i>irbesartan</i>	1	QL (30 EA per 30 days)
<i>losartan</i>	1	QL (60 EA per 30 days)
<i>olmesartan</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>telmisartan</i>	1	
<i>valsartan oral tablet 160 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan oral tablet 320 mg, 40 mg</i>	1	QL (90 EA per 30 days)
Antianginal - Coronary Vasodilators (Nitrates)		
ISORDIL	3	PA
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet extended release</i>	1	
<i>isosorbide mononitrate</i>	1	
NITRO-BID	1	
<i>nitroglycerin oral</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg</i>	1	
<i>nitroglycerin sublingual tablet 0.4 mg, 0.6 mg</i>	1	QL (30 EA per 30 days)
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual aerosol,spray</i>	1	
<i>nitroglycerin translingual spray,non-aerosol</i>	2	
NITROMIST	3	
NITRO-TIME	1	
Antianginal And Anti-Ischemic Agents, Non-Hemodynamic		
<i>ranolazine</i>	2	QL (60 EA per 30 days)
Antiarrhythmic - Class Ia		
<i>disopyramide phosphate oral capsule</i>	1	
NORPACE	3	
NORPACE CR	2	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
Antiarrhythmic - Class Ib		
<i>mexiletine</i>	1	
Antiarrhythmic - Class Ic		
<i>flecainide</i>	1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg</i>	1	
<i>propafenone oral capsule,extended release 12 hr 425 mg</i>	2	
<i>propafenone oral tablet</i>	1	
Antiarrhythmic - Class Ii		
<i>sotalol oral</i>	1	
SOTYLIZE	4	PA; QL (1920 ML per 30 days)
Antiarrhythmic - Class Iii		
<i>amiodarone oral</i>	1	
<i>dofetilide</i>	2	
MULTAQ	2	QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antiarrhythmic - Class Iv		
<i>verapamil oral tablet</i>	1	
Antihyperlipidemic - Bile Acid Sequestrants		
<i>cholestyramine (with sugar)</i>	1	
CHOLESTYRAMINE LIGHT	1	
<i>colesevelam oral powder in packet</i>	1	QL (30 EA per 30 days)
<i>colesevelam oral tablet</i>	2	QL (180 EA per 30 days)
<i>colestipol</i>	1	
PREVALITE ORAL POWDER IN PACKET	1	
Antihyperlipidemic - Fibric Acid Derivatives		
<i>fenofibrate 160 mg tablet</i>	1	QL (30 EA per 30 days)
<i>fenofibrate micronized</i>	1	QL (30 EA per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibric acid (choline)</i>	1	QL (30 EA per 30 days)
<i>fenofibric acid oral tablet 35 mg</i>	1	QL (30 EA per 30 days)
<i>gemfibrozil</i>	1	
Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins)		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	QL (30 EA per 30 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	0	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	0	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	0	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	0	QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	0	QL (60 EA per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 80 mg</i>	0	QL (30 EA per 30 days)
<i>pravastatin oral tablet 40 mg</i>	0	QL (60 EA per 30 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	QL (30 EA per 30 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	QL (30 EA per 30 days)
<i>simvastatin oral tablet 80 mg</i>	1	QL (30 EA per 30 days)
Antihyperlipidemic - Nicotinic Acid Derivatives		
<i>niacin oral tablet extended release 24 hr</i>	1	
NIACOR	3	
Antihyperlipidemic - Omega-3 Fatty Acid Type		
<i>omega-3 acid ethyl esters</i>	1	
VASCEPA	3	PA; QL (120 EA per 30 days)
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor		
<i>ezetimibe</i>	1	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antihyperlipidemic Agents - Dietary Source		
<i>omega-3 acid ethyl esters</i>	1	
VASCEPA	3	PA; QL (120 EA per 30 days)
Antihyperlipidemic Hmg Coa Reduct Inhib And Calcium Channel Blocker		
<i>amlodipine-atorvastatin</i>	1	QL (30 EA per 30 days)
Antihyperlipidemic-Hmg Coa Reduct Inhib And Cholesterol Absorp Inhibit		
<i>ezetimibe-simvastatin</i>	1	QL (30 EA per 30 days)
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (Mtp)Inhib		
JUXTAPID	4	PA
Anti-Pcsk9 Monoclonal Antibodies		
REPATHA PUSHTRONEX	4	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK	4	PA; QL (3 ML per 28 days)
REPATHA SYRINGE	4	PA; QL (3 ML per 28 days)
Beta Blockers Cardiac Selective		
<i>atenolol</i>	1	
<i>betaxolol oral</i>	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	3	ST; QL (60 EA per 30 days)
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>metoprolol succinate oral tablet extended release 24 hr 200 mg</i>	1	QL (60 EA per 30 days)
<i>metoprolol tartrate oral</i>	1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity		
<i>acebutolol</i>	1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity		
LEVATOL	3	
<i>pindolol</i>	1	
Beta Blockers Non-Cardiac Selective		
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG	3	
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 80 MG	3	
<i>nadolol</i>	1	
<i>propranolol oral</i>	1	
<i>sotalol oral</i>	1	
SOTYLIZE	4	PA; QL (1920 ML per 30 days)
<i>timolol maleate oral</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Bradykinin B2 Receptor Antagonists		
<i>icatibant</i>	4	PA; QL (3 ML per 30 days)
Calcium Channel Blockers - Benzothiazepines		
CARTIA XT	1	
<i>diltiazem hcl oral</i>	1	
DILT-XR	1	
MATZIM LA	1	
Calcium Channel Blockers - Dihydropyridines		
<i>amlodipine</i>	1	QL (30 EA per 30 days)
<i>felodipine</i>	1	
<i>isradipine</i>	1	
KATERZIA	3	PA
<i>nicardipine oral</i>	1	
<i>nifedipine</i>	1	
<i>nisoldipine</i>	1	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific		
<i>nimodipine</i>	1	
NYMALIZE ORAL SOLUTION 60 MG/20 ML	3	QL (2550 ML per 30 days)
Calcium Channel Blockers - Phenylalkylamines		
<i>verapamil oral</i>	1	
Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb.		
<i>atenolol-chlorthalidone</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 50-12.5 MG	3	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	2	QL (2 EA Max Qty Per Fill Retail)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (2 EA per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	1	QL (2 ML Max Qty Per Fill Retail)
SYMJEPI	2	QL (2 EA per 30 days)
Cardiovascular Sympathomimetics		
<i>midodrine</i>	1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG	4	PA; QL (42 EA Max Qty Per Fill Retail)
NORTHERA ORAL CAPSULE 300 MG	4	PA; QL (84 EA Max Qty Per Fill Retail)
Central Alpha-2 Agonists-Thiazide Diuretic And Related Comb.		
CLOPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
CLORPRES ORAL TABLET 0.3-15 MG	3	
<i>methyldopa-hydrochlorothiazide</i>	1	
Central Alpha-2 Receptor Agonists		
<i>clonidine</i>	1	
<i>clonidine hcl oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>methyldopa</i>	1	
Digitalis Glycosides		
DIGOX	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet</i>	1	
Direct Acting Vasodilators		
<i>hydralazine oral</i>	1	
<i>minoxidil oral</i>	1	
Diuretic - Aldosterone Receptor Antagonist, Non-Selective		
<i>spironolactone</i>	1	
Diuretic - Aldosterone Receptor Antagonist, Selective		
<i>eplerenone</i>	1	QL (60 EA per 30 days)
Diuretic - Carbonic Anhydrase Inhibitors		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
Diuretic - Loop		
<i>bumetanide oral</i>	1	
<i>ethacrynic acid</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>torseamide oral</i>	1	
Diuretic - Potassium Sparing		
<i>amiloride</i>	1	
DYRENIUM	3	PA
<i>triamterene</i>	1	
Diuretic - Potassium Sparing-Thiazide And Related Combinations		
<i>amiloride-hydrochlorothiazide</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists		
JYNARQUE ORAL TABLET	4	PA
SAMSCA	4	PA
Diuretic - Thiazides And Related		
<i>chlorothiazide</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
DIURIL	2	PA
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
Ganglionic Blocking, Non-Depolarizing		
VECAMYL	3	PA
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors		
CORLANOR ORAL TABLET	2	PA; QL (60 EA per 30 days)
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb.		
<i>nadolol-bendroflumethiazide</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
Pah Agents - Selective Prostacyclin Receptor (Ip) Agonists		
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 1,600 MCG	4	PA; QL (140 EA per 60 days)
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; QL (60 EA per 30 days)
Peripheral Alpha-1 Receptor Blockers		
CARDURA XL	3	ST; QL (30 EA per 30 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
<i>prazosin</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
Peripheral Vasodilators, Single Agents		
<i>isoxsuprine</i>	1	
Pheochromocytoma, Agents To Treat		
DEMSER	4	PA
Pulmonary Antihypertensive Agents - Prostacyclin-Type		
ORENITRAM	4	PA; QL (90 EA per 30 days)
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator		
ADEMPAS	4	PA; QL (90 EA per 30 days)
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	2	PA; QL (30 EA per 30 days)
<i>bosentan</i>	2	PA; QL (60 EA per 30 days)
OPSUMIT	4	PA; QL (30 EA per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Pulmonary Arterial Hypertension Agents-Selective Cgmp-Pde5 Inhibitors		
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	2	PA
<i>sildenafil (pulm.hypertension) oral tablet</i>	1	PA; QL (90 EA per 30 days)
<i>tadalafil (pulm. hypertension)</i>	2	PA; QL (60 EA per 30 days)
<i>tadalafil oral tablet 20 mg</i>	2	PA; QL (60 EA per 30 days)
Renin Inhibitor, Direct		
<i>aliskiren</i>	2	
Renin Inhibitor, Direct And Diuretic Combinations		
TEKTURNA HCT	3	QL (30 EA per 30 days)
Vasodilator Combinations		
BIDIL	2	
Central Nervous System Agents		
Agents To Treat Episodic Cluster Headaches		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (1 ML per 30 days)
Antianxiety Agent - Antihistamine Type		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
Antianxiety Agent - Benzodiazepines		
<i>alprazolam</i>	1	QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL	1	
<i>chlordiazepoxide hcl</i>	1	
<i>clonazepam</i>	1	QL (90 EA per 30 days)
<i>clorazepate dipotassium</i>	1	
<i>diazepam injection</i>	1	
<i>diazepam oral concentrate</i>	1	
<i>diazepam oral solution</i>	1	
<i>diazepam oral tablet</i>	1	QL (60 EA per 30 days)
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	QL (90 EA per 30 days)
<i>oxazepam</i>	1	
Antianxiety Agent - Dicarbamate Type		
<i>meprobamate</i>	1	
Antianxiety Agent - Non-Benzodiazepine		
<i>bupirone</i>	1	
Anticonvulsant - Ampa-Type Glutamate Receptor Antagonists		
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA; QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Anticonvulsant - Barbiturates And Derivatives		
<i>phenobarbital 20 mg/5 ml soln</i>	1	
<i>phenobarbital oral tablet</i>	1	
<i>primidone</i>	1	
Anticonvulsant - Benzodiazepines		
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	QL (90 EA per 30 days)
<i>diazepam rectal</i>	2	
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX	4	PA
Anticonvulsant - Carbamates		
<i>felbamate</i>	1	
FELBATOL	3	
Anticonvulsant - Carboxylic Acid Derivatives		
DEPAKENE	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>divalproex</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution</i>	1	
Anticonvulsant - Functionalized Amino Acid		
VIMPAT INTRAVENOUS	3	PA
VIMPAT ORAL SOLUTION	3	PA; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET	3	PA; QL (60 EA per 30 days)
VIMPAT ORAL TABLETS,DOSE PACK	3	PA
Anticonvulsant - Gaba Analogs		
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)</i>	1	QL (2160 ML per 30 days)
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 EA per 30 days)
LYRICA ORAL SOLUTION	3	PA; QL (900 ML per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG	3	QL (360 EA per 30 days)
NEURONTIN ORAL CAPSULE 400 MG	3	QL (270 EA per 30 days)
NEURONTIN ORAL SOLUTION	3	QL (2160 ML per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	QL (180 EA per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	QL (120 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
Anticonvulsant - Gaba Re-Uptake Inhibitor, Nipecotic Acid Derivatives		
GABITRIL	3	
<i>tiagabine oral tablet 12 mg, 16 mg, 4 mg</i>	1	
<i>tiagabine oral tablet 2 mg</i>	2	
Anticonvulsant - Gaba Transaminase (Gaba-T) Inhibitor		
<i>vigabatrin</i>	2	PA; QL (180 EA per 30 days)
Anticonvulsant - Hydantoins		
DILANTIN	3	
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
PEGANONE	2	
PHENYTEK	3	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
Anticonvulsant - Iminostilbene Derivatives		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG	3	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 800 MG	3	ST; QL (60 EA per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL	3	
EPITOL	3	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	3	QL (480 EA per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	3	QL (240 EA per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	3	QL (180 EA per 30 days)
<i>oxcarbazepine</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	PA; QL (120 EA per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; QL (60 EA per 30 days)
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL XR	3	
TRILEPTAL	3	
Anticonvulsant - Monosaccharide Derivatives		
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG	3	PA; QL (120 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG	3	PA; QL (60 EA per 30 days)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 25 MG	3	PA; QL (480 EA per 30 days)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 50 MG	3	PA; QL (240 EA per 30 days)
TOPAMAX ORAL CAPSULE, SPRINKLE	3	
TOPAMAX ORAL TABLET 100 MG	3	QL (120 EA per 30 days)
TOPAMAX ORAL TABLET 200 MG	3	QL (60 EA per 30 days)
TOPAMAX ORAL TABLET 25 MG	3	QL (480 EA per 30 days)
TOPAMAX ORAL TABLET 50 MG	3	QL (240 EA per 30 days)
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg</i>	2	QL (120 EA per 30 days)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>	2	QL (60 EA per 30 days)
<i>topiramate oral capsule, sprinkle, er 24hr 25 mg</i>	2	QL (480 EA per 30 days)
<i>topiramate oral capsule, sprinkle, er 24hr 50 mg</i>	2	QL (240 EA per 30 days)
<i>topiramate oral tablet 100 mg</i>	1	QL (120 EA per 30 days)
<i>topiramate oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
<i>topiramate oral tablet 25 mg</i>	1	QL (480 EA per 30 days)
<i>topiramate oral tablet 50 mg</i>	1	QL (240 EA per 30 days)
TROKENDI XR	3	PA
Anticonvulsant - Phenyltriazine Derivatives		
LAMICTAL ODT	3	PA
LAMICTAL ODT STARTER (BLUE)	3	PA
LAMICTAL ODT STARTER (GREEN)	3	PA
LAMICTAL ODT STARTER (ORANGE)	3	PA
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	
LAMICTAL XR	3	QL (30 EA per 30 days)
LAMICTAL XR STARTER (BLUE)	3	
LAMICTAL XR STARTER (GREEN)	3	
LAMICTAL XR STARTER (ORANGE)	3	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	PA
<i>lamotrigine oral tablet extended release 24hr 100 mg, 250 mg</i>	2	QL (30 EA per 30 days)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 25 mg, 300 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet, disintegrating</i>	2	PA
<i>lamotrigine oral tablets, dose pack</i>	1	
SUBVENITE	3	
SUBVENITE STARTER (BLUE) KIT	3	
SUBVENITE STARTER (GREEN) KIT	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SUBVENITE STARTER (ORANGE) KIT	3	
Anticonvulsant - Pyrrolidine Derivatives		
BRIVIACT ORAL	3	PA
KEPPRA ORAL SOLUTION	3	
KEPPRA ORAL TABLET 250 MG	3	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	1	QL (180 EA per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	1	QL (120 EA per 30 days)
ROWEEPRA	3	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	QL (180 EA per 30 days)
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	QL (120 EA per 30 days)
SPRITAM	3	PA; QL (60 EA per 30 days)
Anticonvulsant - Succinimides		
CELONTIN ORAL CAPSULE 300 MG	2	
<i>ethosuximide</i>	1	
Anticonvulsant - Sulfonamide Derivatives		
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
<i>zonisamide</i>	1	
Anticonvulsant - Triazole Derivatives		
BANZEL ORAL SUSPENSION	2	PA; QL (2400 ML per 30 days)
BANZEL ORAL TABLET	2	PA; QL (240 EA per 30 days)
Antidepressant - Alpha-2 Receptor Antagonists (Nassa)		
<i>mirtazapine</i>	1	QL (30 EA per 30 days)
Antidepressant - Mao Inhibitor Nonselective And Irreversible-Types A,B		
EMSAM	3	PA; QL (30 EA per 30 days)
MARPLAN	3	
<i>phenelzine</i>	1	
<i>tranylcypromine</i>	1	
Antidepressant - N-Methyl D-Aspartate (Nmda) Receptor Antagonist		
SPRAVATO	3	PA; QL (16 EA per 28 days)
Antidepressant - Selective Serotonin Reuptake Inhibitors (SsrIs)		
<i>citalopram oral solution</i>	1	QL (600 ML per 30 days)
<i>citalopram oral tablet 10 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	QL (45 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	1	QL (620 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg</i>	1	QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	QL (120 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>fluoxetine oral capsule 10 mg, 20 mg</i>	1	QL (90 EA per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine oral capsule, delayed release (drlec)</i>	1	QL (4 EA per 28 days)
<i>fluoxetine oral solution</i>	1	QL (600 ML per 30 days)
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	QL (90 EA per 30 days)
<i>fluoxetine oral tablet 60 mg</i>	2	QL (30 EA per 30 days)
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	QL (360 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	1	QL (90 EA per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	QL (45 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	QL (60 EA per 30 days)
PAXIL ORAL SUSPENSION	3	QL (900 ML per 30 days)
<i>sertraline oral concentrate</i>	1	QL (300 ML per 30 days)
<i>sertraline oral tablet 100 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QL (240 EA per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	QL (120 EA per 30 days)
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (Saris)		
<i>nefazodone oral tablet 100 mg</i>	1	QL (180 EA per 30 days)
<i>nefazodone oral tablet 150 mg</i>	1	QL (120 EA per 30 days)
<i>nefazodone oral tablet 200 mg</i>	1	QL (90 EA per 30 days)
<i>nefazodone oral tablet 250 mg</i>	1	QL (72 EA per 30 days)
<i>nefazodone oral tablet 50 mg</i>	1	QL (360 EA per 30 days)
<i>trazodone</i>	1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snrns)		
<i>desvenlafaxine oral tablet extended release 24 hr</i>	1	QL (30 EA per 30 days)
<i>desvenlafaxine oral tablet extended release 24hr 100 mg</i>	2	QL (30 EA per 30 days)
<i>desvenlafaxine oral tablet extended release 24hr 50 mg</i>	1	QL (30 EA per 30 days)
<i>desvenlafaxine succinate</i>	1	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 20 mg</i>	1	QL (180 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 30 mg</i>	1	QL (120 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 40 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 60 mg</i>	1	QL (60 EA per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG	3	QL (60 EA per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 37.5 MG, 75 MG	3	
FETZIMA	3	PA; QL (30 EA per 30 days)
IRENKA	3	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
KHEDEZLA	3	PA; QL (30 EA per 30 days)
PRISTIQ	3	PA; QL (30 EA per 30 days)
SAVELLA	3	PA; QL (60 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	1	QL (150 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	2	QL (60 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	1	QL (180 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	1	QL (90 EA per 30 days)
Antidepressant - Ssri And 5HT1a Partial Agonist		
VIIBRYD ORAL TABLET 10 MG, 40 MG	3	PA; QL (30 EA per 30 days)
VIIBRYD ORAL TABLET 20 MG	3	PA; QL (45 EA per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	3	PA; QL (30 EA per 30 days)
Antidepressant - Ssri And Serotonin (5-Ht) Receptor Modulator		
TRINTELLIX	3	PA; QL (30 EA per 30 days)
Antidepressant - Tricyclic And Antipsychotic, Phenothiazine Comb		
<i>perphenazine-amitriptyline</i>	1	
Antidepressant - Tricyclic-Benzodiazepine Combinations		
<i>amitriptyline-chlordiazepoxide</i>	1	
Antidepressant-Norepinephrine And Dopamine Reuptake Inhibitors (Ndris)		
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (60 EA per 30 days)
FORFIVO XL	3	ST; QL (30 EA per 30 days)
Antidepressant-Tricyclics And Related (Non-Select Reuptake Inhibitors)		
<i>amitriptyline</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine oral capsule 25 mg, 50 mg</i>	1	
<i>clomipramine oral capsule 75 mg</i>	2	
<i>desipramine</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>imipramine hcl</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i>	1	
<i>imipramine pamoate oral capsule 75 mg</i>	2	
<i>maprotiline oral tablet 25 mg</i>	1	QL (270 EA per 30 days)
<i>maprotiline oral tablet 50 mg</i>	1	QL (135 EA per 30 days)
<i>maprotiline oral tablet 75 mg</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline</i>	1	
<i>protriptyline</i>	1	
<i>trimipramine</i>	1	
Antiparkinson - Dopaminergic-Periph Comt-Dopa-Decarboxylase Inhib Comb		
<i>carbidopa-levodopa-entacapone</i>	1	
Antiparkinson - Dopaminerg-Peripheral Dopa-Decarboxylase Inhibit Comb		
<i>carbidopa-levodopa</i>	1	
DUOPA	4	PA
RYTARY	3	ST; QL (120 EA per 30 days)
Antiparkinson Adjuvant - Central/Peripheral Comt Inhibitors		
<i>tolcapone</i>	2	PA; QL (90 EA per 30 days)
Antiparkinson Adjuvant - Peripheral Comt Inhibitors		
<i>entacapone</i>	1	QL (270 EA per 30 days)
Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors		
<i>carbidopa</i>	1	
LODOSYN	3	
Antiparkinson Therapy - Anticholinergic Agents		
<i>benztropine</i>	1	
<i>trihexyphenidyl</i>	1	
Antiparkinson Therapy - Ergot Alkaloids And Derivatives		
<i>bromocriptine</i>	1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B)		
ELDEPRYL	3	
<i>rasagiline</i>	2	QL (30 EA per 30 days)
<i>selegiline hcl</i>	1	
ZELAPAR	3	PA
Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents		
<i>amantadine hcl</i>	1	
APOKYN	4	PA
NEUPRO	3	PA
<i>pramipexole oral tablet</i>	1	QL (90 EA per 30 days)
<i>pramipexole oral tablet extended release 24 hr</i>	2	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	1	QL (30 EA per 30 days)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles		
SAPHRIS SUBLINGUAL TABLET 10 MG, 5 MG	3	PA; QL (60 EA per 30 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones		
LATUDA	3	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	QL (240 EA per 30 days)
<i>ziprasidone hcl oral capsule 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv		
INVEGA SUSTENNA	4	PA
INVEGA TRINZA	4	PA; QL (1 ML per 90 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	PA; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; QL (60 EA per 30 days)
RISPERDAL CONSTA	4	PA
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	QL (480 EA per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	QL (180 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	1	QL (1920 EA per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	1	QL (960 EA per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	1	QL (180 EA per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	QL (120 EA per 30 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Dibenzodiazepine Der		
<i>clozapine oral tablet</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg</i>	1	
<i>clozapine oral tablet, disintegrating 12.5 mg</i>	1	QL (2160 EA per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	1	QL (180 EA per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet, disintegrating 25 mg</i>	1	QL (1080 EA per 30 days)
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	QL (120 EA per 30 days)
VERSACLOZ	3	PA
Antipsychotic - Butyrophenone Derivatives		
HALDOL	3	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral</i>	1	
Antipsychotic - Dibenzoxazepine Derivatives		
<i>loxapine succinate</i>	1	
Antipsychotic - Dihydroindolones		
<i>molindone hcl 10 mg tablet</i>	1	
<i>molindone hcl 25 mg tablet</i>	1	
<i>molindone hcl 5 mg tablet</i>	1	
Antipsychotic - Diphenylbutylpiperidine Derivatives		
<i>pimozide oral tablet 1 mg</i>	1	QL (30 EA per 30 days)
<i>pimozide oral tablet 2 mg</i>	1	QL (60 EA per 30 days)
Antipsychotic - Phenothiazines, Aliphatic		
<i>chlorpromazine</i>	1	
Antipsychotic - Phenothiazines, Piperazine		
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>trifluoperazine</i>	1	
Antipsychotic - Phenothiazines, Piperidine		
<i>thioridazine</i>	1	
Antipsychotic - Thioxanthenes		
<i>thiothixene</i>	1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der		
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	1	QL (30 EA per 30 days)
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines		
<i>olanzapine oral</i>	1	QL (30 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	4	PA; QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	4	PA; QL (1 EA per 28 days)
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5Ht Serotonin Mixed		
ABILIFY MAINTENA	4	PA
<i>aripiprazole oral solution</i>	2	QL (30 ML per 30 days)
<i>aripiprazole oral tablet</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	1	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
REXULTI	3	PA; QL (30 EA per 30 days)
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed		
VRAYLAR	3	PA; QL (30 EA per 30 days)
Attention Deficit-Hyperact. Disorder (Adhd)- Alpha-2 Receptor Agonist		
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	QL (60 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr</i>	1	QL (30 EA per 30 days)
Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type		
ADZENYS XR-ODT	3	PA; QL (60 EA per 30 days)
<i>amphetamine</i>	3	PA
<i>amphetamine sulfate</i>	2	QL (30 EA per 30 days)
DAYTRANA	3	PA; QL (30 EA per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate oral tablet</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine oral tablet</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	1	QL (90 EA per 30 days)
DYANAVAL XR	3	PA; QL (1080 ML per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 ML	3	QL (2700 ML per 30 days)
METHYLIN ORAL SOLUTION 5 MG/5 ML	3	QL (1080 ML per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 40 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	QL (1350 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	QL (2700 ML per 30 days)
<i>methylphenidate hcl oral tablet</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet,chewable</i>	1	QL (90 EA per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG	3	PA; QL (60 EA per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 40 MG	3	PA; QL (30 EA per 30 days)
QUILLIVANT XR	3	ST; QL (360 ML per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	2	QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	2	QL (30 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG	2	QL (60 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 40 MG, 50 MG, 60 MG	2	QL (30 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	PA; QL (90 EA per 30 days)
Attention Deficit-Hyperactivity Disorder (Adhd) Therapy, Nri-Type		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 EA per 30 days)
Benzodiazepines		
<i>alprazolam</i>	1	QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	QL (90 EA per 30 days)
<i>clorazepate dipotassium</i>	1	
<i>diazepam injection</i>	1	
<i>diazepam oral concentrate</i>	1	
<i>diazepam oral solution</i>	1	
<i>diazepam oral tablet</i>	1	QL (60 EA per 30 days)
<i>diazepam rectal</i>	2	
<i>estazolam</i>	1	QL (30 EA per 30 days)
<i>flurazepam</i>	1	QL (30 EA per 30 days)
<i>lorazepam injection solution</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	QL (90 EA per 30 days)
<i>midazolam (pf) injection solution 5 mg/ml</i>	1	
<i>midazolam injection solution 5 mg/ml</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>oxazepam</i>	1	
<i>quazepam</i>	1	QL (30 EA per 30 days)
<i>temazepam</i>	1	QL (30 EA per 30 days)
<i>triazolam</i>	1	QL (30 EA per 30 days)
Bipolar Therapy Agents - Anticonvulsant Type		
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL	3	
DEPAKENE	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>divalproex</i>	1	
EPITOL	3	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	3	QL (480 EA per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	3	QL (240 EA per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	3	QL (180 EA per 30 days)
LAMICTAL ODT	3	PA
LAMICTAL ODT STARTER (BLUE)	3	PA
LAMICTAL ODT STARTER (GREEN)	3	PA
LAMICTAL ODT STARTER (ORANGE)	3	PA
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	PA
<i>lamotrigine oral tablet, disintegrating</i>	2	PA
<i>lamotrigine oral tablets, dose pack</i>	1	
SUBVENITE STARTER (BLUE) KIT	3	
SUBVENITE STARTER (GREEN) KIT	3	
SUBVENITE STARTER (ORANGE) KIT	3	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG, 400 MG	3	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution</i>	1	
Bipolar Therapy Agents - Atypical Antipsychotics		
<i>aripiprazole oral solution</i>	2	QL (30 ML per 30 days)
<i>aripiprazole oral tablet</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral</i>	1	QL (30 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	1	QL (30 EA per 30 days)
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	QL (480 EA per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	QL (240 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>risperidone oral tablet 3 mg</i>	1	QL (180 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	1	QL (1920 EA per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	1	QL (960 EA per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	1	QL (180 EA per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	QL (120 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 5 MG	3	PA; QL (60 EA per 30 days)
VRAYLAR	3	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	QL (240 EA per 30 days)
<i>ziprasidone hcl oral capsule 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
Bipolar Therapy Agents - Lithium		
<i>lithium carbonate</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID	3	
Cannabis And Cannabinoid Receptor Agonists		
<i>dronabinol</i>	2	PA; QL (60 EA per 30 days)
Cns Stimulant - Amphetamine Combinations		
ADZENYS XR-ODT	3	PA; QL (60 EA per 30 days)
<i>amphetamine</i>	3	PA
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	1	QL (90 EA per 30 days)
DYANAVAL XR	3	PA; QL (1080 ML per 30 days)
Cns Stimulant - Amphetamines		
<i>amphetamine sulfate</i>	2	QL (30 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine oral solution</i>	1	QL (2700 ML per 30 days)
<i>dextroamphetamine oral tablet</i>	1	QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	PA; QL (90 EA per 30 days)
Cns Stimulant - Analeptics		
<i>caffeine citrate</i>	1	
Cns Stimulant - Analeptics, Methylxanthine-Type		
<i>caffeine citrate</i>	1	
Diabetic Peripheral Neuropathy Agents		
LYRICA CR	3	PA
Fibromyalgia Agents - Gaba Analogs		
LYRICA ORAL SOLUTION	3	PA; QL (900 ML per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<i>duloxetine oral capsule, delayed release (drlec) 20 mg</i>	1	QL (180 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 30 mg</i>	1	QL (120 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 40 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 60 mg</i>	1	QL (60 EA per 30 days)
IRENKA	3	QL (30 EA per 30 days)
SAVELLA	3	PA; QL (60 EA per 30 days)
Hypnotics - Melatonin M1/M2 Receptor Agonists		
<i>ramelteon</i>	1	QL (30 EA per 30 days)
Migraine Therapy - Analgesic-Vasoconstrictors		
<i>isomethepten-caf-acetaminophen oral tablet 65-20-325 mg</i>	1	
Migraine Therapy - Analgesic-Vasoconstrictor-Sedative Combinations		
<i>isometh-dichloral-acetaminophen</i>	1	
Migraine Therapy - Calcitonin Gene-Related Peptide Inhibitors		
AIMOVIG 140 MG/ML AUTOINJECTOR	3	PA; QL (1 ML per 30 days)
AIMOVIG AUTOINJECTOR (2 PACK)	3	PA; QL (2 ML per 30 days)
AJOVY SYRINGE	3	PA; QL (1.5 ML per 30 days)
EMGALITY PEN	3	PA; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (1 ML per 30 days)
Migraine Therapy - Carboxylic Acid Derivatives		
DEPAKOTE ER	3	
<i>divalproex oral tablet extended release 24 hr</i>	1	
Migraine Therapy - Cgrp Ligand Blocker, Monoclonal Antibody		
AJOVY SYRINGE	3	PA; QL (1.5 ML per 30 days)
EMGALITY PEN	3	PA; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (1 ML per 30 days)
Migraine Therapy - Cgrp Receptor Blockers, Monoclonal Antibody		
AIMOVIG 140 MG/ML AUTOINJECTOR	3	PA; QL (1 ML per 30 days)
AIMOVIG AUTOINJECTOR (2 PACK)	3	PA; QL (2 ML per 30 days)
Migraine Therapy - Ergot Alkaloids And Derivatives		
<i>dihydroergotamine injection</i>	2	QL (24 ML per 30 days)
<i>dihydroergotamine nasal</i>	2	PA; QL (16 ML per 30 days)
ERGOMAR	3	QL (10 EA per 30 days)
Migraine Therapy - Ergot Combinations		
<i>ergotamine-caffeine</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Migraine Therapy - Nsaid Analgesics(Cyclooxygenase Inhib-Non-Selectiv)		
CAMBIA	3	QL (9 EA per 30 days)
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1)		
<i>almotriptan malate</i>	1	QL (9 EA per 28 days)
<i>eletriptan oral tablet 20 mg</i>	1	QL (9 EA per 28 days)
<i>eletriptan oral tablet 40 mg</i>	1	QL (10 EA per 28 days)
<i>frovatriptan</i>	1	QL (9 EA per 28 days)
<i>naratriptan</i>	1	QL (9 EA per 28 days)
<i>rizatriptan</i>	1	QL (9 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/lactuation</i>	2	QL (6 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/lactuation</i>	1	QL (6 EA per 28 days)
<i>sumatriptan succinate oral</i>	1	QL (9 EA per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	2	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	2	QL (1 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (4 ML per 28 days)
SUMAVEL DOSEPRO	3	ST; QL (2 ML per 30 days)
ZEMBRACE SYMTOUCH	3	QL (4 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet 5 mg</i>	1	QL (9 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating</i>	1	QL (9 EA per 30 days)
ZOMIG NASAL	3	QL (6 EA per 30 days)
Migraine Therapy - Serotonin Agonist 5-Ht(1) And Nsaid Comb.		
TREXIMET ORAL TABLET 10-60 MG	3	PA; QL (9 EA per 30 days)
Movement Disorder Drug Therapy		
<i>tetrabenazine</i>	2	PA
Movement Disorder Therapy - Huntington's Disease		
<i>tetrabenazine</i>	2	PA
Narcolepsy Therapy Agents - Non-Sympathomimetic		
<i>armodafinil oral tablet 150 mg, 250 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>armodafinil oral tablet 200 mg</i>	2	QL (30 EA per 30 days)
<i>modafinil</i>	1	QL (30 EA per 30 days)
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative		
METHYLIN ORAL SOLUTION 10 MG/5 ML	3	QL (2700 ML per 30 days)
METHYLIN ORAL SOLUTION 5 MG/5 ML	3	QL (1080 ML per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	QL (1350 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	QL (2700 ML per 30 days)
<i>methylphenidate hcl oral tablet</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable</i>	1	QL (90 EA per 30 days)
Narcolepsy Therapy Agents- Stimulant-Type, Sympathomimetic, Amphetamines		
<i>amphetamine sulfate</i>	2	QL (30 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine oral tablet</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	1	QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	PA; QL (90 EA per 30 days)
Neuropathic Pain Therapy		
LYRICA CR	3	PA
Postherpetic Neuralgia Agents		
LYRICA CR	3	PA
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists Type		
NUEDEXTA	2	PA
Sedative-Hypnotic - Barbiturates		
BUTISOL ORAL TABLET 30 MG	3	
<i>phenobarbital 20 mg/5 ml soln</i>	1	
<i>phenobarbital oral tablet</i>	1	
Sedative-Hypnotic - Benzodiazepines		
<i>estazolam</i>	1	QL (30 EA per 30 days)
<i>flurazepam</i>	1	QL (30 EA per 30 days)
<i>lorazepam injection solution</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>quazepam</i>	1	QL (30 EA per 30 days)
<i>temazepam</i>	1	QL (30 EA per 30 days)
<i>triazolam</i>	1	QL (30 EA per 30 days)
Sedative-Hypnotic - Gaba-Receptor Modulators		
EDLUAR	3	ST; QL (30 EA per 30 days)
<i>eszopiclone</i>	1	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem oral</i>	1	QL (30 EA per 30 days)
<i>zolpidem sublingual</i>	1	ST; QL (30 EA per 30 days)
ZOLPIMIST	3	PA; ST
Sedative-Hypnotic - Orexin Receptor Antagonist		
BELSOMRA	3	PA; QL (30 EA per 30 days)
Chemical Dependency, Agents To Treat		
Agents For Opioid Withdrawal, Opioid-Type		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG	3	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
BUNAVAIL BUCCAL FILM 6.3-1 MG	3	QL (60 EA per 30 days)
<i>buprenorphine hcl sublingual</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet</i>	1	QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 8.6-2.1 MG	3	QL (60 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	QL (30 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG, 5.7-1.4 MG	3	QL (90 EA per 30 days)
Alcohol Abstinence Therapy - Glutamate And Gaba System Type		
<i>acamprosate</i>	1	
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type		
VIVITROL	4	QL (1 EA Max Qty Per Fill Retail)
Alcohol Deterrents		
<i>disulfiram</i>	1	
Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type		
<i>bupropion hcl (smoking deter)</i>	0	
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i>	1	QL (60 EA per 30 days)
ZYBAN	0	
Smoking Deterrents - Nicotine-Type		
NICODERM CQ	0	
NICORELIEF	0	
NICORETTE BUCCAL LOZENGE	0	
NICORETTE BUCCAL MINI LOZENGE	0	
<i>nicotine (polacrilex)</i>	0	
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	0	
<i>nicotine transdermal patch, td daily, sequential</i>	0	
NICOTROL	0	
NICOTROL NS	0	
Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2		
CHANTIX	0	
CHANTIX CONTINUING MONTH BOX	0	
CHANTIX STARTING MONTH BOX	0	
Chemicals-Pharmaceutical Adjuvants		
Chemicals - Fixed Oils		
<i>castor oil</i>	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Chemicals - Solvents		
<i>acetone</i>	3	
Pharmaceutical Adjuvant - Cellulose Capsules (Empty)		
CAPSULE #00 (CELLULOSE)	3	
Pharmaceutical Adjuvant - Gelatin Capsules (Empty)		
CAPSULE #0	3	
Pharmaceutical Adjuvant - Hypromellose Capsules (Empty)		
CAPSULE #0	3	
CAPSULE #1 DRCAPS	3	
CAPSULE CONI-SNAP #0(HYPROMEL)	3	
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
<i>sodium chloride inhalation</i>	1	
Pharmaceutical Adjuvant - Oral Vehicles		
FLAVOR SWEET	3	
MX-SOL BLEND	3	
MX-SOL SUSPEND	3	
ORA-BLEND SF	3	
ORAL SYRUP SF	3	
PCCA-PLUS BASE	3	
<i>simple syrup</i>	3	
SYRSPEND SF ALKA	3	
VERSA PLUS	3	
Pharmaceutical Adjuvant - Tableting		
<i>cellulose (bulk) powder</i>	3	
Pharmaceutical Adjuvant - Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT-PF	0	
Cognitive Disorder Therapy		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors		
<i>donepezil</i>	1	QL (30 EA per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	QL (30 EA per 30 days)
<i>galantamine oral solution</i>	1	QL (180 ML per 30 days)
<i>galantamine oral tablet</i>	1	QL (60 EA per 30 days)
<i>rivastigmine</i>	1	QL (30 EA per 30 days)
<i>rivastigmine tartrate</i>	1	QL (60 EA per 30 days)
Alzheimer's Disease Therapy - Nmda Receptor Antagonists		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg</i>	2	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>memantine oral capsule, sprinkle, er 24hr 21 mg, 28 mg, 7 mg</i>	1	QL (30 EA per 30 days)
<i>memantine oral solution</i>	1	
<i>memantine oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>memantine oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>memantine oral tablets, dose pack</i>	1	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	QL (28 EA per 365 days)
Alzheimer's Thx - Nmda Receptor Antag. And Cholinesterase Inhib. Comb		
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	3	PA; QL (30 EA per 30 days)
Cognitive Disorder Therapy - Cerebral Vasodilators		
<i>ergoloid</i>	1	
Contraceptives		
Contraceptive Implant - Progestin		
NEXPLANON 68 MG IMPLANT	0	QL (3 EA per 21 days)
Contraceptive Injectable - Progestin		
DEPO-PROVERA 150 MG/ML SYRINGE SUV	3	
DEPO-PROVERA 150 MG/ML VIAL SDV	3	
DEPO-SUBQ PROVERA 104 SYRINGE SUV	3	
<i>medroxyprogesterone 150 mg/ml sdv, latex-free, outer</i>	0	
Contraceptive Intrauterine - Copper Iud		
PARAGARD T 380-A IUD	0	
Contraceptive Intrauterine - Progesterone Iud		
KYLEENA 19.5 MG SYSTEM	0	
LILETTA 52 MG SYSTEM LATEX-FREE , SUV	0	
MIRENA 52 MG SYSTEM LATEX-FREE, SUV	0	
SKYLA 13.5 MG SYSTEM	0	
Contraceptive Oral - Biphasic		
AMETHIA 0.15-0.03-0.01 MG TAB INNER	0	QL (91 EA per 91 days)
AMETHIA LO TABLET INNER	0	
ASHLYNA 0.15-0.03-0.01 MG TAB F/C, INNER	0	QL (91 EA per 91 days)
AZURETTE 28 DAY TABLET OUTER	0	
BEKYREE 28 DAY TABLET F/C, INNER	0	
CAMRESE 0.15-0.03-0.01 MG TAB NON-SALEA, 1X91, INNER	0	QL (91 EA per 91 days)
CAMRESE LO TABLET INNER	0	QL (91 EA per 91 days)
DAYSEE 0.15-0.03-0.01 MG TAB F/C, INNER	0	QL (91 EA per 91 days)
<i>desogestr-eth estrad eth estra</i>	0	
KARIVA 28 DAY TABLET INNER	0	
KIMIDESS 28 DAY TABLET F/C, OUTER	0	
<i>levono-e estrad 0.15-0.03-0.01</i>	0	QL (91 EA per 91 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>levonor-e estrad 0.1-0.02-0.01 inner</i>	0	
LO LOESTRIN FE 1-10 TABLET	3	
LOSEASONIQUE TABLET	3	QL (30 EA per 30 days)
MIRCETTE 28 DAY TABLET	3	
NECON 10/11 (28)	0	
PIMTREA 28 DAY TABLET INNER	0	
SEASONIQUE 0.15-0.03-0.01 TAB	3	QL (91 EA per 91 days)
SIMLIYA 28 DAY TABLET INNER	0	
SIMPESSE 0.15-0.03-0.01 MG TAB INNER	0	
VIORELE 28 DAY TABLET OUTER	0	QL (91 EA per 91 days)
Contraceptive Oral - Monophasic		
AFIRMELLE-28 TABLET OUTER	0	
ALTAVERA-28 TABLET INNER	0	
ALYACEN 1-35 28 TABLET OUTER	0	
AMETHYST 90-20 MCG TABLET	0	
APRI 28 DAY TABLET OUTER	0	
AUBRA EQ-28 TABLET INNER	0	
AUBRA-28 TABLET OUTER	0	
AUROVELA 1 MG-20 MCG TABLET INNER	0	
AUROVELA 21 1.5-30 TABLET OUTER	0	
AUROVELA 24 FE 1 MG-20 MCG TAB INNER	0	
AUROVELA FE 1.5 MG-30 MCG TAB INNER	0	
AUROVELA FE 1-20 TABLET OUTER	0	
AVIANE-28 TABLET OUTER	0	
AYUNA-28 TABLET INNER	0	
BALCOLTRA TABLET INNER	3	
BALZIVA 28 TABLET INNER	0	
BEYAZ 28 TABLET F/C, INNER	3	QL (28 EA per 28 days)
BLISOVI 24 FE TABLET OUTER	0	
BLISOVI FE 1.5-30 TABLET INNER	0	
BLISOVI FE 1-20 TABLET OUTER	0	
BRIELLYN TABLET	0	
CHATEAL EQ-28 TABLET INNER	0	
CHATEAL-28 TABLET CLINIC PACK, OUTER	0	
CRYSSELLE-28 TABLET OUTER	0	
CYCLAFEM 1-35-28 TABLET OUTER	0	
CYRED 28 DAY TABLET OUTER	0	
CYRED EQ 28 DAY TABLET OUTER	0	
DASETTA 1-35-28 TABLET INNER	0	
<i>desogest-eth estra 0.15-0.03 mg outer</i>	0	
<i>dros-ee-levomef 3-0.02-0.451 inner</i>	3	QL (28 EA per 28 days)
<i>dros-ee-levomef 3-0.03-0.451 inner</i>	0	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>drospirenone-ee 3-0.02 mg tab</i>	0	
<i>drospirenone-ee 3-0.03 mg tab non-saleable, inner</i>	0	
ELINEST-28 TABLET OUTER	0	
EMOQUETTE 28 DAY TABLET OUTER	0	
ENSKYCE 28 TABLET OUTER	0	
ESTARYLLA 0.25-0.035 MG TABLET INNER	0	
<i>ethynodiol-eth estra 1 mg-35 mcg inner</i>	0	
<i>ethynodiol-eth estra 1 mg-50 mcg outer</i>	0	
FALMINA-28 TABLET OUTER	0	
FEMYNOR 28 TABLET	0	
GENERESS FE CHEWABLE TABLET	3	
GIANVI 3 MG-0.02 MG TABLET INNER	0	
GILDAGIA 0.4 MG-0.035 MG TAB OUTER	0	
HAILEY 21 1.5 MG-30 MCG TAB INNER	0	
HAILEY 24 FE 1 MG-20 MCG TAB INNER	0	
INTROVALE 0.15-0.03 MG TABLET TRI-PACK CARTN, OUTER	0	QL (91 EA per 91 days)
ISIBLOOM 28 DAY TABLET	0	
JASMIEL 3 MG-0.02 MG TABLET INNER	0	
JOLESSA 0.15 MG-0.03 MG TABLET	0	QL (91 EA per 91 days)
JULEBER 28 DAY TABLET INNER	0	
JUNEL 1 MG-20 MCG TABLET 3X21	0	
JUNEL 1.5 MG-30 MCG TABLET 3'S	0	
JUNEL FE 1 MG-20 MCG TABLET	0	
JUNEL FE 1.5 MG-30 MCG TABLET	0	
JUNEL FE 24 TABLET INNER	0	
KAITLIB FE CHEWABLE TABLET INNER	0	
KALLIGA 28 DAY TABLET OUTER	0	
KELNOR 1-35 28 TABLET OUTER	0	
KELNOR 1-50 TABLET OUTER	0	
KURVELO-28 TABLET 3X28, OUTER	0	
LARIN 1.5 MG-30 MCG TABLET INNER	0	
LARIN 21 1-20 TABLET INNER	0	
LARIN 24 FE 1 MG-20 MCG TABLET INNER	0	
LARIN FE 1.5-30 TABLET OUTER	0	
LARIN FE 1-20 TABLET OUTER	0	
LARISSIA-28 TABLET	0	
LAYOLIS FE CHEWABLE TABLET	0	
LESSINA-28 TABLET OUTER	0	
<i>levonor-eth estra 0.09-0.02 mg inner, f/c</i>	0	QL (28 EA per 28 days)
<i>levonor-eth estrad 0.1-0.02 mg inner</i>	0	
<i>levonor-eth estrad 0.15-0.03 outer</i>	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
LEVORA-28 TABLET INNER	0	
LILLOW-28 TABLET	0	
LOESTRIN 21 1.5-30 TABLET	3	
LOESTRIN 21 1-20 TABLET	3	
LOESTRIN FE 1.5-30 TABLET	3	
LOESTRIN FE 1-20 TABLET	3	
LORYNA 3 MG-0.02 MG TABLET 3X28,F/C	0	
LOW-OGESTREL-28 TABLET OUTER	0	
LO-ZUMANDIMINE 3 MG-0.02 MG TB INNER	0	
LUTERA-28 TABLET OUTER	0	
MARLISSA-28 TABLET 3X28, OUTER	0	
MELODETTA 24 FE CHEWABLE TAB OUTER	0	
MIBELAS 24 FE CHEWABLE TABLET INNER	0	
MICROGESTIN 21 1.5-30 TAB OUTER	0	
MICROGESTIN 21 1-20 TABLET INNER	0	
MICROGESTIN 24 FE 1 MG-20 MCG INNER	0	
MICROGESTIN FE 1.5-30 TAB INNER	0	
MICROGESTIN FE 1-20 TABLET INNER	0	
MILI 0.25-0.035 MG TABLET INNER	0	
MINASTRIN 24 FE CHEWABLE TAB INNER, MINT	3	
MONO-LINYAH 28 TABLET INNER	0	
MONONESSA 28 TABLET	0	
NECON 0.5-35-28 TABLET OUTER	0	
NECON 1/50 (28)	0	
NIKKI 3 MG-0.02 MG TABLET F/C, INNER	0	
<i>noret-estr-fe 0.4-0.035(21)-75 inner</i>	0	
<i>noreth-ee-fe 1.5-0.03 mg(21)-75 outer</i>	0	
<i>noreth-estrad-fe 1-0.02(21)-75</i>	0	
<i>noreth-estrad-fe 1-0.02(24)-75 inner</i>	0	
<i>norethind-eth estrad 1-0.02 mg inner</i>	0	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	0	
<i>norethin-estra-fe 0.8-0.025 mg chewable tab,outer</i>	0	
<i>norg-ethin estra 0.25-0.035 mg inner</i>	0	
NORTREL 0.5-35-28 TABLET OUTER	0	
NORTREL 1-35 21 TABLET INNER	0	
NORTREL 1-35 28 TABLET OUTER	0	
OCELLA 3 MG-0.03 MG TABLET 3'S, F/C, OUTER	0	
OGESTREL TABLET	3	
ORSYTHIA-28 TABLET OUTER	0	
ORTHO-CYCLEN 28 TABLET	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ORTHO-NOVUM 1-35-28 TABLET OUTER, DIALPAKS	3	
PHILITH 0.4-0.035 MG TABLET 6X28, OUTER	0	
PIRMELLA 1-35 28 TABLET INNER	0	
PIRMELLA 1-35-28 TABLET OUTER	0	
PORTIA-28 TABLET INNER	0	
PREVIFEM TABLET OUTER	0	
QUASENSE 0.15-0.03 MG TABLET	0	QL (91 EA per 91 days)
RAJANI 28 TABLET INNER	3	QL (30 EA per 30 days)
RECLIPSEN 28 DAY TABLET INNER	0	
SAFYRAL TABLET F/C, INNER	3	QL (30 EA per 30 days)
SETLAKIN 0.15 MG-0.03 MG TAB OUTER	0	
SPRINTEC 28 DAY TABLET	0	
SRONYX 0.10-0.02 MG TABLET INNER	0	
SYEDA 28 TABLET INNER	0	
TARINA 24 FE 1 MG-20 MCG TAB INNER	0	
TARINA FE 1-20 EQ TABLET OUTER	0	
TARINA FE 1-20 TABLET INNER	0	
TAYTULLA 1 MG-20 MCG CAPSULE OUTER	3	
TYDEMY TABLET OUTER	0	
VESTURA 3 MG-0.02 MG TABLET INNER	0	
VIENVA-28 TABLET	0	
VYFEMLA 28 TABLET INNER	0	
VYLIBRA 28 TABLET INNER	0	
WERA 0.5/0.035 MG 28 TABLET 3X28, OUTER	0	
WYMZYA FE CHEWABLE TABLET INNER	0	
YASMIN 28 TABLET F/C, OUTER	3	
YAZ 28 TABLET F/C, OUTER	3	
ZARAH TABLET INNER	0	
ZENCHENT 0.4 MG-35 MCG TABLET OUTER	0	
ZENCHENT FE	1	
ZOVIA 1-35E TABLET OUTER	0	
ZOVIA 1-50E TABLET	0	
ZUMANDIMINE 3 MG-0.03 MG TAB INNER	0	QL (91 EA per 91 days)
Contraceptive Oral - Progestin		
CAMILA 0.35 MG TABLET INNER	0	
DEBLITANE 0.35 MG TABLET INNER	0	
ERRIN 0.35 MG TABLET INNER	0	
HEATHER 0.35 MG TABLET OUTER	0	
INCASSIA 0.35 MG TABLET OUTER	0	
JENCYCLA 0.35 MG TABLET OUTER	0	
JOLIVETTE TABLET	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
LYZA 0.35 MG TABLET INNER	0	
NORA-BE TABLET	0	
<i>norethindrone 0.35 mg tablet</i>	0	
NORLYDA 0.35 MG TABLET	0	
ORTHO MICRONOR 0.35 MG TABLET OUTER	3	
SHAROBEL 0.35 MG TABLET OUTER	0	
SLYND 4 MG TABLET	3	
TULANA 0.35 MG TABLET OUTER	0	
Contraceptive Oral - Quadraphasic		
FAYOSIM TABLET OUTER	0	
<i>levonorg 0.15 mg-ee 20-25-30 mcg</i>	0	
NATAZIA 28 TABLET F/C, OUTER	3	
QUARTETTE TABLET INNER	3	
RIVELSA TABLET OUTER	0	
Contraceptive Oral - Triphasic		
ALYACEN 7-7-7-28 TABLET OUTER	0	
ARANELLE 28 TABLET OUTER	0	
CAZIAN 28 DAY TABLET INNER	0	
CYCLAFEM 7-7-7-28 TABLET INNER	0	
DASETTA 7/7/7-28 TABLET INNER	0	
ENPRESSE-28 TABLET 6'S	0	
ESTROSTEP FE-28 TABLET	3	
LEENA 28 TABLET INNER	0	
LEVONEST-28 TABLET INNER	0	
<i>levonor-eth estrad triphasic outer</i>	0	
MYZILRA-28 TABLET OUTER, F/C	0	
NECON 7-7-7-28 TABLET OUTER	0	
<i>norg-ee 0.18-0.215-0.25/0.025 flc, outer</i>	0	
<i>norg-ee 0.18-0.215-0.25/0.035 inner</i>	0	
NORTREL 7-7-7-28 TABLET INNER	0	
ORTHO TRI-CYCLEN 28 TABLET VERIDATE	3	
ORTHO TRI-CYCLEN LO TABLET 28X6, OUTER	3	
ORTHO-NOVUM 7-7-7-28 TABLET OUTER, VERIDATE	3	
PIRMELLA 7-7-7-28 TABLET INNER	0	
TILIA FE 28 TABLET OUTER	0	
TRI FEMYNOR 28 TABLET	0	
TRI-ESTARYLLA TABLET	0	
TRI-LEGEST FE-28 DAY TABLET	0	
TRI-LINYAH TABLET INNER	0	
TRI-LO-ESTARYLLA TABLET OUTER	0	
TRI-LO-MARZIA TABLET F/C, INNER	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
TRI-LO-MILI TABLET OUTER	0	
TRI-LO-SPRINTEC TABLET OUTER	0	
TRI-MILI 28 TABLET OUTER	0	
TRINESSA LO TABLET INNER	0	
TRINESSA TABLET	0	
TRI-NORINYL 28 TABLET OUTER	3	
TRI-PREVIFEM TABLET OUTER	0	
TRI-SPRINTEC TABLET	0	
TRIVORA-28 TABLET OUTER	0	
TRI-VYLIBRA 28 TABLET INNER	0	
TRI-VYLIBRA LO TABLET INNER	0	QL (28 EA per 28 days)
VELIVET 28 DAY TABLET INNER	0	
Contraceptive Transdermal Combinations		
XULANE PATCH INNER	0	
Contraceptive Transdermal Combinations - Estrogen And Progestin Comb.		
XULANE PATCH INNER	0	
Contraceptives - Intravaginal, Systemic		
<i>etonogestrel-ee vaginal ring outer</i>	0	QL (1 EA per 28 days)
NUVARING VAGINAL RING INNER	3	QL (1 EA per 28 days)
Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb.		
ANNOVERA	0	QL (1 EA per 365 days)
ELURYNG VAGINAL RING INNER	0	QL (1 EA per 28 days)
<i>etonogestrel-ee vaginal ring outer</i>	0	QL (1 EA per 28 days)
NUVARING VAGINAL RING INNER	3	QL (1 EA per 28 days)
Emergency Contraceptives		
AFTERA 1.5 MG TABLET	0	QL (1 EA per 30 days)
ECONTRA EZ 1.5 MG TABLET INNER	0	QL (1 EA per 30 days)
ECONTRA ONE-STEP 1.5 MG TABLET INNER	0	QL (1 EA per 30 days)
ELLA 30 MG TABLET	0	
<i>levonorgestrel 1.5 mg tablet (otc)</i>	0	QL (1 EA per 30 days)
MY CHOICE 1.5 MG TABLET	0	QL (1 EA per 30 days)
MY WAY 1.5 MG TABLET (OTC)	0	QL (1 EA per 30 days)
NEW DAY 1.5 MG TABLET	0	QL (1 EA per 30 days)
NEXT CHOICE ONE DOSE 1.5 MG TB (OTC)	0	QL (1 EA per 30 days)
OPCICON ONE-STEP 1.5 MG TABLET	0	QL (1 EA per 30 days)
OPTION 2 1.5 MG TABLET	0	
PLAN B ONE-STEP 1.5 MG TABLET (OTC)	3	QL (1 EA per 30 days)
TAKE ACTION 1.5 MG TABLET	0	QL (1 EA per 30 days)
Emergency Contraceptives - Progesterone Agonist/Antagonist Type		
ELLA 30 MG TABLET	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Emergency Contraceptives - Progestin Type		
AFTERA 1.5 MG TABLET	0	QL (1 EA per 30 days)
ECONTRA EZ 1.5 MG TABLET INNER	0	QL (1 EA per 30 days)
ECONTRA ONE-STEP 1.5 MG TABLET INNER	0	QL (1 EA per 30 days)
<i>levonorgestrel 1.5 mg tablet (otc)</i>	0	QL (1 EA per 30 days)
MY CHOICE 1.5 MG TABLET	0	QL (1 EA per 30 days)
MY WAY 1.5 MG TABLET (OTC)	0	QL (1 EA per 30 days)
NEW DAY 1.5 MG TABLET	0	QL (1 EA per 30 days)
NEXT CHOICE ONE DOSE 1.5 MG TB (OTC)	0	QL (1 EA per 30 days)
OPCICON ONE-STEP 1.5 MG TABLET	0	QL (1 EA per 30 days)
OPTION 2 1.5 MG TABLET	0	
PLAN B ONE-STEP 1.5 MG TABLET (OTC)	3	QL (1 EA per 30 days)
TAKE ACTION 1.5 MG TABLET	0	QL (1 EA per 30 days)
Spermicides		
CONCEPTROL	0	QL (2.55 GM per 30 days)
GYNOL II	0	QL (81 GM per 30 days)
TODAY CONTRACEPTIVE SPONGE	0	QL (3 EA per 30 days)
VAGINAL CONTRACEPTIVE FOAM	0	QL (17 GM per 30 days)
VCF CONTRACEPTIVE FILM	0	QL (9 EA per 30 days)
VCF CONTRACEPTIVE GEL	0	QL (2.55 GM per 30 days)
Dermatological		
Acne Therapy Systemic - Retinoids And Derivatives		
CLARAVIS ORAL CAPSULE 30 MG	2	QL (60 EA per 30 days)
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 40 MG	2	QL (60 EA per 30 days)
Acne Therapy Systemic - Tetracycline Antibiotic		
<i>minocycline oral tablet extended release 24 hr 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg</i>	2	QL (30 EA per 30 days)
Acne Therapy Topical - Anti-Infective		
ACZONE TOPICAL GEL WITH PUMP	3	PA; QL (90 GM per 30 days)
<i>azelaic acid</i>	1	
AZELEX	3	PA; QL (50 GM per 30 days)
<i>clindamycin phosphate topical foam</i>	1	
<i>clindamycin phosphate topical gel</i>	1	
<i>clindamycin phosphate topical lotion</i>	1	
<i>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>dapsone 7.5% gel pump</i>	1	QL (60 GM per 30 days)
<i>dapsone 7.5% gel pump</i>	1	QL (90 GM per 30 days)
<i>dapsone topical gel</i>	1	
ERY PADS	1	
ERYGEL	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>erythromycin with ethanol</i>	1	
FINACEA TOPICAL FOAM	3	PA; ST; QL (50 GM per 30 days)
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical lotion</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
Acne Therapy Topical - Anti-Infective-Keratolytic Combinations		
<i>clindamycin-benzoyl peroxide topical gel 1.2%(1% base) -5%</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5%</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5%</i>	1	QL (50 GM per 30 days)
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5%</i>	2	
<i>erythromycin-benzoyl peroxide</i>	2	
ONEXTON TOPICAL GEL WITH PUMP	3	ST; QL (50 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser</i>	1	
<i>sulfacetamide sodium-sulfur topical cream 10-2%, 9.8-4.8%</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4%</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension</i>	1	
<i>sulfacetamide sod-sulfur-urea topical cleanser</i>	1	
<i>sulfacetamide-sulfur-cleansr23</i>	1	
Acne Therapy Topical - Anti-Infective-Retinoid Combinations		
<i>clindamycin-tretinoin</i>	2	QL (30 GM per 30 days)
Acne Therapy Topical - Keratolytic		
BENZEPRO (MICROSPHERES)	3	
BENZEPRO TOPICAL TOWELETTE	3	
<i>benzoyl peroxide topical cleanser 7%</i>	1	
<i>benzoyl peroxide topical foam</i>	1	
BPO TOPICAL GEL	3	
INOVA TOPICAL COMBO PACK 8-5%	3	
<i>potassium hydroxide</i>	3	
PR BENZOYL PEROXIDE	3	
Acne Therapy Topical - Keratolytic Combinations Other		
INOVA 8-2	3	
Acne Therapy Topical - Keratolytic Mixtures		
NUOX	3	
Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations		
VANOXIDE-HC	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Acne Therapy Topical - Retinoid Combinations Other		
<i>adapalene-benzoyl peroxide</i>	1	QL (90 GM per 30 days)
EPIDUO FORTE	3	PA; QL (90 GM per 30 days)
Acne Therapy Topical - Retinoids And Derivatives		
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel</i>	1	
<i>adapalene topical gel with pump</i>	1	
<i>adapalene topical lotion</i>	1	
FABIOR	3	PA; ST; QL (50 GM per 30 days)
<i>tretinoin microspheres</i>	1	
<i>tretinoin topical cream</i>	1	QL (45 GM per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	QL (45 GM per 30 days)
<i>tretinoin topical gel 0.05 %</i>	1	
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations		
<i>calcipotriene-betamethasone topical ointment</i>	2	PA
ENSTILAR	3	ST; QL (60 GM per 15 days)
TACLONEX TOPICAL SUSPENSION	3	ST
Antipsoriatic Agents - Interleukin 12 And Il-23 Inhibitors,Mc Antibody		
STELARA SUBCUTANEOUS	4	PA
Antipsoriatic Agents - Interleukin-23 (Il-23) Antagonist, Mc Antibody		
ILUMYA	4	PA
SKYRIZI 75 MG/0.83 ML SYRINGE	4	PA
TREMFYA	4	PA
Antipsoriatic Agents-Interleukin-17 (Il-17) Antagonist, Mc Antibody		
COSENTYX (2 SYRINGES)	4	PA; QL (4 ML per 28 days)
COSENTYX PEN	4	PA; QL (4 ML per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	4	PA
TALTZ SYRINGE (3 PACK)	4	PA
Dermatitis Or Eczema Agents, Systemic-Interleukin-4 (Il-4Ra) Antag.Mab		
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA
Dermatitis Or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors		
EUCRISA	3	PA
Dermatological - Antibacterial Aminoglycosides		
<i>gentamicin topical</i>	1	
Dermatological - Antibacterial Other		
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>silver nitrate</i>	1	
Dermatological - Antibacterial Pleuromutilin Derivatives		
ALTABAX	3	
Dermatological - Antibacterial Sulfonamides		
SSS 10-5 TOPICAL CREAM	1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	1	
Dermatological - Antibacterial,Antifungal Agent With Glucocorticoid		
ALA-QUIN	3	
ALCORTIN A TOPICAL GEL IN PACKET	3	
Dermatological - Antibacterial-Glucocorticoid Combinations		
CORTISPORIN TOPICAL	3	
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
Dermatological - Antifungal Allylamines		
<i>naftifine topical cream 1 %</i>	3	PA
<i>naftifine topical cream 2 %</i>	2	PA
NAFTIN TOPICAL GEL	3	PA
Dermatological - Antifungal Amphoteric Polyene Macrolides		
<i>nystatin topical</i>	1	
NYSTOP	1	
Dermatological - Antifungal Combinations Other		
EXODERM	1	
Dermatological - Antifungal Hydroxypyridinone		
CICLODAN	1	
<i>ciclopirox</i>	1	
Dermatological - Antifungal Imidazole And Related Agents		
<i>clotrimazole topical</i>	1	
<i>econazole</i>	1	
ECOZA	3	ST; QL (70 GM per 30 days)
ERTACZO	3	ST
EXELDERM 1% SOLUTION	3	ST
EXELDERM TOPICAL CREAM	3	ST
<i>ketoconazole topical</i>	1	
<i>miconazole-zinc-petro 0.25-15%</i>	2	PA; QL (50 GM per 30 days)
<i>oxiconazole</i>	2	PA
OXISTAT TOPICAL LOTION	3	PA
XOLEGEL	3	ST

