

Updated: December 1, 2021

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

AdventHealth Advantage Plans 2021 Formulary (List of Covered Drugs)

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

Formulary ID 21426, Version 22

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 1-877-535-8278 or for TTY users, 1-800-955-8771, weekdays from 8am to 8pm and Saturdays from 8am to noon. From October 1 through March 31, we are available seven days a week from 8am to 8pm 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 12/01/2021. 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:

- **Preferred retail pharmacies.** Within our Medicare Preferred Value Network of Pharmacies, a preferred pharmacy offers a lower copay for covered drugs than a standard pharmacy. In order to save money, you can use the pharmacy locator tool to find a preferred retail pharmacy near you. Examples of commonly used preferred pharmacies include:
 - **AdventHealth Pharmacy at Sebring**
 - **AdventHealth Pharmacy at Orlando Medical Plaza**
 - **AdventHealth Outpatient Pharmacy**
 - **Health First Family Pharmacies**
 - **Walgreens**
 - **Wal-Mart**
 - **Costco**

- **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.

You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2021. 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 100. 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, 2021, or when you first enroll. When the total cost for your covered drugs reaches \$4,130 (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 \$4,130 (including what you pay and what we pay). When you have paid \$6,550 out-of-pocket for covered drugs, the Catastrophic stage begins.					
SunSaver Plan (HMO)										
Tier	Days' Supply	Preferred Retail	Standard Retail	Mail Order	Preferred Retail	Standard Retail	Mail Order	After your yearly out-of-pocket drug costs reach \$6,550, you pay a \$3.70 copay for generic and a \$9.20 copay for all other drugs, or 5% coinsurance (whichever is greater).		
6	30-Day	\$0	\$0		\$0**	\$0**				
	90-Day	\$0	\$0	\$0	\$0**	\$0**	\$0**			
1	30-Day	\$2	\$7		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)					
	90-Day	\$6	\$21	\$0*						
2	30-Day	\$5	\$10							
	90-Day	\$15	\$30	\$0*						
3	30-Day	\$45	\$47							
	90-Day	\$135	\$141	\$112.50						
4	30-Day	\$90	\$95							
	90-Day	\$270	\$285	\$225						
5	30-Day	33%	N/A	N/A						

Your Cost

Coverage Phase	Initial Coverage Period			Coverage Gap			Catastrophic	
	You pay these amounts beginning January 1, 2021, or when you first enroll. When the total cost for your covered drugs reaches \$4,130 (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 \$4,130 (including what you pay and what we pay). When you have paid \$6,550 out-of-pocket for covered drugs, the Catastrophic stage begins.				
Employer Group Plus C Plan (HMO)								
Tier	Retail		Mail Order	Retail		Mail Order	After your yearly out-of-pocket drug costs reach \$6,550, you pay a \$3.70 copay for generic and a \$9.20 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	\$5	\$15	\$10	\$5**	\$15**	\$10**		
2	\$15	\$45	\$30	\$15**	\$45**	\$30**		
3	\$45	\$135	\$112.50	\$45**	\$135**	\$112.50**		
4	\$90	\$270	\$225	\$90**	\$270**	\$225**		
5	25%	N/A	N/A	\$25%**	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 \$6,550, you pay a \$3.70 copay for generic and a \$9.20 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	\$5	\$15	\$10	\$5**	\$15**	\$10**		
2	\$15	\$45	\$30	\$15**	\$45**	\$30**		
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	After your yearly out-of-pocket drug costs reach \$6,550, you pay a \$3.70 copay for generic and a \$9.20 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	\$5	\$15	\$10	\$5**	\$15**	\$10**		
2	\$15	\$45	\$30	\$15**	\$45**	\$30**		
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 100.

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.

2021 AdventHealth Advantage Plans Formulary

Drug	Status	Requirements/Limits
ANALGESICS		
ANALGESICS		
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	T4	**; QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	T2	**; QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	T2	**; QL (186 EA per 31 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	T2	**; 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)
TENCON ORAL TABLET 50-325 MG	T4	PA; **; QL (180 EA per 30 days)
VTOL LQ ORAL SOLUTION 50-325-40 MG/15 ML	T5	PA; QL (2700 ML per 30 days)
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>diclofenac sodium topical gel 1 %</i>	T3	**
<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	**
<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	**
<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	**
<i>sulindac oral tablet 150 mg, 200 mg</i>	T2	**

Drug	Status	Requirements/Limits
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 tablet 15 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>oxymorphone 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)
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>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-acetaminophen oral tablet 50-325 mg</i>	T2	**; QL (180 EA per 30 days)
<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>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>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)

Drug	Status	Requirements/Limits
<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>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)
<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)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	T3	**; QL (240 EA per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<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 (DR/EC) 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	**
OPIOID DEPENDENCE		
<i>buprenorphine HCl sublingual tablet 2 mg, 8 mg</i>	T2	**; QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	T2	**; QL (60 EA per 30 days)
<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	**

Drug	Status	Requirements/Limits
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	**
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	T6	QL (340 EA per 365 days)
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 topical cream 0.1 %</i>	T2	**
<i>gentamicin topical ointment 0.1 %</i>	T2	**
<i>neomycin oral tablet 500 mg</i>	T2	**
<i>paromomycin oral capsule 250 mg</i>	T3	**
<i>streptomycin intramuscular recon soln 1 gram</i>	T3	**
<i>tobramycin sulfate injection solution 10 mg/mL, 40 mg/mL</i>	T2	**
ANTIBACTERIALS, OTHER		
AZACTAM INJECTION RECON SOLN 2 GRAM	T4	**
<i>aztreonam injection recon soln 1 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 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>fosfomycin tromethamine oral packet 3 gram</i>	T4	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 mL</i>	T5	B/D; **

Drug	Status	Requirements/Limits
<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>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 monohydr/m-cryst oral capsule 100 mg</i>	T3	**
<i>polymyxin B sulfate injection recon soln 500,000 unit</i>	T2	**
<i>trimethoprim oral tablet 100 mg</i>	T6	**
<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	**

Drug	Status	Requirements/Limits
<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</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 SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	T4	**
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	T4	**
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	T5	**
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	**

Drug	Status	Requirements/Limits
<i>penicillin G potassium injection recon soln 20 million unit</i>	T2	**
<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	**
CARBAPENEMS		
<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	**
MACROLIDES		
<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; **
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	T4	**
<i>erythromycin oral tablet 250 mg, 500 mg</i>	T4	**
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 in 5 % dextrose intravenous piggyback 200 mg/100 mL</i>	T1	**
<i>levofloxacin intravenous solution 25 mg/mL</i>	T4	**
<i>levofloxacin oral solution 250 mg/10 mL</i>	T4	**
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	T6	**
<i>ofloxacin oral tablet 400 mg</i>	T2	**
SULFONAMIDES		
<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	**

Drug	Status	Requirements/Limits
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)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	T5	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	T5	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 (DRI/EC) 125 mg, 250 mg, 500 mg</i>	T2	**
EPIDIOLEX ORAL SOLUTION 100 MG/ML	T5	PA; **
<i>felbamate oral suspension 600 mg/5 mL</i>	T5	**
<i>felbamate oral tablet 400 mg, 600 mg</i>	T4	**
FINTEPLA ORAL SOLUTION 2.2 MG/ML	T5	PA
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 disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	T2	QL (35 EA per 35 days)
<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>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)

Drug	Status	Requirements/Limits
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	T4	**
<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	**
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	T5	PA; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG	T5	PA; QL (120 EA per 30 days)
XCOPRI ORAL TABLET 150 MG	T5	PA; QL (90 EA per 30 days)
XCOPRI ORAL TABLET 200 MG	T5	PA; QL (60 EA per 30 days)
XCOPRI ORAL TABLET 50 MG	T5	PA; QL (240 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	T4	PA; QL (28 EA per 28 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	T5	PA; QL (28 EA per 28 days)
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	**
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T2	**; QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T2	**; QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/mL</i>	T4	**; QL (900 ML per 30 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	T4	QL (30 EA per 30 days)
GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam oral suspension 2.5 mg/mL</i>	T4	**
<i>clobazam oral tablet 10 mg, 20 mg</i>	T4	**
<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)

Drug	Status	Requirements/Limits
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	T4	**
<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)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	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)
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	**
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>vigabatrin oral powder in packet 500 mg</i>	T5	PA; **
<i>vigabatrin oral tablet 500 mg</i>	T5	PA; **
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	**
<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	**
<i>rufinamide oral suspension 40 mg/mL</i>	T5	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	T4	PA
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)

