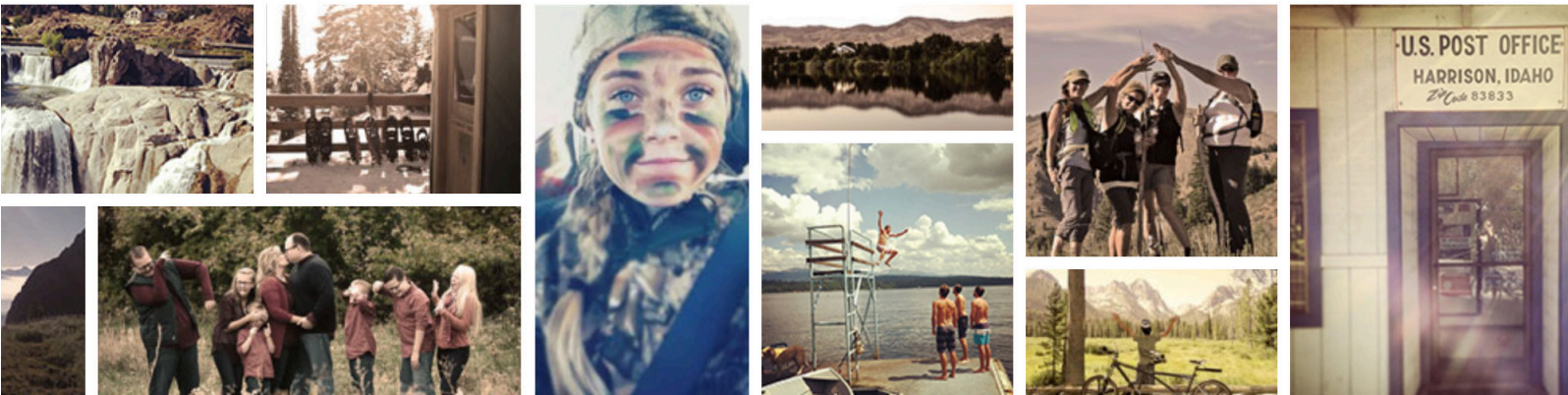




2020 MHC Individual & Small Group Preferred Drug List



How to use the Preferred Drug List

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

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

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

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

HOW DRUGS ARE CHOSEN FOR THE PDL

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

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

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

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

Members will receive notices related to drug modifications at the point of sale when they present a prescription that is impacted by modifications to the PDL. Network pharmacies are required to communicate these messages regarding updates or changes to the program which may impact a member. In addition, members whose drugs have been removed from the PDL will receive written communication of change.

PREVENTIVE DRUGS

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

PRIOR AUTHORIZATION (PA)

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

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

QUANTITY LIMIT (QL)

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

STEP THERAPY (ST)

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

AGE

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

BRAND-GENERIC PENALTY (Ancillary Charge)