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Dermatological - Antifungal Oxaborole		
KERYDIN	3	ST; QL (10 ML Max Qty Per Fill Retail)
Dermatological - Antifungal-Glucocorticoid Combinations		
<i>clotrimazole-betamethasone</i>	1	
<i>hydrocortisone-iodoquinol</i>	1	
<i>nystatin-triamcinolone</i>	1	
Dermatological - Antifungals Other		
<i>triacetin</i>	3	
Dermatological - Antineoplastic Alkylating Agents		
VALCHLOR	4	PA
Dermatological - Antineoplastic Antimetabolites		
FLUROPLEX	3	PA
<i>fluorouracil topical cream 0.5 %</i>	1	PA
<i>fluorouracil topical cream 5 %</i>	1	
TOLAK	3	
Dermatological - Antineoplastic Or Premalig. Lesions - Diterpene Esters		
PICATO TOPICAL GEL 0.015 %	3	PA; QL (3 EA per 30 days)
PICATO TOPICAL GEL 0.05 %	3	PA; QL (2 EA per 30 days)
Dermatological - Antineoplastic Or Premalignant Lesions - Nsaid's		
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL (500 GM per 30 days)
Dermatological - Antineoplastic Retinoids		
PANRETIN	4	PA
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist		
TARGRETIN TOPICAL	4	PA
Dermatological - Antiperspirants		
DRYSOL	3	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing		
<i>methoxsalen</i>	2	PA
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives		
<i>acitretin</i>	2	QL (30 EA per 30 days)
Dermatological - Antipsoriatic Agents Topical		
<i>calcipotriene scalp</i>	1	QL (60 ML per 30 days)
<i>calcipotriene topical cream</i>	1	QL (120 GM per 30 days)
<i>calcipotriene topical ointment</i>	2	
CALCITRENE	1	
<i>calcitriol topical</i>	2	
DRITHOCREME HP	2	
SORILUX	3	ST