Drug	Status	Requirements/Limits
zonisamide oral capsule 100 mg, 25 mg, 50 mg	T2	**
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
donepezil oral tablet 10 mg, 5 mg	T2	**; QL (60 EA per 30 days)
donepezil oral tablet, disintegrating 10 mg, 5 mg	T2	**; QL (60 EA per 30 days)
ergoloid oral tablet 1 mg	T3	**
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)
CHOLINESTERASE INHIBITORS		
donepezil oral tablet 23 mg	T4	**; QL (30 EA per 30 days)
galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	T3	**; QL (30 EA per 30 days)
galantamine oral solution 4 mg/mL	T4	**; QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	T3	**; QL (60 EA per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	T3	**; QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	T3	**; QL (30 EA per 30 days)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine oral capsule, sprinkle, ER 24hr 14 mg, 21 mg, 28 mg, 7 mg	T3	**; QL (30 EA per 30 days)
memantine oral solution 2 mg/mL	T2	**; QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg	T2	**
memantine oral tablets, dose pack 5-10 mg	T2	**
ANTIDEPRESSANTS		
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)
aripiprazole oral solution 1 mg/mL	T5	**; QL (750 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	T2	**; QL (30 EA per 30 days)
aripiprazole oral tablet, disintegrating 10 mg, 15 mg	T5	**; QL (60 EA per 30 days)
bupropion HCl oral tablet 100 mg, 75 mg	T6	**
bupropion HCl oral tablet extended release 24 hr 150 mg	T2	**; QL (90 EA per 30 days)
bupropion HCl oral tablet extended release 24 hr 300 mg, 450 mg	T2	**; QL (30 EA per 30 days)
bupropion HCl oral tablet sustained-release 12 hr 100 mg, 200 mg	T2	**; QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
<i>bupropion HCl oral tablet sustained-release 12 hr 150 mg</i>	T2	**; QL (90 EA per 30 days)
<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>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; **
<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	**
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 (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)		
<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 (PMDD) oral tablet 10 mg</i>	T3	QL (240 EA per 30 days)
<i>fluoxetine (PMDD) oral tablet 20 mg</i>	T3	QL (120 EA per 30 days)

Drug	Status	Requirements/Limits
<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(DRI/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>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>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>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	T6	**
<i>trazodone oral tablet 300 mg</i>	T4	**
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	**
<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	**
<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	**
<i>doxepin oral concentrate 10 mg/mL</i>	T2	**
<i>imipramine HCl oral tablet 10 mg, 25 mg, 50 mg</i>	T2	**
<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	**

Drug	Status	Requirements/Limits
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 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; **
<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; **
<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	T4	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>caspofungin intravenous recon soln 50 mg, 70 mg</i>	T5	PA; **
<i>ciclopirox topical cream 0.77 %</i>	T2	**
<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	**

Drug	Status	Requirements/Limits
<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	**
<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	**
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	T4	**
<i>naftifine topical cream 1 %</i>	T4	**
NAFTIN TOPICAL GEL 1 %	T4	**
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	T5	**
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	T5	PA
<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>posaconazole oral tablet, delayed release (DR/EC) 100 mg</i>	T5	PA
<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</i>	T5	PA; **
<i>voriconazole oral tablet 50 mg</i>	T4	PA; **
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>	T2	**
<i>probenecid oral tablet 500 mg</i>	T2	**
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	T2	**

Drug	Status	Requirements/Limits
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 (DRIEC) 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) RECEPTOR AGONIST		
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	T2	ST; **; QL (18 EA per 30 days)
REYVOW ORAL TABLET 100 MG	T5	PA
REYVOW ORAL TABLET 50 MG	T4	PA
<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)
<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)

Drug	Status	Requirements/Limits
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide oral syrup 60 mg/5 mL</i>	T5	**
<i>pyridostigmine bromide oral tablet 60 mg</i>	T3	**
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	T4	
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; **
<i>cyclophosphamide oral tablet 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>abiraterone oral tablet 500 mg</i>	T5	PA; QL (60 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	T2	**
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)
<i>toremifene oral tablet 60 mg</i>	T5	**, QL (30 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	T5	PA; **, QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	T5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	T5	PA; QL (60 EA per 30 days)
YONSA ORAL TABLET 125 MG	T5	PA; **, QL (120 EA per 30 days)

Drug	Status	Requirements/Limits
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; **
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	T5	PA; **
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	**
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)
ONUREG ORAL TABLET 200 MG, 300 MG	T5	PA; QL (14 EA per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	T5	PA; **
TABLOID ORAL TABLET 40 MG	T5	**
ANTINEOPLASTICS, OTHER		
GAVRETO ORAL CAPSULE 100 MG	T5	PA; QL (120 EA per 30 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)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	T3	**
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)
LUMAKRAS ORAL TABLET 120 MG	T5	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	T5	PA; **; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	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	**
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	T5	PA; **; QL (3 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	T5	PA
RETEVMO ORAL CAPSULE 40 MG	T5	PA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	T5	PA; QL (120 EA per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	T5	PA; **

Drug	Status	Requirements/Limits
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	T4	**
TUKYSA ORAL TABLET 150 MG	T5	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	T5	PA; QL (180 EA per 30 days)
WELIREG ORAL TABLET 40 MG	T5	PA; QL (30 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	T4	PA; **
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	T5	PA; QL (8 EA per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	T5	PA; QL (4 EA per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	T5	PA; QL (24 EA per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	T5	PA; **; QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	T5	**; QL (120 EA per 30 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		
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	T5	PA; QL (21 EA per 28 days)
TIBSOVO ORAL TABLET 250 MG	T5	PA; **; QL (60 EA per 30 days)
MOLECULAR TARGET INHIBITORS		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG, 5 MG	T5	PA; **
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, 25 MG, 300 MG, 50 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)

Drug	Status	Requirements/Limits
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)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	T5	PA; **; QL (60 EA per 30 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)
<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)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	T5	PA; **; QL (6 EA per 21 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	T5	PA; QL (21 EA per 28 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	T5	PA; **; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	T5	PA; **; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 30 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)
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)
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)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	T5	PA
<i>lapatinib oral tablet 250 mg</i>	T5	PA; QL (180 EA per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	T5	PA; **; QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
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)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	T5	PA
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)
QINLOCK ORAL TABLET 50 MG	T5	PA; QL (90 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	T5	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	T5	PA; **; QL (120 EA per 30 days)
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)
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	T5	PA; QL (30 EA per 30 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)
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)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	T5	PA; **; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	T5	PA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	T5	PA; QL (60 EA per 30 days)
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	T5	PA; QL (21 EA per 28 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)
UKONIQ ORAL TABLET 200 MG	T5	PA
VENCLEXTA ORAL TABLET 10 MG	T4	PA; **; QL (28 EA per 28 days)

Drug	Status	Requirements/Limits
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)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T5	PA; **, QL (60 EA per 30 days)
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)
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)
XOSPATA ORAL TABLET 40 MG	T5	PA; **, QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	T5	PA; **
ZELBORAF ORAL TABLET 240 MG	T3	PA; **, QL (240 EA per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	T5	B/D; **
ZYDELIG ORAL TABLET 100 MG, 150 MG	T5	PA; **, QL (60 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	**
TARGRETIN TOPICAL GEL 1 %	T5	PA; **
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	T5	**
TREATMENT ADJUNCTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	T3	**
MESNEX ORAL TABLET 400 MG	T5	**
ANTIPARASITICS		
ANTHELMINTICS		
<i>albendazole oral tablet 200 mg</i>	T4	**
<i>ivermectin oral tablet 3 mg</i>	T2	**
ANTIPROTOZOALS		
<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	**
<i>mefloquine oral tablet 250 mg</i>	T2	**
NEBUPENT INHALATION RECON SOLN 300 MG	T4	B/D; **
<i>nitazoxanide oral tablet 500 mg</i>	T4	

Drug	Status	Requirements/Limits
<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>quinine sulfate oral capsule 324 mg</i>	T4	PA; **
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, OTHER		
<i>amantadine HCl oral capsule 100 mg</i>	T6	**
<i>amantadine HCl oral tablet 100 mg</i>	T6	**
<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	**
<i>entacapone oral tablet 200 mg</i>	T4	**; QL (240 EA per 30 days)
NOURIANZ ORAL TABLET 20 MG, 40 MG	T5	PA
<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 AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa oral tablet 25 mg</i>	T4	**
<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)

Drug	Status	Requirements/Limits
<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 concentrate 100 mg/mL, 30 mg/mL</i>	T4	
<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 (1 mL), 50 mg/mL(1ML)</i>	T2	
<i>haloperidol decanoate intramuscular solution 100 mg/mL, 50 mg/mL</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)
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>	T2	**; 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)

Drug	Status	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	T5	PA; **; 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)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	T5	PA
CAPLYTA ORAL CAPSULE 42 MG	T5	PA
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)
<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,EXTENDED REL SYRING 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)

Drug	Status	Requirements/Limits
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, 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	**
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
PREVYMIS ORAL TABLET 240 MG, 480 MG	T4	
<i>valganciclovir oral recon soln 50 mg/mL</i>	T5	**
<i>valganciclovir oral tablet 450 mg</i>	T3	**
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	**
<i>lamivudine oral solution 10 mg/mL</i>	T3	**
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	T3	**
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	T4	**