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

GENERIC MANDATORY PLAN

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

MAIL ORDER

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

SPECIALTY PHARMACY

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

OFF-LABEL USE OF MEDICATIONS

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

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

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

PAPER CLAIMS FILING LIMITS

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

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CURRENT AS OF 3/19/2020

Status 0 = Zero Cost Share Preventive Drugs 1 = Preferred Generic 2 = Non-Preferred Generic, Preferred Brand 3 = Non-Preferred Brand 4 = Specialty Drugs		
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		Necessary Actions, Restrictions, or Limits on Use PA = Prior Authorization Required ST = Step Therapy Applies
Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Analgesic, Anti-Inflammatory Or Antipyretic		
Analgesic Opioid Agonists		
ABSTRAL	4	PA; QL (120 EA per 30 days)
<i>codeine sulfate oral tablet</i>	1	QL (180 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	2	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	2	PA; QL (30 EA per 30 days)
<i>fentanyl citrate buccal tablet, effervescent</i>	2	PA; QL (112 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (15 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	2	PA; QL (15 EA per 30 days)
<i>hydromorphone oral liquid</i>	1	QL (120 ML per 30 days)
<i>hydromorphone oral tablet</i>	1	QL (90 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA; QL (30 EA per 30 days)
LAZANDA	4	PA; QL (5 EA per 30 days)
<i>methadone oral concentrate</i>	2	PA; QL (60 ML per 30 days)
<i>methadone oral solution</i>	2	PA; QL (240 ML per 30 days)
<i>methadone oral tablet</i>	1	PA; QL (60 EA per 30 days)
<i>morphine concentrate oral solution</i>	1	QL (120 ML per 30 days)
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 45 mg, 75 mg, 90 mg</i>	2	PA; QL (30 EA per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 60 mg</i>	2	PA; QL (60 EA per 30 days)
<i>morphine oral capsule, extend. release pellets</i>	2	PA; QL (60 EA per 30 days)
<i>morphine oral solution</i>	1	QL (480 ML per 30 days)
<i>morphine oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
<i>morphine oral tablet 30 mg</i>	1	QL (90 EA per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	1	PA; QL (90 EA per 30 days)
<i>morphine oral tablet extended release 200 mg, 30 mg</i>	1	PA; QL (60 EA per 30 days)
NUCYNTA ER	3	PA; QL (60 EA per 30 days)
<i>oxycodone oral capsule</i>	1	QL (240 EA per 30 days)
<i>oxycodone oral solution</i>	1	QL (1800 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL (90 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	QL (240 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>oxycodone oral tablet,oral only,ext.rel.12 hr</i>	1	PA; QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	3	PA; QL (60 EA per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	QL (90 EA per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	QL (60 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 5 mg, 7.5 mg</i>	1	PA; QL (60 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 20 mg, 30 mg, 40 mg</i>	2	PA; QL (60 EA per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	4	PA; QL (120 EA per 30 days)
<i>tramadol oral capsule,er biphasic 24 hr 17-83</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol oral capsule,er biphasic 24 hr 25-75</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphasic 24 hr</i>	1	PA; QL (30 EA per 30 days)
Analgesic Opioid Codeine Combinations		
<i>acetaminophen-codeine oral solution 120 mg-12 mg 15 ml (5 ml), 300 mg-30 mg 112.5 ml</i>	1	QL (450 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (240 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180 EA per 30 days)
BUTALBITAL COMPOUND W/CODEINE	1	QL (180 EA per 30 days)
BUTALBITAL COMPOUND-CODEINE	1	
<i>butalbital-acetaminop-caf-cod</i>	1	QL (180 EA per 30 days)
Analgesic Opioid Hydrocodone And Non-Salicylate Combinations		
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 5-163 mg/7.5ml(7.5ml)</i>	1	QL (5400 ML per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (450 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg</i>	1	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	1	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	1	QL (180 EA per 30 days)
LORTAB 10-325	3	QL (12 EA per 1 day)
LORTAB 5-325	3	QL (12 EA per 1 day)
LORTAB 7.5-325	3	QL (12 EA per 1 day)
Analgesic Opioid Hydrocodone And Nsaid Combinations		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (120 EA per 30 days)
Analgesic Opioid Hydrocodone Combinations		
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 5-163 mg/7.5ml(7.5ml)</i>	1	QL (5400 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (450 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg</i>	1	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	1	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	1	QL (180 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (120 EA per 30 days)
LORTAB 10-325	3	QL (12 EA per 1 day)
LORTAB 5-325	3	QL (12 EA per 1 day)
LORTAB 7.5-325	3	QL (12 EA per 1 day)
Analgesic Opioid Oxycodone And Non-Salicylate Combinations		
<i>oxycodone-acetaminophen oral solution</i>	1	QL (150 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>	1	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (180 EA per 30 days)
Analgesic Opioid Oxycodone And Nsaid Combinations		
<i>ibuprofen-oxycodone</i>	2	QL (120 EA per 30 days)
Analgesic Opioid Oxycodone Combinations		
<i>ibuprofen-oxycodone</i>	2	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	1	QL (150 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>	1	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (180 EA per 30 days)
Analgesic Opioid Partial-Mixed Agonists		
<i>buprenorphine</i>	1	QL (4 EA per 28 days)
<i>butorphanol tartrate nasal</i>	1	QL (2.5 ML per 30 days)
Analgesic Opioid Tramadol And Non-Salicylate Combinations		
<i>tramadol-acetaminophen</i>	1	QL (120 EA per 30 days)
Analgesic Opioid Tramadol Combinations		
<i>tramadol-acetaminophen</i>	1	QL (120 EA per 30 days)
Analgesic Or Antipyretic Non-Opioid/Sedative Combinations		
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	QL (180 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective		
ENBREL MINI	4	PA
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; QL (16 EA per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; QL (8 ML per 28 days)
ENBREL SURECLICK	4	PA; QL (8 ML per 28 days)
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Tnf-Alpha Sel		
CIMZIA	4	PA; QL (1 EA per 28 days)
CIMZIA POWDER FOR RECONST	4	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT	4	PA; QL (3 EA per 30 days)
HUMIRA PEDIATRIC CROHNS START	4	PA; QL (6 EA per 28 days)
HUMIRA PEN	4	PA; QL (6 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	4	PA; QL (6 EA per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents		
CIMZIA	4	PA; QL (1 EA per 28 days)
CIMZIA POWDER FOR RECONST	4	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT	4	PA; QL (3 EA per 30 days)
ENBREL MINI	4	PA
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; QL (16 EA per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; QL (8 ML per 28 days)
ENBREL SURECLICK	4	PA; QL (8 ML per 28 days)
HUMIRA PEDIATRIC CROHNS START	4	PA; QL (6 EA per 28 days)
HUMIRA PEN	4	PA; QL (6 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	4	PA; QL (6 EA per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (2 EA per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
Dmard - Antimalarials		
<i>hydroxychloroquine</i>	1	
Dmard - Antimetabolites		
<i>methotrexate sodium oral</i>	1	
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML	2	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	
TREXALL	4	PA
Dmard - Antinflammatory, Select. Costimulation Modulator, T-Cell Inhib.		
ORENCIA CLICKJECT	4	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA
Dmard - B Cell Targeted Agents		
RITUXAN	4	PA
Dmard - Gold Compounds		
RIDAURA	4	PA
Dmard - Immunosuppressives		
<i>azathioprine</i>	1	
<i>cyclophosphamide oral capsule</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	1	QL (90 EA per 30 days)
<i>cyclosporine modified oral capsule 50 mg</i>	1	QL (120 EA per 30 days)
<i>cyclosporine modified oral solution</i>	1	QL (90 ML per 30 days)
<i>cyclosporine oral capsule 100 mg</i>	2	
<i>cyclosporine oral capsule 25 mg</i>	1	QL (90 EA per 30 days)
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	PA
<i>mycophenolate mofetil oral tablet</i>	1	
NEORAL	4	PA
Dmard - Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET	4	PA
Dmard - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody		
ACTEMRA SUBCUTANEOUS	4	PA
Dmard - Janus Kinase (Jak) Inhibitors		
OLUMIANT	4	PA; QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
RINVOQ	4	PA; QL (30 EA per 30 days)
XELJANZ ORAL TABLET 5 MG	4	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	4	PA; QL (30 EA per 30 days)
Dmard - Other		
CUPRIMINE	4	PA
DEPEN TITRATABS	4	PA
DYNACIN ORAL CAPSULE 75 MG	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>sulfasalazine</i>	1	
SULFAZINE	2	
Dmard - Phosphodiesterase-4 (Pde4) Inhibitors		
OTEZLA	4	PA
OTEZLA STARTER	4	PA
Dmard - Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1	QL (30 EA per 30 days)
Immunomodulator B-Lymphocyte Stimulator (Blys)-Specific Inhibitor Mcab		
BENLYSTA SUBCUTANEOUS	4	PA; QL (4 ML per 28 days)
Nsaid Analgesic And Prostaglandin Analog Combinations		
<i>diclofenac-misoprostol</i>	1	
Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors		
<i>celecoxib oral capsule 100 mg, 50 mg</i>	1	
<i>celecoxib oral capsule 200 mg, 400 mg</i>	1	QL (60 EA per 30 days)