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>tazarotene</i>	2	
TAZORAC TOPICAL CREAM 0.05 %	3	
TAZORAC TOPICAL GEL	3	
ZITHRANOL	3	ST
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib.		
OTEZLA	4	PA; QL (60 EA per 30 days)
OTEZLA STARTER	4	PA; QL (60 EA per 30 days)
Dermatological - Antiseborrheic		
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL FOAM	3	
OVACE PLUS TOPICAL LOTION	3	
SEB-PREV	1	
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
<i>sulfacetamide sodium topical</i>	1	
TERSI FOAM	3	
Dermatological - Antiviral, Herpes		
<i>acyclovir topical ointment</i>	1	QL (30 GM per 30 days)
DENAVIR	3	PA; QL (5 GM per 30 days)
ZOVIRAX TOPICAL CREAM	3	PA
Dermatological - Antiviral-Glucocorticoid Combinations		
XERESE	3	PA; QL (5 GM per 30 days)
Dermatological - Burn Products Anti-Infective		
<i>silver sulfadiazine</i>	1	
SSD	1	
SULFAMYLON TOPICAL CREAM	3	
Dermatological - Calcineurin Inhibitors		
<i>pimecrolimus</i>	2	ST; QL (30 GM per 30 days)
<i>tacrolimus topical</i>	2	
Dermatological - Emollients		
<i>ammonium lactate</i>	1	
<i>glycerin topical solution</i>	3	
GORDONS UREA	3	
<i>urea topical cream 39 %</i>	1	
UREDEB	1	
Dermatological - Enzymes		
SANTYL	2	QL (30 GM per 30 days)
Dermatological - Glucocorticoid		
<i>alclometasone</i>	1	
<i>amcinonide topical cream</i>	2	
<i>amcinonide topical lotion</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>amcinonide topical ointment</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	1	
CAPEX	2	
<i>clobetasol scalp</i>	1	
<i>clobetasol topical cream</i>	1	
<i>clobetasol topical foam</i>	1	
<i>clobetasol topical gel</i>	1	
<i>clobetasol topical lotion</i>	2	
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical shampoo</i>	1	
<i>clobetasol topical spray, non-aerosol</i>	1	
<i>clobetasol-emollient</i>	1	
<i>clocortolone pivalate</i>	1	
CORDRAN TAPE LARGE ROLL	3	QL (1 EA per 30 days)
DESONATE	3	
<i>desonide</i>	1	
<i>desoximetasone topical cream</i>	1	
<i>desoximetasone topical gel</i>	1	
<i>desoximetasone topical ointment</i>	1	
<i>diflorasone</i>	2	
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i>	2	
<i>fluocinonide topical gel</i>	1	
<i>fluocinonide topical ointment</i>	1	
<i>fluocinonide topical solution</i>	1	
<i>fluocinonide-emollient</i>	1	
<i>flurandrenolide topical cream</i>	2	
<i>flurandrenolide topical lotion</i>	2	
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	2	
<i>fluticasone propionate topical ointment</i>	1	
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical ointment</i>	1	
<i>hydrocortisone butyrate topical cream</i>	1	
<i>hydrocortisone butyrate topical ointment</i>	1	
<i>hydrocortisone butyrate topical solution</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>hydrocortisone butyr-emollient</i>	2	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone-pramoxine topical</i>	1	
<i>mometasone topical</i>	1	
<i>prednicarbate</i>	1	
PROCTO-MED HC	1	
SCALACORT DK	3	
TEXACORT	3	
<i>triamcinolone acetonide topical aerosol</i>	2	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
TRIDERM TOPICAL CREAM 0.1 %	1	
Dermatological - Glucocorticoid-Emollient Combinations		
ULTRAVATE X	3	PA
Dermatological - Glucocorticoid-Local Anesthetic Combinations		
EPIFOAM	3	
<i>hydrocortisone-pramoxine topical</i>	1	
NOVACORT	3	PA
PRAMOSONE E	3	
PRAMOSONE TOPICAL CREAM 1-1 %	3	
PRAMOSONE TOPICAL LOTION	3	
PRAMOSONE TOPICAL OINTMENT	3	
Dermatological - Glucocorticoid-Skin Cleanser Combinations		
AQUA GLYCOLIC HC	3	
Dermatological - Immunomodulator - Catechins - Genital Wart/Hpv Tx		
VEREGEN	3	PA
Dermatological - Immunomodulator - Imidazoquinolinamines		
<i>imiquimod topical cream in packet</i>	1	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	3	PA; QL (56 GM per 28 days)
ZYCLARA TOPICAL CREAM IN PACKET	3	PA; QL (56 EA per 28 days)
Dermatological - Keratolytic-Antimitotic Combinations		
SALKERA	3	
SALVAX DUO PLUS	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>silver nitrate applicators</i>	1	
Dermatological - Keratolytic-Antimitotic Single Agents		
CEM-UREA	1	
CONDYLOX TOPICAL GEL	3	PA
KERAFOAM	3	
KERALYT SCALP COMPLETE	3	
PODOCON	3	
<i>podofilox</i>	1	
SALEX TOPICAL COMBO PACK	3	
<i>salicylic acid er-ceramides topical kit,cleanser and cream er</i>	1	
<i>salicylic acid topical cream</i>	1	
<i>salicylic acid topical cream,extended release</i>	1	
<i>salicylic acid topical foam</i>	1	
<i>salicylic acid topical gel</i>	1	
<i>salicylic acid topical lotion</i>	1	
<i>salicylic acid topical lotion,extended release</i>	1	
<i>salicylic acid topical shampoo</i>	1	
SALVAX	1	
URAMAXIN TOPICAL FOAM	3	
URAMAXIN TOPICAL LOTION	3	
<i>urea topical cream 40 %</i>	1	
<i>urea topical gel 45 %</i>	1	
<i>urea topical lotion 45 %</i>	1	
Dermatological - Keratoplastic Tar Products		
<i>coal tar</i>	3	
Dermatological - Local Anesthetic Combinations		
CETACAINE	3	
<i>lidocaine-prilocaine</i>	1	
Dermatological - Miscellaneous Single Agents		
PYROGALLIC ACID	3	
Dermatological - Nsaid Single Agents		
<i>diclofenac epolamine</i>	2	PA; QL (60 EA per 30 days)
<i>diclofenac sodium topical drops</i>	1	QL (150 ML per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	1	QL (500 GM per 30 days)
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic		
<i>tazarotene</i>	2	
Dermatological - Rosacea Therapy, Topical		
<i>azelaic acid</i>	1	
AZELEX	3	PA; QL (50 GM per 30 days)
FINACEA TOPICAL FOAM	3	PA; ST; QL (50 GM per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>metronidazole topical</i>	1	
MIRVASO	3	ST
RHOFADE	3	PA
SOOLANTRA	3	PA; ST; QL (30 GM per 30 days)
<i>sulfacetamide sod-sulfur-urea topical cleanser</i>	1	
Dermatological - Topical Local Anesthetic Amides		
<i>lidocaine hcl mucous membrane jelly</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	
<i>lidocaine hcl topical cream 3 %</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	QL (90 EA per 30 days)
<i>lidocaine topical ointment</i>	1	
SYNERA	3	
Dermatological - Topical Local Anesthetic Esters		
ANACAINE	3	
PONTOCAINE	3	
Dermatological Antipruritics - Antihistamines		
<i>doxepin topical</i>	3	PA
Scabicide And Pediculicide Single Agents		
EURAX TOPICAL CREAM	2	
<i>lindane topical shampoo</i>	1	
<i>malathion</i>	1	
OVIDE	3	
<i>permethrin topical cream</i>	1	
SKLICE	3	QL (117 GM per 30 days)
<i>spinosad</i>	1	
ULESFIA	3	
Wound Care - Growth Factor Agents		
REGRANEX	3	
Diagnostic Agents		
Diagnostic - Blood Test Others		
NOVAMAX PLUS KETONE	2	PA; QL (10 EA per 30 days)
Diagnostic Drugs - Cardiovascular		
<i>dipyridamole intravenous</i>	1	
Diagnostic Drugs - Gastrointestinal Radiological Adjunct		
GLUCAGEN DIAGNOSTIC KIT	2	
<i>glucagon hcl</i>	1	QL (1 EA per 30 days)
Diagnostic Drugs - Pulmonary		
PROVOCHOLINE	2	
Drugs To Treat Erectile Dysfunction		
Erectile Dysfunction (Ed) Drugs-Sel.Cgmp Phosphodiesterase Type5 Inhib		
CIALIS ORAL TABLET 5 MG	3	PA; QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
LEVITRA	3	QL (6 EA per 30 days)
<i>sildenafil 100 mg tablet</i>	1	QL (6 EA per 30 days)
<i>sildenafil 25 mg tablet</i>	1	QL (6 EA per 30 days)
<i>sildenafil oral tablet 50 mg</i>	1	QL (6 EA per 30 days)
STAXYN	2	QL (6 EA per 30 days)
STENDRA	3	QL (6 EA per 30 days)
<i>tadalafil 10 mg tablet</i>	1	QL (6 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>tadalafil oral tablet 20 mg</i>	2	PA; QL (60 EA per 30 days)
Eating Disorder Therapy		
Appetite Stimulants - Cannabinoids		
<i>dronabinol</i>	2	PA; QL (60 EA per 30 days)
Appetite Stimulants - Progestin Hormone Type		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
Electrolyte Balance-Nutritional Products		
Amino Acid - Carnitine Derivatives		
<i>levocarnitine oral tablet</i>	1	
Diluents - Insulin Diluting Solutions		
DILUTING MEDIUM FOR NOVOLOG	1	
Diluents - Sodium Chloride		
<i>sodium chloride 0.9% injection</i>	1	
Diluents - Sterile Water For Injection		
STERILE WATER FOR INJECTION	1	
<i>water for injection, sterile injection solution</i>	1	
Electrolyte Depleters - Ion Exchange Resin		
SODIUM POLYSTYRENE (SORB FREE)	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM	3	PA; QL (30 EA per 30 days)
VELTASSA ORAL POWDER IN PACKET 8.4 GRAM	3	PA; QL (60 EA per 28 days)
Irrigation Solutions		
<i>lactated ringers irrigation</i>	1	
<i>ringer's irrigation</i>	1	
<i>sodium chloride irrigation</i>	1	
TIS-U-SOL PENTALYTE	1	
<i>water for irrigation, sterile</i>	3	
Minerals And Electrolytes - Bicarbonate Producing Or Containing Agents		
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4%)</i>	3	
Minerals And Electrolytes - Calcium Replacement		
<i>calcium acetate(phosphat bind) oral tablet</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Minerals And Electrolytes - Iodine		
SSKI	3	
Minerals And Electrolytes - Iron		
AURYXIA	3	PA; QL (360 EA per 30 days)
Minerals And Electrolytes - Potassium, Oral		
K-EFFERVESCENT	1	
KLOR-CON 10	1	
KLOR-CON 8	2	
KLOR-CON M10	1	
KLOR-CON M20	1	
KLOR-CON SPRINKLE	1	
<i>potassium bicarb-citric acid</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml</i>	1	
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet, er particles/crystals</i>	1	
Minerals And Electrolytes - Sodium Chloride, Oral		
<i>sodium chloride oral</i>	1	
Multivitamin And Mineral Combinations		
CONCEPT DHA	1	
VOL-PLUS	2	
VOL-TAB RX	2	
Multivitamins		
ENBRACE HR	3	
VINATE CARE	2	
Prenatal Vitamins And Minerals		
COMPLETE NATAL DHA	2	
COMPLETENATE	2	
CONCEPT DHA	1	
ENBRACE HR	3	
OB COMPLETE WITH DHA	2	
O-CAL PRENATAL	1	
PNV-DHA + DOCUSATE	2	
PRENATA	2	
PRENATABS RX	2	
PRENATAL 19	1	
PRENATAL 19 (WITH DOCUSATE)	1	
PRENATAL MULTI-DHA(WITH VIT K)	1	
PRENATAL MULTIVITAMINS	1	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
PRENATAL PLUS	1	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
<i>prenatal vit-iron fum-folic ac</i>	1	
<i>prenatal vits96-iron fum-folic</i>	1	
PREPLUS	2	
PRETAB	1	
PROVIDA OB	1	
SE-NATAL 19 CHEWABLE	2	
TRIVEEN-DUO DHA	2	
VINATE CARE	2	
VINATE ONE	2	
VIRT-VITE GT	2	
VITAFOL-OB+DHA	2	
VITAMED MD ONE RX	2	
VITAMEDMD REDICHEW RX	2	
VOL-PLUS	2	
VOL-TAB RX	2	
Sodium Chloride Flushes		
<i>sodium chloride 0.9% injection</i>	1	
Sterile Water For Injection		
<i>water for injection, sterile intravenous</i>	1	
Vitamins - B-12, Cyanocobalamin And Derivatives		
<i>cyanocobalamin (vitamin b-12) injection</i>	1	QL (4 ML per 28 days)
<i>hydroxocobalamin</i>	1	
Vitamins - D Derivatives		
<i>calcitriol oral</i>	1	
<i>cholecalciferol (vitamin d3) oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	0	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml), 400 unit/0.2 ml</i>	0	
<i>cholecalciferol (vitamin d3) oral liquid 10 mcg/5 ml (400 unit/5 ml)</i>	0	
<i>cholecalciferol (vitamin d3) oral tablet, chewable 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	0	
DELTA D3	0	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	QL (4 EA per 28 days)
<i>ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)</i>	0	
PEDIA D-VITE ORAL DROPS	0	
SUPER DAILY D3 ORAL DROPS 25 MCG/DROP (1000 UNIT/DROP)	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
VITAMIN D3 ORAL CAPSULE 50 MCG (2,000 UNIT)	0	
VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 25 MCG (1,000 UNIT)	0	
Vitamins - Folic Acid And Derivatives		
<i>folic acid 1 mg tablet (rx)</i>	1	
<i>folic acid oral capsule 0.8 mg</i>	0	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0	
Vitamins - K, Phytonadione And Derivatives		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL (5 EA per 30 days)
Endocrine		
Abortifacients Or Cervical Ripening Agents - Prostaglandin Analogs		
CERVIDIL	4	PA
PROSTIN E2	4	PA
Adrenocorticotrophic Hormones		
ACTHAR	4	PA
Agents To Treat Hypoglycemia (Hyperglycemics)		
BAQSIMI	2	
GLUCAGEN HYPOKIT	2	QL (1 EA per 30 days)
<i>glucagon hcl</i>	1	QL (1 EA per 30 days)
PROGLYCEM	2	
Anabolic Steroid - Single Agents		
<i>oxandrolone oral tablet 10 mg</i>	1	PA; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; QL (120 EA per 30 days)
Androgen - Single Agents		
<i>methyltestosterone oral capsule</i>	2	PA
NATESTO	3	PA; QL (21.96 GM per 30 days)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate</i>	1	
<i>testosterone transdermal gel</i>	1	
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation, 12.5 mg/ 1.25 gram (1%)</i>	1	
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i>	1	QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	1	
<i>testosterone transdermal gel in packet 1.62% (20.25 mg/1.25 gram)</i>	1	QL (37.5 GM per 30 days)
<i>testosterone transdermal solution in metered pump w/lapp</i>	2	PA; QL (180 ML per 30 days)
Antidiuretic And Vasopressor Hormones		
<i>desmopressin injection</i>	1	
<i>desmopressin nasal spray with pump</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>desmopressin nasal spray, non-aerosol</i>	1	
<i>desmopressin oral</i>	1	
STIMATE	4	PA; QL (2.5 ML per 30 days)
Antihyperglycemic - Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	QL (90 EA per 30 days)
<i>miglitol</i>	1	
Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
<i>alogliptin</i>	1	ST; QL (30 EA per 30 days)
JANUVIA	2	ST; QL (30 EA per 30 days)
ONGLYZA	3	ST; QL (30 EA per 30 days)
TRADJENTA	2	ST; QL (30 EA per 30 days)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET	3	PA
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (Gr-Ii)		
KORLYM	4	PA
Antihyperglycemic - Meglitinide Analogs		
<i>nateglinide</i>	1	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (240 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (120 EA per 30 days)
Antihyperglycemic - Sglt-2 Inhibitor And Biguanide Combinations		
INVOKAMET	2	ST; QL (60 EA per 30 days)
INVOKAMET XR	2	ST; QL (60 EA per 30 days)
SYNJARDY	2	ST; QL (60 EA per 30 days)
SYNJARDY XR	2	ST
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-500 MG	3	ST; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	ST
Antihyperglycemic - Sglt-2 Inhibitor And Dpp-4 Inhibitor Combinations		
GLYXAMBI	2	ST; QL (30 EA per 30 days)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglt2) Inhibitors		
FARXIGA	2	ST
JARDIANCE	2	ST; QL (30 EA per 30 days)
Antihyperglycemic - Sulfonylurea And Biguanide Combinations		
<i>glipizide-metformin</i>	1	
<i>glyburide-metformin</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antihyperglycemic - Sulfonylurea Derivatives		
<i>glimepiride</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (60 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (30 EA per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	1	QL (480 EA per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
Antihyperglycemic - Thiazolidinedione And Biguanide Combinations		
AVANDAMET ORAL TABLET 2-1,000 MG	3	
<i>pioglitazone-metformin</i>	1	QL (90 EA per 30 days)
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120	3	PA; QL (10 ML per 30 days)
SYMLINPEN 60	3	PA; QL (10 ML per 30 days)
Antihyperglycemic, Incretin Mimetic, Glp-1 Receptor Agonist Analog-Type		
ADLYXIN	3	PA; ST; QL (90 ML per 30 days)
BYDUREON	2	ST; QL (4 EA per 28 days)
BYDUREON BCISE	2	ST; QL (4 ML per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; ST; QL (2 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; ST; QL (2 ML per 30 days)
TANZEUM	3	PA; ST; QL (4 EA per 28 days)
TRULICITY	2	ST; QL (2 ML per 28 days)
VICTOZA 3-PAK	3	PA; ST; QL (9 ML per 30 days)
Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide		
<i>alogliptin-metformin</i>	1	ST; QL (60 EA per 30 days)
JANUMET	2	ST; QL (60 EA per 30 days)
JANUMET XR	2	ST; QL (30 EA per 30 days)
JENTADUETO	2	ST; QL (60 EA per 30 days)
JENTADUETO XR	2	ST; QL (30 EA per 30 days)
KOMBIGLYZE XR	3	ST; QL (60 EA per 30 days)
Antithyroid Agents, Thionamides - Imidazole Derivatives		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antithyroid Agents, Thionamides - Thiouracil Derivatives		
<i>propylthiouracil</i>	1	
Bone Formation Agents - Sclerostin Inhibitor, Monoclonal Antibody		
EVENITY 105 MG/1.17 ML SYRINGE	4	PA; QL (2 ML Max Qty Per Fill Retail)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	4	PA; QL (2.34 ML per 28 days)
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides		
TYMLOS	4	PA; QL (30 ML per 30 days)
Bone Formation Stimulating Agents - Parathyroid Hormone-Type		
FORTEO	4	PA; QL (3 ML per 28 days)
Bone Resorption Inhibitors - Bisphosphonate And Vitamin D Combinations		
FOSAMAX PLUS D	3	ST; QL (4 EA per 28 days)
Bone Resorption Inhibitors - Bisphosphonates		
<i>alendronate oral solution</i>	1	QL (300 ML per 28 days)
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 28 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>etidronate disodium</i>	1	
<i>ibandronate oral</i>	1	QL (1 EA per 28 days)
<i>risedronate oral tablet 150 mg</i>	1	QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 35 mg, 5 mg</i>	1	ST; QL (30 EA per 30 days)
<i>risedronate oral tablet, delayed release (drlec)</i>	1	ST; QL (4 EA per 28 days)
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer		
<i>cinacalcet</i>	4	PA; QL (30 EA per 30 days)
Calcitonins		
<i>calcitonin (salmon)</i>	1	
MIACALCIN INJECTION	4	PA
Estrogen And Progestin With Antimineralocorticoid Activity, Combination		
ANGELIQ	3	QL (28 EA per 28 days)
Estrogen And Selective Estrogen Receptor Modulator (Serm) Combinations		
DUAVEE	3	QL (30 EA per 30 days)
Estrogen-Androgen		
EEMT	3	
EEMT HS	3	
<i>estrogens-methyltestosterone</i>	1	
Estrogen-Progestin		
CLIMARA PRO	3	QL (4 EA per 28 days)
COMBIPATCH	3	QL (8 EA per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>estradiol-norethindrone acet</i>	1	
FYAVOLV ORAL TABLET 1-5 MG-MCG	1	
JEVANTIQUE LO	1	
MIMVEY	1	
MIMVEY LO	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	0	
PREFEST	3	
PREMPHASE	2	
PREMPRO ORAL TABLET 0.3-1.5 MG	3	
PREMPRO ORAL TABLET 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
Estrogens		
CLIMARA	3	QL (4 EA per 28 days)
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	3	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %)	3	QL (30 EA per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)	3	QL (30 GM per 30 days)
ELESTRIN	3	QL (26 GM per 30 days)
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch semiweekly</i>	1	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	1	QL (4 EA per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
ESTROGEL	3	QL (50 GM per 30 days)
<i>estropipate</i>	1	
EVAMIST	3	QL (16.2 ML per 30 days)
MENEST	3	
MENOSTAR	3	QL (4 EA per 28 days)
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR	3	QL (8 EA per 28 days)
PREMARIN ORAL	2	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL (8 EA per 28 days)
Fertility Enhancer - Luteal Phase Supporting, Progesterone-Type		
CRINONE VAGINAL GEL 8 %	4	PA
ENDOMETRIN	2	
Fertility Enhancer - Preterm Birth Prevention, Progesterone-Type		
<i>hydroxyprogesterone 250 mg/ml vial latex-free,plf,suv</i>	4	PA; QL (5 ML per 35 days)
<i>hydroxyprogesterone cap(ppres)</i>	2	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Glucocorticoids		
<i>cortisone</i>	1	
<i>dexamethasone 10 day 1.5 mg tb</i>	1	
<i>dexamethasone 13 day 1.5 mg tb</i>	1	
<i>dexamethasone 6 day 1.5 mg tab</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>hydrocortisone oral</i>	1	
MEDROL ORAL TABLET 2 MG	3	
<i>methylprednisolone</i>	1	
<i>methylprednisolone sodium succ injection recon soln 125 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	
<i>prednisone</i>	1	
PREDNISONE INTENSOL	1	
Gonadotropin Inhibitor Pituitary Suppressants		
<i>danazol</i>	2	
Growth Hormone Receptor Antagonists		
SOMAVERT	4	PA
Growth Hormone Releasing Hormones (Ghrh)		
EGRIFTA	4	PA
Growth Hormones		
HUMATROPE	4	PA
NORDITROPIN FLEXPEN	4	PA
Human Insulins - Fixed Combinations		
HUMULIN 70/30 U-100 INSULIN	2	QL (30 ML per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	2	
Human Insulins - Intermediate Acting		
HUMULIN N NPH INSULIN KWIKPEN	2	
NOVOLIN N NPH U-100 INSULIN	2	QL (30 ML per 30 days)
Human Insulins - Short Acting		
HUMULIN R REGULAR U-100 INSULIN	2	QL (30 ML per 30 days)
HUMULIN R U-500 (CONC) INSULIN	2	QL (30 ML per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN	2	
Insulin Analogs - Fixed Combinations		
HUMALOG MIX 50-50 INSULIN U-100	2	QL (60 ML per 30 days)
HUMALOG MIX 50-50 KWIKPEN	2	QL (60 ML per 30 days)
HUMALOG MIX 75-25 KWIKPEN	2	QL (60 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
HUMALOG MIX 75-25(U-100)INSULN	2	QL (60 ML per 30 days)
NOVOLOG MIX 70-30 U-100 INSULN	2	QL (60 ML per 30 days)
NOVOLOG MIX 70-30FLEXPEN U-100	2	QL (60 ML per 30 days)
Insulin Analogs - Long Acting		
BASAGLAR KWIKPEN U-100 INSULIN	2	QL (30 ML per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	PA; QL (30 ML per 30 days)
LANTUS U-100 INSULIN	3	PA; QL (30 ML per 30 days)
LEVEMIR FLEXTOUCH U-100 INSULN	3	PA; QL (30 ML per 30 days)
LEVEMIR U-100 INSULIN	3	PA; QL (30 ML per 30 days)
TRESIBA FLEXTOUCH U-100	3	PA; QL (60 ML per 30 days)
TRESIBA FLEXTOUCH U-200	3	PA; QL (27 ML per 30 days)
Insulin Analogs - Rapid Acting		
ADMELOG SOLOSTAR U-100 INSULIN	2	QL (60 ML per 30 days)
ADMELOG U-100 INSULIN LISPRO	2	QL (60 ML per 30 days)
HUMALOG JUNIOR KWIKPEN U-100	2	QL (60 ML per 30 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	QL (60 ML per 30 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	
<i>insulin lispro 100 unit/ml vl</i>	1	QL (60 ML per 30 days)
<i>insulin lispro subcutaneous insulin pen</i>	1	QL (60 ML per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN	2	QL (60 ML per 30 days)
NOVOLOG U-100 INSULIN ASPART	2	QL (60 ML per 30 days)
Insulin Response Enhancers - Biguanides		
<i>metformin oral tablet 1,000 mg, 850 mg</i>	1	QL (90 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (90 EA per 30 days)
RIOMET	3	
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists)		
<i>pioglitazone</i>	1	QL (30 EA per 30 days)
Insulin-Like Growth Factor-1 (Igf-1)		
INCRELEX	4	PA
Lhrh (Gnrh) Agonist Analog Pit Suppres - Central Precocious Puberty		
LUPRON DEPOT-PED	4	PA
LUPRON DEPOT-PED (3 MONTH)	4	PA
Lhrh (Gnrh) Agonist Analog Pituitary Supp. And Progestin Comb.		
LUPANETA PACK (1 MONTH)	4	PA
LUPANETA PACK (3 MONTH)	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Lhrh (Gnrh) Agonist Analog Pituitary Suppressants		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	PA
Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators		
OSPHENA	3	
Menopausal Symptoms Suppressant-Ssri Antidepressant Type		
<i>paroxetine mesylate(menop.sym)</i>	1	ST; QL (30 EA per 30 days)
Mineralocorticoids		
<i>fludrocortisone</i>	1	
Oxytocic - Ergot Alkaloids		
<i>methylergonovine oral</i>	2	QL (28 EA per 30 days)
Progestins		
<i>hydroxyprogesterone 250 mg/ml vial latex-free,p/f,suv</i>	4	PA; QL (5 ML per 35 days)
<i>hydroxyprogesterone cap(ppres)</i>	2	PA
<i>hydroxyprogesterone caproate</i>	4	PA
<i>medroxyprogesterone oral</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone micronized</i>	1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists		
<i>cabergoline</i>	1	
Selective Estrogen Receptor Modulators (Serms)		
<i>raloxifene</i>	0	QL (30 EA per 30 days)
Somatostatic Agents		
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	
<i>octreotide acetate injection syringe</i>	2	
Thyroid Hormone Combinations - Synthetic T3 And T4		
THYROLAR-1	2	
THYROLAR-1/2	2	
THYROLAR-1/4	2	
THYROLAR-2	2	
THYROLAR-3	2	
Thyroid Hormones - Animal Source (Porcine)		
ARMOUR THYROID ORAL TABLET 15 MG, 180 MG, 240 MG, 300 MG	2	
NATURE-THROID 65 MG TABLET	2	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
NP THYROID ORAL TABLET 120 MG	2	
NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG	1	
<i>thyroid (pork) oral tablet 120 mg, 15 mg</i>	1	
WESTHROID ORAL TABLET 195 MG	2	
Thyroid Hormones - Synthetic T3 (Triiodothyronine)		
<i>liothyronine oral</i>	1	
Thyroid Hormones - Synthetic T4 (Thyroxine)		
<i>levothyroxine oral</i>	1	
LEVOXYL ORAL TABLET 137 MCG, 25 MCG, 50 MCG, 88 MCG	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 300 MCG, 75 MCG	2	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
Enzymes		
Enzymes		
HYQVIA HY COMPONENT	4	PA
Fdb Class Obsolete-Not Used		
Arginine Vasopressin (Avp) V2 Receptor Antagonist, Selective		
JYNARQUE ORAL TABLET	4	PA
SAMSCA	4	PA
Gastrointestinal Therapy Agents		
Antacid - Simethicone Combinations		
ANTACID-ANTIGAS SUSPENSION	3	
Antidiarrheal - Antiperistaltic Agents		
<i>loperamide oral capsule</i>	1	
<i>opium tincture</i>	1	
<i>paregoric</i>	1	
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors		
MYTESI	3	PA
Antidiarrheal Antiperistaltic-Anticholinergic Combinations		
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	QL (80 EA per 10 days)
MOTOFEN	3	PA
Antidiarrheal Opioid Agents		
<i>opium tincture</i>	1	
<i>paregoric</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antiemetic - Anticholinergics		
<i>scopolamine base</i>	1	QL (10 EA per 30 days)
TRANSDERM-SCOP	2	
Antiemetic - Antihistamines		
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
Antiemetic - Cannabinoid Type		
<i>dronabinol</i>	2	PA; QL (60 EA per 30 days)
Antiemetic - Dopamine (D2)/5-Ht3 Antagonists		
<i>trimethobenzamide oral</i>	1	
Antiemetic - Phenothiazines		
<i>prochlorperazine</i>	1	QL (30 EA per 30 days)
<i>prochlorperazine maleate</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 25 mg</i>	1	QL (30 EA per 30 days)
Antiemetic - Selective Serotonin 5-Ht3 Antagonists		
<i>granisetron hcl oral</i>	2	QL (14 EA per 30 days)
<i>ondansetron</i>	1	QL (180 EA per 30 days)
<i>ondansetron hcl oral solution</i>	1	QL (100 ML per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL (180 EA per 30 days)
SANCUSO	3	PA; QL (1 EA per 7 days)
Antiemetic - Substance P-Neurokinin 1 (Nk1) Receptor Antagonists		
<i>aprepitant oral capsule 125 mg</i>	1	PA; QL (4 EA per 28 days)
<i>aprepitant oral capsule 40 mg</i>	1	PA; QL (32 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i>	1	PA; QL (16 EA per 28 days)
<i>aprepitant oral capsule,dose pack</i>	1	PA; QL (12 EA per 28 days)
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (Gc-C) Agonists		
LINZESS	3	PA; QL (30 EA per 30 days)
TRULANCE	3	PA; QL (30 EA per 30 days)
Colonic Acidifier (Ammonia Inhibitor)		
<i>lactulose 10 gm/15 ml solution</i>	1	
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	1	
Digestive Enzyme Mixtures		
CREON	2	PA
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	PA
PERTZYE	3	PA
ZENPEP DR 10,000 UNIT CAPSULE	2	PA
ZENPEP DR 15,000 UNIT CAPSULE	2	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ZENPEP DR 25,000 UNIT CAPSULE	2	PA
ZENPEP DR 3,000 UNIT CAPSULE	2	PA
ZENPEP DR 5,000 UNIT CAPSULE	2	PA
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-63,000- 84,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-126,000- 168,000 UNIT, 40,000-136,000- 218,000 UNIT, 5,000-17,000 -27,000 UNIT	2	PA
Gallstone Solubilizing (Litholysis) Agents		
<i>ursodiol</i>	1	
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists		
<i>famotidine oral suspension</i>	1	QL (150 ML per 30 days)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs		
<i>misoprostol</i>	1	
Gastrointestinal - Prokinetic Agents - 5-Ht4 Receptor Agonists		
MOTEGRITY 1 MG TABLET	3	PA; QL (30 EA per 30 days)
MOTEGRITY 2 MG TABLET	3	PA; QL (30 EA per 30 days)
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-Ht4 Agonists		
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet, disintegrating</i>	1	QL (120 EA per 30 days)
Gi Antispasmodic - Belladonna Alkaloids		
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>methscopolamine</i>	1	
SYMAX-SR	1	
Gi Antispasmodic - Quaternary Ammonium Compounds		
<i>glycopyrrolate in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate injection</i>	1	
<i>glycopyrrolate intravenous</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>propantheline</i>	1	
Gi Antispasmodic - Synthetic Tertiary Amines		
<i>dicyclomine intramuscular</i>	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
Gi Antispasmodic And Benzodiazepine Combinations		
<i>chlordiazepoxide-clidinium</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Gi Antispasmodic And Opioid Combinations		
<i>belladonna alkaloids-opium</i>	1	
Gi Antispasmodic Combinations Other		
<i>belladonna alkaloids-opium</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	
PHENOHYTRO ORAL TABLET	1	
Ibs Agent - Gastrointestinal Chloride Channel Activator Agents		
AMITIZA	3	PA; QL (60 EA per 30 days)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists		
LINZESS	3	PA; QL (30 EA per 30 days)
TRULANCE	3	PA; QL (30 EA per 30 days)
Ibs Agent - Mixed Opioid Receptor Agonist And Antagonist		
VIBERZI	3	PA
Ibs Agent - Selective 5-Ht3 Receptor Antagonists		
<i>alosetron</i>	2	PA; QL (60 EA per 30 days)
Inflammatory Bowel Agent - Interleukin-12 And Il-23 Inhibitors, Mc Ab		
STELARA INTRAVENOUS	4	PA
STELARA SUBCUTANEOUS SOLUTION	4	PA
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA
Inflammatory Bowel Agent - Aminosalicylates And Related Agents		
APRISO	3	QL (120 EA per 30 days)
<i>balsalazide</i>	1	
CANASA	2	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	2	
DIPENTUM	3	PA
GIAZO	3	PA; QL (180 EA per 30 days)
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i>	2	QL (120 EA per 30 days)
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i>	2	QL (180 EA per 30 days)
<i>mesalamine rectal enema</i>	1	QL (1680 ML per 28 days)
<i>mesalamine rectal suppository</i>	2	QL (30 EA per 30 days)
<i>mesalamine with cleansing wipe</i>	1	QL (1680 EA per 28 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	QL (90 EA per 30 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	2	QL (240 EA per 30 days)
<i>sulfasalazine</i>	1	
Inflammatory Bowel Agent - Glucocorticoids		
<i>budesonide oral capsule, delayed, extend. release</i>	2	QL (90 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>budesonide oral tablet, delayed and ext. release</i>	2	
CORTIFOAM	3	
<i>hydrocortisone rectal</i>	1	
UCERIS RECTAL	3	PA
Inflammatory Bowel Agent - Janus Kinase (Jak) Inhibitors		
XELJANZ ORAL TABLET 5 MG	4	PA; QL (60 EA per 30 days)
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers		
CIMZIA POWDER FOR RECONST	4	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT	4	PA; QL (3 EA per 30 days)
HUMIRA PEDIATRIC CROHNS START	4	PA; QL (6 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	4	PA; QL (6 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) 40 MG/0.4 ML SYRINGE	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML LATEX-FREE, SUV, P/F	4	PA; QL (2 EA per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (1 ML per 28 days)
Irritable Bowel Syndrome (Ibs) Agents		
<i>alosectron</i>	2	PA; QL (60 EA per 30 days)
AMITIZA	3	PA; QL (60 EA per 30 days)
LINZESS	3	PA; QL (30 EA per 30 days)
VIBERZI	3	PA
Laxative - Saline And Osmotic		
CITROMA	0	
CONSTULOSE	1	
<i>lactulose 10 gm packet</i>	3	
<i>lactulose 10 gm/15 ml solution</i>	1	
<i>lactulose oral solution 20 gram/30 ml</i>	1	
LAXATIVE PEG 3350 ORAL POWDER	0	
<i>magnesium citrate oral solution</i>	0	
<i>polyethylene glycol 3350</i>	1	
Laxative - Saline/Osmotic Mixtures		
GOLYTELY ORAL POWDER IN PACKET	3	
<i>peg 3350-electrolytes</i>	0	
<i>peg-electrolyte soln</i>	1	
SUPREP BOWEL PREP KIT	2	QL (354 ML per 30 days)
Laxative - Stimulant		
<i>bisacodyl oral</i>	0	
<i>castor oil oral oil</i>	3	
CORRECTOL	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
FLEET BISACODYL	0	
GENTLE LAXATIVE (BISACODYL) RECTAL	0	
LAXATIVE (BISACODYL) ORAL TABLET	0	
Laxative - Stimulant And Saline/Osmotic Combinations		
PEG-PREP	1	
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives		
<i>sucralfate</i>	1	
Peptic Ulcer-Treatment H. Pylori-Proton Pump Inhibitor And Antibiotics		
OMECLAMOX-PAK	3	
Short Bowel Syndrome (Sbs) Agents		
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	
<i>octreotide acetate injection syringe</i>	2	
Genitourinary Therapy		
Bph Agent- 5-Alpha Reductase Inhib And Alpha-1 Adrenoceptor Antag Comb		
<i>dutasteride-tamsulosin</i>	1	QL (30 EA per 30 days)
Cystinosis Therapy (Cystine Depleting Agents)		
CYSTAGON	4	PA
G.U. Irrigants		
GLYCINE UROLOGIC	1	
<i>glycine urologic solution</i>	1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
RESECTISOL	3	
<i>sorbitol irrigation</i>	1	
<i>sorbitol-mannitol</i>	3	
G.U. Irrigants - Anti-Infective		
<i>neomycin-polymyxin b gu</i>	1	
Interstitial Cystitis Agents		
ELMIRON	3	PA
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist		
MYRBETRIQ	3	PA; QL (30 EA per 30 days)
Phosphate Binders		
AURYXIA	3	PA; QL (360 EA per 30 days)
<i>calcium acetate(phosphat bind)</i>	1	
FOSRENOL	3	PA
<i>lanthanum oral tablet,chewable 1,000 mg</i>	2	
<i>lanthanum oral tablet,chewable 500 mg, 750 mg</i>	1	
MAGNEBIND 400	3	
PHOSLYRA	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl 400 mg tablet</i>	2	PA
<i>sevelamer hcl oral tablet 800 mg</i>	2	PA
VELPHORO	3	PA
Phosphate Binders - Calcium-Based		
<i>calcium acetate (phosphat bind)</i>	1	
PHOSLYRA	3	
Phosphate Binders - Iron-Based		
AURYXIA	3	PA; QL (360 EA per 30 days)
VELPHORO	3	PA
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists		
JYNARQUE ORAL TABLET	4	PA
SAMSCA	4	PA
Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists		
<i>alfuzosin</i>	1	QL (60 EA per 30 days)
<i>silodosin oral capsule 4 mg</i>	1	QL (60 EA per 30 days)
<i>silodosin oral capsule 8 mg</i>	1	QL (30 EA per 30 days)
<i>tamsulosin</i>	1	QL (60 EA per 30 days)
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors		
<i>finasteride oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
Prostatic Hypertrophy Agent-5-Alpha Reductase Inhibitor		
CIALIS ORAL TABLET 5 MG	3	PA; QL (30 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
Prostatic Hypertrophy Agent-Type I And II 5-Alpha Reductase Inhibitors		
<i>dutasteride</i>	1	QL (30 EA per 30 days)
Urinary Acidifier - Bacterial Urease Inhibitor		
LITHOSTAT	3	PA
Urinary Acidifier - Phosphates		
K-PHOS NO 2	3	
K-PHOS ORIGINAL	3	
Urinary Alkalinizer - Citrates		
CYTRA K CRYSTALS	1	
ORACIT	3	
<i>pot,sodium citrate-citric acid</i>	1	
<i>potassium citrate</i>	1	
<i>potassium citrate-citric acid</i>	1	
SHOHL'S MODIFIED	3	
<i>sodium citrate-citric acid</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Urinary Analgesics		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
Urinary Antibacterial - Nitrofurantoin Derivatives		
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate-cryst</i>	1	
Urinary Antibacterial - Quinolones		
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg</i>	1	
Urinary Antibacterials Other		
MONUROL	3	
Urinary Anti-Infective Methenamine-Antispas-Analg Combinations		
HYOPHEN	2	
URO-MP	2	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder)		
<i>darifenacin oral tablet extended release 24 hr 15 mg</i>	1	QL (30 EA per 30 days)
<i>darifenacin oral tablet extended release 24 hr 7.5 mg</i>	1	
<i>solifenacin</i>	2	QL (30 EA per 30 days)
Urinary Antispasmodic - Anticholinergics, Non-Selective		
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
SYMAX-SR	1	
Urinary Antispasmodic - Smooth Muscle Relaxants		
<i>flavoxate</i>	1	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	3	ST; QL (30 GM per 30 days)
GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST; QL (30 GM per 30 days)
<i>oxybutynin chloride oral tablet</i>	1	QL (120 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL	3	ST; QL (8 EA per 28 days)
<i>tolterodine oral capsule, extended release 24hr</i>	1	QL (30 EA per 30 days)
<i>tolterodine oral tablet</i>	1	QL (60 EA per 30 days)
TOVIAZ	3	QL (30 EA per 30 days)
<i>trospium oral capsule, extended release 24hr</i>	1	
<i>trospium oral tablet</i>	1	QL (60 EA per 30 days)
Urinary Retention Therapy - Parasympathomimetic Agents		
<i>bethanechol chloride</i>	1	
Gout And Hyperuricemia Therapy		
Gout Acute Therapy - Antimitotics		
<i>colchicine</i>	2	QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations		
<i>probenecid-colchicine</i>	1	
Hyperuricemia Therapy - Uricosurics		
<i>probenecid</i>	1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors		
<i>allopurinol</i>	1	
<i>febuxostat</i>	1	QL (30 EA per 30 days)
Hematological Agents		
Anticoagulants - Coumarin		
COUMADIN ORAL TABLET 5 MG	1	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 6 MG, 7.5 MG	1	
<i>warfarin</i>	1	
C1 Esterase Inhibitor Agents		
BERINERT	4	PA
Cxcr4 Chemokine Receptor Antagonists		
MOZOBIL	4	PA
Direct Factor Xa Inhibitors		
ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	QL (74 EA per 30 days)
SAVAYSA	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	QL (30 EA per 30 days)
XARELTO ORAL TABLET 2.5 MG	2	QL (60 EA per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	2	QL (51 EA per 30 days)
Erythropoietins		
ARANESP (IN POLYSORBATE)	4	PA
MIRCERA INJECTION SYRINGE 50 MCG/0.3 ML	4	PA
PROCRIT	4	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
Granulocyte Colony-Stimulating Factor (G-Csf)		
GRANIX SUBCUTANEOUS SOLUTION 480 MCG/1.6 ML	4	PA
GRANIX SUBCUTANEOUS SYRINGE	4	PA
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	4	PA; QL (1.2 ML per 30 days)
NIVESTYM	4	PA
UDENYCA 6 MG/0.6 ML SYRINGE	2	
ZIEXTENZO	4	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Hemostatic Systemic - Antifibrinolytic Agents		
AMICAR	3	
<i>tranexamic acid oral</i>	1	QL (30 EA per 30 days)
Heparin Flush Formulations		
HEP FLUSH-10 (PF)	1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 1,000 unit/1000 ml (1 unit/ml), 2,000 unit/500 ml (4 unit/ml), 4000 unit/1000 ml (4 unit/ml), 6,000 unit/1000 ml (6 unit/ml)</i>	1	
<i>heparin (porcine) in 0.9% nacl intravenous syringe 30 unit/3 ml (10 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin flush(porcine)-0.9nacl</i>	1	
<i>heparin lock flush (porcine) intravenous solution</i>	1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
Heparins		
HEP FLUSH-10 (PF)	1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 1,000 unit/1000 ml (1 unit/ml), 2,000 unit/500 ml (4 unit/ml), 4000 unit/1000 ml (4 unit/ml), 6,000 unit/1000 ml (6 unit/ml)</i>	1	
<i>heparin (porcine) in 0.9% nacl intravenous syringe 30 unit/3 ml (10 unit/ml)</i>	1	
<i>heparin (porcine) in 5% dex</i>	1	
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin flush(porcine)-0.9nacl</i>	1	
<i>heparin lock flush (porcine) intravenous solution</i>	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 12,500 unit/250 ml, 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
Indirect Factor Xa Inhibitors		
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	2	PA; QL (20 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	PA; QL (15 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Low Molecular Weight Heparins		
<i>enoxaparin subcutaneous solution</i>	2	QL (30 ML per 10 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	QL (20 ML per 10 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	QL (16 ML per 10 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	2	QL (6 ML per 10 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	2	QL (8 ML per 10 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	2	QL (12 ML per 10 days)
FRAGMIN SUBCUTANEOUS SOLUTION	3	PA
FRAGMIN SUBCUTANEOUS SYRINGE	3	PA
Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cpts)		
BRILINTA	2	QL (60 EA per 30 days)
Platelet Aggregation Inhibitor Combinations		
<i>aspirin-dipyridamole</i>	2	
Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors		
<i>cilostazol</i>	1	
Platelet Aggregation Inhibitors - Quinazoline Agents		
AGRYLIN	4	PA
<i>anagrelide</i>	1	
Platelet Aggregation Inhibitors - Salicylates		
<i>aspirin oral tablet</i>	0	
<i>aspirin oral tablet, delayed release (drlec) 325 mg, 81 mg</i>	0	
BAYER ASPIRIN	0	
CHILDREN'S ASPIRIN	0	
ECOTRIN	0	
ST. JOSEPH ASPIRIN	0	
Platelet Aggregation Inhibitors - Thienopyridine Agents		
<i>clopidogrel</i>	1	
<i>prasugrel</i>	1	
<i>ticlopidine</i>	1	QL (60 EA per 30 days)
Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitr		
<i>dipyridamole</i>	1	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(Par-1) Antagonist		
ZONTIVITY	3	PA; QL (30 EA per 30 days)
Sickle Cell Anemia Agents		
DROXIA	2	
Sickle Cell Anemia Agents, Others		
DROXIA	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Thrombin Inhibitor - Selective Direct And Reversible		
PRADAXA	2	QL (60 EA per 30 days)
Thrombopoietin Receptor Agonists		
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	4	PA
PROMACTA ORAL TABLET	4	PA; QL (90 EA per 30 days)
Immunosuppressive Agents		
Immunosuppressive - Calcineurin Inhibitors		
ASTAGRAF XL	3	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	1	QL (90 EA per 30 days)
<i>cyclosporine modified oral capsule 50 mg</i>	2	QL (120 EA per 30 days)
<i>cyclosporine modified oral solution</i>	1	QL (90 ML per 30 days)
<i>cyclosporine oral capsule</i>	2	
ENVARUSUS XR	3	PA
GENGRAF ORAL CAPSULE 50 MG	2	QL (120 EA per 30 days)
PROGRAF ORAL CAPSULE	3	
<i>tacrolimus oral</i>	1	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors		
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	
<i>mycophenolate mofetil oral tablet</i>	1	
<i>mycophenolate sodium</i>	2	
Immunosuppressive - Mammalian Target Of Rapamycin (Mtor) Inhibitors		
RAPAMUNE ORAL SOLUTION	4	PA
<i>sirolimus oral tablet</i>	2	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG	3	PA; QL (120 EA per 30 days)
ZORTRESS ORAL TABLET 0.75 MG	3	PA; QL (60 EA per 30 days)
Immunosuppressive - Purine Analogs		
<i>azathioprine</i>	1	
Locomotor System		
Als Agents - Benzothiazoles		
<i>riluzole</i>	1	
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors		
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
Antimyasthenic Agents Other		
<i>guanidine</i>	1	
Musculoskeletal Tx Agent-Joint Contracture Therapy, Collagenase Enzyme		
XIAFLEX	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Skeletal Muscle Relaxant - Central Muscle Relaxants		
<i>baclofen oral</i>	1	QL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet</i>	1	
METAXALL	1	QL (90 EA per 30 days)
<i>metaxalone oral tablet 400 mg</i>	2	
<i>metaxalone oral tablet 800 mg</i>	1	QL (90 EA per 30 days)
<i>methocarbamol oral</i>	1	
<i>orphenadrine citrate</i>	1	
<i>tizanidine</i>	1	
Skeletal Muscle Relaxant - Direct Muscle Relaxants		
<i>dantrolene oral</i>	1	
Medical Supplies And Durable Medical Equipment (Dme)		
Medical Supplies And Dme - Blood Glucose Tests		
ACCU-CHEK COMPACT PLUS TEST	2	
BREEZE 2 TEST STRIPS	2	
ONETOUCH VERIO TEST STRIPS	3	
TRUETRACK TEST	1	QL (150 EA per 30 days)
Medical Supplies And Dme - Cervical Caps		
FEMCAP	0	
Medical Supplies And Dme - Diaphragms		
CAYA CONTOURED	0	
WIDE-SEAL DIAPHRAGM 60	0	
WIDE-SEAL DIAPHRAGM 65	0	
WIDE-SEAL DIAPHRAGM 70	0	
WIDE-SEAL DIAPHRAGM 75	0	
WIDE-SEAL DIAPHRAGM 80	0	
WIDE-SEAL DIAPHRAGM 85	0	
WIDE-SEAL DIAPHRAGM 90	0	
WIDE-SEAL DIAPHRAGM 95	0	
Medical Supplies And Dme - Female Condoms		
FC2 FEMALE CONDOM	0	QL (24 EA per 30 days)
Medical Supplies And Dme - Glucose Monitoring Test Supplies		
ACTI-LANCE LANCETS 23 GAUGE	1	
ADVOCATE LANCING DEVICE	2	
ASSURE HAEMOLANCE PLUS 28 GAUGE	2	
CAREONE ULTRA THIN LANCET	1	
CARETOUCH TWIST LANCET 30 GAUGE	2	
DARIO BLOOD GLUCOSE MONITOR	2	
EASY TOUCH TWIST LANCETS 33 GAUGE	2	
E-Z JECT LANCETS 32 GAUGE	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
FORA V10-V12-D10-D20 STRP-LNCT	2	
FREESTYLE LIBRE 14 DAY READER	2	QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY SENSOR	2	QL (3 EA per 30 days)
HEALTHY ACCENTS AUTOLET	1	
<i>lancets 21 gauge</i>	1	
MEDLANCE PLUS LANCETS 25 GAUGE	1	
MICROLET NEXT LANCING DEVICE	2	
NOVA SAFETY LANCETS 23 GAUGE	2	
ONETOUCH DELICA LANCETS 30 GAUGE	1	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE	2	
ONETOUCH ULTRASOFT LANCETS	1	
STERILANCE TL 32 GAUGE	2	
SURE COMFORT LANCETS 21 GAUGE	2	
SURE-TOUCH LANCET	2	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	1	
ULTRA THIN LANCETS 31 GAUGE	2	
ULTRALANCE LANCETS 26 GAUGE	2	
UNISTIK PRO 25G LANCET	2	
UNIVERSAL 1 LANCETS 26 GAUGE	1	
Medical Supplies And Dme - Insulin Needles-Syringes And Admin Supplies		
ASSURE ID INSULIN SAFETY	2	
AUTOJECT 2 INJECTION DEVICE	2	
BD AUTOSHIELD DUO PEN NEEDLE	2	
BD INSULIN SYRINGE SLIP TIP	2	
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2"	2	
BD INSULIN SYRINGE U-500	2	
BD ULTRA-FINE ORIG PEN NEEDLE	3	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64"	3	
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	2	
COMFORT EZ PEN NEEDLES NEEDLE 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16"	2	
DROPLET INS SYR 0.3 ML 30GX8MM	1	
DROPLET INS SYR 1 ML 30GX8MM	1	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64"	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 32 GAUGE X 3/16", 32 GAUGE X 5/16"	1	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"	2	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2"	2	
EASY TOUCH NEEDLE 32 GAUGE X 3/16"	2	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	2	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	
<i>gs pen needle 31g x 1/4"</i>	1	
INPEN (FOR HUMALOG)	2	
<i>insulin syrin 0.3 ml 31gx5/16"</i>	1	
<i>insulin syrin 0.5 ml 30gx5/16" (otc)</i>	1	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 7/16", 1/2 ml 29 , 1/2 ml 30 gauge</i>	1	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30, 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16</i>	2	
INSUPEN NEEDLE 30 GAUGE X 5/16"	2	
LITE TOUCH INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16", 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	2	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 X 1/2", 1 ML 30 GAUGE X 5/16"	2	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	2	
MAXICOMFORT SAFETY PEN NEEDLE	2	
MICRODOT INSULIN PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	2	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"	2	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 28 GAUGE X 1/2"	2	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	2	
NOVOFINE 30	1	
NOVOFINE AUTOCOVER	2	
NOVOFINE PLUS	2	
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	2	
PARADIGM RESERVOIR	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	
PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1	
<i>pen needle, diabetic needle 31 gauge x 1/3", 31 gauge x 1/6"</i>	2	
PENTIPS NEEDLE 32 GAUGE X 5/32"	1	
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16"	2	
SAFESNAP INSULIN SYRINGE	2	
SNAP INSULIN PUMP CONTROLLER	2	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	2	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	2	
TECHLITE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"	2	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 3/8", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
TERUMO INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2"	2	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 30 X 3/8"	2	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	1	
ULTICARE INSULIN SYR HALF UNIT	2	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4"	2	
ULTICARE PEN NEEDLES 6MM 32G	2	
ULTICARE SYRINGE 0.5 ML 31 GAUGE X 5/16"	2	
ULTICARE SYRINGE 1 ML 31 GAUGE X 5/16	3	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE	2	
ULTRA CMFT INS SYR HALF UNIT	1	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30, 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1/2 ML 28 GAUGE	1	
UNIFINE PENTIPS 32GX1/4"	1	
UNIFINE PENTIPS NEEDLE 29 GAUGE, 31 GAUGE X 3/16"	2	
UNIFINE PENTIPS PLUS NEEDLE 31 GAUGE X 1/4"	2	
Medical Supplies And Dme - Respiratory Therapy Supplies		
ADULT DISPOSABLE MOUTHPIECE	2	
AEROCHAMBER PLUS Z STAT	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
LITETOUCH-SMALL MASK	2	
VORTEX LADYBUG MASK-TODDLER	2	
Medical Supplies And Dme - Urine Glucose Tests		
DIASTIX	2	
NO-STICK GLUCOSE	1	
Medical Supplies And Dme - Urine Glucose-Acetone Combination Tests		
KETO-DIASTIX	2	
Medical Supplies And Dme - Urine Ketone Tests		
KETONE URINE TEST	1	
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
ACCU-CHEK COMPACT PLUS TEST	2	
ACTI-LANCE LANCETS 23 GAUGE	1	
ADULT DISPOSABLE MOUTHPIECE	2	
ADVOCATE LANCING DEVICE	2	
AEROCHAMBER PLUS Z STAT	2	
ASSURE HAEMOLANCE PLUS 28 GAUGE	2	
ASSURE ID INSULIN SAFETY	2	
AUTOJECT 2 INJECTION DEVICE	2	
BD AUTOSHIELD DUO PEN NEEDLE	2	
BD INSULIN SYRINGE SLIP TIP	2	
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2"	2	
BD INSULIN SYRINGE U-500	2	
BD ULTRA-FINE ORIG PEN NEEDLE	3	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64"	3	
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	2	
BREEZE 2 TEST STRIPS	2	
CAREONE ULTRA THIN LANCET	1	
CARETOUCH TWIST LANCET 30 GAUGE	2	
CAYA CONTOURED	0	
COMFORT EZ PEN NEEDLES NEEDLE 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16"	2	
DARIO BLOOD GLUCOSE MONITOR	2	
DIASTIX	2	
DROPLET INS SYR 0.3 ML 30GX8MM	1	
DROPLET INS SYR 1 ML 30GX8MM	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64"	1	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 32 GAUGE X 3/16", 32 GAUGE X 5/16"	1	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"	2	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2"	2	
EASY TOUCH NEEDLE 32 GAUGE X 3/16"	2	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	2	
EASY TOUCH TWIST LANCETS 33 GAUGE	2	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	
E-Z JECT LANCETS 32 GAUGE	1	
FC2 FEMALE CONDOM	0	QL (24 EA per 30 days)
FEMCAP	0	
FORA V10-V12-D10-D20 STRP-LNCT	2	
FREESTYLE LIBRE 14 DAY READER	2	QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY SENSOR	2	QL (3 EA per 30 days)
<i>gs pen needle 31g x 1/4"</i>	1	
HEALTHY ACCENTS AUTOLET	1	
INPEN (FOR HUMALOG)	2	
<i>insulin syrin 0.3 ml 31gx5/16"</i>	1	
<i>insulin syrin 0.5 ml 30gx5/16" (otc)</i>	1	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 7/16", 1/2 ml 29 , 1/2 ml 30 gauge</i>	1	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30, 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16</i>	2	
INSUPEN NEEDLE 30 GAUGE X 5/16"	2	
KETO-DIASTIX	2	
KETONE URINE TEST	1	
<i>lancets 21 gauge</i>	1	
LITE TOUCH INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16", 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	2	
LITETOUCH-SMALL MASK	2	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 X 1/2", 1 ML 30 GAUGE X 5/16"	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	2	
MAXICOMFORT SAFETY PEN NEEDLE	2	
MEDLANCE PLUS LANCETS 25 GAUGE	1	
MICRODOT INSULIN PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	2	
MICROLET NEXT LANCING DEVICE	2	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"	2	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 28 GAUGE X 1/2"	2	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	2	
NO-STICK GLUCOSE	1	
NOVA SAFETY LANCETS 23 GAUGE	2	
NOVAMAX PLUS KETONE	2	PA; QL (10 EA per 30 days)
NOVOFINE 30	1	
NOVOFINE AUTOCOVER	2	
NOVOFINE PLUS	2	
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	2	
ONETOUCH DELICA LANCETS 30 GAUGE	1	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE	2	
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO TEST STRIPS	3	
PARADIGM RESERVOIR	2	
PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	
PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1	
<i>pen needle, diabetic needle 31 gauge x 1/3", 31 gauge x 1/6"</i>	2	
PENTIPS NEEDLE 32 GAUGE X 5/32"	1	
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16"	2	
SAFESNAP INSULIN SYRINGE	2	
SNAP INSULIN PUMP CONTROLLER	2	
STERILANCE TL 32 GAUGE	2	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	2	
SURE COMFORT LANCETS 21 GAUGE	2	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	2	
SURE-TOUCH LANCET	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
TECHLITE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"	2	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 3/8", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
TERUMO INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2"	2	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 30 X 3/8"	2	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	1	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	1	
TRUETRACK TEST	1	QL (150 EA per 30 days)
ULTICARE INSULIN SYR HALF UNIT	2	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4"	2	
ULTICARE PEN NEEDLES 6MM 32G	2	
ULTICARE SYRINGE 0.5 ML 31 GAUGE X 5/16"	2	
ULTICARE SYRINGE 1 ML 31 GAUGE X 5/16	3	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE	2	
ULTRA CMFT INS SYR HALF UNIT	1	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30, 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1/2 ML 28 GAUGE	1	
ULTRA THIN LANCETS 31 GAUGE	2	
ULTRALANCE LANCETS 26 GAUGE	2	
UNIFINE PENTIPS 32GX1/4"	1	
UNIFINE PENTIPS NEEDLE 29 GAUGE, 31 GAUGE X 3/16"	2	
UNIFINE PENTIPS PLUS NEEDLE 31 GAUGE X 1/4"	2	
UNISTIK PRO 25G LANCET	2	
UNIVERSAL 1 LANCETS 26 GAUGE	1	
VORTEX LADYBUG MASK-TODDLER	2	
WIDE-SEAL DIAPHRAGM 60	0	
WIDE-SEAL DIAPHRAGM 65	0	
WIDE-SEAL DIAPHRAGM 70	0	
WIDE-SEAL DIAPHRAGM 75	0	
WIDE-SEAL DIAPHRAGM 80	0	
WIDE-SEAL DIAPHRAGM 85	0	
WIDE-SEAL DIAPHRAGM 90	0	
WIDE-SEAL DIAPHRAGM 95	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Metabolic Disease Enzyme Replacement Agents		
Metabolic Disease Enzyme Replacement, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8 ML	4	PA
Metabolic Modifiers		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type		
<i>calcitriol oral</i>	1	
<i>doxercalciferol</i>	1	
<i>paricalcitol</i>	1	
Metabolic Modifier - Carnitine Replenisher Agents		
CARNITOR (SUGAR-FREE)	3	
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine oral tablet</i>	1	
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx		
CERDELGA	4	PA; QL (60 EA per 30 days)
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents		
ORFADIN ORAL SUSPENSION	4	PA
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating Agents		
BUPHENYL	4	PA
<i>sodium phenylbutyrate oral powder</i>	1	
<i>sodium phenylbutyrate oral tablet</i>	1	PA
Pharmacoenhancer - Cytochrome P450 Inhibitors		
TYBOST	4	PA; QL (30 EA per 30 days)
Phenylketonuria(Pku) Tx Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ	4	PA
Mouth-Throat-Dental - Preparations		
Dental Product - Fluoride Preparations		
<i>fluoride (sodium) oral drops</i>	0	
<i>fluoride (sodium) oral tablet, chewable</i>	0	
FLURA-DROPS	0	
LUDENT FLUORIDE	0	
Mouth And Throat - Antifungals		
<i>clotrimazole mucous membrane</i>	1	
<i>nystatin oral suspension</i>	1	
Mouth And Throat - Anti-Infective Mixtures		
DEBACTEROL	3	
Mouth And Throat - Antiseptics		
<i>chlorhexidine gluconate mucous membrane</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
PERIOGARD	1	
Mouth And Throat - Glucocorticoids		
<i>triamcinolone acetonide dental</i>	1	
Mouth And Throat - Local Anesthetic Amides		
<i>lidocaine hcl mucous membrane jelly</i>	1	
LIDOCAINE VISCOUS	1	
Mouth And Throat - Mucositis-Stomatitis Agents		
EPISIL	3	
Mouth And Throat - Saliva Stimulants		
<i>cevimeline</i>	1	
<i>pilocarpine hcl oral</i>	1	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
Therapy For Drooling- Primary Or Secondary Sialorrhea-Anticholinergic		
CUVPOSA	3	
Multiple Sclerosis Agents		
Multiple Sclerosis Agent - Cd20 Specific Monoclonal Antibody		
OCREVUS	4	PA
Multiple Sclerosis Agent - Interferons		
AVONEX (WITH ALBUMIN)	4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; QL (4 EA per 28 days)
REBIF (WITH ALBUMIN)	4	PA; QL (12 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (12 ML per 30 days)
REBIF TITRATION PACK	4	PA
Multiple Sclerosis Agent - Others		
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; QL (12 ML per 28 days)
TECFIDERA	4	PA
Multiple Sclerosis Agent - Potassium Channel Blocker		
<i>dalfampridine</i>	2	QL (60 EA per 30 days)
RUZURGI	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors		
AUBAGIO	4	PA; QL (30 EA per 30 days)
Multiple Sclerosis Agent - Sphingosine 1-Phosphate Receptor Modulator		
GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL (30 EA per 30 days)
MAYZENT 0.25 MG TABLET	4	PA; QL (30 EA per 30 days)
MAYZENT 2 MG TABLET	4	PA; QL (30 EA per 30 days)
Ophthalmic Agents		
Miotics - Cholinesterase Inhibitors		
PHOSPHOLINE IODIDE	2	
Miotics - Direct Acting		
<i>pirencarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
Mydriatic And Cycloplegic Combinations		
CYCLOMYDRIL	3	
PAREMYD	3	
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations		
SIMBRINZA	3	
Ophthalmic - Antibacterial-Glucocorticoid Combinations		
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
NEO-POLYCIN HC	1	
PRED-G	3	
PRED-G S.O.P.	3	
<i>sulfacetamide-prednisolone</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
TOBRADEX ST	3	QL (5 ML per 30 days)
<i>tobramycin-dexamethasone</i>	1	
ZYLET	3	
Ophthalmic - Anticholinergics		
<i>atropine ophthalmic (eye) drops</i>	1	
<i>cyclopentolate</i>	1	
HOMATROPAIRE	1	
<i>homatropine hbr</i>	1	
<i>tropicamide</i>	1	
Ophthalmic - Antihistamines		
<i>azelastine ophthalmic (eye)</i>	1	
BEPREVE	3	ST; QL (10 ML per 30 days)
EMADINE	3	ST

