

Updated: December 1, 2020

**SunSaver (HMO)
Employer Group Plus C Plan (HMO)
Employer Group Plus D Plan (HMO)
Employer Group POS B Plan (HMO-POS)**

AdventHealth Advantage Plans 2020 Formulary (List of Covered Drugs)

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

Formulary ID 20206, Version 32

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact AdventHealth Advantage Plans (administered by Health First Health Plans) Customer Service at 1.855.882.6467 or for TTY users, 1.800.955.8771, weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1 through March 31, we are available seven days a week from 8 a.m. to 8 p.m. or visit myAHplan.com.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means AdventHealth Advantage Plans. When it refers to “plan” or “our plan,” it means AdventHealth SunSaver Plan (HMO), AdventHealth Employer Group Plus C Plan (HMO), AdventHealth Employer Group Plus D Plan (HMO) or AdventHealth Employer Group POS B Plan (HMO-POS).

This document includes a list of the drugs (formulary) for our plan, which is current as of 12/01/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

AdventHealth Advantage Plans is administered by Health First Health Plans. Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal.

What is the AdventHealth Advantage Plans Formulary?

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

Can the Formulary (drug list) change?

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 12/01/2020. To get updated information about the drugs covered by AdventHealth Advantage Plans, please contact us. Our contact information appears on the front and back cover pages. Printed formularies are updated via errata sheets in the event of mid-year non-maintenance formulary changes. Maintenance updates to the formulary are made monthly and any changes appear within both the searchable online version and printable pdf version of the formulary. The date of the updated formulary appears in the upper left corner of the printable pdf version, and in the bottom right hand corner of the initial page of the Online Formulary Search Tool.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 82. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** AdventHealth Advantage Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from AdventHealth Advantage Plans before you fill your prescriptions. If you don't get approval, AdventHealth Advantage Plans may not cover the drug

- **Quantity Limits:** For certain drugs, AdventHealth Advantage Plans limits the amount of the drug that AdventHealth Advantage Plans will cover. For example, AdventHealth Advantage Plans provides 30 tablets per prescription for TRADJENTA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, AdventHealth Advantage Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AdventHealth Advantage Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AdventHealth Advantage Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask AdventHealth Advantage Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the AdventHealth Advantage Plans formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that AdventHealth Advantage Plans does not cover your drug, you have two options:

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

How do I request an exception to the AdventHealth Advantage Plans Formulary?

You can ask AdventHealth Advantage Plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, AdventHealth Advantage Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 93-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan.

Additionally, we understand that if you have been enrolled in the plan for more than 90 days, there may be other situations in which you are prescribed non-formulary medications. These circumstances usually involve a change from one treatment setting to another, including but not limited to:

- Discharge from a hospital to home,
- Discharge from a skilled nursing facility to home,
- Ending a long-term care facility stay and returning to the community.

As a current member, if you have been prescribed non-formulary medications as a result of changing from one treatment setting to another, you may be eligible to receive a one-time temporary 30-day supply of your non-

formulary drugs. During this transition period you can talk to your doctor to decide if you should switch to an appropriate drug that we cover, or request a formulary exception so we will cover the drug(s) you take. You can contact our Customer Service to ask for a temporary supply if the above circumstances apply to you. Our Customer Service contact information is listed on the front and back cover pages.

For more information

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

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

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

Your Cost

Coverage Phase	Initial Coverage Period			Coverage Gap			Catastrophic
	You pay these amounts beginning January 1, 2020, or when you first enroll. When the total cost for your covered drugs reaches \$4,020 (including what you pay and what we pay), the Coverage Gap stage begins.			You pay these amounts after the total cost for your covered drugs reaches \$4,020 (including what you pay and what we pay). When you have paid \$6,350 out-of-pocket for covered drugs, the Catastrophic stage begins.			
SunSaver Plan (HMO)							After your yearly out-of-pocket drug costs reach \$6,350, you pay a \$3.60 copay for generic and a \$8.95 copay for all other drugs, or 5% coinsurance (whichever is greater).
Tier	Retail		Mail Order	Retail		Mail Order	
	30-Day Supply	90-Day Supply	90-Day Supply	30-Day Supply	90-Day Supply	90-Day Supply	
6	\$0	\$0	\$0*	\$0**	\$0**	\$0**	
1	\$2	\$6	\$0*	For some generics you pay 25% of the cost and for brand name drugs you pay 25% of the cost (70% paid by manufacturer and 5% paid by AdventHealth Advantage Plans)			
2	\$5	\$15	\$0				
3	\$45	\$135	\$112.50				
4	\$90	\$270	\$225				
5	33%	N/A	N/A				

Your Cost

Coverage Phase	Initial Coverage Period			Coverage Gap			Catastrophic
	You pay these amounts beginning January 1, 2020, or when you first enroll. When the total cost for your covered drugs reaches \$4,020 (including what you pay and what we pay), the Coverage Gap stage begins.			You pay these amounts after the total cost for your covered drugs reaches \$4,020 (including what you pay and what we pay). When you have paid \$6,350 out-of-pocket for covered drugs, the Catastrophic stage begins.			
Employer Group Plus C Plan (HMO)							
Tier	Retail		Mail Order	Retail		Mail Order	
	30-Day Supply	90-Day Supply	90-Day Supply	30-Day Supply	90-Day Supply	90-Day Supply	
6	\$0	\$0	\$0	\$0**	\$0**	\$0**	
1	\$2	\$6	\$0	\$2**	\$6**	\$0**	
2	\$5	\$15	\$0	\$5**	\$15**	\$0**	
3	\$25	\$75	\$62.50	\$25**	\$75**	\$62.50**	
4	\$45	\$135	\$112.50	\$45**	\$135**	\$112.50**	
5	\$90	N/A	N/A	\$90**	N/A	N/A	
Employer Group Plus D Plan (HMO)							
Tier	Retail		Mail Order	Retail		Mail Order	After your yearly out-of-pocket drug costs reach \$6,350, you pay a \$3.60 copay for generic and a \$8.95 copay for all other drugs, or 5% coinsurance (whichever is greater).
	30-Day Supply	90-Day Supply	90 Day Supply	30-Day Supply	90-Day Supply	90 Day Supply	
6	\$0	\$0	\$0	\$0**	\$0**	\$0**	
1	\$2	\$6	\$0	\$2**	\$6**	\$0**	
2	\$5	\$15	\$0	\$5**	\$15**	\$0**	
3	\$45	\$135	\$112.50	For some generics you pay 25% of the cost and for brand name drugs you pay 25% of the cost (70% paid by manufacturer and 5% paid by AdventHealth Advantage Plans)			
4	\$90	\$270	\$225				
5	33%	N/A	N/A				
Employer Group POS B Plan (HMO-POS)							
Tier	Retail		Mail Order	Retail		Mail Order	
	30-Day Supply	90-Day Supply	90 Day Supply	30-Day Supply	90-Day Supply	90 Day Supply	
6	\$0	\$0	\$0	\$0**	\$0**	\$0**	
1	\$2	\$6	\$0	\$2**	\$6**	\$0**	
2	\$5	\$15	\$0	\$5**	\$15**	\$0**	
3	\$45	\$135	\$112.50	For some generics you pay 25% of the cost and for brand name drugs you pay 25% of the cost (70% paid by manufacturer and 5% paid by AdventHealth Advantage Plans)			
4	\$90	\$270	\$225				
5	33%	N/A	N/A				

AdventHealth Advantage Plans Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by AdventHealth Advantage Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 109.

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

The information in the Requirements/Limits column tells you if AdventHealth Advantage Plans has any special requirements for coverage of your drug.

Part B versus Part D (B/D): This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Limited Availability (LA): This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or contact Customer Service at 1.855.882.6467 or, for TTY users, 1.800.955.8771, weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1 through March 31, we are available seven days a week from 8 a.m. to 8 p.m. or visit myAHplan.com.

Prior Authorization (PA): AdventHealth Advantage Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from AdventHealth Advantage Plans before you fill your prescriptions. If you do not get approval, AdventHealth Advantage Plans may not cover the drug.

Quantity Limit (QL): Quantity Limits may also be listed. (For example, “30 EA per 30 days” would mean your coverage of this drug is limited to 30 pills every 30 days, or 1 pill per day.) Prescriptions written for more than the suggested Quantity Limits will only be honored up to the listed amount.

Step Therapy (ST): In some cases, AdventHealth Advantage Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug 1 and Drug 2 both treat your medical condition, AdventHealth Advantage Plans may not cover Drug 2 unless you try Drug 1 first. If Drug 1 does not work for you, AdventHealth Advantage Plans will then cover Drug 2.

Select Care Drug (\$0): These Tier 6 prescription drugs target specific conditions and are offered at a \$0 cost-share.

Low Income Subsidy Beneficiaries (*): Based on your out of pocket expenses, your copay may vary. You will not pay more than your standard Low Income Subsidy copays.

Coverage Gap ():** We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug	Status	Requirements/Limits
ANALGESICS		
ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 mL</i>	T3	**; QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	T3	**; QL (240 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	T3	**; QL (180 EA per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	T4	PA; **; QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T4	PA; **; QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	T4	PA; **; QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	T4	PA; **; QL (186 EA per 31 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	T4	PA; **; QL (180 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG	T3	**; QL (180 EA per 30 days)
ENDOCET ORAL TABLET 5-325 MG, 7.5-325 MG	T3	**; QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 mL</i>	T4	**; QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	T3	**; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	T3	**; QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	T3	**; QL (90 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	T3	**; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T3	**; QL (240 EA per 30 days)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	NF	
TENCON ORAL TABLET 50-325 MG	T4	PA; **; QL (180 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	T3	**; QL (240 EA per 30 days)
VTOL LQ ORAL SOLUTION 50-325-40 MG/15 ML	T5	PA
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	T3	**; QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	T2	**
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	T2	**
<i>diclofenac sodium oral tablet, delayed release (DRI/EC) 25 mg, 50 mg, 75 mg</i>	T2	**
<i>diclofenac sodium topical gel 3 %</i>	T4	**
<i>etodolac oral capsule 200 mg, 300 mg</i>	T2	**
<i>etodolac oral tablet 400 mg, 500 mg</i>	T2	**
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	T4	**
<i>flurbiprofen oral tablet 100 mg</i>	T2	**

Drug	Status	Requirements/Limits
<i>ibuprofen oral suspension 100 mg/5 mL</i>	T2	**
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T6	**
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T2	**
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	T3	**
<i>ketorolac nasal spray, non-aerosol 15.75 mg/spray</i>	NF	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	T1	**
<i>nabumetone oral tablet 500 mg, 750 mg</i>	T2	**
<i>naproxen oral suspension 125 mg/5 mL</i>	T2	**
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	T2	**
<i>naproxen oral tablet, delayed release (DR/EC) 375 mg, 500 mg</i>	T2	**
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T2	**
<i>oxaprozin oral tablet 600 mg</i>	T3	**
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	T5	PA; **
<i>piroxicam oral capsule 10 mg, 20 mg</i>	T3	**
RELAFEN DS ORAL TABLET 1,000 MG	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	T2	**
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine HCl sublingual tablet 2 mg, 8 mg</i>	T2	**, QL (90 EA per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	T4	**, QL (4 EA per 28 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	T5	PA; **, QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T3	**, QL (15 EA per 30 days)
<i>hydromorphone (PF) injection solution 10 mg/mL</i>	T4	**
<i>methadone oral solution 10 mg/5 mL</i>	T3	**, QL (1800 ML per 30 days)
<i>methadone oral solution 5 mg/5 mL</i>	T3	**, QL (3600 ML per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	T3	**, QL (240 EA per 30 days)
<i>morphine concentrate oral solution 100 mg/5 mL (20 mg/mL)</i>	T3	**, QL (600 ML per 30 days)
<i>morphine oral solution 10 mg/5 mL</i>	T3	**, QL (2700 ML per 30 days)
<i>morphine oral solution 20 mg/5 mL (4 mg/mL)</i>	T3	**, QL (1350 ML per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	T3	**, QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	T3	**, QL (90 EA per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	T3	**, QL (60 EA per 30 days)
<i>oxycodone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	T4	**, QL (60 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	T4	**, QL (30 EA per 30 days)
<i>tramadol oral tablet, ER multiphase 24 hr 300 mg</i>	T4	**, QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	T4	** ; QL (60 EA per 30 days)
OPIOID ANALGESICS, SHORT-ACTING		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	T3	** ; QL (180 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	T5	PA; ** ; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T3	** ; QL (15 EA per 30 days)
<i>hydromorphone (PF) injection solution 10 mg/mL</i>	T4	**
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	T3	** ; QL (180 EA per 30 days)
<i>morphine concentrate oral solution 100 mg/5 mL (20 mg/mL)</i>	T3	** ; QL (600 ML per 30 days)
<i>morphine oral solution 10 mg/5 mL</i>	T3	** ; QL (2700 ML per 30 days)
<i>morphine oral solution 20 mg/5 mL (4 mg/mL)</i>	T3	** ; QL (1350 ML per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	T3	** ; QL (180 EA per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>	T3	** ; QL (180 EA per 30 days)
<i>oxycodone oral tablet 30 mg</i>	T3	** ; QL (120 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	T3	** ; QL (240 EA per 30 days)
<i>tramadol oral tablet 100 mg</i>	T3	QL (120 EA per 30 days)
<i>tramadol oral tablet 50 mg</i>	T3	** ; QL (240 EA per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine HCl mucous membrane jelly 2 %</i>	T2	**
<i>lidocaine HCl mucous membrane solution 4 % (40 mg/mL)</i>	T2	**
<i>lidocaine topical adhesive patch,medicated 5 %</i>	T4	PA; ** ; QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	T4	PA; ** ; QL (150 GM per 30 days)
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	T2	**
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	T2	**
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate oral tablet,delayed release (DRIEC) 333 mg</i>	T4	**
<i>disulfiram oral tablet 250 mg, 500 mg</i>	T4	**
<i>naltrexone oral tablet 50 mg</i>	T2	**
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	T5	B/D; **
OPIOID DEPENDENCE TREATMENTS		
<i>buprenorphine HCl sublingual tablet 2 mg, 8 mg</i>	T2	** ; QL (90 EA per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	T4	** ; QL (4 EA per 28 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	T2	** ; QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T2	**; QL (90 EA per 30 days)
<i>naltrexone oral tablet 50 mg</i>	T2	**
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	T5	B/D; **
OPIOID REVERSAL AGENTS		
<i>naloxone injection solution 0.4 mg/mL</i>	T6	**
<i>naloxone injection syringe 0.4 mg/mL, 1 mg/mL</i>	T6	**
SMOKING CESSATION AGENTS		
<i>bupropion HCl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	T2	**; QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	T3	**; QL (340 EA per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	T3	**; QL (340 EA per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	T3	**; QL (53 EA per 28 days)
NICOTROL INHALATION CARTRIDGE 10 MG	T4	**
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	T4	**
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin injection solution 500 mg/2 mL</i>	T4	**
<i>gentamicin in NaCl (iso-osm) intravenous piggyback 100 mg/100 mL, 60 mg/50 mL, 80 mg/100 mL, 80 mg/50 mL</i>	T2	**
<i>gentamicin injection solution 40 mg/mL</i>	T2	B/D; **
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	T1	**
<i>gentamicin topical cream 0.1 %</i>	T2	**
<i>gentamicin topical ointment 0.1 %</i>	T2	**
<i>neomycin oral tablet 500 mg</i>	T2	**
<i>paramomycin oral capsule 250 mg</i>	T3	**
<i>streptomycin intramuscular recon soln 1 gram</i>	T3	**
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	T5	PA; **
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	T4	**
<i>tobramycin in 0.225 % NaCl inhalation solution for nebulization 300 mg/5 mL</i>	T5	B/D; **
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	T1	**
<i>tobramycin sulfate injection solution 10 mg/mL, 40 mg/mL</i>	T2	**
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	NF	
ANTIBACTERIALS		
<i>colistin (colistimethate Na) injection recon soln 150 mg</i>	T4	**

Drug	Status	Requirements/Limits
ANTIBACTERIALS, OTHER		
<i>acetic acid otic (ear) solution 2 %</i>	T2	**
ALCOHOL PADS TOPICAL PADS, MEDICATED	T2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	T3	**
CLEOCIN VAGINAL SUPPOSITORY 100 MG	T4	**
<i>clindamycin HCl oral capsule 150 mg, 300 mg</i>	T6	**
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 mL, 600 mg/50 mL, 900 mg/50 mL</i>	T4	**
<i>clindamycin phosphate injection solution 150 mg/mL</i>	T2	**
<i>clindamycin phosphate intravenous solution 600 mg/4 mL</i>	T2	**
<i>clindamycin phosphate topical gel 1 %</i>	T3	**
<i>clindamycin phosphate topical lotion 1 %</i>	T3	**
<i>clindamycin phosphate topical solution 1 %</i>	T2	**
<i>clindamycin phosphate topical swab 1 %</i>	T2	**
<i>clindamycin phosphate vaginal cream 2 %</i>	T2	**
<i>colistin (colistimethate Na) injection recon soln 150 mg</i>	T4	**
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	T5	**
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	T3	**
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 mL</i>	T5	B/D; **
<i>linezolid oral suspension for reconstitution 100 mg/5 mL</i>	T5	PA; **
<i>linezolid oral tablet 600 mg</i>	T4	PA; **
<i>methenamine hippurate oral tablet 1 gram</i>	T3	**
<i>metronidazole in NaCl (iso-os) intravenous piggyback 500 mg/100 mL</i>	T2	**
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	**
<i>metronidazole topical cream 0.75 %</i>	T3	**
<i>metronidazole topical gel 0.75 %</i>	T3	**
<i>metronidazole topical lotion 0.75 %</i>	T4	**
<i>metronidazole vaginal gel 0.75 %</i>	T2	**
MONUROL ORAL PACKET 3 GRAM	T4	**
<i>mupirocin topical ointment 2 %</i>	T1	**
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	T3	**; QL (90 EA per 365 days)
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	T3	**
<i>nitrofurantoin monohydrate-cryst oral capsule 100 mg</i>	T3	**
<i>polymyxin B sulfate injection recon soln 500,000 unit</i>	T2	**
SIRTURO ORAL TABLET 100 MG	T5	PA; **
SIRTURO ORAL TABLET 20 MG	T5	PA
<i>trimethoprim oral tablet 100 mg</i>	T6	**
TYGACIL INTRAVENOUS RECON SOLN 50 MG	T5	**

Drug	Status	Requirements/Limits
<i>vancomycin intravenous recon soln 1,000 mg, 250 mg, 500 mg, 750 mg</i>	T2	**
<i>vancomycin intravenous recon soln 10 gram</i>	T3	**
<i>vancomycin oral capsule 125 mg</i>	T4	PA; **
<i>vancomycin oral capsule 250 mg</i>	T5	PA; **
<i>vancomycin oral recon soln 50 mg/mL</i>	T3	
XIFAXAN ORAL TABLET 200 MG	T4	PA; **
XIFAXAN ORAL TABLET 550 MG	T5	PA; **; QL (90 EA per 30 days)
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	T2	**
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	T4	**
<i>cefadroxil oral capsule 500 mg</i>	T2	**
<i>cefadroxil oral suspension for reconstitution 250 mg/5 mL, 500 mg/5 mL</i>	T2	**
<i>cefadroxil oral tablet 1 gram</i>	T2	**
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	T2	**
<i>cefazolin injection recon soln 10 gram</i>	T3	**
<i>cefdinir oral capsule 300 mg</i>	T2	**
<i>cefdinir oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL</i>	T4	**
<i>cefepime injection recon soln 1 gram, 2 gram</i>	T3	**
<i>cefixime oral capsule 400 mg</i>	T4	**
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	T3	**
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	T3	**
<i>cefprozil oral tablet 250 mg</i>	T3	**
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	T4	**
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	T6	**
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	T3	**
<i>cefuroxime sodium injection recon soln 750 mg</i>	T2	**
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	T2	**
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T1	**
<i>cephalexin oral suspension for reconstitution 125 mg/5 mL</i>	T1	**
<i>cephalexin oral suspension for reconstitution 250 mg/5 mL</i>	T2	**
<i>cephalexin oral tablet 250 mg, 500 mg</i>	T3	**
SUPRAX ORAL CAPSULE 400 MG	T4	**
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML, 500 MG/5 ML	T4	**