Drug	Status	Requirements/Limits
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		
<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>ribavirin oral capsule 200 mg</i>	T3	**
<i>ribavirin oral tablet 200 mg</i>	T3	**
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	T5	PA; **, QL (28 EA per 28 days)
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>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)
DOVATO ORAL TABLET 50-300 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)
SYMTUZA 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 (300 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	**
<i>etravirine oral tablet 100 mg</i>	T5	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	T5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 100 MG	T5	**, QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	T5	**, QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
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	**
PIFELTRO ORAL TABLET 100 MG	T5	** ; QL (30 EA per 30 days)
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>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	T5	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil oral tablet 400-300-300 mg, 600-300-300 mg</i>	T5	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	T3	
<i>emtricitabine-tenofovir (TDF) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	T5	QL (30 EA per 30 days)
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)
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)
TEMIXYS ORAL TABLET 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	**
<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	**

Drug	Status	Requirements/Limits
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)
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 (PI)		
APTIVUS ORAL CAPSULE 250 MG	T5	** ; QL (120 EA per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	T4	** ; QL (60 EA per 30 days)
<i>atazanavir oral capsule 300 mg</i>	T4	** ; QL (30 EA per 30 days)
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	**
<i>lopinavir-ritonavir oral solution 400-100 mg/5 mL</i>	T4	**
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</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 40 MG	T3	** ; QL (2 EA per 30 days)
XOFLUZA ORAL TABLET 80 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)
<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)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	T5	QL (20 EA per 30 days)
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)		
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)

Drug	Status	Requirements/Limits
<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)
<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>lamotrigine oral tablet 25 mg</i>	T2	**
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)
<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, EXTENDED REL SYRING 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 (2 EA per 28 days)
<i>risperidone oral solution 1 mg/mL</i>	T2	**
<i>risperidone oral tablet 0.25 mg, 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)

Drug	Status	Requirements/Limits
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; **
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 (DRIEC) 125 mg, 250 mg, 500 mg</i>	T2	**
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 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>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)
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>	T2	
CYCLOSET ORAL TABLET 0.8 MG	T4	**; QL (180 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	T3	QL (30 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)

Drug	Status	Requirements/Limits
<i>glimepiride oral tablet 4 mg</i>	T6	** ; QL (60 EA per 30 days)
<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>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 micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	T6	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	T6	** ; QL (480 EA per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	T6	** ; QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	T6	** ; QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	T6	** ; QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	T6	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	T3	**
GVOKE HYOPEN 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)
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 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)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 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>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	T6	** ; QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	T3	**; QL (90 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)
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)
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)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	T3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	T3	QL (60 EA per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	T3	**; QL (15 ML per 30 days)
BLOOD GLUCOSE REGULATORS		
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	
GLYCEMIC AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	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	**
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	T3	
KORLYM ORAL TABLET 300 MG	T5	PA; **; QL (120 EA per 30 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	T4	**
INSULINS		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	T2	**; QL (100 EA per 30 days)

Drug	Status	Requirements/Limits
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 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)
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)	T6	QL (60 ML per 30 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	T6	**; QL (60 ML per 30 days)
NOVOLIN R REGULAR U-100 INSULIN 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 INSULIN 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)

Drug	Status	Requirements/Limits
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	T2	**; QL (200 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	T3	QL (15 ML 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)
BLOOD PRODUCTS AND MODIFIERS		
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)
<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 PRODUCTS AND MODIFIERS		
OXBRYTA ORAL TABLET 500 MG	T5	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG	T5	PA; **

Drug	Status	Requirements/Limits
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	T5	PA; **; QL (60 EA per 30 days)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	T3	**
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; **
OXBRYTA ORAL TABLET 500 MG	T5	PA
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; **
RETACRIT INJECTION SOLUTION 20,000 UNIT/2 ML, 20,000 UNIT/ML	T4	B/D
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	**
CABLIVI INJECTION KIT 11 MG	T5	PA; **
<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; **
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)
<i>prasugrel oral tablet 10 mg, 5 mg</i>	T3	**
TAVALISSE ORAL TABLET 100 MG, 150 MG	T5	PA; **
ZONTIVITY ORAL TABLET 2.08 MG	T3	**

Drug	Status	Requirements/Limits
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>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	T5	PA
<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	**
<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>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	**
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>acebutolol oral capsule 200 mg, 400 mg</i>	T6	**
<i>amiodarone oral tablet 200 mg</i>	T1	**
CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	T1	**
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	**

Drug	Status	Requirements/Limits
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	T2	**
<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	**
<i>diltiazem HCl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T2	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	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	**
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	**
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)

Drug	Status	Requirements/Limits
<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	**
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T2	**
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T3	
<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, DIHYDROPYRIDINES		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T6	**
<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	PA; QL (3600 ML per 30 days)
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
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	**
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	**

Drug	Status	Requirements/Limits
<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, OTHER		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T2	**
<i>aliskiren oral tablet 150 mg, 300 mg</i>	T3	**; QL (30 EA per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	T2	**
<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-hcthiamid 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	**
CORLANOR ORAL SOLUTION 5 MG/5 ML	T4	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	T4	PA; **
DEMSER ORAL CAPSULE 250 MG	T5	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	**
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	T6	**
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	T3	**; QL (60 EA per 30 days)
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	T6	**
<i>hydrochlorothiazide oral tablet 25 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)

Drug	Status	Requirements/Limits
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	T2	**
<i>metyrosine oral capsule 250 mg</i>	T5	PA
NEXLETOL ORAL TABLET 180 MG	T4	PA; QL (30 EA per 30 days)
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>pentoxifylline oral tablet extended release 400 mg</i>	T6	**
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T6	**
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	T4	**
<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>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	T6	
<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	**
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	**
KERENDIA ORAL TABLET 10 MG, 20 MG	T4	PA; QL (30 EA per 30 days)
<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, 50 mg</i>	T6	**
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	T1	**
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	**

Drug	Status	Requirements/Limits
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>	T2	**, QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	T2	**, QL (30 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i>	T3	
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	**
<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)

Drug	Status	Requirements/Limits
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 oral tablet 15 mg</i>	T3	QL (120 EA per 30 days)
<i>dextroamphetamine oral tablet 20 mg</i>	T3	QL (90 EA per 30 days)
<i>dextroamphetamine oral tablet 30 mg</i>	T3	QL (60 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)
<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 tablet 10 mg, 20 mg, 5 mg</i>	T2	**; QL (90 EA per 30 days)

Drug	Status	Requirements/Limits
<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
FIRDAPSE ORAL TABLET 10 MG	T5	PA; **; QL (240 EA per 30 days)
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	T5	PA; **
INGREZZA ORAL CAPSULE 40 MG, 80 MG	T5	PA; **
INGREZZA ORAL CAPSULE 60 MG	T5	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	T5	PA; **; QL (60 EA per 30 days)
<i>riluzole oral tablet 50 mg</i>	T3	**
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	T5	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	T5	PA; QL (60 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)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T2	**; QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T2	**; QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/mL</i>	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)
<i>dimethyl fumarate oral capsule, delayed release(DR/EC) 120 mg, 240 mg</i>	T5	PA; QL (60 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)
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)

Drug	Status	Requirements/Limits
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)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	T5	PA; QL (120 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>pilocarpine HCl oral tablet 5 mg, 7.5 mg</i>	T3	**
<i>triamcinolone acetonide dental paste 0.1 %</i>	T3	**
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
<i>acitretin oral capsule 10 mg, 25 mg</i>	T4	PA; **
<i>acitretin oral capsule 17.5 mg</i>	T5	PA; **
ALTRENO TOPICAL LOTION 0.05 %	T3	**
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	T3	**
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	T3	**
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T3	**
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	T3	**
<i>tazarotene topical cream 0.1 %</i>	T3	PA; **
TAZORAC TOPICAL CREAM 0.05 %	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; **

Drug	Status	Requirements/Limits
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	T3	**
DERMATITIS AND PRUITUS AGENTS		
<i>alclometasone topical ointment 0.05 %</i>	T3	**
<i>amcinonide topical cream 0.1 %</i>	T4	**
<i>ammonium lactate topical cream 12 %</i>	T2	**
<i>ammonium lactate topical lotion 12 %</i>	T2	**
<i>betamethasone dipropionate topical cream 0.05 %</i>	T2	**
<i>betamethasone dipropionate topical lotion 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 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	**
<i>clobetasol topical shampoo 0.05 %</i>	T4	**
<i>clobetasol-emollient topical cream 0.05 %</i>	T4	**
<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	**
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	T5	PA; QL (3.42 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	T5	PA; QL (3 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>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 cream 0.05 %</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	**

Drug	Status	Requirements/Limits
<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 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	**
<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>pimecrolimus topical cream 1 %</i>	T4	**
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	T2	**
<i>selenium sulfide topical lotion 2.5 %</i>	T2	**
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	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	**
DERMATOLOGICAL AGENTS, OTHER		
ALCOHOL PADS TOPICAL PADS, MEDICATED	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	**
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	T2	**
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	T3	**
<i>fluorouracil topical cream 5 %</i>	T3	**
<i>fluorouracil topical solution 2 %, 5 %</i>	T3	**
<i>imiquimod topical cream in packet 5 %</i>	T4	** ; QL (20 EA per 28 days)
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	T5	**
<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	**
OTEZLA ORAL TABLET 30 MG	T5	PA; **
PANRETIN TOPICAL GEL 0.1 %	T5	PA; **
<i>podofilox topical solution 0.5 %</i>	T3	**
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	T4	**
<i>silver sulfadiazine topical cream 1 %</i>	T2	**
SSD TOPICAL CREAM 1 %	T2	**