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>epinastine</i>	1	
LASTACAFT	3	ST
<i>olopatadine ophthalmic (eye)</i>	1	
PAZEO	3	PA; QL (2.5 ML per 18 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids		
ALREX	3	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
DUREZOL	3	QL (5 ML per 30 days)
FLAREX	3	
<i>fluorometholone</i>	1	
FML FORTE	2	
FML S.O.P.	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	
<i>loteprednol etabonate</i>	1	QL (15 ML per 30 days)
MAXIDEX	3	
PRED FORTE	2	QL (10 ML per 30 days)
PRED MILD	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
Ophthalmic - Anti-Inflammatory, Immunomodulators		
RESTASIS	2	
RESTASIS MULTIDOSE	2	
XIIDRA	2	
Ophthalmic - Anti-Inflammatory, Lfa-1 Antagonists		
XIIDRA	2	
Ophthalmic - Anti-Inflammatory, Nsaids		
ACUVAIL (PF)	3	QL (30 EA per 30 days)
<i>bromfenac</i>	1	QL (3.4 ML per 30 days)
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac ophthalmic (eye)</i>	1	
NEVANAC	3	
PROLENSA	3	QL (3 ML per 30 days)
Ophthalmic - Beta Blockers-Adrenergic Combinations		
COMBIGAN	3	
Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations		
<i>dorzolamide-timolol</i>	1	
Ophthalmic - Carbonic Anhydrase Inhibitors		
AZOPT	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>dorzolamide</i>	1	
Ophthalmic - Cystine Depleting Agents		
CYSTARAN	4	PA
Ophthalmic - Decongestants		
<i>phenylephrine hcl ophthalmic (eye)</i>	1	
Ophthalmic - Diagnostic Agents		
FLUCAINE	1	
<i>fluorescein-proparacaine</i>	1	
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers		
<i>betaxolol ophthalmic (eye)</i>	1	
BETIMOL	3	
BETOPTIC S	3	
<i>carteolol</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>metipranolol</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
TIMOPTIC OCUDOSE (PF)	3	
Ophthalmic - Local Anesthetic Esters		
<i>proparacaine</i>	1	
<i>tetracaine hcl</i>	1	
<i>tetracaine hcl (pf) ophthalmic (eye)</i>	1	
Ophthalmic - Local Anesthetic, Amides		
AKTEN (PF)	3	
Ophthalmic - Mast Cell Stabilizers		
ALOCRIL	2	ST
ALOMIDE	2	ST
<i>cromolyn ophthalmic (eye)</i>	1	
Ophthalmic Antibacterial Mixtures		
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
NEO-POLYCIN	1	
POLYCIN	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
Ophthalmic Antibiotic - Aminoglycosides		
GENTAK OPHTHALMIC (EYE) OINTMENT	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>tobramycin</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors		
<i>bacitracin ophthalmic (eye)</i>	1	
Ophthalmic Antibiotic - Fluoroquinolones		
BESIVANCE	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	2	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	1	QL (2.5 ML per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
<i>ofloxacin ophthalmic (eye)</i>	1	
Ophthalmic Antibiotic - Macrolides		
AZASITE	3	
<i>erythromycin ophthalmic (eye)</i>	1	
Ophthalmic Antibiotic - Sulfonamides		
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	
Ophthalmic Antifungals		
NATACYN	3	
Ophthalmic Antifungals - Tetraene Polyene-Type		
NATACYN	3	
Ophthalmic Antiseptics		
BETADINE OPHTHALMIC PREP	3	
<i>povidone-iodine ophthalmic (eye)</i>	1	
Ophthalmic Antivirals		
<i>trifluridine</i>	1	
ZIRGAN	3	
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>apraclonidine</i>	1	
<i>brimonidine</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs		
<i>bimatoprost ophthalmic (eye)</i>	1	
<i>latanoprost</i>	1	QL (5 ML per 30 days)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	PA; QL (7 ML per 30 days)
TRAVATAN Z	3	PA; ST; QL (5 ML per 30 days)
<i>travoprost (benzalkonium)</i>	1	
ZIOPTAN (PF)	3	ST
Otic (Ear)		
Otic (Ear) - Anti-Infective Mixtures		
<i>acetic acid-aluminum acetate</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Otic (Ear) - Anti-Infective-Glucocorticoid Combinations		
CIPRO HC	2	
CIPRODEX	2	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
Otic (Ear) - Anti-Infectives Other		
<i>acetic acid otic (ear)</i>	1	
Otic (Ear) - Fluoroquinolones		
<i>ciprofloxacin hcl otic (ear)</i>	1	
<i>ofloxacin otic (ear)</i>	1	
Otic (Ear) - Glucocorticoids		
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
Otic (Ear) - Pinna Combinations		
CORTANE-B TOPICAL	3	
Respiratory Therapy Agents		
1St Generation Antihistamine-Decongestant Combinations		
<i>promethazine-phenylephrine</i>	3	
Antihistamine - 1St Generation - Ethanolamines		
<i>carbinoxamine maleate oral liquid</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	
DIPHENHIST ORAL LIQUID	3	
Antihistamine - 1St Generation - Phenthiazines		
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 25 mg</i>	1	QL (30 EA per 30 days)
Antihistamine - 1St Generation - Piperidines		
<i>cyproheptadine</i>	1	
Antihistamines - 1St Generation		
<i>carbinoxamine maleate oral liquid</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine</i>	1	
DIPHENHIST ORAL LIQUID	3	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 25 mg</i>	1	QL (30 EA per 30 days)
Antihistamines - 2Nd Generation		
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>desloratadine oral tablet</i>	1	QL (30 EA per 30 days)
<i>desloratadine oral tablet, disintegrating 5 mg</i>	1	QL (30 EA per 30 days)
<i>levocetirizine 5 mg tablet (rx)</i>	1	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>levocetirizine oral solution</i>	1	QL (300 ML per 30 days)
Antihistamines - 2Nd Generation - Piperazines		
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>levocetirizine 5 mg tablet (rx)</i>	1	QL (30 EA per 30 days)
<i>levocetirizine oral solution</i>	1	QL (300 ML per 30 days)
Antihistamines - 2Nd Generation - Piperidines		
<i>desloratadine oral tablet</i>	1	QL (30 EA per 30 days)
<i>desloratadine oral tablet, disintegrating 5 mg</i>	1	QL (30 EA per 30 days)
Antitussives - Non-Opioid		
<i>benzonatate</i>	1	
Asthma Therapy - Alpha/Beta Adrenergic Agents		
<i>epinephrine injection solution 1 mg/ml</i>	1	QL (2 ML Max Qty Per Fill Retail)
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids)		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	2	ST; QL (6.1 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	ST; QL (12.2 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	QL (13 GM per 30 days)
ASMANEX TWISTHALER	2	QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	2	QL (120 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION	2	QL (1 Inhaler per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	QL (28 EA per 14 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	2	QL (60 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	QL (10.6 GM per 30 days)
PULMICORT FLEXHALER	2	QL (2 EA per 30 days)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	2	QL (34.8 GM per 30 days)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	2	QL (18 GM per 30 days)
QVAR REDIHALER	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Asthma Therapy - Interleukin-4 (II-4) Receptor Alpha Antagonists, Mab		
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA
Asthma Therapy - Interleukin-5 (II-5) Receptor Alpha Antagonists, Mab		
FASENRA	4	PA; QL (1 ML per 28 days)
FASENRA PEN	4	PA; QL (1 ML per 28 days)
Asthma Therapy - Leukotriene Receptor Antagonists		
<i>montelukast</i>	1	QL (30 EA per 30 days)
<i>zafirlukast</i>	1	QL (60 EA per 30 days)
Asthma Therapy - Mast Cell Stabilizers		
<i>cromolyn inhalation</i>	1	QL (240 ML per 30 days)
Asthma Therapy - Monoclonal Antibodies To Immunoglobulin E (Ige)		
XOLAIR	4	PA
Asthma Therapy - Xanthines		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	1	
THEO-24	2	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
Asthma Therapy- Monoclonal Antibody - Interleukin-5 (II-5) Antagonists		
NUCALA	4	PA
Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP ORAL TABLET 500 MCG	3	PA; QL (30 EA per 30 days)
Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting		
INCRUSE ELLIPTA	3	ST; QL (7 EA per 7 days)
LONHALA MAGNAIR 25 MCG REFILL	3	PA; QL (60 ML per 30 days)
LONHALA MAGNAIR 25 MCG STARTER	3	PA; QL (60 ML per 30 days)
SEEBRI NEOHALER	3	ST; QL (60 EA per 30 days)
SPIRIVA RESPIMAT	2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER	2	QL (90 EA per 30 days)
TUDORZA PRESSAIR	3	ST; QL (1 EA per 30 days)
YUPELRI	3	PA; QL (90 ML per 30 days)
Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting		
ATROVENT HFA	2	QL (25.8 GM per 28 days)
<i>ipratropium bromide inhalation</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Asthma/Copd - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting		
ARCAPTA NEOHALER	3	QL (30 EA per 30 days)
STRIVERDI RESPIMAT	3	ST; QL (4 GM per 30 days)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting		
BROVANA	3	PA
PERFOROMIST	3	
SEREVENT DISKUS	2	QL (28 EA per 14 days)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol hfa 90 mcg inhaler</i>	1	QL (18 GM per 30 days)
<i>albuterol hfa 90 mcg inhaler</i>	1	QL (6.7 GM per 30 days)
<i>albuterol hfa 90 mcg inhaler</i>	1	QL (8.5 GM per 30 days)
<i>albuterol hfa 90 mcg inhaler</i>	2	QL (8.5 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation</i>	1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	1	QL (360 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/3 ml</i>	1	QL (270 ML per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	1	QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	1	
<i>levalbuterol tartrate</i>	1	QL (30 GM per 30 days)
PROAIR HFA 90 MCG INHALER	2	QL (8.5 GM per 30 days)
PROAIR HFA 90 MCG INHALER	3	QL (8.5 GM per 30 days)
PROAIR RESPICLICK	2	QL (2 EA per 30 days)
PROVENTIL HFA 90 MCG INHALER	3	QL (6.7 GM per 30 days)
VENTOLIN HFA 90 MCG INHALER	3	QL (18 GM per 30 days)
VENTOLIN HFA 90 MCG INHALER	3	QL (8 GM per 30 days)
VENTOLIN HFA 90 MCG INHALER 60 ACTUATIONS	2	QL (8 GM per 30 days)
VENTOLIN HFA 90 MCG INHALER DOSE COUNTER,200 INH	2	QL (18 GM per 30 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (16 GM per 30 days)
XOPENEX HFA	3	QL (30 GM per 30 days)
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 1.25 MG/3 ML	3	QL (270 ML per 30 days)
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.63 MG/3 ML	3	QL (540 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Asthma/Copd Therapy - Beta Adrenergic Agents		
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet 2 mg</i>	2	
<i>albuterol sulfate oral tablet 4 mg</i>	2	QL (120 EA per 30 days)
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
<i>metaproterenol</i>	1	
<i>terbutaline oral tablet 2.5 mg</i>	1	QL (90 EA per 30 days)
<i>terbutaline oral tablet 5 mg</i>	1	
<i>terbutaline subcutaneous</i>	1	
Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations		
ANORO ELLIPTA	2	QL (14 EA per 7 days)
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT	2	QL (4 GM per 30 days)
<i>ipratropium-albuterol</i>	1	
STIOLTO RESPIMAT	2	QL (4 GM per 30 days)
UTIBRON NEOHALER	3	QL (60 EA per 30 days)
Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations		
ADVAIR HFA	3	ST; QL (12 GM per 28 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	2	QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	1	
<i>fluticasone propion-salmeterol inhalation blister with device 250-50 mcg/dose</i>	2	
<i>fluticasone-salmeterol 100-50</i>	2	
<i>fluticasone-salmeterol 500-50</i>	2	
SYMBICORT	2	QL (10.2 GM per 30 days)
Asthma/Copd Tx - Beta-Adrenergic-Anticholinergic-Glucocorticoid Comb,		
TRELEGY ELLIPTA 100-62.5-25	2	PA; QL (60 EA per 30 days)
Cystic Fibrosis - Inhaled Aminoglycosides		
KITABIS PAK	4	PA; QL (280 ML per 56 days)
TOBI PODHALER	4	PA; QL (224 EA per 56 days)
<i>tobramycin in 0.225 % nacl</i>	4	PA; QL (280 ML per 56 days)
<i>tobramycin with nebulizer</i>	4	PA; QL (280 ML per 56 days)
Cystic Fibrosis - Inhaled Monobactams		
CAYSTON	4	PA; QL (84 ML per 56 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Cystic Fibrosis-Transmembrane Conductance Regulator (Cftr) Potentiator		
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	4	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	4	PA; QL (56 EA per 28 days)
Cystic Fib-Transmemb Conduct. Reg.(Cftr) Potentiator And Corrector Cmb		
ORKAMBI ORAL TABLET	4	PA; QL (112 EA per 28 days)
SYMDEKO	4	PA
Mucolytics		
<i>acetylcysteine</i>	1	
PULMOZYME	4	PA
Nasal Antibiotics		
BACTROBAN NASAL	2	
Nasal Anticholinergics		
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	1	QL (30 ML per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	1	QL (15 ML per 14 days)
Nasal Antihistamines		
<i>azelastine nasal</i>	1	QL (30 ML per 25 days)
<i>olopatadine nasal</i>	1	QL (30.5 GM per 30 days)
Nasal Corticosteroids		
<i>budesonide nasal</i>	1	ST; QL (17.2 ML per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (25 ML per 25 days)
<i>fluticasone propionate nasal</i>	1	QL (16 GM per 30 days)
<i>mometasone nasal</i>	1	QL (34 GM per 30 days)
XHANCE	2	PA
Nasal Sympathomimetic Decongestants (Intranasal)		
ADRENALIN NASAL	3	
Non-Opioid Antitussive-1St Gen.Antihistamine-Decongestant Combinations		
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
Non-Opioid Antitussive-Antihistamine Combinations		
<i>promethazine-dm</i>	1	
Opioid Antitussive-1St Generation Antihistamine Combinations		
<i>hydrocodone-chlorpheniramine</i>	1	QL (50 ML per 5 days)
<i>promethazine-codeine syrup</i>	1	QL (150 ML per 5 days)
TUZISTRA XR	3	QL (100 ML per 5 days)
Opioid Antitussive-1St Generation Antihistamine-Decongestant Comb.		
<i>hydrocodone-cpm-pseudoephed</i>	1	QL (150 ML per 30 days)
PROMETHAZINE VC-CODEINE	1	QL (120 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Opioid Antitussive-Anticholinergic Combinations		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	QL (150 ML per 5 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)</i>	1	QL (120 ML per 4 days)
<i>hydrocodone-homatropine oral tablet</i>	1	QL (180 EA per 30 days)
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy		
ESBRIET ORAL CAPSULE	4	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	4	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	4	PA; QL (90 EA per 30 days)
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors		
OFEV	4	PA; QL (60 EA per 30 days)
Vaginal Products		
Vaginal Antibacterial - Lincosamides		
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal</i>	2	
CLINDESSE	3	
Vaginal Antibacterial - Sulfonamides		
AVC VAGINAL	3	
Vaginal Antifungal - Imidazoles		
GYNAZOLE-1	3	
Vaginal Antifungal - Triazoles		
<i>terconazole vaginal cream</i>	1	QL (450 GM per 30 days)
<i>terconazole vaginal suppository</i>	1	QL (3 EA per 3 days)
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives		
<i>metronidazole vaginal</i>	1	
NUVESSA	3	QL (5 GM Max Qty Per Fill Retail)
Vaginal Estrogens		
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tablet</i>	1	
ESTRING	2	QL (1 EA per 90 days)
FEMRING	3	QL (1 EA per 84 days)
PREMARIN VAGINAL	2	
YUVAFEM	2	
Vaginal Progestins		
CRINONE VAGINAL GEL 4 %	4	PA