Drug	Status	Requirements/Limits
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	T4	**
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	T5	**
BETA-LACTAM, OTHER		
AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM	T4	**
<i>aztreonam injection recon soln 1 gram</i>	T3	**
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	T5	PA; **
<i>ertapenem injection recon soln 1 gram</i>	T4	**
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	T4	**
<i>meropenem intravenous recon soln 500 mg</i>	T3	**
BETA-LACTAM, PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	T6	**
<i>amoxicillin oral suspension for reconstitution 125 mg/5 mL, 200 mg/5 mL, 250 mg/5 mL, 400 mg/5 mL</i>	T1	**
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	T6	**
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	T1	**
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 mL, 400-57 mg/5 mL, 600-42.9 mg/5 mL</i>	T1	**
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	T6	**
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	T3	**
<i>amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg</i>	T1	**
<i>ampicillin oral capsule 500 mg</i>	T1	**
<i>ampicillin sodium injection recon soln 1 gram, 10 gram</i>	T2	**
<i>ampicillin sodium injection recon soln 125 mg</i>	T3	**
<i>ampicillin-sulbactam injection recon soln 15 gram, 3 gram</i>	T2	**
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	T4	**
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	T4	**
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	T2	**
<i>nafcillin injection recon soln 1 gram</i>	T3	**
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 mL, 2 gram/50 mL</i>	T3	**
<i>penicillin G potassium injection recon soln 20 million unit</i>	T2	**

Drug	Status	Requirements/Limits
<i>penicillin V potassium oral recon soln 125 mg/5 mL, 250 mg/5 mL</i>	T1	**
<i>penicillin V potassium oral tablet 250 mg, 500 mg</i>	T1	**
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram</i>	T3	**
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML	T3	**
MACROLIDES		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	T3	**
<i>azithromycin intravenous recon soln 500 mg</i>	T2	**
<i>azithromycin oral suspension for reconstitution 100 mg/5 mL, 200 mg/5 mL</i>	T2	**
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	**
<i>clarithromycin oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL</i>	T2	**
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	T3	**
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	T3	**
DIFICID ORAL TABLET 200 MG	T5	PA; **
ERY PADS TOPICAL SWAB 2 %	T3	**
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	T4	**
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	T1	**
<i>erythromycin oral tablet 250 mg, 500 mg</i>	T4	**
<i>erythromycin with ethanol topical gel 2 %</i>	T2	**
<i>erythromycin with ethanol topical solution 2 %</i>	T2	**
QUINOLONES		
<i>ciprofloxacin HCl ophthalmic (eye) drops 0.3 %</i>	T1	**
<i>ciprofloxacin HCl oral tablet 100 mg</i>	T4	**
<i>ciprofloxacin HCl oral tablet 250 mg, 500 mg, 750 mg</i>	T6	**
<i>ciprofloxacin HCl otic (ear) dropperette 0.2 %</i>	T2	**
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 mL</i>	T1	**
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	T3	**
<i>levofloxacin intravenous solution 25 mg/mL</i>	T4	**
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	T2	**
<i>levofloxacin oral solution 250 mg/10 mL</i>	T4	**
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	T6	**
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	T3	**
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	T2	**
<i>ofloxacin oral tablet 400 mg</i>	T2	**

Drug	Status	Requirements/Limits
<i>ofloxacin otic (ear) drops 0.3 %</i>	T4	**
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	T3	**
SULFONAMIDES		
<i>silver sulfadiazine topical cream 1 %</i>	T2	**
SSD TOPICAL CREAM 1 %	T2	**
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	T2	**
<i>sulfadiazine oral tablet 500 mg</i>	T3	**
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 mL</i>	T3	**
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	T6	**
TETRACYCLINES		
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	T4	B/D; **
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	T2	**
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T2	**
<i>doxycycline monohydrate oral capsule 100 mg</i>	T2	**
<i>doxycycline monohydrate oral tablet 75 mg</i>	T2	**
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	T2	**
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	T4	**
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT ORAL SOLUTION 10 MG/ML	T5	PA; **, QL (1200 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG	T5	PA; **, QL (240 EA per 30 days)
BRIVIACT ORAL TABLET 100 MG, 25 MG, 50 MG, 75 MG	T5	PA; **, QL (60 EA per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	T4	**
DIASTAT RECTAL KIT 2.5 MG	T4	**
<i>diazepam oral solution 5 mg/5 mL (1 mg/mL)</i>	T4	**
<i>diazepam oral tablet 10 mg</i>	T2	**, QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	T2	**, QL (90 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	T4	**
FINTEPLA ORAL SOLUTION 2.2 MG/ML	T5	PA
<i>levetiracetam oral solution 100 mg/mL</i>	T2	**
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	T2	**
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	T2	**, QL (180 EA per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	T2	**, QL (120 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	T4	**

Drug	Status	Requirements/Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	T5	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T5	
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	T5	
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN ORAL CAPSULE 300 MG	T4	**
<i>ethosuximide oral capsule 250 mg</i>	T3	**
<i>ethosuximide oral solution 250 mg/5 mL</i>	T3	**
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T4	**; QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T4	**; QL (60 EA per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	T4	**; QL (900 ML per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T4	**; QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T4	**; QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/mL</i>	T4	**; QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	T2	**
GAMMA-AMINOBTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam oral suspension 2.5 mg/mL</i>	T4	**
<i>clobazam oral tablet 10 mg</i>	T4	**
<i>clobazam oral tablet 20 mg</i>	T5	**
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T2	**; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	T2	**; QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T2	**
<i>clorazepate dipotassium oral tablet 15 mg</i>	T2	**; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	T2	**; QL (90 EA per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	T4	**
DIASTAT RECTAL KIT 2.5 MG	T4	**
<i>diazepam oral solution 5 mg/5 mL (1 mg/mL)</i>	T4	**
<i>diazepam oral tablet 10 mg</i>	T2	**; QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	T2	**; QL (90 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	T4	**
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	T2	**
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T2	**
<i>divalproex oral tablet, delayed release (DRIEC) 125 mg, 250 mg, 500 mg</i>	T2	**

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Drug	Status	Requirements/Limits
EPIDIOLEX ORAL SOLUTION 100 MG/ML	T5	PA; **
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	T2	**; QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 mL</i>	T2	**; QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	T2	**; QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	T2	**; QL (120 EA per 30 days)
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	T2	QL (35 EA per 35 days)
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	T3	**
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	T2	**; QL (180 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	T2	**; QL (150 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	T5	QL (10 EA per 30 days)
<i>phenobarbital oral elixir 20 mg/5 mL (4 mg/mL)</i>	T2	PA; **
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	T2	PA; **
<i>primidone oral tablet 250 mg, 50 mg</i>	T2	**
SABRIL ORAL POWDER IN PACKET 500 MG	T5	PA; **
SABRIL ORAL TABLET 500 MG	T5	PA; **
SYMPAZAN ORAL FILM 10 MG, 5 MG	T4	PA; **; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 20 MG	T5	PA; **; QL (60 EA per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	T4	**
<i>valproic acid (as sodium salt) oral solution 250 mg/5 mL</i>	T2	**
<i>valproic acid oral capsule 250 mg</i>	T2	**
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 5 MG/SPRAY (0.1 ML)	T5	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY, NON-AEROSOL 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2)	T5	QL (20 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	T5	PA; **
<i>vigabatrin oral tablet 500 mg</i>	T5	PA; **
GLUTAMATE REDUCING AGENTS		
<i>felbamate oral suspension 600 mg/5 mL</i>	T5	**
<i>felbamate oral tablet 400 mg, 600 mg</i>	T4	**
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	T4	PA; **; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	T4	PA; **; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	T4	PA; **; QL (60 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	T2	**
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	T2	**
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	T3	**

Drug	Status	Requirements/Limits
<i>topiramate oral tablet 100 mg, 200 mg</i>	T2	**; QL (60 EA per 30 days)
<i>topiramate oral tablet 25 mg, 50 mg</i>	T2	**
SODIUM CHANNEL AGENTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	T4	PA; **
BANZEL ORAL SUSPENSION 40 MG/ML	T5	PA; **; QL (2400 ML per 30 days)
BANZEL ORAL TABLET 200 MG	T4	PA; **; QL (90 EA per 30 days)
BANZEL ORAL TABLET 400 MG	T5	PA; **; QL (240 EA per 30 days)
<i>carbamazepine oral suspension 100 mg/5 mL</i>	T3	**
<i>carbamazepine oral tablet 200 mg</i>	T2	**
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	T3	**
<i>carbamazepine oral tablet, chewable 100 mg</i>	T2	**
DILANTIN ORAL CAPSULE 30 MG	T4	**
<i>oxcarbazepine oral suspension 300 mg/5 mL (60 mg/mL)</i>	T2	**
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	T2	**
PEGANONE ORAL TABLET 250 MG	T4	**
<i>phenytoin oral suspension 125 mg/5 mL</i>	T2	**
<i>phenytoin oral tablet, chewable 50 mg</i>	T2	**
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	T2	**
VIMPAT ORAL SOLUTION 10 MG/ML	T4	PA; **; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T4	PA; **; QL (60 EA per 30 days)
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid oral tablet 1 mg</i>	T3	**
CHOLINESTERASE INHIBITORS		
<i>donepezil oral tablet 10 mg, 5 mg</i>	T2	**; QL (60 EA per 30 days)
<i>donepezil oral tablet 23 mg</i>	T4	**; QL (30 EA per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	T2	**; QL (60 EA per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	T3	**; QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/mL</i>	T4	**; QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	T3	**; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	T3	**; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	T3	**; QL (30 EA per 30 days)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine oral capsule, sprinkle, ER 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	T3	**; QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
<i>memantine oral solution 2 mg/mL</i>	T2	**; QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	T2	**
<i>memantine oral tablets,dose pack 5-10 mg</i>	T2	**
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	T3	**
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	T3	**; QL (30 EA per 30 days)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	T4	**
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	T3	PA; **
ANTIDEPRESSANTS, OTHER		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	T5	PA; **; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	T5	PA; **; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/mL</i>	T5	**; QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	T4	**; QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	T5	**; QL (60 EA per 30 days)
<i>bupropion HCl oral tablet 100 mg, 75 mg</i>	T6	**
<i>bupropion HCl oral tablet extended release 24 hr 150 mg</i>	T2	**; QL (90 EA per 30 days)
<i>bupropion HCl oral tablet extended release 24 hr 300 mg, 450 mg</i>	T2	**; QL (30 EA per 30 days)
<i>bupropion HCl oral tablet sustained-release 12 hr 100 mg, 200 mg</i>	T2	**; QL (60 EA per 30 days)
<i>bupropion HCl oral tablet sustained-release 12 hr 150 mg</i>	T2	**; QL (90 EA per 30 days)
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	T3	**
<i>mirtazapine oral tablet 15 mg, 7.5 mg</i>	T2	**; QL (90 EA per 30 days)
<i>mirtazapine oral tablet 30 mg, 45 mg</i>	T2	**; QL (30 EA per 30 days)
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	T2	**; QL (30 EA per 30 days)
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	T4	**; QL (60 EA per 30 days)
<i>nefazodone oral tablet 200 mg</i>	T4	**; QL (90 EA per 30 days)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	T3	PA; **
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T2	**; QL (90 EA per 30 days)

Drug	Status	Requirements/Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	T4	**
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	T6	**
<i>trazodone oral tablet 300 mg</i>	T4	**
MONOAMINE OXIDASE INHIBITORS		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	T5	PA; **; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	T4	**
<i>phenelzine oral tablet 15 mg</i>	T3	**
<i>tranylcypromine oral tablet 10 mg</i>	T3	**
SSRIS/ SNRIS		
<i>citalopram oral solution 10 mg/5 mL</i>	T2	**; QL (600 ML per 30 days)
<i>citalopram oral tablet 10 mg, 40 mg</i>	T6	**; QL (30 EA per 30 days)
<i>citalopram oral tablet 20 mg</i>	T6	**; QL (60 EA per 30 days)
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	T3	**
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	T3	**
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 40 MG, 60 MG	T4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG	T4	QL (90 EA per 30 days)
<i>duloxetine oral capsule, delayed release(DR/EC) 20 mg, 60 mg</i>	T3	**; QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(DR/EC) 30 mg</i>	T3	**; QL (90 EA per 30 days)
<i>duloxetine oral capsule, delayed release(DR/EC) 40 mg</i>	T4	**; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 mL</i>	T2	**; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	T2	**; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	T4	PA; **; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	T4	PA; **; QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg</i>	T6	**; QL (90 EA per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	T6	**; QL (60 EA per 30 days)
<i>fluoxetine oral capsule, delayed release(DR/EC) 90 mg</i>	T4	**; QL (4 EA per 28 days)
<i>fluoxetine oral solution 20 mg/5 mL (4 mg/mL)</i>	T2	**; QL (600 ML per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	T3	**; QL (240 EA per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	T3	**; QL (120 EA per 30 days)
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	T4	**; QL (60 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	T2	**; QL (90 EA per 30 days)
<i>paroxetine HCl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	T6	**; QL (90 EA per 30 days)

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Drug	Status	Requirements/Limits
PAXIL ORAL SUSPENSION 10 MG/5 ML	T4	**; QL (900 ML per 30 days)
<i>sertraline oral concentrate 20 mg/mL</i>	T2	**; QL (300 ML per 30 days)
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	T1	**; QL (60 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	T4	PA; **; QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	T2	**; QL (60 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg</i>	T2	**; QL (90 EA per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	T2	**; QL (90 EA per 30 days)
VIIBRYD ORAL TABLET 10 MG	T4	PA; **; QL (30 EA per 30 days)
VIIBRYD ORAL TABLET 20 MG, 40 MG	T4	PA; **; QL (31 EA per 31 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	T4	PA; **; QL (30 EA per 30 days)
TRICYCLICS		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T6	PA; **
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	T2	**
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	T4	PA; **
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T4	**
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T6	PA; **
<i>doxepin oral concentrate 10 mg/mL</i>	T2	PA; **
<i>imipramine HCl oral tablet 10 mg, 25 mg, 50 mg</i>	T2	PA; **
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	T6	**
<i>nortriptyline oral solution 10 mg/5 mL</i>	T1	**
<i>protriptyline oral tablet 10 mg, 5 mg</i>	T3	**
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	T4	PA; **
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	T3	**
<i>hydroxyzine HCl oral solution 10 mg/5 mL</i>	T3	PA; **
<i>hydroxyzine HCl oral tablet 10 mg, 25 mg, 50 mg</i>	T3	**
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	T3	**
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	T2	**
<i>metoclopramide HCl oral solution 5 mg/5 mL</i>	T2	**
<i>metoclopramide HCl oral tablet 10 mg, 5 mg</i>	T6	**
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	T4	**
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	T2	**
<i>prochlorperazine rectal suppository 25 mg</i>	T4	**
<i>promethazine oral syrup 6.25 mg/5 mL</i>	T2	PA; **

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Drug	Status	Requirements/Limits
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	T2	PA; **
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	T3	PA; **
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	T3	PA; **
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	T4	**; QL (10 EA per 30 days)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	T4	**; QL (10 EA per 30 days)
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	T4	B/D; **
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	T4	B/D; **
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	T4	PA; **; QL (120 EA per 30 days)
<i>granisetron HCl oral tablet 1 mg</i>	T3	B/D; **
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	T4	PA
<i>ondansetron HCl oral solution 4 mg/5 mL</i>	T2	B/D; **
<i>ondansetron HCl oral tablet 24 mg, 4 mg, 8 mg</i>	T2	B/D; **
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	T3	B/D; **
VARUBI ORAL TABLET 90 MG	T4	B/D; **
ANTIFUNGALS		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	T5	B/D; **
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	T5	B/D; **
<i>amphotericin B injection recon soln 50 mg</i>	T3	B/D; **
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	T5	PA; **
<i>casposfungin intravenous recon soln 50 mg, 70 mg</i>	T5	PA; **
<i>ciclopirox topical cream 0.77 %</i>	T2	**
<i>ciclopirox topical shampoo 1 %</i>	T3	**
<i>ciclopirox topical solution 8 %</i>	T3	**
<i>ciclopirox topical suspension 0.77 %</i>	T2	**
<i>clotrimazole mucous membrane troche 10 mg</i>	T2	**
<i>clotrimazole topical cream 1 %</i>	T2	**
<i>clotrimazole topical solution 1 %</i>	T2	**
<i>econazole topical cream 1 %</i>	T4	**
<i>fluconazole in NaCl (iso-osm) intravenous piggyback 200 mg/100 mL, 400 mg/200 mL</i>	T2	**
<i>fluconazole oral suspension for reconstitution 10 mg/mL, 40 mg/mL</i>	T2	**
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	T6	**
<i>flucytosine oral capsule 250 mg, 500 mg</i>	T5	**
<i>griseofulvin microsize oral suspension 125 mg/5 mL</i>	T3	**

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Drug	Status	Requirements/Limits
<i>itraconazole oral capsule 100 mg</i>	T4	PA; **, QL (120 EA per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	T2	**
<i>ketoconazole topical cream 2 %</i>	T2	**
<i>ketoconazole topical shampoo 2 %</i>	T2	**
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	NF	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG	T4	B/D; **
MYCAMINE INTRAVENOUS RECON SOLN 50 MG	T4	**
<i>naftifine topical cream 1 %</i>	T4	**
NAFTIN TOPICAL GEL 1 %	T4	**
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	T3	**
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	T5	**
<i>nystatin oral suspension 100,000 unit/mL</i>	T2	**
<i>nystatin oral tablet 500,000 unit</i>	T2	**
<i>nystatin topical cream 100,000 unit/gram</i>	T2	**
<i>nystatin topical ointment 100,000 unit/gram</i>	T2	**
<i>nystatin topical powder 100,000 unit/gram</i>	T2	**
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	T2	**
<i>terbinafine HCl oral tablet 250 mg</i>	T2	**, QL (30 EA per 30 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	T4	**
<i>voriconazole intravenous recon soln 200 mg</i>	T2	**
<i>voriconazole oral suspension for reconstitution 200 mg/5 mL (40 mg/mL)</i>	T5	PA; **
<i>voriconazole oral tablet 200 mg, 50 mg</i>	T5	PA; **
ZOLINZA ORAL CAPSULE 100 MG	T5	**, QL (120 EA per 30 days)
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T2	**
<i>colchicine oral capsule 0.6 mg</i>	T3	**
<i>colchicine oral tablet 0.6 mg</i>	T3	**
<i>febuxostat oral tablet 40 mg, 80 mg</i>	T3	**
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	NF	
<i>probenecid oral tablet 500 mg</i>	T2	**
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	T2	**
ULORIC ORAL TABLET 40 MG, 80 MG	T3	ST; **
ANTI-INFLAMMATORY AGENTS		
GLUCOCORTICOIDS		
<i>betamethasone dipropionate topical cream 0.05 %</i>	T2	**
<i>betamethasone dipropionate topical lotion 0.05 %</i>	T2	**
<i>betamethasone dipropionate topical ointment 0.05 %</i>	T2	**
<i>betamethasone valerate topical cream 0.1 %</i>	T2	**

Drug	Status	Requirements/Limits
<i>betamethasone valerate topical lotion 0.1 %</i>	T2	**
<i>betamethasone valerate topical ointment 0.1 %</i>	T2	**
<i>betamethasone, augmented topical cream 0.05 %</i>	T2	**
<i>betamethasone, augmented topical gel 0.05 %</i>	T2	**
<i>betamethasone, augmented topical lotion 0.05 %</i>	T2	**
<i>betamethasone, augmented topical ointment 0.05 %</i>	T2	**
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	T3	**
<i>cortisone oral tablet 25 mg</i>	T2	**
<i>dexamethasone oral elixir 0.5 mg/5 mL</i>	T3	**
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	T2	**
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	T2	**
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	T2	**
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	T2	**
<i>prednisolone oral solution 15 mg/5 mL</i>	T2	**
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	T2	**
<i>prednisolone sodium phosphate oral solution 5 mg base/5 mL (6.7 mg/5 mL)</i>	T2	**
<i>prednisone oral solution 5 mg/5 mL</i>	T3	**
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	T2	**
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	T2	**
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	T3	** ; QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	T2	**
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	T2	**
<i>diclofenac sodium oral tablet,delayed release (DR/EC) 25 mg, 50 mg, 75 mg</i>	T2	**
<i>etodolac oral capsule 200 mg</i>	T2	**
<i>etodolac oral tablet 400 mg, 500 mg</i>	T2	**
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	T4	**
<i>flurbiprofen oral tablet 100 mg</i>	T2	**
<i>ibuprofen oral suspension 100 mg/5 mL</i>	T2	**
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T6	**
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T2	**
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	T3	**
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	T1	**