Drug	Status	Requirements/Limits
VEREGEN TOPICAL OINTMENT 15 %	T3	**
PEDICULICIDES/SCABICIDES		
<i>malathion topical lotion 0.5 %</i>	T3	**
<i>permethrin topical cream 5 %</i>	T4	**
TOPICAL ANTI-INFECTIVES		
<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)
ALTABAX TOPICAL OINTMENT 1 %	T4	**
<i>ciclopirox topical shampoo 1 %</i>	T3	**
<i>ciclopirox topical solution 8 %</i>	T3	**
<i>clindamycin phosphate topical gel 1 %</i>	T3	**
<i>clindamycin phosphate topical lotion 1 %</i>	T3	**
<i>clindamycin phosphate topical solution 1 %</i>	T2	**
DENAVIR TOPICAL CREAM 1 %	T4	**, QL (5 GM per 30 days)
ERY PADS TOPICAL SWAB 2 %	T3	**
<i>erythromycin with ethanol topical gel 2 %</i>	T2	**
<i>erythromycin with ethanol topical solution 2 %</i>	T2	**
<i>mupirocin topical ointment 2 %</i>	T1	**
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 chlorid-D5-0.45%NaCl intravenous parenteral solution 20 mEq/L, 30 mEq/L</i>	T3	**
<i>potassium chloride in 0.9%NaCl intravenous parenteral solution 20 mEq/L, 40 mEq/L</i>	T3	**
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 mEq/L</i>	T2	**
<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	**

Drug	Status	Requirements/Limits
<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>potassium citrate oral tablet extended release 10 mEq (1,080 mg), 15 mEq, 5 mEq (540 mg)</i>	T3	**
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	T2	**
<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		
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	T5	PA; **
<i>deferiprone oral tablet 500 mg</i>	T5	PA
DEPEN TITRATABS ORAL TABLET 250 MG	T5	**
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	T5	PA; **
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>penicillamine oral capsule 250 mg</i>	T5	**
<i>penicillamine oral tablet 250 mg</i>	T5	
SAMSCA ORAL TABLET 15 MG, 30 MG	T5	PA; **
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	T5	PA
<i>trientine oral capsule 250 mg</i>	T5	PA; **
ELECTROLYTES/MINERALS/METALS/VITAMINS		
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; **
INTRALIPID INTRAVENOUS EMULSION 20 %	T4	B/D; **
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; **
PHOSPHATE BINDERS		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	T2	**
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	T3	**
<i>sevelamer carbonate oral tablet 800 mg</i>	T4	ST; **
POTASSIUM BINDERS		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	T4	PA; **
<i>sodium polystyrene sulfonate oral powder</i>	T2	**
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	T2	**

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	**
<i>potassium chloride oral tablet,ER particles/crystals 15 mEq</i>	T2	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
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	**
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	T3	**
LINZESS ORAL CAPSULE 72 MCG	T3	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	T3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	T4	**
<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	**
ANTI-DIARRHEAL AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	T5	PA; **, QL (60 EA per 30 days)
<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	**
<i>loperamide oral capsule 2 mg</i>	T2	**
VIBERZI ORAL TABLET 100 MG, 75 MG	T5	PA; **
XIFAXAN ORAL TABLET 200 MG	T4	PA; **
XIFAXAN ORAL TABLET 550 MG	T5	PA; **, QL (90 EA per 30 days)
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	**
<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)

Drug	Status	Requirements/Limits
GASTROINTESTINAL AGENTS		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	T4	**; QL (112 EA per 30 days)
PYLERA ORAL CAPSULE 140-125-125 MG	T4	**
GASTROINTESTINAL AGENTS, OTHER		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	T3	**
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	T5	PA; **
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	T4	PA
<i>metoclopramide HCl oral solution 5 mg/5 mL</i>	T2	**
<i>metoclopramide HCl oral tablet 10 mg, 5 mg</i>	T6	**
<i>ursodiol oral capsule 300 mg</i>	T3	**
<i>ursodiol oral tablet 250 mg, 500 mg</i>	T3	**
XIFAXAN ORAL TABLET 550 MG	T5	PA; **; QL (90 EA per 30 days)
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine oral tablet 200 mg, 400 mg</i>	T2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	T2	**
PROTECTANTS		
<i>misoprostol oral tablet 200 mcg</i>	T2	**
<i>sucralfate oral tablet 1 gram</i>	T2	**
PROTON PUMP INHIBITORS		
<i>lansoprazole oral capsule, delayed release(DRI/EC) 15 mg, 30 mg</i>	T2	**; QL (30 EA per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	T4	
<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)
<i>rabeprazole oral tablet, delayed release (DRI/EC) 20 mg</i>	T4	**; QL (30 EA per 30 days)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
GENETIC OR ENZYME OR PROTEIN 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	**
<i>cromolyn inhalation solution for nebulization 20 mg/2 mL</i>	T2	B/D; **
<i>cromolyn oral concentrate 100 mg/5 mL</i>	T2	**
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	T3	**
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	T4	PA; **
ENDARI ORAL POWDER IN PACKET 5 GRAM	T5	PA; **

Drug	Status	Requirements/Limits
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	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	T5	PA; **
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	T5	B/D; **
RAVICTI ORAL LIQUID 1.1 GRAM/ML	T5	PA; **
<i>sapropterin oral tablet,soluble 100 mg</i>	T5	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	T5	PA; **
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	T5	PA; **
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	T5	PA; **, QL (6 ML per 28 days)
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>	T2	**, 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>	T2	**, 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)
<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, 10 mg, 2 mg, 5 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	**
DEPEN TITRATABS ORAL TABLET 250 MG	T5	**
ELMIRON ORAL CAPSULE 100 MG	T4	**
<i>penicillamine oral capsule 250 mg</i>	T5	**
<i>penicillamine oral tablet 250 mg</i>	T5	

Drug	Status	Requirements/Limits
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
<i>betamethasone dipropionate topical ointment 0.05 %</i>	T2	**
<i>betamethasone, augmented topical cream 0.05 %</i>	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)
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>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	T2	**
ISTURISA ORAL TABLET 1 MG	T5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10 MG	T5	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	T5	PA; QL (360 EA per 30 days)
<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 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	**
<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	**
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	**
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; **

Drug	Status	Requirements/Limits
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		
<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	**
<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		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	**
<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	**, 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	**, 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, 40 mg/mL</i>	T4	**
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T4	PA; **
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>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	T2	**
<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	**

Drug	Status	Requirements/Limits
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	**
TRI-PREVIFEM (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-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	**
<i>megestrol oral tablet 20 mg, 40 mg</i>	T2	**
<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; **
OSPHENA ORAL TABLET 60 MG	T4	**
<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
UNITHROID ORAL TABLET 137 MCG	T2	
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	**
<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; **
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; **
<i>icatibant subcutaneous syringe 30 mg/3 mL</i>	T5	PA; **
IMMUNOGLOBULINS		
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	T5	B/D; **
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	T5	B/D; **

Drug	Status	Requirements/Limits
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	T5	PA; **
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)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	T5	PA; QL (32 ML per 365 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; **
<i>leflunomide oral tablet 10 mg, 20 mg</i>	T3	**; QL (30 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	T5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	T5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	T5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	T5	PA; QL (2.8 ML per 28 days)
RIDAURA ORAL CAPSULE 3 MG	T5	**
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	T5	PA; QL (30 EA per 30 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	T5	PA; QL (6 ML per 365 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	T5	PA; QL (6 ML per 365 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	T5	PA; QL (6 EA per 365 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	T5	PA; **
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	T5	PA; **
XELJANZ ORAL SOLUTION 1 MG/ML	T5	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)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	T5	PA; **
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	T5	PA; **
IMMUNOSTIMULANTS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	T5	PA; **
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; **

Drug	Status	Requirements/Limits
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	T4	B/D; **
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	T3	B/D; **
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T5	PA; **; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	T5	PA; **; QL (2 ML per 28 days)
IMMUNOSUPPRESSANTS		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	T5	PA; **
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; **
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 (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	T5	PA; QL (30 EA per 30 days)
<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)

Drug	Status	Requirements/Limits
HUMIRA PEN PSOR-UEVITS-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 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 PEDIATRIC UC 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) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	T5	PA; QL (3 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)
<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 (DRI/EC) 180 mg, 360 mg</i>	T4	B/D; **
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	T5	PA; **
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	T4	B/D; **
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	T3	**; QL (60 EA per 30 days)
REZUROCK ORAL TABLET 200 MG	T5	PA; QL (30 EA per 30 days)
<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; **

Drug	Status	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG	T5	PA; QL (60 EA per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	T5	B/D; **
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 SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	T3	**
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	T3	**
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	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 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	**

Drug	Status	Requirements/Limits
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	**
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	**

Drug	Status	Requirements/Limits
<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)
<i>sulfasalazine oral tablet 500 mg</i>	T2	**
<i>sulfasalazine oral tablet, delayed release (DR/EC) 500 mg</i>	T2	**
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>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 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	**
<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	**
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)