Nsaid Analgesics (Cox Non-Specific) - Anthranilic Acid Derivatives		
<i>mefenamic acid</i>	1	
Nsaid Analgesics (Cox Non-Specific) - Other		
<i>ketorolac intramuscular</i>	1	QL (4 ML per 28 days)
<i>ketorolac oral</i>	1	QL (20 EA per 30 days)
<i>nabumetone</i>	1	
<i>sulindac</i>	1	
<i>tolmetin</i>	2	
Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives		
<i>meloxicam oral tablet</i>	1	QL (30 EA per 30 days)
<i>piroxicam</i>	1	
Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives		
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium oral</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives		
ANAPROX	1	
<i>fenoprofen oral capsule 400 mg</i>	1	
<i>fenoprofen oral tablet</i>	1	
<i>flurbiprofen</i>	1	
IBU	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
NALFON ORAL CAPSULE 200 MG	3	
NAPROSYN ORAL TABLET 250 MG	1	
<i>naproxen</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	
<i>oxaprozin</i>	1	
Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives		
<i>etodolac</i>	1	
INDOCIN ORAL	3	
INDOCIN SR	3	
<i>indomethacin oral capsule 25 mg</i>	1	QL (120 EA per 30 days)
<i>indomethacin oral capsule 50 mg</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
Salicylate Analgesic And Sedative Combinations		
<i>butalbital-aspirin-caffeine</i>	1	
Salicylate Analgesics		
<i>aspirin oral tablet, chewable</i>	0	
<i>aspirin oral tablet, delayed release (drlec) 81 mg</i>	1	
<i>diflunisal</i>	1	
ENTERIC COATED ASPIRIN	1	
<i>salsalate oral tablet 500 mg</i>	1	
Anesthetics		
General Anesthetic - Parenteral, Benzodiazepines		
<i>midazolam (pf) injection solution 5 mg/ml</i>	1	
Local Anesthetic - Amides		
<i>lidocaine topical ointment</i>	1	
Anorectal Preparations		
Anorectal - Glucocorticoids		
<i>hydrocortisone acetate rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
PROCTOCREAM-HC	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
PROCTO-KIT TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
Antidotes And Other Reversal Agents		
Antidote - Acetaminophen Poisoning		
<i>acetylcysteine</i>	1	
<i>acetylcysteine intravenous</i>	1	
Antidote - Radioactive Agents		
RADIOGARDASE	2	
Antidote Others		
RADIOGARDASE	2	
Chelating Agents - Copper		
CUPRIMINE	4	PA
DEPEN TITRATABS	4	PA
<i>trientine</i>	4	PA
Chelating Agents - Iron		
<i>deferasirox oral tablet, dispersible</i>	4	PA
FERRIPROX ORAL TABLET 500 MG	4	PA
JADENU	4	PA
Chelating Agents - Lead Poisoning		
CHEMET	3	PA
Mu-Opioid Receptor Antagonists, Peripherally-Acting		
MOVANTIK	3	PA; QL (30 EA per 30 days)
SYMPROIC	3	PA; QL (30 EA per 30 days)
Opioid Reversal Agents - Opioid Antagonists		
<i>naltrexone</i>	1	QL (60 EA per 30 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	1	QL (2 EA per 30 days)
Anti-Infective Agents		
Aminoglycoside Antibiotic		
NEO-FRADIN	1	
<i>neomycin</i>	1	
<i>tobramycin (bulk)</i>	3	
<i>tobramycin sulfate</i>	4	PA
<i>tobramycin sulfate (bulk)</i>	3	
Aminopenicillin Antibiotic		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, er multiphase 24 hr</i>	3	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg, 400 mg</i>	1	
<i>ampicillin</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations		
<i>amoxicillin-pot clavulanate</i>	1	
Anthelmintic Agents - Benzimidazole Derivatives		
<i>albendazole</i>	2	PA; QL (120 EA per 30 days)
EMVERM	3	PA; QL (6 EA per 3 days)
Anthelmintic Agents - Macrocyclic Lactones		
<i>ivermectin oral</i>	1	
Anthelmintic Agents Other		
<i>ivermectin oral</i>	1	
<i>praziquantel</i>	2	
Antibacterial Folate Antagonist - Other Combinations		
<i>sulfamethoxazole-trimethoprim oral</i>	1	
Antibacterial Folate Antagonist Others		
PRIMSOL	2	
<i>trimethoprim</i>	1	
Antibacterial Nitrofurantoin Derivatives		
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate-cryst</i>	1	
Antibacterial Other		
MONUROL	3	
Antifungal - Allylamines		
<i>terbinafine hcl oral</i>	1	QL (30 EA per 30 days)
Antifungal - Amphoteric Polyene Macrolides		
<i>nystatin oral tablet</i>	1	
Antifungal - Fluorinated Pyrimidine-Type Agents		
<i>flucytosine</i>	2	
Antifungal - Imidazoles		
<i>ketoconazole oral</i>	1	
ORAVIG	3	PA; QL (14 EA per 14 days)
Antifungal - Triazoles		
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL (180 EA per 30 days)
<i>itraconazole oral capsule</i>	1	PA
<i>voriconazole oral tablet 200 mg</i>	2	PA; QL (60 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	2	PA; QL (120 EA per 30 days)
Antifungal Other		
<i>flucytosine</i>	2	
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	2	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>griseofulvin ultramicrosize</i>	2	
Antileprotic - Immunomodulators		
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (60 EA per 30 days)
Antileprotic - Sulfone Agents		
<i>dapsone oral</i>	1	
Antimalarial Combinations		
<i>atovaquone-proguanil</i>	1	
COARTEM	2	
Antimalarials		
<i>chloroquine phosphate</i>	1	
DARAPRIM	4	PA
<i>hydroxychloroquine</i>	1	
<i>mefloquine</i>	1	
<i>primaquine</i>	1	
<i>quinine sulfate</i>	1	
Antiprotozoal Agents - Other		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	PA
ALINIA ORAL TABLET	3	PA; QL (20 EA per 10 days)
<i>atovaquone</i>	1	
Antiprotozoal Agents (Antiparasitic) - 5-Nitrothiazolyl Derivatives		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	PA
ALINIA ORAL TABLET	3	PA; QL (20 EA per 10 days)
Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole		
<i>metronidazole oral</i>	1	
Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole		
<i>tinidazole oral tablet 500 mg</i>	1	
Antiretroviral - Ccr5 Co-Receptor Antagonist		
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	PA
Antiretroviral - Hiv-1 Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN	4	PA
Antiretroviral - Hiv-1 Integrase Strand Transfer Inhibitors		
ISENTRESS HD	4	QL (60 EA per 30 days)
ISENTRESS ORAL POWDER IN PACKET	4	QL (240 EA per 30 days)
ISENTRESS ORAL TABLET	4	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	QL (720 EA per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG	4	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
TIVICAY ORAL TABLET 50 MG	4	QL (60 EA per 30 days)
Antiretroviral - Integrase Inhibitor And Nrti Combinations		
DOVATO	4	PA; QL (30 EA per 30 days)
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (Nrti)		
EDURANT	4	QL (30 EA per 30 days)
<i>efavirenz</i>	2	
INTELENCE	4	
<i>nevirapine oral suspension</i>	1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	1	QL (60 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	QL (90 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	QL (30 EA per 30 days)
PIFELTRO	4	
RESCRIPTOR ORAL TABLET	4	QL (180 EA per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE	4	QL (360 EA per 30 days)
Antiretroviral - Nucleoside And Nucleotide Analog Rtis Combinations		
DESCOVY	4	QL (30 EA per 30 days)
TRUVADA	4	QL (30 EA per 30 days)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir oral solution</i>	1	
<i>abacavir oral tablet</i>	1	QL (60 EA per 30 days)
<i>didanosine oral capsule, delayed release (drlec) 125 mg</i>	1	QL (90 EA per 30 days)
<i>didanosine oral capsule, delayed release (drlec) 200 mg</i>	1	QL (60 EA per 30 days)
<i>didanosine oral capsule, delayed release (drlec) 250 mg, 400 mg</i>	1	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	4	QL (850 ML per 30 days)
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	QL (30 EA per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg</i>	1	QL (120 EA per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>stavudine oral recon soln</i>	1	
<i>zidovudine oral capsule</i>	1	QL (180 EA per 30 days)
<i>zidovudine oral syrup</i>	1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet</i>	1	QL (60 EA per 30 days)
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors		
<i>tenofovir disoproxil fumarate</i>	1	QL (30 EA per 30 days)
VIREAD ORAL POWDER	4	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antiretroviral Combinations - Protease Inhibitors		
EVOTAZ	4	QL (30 EA per 30 days)
<i>lopinavir-ritonavir</i>	1	
PREZCOBIX	4	QL (30 EA per 30 days)
Antiretroviral- Nucleoside And Nucleotide Analogs, Protease Inhibitors		
SYMTUZA	4	
Antiretroviral-Integrase Inhibitor, Nucleoside And Nucleotide Rti's Comb		
BIKTARVY	4	QL (30 EA per 30 days)
GENVOYA	4	QL (30 EA per 30 days)
STRIBILD	4	QL (30 EA per 30 days)
Antiretroviral-Nucleoside Analogs And Integrase Inhibitor Combinations		
TRIUMEQ	4	QL (30 EA per 30 days)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (Nrti) Comb		
<i>abacavir-lamivudine</i>	1	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	2	QL (60 EA per 30 days)
<i>lamivudine-zidovudine</i>	1	QL (60 EA per 30 days)
Antiretroviral-Nucleoside, Nucleotide Analogs And Non-Nucleoside Rti		
ATRIPLA	4	
COMPLERA	4	QL (30 EA per 30 days)
ODEFSEY	4	QL (30 EA per 30 days)
Antitubercular - D-Alanine Analogs		
<i>cycloserine</i>	2	
Antitubercular - Diarylquinoline Antibiotics		
SIRTURO	4	PA
Antitubercular - Isonicotinic Acid Derivatives		
<i>isoniazid oral</i>	1	
Antitubercular - Niacinamide Derivatives		
<i>pyrazinamide</i>	2	
Antitubercular - Rifamycin And Derivatives		
PRIFTIN	3	
<i>rifabutin</i>	2	
<i>rifampin oral</i>	1	
Antitubercular Agents Other		
<i>ethambutol</i>	1	
TRECTOR	3	
Antitubercular Combinations		
RIFATER	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Cephalosporin Antibiotics - 1St Generation		
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cephalexin</i>	1	
Cephalosporin Antibiotics - 2Nd Generation		
<i>cefaclor oral capsule</i>	1	QL (30 EA per 10 days)
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	QL (20 EA per 10 days)
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral suspension for reconstitution 125 mg/5 ml</i>	2	
<i>cefuroxime axetil oral tablet</i>	1	
Cephalosporin Antibiotics - 3Rd Generation		
<i>cefdinir</i>	1	
<i>cefditoren pivoxil</i>	2	
<i>cefixime oral capsule</i>	2	QL (14 EA per 30 days)