Index		
<i>abacavir</i>	14	AGRYLIN.....
<i>abacavir-lamivudine</i>	15	AIMOVIG AUTOINJECTOR.....
<i>abacavir-lamivudine-zidovudine</i>	15	AIMOVIG AUTOINJECTOR (2
ABILIFY MAINTENA.....	46	PACK).....
<i>abiraterone</i>	20, 21	AJOVY SYRINGE.....
ABSTRAL.....	3	AKTEN (PF).....
<i>acamprosate</i>	54	ALA-QUIN.....
<i>acarbose</i>	77	<i>albendazole</i>
ACCU-CHEK COMPACT PLUS		<i>albuterol sulfate</i>
TEST.....	96, 100	<i>alclometasone</i>
<i>acebutolol</i>	33	ALCORTIN A.....
<i>acetaminophen-caff-dihydrocod</i>	4	ALECENSA.....
<i>acetaminophen-codeine</i>	4	<i>alendronate</i>
<i>acetazolamide</i>	35	<i>alfuzosin</i>
<i>acetic acid</i>	110	ALINIA.....
<i>acetic acid-aluminum acetate</i>	109	<i>aliskiren</i>
<i>acetone</i>	55	ALKERAN.....
<i>acetylcysteine</i>	10, 115	<i>allopurinol</i>
<i>acitretin</i>	67	<i>almotriptan malate</i>
ACTEMRA.....	8	ALOCRILO.....
ACTHAR.....	76	<i>alogliptin</i>
ACTI-LANCE LANCETS.....	96, 100	<i>alogliptin-metformin</i>
ACUVAIL (PF).....	107	ALOMIDE.....
<i>acyclovir</i>	18, 68	<i>alosetron</i>
<i>acyclovir sodium</i>	18	ALPHAGAN P.....
ACZONE.....	63	<i>alprazolam</i>
ADACEL(TDAP		ALPRAZOLAM INTENSOL.....
ADOLESN/ADULT)(PF).....	26	ALREX.....
<i>adapalene</i>	65	ALTABAX.....
<i>adapalene-benzoyl peroxide</i>	65	ALTAVERA (28).....
<i>adefovir</i>	17	ALVESCO.....
ADEMPAS.....	36	ALYACEN 1/35 (28).....
ADLYXIN.....	78	ALYACEN 7/7/7 (28).....
ADMELOG SOLOSTAR U-100		<i>amantadine hcl</i>
INSULIN.....	82	<i>ambriasantan</i>
ADMELOG U-100 INSULIN		<i>amcinonide</i>
LISPRO.....	82	AMETHIA.....
ADRENALIN.....	115	AMETHIA LO.....
ADULT DISPOSABLE		AMETHYST (28).....
MOUTHPIECE.....	99, 100	AMICAR.....
ADVAIR HFA.....	114	<i>amiloride</i>
ADVOCATE LANCING DEVICE		<i>amiloride-hydrochlorothiazide</i>
.....	96, 100	<i>amiodarone</i>
ADZENYS XR-ODT.....	47, 50	AMITIZA.....
AEROCHAMBER PLUS Z STAT		<i>amitriptyline</i>
.....	99, 100	<i>amitriptyline-chlordiazepoxide</i>
AFINITOR.....	23	<i>amlodipine</i>
AFINITOR DISPERZ.....	23	<i>amlodipine-atorvastatin</i>
AFIRMELLE.....	57	<i>amlodipine-benazepril</i>
AFLURIA 2017-2018.....	27	<i>amlodipine-olmesartan</i>
AFLURIA 2017-2018 (PF).....	27	<i>amlodipine-valsartan</i>
AFLURIA 2018-2019.....	27	<i>amlodipine-valsartan-hcthiiazid</i>
AFLURIA 2018-2019 (PF).....	27	<i>ammonium lactate</i>
AFLURIA QD 2019-20(3YR		<i>amoxapine</i>
UP)(PF).....	27	<i>amoxicillin</i>
AFLURIA QUAD 2017-2018.....	27	<i>amoxicillin-pot clavulanate</i>
AFLURIA QUAD 2017-2018 (PF)...	27	<i>amphetamine</i>
AFLURIA QUAD 2018-2019 (PF)...	27	<i>amphetamine sulfate</i>
AFTERA.....	62, 63	<i>ampicillin</i>
		ANACAINE.....
		<i>anagrelide</i>
		<i>anastrozole</i>
		ANGELIQ.....
		ANNOVERA.....
		ANORO ELLIPTA.....
		ANTACID-ANTIGAS.....
		ANUSOL-HC.....
		APOKYN.....
		<i>apraclonidine</i>
		<i>aprepitant</i>
		APRI.....
		APRISO.....
		APTIOM.....
		APTIVUS.....
		APTIVUS (WITH VITAMIN E).....
		AQUA GLYCOLIC HC.....
		ARANELLE (28).....
		ARANESP (IN POLYSORBATE)...
		ARCAPTA NEOHALER.....
		<i>aripiprazole</i>
		<i>armodafinil</i>
		ARMOUR THYROID.....
		ARNUITY ELLIPTA.....
		ARYMO ER.....
		ASHLYNA.....
		ASMANEX HFA.....
		ASMANEX TWISTHALER.....
		<i>aspirin</i>
		<i>aspirin-caffeine-dihydrocodein</i>
		<i>aspirin-dipyridamole</i>
		ASSURE HAEMOLANCE PLUS
	