Drug	Status	Requirements/Limits
<i>nabumetone oral tablet 500 mg, 750 mg</i>	T2	**
<i>naproxen oral suspension 125 mg/5 mL</i>	T2	**
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	T2	**
<i>naproxen oral tablet, delayed release (DR/EC) 375 mg, 500 mg</i>	T2	**
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T2	**
<i>oxaprozin oral tablet 600 mg</i>	T3	**
<i>piroxicam oral capsule 10 mg, 20 mg</i>	T3	**
<i>sulindac oral tablet 150 mg, 200 mg</i>	T2	**
ANTIMIGRAINE AGENTS		
ANTIMIGRAINE AGENTS		
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	T5	PA
UBRELVY ORAL TABLET 100 MG, 50 MG	T5	PA; QL (16 EA per 30 days)
ERGOT ALKALOIDS		
CAFERGOT ORAL TABLET 1-100 MG	T4	**
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/mL)</i>	T3	**
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	T4	**
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	T4	**; QL (20 EA per 28 days)
PROPHYLACTIC		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	T4	PA; **
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	T4	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	T4	PA; **
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	T2	**
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T2	**
<i>divalproex oral tablet, delayed release (DR/EC) 125 mg, 250 mg, 500 mg</i>	T2	**
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	T2	**
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	T3	**
<i>topiramate oral tablet 100 mg, 25 mg, 50 mg</i>	T2	**
<i>topiramate oral tablet 200 mg</i>	T2	**; QL (60 EA per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 mL</i>	T2	**
<i>valproic acid oral capsule 250 mg</i>	T2	**
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS		
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	T2	ST; **; QL (18 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	T2	**; QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	T2	**; QL (18 EA per 30 days)

Drug	Status	Requirements/Limits
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	T2	**; QL (18 EA per 31 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 mL</i>	T4	**; QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 mL</i>	T4	**; QL (8 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	T4	ST; **; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	T4	ST; **; QL (18 EA per 30 days)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>guanidine oral tablet 125 mg</i>	T2	**
MESTINON ORAL SYRUP 60 MG/5 ML	T5	**
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	T4	**
<i>pyridostigmine bromide oral syrup 60 mg/5 mL</i>	T5	**
<i>pyridostigmine bromide oral tablet 60 mg</i>	T3	**
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone oral tablet 100 mg, 25 mg</i>	T3	**
PRIFTIN ORAL TABLET 150 MG	T4	**
<i>rifabutin oral capsule 150 mg</i>	T4	**
ANTITUBERCULARS		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	T3	**
<i>isoniazid oral solution 50 mg/5 mL</i>	T3	**
<i>isoniazid oral tablet 100 mg, 300 mg</i>	T2	**
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	T4	**
<i>pyrazinamide oral tablet 500 mg</i>	T2	**
<i>rifampin intravenous recon soln 600 mg</i>	T4	B/D; **
<i>rifampin oral capsule 150 mg, 300 mg</i>	T3	**
SIRTURO ORAL TABLET 100 MG	T5	PA; **
SIRTURO ORAL TABLET 20 MG	T5	PA
TRECTOR ORAL TABLET 250 MG	T4	**
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	T3	B/D; **
LEUKERAN ORAL TABLET 2 MG	T4	**
MATULANE ORAL CAPSULE 50 MG	T5	**
VALCHLOR TOPICAL GEL 0.016 %	T5	PA; **
ANTIANDROGENS		
<i>abiraterone oral tablet 250 mg</i>	T5	PA; **; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	T2	**

Drug	Status	Requirements/Limits
ERLEADA ORAL TABLET 60 MG	T5	PA; **
<i>flutamide oral capsule 125 mg</i>	T3	**
<i>nilutamide oral tablet 150 mg</i>	T5	**
NUBEQA ORAL TABLET 300 MG	T5	PA; **, QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	T5	PA; **, QL (120 EA per 30 days)
YONSA ORAL TABLET 125 MG	T5	PA; **, QL (120 EA per 30 days)
ANTIANGIOGENIC AGENTS		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	T5	PA; **
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	T5	PA; LA; **
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	T5	PA; **
ANTIESTROGENS/MODIFIERS		
EMCYT ORAL CAPSULE 140 MG	T4	**
FARESTON ORAL TABLET 60 MG	T5	**, QL (30 EA per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	T4	**
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	T6	**
<i>toremifene oral tablet 60 mg</i>	T5	**, QL (30 EA per 30 days)
ANTIMETABOLITES		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	T4	**
<i>hydroxyurea oral capsule 500 mg</i>	T2	**
INQOVI ORAL TABLET 35-100 MG	T5	PA; QL (5 EA per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	T5	PA; **, QL (100 EA per 30 days)
LONSURF ORAL TABLET 20-8.19 MG	T5	PA; **, QL (80 EA per 30 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	T5	PA; **, QL (300 ML per 30 days)
TABLOID ORAL TABLET 40 MG	T5	**
ANTINEOPLASTICS		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T4	**
LYNPARZA ORAL TABLET 100 MG, 150 MG	T5	PA; **, QL (120 EA per 30 days)
MESNEX ORAL TABLET 400 MG	T5	**
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	T5	PA; **, QL (3 EA per 28 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	T5	PA; **, QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	T5	PA; **, QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	T5	PA; **, QL (30 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG	T4	PA; **, QL (28 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	T5	PA; **, QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	T4	PA; **, QL (14 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	T5	PA; **, QL (48 EA per 28 days)
ZEJULA ORAL CAPSULE 100 MG	T5	PA; **

Drug	Status	Requirements/Limits
ANTINEOPLASTICS, OTHER		
GAVRETO ORAL CAPSULE 100 MG	T5	PA; QL (120 EA per 30 days)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	T3	**
RETEVMO ORAL CAPSULE 40 MG, 80 MG	T5	
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	T5	PA; **
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	T5	PA; **
TUKYSA ORAL TABLET 150 MG, 50 MG	T5	
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	T5	PA; **; QL (20 EA per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2)	T5	PA; QL (8 EA per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK)	T5	PA; QL (16 EA per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	T5	PA; **; QL (12 EA per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	T5	PA; QL (24 EA per 28 days)
XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)	T5	PA; **; QL (16 EA per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	T5	PA; **; QL (32 EA per 28 days)
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole oral tablet 1 mg</i>	T2	**; QL (30 EA per 30 days)
<i>exemestane oral tablet 25 mg</i>	T4	**
<i>letrozole oral tablet 2.5 mg</i>	T6	**
ENZYME INHIBITORS		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	T5	PA; **; QL (60 EA per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 20 MG	T5	PA; **; QL (6 EA per 21 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	T5	PA; **; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	T5	PA; QL (21 EA per 28 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	T5	PA; **; QL (30 EA per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	T5	PA; **; QL (49 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	T5	PA; **; QL (70 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	T5	PA; **; QL (91 EA per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	T5	PA; **; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	T5	PA; **; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	T5	PA; **; QL (63 EA per 28 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	T5	PA; **; QL (28 EA per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	T5	PA; **; QL (56 EA per 28 days)
TIBSOVO ORAL TABLET 250 MG	T5	PA; **; QL (60 EA per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T5	PA; **; QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
VITRAKVI ORAL CAPSULE 100 MG	T5	PA; **, QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	T5	PA; **, QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	T5	PA; **, QL (300 ML per 30 days)
XOSPATA ORAL TABLET 40 MG	T5	PA; **, QL (90 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	T5	**, QL (120 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	T5	PA; **, QL (60 EA per 30 days)
MOLECULAR TARGET INHIBITORS		
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	T5	PA; **, QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	T5	PA; **, QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	T5	PA; **, QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	T5	PA; **, QL (180 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	T5	PA; **, QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	T5	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	T5	PA; **
BOSULIF ORAL TABLET 100 MG	T5	PA; **, QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	T5	PA; **, QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	T5	PA; **, QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	T5	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	T5	PA; **, QL (30 EA per 30 days)
CABOMETYX ORAL TABLET 40 MG	T5	PA; **, QL (60 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	T5	PA; **, QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	T5	PA; **, QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	T5	PA; **, QL (31 EA per 31 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	T5	PA; **, QL (56 EA per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	T5	PA; **, QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	T5	PA; **, QL (84 EA per 28 days)
COTELLIC ORAL TABLET 20 MG	T5	PA; **, QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG	T5	PA; **, QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	T5	PA; **, QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	T5	PA; **, QL (30 EA per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	T5	PA; **, QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	T5	PA; QL (30 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	T5	PA; **, QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	T5	PA; **, QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	T5	PA; **, QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	T5	PA; **, QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	T5	PA; **, QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; **, QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; **, QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	T5	PA; **, QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	T5	PA; **, QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	T5	PA; **, QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	T5	PA; **
IRESSA ORAL TABLET 250 MG	T5	PA; **, QL (60 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	T5	PA; **, QL (60 EA per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	T5	PA; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	T5	PA; QL (120 EA per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	T5	PA; **, QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	T5	PA; **, QL (90 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)	T5	PA; **, QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	T5	PA; **, QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	T5	PA; **, QL (90 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG	T5	PA; **, QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	T5	PA; **, QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	T5	PA; **, QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	T5	PA; **, QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG	T5	PA; **, QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	T5	PA; **, QL (30 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	T5	PA; **, QL (60 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	T5	PA; QL (14 EA per 21 days)
QINLOCK ORAL TABLET 50 MG	T5	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	T5	PA
RYDAPT ORAL CAPSULE 25 MG	T5	PA; **, QL (224 EA per 28 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	T5	PA; **, QL (30 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	T5	PA; **, QL (84 EA per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	T5	PA; **, QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	T5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	T5	PA; **, QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	T5	PA; **, QL (120 EA per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	T5	PA; **, QL (30 EA per 30 days)
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	T5	PA; **, QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	T5	PA; **, QL (120 EA per 30 days)

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Drug	Status	Requirements/Limits
TAZVERIK ORAL TABLET 200 MG	T5	PA; QL (240 EA per 30 days)
TURALIO ORAL CAPSULE 200 MG	T5	PA; **, QL (120 EA per 30 days)
TYKERB ORAL TABLET 250 MG	T5	PA; **, QL (180 EA per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	T5	PA; **, QL (30 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	T5	PA; **, QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	T5	PA; **, QL (60 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	T3	PA; **, QL (240 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	T5	PA; **, QL (150 EA per 30 days)
RETINOIDS		
<i>bexarotene oral capsule 75 mg</i>	T5	**
PANRETIN TOPICAL GEL 0.1 %	T5	PA; **
TARGRETIN TOPICAL GEL 1 %	T5	**
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	T5	**
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	T3	PA; **
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	T3	PA; **
TREATMENT ADJUNCTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	T3	**
ANTIPARASITICS		
ANTHELMINTICS		
<i>albendazole oral tablet 200 mg</i>	T4	**
<i>ivermectin oral tablet 3 mg</i>	T2	**
ANTIPROTOZOALS		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	T4	**
ALINIA ORAL TABLET 500 MG	T4	**
<i>atovaquone oral suspension 750 mg/5 mL</i>	T5	**
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	T3	**
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	T4	**
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	T2	PA; **
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	T2	**
COARTEM ORAL TABLET 20-120 MG	T4	**
DARAPRIM ORAL TABLET 25 MG	T3	**
<i>hydroxychloroquine oral tablet 200 mg</i>	T2	**
KRINTAFEL ORAL TABLET 150 MG	T3	**, QL (2 EA per 30 days)
<i>mefloquine oral tablet 250 mg</i>	T2	**
NEBUPENT INHALATION RECON SOLN 300 MG	T4	B/D; **
PENTAM INJECTION RECON SOLN 300 MG	T4	B/D; **
<i>pentamidine inhalation recon soln 300 mg</i>	T4	B/D
<i>pentamidine injection recon soln 300 mg</i>	T4	B/D; **
<i>primaquine oral tablet 26.3 mg</i>	T3	**
<i>pyrimethamine oral tablet 25 mg</i>	T5	PA

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Drug	Status	Requirements/Limits
<i>quinine sulfate oral capsule 324 mg</i>	T4	PA; **
PEDICULICIDES/SCABICIDES		
<i>malathion topical lotion 0.5 %</i>	T3	**
<i>permethrin topical cream 5 %</i>	T4	**
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	T6	**
<i>trihexyphenidyl oral elixir 0.4 mg/mL</i>	T2	PA; **
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	T2	PA; **
ANTIPARKINSON AGENTS		
<i>carbidopa oral tablet 25 mg</i>	T4	**
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T4	**
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine HCl oral capsule 100 mg</i>	T6	**
<i>amantadine HCl oral tablet 100 mg</i>	T6	**
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T4	**
<i>entacapone oral tablet 200 mg</i>	T4	**; QL (240 EA per 30 days)
NOURIANZ ORAL TABLET 20 MG, 40 MG	T5	PA
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	NF	
<i>tolcapone oral tablet 100 mg</i>	T5	**
DOPAMINE AGONISTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	T5	PA; **
<i>bromocriptine oral capsule 5 mg</i>	T4	**
<i>bromocriptine oral tablet 2.5 mg</i>	T4	**
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	T5	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	T4	**
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	T6	**
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	T2	**
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	T3	**
DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa oral tablet 25 mg</i>	T4	**

Drug	Status	Requirements/Limits
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	T6	**
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	T2	**
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	T5	PA; **; QL (280 EA per 28 days)
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	T4	**; QL (30 EA per 30 days)
<i>selegiline HCl oral capsule 5 mg</i>	T2	**
<i>selegiline HCl oral tablet 5 mg</i>	T2	**
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	T4	**
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	T3	**
<i>fluphenazine decanoate injection solution 25 mg/mL</i>	T4	**
<i>fluphenazine HCl injection solution 2.5 mg/mL</i>	T3	**
<i>fluphenazine HCl oral concentrate 5 mg/mL</i>	T3	**
<i>fluphenazine HCl oral elixir 2.5 mg/5 mL</i>	T3	**
<i>fluphenazine HCl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	T2	**
<i>haloperidol decanoate intramuscular solution 100 mg/mL, 50 mg/mL</i>	T2	**
<i>haloperidol decanoate intramuscular solution 50 mg/mL(1ML)</i>	T2	
<i>haloperidol lactate injection solution 5 mg/mL</i>	T2	**
<i>haloperidol lactate oral concentrate 2 mg/mL</i>	T2	**
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	T6	**
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	T2	**
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	T4	PA; **
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	T4	**
<i>pimozide oral tablet 1 mg, 2 mg</i>	T4	**
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	T2	**
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	T2	PA; **
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T3	**
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	T2	**
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	T5	PA; **; QL (1 EA per 28 days)

Drug	Status	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	T5	PA; **; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/mL</i>	T5	**; QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	T4	**; QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	T5	**; QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	T5	**; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	T5	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	T5	**; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	T5	**; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	T5	**; QL (3.2 ML per 28 days)
CAPLYTA ORAL CAPSULE 42 MG	T5	PA; QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	T4	PA; **; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	T5	PA; **; QL (60 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	T4	PA; **; QL (8 EA per 28 days)
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	T4	PA; **; QL (12 EA per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML	T5	PA; **; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	T5	PA; **; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	T4	PA; **; QL (1.5 ML per 28 days)
LATUDA ORAL TABLET 120 MG	T5	PA; **; QL (30 EA per 30 days)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG	T4	PA; **; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	T4	PA; **; QL (60 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	T5	PA; **; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	T5	PA; **; QL (30 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	T4	**
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	T6	**; QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	T3	**; QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	T4	PA; **; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	T4	PA; **; QL (60 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	T5	PA; **; QL (30 EA per 30 days)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG	T5	PA; **; QL (1 EA per 28 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T2	**; QL (90 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	T4	**
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T4	PA; **; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	T4	PA; **; QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/mL</i>	T2	**
<i>risperidone oral tablet 0.25 mg</i>	T2	**; QL (120 EA per 30 days)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T6	**; QL (120 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T3	**; QL (120 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	T5	PA; **
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	T5	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	T5	PA; **; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	T4	PA; **
<i>ziprasidone HCl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	T2	**; QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/mL (final conc.)</i>	T4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	T4	PA; **
TREATMENT-RESISTANT		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	T6	**
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	T4	PA; **
VERSACLOZ ORAL SUSPENSION 50 MG/ML	T5	PA; **
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg</i>	T2	**
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	T3	**
<i>tizanidine oral tablet 2 mg, 4 mg</i>	T2	**
ZANAFLEX ORAL TABLET 4 MG	NF	

Drug	Status	Requirements/Limits
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>valganciclovir oral recon soln 50 mg/mL</i>	T5	**
<i>valganciclovir oral tablet 450 mg</i>	T3	**
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	T4	**
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir oral tablet 10 mg</i>	T5	**
BARACLUDE ORAL SOLUTION 0.05 MG/ML	T4	**
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	T4	**; QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	T4	**
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	T4	B/D; **
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	T4	B/D; **
<i>lamivudine oral solution 10 mg/mL</i>	T3	**
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	T3	**
<i>ribavirin oral capsule 200 mg</i>	T3	**
<i>ribavirin oral tablet 200 mg</i>	T3	**
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	T4	**
VEMLIDY ORAL TABLET 25 MG	T5	**
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	T5	**
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T5	**
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING		
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	NF	
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	T5	PA; **; QL (28 EA per 28 days)
MAVYRET ORAL TABLET 100-40 MG	T5	PA; **; QL (84 EA per 28 days)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	T5	PA; **; QL (28 EA per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	NF	
ANTI-HEPATITIS C (HCV) AGENTS, OTHERS		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	T4	B/D; **
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	T5	PA; **
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	T4	B/D; **
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	T5	PA; **; QL (2 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T5	PA; **; QL (4 ML per 28 days)

Drug	Status	Requirements/Limits
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	T5	PA; **; QL (2 ML per 28 days)
<i>ribavirin oral capsule 200 mg</i>	T3	**
<i>ribavirin oral tablet 200 mg</i>	T3	**
ANTIHERPETIC AGENTS		
<i>acyclovir oral capsule 200 mg</i>	T2	**
<i>acyclovir oral suspension 200 mg/5 mL</i>	T2	**
<i>acyclovir oral tablet 400 mg, 800 mg</i>	T2	**
<i>acyclovir sodium intravenous solution 50 mg/mL</i>	T2	B/D; **
<i>acyclovir topical cream 5 %</i>	T4	**; QL (15 GM per 30 days)
<i>acyclovir topical ointment 5 %</i>	T4	**; QL (60 GM per 30 days)
DENAVIR TOPICAL CREAM 1 %	T4	**; QL (5 GM per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	T3	**
<i>trifluridine ophthalmic (eye) drops 1 %</i>	T3	**
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	T2	**
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY ORAL TABLET 50-200-25 MG	T5	**; QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	T5	**; QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	T3	**; QL (60 EA per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	T3	**
ISENTRESS ORAL TABLET 400 MG	T3	**; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	T3	**; QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	T5	**; QL (30 EA per 30 days)
SYM TUZA ORAL TABLET 800-150-200-10 MG	T5	**; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG	T4	**; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	T5	**; QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	T5	QL (600 EA per 30 days)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA ORAL TABLET 200-25-300 MG	T5	**; QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	T5	**
<i>efavirenz oral capsule 200 mg, 50 mg</i>	T4	**
<i>efavirenz oral tablet 600 mg</i>	T4	**
INTELENCE ORAL TABLET 100 MG	T5	**; QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	T5	**; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	T4	**; QL (240 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5 mL</i>	T3	**
<i>nevirapine oral tablet 200 mg</i>	T3	**
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	T4	**