<i>cefixime oral suspension for reconstitution</i>	2	
<i>cefpodoxime</i>	1	
<i>ceftibuten oral capsule</i>	1	
Cmv Antiviral Agent - Nucleoside Analogs		
<i>valganciclovir</i>	2	
Fluoroquinolone Antibiotics		
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin (mixture)</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
FACTIVE	3	
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	QL (14 EA per 14 days)
<i>moxifloxacin oral</i>	1	QL (14 EA Max Qty Per Fill Retail)
<i>ofloxacin oral</i>	2	
Glycopeptide Antibiotics		
<i>vancomycin oral capsule</i>	2	QL (56 EA per 14 days)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral)		
BARACLUDE ORAL SOLUTION	4	PA
<i>entecavir</i>	1	QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	QL (30 EA per 30 days)
TYZEKA	4	PA
Hepatitis B Treatment- Nucleotide Analogs (Antiviral)		
<i>adefovir</i>	4	PA; QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	1	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
VIREAD ORAL POWDER	4	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (30 EA per 30 days)
Hepatitis C - Interferons		
PEGASYS CONVENIENCE PACK	4	PA; QL (4 EA per 30 days)
PEGASYS PROCLICK	4	PA; QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SYRINGE	4	PA; QL (4 ML per 30 days)
PEGINTRON	4	PA; QL (4 EA per 30 days)
PEGINTRON REDIPEN	4	PA; QL (4 EA per 30 days)
Hepatitis C - Ns5a Inhibitor And Ns3/4A Protease Inhibitor Combination		
MAVYRET	4	PA
TECHNIVIE	4	PA
Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations		
EPCLUSA	4	PA
<i>ledipasvir-sofosbuvir</i>	4	PA
<i>sofosbuvir-velpatasvir</i>	4	PA
Hepatitis C - Nucleos(T)ide Analog Ns5b Polymerase Inhibitors		
SOVALDI ORAL TABLET 400 MG	4	PA
Hepatitis C - Nucleoside Analogs		
RIBASPHERE ORAL TABLET 400 MG, 600 MG	4	PA
RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 400 MG (7)- 400 MG (7), 400-400 MG (28)-MG (28), 600 MG (7)- 400 MG (7), 600 MG (7)- 600 MG (7), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	4	PA
RIBATAB DOSE PACK	4	PA
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
Hepatitis C- Ns5a, Ns3/4A Protease And Non-Nucleo.Ns5b Poly Inh. Comb		
VIEKIRA PAK	4	PA
VIEKIRA XR	4	PA
Herpes Antiviral Agent - Purine Analogs		
<i>acyclovir oral</i>	1	
<i>valacyclovir</i>	1	
Herpes Antiviral Agent - Thymidine Analogs		
<i>famciclovir</i>	1	QL (60 EA per 30 days)
Influenza Antiviral Agents - Neuraminidase Inhibitors		
<i>oseltamivir oral capsule</i>	1	
<i>oseltamivir oral suspension for reconstitution</i>	1	QL (180 ML per 5 days)
RELENZA DISKHALER	3	QL (20 EA per 10 days)
Influenza Antiviral Agents - Pa Endonuclease Inhibitor		
XOFLUZA	3	QL (2 EA per 180 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Influenza-A Antiviral Agents		
<i>rimantadine</i>	1	
Ketolide Antibiotics		
KETEK	3	
Lincosamide Antibiotics		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
CLINDAMYCIN PEDIATRIC	1	
Macrolide Antibiotics		
<i>azithromycin oral packet</i>	3	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	1	QL (30 ML per 5 days)
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i>	1	QL (90 ML per 5 days)
<i>azithromycin oral tablet 250 mg</i>	1	QL (6 EA per 5 days)
<i>azithromycin oral tablet 500 mg, 600 mg</i>	1	QL (30 EA per 30 days)
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet 250 mg</i>	1	
<i>clarithromycin oral tablet 500 mg</i>	1	QL (28 EA per 14 days)
<i>clarithromycin oral tablet extended release 24 hr</i>	1	QL (28 EA per 14 days)
DIFICID	4	PA; QL (20 EA per 10 days)
ERYPED 400	3	
ERY-TAB	3	PA
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	3	PA
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral tablet</i>	1	
<i>erythromycin oral tablet, delayed release (drlec)</i>	1	
<i>erythromycin stearate oral tablet 250 mg</i>	1	
ZMAX	3	
Misc Anti-Infective		
<i>methenamine hippurate</i>	1	
NEBUPENT	4	PA
Oxazolidinone Antibiotics		
<i>linezolid oral tablet</i>	1	QL (56 EA per 28 days)
SIVEXTRO ORAL	4	PA
Penicillin Antibiotic - Natural		
<i>penicillin v potassium</i>	1	
Penicillin Antibiotic - Penicillinase-Resistant		
<i>dicloxacillin</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Protease Inhibitors (Non-Peptidic) Antiretroviral		
APTIVUS	4	QL (120 EA per 30 days)
APTIVUS (WITH VITAMIN E)	4	QL (300 ML per 30 days)
PREZCOBIX	4	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	4	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	4	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (300 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	4	
Protease Inhibitors (Peptidic) Antiretroviral		
<i>atazanavir</i>	2	
CRIXIVAN ORAL CAPSULE 200 MG	4	QL (360 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	QL (180 EA per 30 days)
EVOTAZ	4	QL (30 EA per 30 days)
<i>fosamprenavir</i>	2	
INVIRASE ORAL CAPSULE	4	QL (300 EA per 30 days)
INVIRASE ORAL TABLET	4	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION	4	QL (1800 ML per 30 days)
NORVIR ORAL CAPSULE	4	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION	4	QL (480 ML per 30 days)
NORVIR SOFT GELATIN	4	
REYATAZ ORAL POWDER IN PACKET	4	
<i>ritonavir</i>	1	
Rifamycins And Related Derivative Antibiotics		
PRIFTIN	3	
<i>rifabutin</i>	2	
<i>rifampin oral</i>	1	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (90 EA per 30 days)
Sulfonamide Antibiotic		
<i>sulfadiazine</i>	1	
Tetracycline Antibiotics		
<i>demeclocycline</i>	2	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>doxycycline monohydrate oral tablet</i>	1	
DYNACIN ORAL CAPSULE 75 MG	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	2	QL (30 EA per 30 days)
MORGIDOX 1X100	3	PA
MORGIDOX 2X100	3	PA
MORGIDOX ORAL CAPSULE 100 MG	3	
<i>tetracycline</i>	1	
Antineoplastics		
Antineoplastic-Epiderm.Growth Factor-Egfr (ErbB1),Her-2 (ErbB2)R.Inhib		
TYKERB	4	PA; QL (180 EA per 30 days)
Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor		
<i>abiraterone</i>	2	PA; QL (120 EA per 30 days)
ZYTIGA ORAL TABLET 250 MG	4	PA; QL (120 EA per 30 days)
Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor		
<i>erlotinib</i>	4	PA; QL (30 EA per 30 days)
Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor		
GILOTRIF	4	PA
VIZIMPRO	4	PA
Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor		
TAGRISO	4	PA
Antineoplastic - Alkylating Agent - Alkyl Sulfonates		
MYLERAN	4	PA
Antineoplastic - Alkylating Agent - Ethylenimines And Methylmelamines		
HEXALEN	4	PA
Antineoplastic - Alkylating Agent - Methylhydrazines		
MATULANE	4	PA
Antineoplastic - Alkylating Agent - Nitrogen Mustards		
<i>cyclophosphamide oral capsule</i>	1	
LEUKERAN	4	PA
<i>melphalan</i>	1	
Antineoplastic - Alkylating Agent - Nitrosoureas		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA
Antineoplastic - Alkylating Agent - Triazenes		
<i>temozolomide</i>	2	QL (10 EA per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antineoplastic - Anaplastic Lymphoma Kinase (Alk) Inhibitors		
ALECENSA	4	PA
XALKORI	4	PA; QL (60 EA per 30 days)
ZYKADIA ORAL CAPSULE	4	PA; QL (150 EA per 30 days)
ZYKADIA ORAL TABLET	4	PA
Antineoplastic - Antiadrenals		
LYSODREN	4	PA
Antineoplastic - Antiandrogens		
<i>abiraterone</i>	2	PA; QL (120 EA per 30 days)
<i>bicalutamide</i>	1	QL (30 EA per 30 days)
ERLEADA	4	PA; QL (120 EA per 30 days)
<i>flutamide</i>	1	
<i>nilutamide</i>	2	PA; QL (60 EA per 30 days)
XTANDI	4	PA
ZYTIGA ORAL TABLET 250 MG	4	PA; QL (120 EA per 30 days)
Antineoplastic - Antimetabolite - Folic Acid Analogs		
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
TREXALL	4	PA
Antineoplastic - Antimetabolite - Purine Analogs		
<i>mercaptopurine</i>	1	
PURIXAN	4	PA
TABLOID	4	PA
Antineoplastic - Antimetabolite - Pyrimidine Analogs		
<i>capecitabine</i>	2	
Antineoplastic - Antimetabolite - Urea Derivatives		
<i>hydroxyurea</i>	1	
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations		
LONSURF	4	PA; QL (80 EA per 30 days)
Antineoplastic - Aromatase Inhibitors		
<i>anastrozole</i>	1	QL (30 EA per 30 days)
<i>exemestane</i>	1	QL (60 EA per 30 days)
<i>letrozole</i>	1	QL (30 EA per 30 days)
Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors		
VENCLEXTA	4	PA
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI	4	PA
TAFINLAR ORAL CAPSULE 50 MG	4	PA; QL (180 EA per 28 days)
TAFINLAR ORAL CAPSULE 75 MG	4	PA; QL (180 EA per 20 days)
ZELBORAF	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor		
BRUKINSA	4	PA; QL (120 EA per 30 days)
IMBRUVICA	4	PA; QL (120 EA per 30 days)
Antineoplastic - Cd20 Specific Recombinant Monoclonal Antibody Agents		
RITUXAN	4	PA
Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors		
IBRANCE	4	PA; QL (21 EA per 28 days)
Antineoplastic - Epipodophyllotoxins		
<i>etoposide oral</i>	4	PA
Antineoplastic - Estrogens		
EMCYT	4	PA
Antineoplastic - Fibroblast Growth Factor Receptor (Fgfr) Kinase Inhib		
BALVERSA	4	PA
Antineoplastic - Hedgehog Pathway Inhibitor		
ERIVEDGE	4	PA; QL (30 EA per 30 days)
ODOMZO	4	PA
Antineoplastic - Histone Deacetylase (Hdac) Inhibitors		
FARYDAK	4	PA; QL (6 EA per 21 days)
ZOLINZA	4	PA; QL (120 EA per 30 days)
Antineoplastic - Interferons		
INTRON A INJECTION	4	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI	4	PA; QL (60 EA per 30 days)
Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants		
<i>leuprolide</i>	1	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	4	PA
LUPRON DEPOT (4 MONTH)	4	PA
LUPRON DEPOT (6 MONTH)	4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	4	PA
Antineoplastic - Mast Cell Stabilizers		
<i>cromolyn oral</i>	1	
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC	4	PA
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 EA per 30 days)
MEKTOVI	4	PA
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR	4	PA; QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
AFINITOR DISPERZ	4	PA; QL (30 EA per 30 days)
Antineoplastic - Multikinase Inhibitors		
CABOMETYX	4	PA
COMETRIQ	4	PA