Drug	Status	Requirements/Limits
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	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)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48mL)</i>	T5	PA
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; **
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>atropine ophthalmic (eye) drops 1 %</i>	T2	**
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	T3	**
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	T4	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	T5	PA; **
<i>dorzolamide-timolol (PF) ophthalmic (eye) dropperette 2-0.5 %</i>	T4	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/mL</i>	T1	**
<i>neomycin-bacitracin-poly-HC ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</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	**
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	T3	**; QL (60 EA per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	T4	**
<i>timolol maleate (PF) ophthalmic (eye) dropperette 0.5 %</i>	T1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	T4	**
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	T3	**

Drug	Status	Requirements/Limits
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 %, 0.2 %</i>	T3	**
OPHTHALMIC ANTI-INFECTIVES		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	T3	**
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	T3	**
<i>bacitracin-polymyxin B ophthalmic (eye) ointment 500-10,000 unit/gram</i>	T1	**
<i>ciprofloxacin HCl ophthalmic (eye) drops 0.3 %</i>	T1	**
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	T1	**
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	T3	**
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	T1	**
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	T2	**
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	T2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	T3	**
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	T2	**
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	T2	**
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	T2	**
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	T1	**
<i>trifluridine ophthalmic (eye) drops 1 %</i>	T3	**
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	T4	**
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	**
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	T4	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	T4	**
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	T2	**

Drug	Status	Requirements/Limits
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	T2	**
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	T4	**
<i>carteolol ophthalmic (eye) drops 1 %</i>	T1	**
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	T1	**
<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 INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T2	**
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	T4	**
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	T3	**
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	T3	**
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	T1	**
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	T3	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	T3	**
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	T1	**
<i>methazolamide oral tablet 25 mg, 50 mg</i>	T4	**
<i>pilocarpine HCl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	T3	**
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	T3	**
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	**
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	T3	QL (5 ML per 30 days)
OTIC AGENTS		
OTIC AGENTS		
<i>acetic acid otic (ear) solution 2 %</i>	T2	**
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	T4	**
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	T3	**
<i>ciprofloxacin HCl otic (ear) dropperette 0.2 %</i>	T2	**
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	T2	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	T3	**
<i>neomycin-polymyxin-HC otic (ear) drops,suspension 3.5-10,000-1 mg/mL-unit/mL-%</i>	T2	**

Drug	Status	Requirements/Limits
<i>neomycin-polymyxin-HC otic (ear) solution 3.5-10,000-1 mg/mL-unit/mL-%</i>	T2	**
<i>ofloxacin otic (ear) drops 0.3 %</i>	T4	**
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 205.5 mcg (0.15 %)</i>	T3	**; QL (60 ML per 30 days)
<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		
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)
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)

Drug	Status	Requirements/Limits
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)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	T3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	T2	B/D; **
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (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 HANDHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	T3	** ; QL (30 EA per 30 days)
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate inhalation solution for nebulization 1.25 mg/3 mL, 2.5 mg /3 mL (0.083 %)</i>	T2	B/D; **
<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)
<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)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	T2	** ; QL (60 EA per 30 days)
<i>levalbuterol tartrate inhalation HFA aerosol inhaler 45 mcg/actuation</i>	T4	** ; QL (30 GM per 30 days)
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)
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)

Drug	Status	Requirements/Limits
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; **
<i>tobramycin in 0.225 % NaCl inhalation solution for nebulization 300 mg/5 mL</i>	T5	B/D; **
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	T5	PA; QL (84 EA per 28 days)
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, 450 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; **
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 FOR SUSPENSION 32 MG	T5	PA; **
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)
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)

Drug	Status	Requirements/Limits
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine solution 100 mg/mL (10 %), 200 mg/mL (20 %)</i>	T2	B/D; **
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)
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; **
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T2	QL (60 EA per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	T3	**; QL (4 GM 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	**
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	T4	
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	T2	QL (60 EA per 30 days)
RESPIRATORY TRACT/ PULMONARY AGENTS		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	T4	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	T3	**; QL (8 GM 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; **
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	T2	**; QL (90 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T6	**

Drug	Status	Requirements/Limits
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	T4	**
HETLIOZ ORAL CAPSULE 20 MG	T5	PA; **; QL (30 EA per 30 days)
<i>ramelteon oral tablet 8 mg</i>	T3	**; QL (30 EA per 30 days)
<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	**; QL (30 EA per 30 days)
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	T3	**; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	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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DOPTELET (30 TAB PACK)	46	ERLEADA	26	<i>flucytosine</i>	24
<i>dorzolamide</i>	76	<i>erlotinib</i>	29	<i>fludrocortisone</i>	64
<i>dorzolamide-timolol</i>	74	ERRIN	66	<i>flunisolide</i>	77
<i>dorzolamide-timolol (PF)</i>	74	<i>ertapenem</i>	16	<i>fluocinolone</i>	56
DOVATO	36	ERY PADS	58	<i>fluocinolone acetonide oil</i>	76
<i>doxazosin</i>	47, 63	ERYTHROCIN	16	<i>fluocinolone and shower cap</i>	56
<i>doxepin</i>	22, 39	<i>erythromycin</i>	16, 75	<i>fluocinonide</i>	56
DOXY-100	17	<i>erythromycin with ethanol</i>	58	FLUOCINONIDE-E	56
<i>doxycycline hyclate</i>	17	ESBRIET	79	<i>fluorometholone</i>	75
<i>doxycycline monohydrate</i>	17	<i>escitalopram oxalate</i>	21, 40	<i>fluorouracil</i>	57
DRIZALMA SPRINKLE	21, 39	<i>estradiol</i>	65	<i>fluoxetine</i>	22
<i>dronabinol</i>	23	<i>estradiol valerate</i>	65	<i>fluoxetine (PMDD)</i>	21
DROXIA	27	<i>estradiol-norethindrone acet</i>	65	<i>fluphenazine decanoate</i>	33
<i>droxidopa</i>	47	<i>ethambutol</i>	26	<i>fluphenazine HCl</i>	33
DUAVEE	66	<i>ethosuximide</i>	18	<i>flurbiprofen</i>	10
DULERA	78	<i>etodolac</i>	10	<i>flurbiprofen sodium</i>	75
<i>duloxetine</i>	21, 39, 40, 54	<i>etravirine</i>	36	<i>flutamide</i>	26
DUPIXENT PEN	56	EUCRISA	56	<i>fluticasone propionate</i>	57, 77
DUPIXENT SYRINGE	56, 68, 69, 80	EUTHYROX	66	<i>fluticasone propion-salmeterol</i> ... 78, 80	
DUREZOL	75	EVENITY	73	<i>fluvoxamine</i>	22
<i>dutasteride</i>	63	<i>everolimus (antineoplastic)</i>	29, 69	<i>fondaparinux</i>	45
<i>dutasteride-tamsulosin</i>	63	<i>everolimus (immunosuppressive)</i>	29, 69	FORTEO	74
<i>econazole</i>	23	29, 69	<i>fosamprenavir</i>	38
EDURANT	36	EVOTAZ	38	<i>fosfomycin tromethamine</i>	13
<i>efavirenz</i>	36	EVRYSDI	54	<i>fosinopril</i>	47
<i>efavirenz-emtricitabin-tenofov</i>	37	<i>exemestane</i>	28	<i>fosinopril-hydrochlorothiazide</i>	50
<i>efavirenz-lamivu-tenofov disop</i>	37	<i>ezetimibe</i>	52	FOTIVDA	29
ELIQUIS	45	<i>ezetimibe-simvastatin</i>	52	<i>furosemide</i>	51
ELIQUIS DVT-PE TREAT 30D		<i>famciclovir</i>	36	FUZEON	38
START	45	<i>famotidine</i>	62	FYCOMPA	17
ELMIRON	63	FANAPT	34	<i>gabapentin</i>	19
EMCYT	27	FARESTON	27	<i>galantamine</i>	20
EMSAM	21	FARXIGA	41	GAMMAGARD LIQUID	67
<i>emtricitabine</i>	37	FARYDAK	29	GAMUNEX-C	67
<i>emtricitabine-tenofovir (TDF)</i>	37	FASENRA	80	GARDASIL 9 (PF)	71
EMTRIVA	37	FASENRA PEN	80	<i>gatifloxacin</i>	75
<i>enalapril maleate</i>	47	<i>febuxostat</i>	24	GATTEX 30-VIAL	62
<i>enalapril-hydrochlorothiazide</i>	50	<i>felbamate</i>	17	GAUZE PAD	44
ENBREL	69	<i>felodipine</i>	49	GAVILYTE-C	61
ENBREL MINI	69	<i>fenofibrate</i>	52	GAVILYTE-G	61
ENBREL SURECLICK	69	<i>fenofibrate micronized</i>	52	GAVILYTE-N	61
ENDARI	62	<i>fenofibrate nanocrystallized</i>	52	GAVRETO	27
ENDOCET	10	<i>fenofibric acid (choline)</i>	52	<i>gemfibrozil</i>	52
ENGERIX-B (PF)	71	<i>fentanyl</i>	11	<i>gentamicin</i>	13, 75
ENGERIX-B PEDIATRIC (PF)	71	<i>fentanyl citrate</i>	11	<i>gentamicin in NaCl (iso-osm)</i>	13
<i>enoxaparin</i>	45	FERRIPROX	59	GENVOYA	36
ENSPRYNG	69	FETZIMA	21	GEODON	34, 40
<i>entacapone</i>	32	FIASP FLEXTOUCH U-100		GILENYA	54
<i>entecavir</i>	35	INSULIN	44	GILOTRIF	29