		ASSURE ID INSULIN SAFETY
	
		ASTAGRAF XL.....
		<i>atazanavir</i>
		<i>atenolol</i>
		<i>atenolol-chlorthalidone</i>
		<i>atomoxetine</i>
		<i>atorvastatin</i>
		<i>atovaquone</i>
		<i>atovaquone-proguanil</i>
		ATRIPLA.....
		<i>atropine</i>
		ATROVENT HFA.....
		AUBAGIO.....
		AUBRA.....
		AUBRA EQ.....
		AUGMENTIN.....
		AUROVELA 1.5/30 (21).....
		AUROVELA 1/20 (21).....
		AUROVELA 24 FE.....
		AUROVELA FE 1.5/30 (28).....
		AUROVELA FE 1-20 (28).....
		AURYXIA.....
		AUTOJECT 2 INJECTION
		DEVICE.....
		AVANDAMET.....

AVC VAGINAL.....	116	BETIMOL.....	108	<i>calcipotriene-betamethasone</i>	65
AVIANE.....	57	BETOPTIC S.....	108	<i>calcitonin (salmon)</i>	79
AVIDOXY.....	20	BEVESPI AEROSPHERE.....	114	CALCITRENE.....	67
AVONEX.....	105	<i>bexarotene</i>	25	<i>calcitriol</i>	67, 75, 104
AVONEX (WITH ALBUMIN).....	105	BEXSERO.....	27	<i>calcium acetate(phosphat bind)</i>	
AYUNA.....	57	BEYAZ.....	57	.....	73, 89, 90
AZASITE.....	109	<i>bicalutamide</i>	21	CAMBIA.....	9, 52
<i>azathioprine</i>	7, 95	BIDIL.....	37	CAMILA.....	60
<i>azelaic acid</i>	63, 71	BIKTARVY.....	15	CAMRESE.....	56
<i>azelastine</i>	106, 115	<i>bimatoprost</i>	109	CAMRESE LO.....	56
AZELEX.....	63, 71	<i>bisacodyl</i>	88	CANASA.....	87
<i>azithromycin</i>	18	<i>bisoprolol fumarate</i>	33	<i>candesartan</i>	30
AZOPT.....	107	<i>bisoprolol-hydrochlorothiazide</i>	34	<i>candesartan-hydrochlorothiazid</i>	30
AZURETTE (28).....	56	BLEPHAMIDE.....	106	<i>capecitabine</i>	22
<i>bacitracin</i>	109	BLEPHAMIDE S.O.P.....	106	CAPEX.....	69
<i>bacitracin-polymyxin b</i>	108	BLISOVI 24 FE.....	57	CAPRELSA.....	24
<i>baclofen</i>	96	BLISOVI FE 1.5/30 (28).....	57	CAPSULE #0.....	55
BACTROBAN NASAL.....	115	BLISOVI FE 1/20 (28).....	57	CAPSULE #00 (CELLULOSE).....	55
BALCOLTRA.....	57	BOOSTRIX TDAP.....	26	CAPSULE #1 DRCAPS.....	55
<i>balsalazide</i>	87	<i>bosentan</i>	36	CAPSULE CONI-SNAP	
BALVERSA.....	22	BOSULIF.....	24	#0(HYPROMEL).....	55
BALZIVA (28).....	57	BPO.....	64	<i>captopril</i>	29
BANZEL.....	41	BRAFTOVI.....	22	<i>captopril-hydrochlorothiazide</i>	29
BAQSIMI.....	76	BREEZE 2 TEST STRIPS.....	96, 100	<i>carbamazepine</i>	39, 48, 49
BARACLUDE.....	17	BREO ELLIPTA.....	114	CARBATROL.....	39, 49
BASAGLAR KWIKPEN U-100		BRIELLYN.....	57	<i>carbidopa</i>	44
INSULIN.....	82	BRILINTA.....	94	<i>carbidopa-levodopa</i>	44
BAYER ASPIRIN.....	10, 94	<i>brimonidine</i>	109	<i>carbidopa-levodopa-entacapone</i>	44
BD AUTOSHIELD DUO PEN		BRIVIACT.....	41	<i>carbinoxamine maleate</i>	110
NEEDLE.....	97, 100	<i>bromfenac</i>	107	CARDURA XL.....	36
BD INSULIN SYRINGE.....	97, 100	<i>bromocriptine</i>	44	CAREONE ULTRA THIN	
BD INSULIN SYRINGE SLIP TIP		<i>brompheniramine-pseudoeph-dm</i>	115	LANCET.....	96, 100
.....	97, 100	BROVANA.....	113	CARETOUCH TWIST LANCET	
BD INSULIN SYRINGE U-50097, 100		BRUKINSA.....	22, 24	.....	96, 100
BD ULTRA-FINE ORIG PEN		<i>budesonide</i>	87, 88, 111, 115	CARNITOR (SUGAR-FREE).....	104
NEEDLE.....	97, 100	<i>bumetanide</i>	35	<i>carteolol</i>	108
BD VEO INSULIN SYRINGE UF		BUNAVAIL.....	53, 54	CARTIA XT.....	34
.....	97, 100	BUPHENYL.....	104	<i>carvedilol</i>	30
BEKYREE (28).....	56	<i>buprenorphine</i>	6	<i>carvedilol phosphate</i>	30
BELBUCA.....	6	<i>buprenorphine hcl</i>	54	<i>castor oil</i>	54, 88
<i>belladonna alkaloids-opium</i>	87	<i>buprenorphine-naloxone</i>	54	CAYA CONTOURED.....	96, 100
BELSOMRA.....	53	<i>bupropion hcl</i>	43, 54	CAYSTON.....	114
<i>benazepril</i>	29	<i>bupropion hcl (smoking deter)</i>	54	CAZANT (28).....	61
<i>benazepril-hydrochlorothiazide</i>	29	<i>buspirone</i>	37	<i>cefaclor</i>	16
BENLYSTA.....	8	BUTALBITAL COMPOUND		<i>cefadroxil</i>	16
BENZEPRO.....	64	W/CODEINE.....	4	<i>cefdinir</i>	16
BENZEPRO (MICROSPHERES)....	64	<i>butalbital-acetaminop-caf-cod</i>	4	<i>cefditoren pivoxil</i>	16
<i>benzonatate</i>	111	<i>butalbital-acetaminophen</i>	6	<i>cefixime</i>	16
<i>benzoyl peroxide</i>	64	<i>butalbital-acetaminophen-caff</i>	6	<i>cefpodoxime</i>	16
<i>benztropine</i>	44	<i>butalbital-aspirin-caffeine</i>	9	<i>cefprozil</i>	16
BEPREVE.....	106	BUTISOL.....	53	<i>ceftibuten</i>	16
BERINERT.....	92	<i>butorphanol tartrate</i>	6	CEFTIN.....	16
BESIVANCE.....	109	BYDUREON.....	78	<i>cefuroxime axetil</i>	16
BETADINE OPHTHALMIC PREP		BYDUREON BCISE.....	78	<i>celecoxib</i>	8
.....	109	BYETTA.....	78	<i>cellulose (bulk)</i>	55
<i>betamethasone dipropionate</i>	69	BYSTOLIC.....	33	CELONTIN.....	41
<i>betamethasone valerate</i>	69	<i>cabergoline</i>	83	CEM-UREA.....	71
<i>betamethasone, augmented</i>	69	CABOMETYX.....	23	<i>cephalexin</i>	16
<i>betaxolol</i>	33, 108	<i>caffeine citrate</i>	50	CERDELGA.....	104
<i>bethanechol chloride</i>	91	<i>calcipotriene</i>	67	CERVIDIL.....	76

CETACAINE.....	71	<i>clonidine hcl</i>	35, 47	CYRED.....	57
<i>cetirizine</i>	110, 111	<i>clopidogrel</i>	94	CYRED EQ.....	57
CETYLEV.....	10	<i>clorazepate dipotassium</i>	37, 48	CYSTAGON.....	89
<i>cevimeline</i>	105	CLORPRES.....	34, 35	CYSTARAN.....	108
CHANTIX.....	54	<i>clotrimazole</i>	66, 104	CYTRA K CRYSTALS.....	90
CHANTIX CONTINUING		<i>clotrimazole-betamethasone</i>	67	<i>dalfampridine</i>	105
MONTH BOX.....	54	<i>clozapine</i>	45	DALIRESP.....	112
CHANTIX STARTING MONTH		CLOZARIL.....	45	<i>danazol</i>	81
BOX.....	54	<i>coal tar</i>	71	<i>dantrolene</i>	96
CHATEAL (28).....	57	COARTEM.....	13	<i>dapsone</i>	12, 63
CHATEAL EQ (28).....	57	<i>codeine sulfate</i>	3	DAPTACEL (DTAP PEDIATRIC)	
CHEMET.....	11	<i>colchicine</i>	91	(PF).....	26
CHILDREN'S ASPIRIN.....	10, 94	<i>colesevelam</i>	32	<i>darifenacin</i>	91
<i>chlordiazepoxide hcl</i>	37, 48	<i>colestipol</i>	32	DARIO BLOOD GLUCOSE	
<i>chlordiazepoxide-clidinium</i>	48, 86, 87	COMBIGAN.....	107	MONITOR.....	96, 100
<i>chlorhexidine gluconate</i>	104	COMBIPATCH.....	79	DASETTA 1/35 (28).....	57
<i>chloroquine phosphate</i>	13	COMBIVENT RESPIMAT.....	114	DASETTA 7/7/7 (28).....	61
<i>chlorothiazide</i>	35	COMETRIQ.....	23	DAYSEE.....	56
<i>chlorthiazide</i>	35	COMFORT EZ PEN NEEDLES		DAYTRANA.....	47
<i>chlorthiazide</i>	35	.....	97, 100	DEBACTEROL.....	104
<i>chlorthiazide</i>	35	COMPLERA.....	15	DEBLITANE.....	60
<i>chlorthiazide</i>	35	COMPLETE NATAL DHA.....	74	<i>deferasirox</i>	10
<i>chlorthiazide</i>	35	COMPLETENATE.....	74	DELESTROGEN.....	80
<i>chlorthiazide</i>	35	CONCEPT DHA.....	74	DELTA D3.....	75
<i>chlorthiazide</i>	35	CONCEPTROL.....	63	DELZICOL.....	87
<i>chlorthiazide</i>	35	CONDYLOX.....	71	<i>demeclocycline</i>	20
<i>chlorthiazide</i>	35	CONSTULOSE.....	88	DEMSEER.....	36
<i>chlorthiazide</i>	35	COPIKTRA.....	23, 24	DENAVIR.....	68
<i>chlorthiazide</i>	35	CORDRAN TAPE LARGE ROLL.....	69	DEPAKENE.....	38, 49
<i>chlorthiazide</i>	35	CORLANOR.....	36	DEPAKOTE.....	38, 49
<i>chlorthiazide</i>	35	CORRECTOL.....	88	DEPAKOTE ER.....	38, 49, 51
<i>chlorthiazide</i>	35	CORTANE-B.....	110	DEPAKOTE SPRINKLES.....	38, 49
<i>chlorthiazide</i>	35	CORTIFOAM.....	88	DEPEN TITRATABS.....	8, 10
<i>chlorthiazide</i>	35	<i>cortisone</i>	81	DEPO-PROVERA.....	56
<i>chlorthiazide</i>	35	CORTISPORIN.....	66	DEPO-SUBQ PROVERA 104.....	56
<i>chlorthiazide</i>	35	CORTISPORIN-TC.....	110	DESCOVY.....	14
<i>chlorthiazide</i>	35	COSENTYX (2 SYRINGES).....	65	<i>desipramine</i>	43
<i>chlorthiazide</i>	35	COSENTYX PEN.....	65	<i>desloratadine</i>	110, 111
<i>chlorthiazide</i>	35	COTELIC.....	23	<i>desmopressin</i>	76, 77
<i>chlorthiazide</i>	35	COUMADIN.....	92	<i>desog-e.estradiolle.estradiol</i>	56
<i>chlorthiazide</i>	35	CREON.....	85	<i>desogestrel-ethinyl estradiol</i>	57
<i>chlorthiazide</i>	35	CRESEMBA.....	12	DESONATE.....	69
<i>chlorthiazide</i>	35	CRINONE.....	80, 116	<i>desonide</i>	69
<i>chlorthiazide</i>	35	CRIVIVAN.....	19	<i>desoximetasone</i>	69
<i>chlorthiazide</i>	35	<i>cromolyn</i>	23, 108, 112	<i>desvenlafaxine</i>	42
<i>chlorthiazide</i>	35	CRYSSELLE (28).....	57	<i>desvenlafaxine succinate</i>	42
<i>chlorthiazide</i>	35	CUPRIMINE.....	8, 10	<i>dexamethasone</i>	81
<i>chlorthiazide</i>	35	CUVPOSA.....	105	<i>dexamethasone sodium phosphate</i>	107
<i>chlorthiazide</i>	35	<i>cyanocobalamin (vitamin b-12)</i>	75	<i>dexmethylphenidate</i>	47
<i>chlorthiazide</i>	35	CYCLAFEM 1/35 (28).....	57	<i>dextroamphetamine</i>	47, 50, 53
<i>chlorthiazide</i>	35	CYCLAFEM 7/7/7 (28).....	61	<i>dextroamphetamine-amphetamine</i>	
<i>chlorthiazide</i>	35	<i>cyclobenzaprine</i>	96	.....	47, 50, 53
<i>chlorthiazide</i>	35	CYCLOMYDRIL.....	106	DIASTIX.....	100
<i>chlorthiazide</i>	35	<i>cyclopentolate</i>	106	<i>diazepam</i>	37, 38, 48
<i>chlorthiazide</i>	35	<i>cyclophosphamide</i>	7, 21	<i>diclofenac epolamine</i>	71
<i>chlorthiazide</i>	35	<i>cycloserine</i>	15	<i>diclofenac potassium</i>	9
<i>chlorthiazide</i>	35	CYCLOSET.....	77	<i>diclofenac sodium</i>	9, 67, 71, 107
<i>chlorthiazide</i>	35	<i>cyclosporine</i>	8, 95	<i>diclofenac-misoprostol</i>	8
<i>chlorthiazide</i>	35	<i>cyclosporine modified</i>	7, 95	<i>dicloxacillin</i>	19
<i>chlorthiazide</i>	35	<i>cyproheptadine</i>	110	<i>dicyclomine</i>	86

<i>didanosine</i>	14	EASY TOUCH SHEATHLOCK		<i>epinephrine</i>	34, 111
DIFICID.....	18	INSULIN.....	98, 101	EPISIL.....	105
<i>diflorasone</i>	69	EASY TOUCH TWIST LANCETS		EPITOL.....	39, 49
<i>diflunisal</i>	10	.....	96, 101	<i>eplerenone</i>	30, 35
DIGOX.....	35	<i>econazole</i>	66	<i>eprosartan</i>	30
<i>digoxin</i>	35	ECONTRA EZ.....	62, 63	EPZICOM.....	15
<i>dihydroergotamine</i>	51	ECONTRA ONE-STEP.....	62, 63	EQUETRO.....	39, 49
DILANTIN.....	39	ECOTRIN.....	10, 94	<i>ergocalciferol (vitamin d2)</i>	75
DILANTIN EXTENDED.....	39	ECOZA.....	66	<i>ergoloid</i>	56
DILANTIN INFATABS.....	39	EDLUAR.....	53	ERGOMAR.....	51
<i>diltiazem hcl</i>	34	EDURANT.....	14	<i>ergotamine-caffeine</i>	51
DILT-XR.....	34	EEMT.....	79	ERIVEDGE.....	22
DILUTING MEDIUM FOR		EEMT HS.....	79	ERLEADA.....	21
NOVOLOG.....	73	<i>efavirenz</i>	14	<i>erlotinib</i>	20
DIPENTUM.....	87	EFFEXOR XR.....	42	ERRIN.....	60
DIPHENHIST.....	110	EGRIFTA.....	81	ERTACZO.....	66
<i>diphenoxylate-atropine</i>	84	ELDEPRYL.....	44	ERY PADS.....	63
<i>dipyridamole</i>	72, 94	ELESTRIN.....	80	ERYGEL.....	63
<i>disopyramide phosphate</i>	31	<i>eletriptan</i>	52	<i>erythromycin</i>	18, 109
<i>disulfiram</i>	54	ELIGARD.....	23	<i>erythromycin ethylsuccinate</i>	18
DIURIL.....	36	ELIGARD (3 MONTH).....	23	<i>erythromycin with ethanol</i>	64
<i>divalproex</i>	38, 49, 51	ELIGARD (4 MONTH).....	23	<i>erythromycin-benzoyl peroxide</i>	64
DIVIGEL.....	80	ELIGARD (6 MONTH).....	23	ESBRIET.....	116
<i>dofetilide</i>	31	ELINEST.....	58	<i>escitalopram oxalate</i>	41
<i>donepezil</i>	55	ELIQUIS.....	92	ESTARYLLA.....	58
DORYX MPC.....	20	ELIXOPHYLLIN.....	112	<i>estazolam</i>	48, 53
<i>dorzolamide</i>	108	ELLA.....	62	<i>estradiol</i>	80, 116
<i>dorzolamide-timolol</i>	107	ELMIRON.....	89	<i>estradiol valerate</i>	80
DOVATO.....	13	ELURYNG.....	62	<i>estradiol-norethindrone acet</i>	80
<i>doxazosin</i>	36	EMADINE.....	106	ESTRING.....	116
<i>doxepin</i>	43, 72	EMCYT.....	22	ESTROGEL.....	80
<i>doxercalciferol</i>	104	EMGALITY PEN.....	51	<i>estrogens-methyltestosterone</i>	79
<i>doxycycline hyclate</i>	20, 105	EMGALITY SYRINGE.....	37, 51	<i>estropipate</i>	80
<i>doxycycline monohydrate</i>	20	EMOQUETTE.....	58	ESTROSTEP FE-28.....	61
DRITHOCREME HP.....	67	EMSAM.....	41	<i>eszopiclone</i>	53
<i>dronabinol</i>	50, 73, 85	EMTRIVA.....	14	<i>ethacrynic acid</i>	35
DROPLET INSULIN SYRINGE		EMVERM.....	11	<i>ethambutol</i>	16
.....	97, 100, 101	<i>enalapril maleate</i>	29	<i>ethosuximide</i>	41
DROPLET PEN NEEDLE.....	98, 101	<i>enalapril-hydrochlorothiazide</i>	29	<i>ethynodiol diac-eth estradiol</i>	58
<i>drospirenone-e.estradiol-lm.fa</i>	57	ENBRACE HR.....	74	<i>etidronate disodium</i>	79
<i>drospirenone-ethinyl estradiol</i>	58	ENBREL.....	6, 7	<i>etodolac</i>	9
DROXIA.....	94	ENBREL MINI.....	6, 7	<i>etonogestrel-ethinyl estradiol</i>	62
DRYSOL.....	67	ENBREL SURECLICK.....	6, 7	<i>etoposide</i>	22
DUAVEE.....	79	ENDOMETRIN.....	80	EUCRISA.....	65
DULERA.....	114	ENGERIX-B (PF).....	26	EURAX.....	72
<i>duloxetine</i>	42, 51	ENGERIX-B PEDIATRIC (PF).....	26	EVAMIST.....	80
DUOPA.....	44	<i>enoxaparin</i>	94	EVENITY.....	79
DUPIXENT.....	65, 112	ENPRESSE.....	61	EVOTAZ.....	15, 19
DUREZOL.....	107	ENSKYCE.....	58	EXEL INSULIN.....	98, 101
<i>dutasteride</i>	90	ENSTILAR.....	65	EXELDERM.....	66
<i>dutasteride-tamsulosin</i>	89	<i>entacapone</i>	44	<i>exemestane</i>	22
DUTOPROL.....	34	<i>entecavir</i>	17	EXODERM.....	66
DYANAVAL XR.....	47, 50	ENTEREG.....	11	EZ FLU 2018-	
DYRENIUM.....	35	ENTRESTO.....	30	19(FLUCELVAX)(PF).....	27
EASY TOUCH.....	98, 101	ENVARBUS XR.....	95	E-Z JECT LANCETS.....	96, 101
EASY TOUCH FLIPLOCK		EPANED.....	29	<i>ezetimibe</i>	32
INSULIN.....	98, 101	EPIDIOLEX.....	38	<i>ezetimibe-simvastatin</i>	33
EASY TOUCH INSULIN		EPIDUO FORTE.....	65	FABIOR.....	65
SYRINGE.....	98, 101	EPIFOAM.....	70	FACTIVE.....	17
		<i>epinastine</i>	107	FALMINA (28).....	58