ICLUSIG ORAL TABLET 15 MG	4	PA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	4	PA; QL (30 EA per 30 days)
NEXAVAR	4	PA; QL (120 EA per 30 days)
STIVARGA	4	PA; QL (84 EA per 28 days)
Antineoplastic - Phosphatidylinositol 3-Kinase (PI3k) Inhibitors		
COPIKTRA	4	PA
ZYDELIG	4	PA
Antineoplastic - Pi3k-Alpha Inhibitors		
PIQRAY	4	PA
Antineoplastic - Pi3k-Delta And Gamma Inhibitors		
COPIKTRA	4	PA
Antineoplastic - Pi3k-Delta Inhibitors		
ZYDELIG	4	PA
Antineoplastic - Poly (Adp-Ribose) Polymerase (Parp) Inhibitors		
LYNPARZA ORAL CAPSULE	4	PA; QL (480 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG	4	PA; QL (240 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	4	PA; QL (120 EA per 30 days)
Antineoplastic - Progestins		
<i>megestrol oral tablet</i>	1	
Antineoplastic - Proteasome Enzyme Inhibitors		
NINLARO	4	PA
Antineoplastic - Protein-Tyrosine Kinase Inhibitors		
BOSULIF	4	PA
BRUKINSA	4	PA; QL (120 EA per 30 days)
CAPRELSA	4	PA
<i>imatinib oral tablet 100 mg</i>	2	QL (90 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	2	QL (60 EA per 30 days)
IMBRUVICA	4	PA; QL (120 EA per 30 days)
INLYTA	4	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1)	4	PA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2)	4	PA; QL (60 EA per 30 days)
LENVIMA ORAL CAPSULE 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; QL (90 EA per 30 days)
OFEV	4	PA
ROZLYTREK	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SPRYCEL	4	PA; QL (30 EA per 30 days)
SUTENT	4	PA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (120 EA per 30 days)
TURALIO	4	PA
VOTRIENT	4	PA; QL (120 EA per 30 days)
Antineoplastic - Retinoids		
<i>tretinoin (antineoplastic)</i>	1	PA
Antineoplastic - Selective Estrogen Receptor Modulators (Serms)		
<i>tamoxifen</i>	0	
<i>toremifene</i>	2	QL (30 EA per 30 days)
Antineoplastic - Selective Retinoid X Receptor Agonists		
<i>bexarotene</i>	2	PA
Antineoplastic - Thalidomide Analogs		
REVLIMID	4	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (60 EA per 30 days)
Methotrexate Rescue Agents		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	2	
<i>leucovorin calcium oral tablet 5 mg</i>	1	
Methotrexate Rescue Agents - Folic Acid Antagonist Type		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	2	
<i>leucovorin calcium oral tablet 5 mg</i>	1	
Biologicals		
Hepatitis A And Hepatitis B Vaccine Combinations		
TWINRIX (PF)	0	
Hepatitis A Vaccine - Single Agents		
HAVRIX (PF)	0	
VAQTA (PF)	0	
Hepatitis B Vaccines - Single Agents		
ENGERIX-B (PF)	0	
ENGERIX-B PEDIATRIC (PF)	0	
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION	0	
RECOMBIVAX HB (PF)	0	
Immune Globulin - Gamma Globulin (Igg), Human		
HIZENTRA SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20 %)	4	PA
Live Vaccine And Live Virus Formulations		
FLUMIST QUAD 2017-2018	0	QL (0.5 EA per 0 days)
FLUMIST QUAD 2019-2020	0	
M-M-R II (PF)	0	
PROQUAD (PF)	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
VARIVAX (PF)	0	
VIVOTIF	3	
Toxoid Vaccine Combinations		
ADACEL(TDAP ADOLESN/ADULT)(PF)	0	
BOOSTRIX TDAP	0	
DAPTACEL (DTAP PEDIATRIC) (PF)	0	
INFANRIX (DTAP) (PF)	0	
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric)		
PEDVAX HIB (PF)	0	
VIVOTIF	3	
Vaccine Bacterial - Gram Negative Cocci		
MENACTRA (PF) INTRAMUSCULAR SOLUTION	0	
MENOMUNE - A/C/Y/W-135	0	
MENOMUNE - A/C/Y/W-135 (PF)	0	
MENVEO A-C-Y-W-135-DIP (PF)	0	
MENVEO MENA COMPONENT (PF)	0	
MENVEO MENCYW-135 COMPNT (PF)	0	
Vaccine Bacterial - Gram Negative Cocci And Bacilli		
MENHIBRIX (PF)	0	
Vaccine Bacterial - Gram Positive Cocci		
PNEUMOVAX-23	0	
PREVNAR 13 (PF)	0	
Vaccine Bacterial - Meningococcal Group B Vaccines		
BEXSERO	0	
Vaccine Viral - Human Papillomavirus (Hpv) Vaccines		
GARDASIL (PF) INTRAMUSCULAR SUSPENSION	0	
GARDASIL 9 (PF)	0	
Vaccine Viral - Influenza A And B		
AFLURIA 2009-2010	0	
AFLURIA 2017-2018	0	QL (0.5 ML per 0 days)
AFLURIA 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
AFLURIA 2018-2019	0	
AFLURIA 2018-2019 (PF)	0	
AFLURIA QD 2019-20(3YR UP)(PF)	0	
AFLURIA QD 2019-20(6-35MO)(PF)	0	
AFLURIA QUAD 2017-2018	0	QL (0.5 ML per 0 days)
AFLURIA QUAD 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
AFLURIA QUAD 2018-2019	0	
AFLURIA QUAD 2018-2019 (PF)	0	
AFLURIA QUAD 2019-20(6MO UP)	0	
FLUAD 2017-2018 (65 YR UP)(PF)	0	QL (0.5 ML per 0 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
FLUAD 2018-2019 (65 YR UP)(PF)	0	
FLUAD 2019-2020 (65 YR UP)(PF)	0	
FLUARIX QUAD 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
FLUARIX QUAD 2018-2019 (PF)	0	
FLUARIX QUAD 2019-2020 (PF)	0	
FLUBLOK 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
FLUBLOK QUAD 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
FLUBLOK QUAD 2018-2019 (PF)	0	
FLUBLOK QUAD 2019-2020 (PF)	0	
FLUCELVAX QUAD 2017-2018	0	QL (0.5 ML per 0 days)
FLUCELVAX QUAD 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
FLUCELVAX QUAD 2018-2019	0	
FLUCELVAX QUAD 2018-2019 (PF)	0	
FLUCELVAX QUAD 2019-2020	0	
FLUCELVAX QUAD 2019-2020 (PF)	0	
FLULAVAL QUAD 2017-2018	0	QL (0.5 ML per 0 days)
FLULAVAL QUAD 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
FLULAVAL QUAD 2018-2019	0	
FLULAVAL QUAD 2018-2019 (PF)	0	
FLULAVAL QUAD 2019-2020	0	
FLULAVAL QUAD 2019-2020 (PF)	0	
FLUMIST QUAD 2017-2018	0	QL (0.5 EA per 0 days)
FLUMIST QUAD 2019-2020	0	
FLUVIRIN 2017-2018	0	QL (0.5 ML per 0 days)
FLUVIRIN 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
FLUZONE HIGH-DOSE 2017-18 (PF)	0	QL (0.5 ML per 0 days)
FLUZONE HIGH-DOSE 2018-19 (PF)	0	
FLUZONE HIGH-DOSE 2019-20 (PF)	0	
FLUZONE INTRADERM QUAD 2017-18	0	QL (0.5 ML per 0 days)
FLUZONE QUAD 2017-2018	0	QL (0.5 ML per 0 days)
FLUZONE QUAD 2017-2018 (PF)	0	QL (0.5 ML per 0 days)
FLUZONE QUAD 2018-2019	0	
FLUZONE QUAD 2018-2019 (PF)	0	
FLUZONE QUAD 2019-2020	0	
FLUZONE QUAD 2019-2020 (PF)	0	
FLUZONE QUAD PEDI 2017-18 (PF)	0	QL (0.5 ML per 0 days)
FLUZONE QUAD PEDI 2018-19 (PF)	0	
FLUZONE QUAD PEDI 2019-20 (PF)	0	
Vaccine Viral - Measles		
M-M-R II (PF)	0	
PROQUAD (PF)	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Vaccine Viral - Mumps And Related		
M-M-R II (PF)	0	
PROQUAD (PF)	0	
Vaccine Viral - Rubella		
M-M-R II (PF)	0	
PROQUAD (PF)	0	
Vaccine Viral - Varicella		
PROQUAD (PF)	0	
SHINGRIX (PF)	0	
SHINGRIX GE ANTIGEN COMPONENT	0	
VARIVAX (PF)	0	
Vaccine Viral Combinations		
M-M-R II (PF)	0	
PROQUAD (PF)	0	
Cardiovascular Therapy Agents		
Ace Inhibitor And Calcium Channel Blocker Combinations		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	1	QL (30 EA per 30 days)
<i>trandolapril-verapamil</i>	1	
Ace Inhibitor And Diuretic Combinations		
<i>benazepril-hydrochlorothiazide</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
Ace Inhibitors		
<i>benazepril</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
EPANED ORAL SOLUTION	3	PA
<i>fosinopril</i>	1	
<i>lisinopril</i>	1	
<i>moexipril</i>	1	
MONOPRIL ORAL TABLET 20 MG	1	
<i>perindopril erbumine</i>	1	
<i>quinapril</i>	1	
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>ramipril oral capsule 10 mg</i>	1	QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>trandolapril oral tablet 1 mg, 2 mg</i>	1	QL (30 EA per 30 days)
<i>trandolapril oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
Aldosterone Receptor Antagonists		
<i>eplerenone</i>	1	QL (60 EA per 30 days)
<i>spironolactone</i>	1	
Alpha-Beta Blockers		
<i>carvedilol</i>	1	QL (90 EA per 30 days)
<i>carvedilol phosphate</i>	2	QL (30 EA per 30 days)
<i>labetalol oral</i>	1	
Angiotensin II Receptor Blocker (Arb)-Calcium Channel Blocker Comb.		
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg</i>	1	
<i>amlodipine-valsartan oral tablet 5-160 mg, 5-320 mg</i>	1	QL (30 EA per 30 days)
<i>telmisartan-amlodipine</i>	1	QL (30 EA per 30 days)
Angiotensin II Receptor Blocker (Arb)-Calcium Channel Blocker-Diuretic		
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazyd</i>	1	
Angiotensin II Receptor Blocker (Arb)-Diuretic Combinations		
<i>candesartan-hydrochlorothiazid</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 40-25 mg</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide</i>	1	
Angiotensin II Receptor Blocker-Nepriylsin Inhibitor Comb. (Arni)		
ENTRESTO	3	PA; QL (60 EA per 30 days)
Angiotensin II Receptor Blockers (Arbs)		
<i>candesartan</i>	1	QL (30 EA per 30 days)
EDARBI	3	ST; QL (30 EA per 30 days)
<i>eprosartan</i>	1	QL (30 EA per 30 days)
<i>irbesartan</i>	1	QL (30 EA per 30 days)
<i>losartan</i>	1	QL (60 EA per 30 days)
<i>olmesartan</i>	1	
<i>telmisartan</i>	1	
<i>valsartan oral tablet 160 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan oral tablet 320 mg, 40 mg</i>	1	QL (90 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antianginal - Coronary Vasodilators (Nitrates)		
DILATRATE-SR	3	PA
IMDUR	1	
ISODITRATE	1	
ISORDIL	3	PA
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet extended release</i>	1	
<i>isosorbide dinitrate sublingual</i>	1	
<i>isosorbide mononitrate</i>	1	
NITRO-BID	2	
<i>nitroglycerin oral</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg</i>	1	
<i>nitroglycerin sublingual tablet 0.4 mg, 0.6 mg</i>	1	QL (30 EA per 30 days)
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	1	
Antianginal And Anti-Ischemic Agents, Non-Hemodynamic		
<i>ranolazine</i>	2	QL (60 EA per 30 days)
Antiarrhythmic - Class Ia		
<i>disopyramide phosphate oral capsule</i>	1	
NORPACE CR	3	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
<i>quinidine sulfate oral tablet extended release</i>	2	
Antiarrhythmic - Class Ib		
<i>mexiletine</i>	1	
Antiarrhythmic - Class Ic		
<i>flecainide</i>	1	
<i>propafenone</i>	1	
TAMBOCOR ORAL TABLET 100 MG, 50 MG	1	
Antiarrhythmic - Class Ii		
SOTALOL AF	1	
<i>sotalol oral</i>	1	
SOTYLIZE	4	PA
Antiarrhythmic - Class Iii		
<i>amiodarone oral</i>	1	
<i>dofetilide</i>	2	
MULTAQ	3	QL (60 EA per 30 days)
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	
Antiarrhythmic - Class Iv		
<i>verapamil oral tablet</i>	1	