GIMOTI	62	ICLUSIG	29	<i>ketoprofen</i>	10
<i>glatiramer</i>	54	<i>icosapent ethyl</i>	52	<i>ketorolac</i>	75
GLATOPA	54	IDHIFA	27	KINRIX (PF)	71
<i>glimepiride</i>	41, 42	ILEVRO	75	KISQALI	29
<i>glipizide</i>	42	<i>imatinib</i>	29	KISQALI FEMARA CO-PACK	27
<i>glipizide-metformin</i>	42	IMBRUVICA	29	KLOR-CON 10	58, 61
GLUCAGEN HYPOKIT	43	<i>imipenem-cilastatin</i>	16	KLOR-CON 8	58, 61
GLUCAGON EMERGENCY KIT		<i>imipramine HCl</i>	22	KLOR-CON M10	58, 61
(HUMAN)	43	<i>imiquimod</i>	57	KLOR-CON M15	58, 61
<i>glyburide</i>	42	IMOVAX RABIES VACCINE (PF) ... 71		KLOR-CON M20	58, 61
<i>glyburide micronized</i>	42	INBRIJA	32	KORLYM	43
<i>glyburide-metformin</i>	42	INCRELEX	64	KOSELUGO	29
<i>glycopyrrolate</i>	61	INCRUSE ELLIPTA	78	KRINTAFEL	31
GLYXAMBI	42	<i>indapamide</i>	51	KUVAN	63
GRALISE	19	<i>indomethacin</i>	10	KYNMOBI	32
<i>granisetron HCl</i>	23	INGREZZA	54	<i>labetalol</i>	49
GRANIX	46	INGREZZA INITIATION PACK 54		<i>lactulose</i>	61
<i>griseofulvin microsize</i>	24	INLYTA	29	<i>lamivudine</i>	35, 37
<i>guanfacine</i>	47, 53	INQOVI	27	<i>lamivudine-zidovudine</i>	37
GVOKE HYPOPEN 2-PACK	42, 43	INREBIC	29	<i>lamotrigine</i>	17, 40, 41
GVOKE PFS 2-PACK SYRINGE		<i>insulin asp prt-insulin aspart</i>	44	<i>lansoprazole</i>	62
.....	42, 43	<i>insulin aspart U-100</i>	44	LANTUS SOLOSTAR U-100	
<i>halobetasol propionate</i>	57	<i>insulin syringe-needle U-100</i>	44	INSULIN	44
<i>haloperidol</i>	33	INTELENCE	36, 37	LANTUS U-100 INSULIN	44
<i>haloperidol decanoate</i>	33	INTRALIPID	60	<i>lapatinib</i>	29
<i>haloperidol lactate</i>	33	INTRON A	68, 69	LASTACFT	75
HAVRIX (PF)	71	INVEGA SUSTENNA	34	<i>latanoprost</i>	76
<i>heparin (porcine)</i>	45	INVIRASE	38	LATUDA	34, 40
HETLIOZ	81	IPOL	71	<i>ledipasvir-sofosbuvir</i>	36
HIBERIX (PF)	71	<i>ipratropium bromide</i>	78	<i>leflunomide</i>	68
HUMIRA	70	<i>ipratropium-albuterol</i>	80	LENVIMA	29, 30
HUMIRA PEN	70	<i>irbesartan</i>	47	<i>letrozole</i>	28
HUMIRA PEN CROHNS-UC-HS		<i>irbesartan-hydrochlorothiazide</i>	50	<i>leucovorin calcium</i>	27, 31
START	69	IRESSA	29	LEUKERAN	26
HUMIRA PEN PSOR-UEVITS-		ISENTRESS	36	LEUKINE	46
ADOL HS	70	ISENTRESS HD	36	<i>leuprolide</i>	67
HUMIRA(CF)	70	<i>isoniazid</i>	26	<i>levabuterol tartrate</i>	78
HUMIRA(CF) PEN	70	<i>isosorbide dinitrate</i>	53	LEVEMIR FLEXTOUCH U-100	
HUMIRA(CF) PEN CROHNS-UC-		<i>isosorbide mononitrate</i>	53	INSULN	44
HS	70	<i>isotretinoin</i>	55	LEVEMIR U-100 INSULIN	44
HUMIRA(CF) PEN PEDIATRIC UC		ISTURISA	64	<i>levetiracetam</i>	17
HUMIRA(CF) PEN PSOR-UV-		<i>itraconazole</i>	24	<i>levobunolol</i>	76
ADOL HS	70	<i>ivermectin</i>	31	<i>levocetirizine</i>	77
<i>hydralazine</i>	53	IXIARO (PF)	71	<i>levofloxacin</i>	16, 75
<i>hydrochlorothiazide</i>	50, 51	JAKAFI	29	<i>levothyroxine</i>	66
<i>hydrocodone-acetaminophen</i>	11	JANTOVEN	45	LEVOXYL	66
<i>hydrocodone-ibuprofen</i>	11	JANUMET	42	LEXIVA	38
<i>hydrocortisone</i>	57, 64, 73	JANUMET XR	42	<i>lidocaine</i>	12
<i>hydrocortisone butyrate</i>	57	JANUVIA	42	<i>lidocaine HCl</i>	12
<i>hydrocortisone valerate</i>	57	JARDIANCE	42	LIDOCAINE VISCOUS	12
<i>hydromorphone</i>	11	JENTADUETO	42	<i>lidocaine-prilocaine</i>	12
<i>hydromorphone (PF)</i>	11	JENTADUETO XR	42	<i>linezolid</i>	14
<i>hydroxychloroquine</i>	31	JULUCA	37	<i>linezolid in dextrose 5%</i>	13
<i>hydroxyurea</i>	27	JUXTAPID	52	LINZESS	61
<i>hydroxyzine HCl</i>	39, 77	JYNARQUE	59	<i>liothyronine</i>	66
<i>hydroxyzine pamoate</i>	39, 77	KALETRA	38	<i>lisinopril</i>	47
<i>ibandronate</i>	74	KALYDECO	78, 79	<i>lisinopril-hydrochlorothiazide</i>	50
IBRANCE	28, 29	KERENDIA	51	<i>lithium carbonate</i>	41
<i>ibuprofen</i>	10	KESIMPTA PEN	54	LOKELMA	60
<i>icatibant</i>	67	<i>ketoconazole</i>	24	LONSURF	27