<i>famciclovir</i>	18	<i>fluocinolone</i>	69	FRAGMIN.....	94
<i>famotidine</i>	86	<i>fluocinolone acetonide oil</i>	110	FREESTYLE LIBRE 14 DAY	
FARESTON.....	25	<i>fluocinolone and shower cap</i>	69	READER.....	97, 101
FARXIGA.....	77	<i>fluocinonide</i>	69	FREESTYLE LIBRE 14 DAY	
FARYDAK.....	22	<i>fluocinonide-emollient</i>	69	SENSOR.....	97, 101
FASENRA.....	112	<i>fluorescein-proparacaine</i>	108	<i>frovatriptan</i>	52
FASENRA PEN.....	112	<i>fluoride (sodium)</i>	104	<i>furosemide</i>	35
FAYOSIM.....	61	<i>fluorometholone</i>	107	FUZEON.....	13
FC2 FEMALE CONDOM.....	96, 101	FLUROPLEX.....	67	FYAVOLV.....	80
<i>febuxostat</i>	92	<i>fluorouracil</i>	67	FYCOMPA.....	37
<i>felbamate</i>	38	<i>fluoxetine</i>	42	<i>gabapentin</i>	38
FELBATOL.....	38	<i>fluphenazine decanoate</i>	46	GABITRIL.....	39
<i>felodipine</i>	34	<i>fluphenazine hcl</i>	46	<i>galantamine</i>	55
FEMCAP.....	96, 101	FLURA-DROPS.....	104	GALZIN.....	10
FEMRING.....	116	<i>flurandrenolide</i>	69	GARDASIL 9 (PF).....	27
FEMYNOR.....	58	<i>flurazepam</i>	48, 53	<i>gatifloxacin</i>	109
<i>fenofibrate</i>	32	<i>flurbiprofen</i>	9	GELNIQUE.....	91
<i>fenofibrate micronized</i>	32	<i>flurbiprofen sodium</i>	107	<i>gemfibrozil</i>	32
<i>fenofibrate nanocrystallized</i>	32	<i>flutamide</i>	21	GENERESS FE.....	58
<i>fenofibric acid</i>	32	<i>fluticasone propionate</i>	69, 115	GENGRAF.....	8, 95
<i>fenofibric acid (choline)</i>	32	<i>fluticasone propion-salmeterol</i>	114	GENTAK.....	108
<i>fenopropfen</i>	9	<i>fluvastatin</i>	32	<i>gentamicin</i>	11, 65, 108
<i>fentanyl</i>	3	FLUVIRIN 2017-2018.....	28	GENTLE LAXATIVE	
<i>fentanyl citrate</i>	3	FLUVIRIN 2017-2018 (PF).....	28	(BISACODYL).....	89
FERRIPROX.....	10	<i>fluvoxamine</i>	42	GENVOYA.....	15
FETZIMA.....	42	FLUZONE HIGH-DOSE 2017-18		GIANVI (28).....	58
FINACEA.....	64, 71	(PF).....	28	GIAZO.....	87
<i>finasteride</i>	90	FLUZONE HIGH-DOSE 2018-19		GILDAGIA.....	58
FLAREX.....	107	(PF).....	28	GILENYA.....	106
FLAVOR SWEET.....	55	FLUZONE HIGH-DOSE 2019-20		GILOTRIF.....	20
<i>flavoxate</i>	91	(PF).....	28	<i>glatiramer</i>	105
<i>flecainide</i>	31	FLUZONE INTRADERM QUAD		GLATOPA.....	105
FLEET BISACODYL.....	89	2017-18.....	28	GLEOSTINE.....	21
FLOVENT DISKUS.....	111	FLUZONE QUAD 2017-2018.....	28	<i>glimepiride</i>	78
FLOVENT HFA.....	111	FLUZONE QUAD 2017-2018 (PF).....	28	<i>glipizide</i>	78
FLUAD 2017-2018 (65 YR UP)(PF).....	27	FLUZONE QUAD 2018-2019.....	28	<i>glipizide-metformin</i>	77
FLUAD 2018-2019 (65 YR UP)(PF).....	27	FLUZONE QUAD 2018-2019 (PF).....	28	GLUCAGEN DIAGNOSTIC KIT.....	72
FLUAD 2019-2020 (65 YR UP)(PF).....	27	FLUZONE QUAD 2019-2020.....	28	GLUCAGEN HYPOKIT.....	76
FLUARIX QUAD 2019-2020 (PF).....	27	FLUZONE QUAD 2019-2020 (PF).....	28	<i>glucagon hcl</i>	72, 76
FLUBLOK 2017-2018 (PF).....	27	FLUZONE QUAD PEDI 2017-18		<i>glyburide</i>	78
FLUBLOK QUAD 2017-2018 (PF).....	27	(PF).....	28	<i>glyburide micronized</i>	78
FLUBLOK QUAD 2018-2019 (PF).....	27	FLUZONE QUAD PEDI 2018-19		<i>glyburide-metformin</i>	77
FLUBLOK QUAD 2019-2020 (PF).....	27	(PF).....	28	<i>glycerin</i>	68
FLUCAINE.....	108	FLUZONE QUAD PEDI 2019-20		GLYCINE UROLOGIC.....	89
FLUCELVAX QUAD 2017-2018.....	27	(PF).....	28	<i>glycine urologic solution</i>	89
FLUCELVAX QUAD 2017-2018		FML FORTE.....	107	<i>glycopyrrolate</i>	86
(PF).....	27	FML S.O.P.....	107	<i>glycopyrrolate in water</i>	86
FLUCELVAX QUAD 2018-2019.....	28	<i>folic acid</i>	76	GLYXAMBI.....	77
FLUCELVAX QUAD 2018-2019		<i>fondaparinux</i>	93	GOLYTELY.....	88
(PF).....	28	FORA V10-V12-D10-D20 STRP-		GORDONS UREA.....	68
FLUCELVAX QUAD 2019-2020.....	28	LNCT.....	97, 101	<i>granisetron hcl</i>	85
FLUCELVAX QUAD 2019-2020		FORFIVO XL.....	43	GRANIX.....	92
(PF).....	28	FORMADON.....	25	<i>griseofulvin microsize</i>	12
<i>fluconazole</i>	12	<i>formaldehyde</i>	25	<i>griseofulvin ultramicrosize</i>	12
<i>flucytosine</i>	12	FORTEO.....	79	<i>guanfacine</i>	35, 47
<i>fludrocortisone</i>	83	FOSAMAX PLUS D.....	79	<i>guanidine</i>	95
FLULAVAL QUAD 2017-2018 (PF).....	28	<i>fosamprenavir</i>	19	GYNAZOLE-1.....	116
FLUMIST QUAD 2017-2018.....	26, 28	<i>fosinopril</i>	29	GYNOL II.....	63
FLUMIST QUAD 2018-2019.....	26, 28	<i>fosinopril-hydrochlorothiazide</i>	29	HAILEY.....	58
<i>flunisolide</i>	115	FOSRENOL.....	89	HAILEY 24 FE.....	58

HALDOL.....	45	<i>hydrocodone-ibuprofen</i>	5	INTRON A.....	23
<i>halobetasol propionate</i>	69	<i>hydrocortisone</i>	10, 70, 81, 88	INTROVALE.....	58
<i>haloperidol</i>	45	<i>hydrocortisone acetate</i>	10	INVEGA SUSTENNA.....	45
<i>haloperidol decanoate</i>	45	<i>hydrocortisone butyrate</i>	69	INVEGA TRINZA.....	45
<i>haloperidol lactate</i>	46	<i>hydrocortisone butyr-emollient</i>	70	INVIRASE.....	19
HAVRIX (PF).....	26	<i>hydrocortisone valerate</i>	70	INVOKAMET.....	77
HEALTHY ACCENTS AUTOLET		<i>hydrocortisone-acetic acid</i>	110	INVOKAMET XR.....	77
.....	97, 101	<i>hydrocortisone-iodoquinol</i>	67	IODOFLEX.....	25
HEATHER.....	60	<i>hydrocortisone-iodoquinol</i>	67	IODOSORB.....	25
HEP FLUSH-10 (PF).....	93	<i>hydrocortisone-pramoxine</i>	10, 70	IOPIDINE.....	109
<i>heparin (porcine)</i>	93	<i>hydromorphone</i>	3	IPOL.....	28
<i>heparin (porcine) in 0.9% nacl</i>	93	<i>hydroxocobalamin</i>	75	<i>ipratropium bromide</i>	112, 115
<i>heparin (porcine) in 5% dex</i>	93	<i>hydroxychloroquine</i>	7, 13	<i>ipratropium-albuterol</i>	114
<i>heparin (porcine) in nacl (pf)</i>	93	<i>hydroxyproggest (pf) (preg presv)</i> ...	80, 83	<i>irbesartan</i>	30
<i>heparin flush (porcine)-0.9nacl</i>	93	<i>hydroxyprogesterone cap (ppres)</i> ...	80, 83	<i>irbesartan-hydrochlorothiazide</i>	30
<i>heparin lock flush (porcine)</i>	93	<i>hydroxyprogesterone caproate</i>	83	IRENKA.....	42, 51
<i>heparin (porcine) in 0.45% nacl</i>	93	<i>hydroxyurea</i>	22	ISENTRESS.....	13
<i>heparin, porcine (pf)</i>	93	<i>hydroxyzine hcl</i>	37	ISENTRESS HD.....	13
HEPLISAV-B (PF).....	26	<i>hydroxyzine pamoate</i>	37	ISIBLOOM.....	58
HEXALEN.....	21	HYOPHEN.....	19, 91	<i>isometh-dichloral-acetaminophn</i>	51
HIBERIX (PF).....	27	<i>hyoscyamine sulfate</i>	86, 91	<i>isomethepten-caf-acetaminophen</i>	51
HIZENTRA.....	26	HYPER-SAL.....	55	<i>isoniazid</i>	15
HOMATROPAIRE.....	106	HYQVIA.....	26	ISORDIL.....	31
<i>homatropine hbr</i>	106	HYQVIA HY COMPONENT.....	84	<i>isosorbide dinitrate</i>	31
HUMALOG JUNIOR KWIKPEN		HYQVIA IG COMPONENT.....	26	<i>isosorbide mononitrate</i>	31
U-100.....	82	HYSINGLA ER.....	3	<i>isoxsuprine</i>	36
HUMALOG KWIKPEN INSULIN.....	82	<i>ibandronate</i>	79	<i>isradipine</i>	34
HUMALOG MIX 50-50 INSULN		IBRANCE.....	22	<i>itraconazole</i>	12
U-100.....	81	IBU.....	9	<i>ivermectin</i>	11
HUMALOG MIX 50-50		<i>ibuprofen</i>	9	IXIARO (PF).....	28
KWIKPEN.....	81	<i>ibuprofen-oxycodone</i>	5, 6	JADENU.....	11
HUMALOG MIX 75-25		<i>icatibant</i>	34	JAKAFI.....	23
KWIKPEN.....	81	ICLUSIG.....	23	JANTOVEN.....	92
HUMALOG MIX 75-25(U-		ILARIS (PF).....	6	JANUMET.....	78
100)INSULN.....	82	ILEVRO.....	107	JANUMET XR.....	78
HUMALOG U-100 INSULIN.....	82	ILUMYA.....	65	JANUVIA.....	77
HUMATROPE.....	81	<i>imatinib</i>	24	JARDIANCE.....	77
HUMIRA.....	6, 7, 88	IMBRUVICA.....	22, 24	JASMIEL (28).....	58
HUMIRA PEDIATRIC CROHNS		<i>imipramine hcl</i>	43	JENCYCLA.....	60
START.....	6, 7, 88	<i>imipramine pamoate</i>	44	JENTADUETO.....	78
HUMIRA PEN CROHNS-UC-HS		<i>imiquimod</i>	70	JENTADUETO XR.....	78
START.....	6, 7, 88	IMOVAX RABIES VACCINE (PF).....	28	JEVANTIQUE LO.....	80
HUMIRA(CF).....	6, 7, 88	IMPAVIDO.....	13	JOLESSA.....	58
HUMIRA(CF) PEN.....	7, 88	INCASSIA.....	60	JOLIVETTE.....	60
HUMULIN 70/30 U-100 INSULIN.....	81	INCRELEX.....	82	JULEBER.....	58
HUMULIN N NPH INSULIN		INCRUSE ELLIPTA.....	112	JUNEL 1.5/30 (21).....	58
KWIKPEN.....	81	<i>indapamide</i>	36	JUNEL 1/20 (21).....	58
HUMULIN R REGULAR U-100		INDERAL XL.....	33	JUNEL FE 1.5/30 (28).....	58
INSULN.....	81	<i>indomethacin</i>	9	JUNEL FE 1/20 (28).....	58
HUMULIN R U-500 (CONC)		INFANRIX (DTAP) (PF).....	26	JUNEL FE 24.....	58
INSULIN.....	81	INLYTA.....	24	JUXTAPID.....	33
HUMULIN R U-500 (CONC)		INNOPRAN XL.....	33	JYNARQUE.....	35, 84, 90
KWIKPEN.....	81	INOVA.....	64	KAITLIB FE.....	58
HYCAMTIN.....	25	INOVA 8-2.....	64	KALETRA.....	15
<i>hydralazine</i>	35	INPEN (FOR HUMALOG).....	98, 101	KALLIGA.....	58
<i>hydrochlorothiazide</i>	36	<i>insulin lispro</i>	82	KALYDECO.....	115
<i>hydrocodone-acetaminophen</i>	5	INSULIN SYRINGE MICROFINE		KARIVA (28).....	56
<i>hydrocodone-chlorpheniramine</i>	115	.....	98, 101	KATERZIA.....	34
<i>hydrocodone-cpm-pseudoephed</i>	115	<i>insulin syringe-needle u-100</i>	98, 101	K-EFFERVESCENT.....	74
<i>hydrocodone-homatropine</i>	116	INSUPEN.....	98, 101	KELNOR 1/35 (28).....	58
		INTELENCE.....	14		

KELNOR 1-50.....	58	<i>latanoprost</i>	109	LOESTRIN 1.5/30 (21).....	59
KEPPRA.....	41	LATUDA.....	45	LOESTRIN 1/20 (21).....	59
KERAFOAM.....	71	LAXATIVE (BISACODYL).....	89	LOESTRIN FE 1.5/30 (28-DAY).....	59
KERALYT SCALP COMPLETE.....	71	LAXATIVE PEG 3350.....	88	LOESTRIN FE 1/20 (28-DAY).....	59
KERYDIN.....	67	LAYOLIS FE.....	58	LONHALA MAGNAIR REFILL..	112
<i>ketoconazole</i>	12, 66	LAZANDA.....	3	LONHALA MAGNAIR	
KETO-DIASTIX.....	100, 101	<i>ledipasvir-sofosbuvir</i>	17	STARTER.....	112
KETONE URINE TEST.....	100, 101	LEENA 28.....	61	LONSURF.....	22
<i>ketoprofen</i>	9	<i>leflunomide</i>	8	<i>loperamide</i>	84
<i>ketorolac</i>	8, 9, 107	LENVIMA.....	24	<i>lopinavir-ritonavir</i>	15
KHEDEZLA.....	43	LESSINA.....	58	<i>lorazepam</i>	37, 48, 53
KIMIDESS (28).....	56	<i>letrozole</i>	22	LORTAB ELIXIR.....	5
KINERET.....	8	<i>leucovorin calcium</i>	25	LORYNA (28).....	59
KINRIX (PF).....	26	LEUKERAN.....	21	<i>losartan</i>	30
KITABIS PAK.....	114	<i>leuprolide</i>	23	<i>losartan-hydrochlorothiazide</i>	30
KLOR-CON 10.....	74	<i>levabuterol hcl</i>	113	LOSEASONIQUE.....	57
KLOR-CON 8.....	74	<i>levabuterol tartrate</i>	113	LOTEMAX.....	107
KLOR-CON M10.....	74	LEVATOL.....	33	<i>loteprednol etabonate</i>	107
KLOR-CON M20.....	74	LEVEMIR FLEXTOUCH U-100		<i>lovastatin</i>	32
KLOR-CON SPRINKLE.....	74	INSULN.....	82	LOW-OGESTREL (28).....	59
KOMBIGLYZE XR.....	78	LEVEMIR U-100 INSULIN.....	82	<i>loxapine succinate</i>	46
KORLYM.....	77	<i>levetiracetam</i>	41	LO-ZUMANDIMINE (28).....	59
K-PHOS NO 2.....	90	LEVITRA.....	73	LUDENT FLUORIDE.....	104
K-PHOS ORIGINAL.....	90	<i>levobunolol</i>	108	LUMIGAN.....	109
KURVELO (28).....	58	<i>levocarnitine</i>	73, 104	LUPANETA PACK (1 MONTH).....	82
KYLEENA.....	56	<i>levocarnitine (with sugar)</i>	104	LUPANETA PACK (3 MONTH).....	82
<i>l norgest/le.estradiol-e.estrad</i>	56, 57, 61	<i>levocetirizine</i>	110, 111	LUPRON DEPOT.....	23, 83
<i>labetalol</i>	30	<i>levofloxacin</i>	17, 109	LUPRON DEPOT (3 MONTH).....	23, 83
<i>lactated ringers</i>	73	LEVONEST (28).....	61	LUPRON DEPOT (4 MONTH).....	23
<i>lactulose</i>	85, 88	<i>levonorgestrel</i>	62, 63	LUPRON DEPOT (6 MONTH).....	23
LAMICTAL.....	40	<i>levonorgestrel-ethinyl estrad</i>	58	LUPRON DEPOT-PED.....	82
LAMICTAL ODT.....	40, 49	<i>levonorg-eth estrad triphasic</i>	61	LUPRON DEPOT-PED (3	
LAMICTAL ODT STARTER		LEVORA-28.....	59	MONTH).....	82
(BLUE).....	40, 49	<i>levorphanol tartrate</i>	3	LUTERA (28).....	59
LAMICTAL ODT STARTER		<i>levothyroxine</i>	84	LYNPARZA.....	24
(GREEN).....	40, 49	LEVOXYL.....	84	LYRICA.....	38, 50
LAMICTAL ODT STARTER		LEXIVA.....	19	LYRICA CR.....	50, 53
(ORANGE).....	40, 49	<i>lidocaine</i>	10, 72	LYSODREN.....	21
LAMICTAL XR.....	40	<i>lidocaine hcl</i>	10, 72, 105	LYZA.....	61
LAMICTAL XR STARTER		<i>lidocaine hcl-hydrocortison ac</i>	10	MAGELLAN INSULIN SAFETY	
(BLUE).....	40	LIDOCAINE VISCOUS.....	105	SYRNG.....	98, 101
LAMICTAL XR STARTER		<i>lidocaine-prilocaine</i>	71	MAGELLAN SYRINGE.....	98, 102
(GREEN).....	40	LILETTA.....	56	MAGNEBIND 400.....	89
LAMICTAL XR STARTER		LILLOW (28).....	59	<i>magnesium citrate</i>	88
(ORANGE).....	40	<i>lindane</i>	72	<i>malathion</i>	72
<i>lamivudine</i>	14, 17	<i>linezolid</i>	19	<i>maprotiline</i>	44
<i>lamivudine-zidovudine</i>	15	<i>linezolid in dextrose 5%</i>	19	MARLISSA (28).....	59
<i>lamotrigine</i>	40, 49	LINZESS.....	85, 87, 88	MARPLAN.....	41
<i>lancets</i>	97, 101	<i>liothyronine</i>	84	MATULANE.....	21
<i>lanthanum</i>	89	<i>lisinopril</i>	29	MATZIM LA.....	34
LANTUS SOLOSTAR U-100		<i>lisinopril-hydrochlorothiazide</i>	29	MAVYRET.....	17
INSULIN.....	82	LITE TOUCH INSULIN		MAXICOMFORT SAFETY PEN	
LANTUS U-100 INSULIN.....	82	SYRINGE.....	98, 101	NEEDLE.....	98, 102
LARIN 1.5/30 (21).....	58	LITETOUCH-SMALL MASK 100, 101		MAXIDEX.....	107
LARIN 1/20 (21).....	58	<i>lithium carbonate</i>	50	MAYZENT.....	106
LARIN 24 FE.....	58	<i>lithium citrate</i>	50	<i>meclizine</i>	85
LARIN FE 1.5/30 (28).....	58	LITHOBID.....	50	<i>meclofenamate</i>	8
LARIN FE 1/20 (28).....	58	LITHOSTAT.....	90	MEDLANCE PLUS LANCETS97, 102	
LARISSIA.....	58	LO LOESTRIN FE.....	57	MEDROL.....	81
LASTACFT.....	107	LODOSYN.....	44	<i>medroxyprogesterone</i>	56, 83

<i>mefenamic acid</i>	8	MICROLET NEXT LANCING		<i>nadolol-bendroflumethiazide</i>	36
<i>mefloquine</i>	13	DEVICE.....	97, 102	<i>naftifine</i>	66
<i>megestrol</i>	24, 73	<i>midazolam</i>	10, 48, 53	NAFTIN.....	66
MEKINIST.....	23	<i>midazolam (pf)</i>	10, 48	<i>naloxone</i>	11
MEKTOVI.....	23	<i>midodrine</i>	34	<i>naltrexone</i>	11
MELODETTA 24 FE.....	59	<i>miglitol</i>	77	NAMENDA XR.....	56
<i>meloxicam</i>	9	MILI.....	59	NAMZARIC.....	56
<i>melphalan</i>	21	MIMVEY.....	80	<i>naproxen</i>	9
<i>memantine</i>	55, 56	MIMVEY LO.....	80	<i>naproxen sodium</i>	9
MENACTRA (PF).....	27	MINASTRIN 24 FE.....	59	<i>naratriptan</i>	52
MENEST.....	80	MINIVELLE.....	80	NARCAN.....	11
MENOMUNE - A/C/Y/W-135.....	27	<i>minocycline</i>	8, 20, 63	NATACYN.....	109
MENOMUNE - A/C/Y/W-135 (PF).....	27	<i>minoxidil</i>	35	NATAZIA.....	61
MENOSTAR.....	80	MIRCERA.....	92	<i>nateglinide</i>	77
MENVEO A-C-Y-W-135-DIP (PF).....	27	MIRCETTE (28).....	57	NATESTO.....	76
<i>meprobamate</i>	37	MIRENA.....	56	NATURE-THROID.....	83
<i>mercaptapurine</i>	21	<i>mirtazapine</i>	41	NEBUPENT.....	18
<i>mesalamine</i>	87	MIRVASO.....	72	NEBUSAL.....	55
<i>mesalamine with cleansing wipe</i>	87	<i>misoprostol</i>	86	NECON 0.5/35 (28).....	59
MESNEX.....	25	M-M-R II (PF).....	26, 28, 29	NECON 1/50 (28).....	59
<i>metaproterenol</i>	114	<i>modafinil</i>	52	NECON 10/11 (28).....	57
METAXALL.....	96	MODERIBA.....	17	NECON 7/7/7 (28).....	61
<i>metaxalone</i>	96	MODERIBA DOSE PACK.....	17	<i>nefazodone</i>	42
<i>metformin</i>	82	<i>moexipril</i>	29	<i>neomycin</i>	11
<i>methadone</i>	3	<i>moexipril-hydrochlorothiazide</i>	29	<i>neomycin-bacitracin-poly-hc</i>	106
METHADOSE.....	3	<i>molindone</i>	46	<i>neomycin-bacitracin-polymyxin</i>	108
<i>methazolamide</i>	35	<i>mometasone</i>	70, 115	<i>neomycin-polymyxin b gu</i>	89
<i>methimazole</i>	78	MONDOXYNE NL.....	20	<i>neomycin-polymyxin b-dexameth</i>	106
<i>methocarbamol</i>	96	MONOJECT INSULIN SAFETY		<i>neomycin-polymyxin-gramicidin</i>	108
<i>methotrexate sodium</i>	7, 21	SYRING.....	98, 102	<i>neomycin-polymyxin-hc</i>	106, 110
<i>methotrexate sodium (pf)</i>	21	MONOJECT INSULIN SYRINGE		NEO-POLYCIN.....	108
<i>methoxsalen</i>	67	.....	98, 102	NEO-POLYCIN HC.....	106
<i>methscopolamine</i>	86	MONOJECT SYRINGE.....	98, 102	NEO-SYNALAR.....	66
<i>methyclothiazide</i>	36	MONO-LINYAH.....	59	NEO-SYNALAR KIT.....	66
<i>methyl dopa</i>	35	MONONESSA (28).....	59	NEULASTA.....	92
<i>methyl dopa-hydrochlorothiazide</i>	35	<i>montelukast</i>	112	NEUPRO.....	44
<i>methylergonovine</i>	83	MONUROL.....	12, 91	NEURONTIN.....	38
METHYLIN.....	47, 52	<i>morphine</i>	3, 4	NEVANAC.....	107
<i>methylphenidate hcl</i>	47, 52, 53	<i>morphine concentrate</i>	3	<i>nevirapine</i>	14
<i>methylprednisolone</i>	81	MOTEGRITY.....	86	NEW DAY.....	62, 63
<i>methylprednisolone sodium succ</i>	81	MOTOFEN.....	84	NEXAVAR.....	23
<i>methyltestosterone</i>	76	MOVANTIK.....	11	NEXPLANON.....	56
<i>metipranolol</i>	108	<i>moxifloxacin</i>	17, 109	NEXT CHOICE ONE DOSE.....	62, 63
<i>metoclopramide hcl</i>	86	MOZOBIL.....	92	<i>niacin</i>	32
<i>metolazone</i>	36	MULTAQ.....	31	NIACOR.....	32
<i>metoprolol succinate</i>	33	<i>mupirocin</i>	65	<i>nicardipine</i>	34
<i>metoprolol ta-hydrochlorothiaz</i>	34	<i>mupirocin calcium</i>	65	NICODERM CQ.....	54
<i>metoprolol tartrate</i>	33	MX-SOL BLEND.....	55	NICORELIEF.....	54
<i>metronidazole</i>	13, 64, 72, 116	MX-SOL SUSPEND.....	55	NICORETTE.....	54
<i>mexiletine</i>	31	MY CHOICE.....	62, 63	<i>nicotine</i>	54
MIACALCIN.....	79	MY WAY.....	62, 63	<i>nicotine (polacrilex)</i>	54
MIBELAS 24 FE.....	59	<i>mycophenolate mofetil</i>	8, 95	NICOTROL.....	54
<i>miconazole nitrate-zinc ox-pet</i>	66	<i>mycophenolate sodium</i>	95	NICOTROL NS.....	54
MICRODOT INSULIN PEN		MYLERAN.....	21	<i>nifedipine</i>	34
NEEDLE.....	98, 102	MYORISAN.....	63	NIKKI (28).....	59
MICROGESTIN 1.5/30 (21).....	59	MYRBETRIQ.....	89	<i>nilutamide</i>	21
MICROGESTIN 1/20 (21).....	59	MYTESI.....	84	<i>nimodipine</i>	34
MICROGESTIN 24 FE.....	59	MYZILRA.....	61	<i>nisoldipine</i>	34
MICROGESTIN FE 1.5/30 (28).....	59	<i>nabumetone</i>	9	NITRO-BID.....	31
MICROGESTIN FE 1/20 (28).....	59	<i>nadolol</i>	33	<i>nitrofurantoin</i>	12, 91