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

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antihyperlipidemic-Hmg Coa Reduct Inhib And Cholesterol Absorp Inhibit		
<i>ezetimibe-simvastatin</i>	1	QL (30 EA per 30 days)
Anti-Pcsk9 Monoclonal Antibodies		
REPATHA PUSHTRONEX	4	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK	4	PA; QL (3 ML per 28 days)
REPATHA SYRINGE	4	PA
Beta Blockers Cardiac Selective		
<i>atenolol</i>	1	
<i>betaxolol oral</i>	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	3	QL (60 EA per 30 days)
<i>metoprolol succinate</i>	1	QL (30 EA per 30 days)
<i>metoprolol tartrate oral</i>	1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity		
<i>acebutolol</i>	1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity		
LEVATOL	3	
<i>pindolol</i>	1	
Beta Blockers Non-Cardiac Selective		
INDERAL XL	3	
<i>nadolol</i>	1	
<i>propranolol oral</i>	1	
SOTALOL AF	1	
<i>sotalol oral</i>	1	
SOTYLIZE	4	PA
<i>timolol maleate oral</i>	1	
Bradykinin B2 Receptor Antagonists		
<i>icatibant</i>	4	PA; QL (30 ML per 30 days)
Calcium Channel Blockers - Benzothiazepines		
CARTIA XT	1	
DILT-CD ORAL CAPSULE,EXTENDED RELEASE 24HR 180 MG, 240 MG	1	
DILTIA XT	1	
<i>diltiazem hcl oral</i>	1	
DILT-XR	1	
DILTZAC ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 240 MG, 300 MG	1	
TAZTIA XT	1	
TIAZAC	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Calcium Channel Blockers - Dihydropyridines		
<i>amlodipine</i>	1	QL (30 EA per 30 days)
<i>felodipine</i>	1	
<i>isradipine</i>	1	
KATERZIA	3	PA
<i>nicardipine oral</i>	1	
<i>nifedipine</i>	1	
<i>nisoldipine</i>	1	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific		
<i>nimodipine</i>	2	
Calcium Channel Blockers - Phenylalkylamines		
<i>verapamil oral</i>	1	
Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb.		
<i>atenolol-chlorthalidone</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>	1	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	1	QL (2 EA Max Qty Per Fill Retail)
SYMJEPI	2	QL (2 EA per 30 days)
Cardiovascular Sympathomimetics		
<i>midodrine</i>	1	
Central Alpha-2 Receptor Agonists		
<i>clonidine</i>	1	
<i>clonidine hcl oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>methyldopa</i>	1	
TENEX ORAL TABLET 2 MG	1	
Digitalis Glycosides		
DIGOX	3	
<i>digoxin oral solution 0.25 mg/5 ml (250 mcg) (5 ml)</i>	3	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet</i>	1	
LANOXIN ORAL	3	
Direct Acting Vasodilators		
<i>hydralazine oral</i>	1	
<i>minoxidil oral</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Diuretic - Aldosterone Receptor Antagonist, Non-Selective		
<i>spironolactone</i>	1	
Diuretic - Aldosterone Receptor Antagonist, Selective		
<i>eplerenone</i>	1	QL (60 EA per 30 days)
Diuretic - Carbonic Anhydrase Inhibitors		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
Diuretic - Loop		
<i>bumetanide oral</i>	1	
<i>ethacrynic acid</i>	1	
<i>furosemide oral</i>	1	
<i>toremide oral</i>	1	
Diuretic - Potassium Sparing		
<i>amiloride</i>	1	
DYRENIUM	3	
<i>triamterene</i>	1	
Diuretic - Potassium Sparing-Thiazide And Related Combinations		
<i>amiloride-hydrochlorothiazide</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists		
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4	PA
SAMSCA ORAL TABLET 15 MG	4	PA; QL (30 EA per 30 days)
SAMSCA ORAL TABLET 30 MG	4	PA; QL (60 EA per 30 days)
Diuretic - Thiazides And Related		
<i>chlorothiazide</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
DIURIL	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors		
CORLANOR ORAL TABLET 5 MG	2	QL (60 EA per 30 days)
CORLANOR ORAL TABLET 7.5 MG	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Pah Agents - Selective Prostacyclin Receptor (Ip) Agonists		
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG	4	PA
UPTRAVI ORAL TABLET 800 MCG	4	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA
Peripheral Alpha-1 Receptor Blockers		
CARDURA XL	3	
DIBENZYLINE	4	PA
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
<i>prazosin</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
Pulmonary Antihypertensive Agents - Prostacyclin-Type		
VENTAVIS	4	PA
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator		
ADEMPAS	4	PA; QL (90 EA per 30 days)
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	2	PA; QL (30 EA per 30 days)
<i>bosentan</i>	2	PA; QL (60 EA per 30 days)
OPSUMIT	4	PA; QL (30 EA per 30 days)
Pulmonary Arterial Hypertension Agents-Selective Cgmp-Pde5 Inhibitors		
REVATIO INTRAVENOUS	4	PA
REVATIO ORAL TABLET	4	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	2	PA
<i>sildenafil (pulm.hypertension) oral tablet</i>	1	PA; QL (90 EA per 30 days)
<i>tadalafil (pulm. hypertension)</i>	2	PA; QL (60 EA per 30 days)
<i>tadalafil oral tablet 20 mg</i>	2	PA; QL (60 EA per 30 days)
Renin Inhibitor, Direct		
<i>aliskiren</i>	2	
Reserpine And Derivatives		
<i>reserpine</i>	1	
Central Nervous System Agents		
Agents To Treat Episodic Cluster Headaches		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (1 ML per 30 days)
Antianxiety Agent - Antihistamine Type		
<i>hydroxyzine hcl oral</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>hydroxyzine pamoate</i>	1	
Antianxiety Agent - Benzodiazepines		
<i>alprazolam</i>	1	QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL	2	
<i>chlordiazepoxide hcl</i>	1	
<i>clonazepam oral tablet</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 1 mg</i>	1	QL (90 EA per 30 days)
<i>clorazepate dipotassium</i>	1	
DIAZEPAM INTENSOL	1	QL (90 ML per 30 days)
<i>diazepam oral concentrate</i>	1	QL (90 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	QL (450 ML per 30 days)
<i>diazepam oral tablet</i>	1	QL (60 EA per 30 days)
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	QL (90 EA per 30 days)
Antianxiety Agent - Dicarbamate Type		
<i>meprobamate</i>	2	
Antianxiety Agent - Non-Benzodiazepine		
<i>bupirone</i>	1	
Anticonvulsant - Barbiturates And Derivatives		
<i>phenobarbital oral tablet</i>	1	
<i>primidone</i>	1	
Anticonvulsant - Benzodiazepines		
<i>clobazam</i>	1	
<i>clonazepam oral tablet</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 1 mg</i>	1	QL (90 EA per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	3	PA
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX	4	PA
Anticonvulsant - Carbamates		
<i>felbamate</i>	2	
Anticonvulsant - Carboxylic Acid Derivatives		
<i>divalproex</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
Anticonvulsant - Functionalized Amino Acid		
VIMPAT ORAL SOLUTION	3	PA; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET	3	PA; QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Anticonvulsant - Gaba Analogs		
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
LYRICA ORAL SOLUTION	3	PA; QL (900 ML per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
Anticonvulsant - Gaba Re-Uptake Inhibitor, Nipecotic Acid Derivatives		
<i>tiagabine</i>	1	
Anticonvulsant - Gaba Transaminase (Gaba-T) Inhibitor		
<i>vigabatrin</i>	2	PA; QL (180 EA per 30 days)
Anticonvulsant - Hydantoins		
DILANTIN	3	
DILANTIN KAPSEAL	3	
PEGANONE	3	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
Anticonvulsant - Iminostilbene Derivatives		
<i>carbamazepine</i>	1	
EPITOL	3	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	3	QL (480 EA per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	3	QL (240 EA per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	3	QL (180 EA per 30 days)
<i>oxcarbazepine</i>	1	
TEGRETOL ORAL SUSPENSION	3	PA
TEGRETOL ORAL TABLET	3	PA
TEGRETOL XR	3	PA
Anticonvulsant - Monosaccharide Derivatives		
TOPAMAX ORAL TABLET 25 MG	3	
<i>topiramate oral capsule, sprinkle 15 mg</i>	1	QL (375 EA per 30 days)
<i>topiramate oral capsule, sprinkle 25 mg</i>	1	QL (480 EA per 30 days)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg</i>	2	QL (120 EA per 30 days)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>	2	QL (60 EA per 30 days)
<i>topiramate oral capsule, sprinkle, er 24hr 25 mg</i>	2	QL (480 EA per 30 days)
<i>topiramate oral capsule, sprinkle, er 24hr 50 mg</i>	2	QL (240 EA per 30 days)
<i>topiramate oral tablet 100 mg</i>	1	QL (120 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>topiramate oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
<i>topiramate oral tablet 25 mg</i>	1	QL (480 EA per 30 days)
<i>topiramate oral tablet 50 mg</i>	1	QL (240 EA per 30 days)
Anticonvulsant - Phenyltriazine Derivatives		
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 300 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>lamotrigine oral tablet extended release 24hr 250 mg</i>	2	QL (30 EA per 30 days)
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablets, dose pack</i>	1	
Anticonvulsant - Potassium Channel Opener		
POTIGA	3	PA
Anticonvulsant - Pyrrolidine Derivatives		
BRIVIACT ORAL	3	PA
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	1	QL (180 EA per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	1	QL (120 EA per 30 days)
Anticonvulsant - Succinimides		
CELONTIN ORAL CAPSULE 300 MG	3	
<i>ethosuximide</i>	1	
Anticonvulsant - Sulfonamide Derivatives		
<i>zonisamide</i>	1	
Anticonvulsant - Triazole Derivatives		
BANZEL ORAL SUSPENSION	3	PA; QL (2400 ML per 30 days)
BANZEL ORAL TABLET	3	PA; QL (240 EA per 30 days)
Antidepressant - Alpha-2 Receptor Antagonists (Nassa)		
<i>mirtazapine</i>	1	QL (30 EA per 30 days)