Drug	Status	Requirements/Limits
PIFELTRO ORAL TABLET 100 MG	T5	** ; QL (30 EA per 30 days)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	T4	**
SUSTIVA ORAL TABLET 600 MG	T4	**
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir oral solution 20 mg/mL</i>	T3	**
<i>abacavir oral tablet 300 mg</i>	T3	**
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	T4	**
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	T5	** ; QL (60 EA per 30 days)
ATRIPLA ORAL TABLET 600-200-300 MG	T5	** ; QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	T5	** ; QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	T5	** ; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	T5	** ; QL (30 EA per 30 days)
<i>didanosine oral capsule, delayed release (DR/EC) 250 mg, 400 mg</i>	T3	**
DOVATO ORAL TABLET 50-300 MG	T5	** ; QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	T3	
EMTRIVA ORAL CAPSULE 200 MG	T3	**
EMTRIVA ORAL SOLUTION 10 MG/ML	T3	**
JULUCA ORAL TABLET 50-25 MG	T5	** ; QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/mL</i>	T3	**
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	T3	**
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	T4	**
ODEFSEY ORAL TABLET 200-25-25 MG	T5	** ; QL (30 EA per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	T3	**
SYMFI LO ORAL TABLET 400-300-300 MG	T5	** ; QL (30 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	T5	** ; QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	T4	**
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	T5	** ; QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	T5	**
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T5	**
ZIAGEN ORAL SOLUTION 20 MG/ML	T3	**
<i>zidovudine oral capsule 100 mg</i>	T3	**
<i>zidovudine oral syrup 10 mg/mL</i>	T3	**
<i>zidovudine oral tablet 300 mg</i>	T3	**
ANTI-HIV AGENTS, OTHER		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	T5	** ; QL (60 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	T5	QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
SELZENTRY ORAL SOLUTION 20 MG/ML	T5	** ; QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	T5	** ; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG	T4	** ; QL (120 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	T5	** ; QL (30 EA per 30 days)
TYBOST ORAL TABLET 150 MG	T3	** ; QL (30 EA per 30 days)
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	T5	** ; QL (300 ML per 30 days)
APTIVUS ORAL CAPSULE 250 MG	T5	** ; QL (120 EA per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	T5	** ; QL (60 EA per 30 days)
<i>atazanavir oral capsule 300 mg</i>	T5	** ; QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T3	**
EVOTAZ ORAL TABLET 300-150 MG	T5	** ; QL (30 EA per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	T5	**
INVIRASE ORAL TABLET 500 MG	T5	**
KALETRA ORAL TABLET 100-25 MG	T4	**
KALETRA ORAL TABLET 200-50 MG	T5	**
LEXIVA ORAL SUSPENSION 50 MG/ML	T4	**
LEXIVA ORAL TABLET 700 MG	T5	**
<i>lopinavir-ritonavir oral solution 400-100 mg/5 mL</i>	T4	**
NORVIR ORAL POWDER IN PACKET 100 MG	T4	**
NORVIR ORAL SOLUTION 80 MG/ML	T4	**
PREZCOBIX ORAL TABLET 800-150 MG-MG	T5	** ; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	T4	**
PREZISTA ORAL TABLET 150 MG	T4	** ; QL (180 EA per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	T5	** ; QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	T3	** ; QL (300 EA per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	T5	**
<i>ritonavir oral tablet 100 mg</i>	T4	**
VIRACEPT ORAL TABLET 250 MG	T4	**
VIRACEPT ORAL TABLET 625 MG	T5	**
ANTI-INFLUENZA AGENTS		
<i>amantadine HCl oral capsule 100 mg</i>	T6	**
<i>amantadine HCl oral tablet 100 mg</i>	T6	**
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	T3	**
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	T3	** ; QL (60 EA per 180 days)
<i>rimantadine oral tablet 100 mg</i>	T2	**
XOFLUZA ORAL TABLET 20 MG, 40 MG	T3	** ; QL (2 EA per 30 days)

Drug	Status	Requirements/Limits
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	T2	**
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T6	PA; **
<i>doxepin oral concentrate 10 mg/mL</i>	T2	PA; **
<i>hydroxyzine HCl oral solution 10 mg/5 mL</i>	T3	PA; **
<i>hydroxyzine HCl oral tablet 10 mg, 25 mg, 50 mg</i>	T3	**
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	T3	**
<i>meprobamate oral tablet 200 mg, 400 mg</i>	T3	PA; **
BENZODIAZEPINES		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	T2	**; QL (120 EA per 30 days)
<i>alprazolam oral tablet 1 mg</i>	T2	**; QL (240 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	T2	**; QL (150 EA per 30 days)
<i>chlordiazepoxide HCl oral capsule 10 mg, 25 mg, 5 mg</i>	T2	**; QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T2	**; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	T2	**; QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T2	**
<i>clorazepate dipotassium oral tablet 15 mg</i>	T2	**; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	T2	**; QL (90 EA per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	T4	**
DIASTAT RECTAL KIT 2.5 MG	T4	**
<i>diazepam oral solution 5 mg/5 mL (1 mg/mL)</i>	T4	**
<i>diazepam oral tablet 10 mg</i>	T2	**; QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	T2	**; QL (90 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	T4	**
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	T2	**; QL (180 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	T2	**; QL (150 EA per 30 days)
SSRIS/ SNRIS		
<i>duloxetine oral capsule, delayed release (DR/EC) 20 mg, 60 mg</i>	T3	**; QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release (DR/EC) 30 mg</i>	T3	**; QL (90 EA per 30 days)
<i>duloxetine oral capsule, delayed release (DR/EC) 40 mg</i>	T4	**; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 mL</i>	T2	**; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	T2	**; QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
<i>paroxetine HCl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	T6	**; QL (90 EA per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML	T4	**; QL (900 ML per 30 days)
<i>sertraline oral concentrate 20 mg/mL</i>	T2	**; QL (300 ML per 30 days)
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	T1	**; QL (60 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	T2	**; QL (60 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg</i>	T2	**; QL (90 EA per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	T2	**; QL (90 EA per 30 days)
BIPOLAR AGENTS		
BIPOLAR AGENTS, OTHER		
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	T4	PA; **; QL (12 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	T4	**
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	T6	**; QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	T3	**; QL (30 EA per 30 days)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG	T5	PA; **; QL (1 EA per 28 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T2	**; QL (90 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	T4	**
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	T4	PA; **; QL (4 EA per 28 days)
<i>risperidone oral solution 1 mg/mL</i>	T2	**
<i>risperidone oral tablet 0.25 mg</i>	T2	**; QL (120 EA per 30 days)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T6	**; QL (120 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T3	**; QL (120 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	T5	PA; **
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	T5	PA; **; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	T4	PA; **
<i>ziprasidone HCl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	T2	**; QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	T4	PA; **

Drug	Status	Requirements/Limits
MOOD STABILIZERS		
<i>carbamazepine oral capsule, ER multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	T3	**
<i>carbamazepine oral suspension 100 mg/5 mL</i>	T3	**
<i>carbamazepine oral tablet 200 mg</i>	T2	**
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	T3	**
<i>carbamazepine oral tablet, chewable 100 mg</i>	T2	**
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	T2	**
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T2	**
<i>divalproex oral tablet, delayed release (DRI/EC) 125 mg, 250 mg, 500 mg</i>	T2	**
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	T2	**
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	T2	**
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	T3	**
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	T6	**
<i>lithium carbonate oral tablet 300 mg</i>	T6	**
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	T1	**
<i>lithium citrate oral solution 8 mEq/5 mL</i>	T1	**
<i>valproic acid (as sodium salt) oral solution 250 mg/5 mL</i>	T2	**
<i>valproic acid oral capsule 250 mg</i>	T2	**
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	T6	**; QL (90 EA per 30 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	T3	**; QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	T3	**; QL (4 EA per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	T3	**; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	T3	**; QL (1.2 ML per 30 days)
<i>colesevelam oral powder in packet 3.75 gram</i>	T3	**
<i>colesevelam oral tablet 625 mg</i>	T3	**
CYCLOSET ORAL TABLET 0.8 MG	T4	PA; **, QL (180 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	T6	**; QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	T6	**; QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	T6	**; QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
<i>glipizide oral tablet 10 mg</i>	T6	**; QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	T6	**; QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	T6	**; QL (60 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	T6	PA; **; QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	T6	PA; **; QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	T6	PA; **; QL (480 EA per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	T6	PA; **; QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	T6	PA; **; QL (60 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	T3	**
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	T3	**; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	T3	**; QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	T3	**; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	T3	**; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	T3	**; QL (30 EA per 30 days)
<i>metformin oral solution 500 mg/5 mL</i>	NF	
<i>metformin oral tablet 1,000 mg</i>	T6	**; QL (60 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	T6	**; QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	T6	**; QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	T6	**; QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	T6	**; QL (60 EA per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	T4	**; QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	T6	**; QL (90 EA per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	T3	**; QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	T3	**; QL (3 ML per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	T6	**; QL (30 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	T6	**
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	T3	QL (30 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	T3	**; QL (60 EA per 30 days)
STEGLATRO ORAL TABLET 15 MG, 5 MG	T3	**; QL (60 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	T5	**
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	T5	**
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	T3	**; QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	T3	**; QL (120 EA per 30 days)

Drug	Status	Requirements/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	T3	**; QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	T3	**; QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	T3	**; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	T3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	T3	QL (60 EA per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	T3	**; QL (9 ML per 30 days)
BLOOD GLUCOSE REGULATORS		
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	T6	**; QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	T6	**; QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	T6	PA; **; QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	T6	PA; **; QL (120 EA per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	T3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	T3	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	T3	**; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	T3	**; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	T3	**; QL (60 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	T3	**; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	T3	**; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	T3	**; QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	T6	**; QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	T3	**; QL (90 EA per 30 days)
GLYCEMIC AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	T3	
<i>diazoxide oral suspension 50 mg/mL</i>	T3	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	T3	**; QL (4 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	T3	**
KORLYM ORAL TABLET 300 MG	T5	PA; **; QL (120 EA per 30 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	T4	**

Drug	Status	Requirements/Limits
INSULINS		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	T2	**; QL (100 EA per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	**; QL (60 ML per 30 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	T3	QL (60 ML per 30 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3	**; QL (60 ML per 30 days)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	T2	**
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/mL (70-30)</i>	T3	QL (60 ML per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/mL (70-30)</i>	T3	QL (60 ML per 30 days)
<i>insulin aspart U-100 subcutaneous cartridge 100 unit/mL</i>	T3	QL (60 ML per 30 days)
<i>insulin aspart U-100 subcutaneous insulin pen 100 unit/mL (3 mL)</i>	T3	QL (60 ML per 30 days)
<i>insulin aspart U-100 subcutaneous solution 100 unit/mL</i>	T3	QL (60 ML per 30 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/mL (75-25)</i>	NF	
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/mL</i>	NF	
<i>insulin syringe-needle U-100 syringe 0.3 mL 29 gauge, 1 mL 29 gauge x 1/2", 1/2 mL 28 gauge</i>	T2	**; QL (200 EA per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	**; QL (60 ML per 30 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3	**; QL (60 ML per 30 days)
LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	**; QL (60 ML per 30 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3	**; QL (60 ML per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	NF	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	NF	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	NF	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	T6	**; QL (60 ML per 30 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	T3	QL (60 ML per 30 days)

Drug	Status	Requirements/Limits
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	T6	**; QL (60 ML per 30 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	T6	**; QL (60 ML per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	**; QL (60 ML per 30 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	T3	**; QL (60 ML per 30 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	T3	**; QL (60 ML per 30 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	T3	**; QL (60 ML per 30 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3	**; QL (60 ML per 30 days)
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	T2	**; QL (200 EA per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	T3	**; QL (21 ML per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	T3	**; QL (21 ML per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	**; QL (60 ML per 30 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	T3	**; QL (36 ML per 30 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3	**; QL (60 ML per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	T3	**
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS		
ANTICOAGULANTS		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	T3	**
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	T3	**
<i>enoxaparin subcutaneous syringe 100 mg/mL, 150 mg/mL</i>	T4	**; QL (28 ML per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 mL, 80 mg/0.8 mL</i>	T4	**; QL (22.4 ML per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 mL</i>	T4	**; QL (8.4 ML per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 mL</i>	T4	**; QL (11.2 ML per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 mL</i>	T4	**; QL (16.8 ML per 30 days)

Drug	Status	Requirements/Limits
<i>fondaparinux subcutaneous syringe 10 mg/0.8 mL</i>	T5	** ; QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 mL</i>	T4	** ; QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 mL</i>	T5	** ; QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 mL</i>	T5	** ; QL (18 ML per 30 days)
<i>heparin (porcine) injection solution 1,000 unit/mL, 10,000 unit/mL, 20,000 unit/mL</i>	T3	B/D ; **
<i>heparin (porcine) injection solution 5,000 unit/mL</i>	T2	B/D ; **
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	T1	**
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	T4	**
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	T6	**
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	T3	**
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	T3	**
XARELTO ORAL TABLET 2.5 MG	T3	** ; QL (60 EA per 30 days)
BLOOD FORMATION MODIFIERS		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	T3	**
CABLIVI INJECTION KIT 11 MG	T5	PA ; **
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	T5	PA ; ** ; QL (15 EA per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	T5	PA ; ** ; QL (15 EA per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	T5	PA ; ** ; QL (60 EA per 30 days)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	T4	B/D ; **
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	T5	B/D ; **
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	T5	B/D ; **
LEUKINE INJECTION RECON SOLN 250 MCG	T5	PA ; **
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	T5	PA ; **
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	T5	B/D ; **
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	T5	B/D ; **
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	T4	PA ; ** ; QL (14 ML per 30 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	T5	PA ; ** ; QL (14 ML per 30 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	T5	PA ; **
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	T5	PA ; ** ; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	T4	B/D ; **

Drug	Status	Requirements/Limits
TAVALISSE ORAL TABLET 100 MG, 150 MG	T5	PA; **
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS		
OXBRYTA ORAL TABLET 500 MG	T5	PA
PROMACTA ORAL POWDER IN PACKET 25 MG	T5	PA
HEMOSTASIS AGENTS		
<i>tranexamic acid oral tablet 650 mg</i>	T2	**
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole oral capsule, ER multiphase 12 hr 25-200 mg</i>	T4	**
BRILINTA ORAL TABLET 60 MG, 90 MG	T3	**
<i>cilostazol oral tablet 100 mg, 50 mg</i>	T6	**
<i>clopidogrel oral tablet 75 mg</i>	T1	**, QL (30 EA per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	T3	PA; **
<i>prasugrel oral tablet 10 mg, 5 mg</i>	T3	**
ZONTIVITY ORAL TABLET 2.08 MG	T3	**
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine HCl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	T6	**
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	T3	**, QL (4 EA per 28 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	T1	**
<i>methyldopa oral tablet 250 mg, 500 mg</i>	T1	**
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T3	**
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	T5	PA; **
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	T2	**, QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	T2	**, QL (60 EA per 30 days)
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	T2	**
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T6	**, QL (60 EA per 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	T6	**
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	T3	**, QL (60 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	T6	**
<i>losartan oral tablet 100 mg</i>	T6	**, QL (30 EA per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	T6	**, QL (60 EA per 30 days)
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	T6	**
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	T3	**
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	T6	**
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	T6	**

Drug	Status	Requirements/Limits
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T6	**
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	T6	**
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T6	**
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	T6	**
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	T6	**
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	T6	**
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T6	**
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	T6	**
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	T6	**
ANTIARRHYTHMICS		
<i>amiodarone oral tablet 200 mg</i>	T1	**
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	T2	PA; **
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	T4	**
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	T2	**
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	T2	**
MULTAQ ORAL TABLET 400 MG	T4	**; QL (60 EA per 30 days)
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	T2	**
<i>quinidine gluconate oral tablet extended release 324 mg</i>	T4	**
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	T2	**
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	T2	**
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	T2	**
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	T2	**
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	T6	**
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T6	**
<i>betaxolol oral tablet 10 mg, 20 mg</i>	T2	**
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	**
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	T3	**
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T6	**
<i>carvedilol phosphate oral capsule, ER multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	T3	**; QL (30 EA per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T2	**
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	T2	**; QL (60 EA per 30 days)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T6	**

Drug	Status	Requirements/Limits
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T2	**
<i>pindolol oral tablet 10 mg, 5 mg</i>	T2	**
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T2	**
<i>propranolol oral solution 20 mg/5 mL (4 mg/mL), 40 mg/5 mL (8 mg/mL)</i>	T3	**
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T2	**
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	T2	**
CALCIUM CHANNEL BLOCKING AGENTS		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T6	**
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	T1	**
<i>diltiazem HCl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	T2	**
<i>diltiazem HCl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	T1	**
<i>diltiazem HCl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	**
<i>diltiazem HCl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T6	**
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	T1	**
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T2	**
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T3	**
<i>nifedipine oral capsule 10 mg</i>	T2	PA; **
<i>nifedipine oral capsule 20 mg</i>	T3	PA; **
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	T2	**
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	T2	**
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	T4	**
NYMALIZE ORAL SYRINGE 60 MG/10 ML	T5	
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	T1	**
<i>verapamil oral capsule, 24 hr ER pellet CT 100 mg, 200 mg, 300 mg</i>	T1	**
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	T6	**
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T6	**
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	**
CARDIOVASCULAR AGENTS		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	T2	**

Drug	Status	Requirements/Limits
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg</i>	T6	**; QL (30 EA per 30 days)
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	**; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	T6	**; QL (30 EA per 30 days)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T6	**; QL (30 EA per 30 days)
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	T3	**; QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	**
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	T6	**
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	T1	**
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	T3	**
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	T6	**
DEMSER ORAL CAPSULE 250 MG	T5	PA; **
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	T6	**
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	T3	**; QL (30 EA per 30 days)
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	T6	**
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	T1	**
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T6	**
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	T6	**; QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	T6	**; QL (60 EA per 30 days)
<i>methyl dopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	T2	**
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	T2	**
NEXLIZET ORAL TABLET 180-10 MG	T4	PA; QL (30 EA per 30 days)
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T3	**; QL (30 EA per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	T3	**
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T2	**

Drug	Status	Requirements/Limits
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T6	**
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T2	**
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	T3	**
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T1	**
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	T1	**
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	T1	**
CARDIOVASCULAR AGENTS, OTHER		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	T3	**; QL (30 EA per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML	T4	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	T4	PA; **
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	T2	**
<i>digoxin oral solution 50 mcg/mL (0.05 mg/mL)</i>	T3	**
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	T2	**
NEXLETOL ORAL TABLET 180 MG	T4	PA; QL (30 EA per 30 days)
<i>pentoxifylline oral tablet extended release 400 mg</i>	T6	**
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	T4	**
TEKTURNA ORAL TABLET 150 MG, 300 MG	T3	**
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T5	PA; **; QL (60 EA per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	T5	PA; **; QL (200 EA per 28 days)
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T2	**
<i>methazolamide oral tablet 25 mg, 50 mg</i>	T4	**
DIURETICS, LOOP		
<i>bumetanide injection solution 0.25 mg/mL</i>	T2	**
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	**
<i>furosemide injection solution 10 mg/mL</i>	T1	B/D; **
<i>furosemide oral solution 10 mg/mL</i>	T2	**
<i>furosemide oral solution 40 mg/5 mL (8 mg/mL)</i>	T1	**
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	T1	**
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	T1	**
DIURETICS, POTASSIUM-SPARING		
<i>amiloride oral tablet 5 mg</i>	T6	**
<i>eplerenone oral tablet 25 mg, 50 mg</i>	T4	**

Drug	Status	Requirements/Limits
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	T1	**
DIURETICS, THIAZIDE		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T2	**
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	T6	**
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	T6	**
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	T1	**
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	T1	**
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	**
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T2	**
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	T2	**
<i>fenofibrate oral tablet 160 mg</i>	T2	
<i>fenofibrate oral tablet 54 mg</i>	T2	**
<i>fenofibric acid (choline) oral capsule, delayed release(DR/EC) 135 mg</i>	T4	**, QL (30 EA per 30 days)
<i>fenofibric acid (choline) oral capsule, delayed release(DR/EC) 45 mg</i>	T2	**, QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	T6	**
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T6	**, QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>	T6	**, QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	T6	**, QL (60 EA per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T6	**, QL (30 EA per 30 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T6	**, QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	T6	**, QL (30 EA per 30 days)
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	T2	**
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	T2	**
<i>colesevelam oral powder in packet 3.75 gram</i>	T3	
<i>colesevelam oral tablet 625 mg</i>	T3	
<i>colestipol oral packet 5 gram</i>	T2	**
<i>colestipol oral tablet 1 gram</i>	T2	**
<i>ezetimibe oral tablet 10 mg</i>	T3	**, QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	T5	PA; **
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	T4	**
NIACOR ORAL TABLET 500 MG	T2	**