<i>loperamide</i>	61	<i>methylprednisolone</i>	64, 73	NEULASTA	46
<i>lopinavir-ritonavir</i>	38	<i>metoclopramide HCl</i>	23, 62	NEUPOGEN	46
<i>lorazepam</i>	19, 39	<i>metolazone</i>	51	NEUPRO	32
LORBRENA	30	<i>metoprolol succinate</i>	49	<i>nevirapine</i>	37
<i>losartan</i>	47	<i>metoprolol ta-hydrochlorothiaz</i>	51	NEXAVAR	30
<i>losartan-hydrochlorothiazide</i>	50	<i>metoprolol tartrate</i>	49	NEXLETOL	51
LOTEMAX	75	<i>metronidazole</i>	14	NEXLIZET	51
<i>loteprednol etabonate</i>	75	<i>metronidazole in NaCl (iso-os)</i>	14	<i>niacin</i>	52
<i>lovastatin</i>	52	<i>metyrosine</i>	51	NIACOR	52
<i>loxapine succinate</i>	33	<i>mexiletine</i>	48	<i>nicardipine</i>	49
<i>lubiprostone</i>	61	<i>midodrine</i>	47	NICOTROL	13
LUMAKRAS	27	MIGERGOT	25	NICOTROL NS	13
LUMIGAN	76	<i>miglitol</i>	42	<i>nifedipine</i>	49
LUPRON DEPOT	67	<i>miglustat</i>	63	<i>nilutamide</i>	26
LUPRON DEPOT (3 MONTH)	67	<i>minocycline</i>	17	NINLARO	27
LUPRON DEPOT (4 MONTH)	67	<i>minoxidil</i>	53	<i>nisoldipine</i>	49
LUPRON DEPOT (6 MONTH)	67	<i>mirtazapine</i>	21	<i>nitazoxanide</i>	31
LYNPARZA	27	<i>misoprostol</i>	62, 65	<i>nitisinone</i>	63
LYSODREN	27, 67	M-M-R II (PF)	72	<i>nitrofurantoin macrocrystal</i>	14
LYZA	66	<i>modafinil</i>	81	<i>nitrofurantoin monohydr/m-cryst</i>	14
<i>magnesium sulfate</i>	58	<i>moexipril</i>	47	<i>nitroglycerin</i>	53
<i>malathion</i>	58	<i>molindone</i>	33	<i>norethindrone (contraceptive)</i>	66
MARPLAN	21	<i>mometasone</i>	57	<i>norgestimate-ethinyl estradiol</i>	65
MATULANE	26	<i>montelukast</i>	78	NORTHERA	47
MAVENCLAD (10 TABLET PACK)	54	MONUROL	14	<i>nortriptyline</i>	22
MAVENCLAD (4 TABLET PACK)	55	<i>morphine</i>	11, 12	NORVIR	38
MAVENCLAD (5 TABLET PACK)	55	<i>morphine concentrate</i>	11, 12	NOURIANZ	32
MAVENCLAD (6 TABLET PACK)	55	MOVANTI	61	NOVOLIN 70/30 U-100 INSULIN	44
MAVENCLAD (7 TABLET PACK)	55	<i>moxifloxacin</i>	75	NOVOLIN 70-30 FLEXPEN U-100	44
MAVENCLAD (8 TABLET PACK)	55	MULTAQ	48	NOVOLIN N NPH U-100 INSULIN	44
MAVENCLAD (9 TABLET PACK)	55	<i>mupirocin</i>	58	NOVOLIN R REGULAR U-100	
MAVYRET	36	MYCAMINE	24	INSULN	44
<i>meclizine</i>	23	<i>mycophenolate mofetil</i>	70	NOVOLOG FLEXPEN U-100	
<i>medroxyprogesterone</i>	66	<i>mycophenolate sodium</i>	70	INSULIN	44
<i>mefloquine</i>	31	MYORISAN	55	NOVOLOG MIX 70-30 U-100	
<i>megestrol</i>	66	MYRBETRIQ	63	INSULN	44
MEKINIST	30	<i>nabumetone</i>	10	NOVOLOG MIX 70-30FLEXPEN	
MEKTOVI	30	<i>nadolol</i>	49	U-100	44
<i>meloxicam</i>	10	<i>nafcillin</i>	15	NOVOLOG PENFILL U-100	
<i>memantine</i>	20	<i>naftifine</i>	24	INSULIN	44
MENACTRA (PF)	71	NAFTIN	24	NOVOLOG U-100 INSULIN	
MENEST	65	<i>naloxone</i>	12	ASPART	44
MENQUADFI (PF)	71	<i>naltrexone</i>	12	NOXAFIL	24
MENVEO A-C-Y-W-135-DIP (PF)	71	NAMZARIC	20	NUBEQA	26
<i>meprobamate</i>	39	<i>naproxen</i>	10	NUCALA	80
<i>mercaptapurine</i>	70	<i>naproxen sodium</i>	10	NUDEXTA	54
<i>meropenem</i>	16	<i>naratriptan</i>	25	NUPLAZID	34
<i>mesalamine</i>	73	NATACYN	75	NURTEC ODT	25
MESNEX	31	<i>nateglinide</i>	42	NYMALIZE	49
<i>metformin</i>	42	NATPARA	74	<i>nystatin</i>	24
<i>methadone</i>	11	NAYZILAM	19	<i>nystatin-triamcinolone</i>	57
<i>methazolamide</i>	76	<i>neбиволол</i>	49	NYSTOP	24
<i>methenamine hippurate</i>	14	NEBUPENT	31	<i>octreotide acetate</i>	67
<i>methimazole</i>	67	<i>nefazodone</i>	22	ODEFSEY	37
<i>methocarbamol</i>	80	<i>neomycin</i>	13	ODOMZO	30
<i>methotrexate sodium</i>	27, 70	<i>neomycin-bacitracin-poly-HC</i>	74	OFEV	79
<i>methotrexate sodium (PF)</i>	27, 70	<i>neomycin-bacitracin-polymyxin</i>	75	<i>ofloxacin</i>	16, 75, 77
<i>methoxsalen</i>	57	<i>neomycin-polymyxin B-dexameth</i>	74	<i>olanzapine</i>	34, 40
<i>methyl dopa</i>	47	<i>neomycin-polymyxin-HC</i>	74, 76, 77	<i>olanzapine-fluoxetine</i>	21
<i>methylphenidate HCl</i>	53, 54	NERLYNX	30	<i>olmesartan</i>	47

<i>olmesartan-amlodipin-hcthiazid</i>	51	PHOSLYRA	60	PROMACTA	45, 46
<i>olmesartan-hydrochlorothiazide</i>	51	PIFELTRO	37	<i>promethazine</i>	23, 77
<i>olopatadine</i>	75	<i>pilocarpine HCl</i>	55, 76	PROMETHEGAN	23
<i>omega-3 acid ethyl esters</i>	52	<i>pimecrolimus</i>	57	<i>propafenone</i>	48
<i>omeprazole</i>	62	<i>pimozide</i>	33	<i>propranolol</i>	49
OMNITROPE	64	<i>pindolol</i>	49	<i>propylthiouracil</i>	67
<i>ondansetron</i>	23	<i>pioglitazone</i>	42	PROQUAD (PF)	72
<i>ondansetron HCl</i>	23	<i>pioglitazone-glimepiride</i>	42	PROSOL 20 %	60
ONUREG	27	<i>pioglitazone-metformin</i>	43	<i>protriptyline</i>	22
OPSUMIT	79	<i>piperacillin-tazobactam</i>	16	PULMOZYME	79
ORENCIA	68	PIQRAY	30	PURIXAN	27
ORENCIA CLICKJECT	68	<i>piroxicam</i>	10	PYLERA	62
ORENITRAM	79	<i>podofilox</i>	57	<i>pyrazinamide</i>	26
ORGOVYX	27	<i>polymyxin B sulfate</i>	14	<i>pyridostigmine bromide</i>	26
ORKAMBI	79	<i>polymyxin B sulf-trimethoprim</i>	74	QINLOCK	30
<i>oseltamivir</i>	38	POMALYST	27	QUADRACEL (PF)	72
OSPHENA	66	<i>posaconazole</i>	24	<i>quetiapine</i>	21, 34, 40
OTEZLA	57	<i>potassium chlorid-D5-0.45%NaCl</i>	58	<i>quinapril</i>	47
OTEZLA STARTER	70	<i>potassium chloride</i>	58, 59, 61	<i>quinapril-hydrochlorothiazide</i>	51
<i>oxacillin in dextrose(iso-osm)</i>	15	<i>potassium chloride in 0.9%NaCl</i>	58	<i>quinidine gluconate</i>	48
<i>oxandrolone</i>	65	<i>potassium chloride in 5 % dex</i>	58	<i>quinidine sulfate</i>	48
<i>oxaprozin</i>	10	<i>potassium chloride in water</i>	58	<i>quinine sulfate</i>	32
OXBRYTA	45, 46	<i>potassium chloride-0.45 % NaCl</i>	59	RABAVERT (PF)	72
<i>oxcarbazepine</i>	19	<i>potassium citrate</i>	59	<i>rabeprazole</i>	62
OXERVATE	74	PRADAXA	45	<i>raloxifene</i>	66
<i>oxybutynin chloride</i>	63	PRALUENT PEN	52	<i>ramelteon</i>	81
<i>oxycodone</i>	12	<i>pramipexole</i>	32	<i>ramipril</i>	47
<i>oxycodone-acetaminophen</i>	12	<i>prasugrel</i>	46	<i>ranolazine</i>	51
<i>oxymorphone</i>	11	<i>pravastatin</i>	52	<i>rasagiline</i>	32
OZEMPIC	42	<i>prazosin</i>	47, 63	RAVICTI	63
<i>paliperidone</i>	34	<i>prednisolone</i>	64, 73	RECOMBIVAX HB (PF)	72
PALYNZIQ	63	<i>prednisolone acetate</i>	75	RECTIV	53
PANRETIN	57	<i>prednisolone sodium phosphate</i>	64, 73, 76	RELENZA DISKHALER	38
<i>pantoprazole</i>	62	<i>prednisone</i>	64, 73	<i>repaglinide</i>	43
<i>paromomycin</i>	13	<i>pregabalin</i>	18, 54	REPATHA PUSHTRONEX	52
<i>paroxetine HCl</i>	22, 40	PREMARIN	65	REPATHA SURECLICK	52
PASER	26	PREMASOL 10 %	60	REPATHA SYRINGE	53
PAXIL	22, 40	PREMPHASE	66	RESTASIS	70, 74
PEDIARIX (PF)	72	PREMPRO	66	RETACRIT	46
PEDVAX HIB (PF)	72	PREVALITE	52	RETEVMO	27
<i>peg 3350-electrolytes</i>	61	PREVIFEM	66	REVLIMID	27
PEGASYS	69	PREVYMIS	35	REXULTI	34
<i>peg-electrolyte soln</i>	61	PREZCOBIX	38	REYATAZ	38
PEMAZYRE	30	PREZISTA	38	REYVOW	25
<i>pen needle, diabetic</i>	45	PRIFTIN	26	REZUROCK	70
<i>penicillamine</i>	59, 63	<i>primaquine</i>	32	RHOPRESSA	76
<i>penicillin G potassium</i>	16	<i>primidone</i>	19	<i>ribavirin</i>	36
<i>penicillin V potassium</i>	16	<i>probenecid</i>	24	RIDAURA	68
PENNSAID	10	<i>probenecid-colchicine</i>	24	<i>rifabutin</i>	26
<i>pentamidine</i>	32	PROCALAMINE 3%	60	<i>rifampin</i>	26
PENTASA	73	<i>prochlorperazine</i>	23	<i>riluzole</i>	54
<i>pentoxifylline</i>	51	<i>prochlorperazine maleate</i>	23, 33	<i>rimantadine</i>	38
<i>permethrin</i>	58	PROCRIT	46	RINVOQ	68
<i>perphenazine</i>	23, 33	PROCTOZONE-HC	57, 73	<i>risedronate</i>	74
<i>perphenazine-amitriptyline</i>	21	<i>progesterone micronized</i>	66	RISPERDAL CONSTA	35, 40
PERSERIS	34, 40	PROGLYCEM	43	<i>risperidone</i>	35, 40
<i>phenelzine</i>	21	PROGRAF	70	<i>ritonavir</i>	38
<i>phenobarbital</i>	19	PROLASTIN-C	63	<i>rivastigmine</i>	20
<i>phenytoin</i>	19	PROLIA	74	<i>rivastigmine tartrate</i>	20
<i>phenytoin sodium extended</i>	19			<i>rizatriptan</i>	25