Antidepressant - Mao Inhibitor Nonselective And Irreversible-Types A,B		
EMSAM 12 MG/24 HOURS PATCH	3	PA
EMSAM 6 MG/24 HOURS PATCH	3	PA; QL (30 EA per 30 days)
EMSAM 9 MG/24 HOURS PATCH	3	PA
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	PA; QL (30 EA per 30 days)
MARPLAN	3	
<i>phenelzine</i>	1	
<i>tranylcypromine</i>	2	
Antidepressant - N-Methyl D-Aspartate (Nmda) Receptor Antagonist		
SPRAVATO	3	PA; QL (16 EA per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssris)		
<i>citalopram oral solution</i>	1	QL (600 ML per 30 days)
<i>citalopram oral tablet 10 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	QL (45 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	1	QL (620 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg</i>	1	QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg</i>	1	QL (90 EA per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine oral capsule, delayed release (drlec)</i>	1	QL (4 EA per 28 days)
<i>fluoxetine oral solution</i>	1	QL (600 ML per 30 days)
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	QL (90 EA per 30 days)
<i>fluoxetine oral tablet 60 mg</i>	2	QL (30 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	QL (360 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	1	QL (90 EA per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	QL (45 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	QL (60 EA per 30 days)
<i>sertraline oral concentrate</i>	1	QL (300 ML per 30 days)
<i>sertraline oral tablet 100 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QL (240 EA per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	QL (120 EA per 30 days)
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (Saris)		
<i>nefazodone oral tablet 100 mg</i>	1	QL (180 EA per 30 days)
<i>nefazodone oral tablet 150 mg</i>	1	QL (120 EA per 30 days)
<i>nefazodone oral tablet 200 mg</i>	1	QL (90 EA per 30 days)
<i>nefazodone oral tablet 250 mg</i>	1	QL (72 EA per 30 days)
<i>nefazodone oral tablet 50 mg</i>	1	QL (360 EA per 30 days)
<i>trazodone</i>	1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snrts)		
<i>desvenlafaxine oral tablet extended release 24 hr</i>	1	QL (30 EA per 30 days)
<i>desvenlafaxine oral tablet extended release 24hr</i>	1	
<i>desvenlafaxine succinate</i>	1	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 20 mg</i>	1	QL (180 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 30 mg</i>	1	QL (120 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 40 mg</i>	1	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 60 mg</i>	1	QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	PA; QL (30 EA per 30 days)
SAVELLA ORAL TABLET	3	PA; QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	PA
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	1	QL (150 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	1	QL (180 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	1	QL (90 EA per 30 days)
Antidepressant - Ssri And 5HT1a Partial Agonist		
VIIBRYD ORAL TABLET 10 MG, 40 MG	3	PA; QL (30 EA per 30 days)
VIIBRYD ORAL TABLET 20 MG	3	PA; QL (45 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	PA; QL (30 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (7)-40 MG (16)	3	ST
Antidepressant - Ssri And Serotonin (5-Ht) Receptor Modulator		
TRINTELLIX	3	PA; QL (30 EA per 30 days)
Antidepressant-Norepinephrine And Dopamine Reuptake Inhibitors (Ndris)		
APLENZIN	3	ST; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (60 EA per 30 days)
FORFIVO XL	3	QL (30 EA per 30 days)
Antidepressant-Tricyclics And Related (Non-Select Reuptake Inhibitors)		
<i>amitriptyline</i>	1	
<i>amoxapine</i>	2	
<i>clomipramine</i>	1	
<i>desipramine</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>maprotiline oral tablet 25 mg</i>	2	QL (270 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>maprotiline oral tablet 50 mg</i>	2	QL (135 EA per 30 days)
<i>maprotiline oral tablet 75 mg</i>	2	
<i>nortriptyline</i>	1	
<i>protriptyline</i>	1	
<i>trimipramine</i>	2	
Antiparkinson - Dopaminerg-Peripheral Dopa-Decarboxylase Inhibit Comb		
<i>carbidopa-levodopa</i>	1	
Antiparkinson Adjuvant - Central/Peripheral Comt Inhibitors		
<i>tolcapone</i>	2	PA
Antiparkinson Adjuvant - Peripheral Comt Inhibitors		
<i>entacapone</i>	1	QL (270 EA per 30 days)
Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors		
<i>carbidopa</i>	1	
Antiparkinson Therapy - Anticholinergic Agents		
<i>benztropine oral</i>	1	
<i>trihexyphenidyl</i>	1	
Antiparkinson Therapy - Ergot Alkaloids And Derivatives		
<i>bromocriptine</i>	1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B)		
<i>rasagiline</i>	2	QL (30 EA per 30 days)
<i>selegiline hcl</i>	1	
ZELAPAR	3	PA
Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents		
<i>amantadine hcl</i>	1	
NEUPRO	3	
<i>pramipexole oral tablet</i>	1	QL (90 EA per 30 days)
<i>pramipexole oral tablet extended release 24 hr</i>	2	QL (30 EA per 30 days)
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	1	QL (30 EA per 30 days)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles		
SAPHRIS (BLACK CHERRY)	3	PA; QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG	3	PA; QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 5 MG	3	PA
Antipsychotic - Atypical Dopamine-Serotonin Antag-Benzisothiazolones		
LATUDA	3	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	QL (240 EA per 30 days)
<i>ziprasidone hcl oral capsule 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antipsychotic - Atypical Dopamine-Serotonin Antag-Benzisoxazole Deriv		
INVEGA SUSTENNA	4	PA
INVEGA TRINZA	4	PA
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	PA; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; QL (60 EA per 30 days)
RISPERDAL CONSTA	4	PA
<i>risperidone oral solution</i>	1	
<i>risperidone oral syringe</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	QL (480 EA per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	QL (180 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	1	QL (1920 EA per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	1	QL (960 EA per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	1	QL (180 EA per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	QL (120 EA per 30 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der		
<i>clozapine oral tablet</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg</i>	1	
<i>clozapine oral tablet, disintegrating 25 mg</i>	1	QL (1080 EA per 30 days)
Antipsychotic - Butyrophenone Derivatives		
<i>haloperidol</i>	1	
<i>haloperidol lactate oral</i>	1	
Antipsychotic - Dibenzoxazepine Derivatives		
<i>loxapine succinate</i>	1	
Antipsychotic - Diphenylbutylpiperidine Derivatives		
<i>pimozide oral tablet 1 mg</i>	1	QL (30 EA per 30 days)
<i>pimozide oral tablet 2 mg</i>	1	QL (60 EA per 30 days)
Antipsychotic - Phenothiazines, Aliphatic		
<i>chlorpromazine oral</i>	1	
Antipsychotic - Phenothiazines, Piperazine		
<i>fluphenazine hcl oral</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>trifluoperazine</i>	1	
Antipsychotic - Phenothiazines, Piperidine		
<i>thioridazine</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antipsychotic - Thioxanthenes		
<i>thiothixene</i>	1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der		
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	1	QL (30 EA per 30 days)
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines		
<i>olanzapine oral</i>	1	QL (30 EA per 30 days)
ZYPREXA RELPREVV	4	PA
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5Ht Serotonin Mixed		
ABILIFY MAINTENA	4	PA
<i>aripiprazole oral solution</i>	2	QL (30 ML per 30 days)
<i>aripiprazole oral tablet</i>	1	QL (30 EA per 30 days)
REXULTI	3	PA; QL (30 EA per 30 days)
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed		
VRAYLAR ORAL CAPSULE	3	PA; ST; QL (30 EA per 30 days)
Attention Deficit-Hyperact. Disorder (Adhd)- Alpha-2 Receptor Agonist		
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>guanfacine oral tablet extended release 24 hr</i>	1	QL (30 EA per 30 days)
Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type		
ADZENYS XR-ODT	3	PA; QL (60 EA per 30 days)
<i>amphetamine</i>	3	PA
<i>amphetamine sulfate oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>amphetamine sulfate oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
DEXEDRINE ORAL TABLET 10 MG	2	
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine oral tablet</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg</i>	2	QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>methylphenidate hcl oral capsule, er biphasic 30-70 50 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	QL (1350 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	QL (2700 ML per 30 days)
<i>methylphenidate hcl oral tablet</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet,chewable</i>	1	QL (90 EA per 30 days)
QUILLICHEW ER	3	PA; QL (60 EA per 30 days)
QUILLIVANT XR	2	QL (540 ML per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	2	QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	2	QL (30 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG	2	QL (60 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 40 MG, 50 MG, 60 MG	2	QL (30 EA per 30 days)
Attention Deficit-Hyperactivity Disorder (Adhd) Therapy, Nri-Type		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 EA per 30 days)
Benzodiazepines		
<i>alprazolam</i>	1	QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL	2	