Drug	Status	Requirements/Limits
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	T4	**
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	T4	PA; **, QL (2 ML per 28 days)
PREVALITE ORAL POWDER IN PACKET 4 GRAM	T2	**
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	T4	PA; **, QL (3.5 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	T4	PA; **, QL (3 ML per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	T4	PA; **, QL (3 ML per 28 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	T3	**
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	T1	**
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	T2	**
VASODILATORS, DIRECT-ACTING ARTERIAL/ VENOUS		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T2	**
<i>isosorbide mononitrate oral tablet 20 mg</i>	T2	**
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	T2	**
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	T2	**
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	T2	**
RECTIV RECTAL OINTMENT 0.4 % (W/W)	T4	**
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>dextroamphetamine oral capsule, extended release 10 mg</i>	T4	**, QL (180 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	T4	**, QL (120 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	T4	**, QL (90 EA per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	T3	**, QL (180 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	T4	**, QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	T2	**, QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	T2	**, QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	T4	**
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	T4	**, QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	T4	**; QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	T3	**; QL (60 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	T4	**; QL (30 EA per 30 days)
<i>methylphenidate HCl oral cap,ER sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	NF	
<i>methylphenidate HCl oral tablet 10 mg, 20 mg, 5 mg</i>	T2	**; QL (90 EA per 30 days)
<i>methylphenidate HCl oral tablet extended release 20 mg</i>	T4	**; QL (90 EA per 30 days)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO ORAL TABLET 12 MG	T5	PA; **; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG, 9 MG	T5	PA; **; QL (60 EA per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	T5	PA
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	T5	PA; **
NUDEXTA ORAL CAPSULE 20-10 MG	T5	PA; **; QL (60 EA per 30 days)
<i>riluzole oral tablet 50 mg</i>	T3	**
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	T5	PA; QL (60 EA per 30 days)
XENAZINE ORAL TABLET 12.5 MG	T5	PA; **; QL (210 EA per 30 days)
XENAZINE ORAL TABLET 25 MG	T5	PA; **; QL (120 EA per 30 days)
FIBROMYALGIA AGENTS		
<i>duloxetine oral capsule,delayed release(DR/EC) 20 mg, 60 mg</i>	T3	**; QL (60 EA per 30 days)
<i>duloxetine oral capsule,delayed release(DR/EC) 30 mg</i>	T3	**; QL (90 EA per 30 days)
<i>duloxetine oral capsule,delayed release(DR/EC) 40 mg</i>	T4	**; QL (60 EA per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T4	**; QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T4	**; QL (60 EA per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	T4	**; QL (900 ML per 30 days)
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	T5	PA; **; QL (30 EA per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	T5	PA; **; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	T5	PA; **; QL (1 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	T5	PA; **; QL (14 EA per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	T5	PA; **; QL (60 EA per 30 days)
FIRDAPSE ORAL TABLET 10 MG	T5	PA; **; QL (240 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	T5	PA; **; QL (30 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/mL</i>	T5	PA; **; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/mL</i>	T5	PA; **; QL (12 ML per 28 days)

Drug	Status	Requirements/Limits
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	T5	PA; **; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	T5	PA; **; QL (12 ML per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	T5	PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	T5	PA; **; QL (10 EA per 28 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	T5	PA; **; QL (4 EA per 28 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	T5	PA; **; QL (5 EA per 28 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	T5	PA; **; QL (6 EA per 28 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	T5	PA; **; QL (7 EA per 28 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	T5	PA; **; QL (8 EA per 28 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	T5	PA; **; QL (9 EA per 28 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	T5	PA; **
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	T5	PA; **; QL (60 EA per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	T5	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	T5	PA; QL (37 EA per 37 days)
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	T5	PA; QL (7 EA per 30 days)
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	T6	**
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	T2	**
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T2	**
<i>doxycycline monohydrate oral tablet 75 mg</i>	T2	**
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	T2	**
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	T4	**
<i>pilocarpine HCl oral tablet 5 mg, 7.5 mg</i>	T3	**
<i>triamcinolone acetonide dental paste 0.1 %</i>	T3	**
DERMATOLOGICAL AGENTS		
DERMATOLOGICAL AGENTS		
<i>acitretin oral capsule 10 mg, 25 mg</i>	T4	PA; **
<i>acitretin oral capsule 17.5 mg</i>	T5	PA; **
ALTABAX TOPICAL OINTMENT 1 %	T4	**
ALTRENO TOPICAL LOTION 0.05 %	T3	**
<i>ammonium lactate topical cream 12 %</i>	T2	**

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Drug	Status	Requirements/Limits
<i>ammonium lactate topical lotion 12 %</i>	T2	**
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	T3	**
ARAZLO TOPICAL LOTION 0.045 %	NF	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	T2	**
<i>calcipotriene scalp solution 0.005 %</i>	T4	**
<i>calcipotriene topical cream 0.005 %</i>	T4	**
<i>calcitriol topical ointment 3 mcg/gram</i>	T4	**
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	T3	**
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	T2	**
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	T3	**
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	T5	PA; **; QL (32 ML per 365 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	T5	PA; **; QL (32 ML per 365 days)
<i>diclofenac sodium topical gel 1 %</i>	T3	**
<i>diclofenac sodium topical gel 3 %</i>	T4	**
<i>doxycycline hyclate oral capsule 50 mg</i>	T2	**
<i>doxycycline monohydrate oral capsule 100 mg</i>	T2	**
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	T5	PA; QL (6 ML per 30 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	T5	PA; **; QL (3.42 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	T5	PA; **
EUCRISA TOPICAL OINTMENT 2 %	T4	**
<i>fluorouracil topical cream 5 %</i>	T3	**
<i>fluorouracil topical solution 2 %, 5 %</i>	T3	**
<i>fluticasone propionate topical cream 0.05 %</i>	T2	**
<i>fluticasone propionate topical ointment 0.005 %</i>	T2	**
<i>imiquimod topical cream in packet 5 %</i>	T4	**; QL (20 EA per 28 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T3	**
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	T5	**
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	T3	**
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	T4	**
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	T4	**
PICATO TOPICAL GEL 0.015 %, 0.05 %	T3	**
<i>pimecrolimus topical cream 1 %</i>	T4	**
<i>podofilox topical solution 0.5 %</i>	T3	**
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	T4	**

Drug	Status	Requirements/Limits
<i>selenium sulfide topical lotion 2.5 %</i>	T2	**
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	T5	PA; **
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	T5	PA; **
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	T4	**
<i>tazarotene topical cream 0.1 %</i>	T3	PA; **
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	T3	PA; **
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	T3	PA; **
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	T3	PA; **
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	T3	PA; **
VALCHLOR TOPICAL GEL 0.016 %	T5	PA; **
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	T3	**
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/ MINERAL REPLACEMENT		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	T5	PA; **
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	T2	**
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	T2	**
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	T2	**
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	T2	**
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	T2	**
<i>magnesium sulfate injection syringe 4 mEq/mL</i>	T2	**
<i>potassium chloride in 0.9%NaCl intravenous parenteral solution 20 mEq/L, 40 mEq/L</i>	T3	**
<i>potassium chloride in water intravenous piggyback 10 mEq/100 mL, 20 mEq/100 mL, 40 mEq/100 mL</i>	T2	**
<i>potassium chloride intravenous solution 2 mEq/mL</i>	T2	**
<i>potassium chloride oral capsule, extended release 10 mEq, 8 mEq</i>	T2	**
<i>potassium chloride oral liquid 20 mEq/15 mL, 40 mEq/15 mL</i>	T2	**
<i>potassium chloride oral tablet extended release 10 mEq, 20 mEq, 8 mEq</i>	T2	**
<i>potassium chloride oral tablet,ER particles/crystals 10 mEq, 20 mEq</i>	T2	**
<i>potassium chloride-0.45 % NaCl intravenous parenteral solution 20 mEq/L</i>	T3	**
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	T2	**

Drug	Status	Requirements/Limits
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	T2	**
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	T2	**
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	T2	**
<i>sodium chloride irrigation solution 0.9 %</i>	T2	**
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	T3	**
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CLOVIQUE ORAL CAPSULE 250 MG	T5	PA; QL (240 EA per 30 days)
<i>deferasirox oral tablet 180 mg</i>	NF	
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	T5	PA; **
DEPEN TITRATABS ORAL TABLET 250 MG	T5	**
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	T5	PA; **
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	T5	PA; **
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	T4	PA; **
<i>penicillamine oral capsule 250 mg</i>	T5	**
<i>penicillamine oral tablet 250 mg</i>	T5	
SAMSCA ORAL TABLET 15 MG, 30 MG	T5	PA; **
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML	T2	**
<i>sodium polystyrene sulfonate oral powder</i>	T2	**
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	T2	**
SYPRINE ORAL CAPSULE 250 MG	T5	**
<i>tolvaptan oral tablet 30 mg</i>	T5	PA
<i>trientine oral capsule 250 mg</i>	T5	PA; **
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	T4	B/D; **
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	T3	B/D; **
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	T4	B/D; **
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	T4	B/D; **
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	T4	B/D; **
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	T4	B/D; **
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	T4	B/D; **

Drug	Status	Requirements/Limits
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	T4	B/D; **
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	T4	B/D; **
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	T4	B/D; **
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	T4	B/D; **
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	T4	B/D; **
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	T3	B/D; **
<i>D2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	T2	**
<i>D5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	T2	**
<i>D5 %-0.45 % sodium chloride intravenous parenteral solution</i>	T2	**
<i>dextrose 10 % and 0.2 % NaCl intravenous parenteral solution</i>	T2	**
<i>dextrose 10 % in water (D10W) intravenous parenteral solution 10 %</i>	T2	B/D; **
<i>dextrose 5 % in water (D5W) intravenous parenteral solution</i>	T2	B/D; **
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	T4	B/D; **
INTRALIPID INTRAVENOUS EMULSION 20 %	T4	B/D; **
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	T4	B/D; **
<i>potassium chlorid-D5-0.45%NaCl intravenous parenteral solution 20 mEq/L, 30 mEq/L</i>	T3	**
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 mEq/L</i>	T2	**
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	T4	B/D; **
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	T4	B/D; **
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	T4	B/D; **
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	T3	B/D; **
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	T4	B/D; **
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	T4	B/D; **

Drug	Status	Requirements/Limits
VITAMINS		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	T2	**
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	T2	**
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	T2	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	T2	**
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	T2	**
GASTROINTESTINAL AGENTS		
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine oral capsule 10 mg</i>	T6	**
<i>dicyclomine oral solution 10 mg/5 mL</i>	T1	**
<i>dicyclomine oral tablet 20 mg</i>	T6	**
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T2	**
GASTROINTESTINAL AGENTS		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	T4	** ; QL (112 EA per 30 days)
HELIDAC ORAL COMBO PACK 250-500-262.4 MG	NF	
PYLERA ORAL CAPSULE 140-125-125 MG	T4	**
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	NF	
GASTROINTESTINAL AGENTS, OTHER		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 mL</i>	T2	**
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T2	**
ENDARI ORAL POWDER IN PACKET 5 GRAM	T5	PA; **
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	T5	PA; **
<i>loperamide oral capsule 2 mg</i>	T2	**
<i>metoclopramide HCl oral solution 5 mg/5 mL</i>	T2	**
<i>metoclopramide HCl oral tablet 10 mg, 5 mg</i>	T6	**
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	T4	**
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	T2	**
<i>ursodiol oral capsule 300 mg</i>	T3	**
<i>ursodiol oral tablet 250 mg, 500 mg</i>	T3	**
XIFAXAN ORAL TABLET 200 MG	T4	PA; **
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>famotidine oral tablet 20 mg, 40 mg</i>	T2	**
IRRITABLE BOWEL SYNDROME AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	T5	PA; ** ; QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	T3	** ; QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	T4	**
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	T4	**; QL (30 EA per 30 days)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	T3	**
LINZESS ORAL CAPSULE 72 MCG	T3	
TRULANCE ORAL TABLET 3 MG	T3	**
VIBERZI ORAL TABLET 100 MG, 75 MG	T5	PA; **
LAXATIVES		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	T3	**
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	T2	**
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 - 5.84 GRAM	T2	**
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 - 5.86 GRAM	T2	**
GAVILYTE-N ORAL RECON SOLN 420 GRAM	T2	**
<i>lactulose oral solution 10 gram/15 mL</i>	T2	**
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	T2	**
<i>peg-electrolyte soln oral recon soln 420 gram</i>	T2	**
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	T2	**
PROTECTANTS		
CARAFATE ORAL SUSPENSION 100 MG/ML	T4	**
<i>misoprostol oral tablet 200 mcg</i>	T2	**
<i>sucralfate oral tablet 1 gram</i>	T2	**
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium oral granules DR for susp in packet 10 mg, 20 mg, 40 mg</i>	NF	
<i>lansoprazole oral capsule, delayed release(DRI/EC) 15 mg, 30 mg</i>	T2	**; QL (30 EA per 30 days)
<i>omeprazole oral capsule, delayed release(DRI/EC) 10 mg, 20 mg, 40 mg</i>	T2	**
<i>pantoprazole oral tablet, delayed release (DRI/EC) 20 mg, 40 mg</i>	T1	**; QL (60 EA per 30 days)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG	T4	**; QL (30 EA per 30 days)
<i>rabeprazole oral tablet, delayed release (DRI/EC) 20 mg</i>	T4	**; QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT	T3	**
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	T3	**
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	T4	PA; **
FIRDAPSE ORAL TABLET 10 MG	T5	PA; **, QL (240 EA per 30 days)
KUVAN ORAL TABLET,SOLUBLE 100 MG	T5	PA; **
<i>miglustat oral capsule 100 mg</i>	T5	PA; **
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	T5	
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	T5	PA; **
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	T5	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	T5	PA; **
<i>sodium phenylbutyrate oral tablet 500 mg</i>	T5	PA; **
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	T5	PA; **
ZAVESCA ORAL CAPSULE 100 MG	T5	PA; **
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000- 17,000- 24,000 UNIT	T3	**
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	T3	**
<i>oxybutynin chloride oral tablet 5 mg</i>	T2	**, QL (120 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	T2	**
<i>solifenacin oral tablet 10 mg, 5 mg</i>	T3	**, QL (30 EA per 30 days)
VESICARE ORAL TABLET 10 MG, 5 MG	T3	**, QL (30 EA per 30 days)
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	T2	**, QL (30 EA per 30 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	T2	**, QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	T2	**, QL (60 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	T3	**, QL (30 EA per 30 days)
<i>dutasteride-tamsulosin oral capsule, ER multiphase 24 hr 0.5-0.4 mg</i>	T3	**, QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
<i>finasteride oral tablet 5 mg</i>	T2	**
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	T2	**
<i>tamsulosin oral capsule 0.4 mg</i>	T2	**
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	T6	**; QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	T6	**; QL (60 EA per 30 days)
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	T3	**
CUPRIMINE ORAL CAPSULE 250 MG	T5	**
DEPEN TITRATABS ORAL TABLET 250 MG	T5	**
ELMIRON ORAL CAPSULE 100 MG	T4	**
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM)	T5	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	T5	PA; **
<i>potassium citrate oral tablet extended release 10 mEq (1,080 mg), 15 mEq, 5 mEq (540 mg)</i>	T3	**
PHOSPHATE BINDERS		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	T2	**
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	T3	**
REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	T5	ST; **
<i>sevelamer carbonate oral tablet 800 mg</i>	T4	ST; **
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
<i>alclometasone topical ointment 0.05 %</i>	T3	**
<i>amcinonide topical cream 0.1 %</i>	T4	**
<i>betamethasone dipropionate topical cream 0.05 %</i>	T2	**
<i>betamethasone dipropionate topical ointment 0.05 %</i>	T2	**
<i>betamethasone valerate topical cream 0.1 %</i>	T2	**
<i>betamethasone valerate topical lotion 0.1 %</i>	T2	**
<i>betamethasone valerate topical ointment 0.1 %</i>	T2	**
<i>betamethasone, augmented topical cream 0.05 %</i>	T2	**
<i>betamethasone, augmented topical gel 0.05 %</i>	T2	**
<i>betamethasone, augmented topical lotion 0.05 %</i>	T2	**
<i>betamethasone, augmented topical ointment 0.05 %</i>	T2	**
<i>clobetasol scalp solution 0.05 %</i>	T3	**
<i>clobetasol topical gel 0.05 %</i>	T4	**
<i>clobetasol topical lotion 0.05 %</i>	T4	**
<i>clobetasol topical ointment 0.05 %</i>	T4	**

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Drug	Status	Requirements/Limits
<i>clobetasol topical shampoo 0.05 %</i>	T4	**
<i>clobetasol-emollient topical cream 0.05 %</i>	T4	**
<i>cortisone oral tablet 25 mg</i>	T2	**
<i>desonide topical cream 0.05 %</i>	T4	**
<i>desonide topical lotion 0.05 %</i>	T4	**
<i>desonide topical ointment 0.05 %</i>	T4	**
<i>desoximetasone topical cream 0.25 %</i>	T3	**
<i>desoximetasone topical gel 0.05 %</i>	T3	**
<i>desoximetasone topical ointment 0.25 %</i>	T3	**
DEXABLISS ORAL TABLETS,DOSE PACK 1.5 MG (39 TABS)	T2	
<i>dexamethasone oral elixir 0.5 mg/5 mL</i>	T3	**
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	T2	**
<i>fludrocortisone oral tablet 0.1 mg</i>	T2	**
<i>fluocinolone acetone oil otic (ear) drops 0.01 %</i>	T3	**
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	T3	**
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	T3	**
<i>fluocinolone topical ointment 0.025 %</i>	T3	**
<i>fluocinonide topical gel 0.05 %</i>	T3	**
<i>fluocinonide topical ointment 0.05 %</i>	T3	**
<i>fluocinonide topical solution 0.05 %</i>	T3	**
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	T3	**
<i>fluticasone propionate topical cream 0.05 %</i>	T2	**
<i>fluticasone propionate topical ointment 0.005 %</i>	T2	**
<i>halobetasol propionate topical cream 0.05 %</i>	T4	**
<i>halobetasol propionate topical ointment 0.05 %</i>	T4	**
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	T4	**
<i>hydrocortisone butyrate topical solution 0.1 %</i>	T4	**
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	T2	**
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	T2	**
<i>hydrocortisone topical lotion 2.5 %</i>	T2	**
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	T2	**
<i>hydrocortisone valerate topical cream 0.2 %</i>	T4	**
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	T5	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	T2	**
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	T2	**
<i>mometasone topical cream 0.1 %</i>	T2	**
<i>mometasone topical ointment 0.1 %</i>	T2	**
<i>mometasone topical solution 0.1 %</i>	T2	**
<i>prednisolone oral solution 15 mg/5 mL</i>	T2	**

Drug	Status	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 5 mg base/5 mL (6.7 mg/5 mL)</i>	T2	**
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i>	T4	B/D; **
<i>prednisone oral solution 5 mg/5 mL</i>	T3	**
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	T2	**
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	T2	**
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	T2	**
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	T2	**
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	T2	**
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	T2	**
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 mL)</i>	T3	**
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	T3	**
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	T5	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	T5	PA; **
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	T5	PA; **
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	T5	PA; **
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	T5	PA; **; QL (6 ML per 28 days)
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)		
<i>misoprostol oral tablet 200 mcg</i>	T2	**
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50 ORAL TABLET 50 MG	T5	PA; **
<i>oxandrolone oral tablet 10 mg</i>	T5	PA; **; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	T3	PA; **; QL (120 EA per 30 days)
ANDROGENS		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	T4	**