ROCKLATAN	74	STRIBILD	36	<i>testosterone</i>	65
<i>ropinirole</i>	32	STRIVERDI RESPIMAT	78	<i>testosterone cypionate</i>	65
<i>rosuvastatin</i>	52	SUCRAID	63	<i>testosterone enanthate</i>	65
ROTARIX	72	<i>sucralfate</i>	62	<i>tetanus, diphtheria tox ped(PF)</i>	72
ROTATEQ VACCINE	72	<i>sulfacetamide sodium</i>	75	<i>tetrabenazine</i>	54
ROZLYTREK	30	<i>sulfadiazine</i>	16	THALOMID	27
RUBRACA	30	<i>sulfamethoxazole-trimethoprim</i>	16	<i>theophylline</i>	79
<i>rufinamide</i>	19	<i>sulfasalazine</i>	73	<i>thioridazine</i>	33
RUKOBIA	38	<i>sulindac</i>	10	<i>thiothixene</i>	33
RYBELSUS	43	<i>sumatriptan succinate</i>	25	<i>tiagabine</i>	19
RYDAPT	30	<i>sunitinib</i>	30	TIBSOVO	28
SAMSCA	59	SUNOSI	81	<i>timolol maleate</i>	25, 49, 76
SANTYL	57	SUPRAX	15	<i>timolol maleate (PF)</i>	74
SAPHRIS	35, 40	SUPREP BOWEL PREP KIT	59	TIVICAY	36
<i>sapropterin</i>	63	SUTENT	30	TIVICAY PD	36
<i>scopolamine base</i>	23, 61	SYMBICORT	80	<i>tizanidine</i>	35
SECUADO	35, 40	SYMFI	37	TOBI PODHALER	79
<i>selegiline HCl</i>	33	SYMFI LO	37	TOBRADEX	74
<i>selenium sulfide</i>	57	SYMJEPI	78	<i>tobramycin</i>	75
SELZENTRY	38	SYMLINPEN 120	43	<i>tobramycin in 0.225 % NaCl</i>	79
SEREVENT DISKUS	78	SYMLINPEN 60	43	<i>tobramycin sulfate</i>	13
SEROSTIM	64	SYMPAZAN	19	<i>tobramycin-dexamethasone</i>	74
<i>sertraline</i>	22, 40	SYMTUZA	36	<i>tolcapone</i>	32
<i>sevelamer carbonate</i>	60	SYNAREL	67	<i>tolvaptan</i>	59
SHINGRIX (PF)	72	SYNJARDY	43	<i>topiramate</i>	18, 25
SIGNIFOR	67	SYNJARDY XR	43	<i>toremifene</i>	26
<i>sildenafil (pulm.hypertension)</i>	79	SYNRIBO	27	<i>toremide</i>	51
<i>silver sulfadiazine</i>	57	SYNTHROID	66	TOUJEO MAX U-300 SOLOSTAR	45
SIMBRINZA	76	TABLOID	27	TOUJEO SOLOSTAR U-300	
<i>simvastatin</i>	52	TABRECTA	30	INSULIN	45
<i>sirolimus</i>	70	<i>tacrolimus</i>	57, 70	TPN ELECTROLYTES	60
SIRTURO	26	TAFINLAR	30	TRACLEER	79
SKYRIZI	68	TAGRISO	30	TRADJENTA	43
<i>sodium chloride</i>	59	TALZENNA	30	<i>tramadol</i>	11, 12
<i>sodium chloride 0.45 %</i>	59	<i>tamoxifen</i>	27	<i>tramadol-acetaminophen</i>	12
<i>sodium chloride 0.9 %</i>	59	<i>tamsulosin</i>	63	<i>trandolapril</i>	47
<i>sodium chloride 3 %</i>	59	TARGRETIN	31	<i>tranexamic acid</i>	46
<i>sodium chloride 5 %</i>	59	TASIGNA	30	TRANSDERM-SCOP	23, 61
<i>sodium phenylbutyrate</i>	63	TAVALISSE	46	<i>tranylcypromine</i>	21
<i>sodium polystyrene sulfonate</i>	60	<i>tazarotene</i>	55	TRAVASOL 10 %	60
<i>sofosbuvir-velpatasvir</i>	36	TAZORAC	55	<i>travoprost</i>	76
<i>solifenacin</i>	63	TAZTIA XT	48, 49	<i>trazodone</i>	22
SOLIQUA 100/33	45	TAZVERIK	30	TRECATOR	26
SOLTAMOX	27	TDVAX	72	TRELEGY ELLIPTA	80
SOMAVERT	67	TECFIDERA	55	TRESIBA FLEXTOUCH U-100	45
SORINE	48	TEFLARO	15	TRESIBA FLEXTOUCH U-200	45
<i>sotalol</i>	48	TEGSEDI	63	TRESIBA U-100 INSULIN	45
SOTALOL AF	48	TEKTURNA HCT	51	<i>tretinoin</i>	55
SPIRIVA RESPIMAT	78	<i>telmisartan</i>	47	<i>tretinoin (antineoplastic)</i>	31
SPIRIVA WITH HANDIHALER	78	<i>telmisartan-hydrochlorothiazid</i>	51	TREXALL	28, 70
<i>spironolactone</i>	51	<i>temazepam</i>	81	<i>triamcinolone acetonide</i>	55, 57
<i>spironolacton-hydrochlorothiaz</i>	51	TEMIXYS	37	<i>triamterene-hydrochlorothiazid</i>	51
SPRITAM	18	TENCON	10	<i>trientine</i>	59
SPRYCEL	30	TENIVAC (PF)	72	<i>trifluoperazine</i>	33
SPS (WITH SORBITOL)	60	<i>tenofovir disoproxil fumarate</i>	35, 37	<i>trifluridine</i>	36, 75
SSD	57	TEPMETKO	30	<i>trihexyphenidyl</i>	32
STELARA	68	<i>terazosin</i>	47, 63	TRIJARDY XR	43
STIOLTO RESPIMAT	80	<i>terbinafine HCl</i>	24	TRIKAFTA	79
STIVARGA	30	<i>terconazole</i>	24	<i>trimethoprim</i>	14
<i>streptomycin</i>	13	<i>teriparatide</i>	74	<i>trimipramine</i>	22

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TRI-PREVIFEM (28).....	66	WAKIX.....	54
TRI-SPRINTEC (28).....	66	<i>warfarin</i>	45
TRIUMEQ.....	38	WELIREG.....	28
TROPHAMINE 10 %.....	60	WIXELA INHUB.....	80
TRUMENBA.....	72	XALKORI.....	31
TRUSELTIQ.....	30	XARELTO.....	45
TRUVADA.....	37	XARELTO DVT-PE TREAT 30D START.....	45
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<i>valacyclovir</i>	36	XOSPATA.....	31
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<i>valganciclovir</i>	35	XTAMPZA ER.....	11
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<i>valsartan-hydrochlorothiazide</i>	51	YF-VAX (PF).....	72
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<i>vancomycin</i>	14	<i>zafirlukast</i>	78
VAQTA (PF).....	72	<i>zaleplon</i>	81
<i>varenicline</i>	13	ZEJULA.....	31
VARIVAX (PF).....	72	ZELAPAR.....	33
VARUBI.....	23	ZELBORAF.....	31
VASCEPA.....	53	ZENATANE.....	56
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<i>venlafaxine</i>	22, 40	ZEPOSIA STARTER PACK.....	55
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VERZENIO.....	31	<i>zolmitriptan</i>	25
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This formulary was updated on 12/01/2021. For more recent information or other questions, please contact AdventHealth Advantage Plans Customer Service at 1-877-535-8278 or, for TTY users, 1-800-955-8771, weekdays from 8am to 8pm and Saturdays from 8am to noon. From October 1 through March 31, we are available seven days a week from 8am to 8pm or visit myAHplan.com.

Customer Service has language interpreter services available for non-English speakers at no cost.

This information is also available at no cost in other formats. By contacting Customer Service you may request your materials be read aloud, emailed, or mailed in large print.

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.

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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