<i>nitrofurantoin macrocrystal</i>	12, 91	OCELLA.....	59	<i>oxiconazole</i>	66
<i>nitrofurantoin monohydrate-cryst</i>	12, 91	OCREVUS.....	105	OXISTAT.....	66
<i>nitroglycerin</i>	31	<i>octreotide acetate</i>	83, 89	OXTELLAR XR.....	39
NITROMIST.....	31	ODEFSEY.....	15	<i>oxybutynin chloride</i>	91
NITRO-TIME.....	31	ODOMZO.....	22	<i>oxycodone</i>	4
NIVESTYM.....	92	OFEV.....	24, 116	<i>oxycodone-acetaminophen</i>	5, 6
NORA-BE.....	61	<i>ofloxacin</i>	17, 109, 110	<i>oxycodone-aspirin</i>	5, 6
NORDITROPIN FLEXPROM.....	81	OGESTREL (28).....	59	<i>oxymorphone</i>	4
<i>noreth-ethinyl estradiol-iron</i>	59	<i>olanzapine</i>	46, 49	OXYTROL.....	91
<i>norethindrone (contraceptive)</i>	61	<i>olmesartan</i>	30	<i>paliperidone</i>	45
<i>norethindrone acetate</i>	83	<i>olmesartan-amlodipin-hcthiamid</i>	30	PALYNZIQU.....	104
<i>norethindrone ac-eth estradiol</i>	59, 80	<i>olmesartan-hydrochlorothiazide</i>	30	PANCREAZE.....	85
<i>norethindrone-e.estradiol-iron</i>	59	<i>olopatadine</i>	107, 115	PANRETIN.....	67
<i>norgestimate-ethinyl estradiol</i>	59, 61	OLUMIANT.....	8	PARADIGM RESERVOIR.....	98, 102
NORLYDA.....	61	OMECLAMOX-PAK.....	89	PARAGARD T 380A.....	56
NORPACE.....	31	<i>omega-3 acid ethyl esters</i>	32, 33	<i>paregoric</i>	84
NORPACE CR.....	31	<i>ondansetron</i>	85	PAREMYD.....	106
NORPRAMIN.....	44	<i>ondansetron hcl</i>	85	<i>paricalcitol</i>	104
NORTHERA.....	34	ONETOUCH DELICA LANCETS.....	97, 102	<i>paromomycin</i>	11
NORTREL 0.5/35 (28).....	59	ONETOUCH SURESOFT.....	97, 102	<i>paroxetine hcl</i>	42
NORTREL 1/35 (21).....	59	LANCING DEV.....	97, 102	<i>paroxetine mesylate (menop.sym)</i>	83
NORTREL 1/35 (28).....	59	ONETOUCH ULTRASOFT.....	97, 102	PASER.....	15
NORTREL 7/7/7 (28).....	61	LANCETS.....	97, 102	PAXIL.....	42
<i>nortriptyline</i>	44	ONETOUCH VERIO TEST.....	96, 102	PAZEO.....	107
NORVIR.....	19	STRIPS.....	96, 102	PCCA-PLUS BASE.....	55
NO-STICK GLUCOSE.....	100, 102	ONEXTON.....	64	PCE.....	18
NOVA SAFETY LANCETS.....	97, 102	ONGLYZA.....	77	PEDIA D-VITE.....	75
NOVACORT.....	70	OPCICON ONE-STEP.....	62, 63	PEDVAX HIB (PF).....	27
NOVAMAX PLUS KETONE... ..	72, 102	<i>opium tincture</i>	84	<i>peg 3350-electrolytes</i>	88
NOVOFINE 30.....	98, 102	OPSUMIT.....	36	PEGANONE.....	39
NOVOFINE AUTOCOVER.....	98, 102	OPTION-2.....	62, 63	<i>peg-electrolyte soln</i>	88
NOVOFINE PLUS.....	98, 102	ORA-BLEND SF.....	55	PEGINTRON.....	17
NOVOLIN 70-30 FLEXPEN U-100.....	81	ORACIT.....	90	PEG-PREP.....	89
NOVOLIN N NPH U-100.....	81	ORAL SYRUP SF.....	55	PEN NEEDLE.....	99, 102
INSULIN.....	81	ORAVIG.....	12	<i>pen needle, diabetic</i>	98, 99, 101, 102
NOVOLOG FLEXPEN U-100.....	82	ORENCIA.....	7	<i>penicillin v potassium</i>	19
INSULIN.....	82	ORENCIA CLICKJECT.....	7	PENTACEL DTAP-IPV COMPNT.....	26
NOVOLOG MIX 70-30 U-100.....	82	ORENITRAM.....	36	(PF).....	26
INSULIN.....	82	ORFADIN.....	104	PENTASA.....	87
NOVOLOG MIX 70-30FLEXPEN.....	82	ORKAMBI.....	115	<i>pentazocine-naloxone</i>	6
NOVOLOG U-100 INSULIN.....	82	<i>orphenadrine citrate</i>	96	PENTIPS.....	99, 102
ASPART.....	82	ORSYTHIA.....	59	<i>pentoxifylline</i>	92
NOVOTWIST.....	98, 102	ORTHO MICRONOR.....	61	PERFOROMIST.....	113
NOXAFIL.....	12	ORTHO TRI-CYCLEN (28).....	61	<i>perindopril erbumine</i>	29
NP THYROID.....	84	ORTHO TRI-CYCLEN LO (28).....	61	PERIOGARD.....	105
NPLATE.....	95	ORTHO-CYCLEN (28).....	59	<i>permethrin</i>	72
NUCALA.....	112	ORTHO-NOVUM 1/35 (28).....	60	<i>perphenazine</i>	46
NUCYNTA.....	4	ORTHO-NOVUM 7/7/7 (28).....	61	<i>perphenazine-amitriptyline</i>	43
NUCYNTA ER.....	4	<i>oseltamivir</i>	18	PERTZYE.....	85
NUEDEXTA.....	53	OSPHERA.....	83	<i>phenazopyridine</i>	91
NUOX.....	64	OTEZLA.....	8, 68	<i>phenelzine</i>	41
NUVARING.....	62	OTEZLA STARTER.....	8, 68	<i>phenobarb-hyoscy-atropine-scop</i>	87
NUVESSA.....	116	OTREXUP (PF).....	7	<i>phenobarbital</i>	38, 53
NYMALIZE.....	34	OVACE PLUS.....	68	PHENOHYTRO.....	87
<i>nystatin</i>	12, 66, 104	OVIDE.....	72	<i>phenylephrine hcl</i>	108
<i>nystatin-triamcinolone</i>	67	<i>oxandrolone</i>	76	PHENYTEK.....	39
NYSTOP.....	66	<i>oxaprozin</i>	9	<i>phenytoin</i>	39
OB COMPLETE WITH DHA.....	74	<i>oxazepam</i>	37, 48	<i>phenytoin sodium extended</i>	39
O-CAL PRENATAL.....	74	<i>oxcarbazepine</i>	39	PHILITH.....	60
				PHOSLYRA.....	89, 90

PHOSPHOLINE IODIDE.....	106	PRENATAL 19 (WITH	QBRELIS.....	29
<i>phytonadione (vitamin k1)</i>	76	DOCUSATE).....	QUADRACEL (PF).....	26
PICATO.....	67	PRENATAL MULTI-DHA(WITH	QUARTETTE.....	61
PIFELTRO.....	14	VIT K).....	QUASENSE.....	60
<i>pilocarpine hcl</i>	105, 106	PRENATAL MULTIVITAMINS....	<i>quazepam</i>	48, 53
<i>pimecrolimus</i>	68	PRENATAL PLUS.....	QUDEXY XR.....	39, 40
<i>pimozide</i>	46	PRENATAL VITAMIN.....	<i>quetiapine</i>	46, 49
PIMTREA (28).....	57	PRENATAL VITAMIN PLUS	QUILLICHEW ER.....	47
<i>pindolol</i>	33	LOW IRON.....	QUILLIVANT XR.....	47
<i>pioglitazone</i>	82	<i>prenatal vit-iron fum-folic ac</i>	<i>quinapril</i>	30
<i>pioglitazone-metformin</i>	78	<i>prenatal vits96-iron fum-folic</i>	<i>quinapril-hydrochlorothiazide</i>	29
PIQRAY.....	24	PREPLUS.....	<i>quinidine gluconate</i>	31
PIRMELLA.....	60, 61	PRETAB.....	<i>quinidine sulfate</i>	31
<i>piroxicam</i>	9	PREVALITE.....	<i>quinine sulfate</i>	13
PLAN B ONE-STEP.....	62, 63	PREVIFEM.....	QVAR.....	111
PNEUMOVAX-23.....	27	PREVNAR 13 (PF).....	QVAR REDIHALER.....	111
PNV-DHA + DOCUSATE.....	74	PREZCOBIX.....	RABAVERT (PF).....	28
PODOCON.....	71	PREZISTA.....	RADIOGARDASE.....	10
<i>podofilox</i>	71	PRIFTIN.....	RAJANI.....	60
POLYCIN.....	108	<i>primaquine</i>	<i>raloxifene</i>	83
<i>polyethylene glycol 3350</i>	88	<i>primidone</i>	<i>ramelteon</i>	51
<i>polymyxin b sulf-trimethoprim</i>	108	PRISTIQ.....	<i>ramipril</i>	30
POMALYST.....	25	PROAIR HFA.....	<i>ranolazine</i>	31
PONTOCAINE.....	72	PROAIR RESPICLICK.....	RAPAMUNE.....	95
PORTIA 28.....	60	<i>probenecid</i>	<i>rasagiline</i>	44
<i>pot,sodium citrate-citric acid</i>	90	<i>probenecid-colchicine</i>	RASUVO (PF).....	7
<i>potassium bicarb-citric acid</i>	74	<i>prochlorperazine</i>	REBETOL.....	17
<i>potassium chloride</i>	74	<i>prochlorperazine maleate</i>	REBIF (WITH ALBUMIN).....	105
<i>potassium citrate</i>	90	PROCRIT.....	REBIF REBIDOSE.....	105
<i>potassium citrate-citric acid</i>	90	PROCTO-MED HC.....	REBIF TITRATION PACK.....	105
<i>potassium hydroxide</i>	64	PRODIGY INSULIN SYRINGE	RECLIPSEN (28).....	60
<i>povidone-iodine</i>	109	.....	RECOMBIVAX HB (PF).....	26
PR BENZOYL PEROXIDE.....	64	<i>progesterone micronized</i>	REGRANEX.....	72
PRADAXA.....	95	PROGLYCEM.....	RELENZA DISKHALER.....	18
<i>pramipexole</i>	44	PROGRAF.....	RENACIDIN.....	89
PRAMOSONE.....	70	PROLENSA.....	<i>repaglinide</i>	77
PRAMOSONE E.....	70	PROMACTA.....	REPATHA PUSHTRONEX.....	33
<i>prasugrel</i>	94	<i>promethazine</i>	REPATHA SURECLICK.....	33
<i>pravastatin</i>	32	.....	REPATHA SYRINGE.....	33
<i>praziquantel</i>	11	PROMETHAZINE VC-CODEINE	RESCRIPTOR.....	14
<i>prazosin</i>	36	.....	RESECTISOL.....	89
PRED FORTE.....	107	<i>promethazine-codeine</i>	RESTASIS.....	107
PRED MILD.....	107	.....	RESTASIS MULTIDOSE.....	107
PRED-G.....	106	<i>propafenone</i>	RETACRIT.....	92
PRED-G S.O.P.....	106	<i>propantheline</i>	RETROVIR.....	14
<i>prednicarbate</i>	70	<i>proparacaine</i>	REVLIMID.....	25
<i>prednisolone</i>	81	<i>propranolol</i>	REXULTI.....	47
<i>prednisolone acetate</i>	107	<i>propranolol-hydrochlorothiazid</i>	REYATAZ.....	19
<i>prednisolone sodium phosphate</i>	81, 107	<i>propylthiouracil</i>	RHOFADE.....	72
<i>prednisone</i>	81	PROQUAD (PF).....	RIBASPHERE.....	17
PREDNISONONE INTENSOL.....	81	.....	<i>ribavirin</i>	17
PREFEST.....	80	PROSTIN E2.....	RIDAURA.....	7
<i>pregabalin</i>	38, 39, 50	<i>protriptyline</i>	<i>rifabutin</i>	16, 19
PREMARIN.....	80, 116	PROVENTIL HFA.....	RIFAMATE.....	16
PREMPHASE.....	80	PROVIDA OB.....	<i>rifampin</i>	16, 19
PREMPRO.....	80	PROVOCHOLINE.....	RIFATER.....	16
PRENATA.....	74	PULMICORT FLEXHALER.....	<i>riluzole</i>	95
PRENATABS RX.....	74	PULMOZYME.....	<i>rimantadine</i>	18
PRENATAL.....	74	PURIXAN.....	<i>ringer's</i>	73
PRENATAL 19.....	74	<i>pyrazinamide</i>	RIOMET.....	82
		<i>pyridostigmine bromide</i>		
		PYROGALLIC ACID.....		

<i>risedronate</i>	79	SIMBRINZA.....	106	SUBSYS.....	4
RISPERDAL CONSTA.....	45	SIMLIYA (28).....	57	SUBVENITE.....	40
<i>risperidone</i>	45, 49, 50	SIMPESSE.....	57	SUBVENITE STARTER (BLUE)	
<i>ritonavir</i>	19	<i>simple syrup</i>	55	KIT.....	40, 49
<i>rivastigmine</i>	55	SIMPONI.....	7, 88	SUBVENITE STARTER (GREEN)	
<i>rivastigmine tartrate</i>	55	<i>simvastatin</i>	32	KIT.....	40, 49
RIVELSA.....	61	<i>sirolimus</i>	95	SUBVENITE STARTER	
<i>rizatriptan</i>	52	SIRTURO.....	15	(ORANGE) KIT.....	41, 49
<i>ropinirole</i>	45	SITAVIG.....	18	<i>sucralfate</i>	89
<i>rosuvastatin</i>	32	SKLICE.....	72	<i>sulfacetamide sodium</i>	68, 109
ROTARIX.....	26, 29	SKYLA.....	56	<i>sulfacetamide sodium (acne)</i>	64
ROTATEQ VACCINE.....	26, 29	SKYRIZI.....	65	<i>sulfacetamide sodium-sulfur</i>	64, 66
ROWEEPRA.....	41	SLYND.....	61	<i>sulfacetamide sod-sulfur-urea</i>	64, 72
ROWEEPRA XR.....	41	SNAP INSULIN PUMP		<i>sulfacetamide-prednisolone</i>	106
ROZLYTREK.....	24	CONTROLLER.....	99, 102	<i>sulfacetamide-sulfur-cleansr23</i>	64
RUZURGI.....	105	<i>sodium bicarbonate</i>	73	<i>sulfadiazine</i>	20
RYTARY.....	44	<i>sodium chloride</i>	55, 73, 74	<i>sulfamethoxazole-trimethoprim</i>	12
SAFESNAP INSULIN SYRINGE		<i>sodium chloride 0.9%</i>	73, 75	SULFAMYLON.....	68
.....	99, 102	<i>sodium citrate-citric acid</i>	90	<i>sulfasalazine</i>	8, 87
SAFYRAL.....	60	<i>sodium phenylbutyrate</i>	104	<i>sulindac</i>	9
SALEX.....	71	SODIUM POLYSTYRENE (SORB		<i>sumatriptan</i>	52
<i>salicylic acid</i>	71	FREE).....	73	<i>sumatriptan succinate</i>	52
<i>salicylic acid er-ceramides</i>	71	<i>sodium polystyrene sulfonate</i>	73	SUMAVEL DOSEPRO.....	52
SALKERA.....	70	<i>sofosbuvir-velpatasvir</i>	17	SUPER DAILY D3.....	75
<i>salsalate</i>	10	<i>solifenacin</i>	91	SUPRAX.....	16
SALVAX.....	71	SOLTAMOX.....	25	SUPREP BOWEL PREP KIT.....	88
SALVAX DUO PLUS.....	70	SOMAVERT.....	81	SURE COMFORT INSULIN	
SAMSCA.....	35, 84, 90	SOOLANTRA.....	72	SYRINGE.....	99, 102
SANCUSO.....	85	<i>sorbitol</i>	89	SURE COMFORT LANCETS.....	97, 102
SANTYL.....	68	<i>sorbitol-mannitol</i>	89	SURE COMFORT PEN NEEDLE	
SAPHRIS.....	45, 50	SORILUX.....	67	.....	99, 102
SAVAYSA.....	92	<i>sotalol</i>	31, 33	SURE-TOUCH LANCET.....	97, 102
SAVELLA.....	43, 51	SOTYLIZE.....	31, 33	SUSTIVA.....	14
SCALACORT DK.....	70	<i>spinosad</i>	72	SUTENT.....	24
<i>scopolamine base</i>	85	SPIRIVA RESPIMAT.....	112	SYEDA.....	60
SEASONIQUE.....	57	SPIRIVA WITH HANDIHALER.....	112	SYMAM-SR.....	86, 91
SEB-PREV.....	68	<i>spironolactone</i>	30, 35	SYMBICORT.....	114
SEEBRI NEOHALER.....	112	<i>spironolacton-hydrochlorothiaz</i>	35	SYMDEKO.....	115
<i>selegiline hcl</i>	44	SPRAVATO.....	41	SYMJEPI.....	34
<i>selenium sulfide</i>	68	SPRINTEC (28).....	60	SYMLINPEN 120.....	78
SELZENTRY.....	13	SPRITAM.....	41	SYMLINPEN 60.....	78
SE-NATAL 19 CHEWABLE.....	75	SPRYCEL.....	24	SYMPROIC.....	11
SEREVENT DISKUS.....	113	SRONYX.....	60	SYMTUZA.....	15
<i>sertraline</i>	42	SSD.....	68	SYNAGIS.....	25, 26
SETLAKIN.....	60	SSKI.....	74	SYNERA.....	72
<i>sevelamer carbonate</i>	90	SSS 10-5.....	66	SYNJARDY.....	77
<i>sevelamer hcl</i>	90	ST. JOSEPH ASPIRIN.....	10, 94	SYNJARDY XR.....	77
SHAROBEL.....	61	<i>stavudine</i>	14	SYNTHROID.....	84
SHINGRIX (PF).....	29	STAXYN.....	73	SYRSPEND SF ALKA.....	55
SHINGRIX ADJUVANT		STELARA.....	65, 87	TABLOID.....	21
COMPONENT-PF.....	55	STENDRA.....	73	TACLONEX.....	65
SHINGRIX GE ANTIGEN		STERILANCE TL.....	97, 102	<i>tacrolimus</i>	68, 95
COMPONENT.....	29	STERILE WATER FOR		<i>tadalafil</i>	37, 73, 90
SHOHL'S MODIFIED.....	90	INJECTION.....	73	<i>tadalafil (pulm. hypertension)</i>	37
<i>sildenafil</i>	73	STIMATE.....	77	TAFINLAR.....	22
<i>sildenafil (pulm. hypertension)</i>	37	STIOLTO RESPIMAT.....	114	TAGRISSE.....	21
<i>silodosin</i>	90	STIVARGA.....	23	TAKE ACTION.....	62, 63
<i>silver nitrate</i>	66	STRENSIQ.....	104	TALTZ AUTOINJECTOR (3	
<i>silver nitrate applicators</i>	71	STRIBILD.....	15	PACK).....	65
<i>silver sulfadiazine</i>	68	STRIVERDI RESPIMAT.....	113	TALTZ SYRINGE (3 PACK).....	65

TALWIN.....	6	<i>timolol maleate</i>	33, 108	<i>trihexyphenidyl</i>	44
<i>tamoxifen</i>	25	TIMOPTIC OCUDOSE (PF).....	108	TRI-LEGEST FE.....	61
<i>tamsulosin</i>	90	<i>tinidazole</i>	13	TRILEPTAL.....	39
TANZEUM.....	78	TIROSINT.....	84	TRI-LINYAH.....	61
TARGRETIN.....	25, 67	TIS-U-SOL PENTALYTE.....	73	TRI-LO-ESTARYLLA.....	61
TARINA 24 FE.....	60	TIVICAY.....	13	TRI-LO-MARZIA.....	61
TARINA FE 1/20 (28).....	60	<i>tizanidine</i>	96	TRI-LO-MILI.....	62
TARINA FE 1-20 EQ (28).....	60	TOBI PODHALER.....	114	TRI-LO-SPRINTEC.....	62
TASIGNA.....	24	TOBRADEX.....	106	<i>trimethobenzamide</i>	85
TAYTULLA.....	60	TOBRADEX ST.....	106	<i>trimethoprim</i>	12
<i>tazarotene</i>	68, 71	<i>tobramycin</i>	108	TRI-MILI.....	62
TAZORAC.....	68	<i>tobramycin in 0.225 % nacl</i>	114	<i>trimipramine</i>	44
TDVAX.....	26	<i>tobramycin with nebulizer</i>	114	TRINESSA (28).....	62
TECFIDERA.....	105	<i>tobramycin-dexamethasone</i>	106	TRINESSA LO.....	62
TECHLITE INSULIN SYR HALF		TOBREX.....	108	TRI-NORINYL (28).....	62
UNIT.....	99, 103	TODAY CONTRACEPTIVE		TRINTELLIX.....	43
TECHLITE PEN NEEDLE.....	99, 103	SPONGE.....	63	TRI-PREVIFEM (28).....	62
TEGRETOL.....	39, 49	TOLAK.....	67	TRI-SPRINTEC (28).....	62
TEGRETOL XR.....	39, 49	<i>tolazamide</i>	78	TRIUMEQ.....	15
TEKTURNA HCT.....	37	<i>tolbutamide</i>	78	TRIVEEN-DUO DHA.....	75
<i>telmisartan</i>	31	<i>tolcapone</i>	44	TRIVORA (28).....	62
<i>telmisartan-amlodipine</i>	30	<i>tolmetin</i>	9	TRI-VYLIBRA.....	62
<i>telmisartan-hydrochlorothiazid</i>	30	<i>tolterodine</i>	91	TRI-VYLIBRA LO.....	62
<i>temazepam</i>	48, 53	TOPAMAX.....	40	TROKENDI XR.....	40
<i>temozolomide</i>	21	<i>topiramate</i>	40	<i>tropicamide</i>	106
TENCON.....	6	<i>toremifene</i>	25	<i>trospium</i>	91
TENIVAC (PF).....	26	<i>torseamide</i>	35	TRUEPLUS INSULIN.....	99, 103
<i>tenofovir disoproxil fumarate</i>	15, 17	TOVIAZ.....	91	TRUEPLUS LANCETS.....	97, 103
<i>terazosin</i>	36	TRACLEER.....	36	TRUETRACK TEST.....	96, 103
<i>terbinafine hcl</i>	12	TRADJENTA.....	77	TRULANCE.....	85, 87
<i>terbutaline</i>	114	<i>tramadol</i>	4	TRULICITY.....	78
<i>terconazole</i>	116	<i>tramadol-acetaminophen</i>	6	TRUMENBA.....	27
TERSIFOAM.....	68	<i>trandolapril</i>	30	TRUVADA.....	14
TERUMO INSULIN SYRINGE		<i>trandolapril-verapamil</i>	29	TUDORZA PRESSAIR.....	112
.....	99, 103	<i>tranexamic acid</i>	93	TULANA.....	61
<i>testosterone</i>	76	TRANSDERM-SCOP.....	85	TURALIO.....	24
<i>testosterone cypionate</i>	76	<i>tranylcypromine</i>	41	TUZISTRA XR.....	115
<i>testosterone enanthate</i>	76	TRAVATAN Z.....	109	TWINRIX (PF).....	26
<i>tetanus, diphtheria tox ped(pf)</i>	26	<i>travoprost (benzalkonium)</i>	109	TYBOST.....	104
<i>tetrabenazine</i>	52	<i>trazodone</i>	42	TYDEMY.....	60
<i>tetracaine hcl</i>	108	TRECTOR.....	16	TYKERB.....	20
<i>tetracaine hcl (pf)</i>	108	TRELEGY ELLIPTA.....	114	TYMLOS.....	79
<i>tetracycline</i>	20	TREMFYA.....	65	TYPHIM VI.....	27
TEXACORT.....	70	TRESIBA FLEXTOUCH U-100.....	82	UCERIS.....	88
THALOMID.....	12, 25	TRESIBA FLEXTOUCH U-200.....	82	UDENYCA.....	92
THEO-24.....	112	<i>tretinoin</i>	65	ULESFIA.....	72
<i>theophylline</i>	112	<i>tretinoin (antineoplastic)</i>	25	ULTICARE.....	99, 103
THINPRO INSULIN SYRINGE		<i>tretinoin microspheres</i>	65	ULTICARE INSULIN SYR HALF	
.....	99, 103	TREXIMET.....	52	UNIT.....	99, 103
<i>thioridazine</i>	46	TRI FEMYNOR.....	61	ULTICARE INSULIN SYRINGE	
<i>thiothixene</i>	46	<i>triacetin</i>	67	.....	99, 103
<i>thyroid (pork)</i>	84	<i>triamcinolone acetonide</i>	70, 105	ULTICARE PEN NEEDLE.....	99, 103
THYROLAR-1.....	83	<i>triamterene</i>	35	ULTILET INSULIN SYRINGE	
THYROLAR-1/2.....	83	<i>triamterene-hydrochlorothiazid</i>	35	.....	99, 103
THYROLAR-1/4.....	83	<i>triazolam</i>	48, 53	ULTRA CMFT INS SYR HALF	
THYROLAR-2.....	83	TRIDERM.....	70	UNIT.....	99, 103
THYROLAR-3.....	83	<i>trientine</i>	10	ULTRA COMFORT INSULIN	
<i>tiagabine</i>	39	TRI-ESTARYLLA.....	61	SYRINGE.....	99, 103
<i>ticlopidine</i>	94	<i>trifluoperazine</i>	46	ULTRA THIN LANCETS.....	97, 103
TILIA FE.....	61	<i>trifluridine</i>	109	ULTRALANCE LANCETS.....	97, 103

ULTRAVATE X.....	70	VITAMEDMD REDICHEW RX.....	75	ZENCHENT FE.....	60
UNIFINE PENTIPS.....	99, 103	VITAMIN D3.....	76	ZENPEP.....	85, 86
UNIFINE PENTIPS PLUS.....	99, 103	VIVELLE-DOT.....	80	ZENZEDI.....	48, 50, 53
UNISTIK PRO LANCET.....	97, 103	VIVITROL.....	54	ZERIT.....	14
UNIVERSAL 1 LANCETS.....	97, 103	VIVOTIF.....	26, 27	ZIAGEN.....	14
UPTRAVI.....	36	VIZIMPRO.....	20, 21	<i>zidovudine</i>	14, 15
URAMAXIN.....	71	VOL-PLUS.....	74, 75	ZIEXTENZO.....	92
<i>urea</i>	68, 71	VOL-TAB RX.....	74, 75	ZIOPTAN (PF).....	109
UREDEB.....	68	<i>voriconazole</i>	12	<i>ziprasidone hcl</i>	45, 50
URO-MP.....	19, 91	VORTEX LADYBUG MASK- TODDLER.....	100, 103	ZIRGAN.....	109
<i>ursodiol</i>	86	VOTRIENT.....	24	ZITHRANOL.....	68
UTIBRON NEOHALER.....	114	VRAYLAR.....	47, 50	ZMAX.....	18
VAGINAL CONTRACEPTIVE FOAM.....	63	VYFEMLA (28).....	60	ZOHYDRO ER.....	4
<i>valacyclovir</i>	18	VYLIBRA.....	60	ZOLINZA.....	23
VALCHLOR.....	67	VYVANSE.....	47, 48	<i>zolmitriptan</i>	52
<i>valganciclovir</i>	16	<i>warfarin</i>	92	<i>zolpidem</i>	53
<i>valproic acid</i>	38, 49	<i>water for injection, sterile</i>	73, 75	ZOLPIMIST.....	53
<i>valproic acid (as sodium salt)</i>	38, 49	<i>water for irrigation, sterile</i>	73	ZOMIG.....	52
<i>valsartan</i>	31	WERA (28).....	60	ZONEGRAN.....	41
<i>valsartan-hydrochlorothiazide</i>	30	WESTHROID.....	84	<i>zonisamide</i>	41
VANATOL LQ.....	6	WIDE-SEAL DIAPHRAGM 6096, 103		ZONTIVITY.....	94
<i>vancomycin</i>	17	WIDE-SEAL DIAPHRAGM 6596, 103		ZORTRESS.....	95
VANOXIDE-HC.....	64	WIDE-SEAL DIAPHRAGM 7096, 103		ZOSTAVAX (PF).....	26, 29
VAQTA (PF).....	26	WIDE-SEAL DIAPHRAGM 7596, 103		ZOVIA 1/35E (28).....	60
VARIVAX (PF).....	26, 29	WIDE-SEAL DIAPHRAGM 8096, 103		ZOVIA 1/50E (28).....	60
VASCEPA.....	32, 33	WIDE-SEAL DIAPHRAGM 8596, 103		ZOVIRAX.....	68
VAXCHORA VACCINE.....	26, 27	WIDE-SEAL DIAPHRAGM 9096, 103		ZUBSOLV.....	54
VCF CONTRACEPTIVE FILM.....	63	WIDE-SEAL DIAPHRAGM 9596, 103		ZUMANDIMINE (28).....	60
VCF CONTRACEPTIVE GEL.....	63	WYMZYA FE.....	60	ZYBAN.....	54
VECAMYL.....	36	XALKORI.....	21	ZYCLARA.....	70
VELIVET TRIPHASIC REGIMEN (28).....	62	XARELTO.....	92	ZYDELIG.....	24
VELPHORO.....	90	XELJANZ.....	8, 88	ZYKADIA.....	21
VELTASSA.....	73	XELJANZ XR.....	8	ZYLET.....	106
VENCLEXTA.....	22	XERESE.....	68	ZYPREXA RELPREVV.....	46
VENCLEXTA STARTING PACK.....	22	XHANCE.....	115		
<i>venlafaxine</i>	43	XIAFLEX.....	95		
VENTOLIN HFA.....	113	XIFAXAN.....	19, 20		
<i>verapamil</i>	32, 34	XIGDUO XR.....	77		
VEREGEN.....	70	XIIDRA.....	107		
VERSA PLUS.....	55	XOFLUZA.....	18		
VERSACLOZ.....	45	XOLAIR.....	112		
VESTURA (28).....	60	XOLEGEL.....	66		
VIBERZI.....	87, 88	XOPENEX.....	113		
VIBRAMYCIN.....	20	XOPENEX HFA.....	113		
VICTOZA 3-PAK.....	78	XTANDI.....	21		
VIDEX 4 GRAM PEDIATRIC.....	14	XULANE.....	62		
VIENVA.....	60	YASMIN (28).....	60		
<i>vigabatrin</i>	39	YAZ (28).....	60		
VIIBRYD.....	43	YF-VAX (PF).....	26, 29		
VIMPAT.....	38	YUPELRI.....	112		
VINATE CARE.....	74, 75	YUVAFEM.....	116		
VINATE ONE.....	75	<i>zafirlukast</i>	112		
VIORELE (28).....	57	<i>zaleplon</i>	53		
VIRACEPT.....	19	ZAMICET.....	5		
VIREAD.....	15, 17	ZARAH.....	60		
VIRT-VITE GT.....	75	ZELAPAR.....	44		
VITAFOL-OB+DHA.....	75	ZELBORAF.....	22		
VITAMED MD ONE RX.....	75	ZEMBRACE SYMTOUCH.....	52		
		ZENCHENT (28).....	60		