Drug	Status	Requirements/Limits
<i>testosterone cypionate intramuscular oil 100 mg/mL, 200 mg/mL</i>	T3	**
<i>testosterone enanthate intramuscular oil 200 mg/mL</i>	T3	**; QL (5 ML per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	T4	**; QL (300 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	T3	**; QL (300 GM per 30 days)
ESTROGENS		
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	T4	**
DUAVEE ORAL TABLET 0.45-20 MG	T3	PA; **
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	PA; **
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	T4	PA; **; QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	T3	PA; **; QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	T4	**
<i>estradiol vaginal tablet 10 mcg</i>	T4	**
<i>estradiol valerate intramuscular oil 20 mg/mL</i>	T4	**
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T4	PA; **
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	NF	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	T3	PA; **
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	T3	**
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
APRI ORAL TABLET 0.15-0.03 MG	T2	**
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	T4	**
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	T4	**; QL (30 EA per 30 days)
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	T2	**
<i>estradiol valerate intramuscular oil 40 mg/mL</i>	T4	**
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T3	PA; **
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	T2	**
OSPHENA ORAL TABLET 60 MG	T4	**
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	T3	PA; **
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	T3	PA; **
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	T2	**

Drug	Status	Requirements/Limits
TRI-PREVFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	T2	**
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	T2	**
PROGESTINS		
CAMILA ORAL TABLET 0.35 MG	T2	**
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	T3	B/D; **
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	T3	**
ERRIN ORAL TABLET 0.35 MG	T2	**
LYZA ORAL TABLET 0.35 MG	T2	**
<i>medroxyprogesterone intramuscular suspension 150 mg/mL</i>	T2	**
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	**
<i>megestrol oral suspension 400 mg/10 mL (40 mg/mL)</i>	T2	PA; **
<i>megestrol oral tablet 20 mg, 40 mg</i>	T2	PA; **
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	T2	**
<i>progesterone micronized oral capsule 100 mg</i>	T2	**
<i>progesterone micronized oral capsule 200 mg</i>	T3	**
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE ORAL TABLET 0.45-20 MG	T3	PA; **
<i>raloxifene oral tablet 60 mg</i>	T3	**; QL (30 EA per 30 days)
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	T3	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1	**
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	T2	**
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	T2	**
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T3	**
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T2	**

Drug	Status	Requirements/Limits
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN ORAL TABLET 500 MG	T3	**
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>bromocriptine oral capsule 5 mg</i>	T4	**
<i>bromocriptine oral tablet 2.5 mg</i>	T4	**
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	T5	
<i>cabergoline oral tablet 0.5 mg</i>	T3	**; QL (16 EA per 28 days)
<i>leuprolide subcutaneous kit 1 mg/0.2 mL</i>	T3	**
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	T5	PA; **; QL (1 EA per 84 days)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	T5	PA; **; QL (1 EA per 112 days)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	T5	PA; **; QL (1 EA per 168 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	T5	PA; **; QL (1 EA per 28 days)
<i>octreotide acetate injection solution 1,000 mcg/mL, 500 mcg/mL</i>	T5	B/D; **
<i>octreotide acetate injection solution 100 mcg/mL, 200 mcg/mL, 50 mcg/mL</i>	T4	B/D; **
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	T5	PA; **
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	T5	PA; **
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG	T5	**
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	T5	**
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	T6	**
<i>propylthiouracil oral tablet 50 mg</i>	T3	**
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	T5	PA; **
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	T5	PA; **
<i>icatibant subcutaneous syringe 30 mg/3 mL</i>	T5	PA; **

Drug	Status	Requirements/Limits
IMMUNE SUPPRESSANTS		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	T5	PA; **
AFINITOR ORAL TABLET 2.5 MG	T5	PA; **; QL (30 EA per 30 days)
AZASAN ORAL TABLET 100 MG, 75 MG	T4	B/D; **
<i>azathioprine oral tablet 50 mg</i>	T2	B/D; **
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	T5	PA; **
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	T5	PA; **
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	T3	B/D; **
<i>cyclosporine modified oral solution 100 mg/mL</i>	T3	B/D; **
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	T3	B/D; **
DEPEN TITRATABS ORAL TABLET 250 MG	T5	**
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	T5	PA; **; QL (3.42 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	T5	PA; **
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	T5	PA; **; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	T5	PA; **; QL (8 EA per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	T5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	T5	PA; **; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	T5	PA; **; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	T5	PA; **; QL (8 ML per 28 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	T5	PA
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	T5	B/D; QL (60 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i>	T5	B/D; QL (240 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.75 mg</i>	T5	B/D; QL (120 EA per 30 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	T5	PA; **; QL (6 EA per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	T5	PA; **; QL (4 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	T5	PA; **; QL (4 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	T5	PA; **; QL (2 EA per 28 days)

Drug	Status	Requirements/Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	T5	PA; **, QL (4 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	T5	PA; **, QL (3 EA per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	T5	PA; **, QL (3 EA per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	T5	PA; **, QL (4 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	T5	PA; **, QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	T5	PA; **, QL (4 EA per 28 days)
INGREZZA ORAL CAPSULE 40 MG, 80 MG	T5	PA; **
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	NF	
<i>mercaptopurine oral tablet 50 mg</i>	T3	**
<i>methotrexate sodium (PF) injection solution 25 mg/mL</i>	T2	B/D; **
<i>methotrexate sodium injection solution 25 mg/mL</i>	T2	B/D; **
<i>methotrexate sodium oral tablet 2.5 mg</i>	T2	**
<i>mycophenolate mofetil oral capsule 250 mg</i>	T3	B/D; **
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/mL</i>	T4	B/D; **
<i>mycophenolate mofetil oral tablet 500 mg</i>	T3	B/D; **
<i>mycophenolate sodium oral tablet, delayed release (DRIEC) 180 mg, 360 mg</i>	T4	B/D; **
OTEZLA ORAL TABLET 30 MG	T5	PA; **
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	T5	PA; **
<i>pimecrolimus topical cream 1 %</i>	T4	**
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	T4	B/D; **
RAPAMUNE ORAL SOLUTION 1 MG/ML	T5	B/D; **
<i>sirolimus oral solution 1 mg/mL</i>	T5	B/D; **
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	T4	B/D; **
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	T3	B/D; **
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	T4	**
XATMEP ORAL SOLUTION 2.5 MG/ML	T4	PA; **
XELJANZ ORAL TABLET 10 MG, 5 MG	T5	PA; **, QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	T5	PA; **, QL (30 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG	T5	PA; QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	T5	B/D; **
IMMUNIZING AGENTS, PASSIVE		
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	T5	B/D; **
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	T5	B/D; **
IMMUNOLOGICAL AGENTS		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	T3	**; QL (30 EA per 30 days)
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	T5	PA; **
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	T5	PA; **
<i>leflunomide oral tablet 10 mg, 20 mg</i>	T3	**; QL (30 EA per 30 days)
RIDAURA ORAL CAPSULE 3 MG	T5	**
VACCINES		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	T3	**
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	T3	**
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	T3	**
<i>BCG vaccine, live (PF) percutaneous suspension for reconstitution 50 mg</i>	T3	**
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	T4	**
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	T3	**
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	T3	**
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	T3	**
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	T3	B/D; **
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	T3	B/D; **
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	T3	PA; **
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	T3	PA; **
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	T3	**
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	T3	**

Drug	Status	Requirements/Limits
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	T3	**
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	T3	**
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	T3	**
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	T3	**
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	T4	**
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	T3	**
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	T3	**
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	T4	**
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	T3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	T3	**
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	T3	**
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	T3	**
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	T3	**
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	T3	**
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	T3	**
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	T3	**
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	T3	B/D; **
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	T3	B/D; **
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	T3	**
ROTATEQ VACCINE ORAL SOLUTION 2 ML	T3	**
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	T3	**
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	T3	**
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	T3	**
<i>tetanus,diphtheria tox ped(PF) intramuscular suspension 5-25 Lf unit/0.5 mL</i>	T3	**

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Drug	Status	Requirements/Limits
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	T4	**
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	T3	**
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	T3	**
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	T3	**
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	T3	**
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	T3	**
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	T3	**
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	T3	**
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide oral capsule 750 mg</i>	T2	**
DIPENTUM ORAL CAPSULE 250 MG	T5	**
<i>mesalamine oral tablet, delayed release (DR/EC) 1.2 gram, 800 mg</i>	T3	**
<i>mesalamine rectal enema 4 gram/60 mL</i>	T3	**
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	T4	** ; QL (240 EA per 30 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	T5	** ; QL (240 EA per 30 days)
GLUCOCORTICOIDS		
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	T4	**
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	T4	** ; QL (30 EA per 30 days)
<i>cortisone oral tablet 25 mg</i>	T2	**
<i>dexamethasone oral elixir 0.5 mg/5 mL</i>	T3	**
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	T2	**
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	T2	**
<i>hydrocortisone rectal enema 100 mg/60 mL</i>	T4	**
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	T2	**
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	T2	**
<i>prednisolone acetate ophthalmic (eye) drops, suspension 1 %</i>	T2	**
<i>prednisolone oral solution 15 mg/5 mL</i>	T2	**
<i>prednisolone sodium phosphate oral solution 5 mg base/5 mL (6.7 mg/5 mL)</i>	T2	**

Drug	Status	Requirements/Limits
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i>	T4	B/D; **
<i>prednisone oral solution 5 mg/5 mL</i>	T3	**
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	T2	**
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	T2	**
SULFONAMIDES		
<i>sulfasalazine oral tablet 500 mg</i>	T2	**
<i>sulfasalazine oral tablet, delayed release (DRIEC) 500 mg</i>	T2	**
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
<i>alendronate oral tablet 10 mg</i>	T6	**; QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	T6	**; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	T3	**; QL (3.7 ML per 30 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	T2	**
<i>calcitriol oral solution 1 mcg/mL</i>	T2	**
<i>cinacalcet oral tablet 30 mg</i>	T3	B/D; **; QL (60 EA per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	T5	B/D; **; QL (60 EA per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	T5	B/D; **; QL (120 EA per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	T5	PA; **; QL (2.34 ML per 28 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	T5	PA; **; QL (2.4 ML per 28 days)
<i>ibandronate oral tablet 150 mg</i>	T3	**; QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	T5	PA; **
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	T4	**; QL (1 ML per 180 days)
<i>risedronate oral tablet 150 mg</i>	T4	**; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	T4	**; QL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg</i>	T4	**; QL (4 EA per 28 days)
SENSIPAR ORAL TABLET 30 MG	T3	B/D; **; QL (60 EA per 30 days)
SENSIPAR ORAL TABLET 60 MG	T5	B/D; **; QL (60 EA per 30 days)
SENSIPAR ORAL TABLET 90 MG	T5	B/D; **; QL (120 EA per 30 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose - 620 mcg/2.48 mL</i>	T5	PA; QL (2.4 ML per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	T5	PA; **
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	T5	PA; **

Drug	Status	Requirements/Limits
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS		
<i>bacitracin-polymyxin B ophthalmic (eye) ointment 500-10,000 unit/gram</i>	T1	**
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	T3	**
<i>neomycin-bacitracin-poly-HC ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	T2	**
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	T2	**
<i>neomycin-polymyxin B-dexameth ophthalmic (eye) drops,suspension 3.5mg/mL-10,000 unit/mL-0.1 %</i>	T1	**
<i>neomycin-polymyxin B-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	T1	**
<i>neomycin-polymyxin-HC ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/mL</i>	T3	**
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	T5	PA; **, QL (28 ML per 28 days)
<i>polymyxin B sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/mL</i>	T1	**
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	T3	**
OPHTHALMIC AGENTS, OTHER		
<i>atropine ophthalmic (eye) drops 1 %</i>	T2	**
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	T5	PA; **
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	T5	PA; **, QL (28 ML per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	T3	**, QL (60 EA per 30 days)
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	T2	**
<i>cromolyn ophthalmic (eye) drops 4 %</i>	T2	**
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	T3	**
LASTACFT OPHTHALMIC (EYE) DROPS 0.25 %	T4	**
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	T3	**, QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	T3	**
PAZEO OPHTHALMIC (EYE) DROPS 0.7 %	T3	**
ZERVATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	NF	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T2	**
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	T3	**
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	T3	**
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	T4	**
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	T3	**

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<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	T1	**
<i>carteolol ophthalmic (eye) drops 1 %</i>	T1	**
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	T3	**
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	T1	**
<i>dorzolamide-timolol (PF) ophthalmic (eye) dropperette 2-0.5 %</i>	T4	PA
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/mL</i>	T1	**
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	T1	**
<i>methazolamide oral tablet 25 mg, 50 mg</i>	T4	**
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	T3	**
<i>pilocarpine HCl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	T3	**
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	T4	**
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	T3	**
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	T1	**
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	T2	**
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	T2	**
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	T2	**
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	T3	**
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	T3	**
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	T2	**
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	T3	**
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	T2	**
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	T4	**
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	T4	**
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	T4	**
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	T2	**
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	T2	**
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	T1	**
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	T3	** , QL (5 ML per 30 days)
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	T3	**

Drug	Status	Requirements/Limits
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	T3	**; QL (5 ML per 30 days)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	T3	QL (5 ML per 30 days)
OTIC AGENTS		
OTIC AGENTS		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	T4	**
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	T3	**
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	T2	
<i>neomycin-polymyxin-HC otic (ear) drops,suspension 3.5-10,000-1 mg/mL-unit/mL-%</i>	T2	**
<i>neomycin-polymyxin-HC otic (ear) solution 3.5-10,000-1 mg/mL-unit/mL-%</i>	T2	**
RESPIRATORY TRACT/ PULMONARY AGENTS		
ANTIHISTAMINES		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	T3	**; QL (60 ML per 30 days)
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	T3	**; QL (60 ML per 30 days)
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	NF	
<i>clemastine oral tablet 2.68 mg</i>	T3	PA; **
<i>cyproheptadine oral tablet 4 mg</i>	T2	PA; **
<i>desloratadine oral tablet 5 mg</i>	T2	**; QL (30 EA per 30 days)
<i>hydroxyzine HCl oral solution 10 mg/5 mL</i>	T3	PA; **
<i>hydroxyzine HCl oral tablet 10 mg, 25 mg, 50 mg</i>	T3	**
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	T3	**
<i>levocetirizine oral solution 2.5 mg/5 mL</i>	T4	**
<i>levocetirizine oral tablet 5 mg</i>	T2	**; QL (30 EA per 30 days)
<i>promethazine oral syrup 6.25 mg/5 mL</i>	T2	PA; **
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	T2	PA; **
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	T3	**; QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	T3	**; QL (12 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	T3	**; QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	T3	**; QL (13 GM per 30 days)

Drug	Status	Requirements/Limits
ASMANEX HFA INHALATION HFA AEROSOL INHALER 50 MCG/ACTUATION	T3	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	T3	**; QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 mL, 0.5 mg/2 mL, 1 mg/2 mL</i>	T4	B/D; **
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	T3	**; QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	T3	**; QL (240 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	T3	**; QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	T3	**; QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	T3	**; QL (10.6 GM per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	T3	**; QL (50 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	T2	**; QL (16 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	T4	**
ANTILEUKOTRIENES		
<i>montelukast oral tablet 10 mg</i>	T6	**; QL (30 EA per 30 days)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	T1	**; QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	T3	**; QL (60 EA per 30 days)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	T4	**; QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	T2	B/D; **
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	T2	**; QL (30 ML per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	T3	**; QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	T3	**; QL (30 EA per 30 days)
BRONCHODILATORS, SYMPATHOMIMETIC		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	T3	**; QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	T3	**; QL (12 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 1.25 mg/3 mL, 2.5 mg /3 mL (0.083 %)</i>	T2	B/D; **

Drug	Status	Requirements/Limits
<i>albuterol sulfate oral syrup 2 mg/5 mL</i>	T2	**
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	T4	**
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	T3	**
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	T3	**; QL (13 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	T3	
<i>epinephrine injection auto-injector 0.15 mg/0.3 mL, 0.3 mg/0.3 mL</i>	T6	**; QL (4 EA per 30 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	T3	**; QL (4 EA per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	T3	**; QL (4 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	T3	**; QL (60 EA per 30 days)
<i>levalbuterol tartrate inhalation HFA aerosol inhaler 45 mcg/actuation</i>	T4	**; QL (30 GM per 30 days)
<i>metaproterenol oral syrup 10 mg/5 mL</i>	T2	**
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	T3	**
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	T3	**
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	T3	**; QL (4 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	T4	**
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	T3	**; QL (36 GM per 30 days)
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	T4	**; QL (30 GM per 30 days)
CYSTIC FIBROSIS AGENTS		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	T5	PA; **
KALYDECO ORAL GRANULES IN PACKET 25 MG	T5	PA; **; QL (60 EA per 30 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	T5	PA; **; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	T5	PA; **; QL (60 EA per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	T5	PA; **
PULMOZYME INHALATION SOLUTION 1 MG/ML	T5	PA; **; QL (150 ML per 30 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	T5	PA; **
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	T5	PA; QL (84 EA per 28 days)

Drug	Status	Requirements/Limits
MAST CELL STABILIZERS		
<i>cromolyn inhalation solution for nebulization 20 mg/2 mL</i>	T2	B/D; **
<i>cromolyn oral concentrate 100 mg/5 mL</i>	T2	**
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	T4	**; QL (30 EA per 30 days)
<i>theophylline oral tablet extended release 12 hr 300 mg</i>	T2	**
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	T2	**
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	T5	PA; **
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	T5	PA; **
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	T5	PA; **
LETAIRIS ORAL TABLET 10 MG, 5 MG	T5	PA; **
OPSUMIT ORAL TABLET 10 MG	T5	PA; **
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG	T4	PA; **
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG, 2.5 MG, 5 MG	T5	PA; **
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	T3	PA; **; QL (90 EA per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	T5	PA; LA; **
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	T5	PA; **
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	T5	PA; **
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG	T5	PA; **; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	T5	PA; **; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	T5	PA; **; QL (90 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	T5	PA; **; QL (60 EA per 30 days)
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine solution 100 mg/mL (10 %), 200 mg/mL (20 %)</i>	T2	B/D; **
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	T3	**
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	T5	PA; **; QL (3.42 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	T5	PA; **
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	T5	B/D; **
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	T3	**; QL (4 GM per 30 days)

Drug	Status	Requirements/Limits
RESPIRATORY TRACT/ PULMONARY AGENTS		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	T3	**; QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	T3	**; QL (12 GM per 30 days)
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	NF	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	T3	**; QL (8 GM per 30 days)
ESBRIET ORAL CAPSULE 267 MG	T5	PA; **; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	T5	PA; **; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	T5	PA; **; QL (90 EA per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	T5	PA; **
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	T5	PA; **
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 mL</i>	T2	B/D; **
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	T5	PA; **
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	T5	PA; **
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	T5	PA; **
OFEV ORAL CAPSULE 100 MG, 150 MG	T5	PA; **; QL (60 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	T5	PA; **; QL (150 ML per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	T3	**; QL (10.2 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	T4	**
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	T5	PA; **
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	T5	PA; **
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	T2	PA; **; QL (90 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T6	PA; **
<i>tizanidine oral tablet 2 mg, 4 mg</i>	T2	**
SLEEP DISORDER AGENTS		
GABA RECEPTOR MODULATORS		
<i>temazepam oral capsule 15 mg, 30 mg</i>	T2	**; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	T2	**; QL (90 EA per 365 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	T2	PA; **; QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
SLEEP DISORDERS, OTHER		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	T3	PA; **; QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	T4	**
DAYVIGO ORAL TABLET 10 MG, 5 MG	NF	
<i>doxepin oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	T6	PA; **
<i>doxepin oral concentrate 10 mg/mL</i>	T2	PA; **
HETLIOZ ORAL CAPSULE 20 MG	T5	PA; **; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	T3	PA; **; QL (30 EA per 30 days)
<i>ramelteon oral tablet 8 mg</i>	T3	**; QL (30 EA per 30 days)
ROZEREM ORAL TABLET 8 MG	T3	**; QL (30 EA per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	T4	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	T5	PA; LA; **

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<i>calcium acetate(phosphat bind)</i>	67	<i>ciprofloxacin in 5 % dextrose</i>	17	COTELLIC	32
CALQUENCE	32	<i>ciprofloxacin-dexamethasone</i>	81	CREON	66
CAMILA	71	<i>citalopram</i>	23	CRIXIVAN	42
CANCIDAS	25	CLARAVIS	60	<i>cromolyn</i>	79, 84
<i>candesartan</i>	51	<i>clarithromycin</i>	17	CUPRIMINE	67
<i>candesartan-hydrochlorothiazid</i>	54	<i>clemastine</i>	81	<i>cyclobenzaprine</i>	85
CAPLYTA	37	CLENPIQ	65	<i>cyclophosphamide</i>	29
CAPRELSA	32	CLEOCIN	14	CYCLOSET	45
<i>captopril</i>	52	<i>clindamycin HCl</i>	14	<i>cyclosporine</i>	73
<i>captopril-hydrochlorothiazide</i>	54	<i>clindamycin in 5 % dextrose</i>	14	<i>cyclosporine modified</i>	73
CARAFATE	65	<i>clindamycin phosphate</i>	14	<i>cyproheptadine</i>	81
CARBAGLU	61	CLINIMIX 5%/D15W SULFITE		CYSTADANE	66
<i>carbamazepine</i>	21, 45	FREE	62	CYSTAGON	66
<i>carbidopa</i>	35	CLINIMIX 4.25%/D10W SULF		CYSTARAN	79
<i>carbidopa-levodopa</i>	36	FREE	62	<i>D2.5 %-0.45 % sodium chloride</i>	63
<i>carbidopa-levodopa-entacapone</i>	35	CLINIMIX 4.25%/D5W SULFIT		<i>D5 % and 0.9 % sodium chloride</i>	63
<i>carteolol</i>	80	FREE	62	<i>D5 %-0.45 % sodium chloride</i>	63
CARTIA XT	53	CLINIMIX 5%-D20W(SULFITE-		<i>dalfampridine</i>	58
<i>carvedilol</i>	52	FREE)	62	DALIRESP	84
<i>carvedilol phosphate</i>	52	CLINIMIX E 2.75%/D5W SULF		<i>danazol</i>	69
<i>caspofungin</i>	25	FREE	63	<i>dantrolene</i>	38
CAYSTON	16, 83	CLINIMIX E 4.25%/D10W SUL		<i>dapsone</i>	29
<i>ceftazidime</i>	15	FREE	63	DAPTACEL (DTAP PEDIATRIC)	
<i>cefadroxil</i>	15	CLINIMIX E 4.25%/D5W SULF		(PF)	75
<i>cefazolin</i>	15	FREE	63	<i>daptomycin</i>	14
<i>cefdinir</i>	15	CLINIMIX E 5%/D15W SULFIT		DARAPRIM	34
<i>cefepime</i>	15	FREE	63	DAURISMO	32
<i>cefixime</i>	15	CLINIMIX E 5%/D20W SULFIT		DAYVIGO	86
<i>cefoxitin</i>	15	FREE	63	<i>deferasirox</i>	62
<i>cefpodoxime</i>	15	CLINISOL SF 15 %	63	DELESTROGEN	70
<i>cefprozil</i>	15	<i>clobazam</i>	19	DELSTRIGO	41
<i>ceftazidime</i>	15	<i>clobetasol</i>	67, 68	DEMSE	54
<i>ceftriaxone</i>	15	<i>clobetasol-emollient</i>	68	DENAVIR	40
<i>cefuroxime axetil</i>	15	<i>clomipramine</i>	24	DEPEN TITRATABS	62, 67, 73
<i>cefuroxime sodium</i>	15	<i>clonazepam</i>	19, 43	DEPO-PROVERA	71
<i>celecoxib</i>	10, 27	<i>clonidine</i>	51	DEPO-SUBQ PROVERA 104	71
CELONTIN	19	<i>clonidine HCl</i>	51	DESCOVY	41
<i>cephalexin</i>	15	<i>clopidogrel</i>	51	<i>desipramine</i>	24
CHANTIX	13	<i>clorazepate dipotassium</i>	19, 43	<i>desloratadine</i>	81
CHANTIX CONTINUING MONTH		<i>clotrimazole</i>	25	<i>desmopressin</i>	69
BOX	13	<i>clotrimazole-betamethasone</i>	60	<i>desog-e.estradiol/e.estradiol</i>	70
CHANTIX STARTING MONTH		CLOVIQUE	62	<i>desonide</i>	68
BOX	13	<i>clozapine</i>	38	<i>desoximetasone</i>	68
<i>chlordiazepoxide HCl</i>	43	COARTEM	34	<i>desvenlafaxine</i>	23
<i>chlorhexidine gluconate</i>	59	<i>codeine sulfate</i>	12	<i>desvenlafaxine succinate</i>	23
<i>chloroquine phosphate</i>	34	<i>colchicine</i>	26	DEXABLISS	68

<i>dexamethasone</i>	27, 68, 77	EGRIFTA SV	69	EVRYSDI	58
<i>dexamethasone sodium phosphate</i>	80	ELIQUIS	49	<i>exemestane</i>	31
<i>dexmethylphenidate</i>	58	ELIQUIS DVT-PE TREAT 30D		EXJADE	62
<i>dextroamphetamine</i>	57	START	49	<i>ezetimibe</i>	56
<i>dextroamphetamine-amphetamine</i> ..	57	ELMIRON	67	<i>ezetimibe-simvastatin</i>	54
<i>dextrose 10 % and 0.2 % NaCl</i>	63	EMCYT	30	<i>famciclovir</i>	40
<i>dextrose 10 % in water (D10W)</i>	63	EMSAM	23	<i>famotidine</i>	64
<i>dextrose 5 % in water (D5W)</i>	63	<i>emtricitabine</i>	41	FANAPT	37
DIASTAT	18, 19, 43	EMTRIVA	41	FARESTON	30
DIASTAT ACUDIAL	18, 19, 43	<i>enalapril maleate</i>	52	FARYDAK	31
<i>diazepam</i>	18, 19, 43	<i>enalapril-hydrochlorothiazide</i>	54	FASENRA	85
<i>diazoxide</i>	47	ENBREL	73	FASENRA PEN	85
<i>diclofenac potassium</i>	10, 27	ENBREL MINI	73	<i>febuxostat</i>	26
<i>diclofenac sodium</i>	10, 27, 60, 80	ENBREL SURECLICK	73	<i>felbamate</i>	20
<i>dicloxacillin</i>	16	ENDARI	64	<i>felodipine</i>	53
<i>dicyclomine</i>	64	ENDOCET	10	<i>fenofibrate</i>	56
<i>didanosine</i>	41	ENGERIX-B (PF)	75	<i>fenofibrate micronized</i>	56
DIFICID	17	ENGERIX-B PEDIATRIC (PF)	75	<i>fenofibrate nanocrystallized</i>	56
DIGITEK	55	<i>enoxaparin</i>	49	<i>fenofibric acid (choline)</i>	56
<i>digoxin</i>	55	ENSPRYNG	73	<i>fentanyl</i>	11, 12
<i>dihydroergotamine</i>	28	<i>entacapone</i>	35	<i>fentanyl citrate</i>	11, 12
DILANTIN	21	<i>entecavir</i>	39	FERRIPROX	62
<i>diltiazem HCl</i>	53	ENTRESTO	51	FETZIMA	23
DILT-XR	53	ENULOSE	65	FIASP FLEXTOUCH U-100	
DIPENTUM	77	EPIDIOLEX	20	INSULIN	48
<i>diphenoxylate-atropine</i>	64	<i>epinastine</i>	79	FIASP PENFILL U-100 INSULIN	48
<i>dipyridamole</i>	51	<i>epinephrine</i>	83	FIASP U-100 INSULIN	48
<i>disopyramide phosphate</i>	52	EPIPEN 2-PAK	83	<i>finasteride</i>	67
<i>disulfiram</i>	12	EPIPEN JR 2-PAK	83	FINTEPLA	18
<i>divalproex</i>	19, 28, 45	EPIVIR HBV	39	FIRAZYR	72
<i>dofetilide</i>	52	<i>eplerenone</i>	55	FIRDAPSE	58, 66
<i>donepezil</i>	21	EPOGEN	50	FIRVANQ	14
DOPTELET (10 TAB PACK)	50	<i>ergoloid</i>	21	<i>flecainide</i>	52
DOPTELET (15 TAB PACK)	50	<i>ergotamine-caffeine</i>	28	FLOVENT DISKUS	82
DOPTELET (30 TAB PACK)	50	ERIVEDGE	32	FLOVENT HFA	82
<i>dorzolamide</i>	80	ERLEADA	30	<i>fluconazole</i>	25
<i>dorzolamide-timolol</i>	80	<i>erlotinib</i>	32	<i>fluconazole in NaCl (iso-osm)</i>	25
<i>dorzolamide-timolol (PF)</i>	80	ERRIN	71	<i>flucytosine</i>	25
DOVATO	41	<i>ertapenem</i>	16	<i>fludrocortisone</i>	68
<i>doxazosin</i>	51, 66	ERY PADS	17	<i>flunisolide</i>	82
<i>doxepin</i>	24, 43, 86	ERYTHROCIN	17	<i>fluocinolone</i>	68
DOXY-100	18	<i>erythromycin</i>	17	<i>fluocinolone acetonide oil</i>	68
<i>doxycycline hyclate</i>	18, 59, 60	<i>erythromycin with ethanol</i>	17	<i>fluocinolone and shower cap</i>	68
<i>doxycycline monohydrate</i>	18, 59, 60	ESBRIET	84, 85	<i>fluocinonide</i>	68
DRIZALMA SPRINKLE	23	<i>escitalopram oxalate</i>	23, 43	FLUOCINONIDE-E	68
<i>dronabinol</i>	25	<i>esomeprazole magnesium</i>	65	<i>fluorometholone</i>	80
DROXIA	30	<i>estradiol</i>	70	<i>fluorouracil</i>	60
DUAVEE	70, 71	<i>estradiol valerate</i>	70	<i>fluoxetine</i>	23
DULERA	83	<i>estradiol-norethindrone acet</i>	70	<i>fluphenazine decanoate</i>	36
<i>duloxetine</i>	23, 43, 58	<i>ethambutol</i>	29	<i>fluphenazine HCl</i>	36
DUPIXENT PEN	60	<i>ethosuximide</i>	19	<i>flurbiprofen</i>	10, 27
DUPIXENT SYRINGE	60, 73, 84	<i>etodolac</i>	10, 27	<i>flurbiprofen sodium</i>	80
DUREZOL	80	EUCRISA	60	<i>flutamide</i>	30
<i>dutasteride</i>	66	EUTHYROX	71	<i>fluticasone propionate</i>	60, 68, 82
<i>dutasteride-tamsulosin</i>	66	EVENITY	78	<i>fluticasone propion-salmeterol</i>	83
<i>econazole</i>	25	<i>everolimus (antineoplastic)</i>	32	<i>fluvoxamine</i>	23
EDURANT	40	<i>everolimus (immunosuppressive)</i>	73	<i>fondaparinux</i>	50
<i>efavirenz</i>	40	EVOTAZ	42	FORTEO	78

<i>fosamprenavir</i>	42	HUMIRA	73, 74	IPOL	76
<i>fosinopril</i>	52	HUMIRA PEN	73	<i>ipratropium bromide</i>	82
<i>fosinopril-hydrochlorothiazide</i>	54	HUMIRA PEN CROHNS-UC-HS		<i>ipratropium-albuterol</i>	85
<i>furosemide</i>	55	START	73	<i>irbesartan</i>	51
FUZEON	41	HUMIRA PEN PSOR-UVEITS-		<i>irbesartan-hydrochlorothiazide</i> ...54, 56	
FYCOMPA	20	ADOL HS	73	IRESSA	33
<i>gabapentin</i>	20	HUMIRA(CF)	74	ISENTRESS	40
<i>galantamine</i>	21	HUMIRA(CF) PEN	74	ISENTRESS HD	40
GAMMAGARD LIQUID	75	HUMIRA(CF) PEN CROHNS-UC-		<i>isoniazid</i>	29
GAMUNEX-C	75	HS	74	<i>isosorbide dinitrate</i>	57
GARDASIL 9 (PF)	75	HUMIRA(CF) PEN PSOR-UV-		<i>isosorbide mononitrate</i>	57
<i>gatifloxacin</i>	17	ADOL HS	74	<i>isotretinoin</i>	60
GATTEX 30-VIAL	64	<i>hydralazine</i>	57	ISTURISA	68
GAUZE PAD	48	<i>hydrochlorothiazide</i>	56	<i>itraconazole</i>	26
GAVILYTE-C	65	<i>hydrocodone-acetaminophen</i>	10	<i>ivermectin</i>	34
GAVILYTE-G	65	<i>hydrocodone-ibuprofen</i>	10	IXIARO (PF)	76
GAVILYTE-N	65	<i>hydrocortisone</i>	27, 68, 77	JAKAFI	33
GAVRETO	31	<i>hydrocortisone butyrate</i>	68	JANTOVEN	50
<i>gemfibrozil</i>	56	<i>hydrocortisone valerate</i>	68	JANUMET	47
<i>gentamicin</i>	13	<i>hydromorphone</i>	12	JANUMET XR	47
<i>gentamicin in NaCl (iso-osm)</i>	13	<i>hydromorphone (PF)</i>	11, 12	JANUVIA	46
GENVOYA	40	<i>hydroxychloroquine</i>	34	JARDIANCE	46
GEODON	37, 44	<i>hydroxyurea</i>	30	JENTADUETO	46, 47
GILENYA	58	<i>hydroxyzine HCl</i>	24, 43, 81	JENTADUETO XR	46, 47
GILOTRIF	32	<i>hydroxyzine pamoate</i>	24, 43, 81	JULUCA	41
<i>glatiramer</i>	58	<i>ibandronate</i>	78	JUXTAPID	56
GLATOPA	59	IBRANCE	31	JYNARQUE	67
GLEOSTINE	30	<i>ibuprofen</i>	11, 27	KALETRA	42
<i>glimepiride</i>	45	<i>icatibant</i>	72	KALYDECO	83
<i>glipizide</i>	46	ICLUSIG	32	KESIMPTA PEN	59
<i>glipizide-metformin</i>	47	IDHIFA	31	<i>ketoconazole</i>	26
GLOPERBA	26	ILEVRO	80	<i>ketoprofen</i>	11, 27
GLUCAGEN HYPOKIT	47	<i>imatinib</i>	32	<i>ketorolac</i>	11, 80
GLUCAGON EMERGENCY KIT		IMBRUVICA	33	KEVZARA	74
(HUMAN)	47	<i>imipenem-cilastatin</i>	16	KINRIX (PF)	76
<i>glyburide</i>	46	<i>imipramine HCl</i>	24	KISQALI	31
<i>glyburide micronized</i>	46	<i>imiquimod</i>	60	KISQALI FEMARA CO-PACK	31
<i>glyburide-metformin</i>	47	IMOVAX RABIES VACCINE (PF) ...76		KLOR-CON 10	61, 64
<i>glycopyrrolate</i>	64	INBRIJA	36	KLOR-CON 8	61, 64
GLYXAMBI	46	INCRELEX	69	KLOR-CON M10	61, 64
<i>granisetron HCl</i>	25	<i>indapamide</i>	56	KLOR-CON M15	61, 64
GRANIX	50	<i>indomethacin</i>	11, 27	KLOR-CON M20	61, 64
<i>griseofulvin microsize</i>	25	INFANRIX (DTAP) (PF)	76	KORLYM	47
<i>guanfacine</i>	51, 58	INGREZZA	74	KOSELUGO	33
<i>guanidine</i>	29	INGREZZA INITIATION PACK	58	KRINTAFEL	34
GVOKE HYPOPEN 2-PACK	47	INLYTA	33	KUVAN	66
GVOKE PFS 2-PACK SYRINGE	47	INQOVI	30	KYNMOBI	35
<i>halobetasol propionate</i>	68	INREBIC	33	<i>labetalol</i>	52
<i>haloperidol</i>	36	<i>insulin asp prt-insulin aspart</i>	48	<i>lactulose</i>	65
<i>haloperidol decanoate</i>	36	<i>insulin aspart U-100</i>	48	<i>lamivudine</i>	39, 41
<i>haloperidol lactate</i>	36	<i>insulin lispro</i>	48	<i>lamivudine-zidovudine</i>	41
HARVONI	39	<i>insulin lispro protamin-lispro</i>	48	<i>lamotrigine</i>	20, 45
HAVRIX (PF)	75	<i>insulin syringe-needle U-100</i>	48	<i>lansoprazole</i>	65
HELIDAC	64	INTELENCE	40	LANTUS SOLOSTAR U-100	
<i>heparin (porcine)</i>	50	INTRALIPID	63	INSULIN	48
HEPATAMINE 8%	63	INTRON A	39	LANTUS U-100 INSULIN	48
HETLIOZ	86	INVEGA SUSTENNA	37	LASTACFT	79
HIBERIX (PF)	76	INVIRASE	42	<i>latanoprost</i>	80

LATUDA	37	LYZA	71	MIGERGOT	28
<i>ledipasvir-sofosbuvir</i>	39	<i>magnesium sulfate</i>	61	<i>miglitol</i>	46
<i>leflunomide</i>	75	<i>malathion</i>	35	<i>miglustat</i>	66
LENVIMA	33	<i>maprotiline</i>	22	<i>minocycline</i>	18, 59
LETAIRIS	84	MARINOL	25	<i>minoxidil</i>	57
<i>letrozole</i>	31	MARPLAN	23	<i>mirtazapine</i>	22
<i>leucovorin calcium</i>	31, 34	MATULANE	29	<i>misoprostol</i>	65, 69
LEUKERAN	29	MAVENCLAD (10 TABLET PACK)	59	M-M-R II (PF)	76
LEUKINE	50	MAVENCLAD (4 TABLET PACK) ..	59	<i>modafinil</i>	86
<i>leuprolide</i>	72	MAVENCLAD (5 TABLET PACK) ..	59	<i>moexipril</i>	52
<i>levabuterol tartrate</i>	83	MAVENCLAD (6 TABLET PACK) ..	59	<i>molindone</i>	36
LEVEMIR FLEXTOUCH U-100		MAVENCLAD (7 TABLET PACK) ..	59	<i>mometasone</i>	68
INSULN	48	MAVENCLAD (8 TABLET PACK) ..	59	<i>montelukast</i>	82
LEVEMIR U-100 INSULIN	48	MAVENCLAD (9 TABLET PACK) ..	59	MONUROL	14
<i>levetiracetam</i>	18	MAVYRET	39	<i>morphine</i>	11, 12
<i>levobunolol</i>	80	<i>meclizine</i>	24	<i>morphine concentrate</i>	11, 12
<i>levocetirizine</i>	81	<i>medroxyprogesterone</i>	71	MOVANTIK	64
<i>levofloxacin</i>	17	<i>mefloquine</i>	34	MOXEZA	17
<i>levothyroxine</i>	71	<i>megestrol</i>	71	MULTAQ	52
LEVOXYL	71	MEKINIST	33	<i>mupirocin</i>	14
LEXIVA	42	MEKTOVI	33	MYCAMINE	26
<i>lidocaine</i>	12	<i>meloxicam</i>	11, 27	<i>mycophenolate mofetil</i>	74
<i>lidocaine HCl</i>	12	<i>memantine</i>	21, 22	<i>mycophenolate sodium</i>	74
LIDOCAINE VISCOUS	12	MENACTRA (PF)	76	MYORISAN	60
<i>lidocaine-prilocaine</i>	12	MENEST	70	MYRBETRIQ	66
<i>linezolid</i>	14	MENQUADFI (PF)	76	<i>nabumetone</i>	11, 28
<i>linezolid in dextrose 5%</i>	14	MENVEO A-C-Y-W-135-DIP (PF) ..	76	<i>nadolol</i>	53
LINZESS	65	<i>meprobamate</i>	43	<i>nafticillin</i>	16
<i>liothyronine</i>	71	<i>mercaptapurine</i>	74	<i>naftifine</i>	26
<i>lisinopril</i>	52	<i>meropenem</i>	16	NAFTIN	26
<i>lisinopril-hydrochlorothiazide</i>	54	<i>mesalamine</i>	77	<i>naloxone</i>	13
<i>lithium carbonate</i>	45	MESNEX	30	<i>naltrexone</i>	12, 13
<i>lithium citrate</i>	45	MESTINON	29	NAMZARIC	22
LOKELMA	62	MESTINON TIMESPAN	29	<i>naproxen</i>	11, 28
LONSURF	30	<i>metaproterenol</i>	83	<i>naproxen sodium</i>	11, 28
<i>loperamide</i>	64	<i>metformin</i>	46	<i>naratriptan</i>	28
<i>lopinavir-ritonavir</i>	42	<i>methadone</i>	11	NATACYN	26
<i>lorazepam</i>	20, 43	<i>methazolamide</i>	55, 80	<i>nateglinide</i>	46
LORBRENA	33	<i>methenamine hippurate</i>	14	NATPARA	78
<i>losartan</i>	51	<i>methimazole</i>	72	NAYZILAM	20
<i>losartan-hydrochlorothiazide</i>	54	<i>methocarbamol</i>	85	NEBUPENT	34
LOTEMAX	80	<i>methotrexate sodium</i>	74	<i>nefazodone</i>	22
<i>loteprednol etabonate</i>	80	<i>methotrexate sodium (PF)</i>	74	<i>neomycin</i>	13
<i>lovastatin</i>	56	<i>methoxsalen</i>	60	<i>neomycin-bacitracin-poly-HC</i>	79
<i>loxapine succinate</i>	36	<i>methylidopa</i>	51	<i>neomycin-bacitracin-polymyxin</i>	79
LUMIGAN	80	<i>methylidopa-hydrochlorothiazide</i>	54	<i>neomycin-polymyxin B-dexameth</i>	79
LUPRON DEPOT	72	<i>methylphenidate HCl</i>	58	<i>neomycin-polymyxin-HC</i>	79, 81
LUPRON DEPOT (3 MONTH)	72	<i>methylprednisolone</i>	27, 68, 77	NEPHRAMINE 5.4 %	63
LUPRON DEPOT (4 MONTH)	72	<i>metoclopramide HCl</i>	24, 64	NERLYNX	33
LUPRON DEPOT (6 MONTH)	72	<i>metolazone</i>	56	NEULASTA	50
LYNPARZA	30	<i>metoprolol succinate</i>	52	NEUPOGEN	50
LYRICA	19, 58	<i>metoprolol ta-hydrochlorothiaz</i>	54	NEUPRO	35
LYSODREN	72	<i>metoprolol tartrate</i>	52	<i>nevirapine</i>	40
LYUMJEV KWIKPEN U-100		<i>metronidazole</i>	14	NEXAVAR	33
INSULIN	48	<i>metronidazole in NaCl (iso-os)</i>	14	NEXLETOL	55
LYUMJEV KWIKPEN U-200		<i>mexiletine</i>	52	NEXLIZET	54
INSULIN	48	<i>micalfungin</i>	26	<i>niacin</i>	56
LYUMJEV U-100 INSULIN	48	<i>midodrine</i>	51	NIACOR	56

<i>nicardipine</i>	53	<i>ondansetron</i>	25	PICATO	60
NICOTROL	13	<i>ondansetron HCl</i>	25	PIFELTRO	41
NICOTROL NS	13	OPSUMIT	84	<i>pilocarpine HCl</i>	59, 80
<i>nifedipine</i>	53	ORENITRAM	84	<i>pimecrolimus</i>	60, 74
<i>nilutamide</i>	30	ORIAHNN	70	<i>pimozide</i>	36
NINLARO	30	ORKAMBI	83	<i>pindolol</i>	53
<i>nisoldipine</i>	53	<i>oseltamivir</i>	42	<i>pioglitazone</i>	46
<i>nitisinone</i>	66	OSMOLEX ER	35	<i>pioglitazone-glimepiride</i>	47
<i>nitrofurantoin macrocrystal</i>	14	OSPHERA	70	<i>pioglitazone-metformin</i>	47
<i>nitrofurantoin monohydr/m-cryst</i>	14	OTEZLA	74	<i>piperacillin-tazobactam</i>	17
<i>nitroglycerin</i>	57	OTEZLA STARTER	74	PIQRAY	31
<i>norethindrone (contraceptive)</i>	71	<i>oxacillin in dextrose(iso-osm)</i>	16	<i>piroxicam</i>	11, 28
<i>norgestimate-ethinyl estradiol</i>	70	<i>oxandrolone</i>	69	<i>podofilox</i>	60
NORTHERA	51	<i>oxaprozin</i>	11, 28	<i>polymyxin B sulfate</i>	14
<i>nortriptyline</i>	24	OXBRYTA	51	<i>polymyxin B sulf-trimethoprim</i>	79
NORVIR	42	<i>oxcarbazepine</i>	21	POMALYST	30
NOURIANZ	35	OXERVATE	79	<i>potassium chlorid-D5-0.45%NaCl</i>	63
NOVOLIN 70/30 U-100 INSULIN	48	<i>oxybutynin chloride</i>	66	<i>potassium chloride</i>	61
NOVOLIN 70-30 FLEXPEN U-100	48	<i>oxycodone</i>	12	<i>potassium chloride in 0.9%NaCl</i>	61
NOVOLIN N FLEXPEN	49	<i>oxycodone-acetaminophen</i>	10	<i>potassium chloride in 5 % dex</i>	63
NOVOLIN N NPH U-100 INSULIN ..	49	<i>oxymorphone</i>	11	<i>potassium chloride in water</i>	61
NOVOLIN R FLEXPEN	49	OZEMPIC	46	<i>potassium chloride-0.45 % NaCl</i>	61
NOVOLIN R REGULAR U-100		<i>paliperidone</i>	38	<i>potassium citrate</i>	67
INSULN	49	PALYNZIQ	66	PRADAXA	50
NOVOLOG FLEXPEN U-100		PANRETIN	34	PRALUENT PEN	57
INSULIN	49	<i>pantoprazole</i>	65	<i>pramipexole</i>	35
NOVOLOG MIX 70-30 U-100		<i>paromomycin</i>	13	<i>prasugrel</i>	51
INSULN	49	<i>paroxetine HCl</i>	23, 44	<i>pravastatin</i>	56
NOVOLOG MIX 70-30FLEXPEN		PASER	29	<i>prazosin</i>	51, 67
U-100	49	PAXIL	24, 44	<i>prednisolone</i>	27, 68, 77
NOVOLOG PENFILL U-100		PAZEO	79	<i>prednisolone acetate</i>	27, 77, 80
INSULIN	49	PEDIARIX (PF)	76	<i>prednisolone sodium phosphate</i>	
NOVOLOG U-100 INSULIN		PEDVAX HIB (PF)	76	27, 69, 77, 78, 80
ASPART	49	<i>peg 3350-electrolytes</i>	65	<i>prednisone</i>	27, 69, 78
NOXAFIL	26	PEGANONE	21	<i>pregabalin</i>	19
NUBEQA	30	PEGASYS	39, 40	PREMARIN	70
NUCALA	85	PEGASYS PROCLICK	39	PREMASOL 10 %	63
NUDEXTA	58	<i>peg-electrolyte soln</i>	65	PREMPHASE	70
NUPLAZID	37	PEMAZYRE	33	PREMPRO	70
NURTEC ODT	28	<i>pen needle, diabetic</i>	49	PREVACID SOLUTAB	65
NYMALIZE	53	<i>penicillamine</i>	62	PREVALITE	57
<i>nystatin</i>	26	<i>penicillin G potassium</i>	16	PREVIFEM	70
<i>nystatin-triamcinolone</i>	60	<i>penicillin V potassium</i>	17	PREZCOBIX	42
NYSTOP	26	PENNSAID	11	PREZISTA	42
<i>octreotide acetate</i>	72	PENTAM	34	PRIFTIN	29
ODEFSEY	41	<i>pentamidine</i>	34	<i>primaquine</i>	34
ODOMZO	33	PENTASA	77	<i>primidone</i>	20
OFEV	33, 84, 85	<i>pentoxifylline</i>	55	<i>probenecid</i>	26
<i>ofloxacin</i>	17, 18	<i>permethrin</i>	35	<i>probenecid-colchicine</i>	26
<i>olanzapine</i>	37, 44	<i>perphenazine</i>	24, 36	PROCALAMINE 3%	63
<i>olanzapine-fluoxetine</i>	22	<i>perphenazine-amitriptyline</i>	22	<i>prochlorperazine</i>	24
<i>olmesartan</i>	51	PERSERIS	38, 44	<i>prochlorperazine maleate</i>	24, 36
<i>olmesartan-amlodipin-hcthiazid</i>	54	<i>phenelzine</i>	23	PROCRIT	50
<i>olmesartan-hydrochlorothiazide</i>	51, 54	<i>phenobarbital</i>	20	PROCTOSOL HC	78
<i>olopatadine</i>	79	<i>phenytoin</i>	21	PROCTOZONE-HC	64, 69
<i>omega-3 acid ethyl esters</i>	57	<i>phenytoin sodium extended</i>	21	PROCYSBI	66
<i>omeprazole</i>	65	PHOSLYRA	67	<i>progesterone micronized</i>	71
OMNITROPE	69	PHOSPHOLINE IODIDE	80	PROGLYCEM	47

PROGRAF	74	<i>rimantadine</i>	42	SOTALOL AF	52
PROLASTIN-C	84	<i>risedronate</i>	78	SOVALDI	39
PROLATE	10	RISPERDAL CONSTA	38, 44	SPIRIVA RESPIMAT	82
PROLIA	78	<i>risperidone</i>	38, 44	SPIRIVA WITH HANDIHALER	82
PROMACTA	50, 51	<i>ritonavir</i>	42	<i>spironolactone</i>	56
<i>promethazine</i>	24, 25, 81	<i>rivastigmine</i>	21	<i>spironolacton-hydrochlorothiaz</i>	55
PROMETHEGAN	25	<i>rivastigmine tartrate</i>	21	SPRITAM	18
<i>propafenone</i>	52	<i>rizatriptan</i>	28	SPRYCEL	33
<i>propranolol</i>	53	ROCKLATAN	80	SPS (WITH SORBITOL)	62
<i>propranolol-hydrochlorothiazid</i>	54	<i>ropinirole</i>	35	SSD	18
<i>propylthiouracil</i>	72	<i>rosuvastatin</i>	56	<i>stavudine</i>	41
PROQUAD (PF)	76	ROTARIX	76	STEGLATRO	46
PROSOL 20 %	63	ROTATEQ VACCINE	76	STELARA	61
<i>protriptyline</i>	24	ROZEREM	86	STIOLTO RESPIMAT	84
PULMOZYME	83, 85	ROZLYTREK	33	STIVARGA	33
PURIXAN	30	RUBRACA	30	<i>streptomycin</i>	13
PYLERA	64	RUKOBIA	41	STRIBILD	40
<i>pyrazinamide</i>	29	RYBELSUS	46	STRIVERDI RESPIMAT	83
<i>pyridostigmine bromide</i>	29	RYDAPT	33	SUCRAID	66
<i>pyrimethamine</i>	34	SABRIL	20	<i>sucralfate</i>	65
QINLOCK	33	SAMSCA	62	<i>sulfacetamide sodium</i>	18
QUADRACEL (PF)	76	SANTYL	60	<i>sulfadiazine</i>	18
<i>quetiapine</i>	22, 23, 38, 44	SAPHRIS	38, 44	<i>sulfamethoxazole-trimethoprim</i>	18
<i>quinapril</i>	52	<i>scopolamine base</i>	25	<i>sulfasalazine</i>	78
<i>quinapril-hydrochlorothiazide</i>	55	SECUADO	38	<i>sulindac</i>	11, 28
<i>quinidine gluconate</i>	52	SEGLUROMET	46	<i>sumatriptan succinate</i>	29
<i>quinidine sulfate</i>	52	<i>selegiline HCl</i>	36	SUNOSI	86
<i>quinine sulfate</i>	35	<i>selenium sulfide</i>	61	SUPRAX	15, 16
RABAVERT (PF)	76	SELZENTRY	42	SUPREP BOWEL PREP KIT	62
<i>rabeprazole</i>	65	SENSIPAR	78	SUSTIVA	41
<i>raloxifene</i>	71	SEREVENT DISKUS	83	SUTENT	33
<i>ramelteon</i>	86	SEROSTIM	69	SYMBICORT	85
<i>ramipril</i>	52	<i>sertraline</i>	24, 44	SYMFI	41
<i>ranolazine</i>	55	<i>sevelamer carbonate</i>	67	SYMFI LO	41
RAPAMUNE	74	SHINGRIX (PF)	76	SYMJEPI	83
<i>rasagiline</i>	36	SIGNIFOR	72	SYMLINPEN 120	46
RAVICTI	66	<i>sildenafil (pulm.hypertension)</i>	84	SYMLINPEN 60	46
RECOMBIVAX HB (PF)	76	<i>silver sulfadiazine</i>	18	SYMPAZAN	20
RECTIV	57	SIMBRINZA	80	SYMTUZA	40
RELAFEN DS	11	<i>simvastatin</i>	56	SYNAREL	72
RELENZA DISKHALER	42	<i>sirolimus</i>	74	SYNJARDY	46
RENVELA	67	SIRTURO	14, 29	SYNJARDY XR	47
<i>repaglinide</i>	46	<i>sodium chloride</i>	62	SYNRIBO	31
REPATHA PUSHTRONEX	57	<i>sodium chloride 0.45 %</i>	61	SYNTHROID	71
REPATHA SURECLICK	57	<i>sodium chloride 0.9 %</i>	62	SYPRINE	62
REPATHA SYRINGE	57	<i>sodium chloride 3 %</i>	62	TABLOID	30
RESTASIS	79	<i>sodium chloride 5 %</i>	62	TABRECTA	33
RETACRIT	50	<i>sodium phenylbutyrate</i>	66	<i>tacrolimus</i>	61, 74
RETEVMO	31	SODIUM POLYSTYRENE (SORB FREE)	62	TAFINLAR	33
REVLIMID	30, 31	<i>sodium polystyrene sulfonate</i>	62	TAGRISSE	33
REXULTI	38	<i>sofosbuvir-velpatasvir</i>	39	TALICIA	64
REYATAZ	42	<i>solifenacin</i>	66	TALZENNA	30
RHOPRESSA	80	SOLTAMOX	30	<i>tamoxifen</i>	30
<i>ribavirin</i>	39, 40	SOMATULINE DEPOT	72	<i>tamsulosin</i>	67
RIDAURA	75	SOMAVERT	72	TARCEVA	33
<i>rifabutin</i>	29	SORINE	52	TARGRETIN	34
<i>rifampin</i>	29	<i>sotalol</i>	52	TASIGNA	33
<i>riluzole</i>	58			TAVALISSE	51

<i>tazarotene</i>	61	<i>travoprost</i>	81	VENCLEXTA	30
TAZORAC	61	<i>trazodone</i>	23	VENCLEXTA STARTING PACK	30
TAZTIA XT	53	TRECTOR	29	<i>venlafaxine</i>	24, 44
TAZVERIK	34	TRELEGY ELLIPTA	82, 83, 85	VENTAVIS	84
TDVAX	76	TRESIBA FLEXTOUCH U-100	49	VENTOLIN HFA	83
TECFIDERA	59	TRESIBA FLEXTOUCH U-200	49	<i>verapamil</i>	53
TEFLARO	16	TRESIBA U-100 INSULIN	49	VERSACLOZ	38
TEGSEDI	69	<i>tretinoin</i>	34, 61	VERZENIO	31
TEKTRUNA	55	<i>tretinoin (antineoplastic)</i>	34	VESICARE	66
TEKTRUNA HCT	55	TREXALL	74	VIBERZI	65
<i>telmisartan</i>	51	<i>triamcinolone acetonide</i>	59, 69	VICTOZA 3-PAK	47
<i>temazepam</i>	85	<i>triamterene-hydrochlorothiazid</i>	55	<i>vigabatrin</i>	20
TENCON	10	<i>trientine</i>	62	VIGAMOX	18
TENIVAC (PF)	76	<i>trifluoperazine</i>	36	VIIBRYD	24
<i>tenofovir disoproxil fumarate</i>	39, 41	<i>trifluridine</i>	40	VIMPAT	21
<i>terazosin</i>	51, 67	<i>trihexyphenidyl</i>	35	VIRACEPT	42
<i>terbinafine HCl</i>	26	TRIJARDY XR	47	VIREAD	39, 41
<i>terconazole</i>	26	TRIKAFTA	83	VITRAKVI	32
<i>teriparatide</i>	78	TRILYTE WITH FLAVOR		VIVITROL	12, 13
<i>testosterone</i>	70	PACKETS	65	VIZIMPRO	34
<i>testosterone cypionate</i>	70	<i>trimethoprim</i>	14	<i>voriconazole</i>	26
<i>testosterone enanthate</i>	70	<i>trimipramine</i>	24	VOTRIENT	34
<i>tetanus, diphtheria tox ped (PF)</i>	76	TRINTELLIX	24	VRAYLAR	38, 44
THALOMID	30	TRI-PREVIFEM (28)	71	VTOL LQ	10
<i>theophylline</i>	84	TRI-SPRINTEC (28)	71	VYVANSE	57
<i>thioridazine</i>	36	TRIUMEQ	42	WAKIX	58
<i>thiothixene</i>	36	TROPHAMINE 10 %	63	<i>warfarin</i>	50
<i>tiagabine</i>	20	TRULANCE	65	XALKORI	34
TIBSOVO	31	TRUMENBA	77	XARELTO	50
<i>timolol maleate</i>	28, 53, 80	TRUVADA	41	XARELTO DVT-PE TREAT 30D	
TIVICAY	40	TUKYSA	31	START	50
TIVICAY PD	40	TURALIO	34	XATMEP	74
<i>tizanidine</i>	38, 85	TWINRIX (PF)	77	XCOPRI	19
TOBI PODHALER	13, 83	TYBOST	42	XCOPRI MAINTENANCE PACK	19
TOBRADEX	13	TYGACIL	14	XCOPRI TITRATION PACK	19
<i>tobramycin</i>	13	TYKERB	34	XELJANZ	74
<i>tobramycin in 0.225 % NaCl</i>	13	TYMLOS	78	XELJANZ XR	74
<i>tobramycin sulfate</i>	13	TYPHIM VI	77	XENAZINE	58
<i>tobramycin-dexamethasone</i>	79	UBRELVY	28	XGEVA	78
<i>tolcapone</i>	35	ULORIC	26	XIFAXAN	15, 64
<i>tolvaptan</i>	62	UNITHROID	71	XOFLUZA	42
<i>topiramate</i>	20, 21, 28	UPTRAVI	55	XOLAIR	85
<i>toremifene</i>	30	<i>ursodiol</i>	64	XOPENEX HFA	83
<i>toremide</i>	55	<i>valacyclovir</i>	40	XOSPATA	32
TOUJEO MAX U-300 SOLOSTAR	49	VALCHLOR	29, 61	XPOVIO	31
TOUJEO SOLOSTAR U-300		<i>valganciclovir</i>	39	XTAMPZA ER	12
INSULIN	49	<i>valproic acid</i>	20, 28, 45	XTANDI	30
TPN ELECTROLYTES	63	<i>valproic acid (as sodium salt)</i>		XULTOPHY 100/3.6	49
TRACLEER	84	20, 28, 45	XYREM	86
TRADJENTA	47	<i>valsartan</i>	51	YF-VAX (PF)	77
<i>tramadol</i>	11, 12	<i>valsartan-hydrochlorothiazide</i>	55	YONSA	30
<i>tramadol-acetaminophen</i>	10	VALTOCO	20	<i>zafirlukast</i>	82
<i>trandolapril</i>	52	<i>vancomycin</i>	15	<i>zaleplon</i>	85
<i>tranexamic acid</i>	51	VAQTA (PF)	77	ZANAFLEX	38
TRANSDERM-SCOP	25	VARIVAX (PF)	77	ZAVESCA	66
<i>tranylcypromine</i>	23	VARUBI	25	ZEJULA	30
TRAVASOL 10 %	63	VASCEPA	57	ZELAPAR	36
TRAVATAN Z	81	VEMLIDY	39	ZELBORAF	34

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This formulary was updated on 09/01/2020. For more recent information or other questions, please contact Health First Health Plans Customer Service at 1.855.882.6467 or, for TTY users, 1.800.955.8771, weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1 through March 31, we are available seven days a week from 8 a.m. to 8 p.m. or visit myAHplan.com.

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