<i>chlordiazepoxide hcl</i>	1	
<i>clobazam</i>	1	
<i>clonazepam oral tablet</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 2 mg</i>	1	
<i>clonazepam oral tablet,disintegrating 1 mg</i>	1	QL (90 EA per 30 days)
<i>clorazepate dipotassium</i>	1	
DIAZEPAM INTENSOL	1	QL (90 ML per 30 days)
<i>diazepam oral concentrate</i>	1	QL (90 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	QL (450 ML per 30 days)
<i>diazepam oral tablet</i>	1	QL (60 EA per 30 days)
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	QL (90 EA per 30 days)
<i>midazolam (pf) injection solution 5 mg/ml</i>	1	
ONFI ORAL TABLET 10 MG, 20 MG	3	PA
<i>temazepam oral capsule 15 mg, 30 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg</i>	2	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>triazolam</i>	1	QL (30 EA per 30 days)
Bipolar Therapy Agents - Anticonvulsant Type		
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
<i>divalproex</i>	1	
EPITOL	3	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	3	QL (480 EA per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	3	QL (240 EA per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	3	QL (180 EA per 30 days)
<i>lamotrigine oral tablets, dose pack</i>	1	
TEGRETOL ORAL SUSPENSION	3	PA
TEGRETOL ORAL TABLET	3	PA
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG, 400 MG	3	PA
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
Bipolar Therapy Agents - Atypical Antipsychotics		
<i>aripiprazole oral solution</i>	2	QL (30 ML per 30 days)
<i>aripiprazole oral tablet</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral</i>	1	QL (30 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	1	QL (30 EA per 30 days)
<i>risperidone oral solution</i>	1	
<i>risperidone oral syringe</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	QL (480 EA per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	QL (180 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	1	QL (1920 EA per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	1	QL (960 EA per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg, 2 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	1	QL (180 EA per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	QL (120 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SAPHRIS (BLACK CHERRY)	3	PA; QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG	3	PA; QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 5 MG	3	PA
VRAYLAR ORAL CAPSULE	3	PA; ST; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	QL (240 EA per 30 days)
<i>ziprasidone hcl oral capsule 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
Bipolar Therapy Agents - Lithium		
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
Cannabis And Cannabinoid Receptor Agonists		
CESAMET	3	PA; QL (30 EA per 5 days)
<i>dronabinol</i>	2	QL (60 EA per 30 days)
Cns Stimulant - Amphetamine Combinations		
ADZENYS XR-ODT	3	PA; QL (60 EA per 30 days)
<i>amphetamine</i>	3	PA
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	1	QL (90 EA per 30 days)
Cns Stimulant - Amphetamines		
<i>amphetamine sulfate oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>amphetamine sulfate oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
DEXEDRINE ORAL TABLET 10 MG	2	
<i>dextroamphetamine oral capsule, extended release</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine oral tablet</i>	1	QL (90 EA per 30 days)
Diabetic Peripheral Neuropathy Agents		
LYRICA CR	3	PA
Fibromyalgia Agents - Gaba Analogs		
LYRICA ORAL SOLUTION	3	PA; QL (900 ML per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<i>duloxetine oral capsule, delayed release (drlec) 20 mg</i>	1	QL (180 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 30 mg</i>	1	QL (120 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 40 mg</i>	1	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 60 mg</i>	1	QL (60 EA per 30 days)
SAVELLA ORAL TABLET	3	PA; QL (60 EA per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK	3	PA
Hypnotics - Melatonin M1/M2 Receptor Agonists		
<i>ramelteon</i>	1	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Migraine Therapy - Calcitonin Gene-Related Peptide Inhibitors		
AIMOVIG AUTOINJECTOR (2 PACK)	3	PA; QL (2 ML per 30 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	3	PA; QL (1 ML per 30 days)
AJOVY SYRINGE	3	PA; QL (1.5 ML per 30 days)
EMGALITY PEN	3	PA; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (1 ML per 30 days)
Migraine Therapy - Carboxylic Acid Derivatives		
<i>divalproex oral tablet extended release 24 hr</i>	1	
Migraine Therapy - Cgrp Ligand Blocker, Monoclonal Antibody		
AJOVY SYRINGE	3	PA; QL (1.5 ML per 30 days)
EMGALITY PEN	3	PA; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (1 ML per 30 days)
Migraine Therapy - Cgrp Receptor Blockers, Monoclonal Antibody		
AIMOVIG AUTOINJECTOR (2 PACK)	3	PA; QL (2 ML per 30 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	3	PA; QL (1 ML per 30 days)
Migraine Therapy - Ergot Alkaloids And Derivatives		
D.H.E. 45	1	
<i>dihydroergotamine injection</i>	2	QL (24 ML per 30 days)
<i>dihydroergotamine nasal</i>	2	PA; QL (16 ML per 30 days)
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1)		
<i>almotriptan malate</i>	1	QL (9 EA per 28 days)
<i>eletriptan oral tablet 20 mg</i>	1	QL (9 EA per 28 days)
<i>eletriptan oral tablet 40 mg</i>	1	QL (10 EA per 28 days)
<i>frovatriptan</i>	2	QL (9 EA per 28 days)
<i>naratriptan</i>	1	QL (9 EA per 30 days)
<i>rizatriptan</i>	1	QL (9 EA per 28 days)
<i>sumatriptan</i>	1	QL (6 EA per 28 days)
<i>sumatriptan succinate oral</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	2	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	2	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	2	QL (1 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (4 ML per 28 days)
SUMAVEL DOSEPRO	3	PA; QL (2 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>	1	QL (12 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>zolmitriptan oral tablet 5 mg</i>	1	QL (9 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating</i>	1	QL (9 EA per 30 days)
Movement Disorder Drug Therapy		
<i>tetrabenazine</i>	2	PA
Movement Disorder Therapy - Huntington's Disease		
<i>tetrabenazine</i>	2	PA
Narcolepsy Therapy Agents - Non-Sympathomimetic		
<i>armodafinil</i>	1	QL (30 EA per 30 days)
<i>modafinil</i>	1	QL (30 EA per 30 days)
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative		
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	QL (1350 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	QL (2700 ML per 30 days)
<i>methylphenidate hcl oral tablet</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable</i>	1	QL (90 EA per 30 days)
Narcolepsy Therapy Agents- Stimulant-Type, Sympathomimetic, Amphetamines		
<i>amphetamine sulfate oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>amphetamine sulfate oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
DEXEDRINE ORAL TABLET 10 MG	2	
<i>dextroamphetamine oral capsule, extended release</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine oral tablet</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	1	QL (90 EA per 30 days)
Neuropathic Pain Therapy		
LYRICA CR	3	PA
Postherpetic Neuralgia Agents		
LYRICA CR	3	PA
Sedative-Hypnotic - Barbiturates		
<i>phenobarbital oral tablet</i>	1	
Sedative-Hypnotic - Benzodiazepines		
<i>temazepam oral capsule 15 mg, 30 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg</i>	2	QL (30 EA per 30 days)
<i>triazolam</i>	1	QL (30 EA per 30 days)
Sedative-Hypnotic - Gaba-Receptor Modulators		
<i>eszopiclone</i>	1	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem oral</i>	1	QL (30 EA per 30 days)
Sedative-Hypnotic - Orexin Receptor Antagonist		
BELSOMRA	3	PA; ST; QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Chemical Dependency, Agents To Treat		
Agents For Opioid Withdrawal, Opioid-Type		
<i>buprenorphine hcl sublingual</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet</i>	1	QL (90 EA per 30 days)
Alcohol Abstinence Therapy - Glutamate And Gaba System Type		
<i>acamprosate</i>	1	
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type		
VIVITROL	4	QL (1 EA Max Qty Per Fill Retail)
Alcohol Deterrents		
<i>disulfiram</i>	1	
Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type		
<i>bupropion hcl (smoking deter)</i>	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i>	1	QL (60 EA per 30 days)
Smoking Deterrents - Nicotine-Type		
<i>nicotine (polacrilex) buccal gum 2 mg</i>	0	QL (720 EA per 30 days)
<i>nicotine (polacrilex) buccal lozenge 4 mg</i>	0	QL (720 EA per 30 days)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	0	QL (30 EA per 30 days)
NICOTROL	0	QL (672 EA per 30 days)
NICOTROL NS	0	QL (120 ML per 30 days)
Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2		
CHANTIX	0	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH BOX	0	QL (60 EA per 30 days)
CHANTIX STARTING MONTH BOX	0	QL (53 EA per 365 days)
Chemicals-Pharmaceutical Adjuvants		
Bulk Chemicals		
<i>estradiol (bulk)</i>	3	
<i>estriol (bulk)</i>	3	
<i>estriol micronized (bulk)</i>	3	
FLAVORX	3	
<i>hydroxyprogesterone capr(bulk)</i>	3	
<i>methyltestosterone,micro(bulk)</i>	3	
<i>omeprazole (bulk)</i>	3	
<i>polyethylene glycol 3350(bulk) powder</i>	1	
<i>progesterone (bulk)</i>	3	
<i>progesterone micronized (bulk)</i>	3	
<i>tobramycin (bulk)</i>	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>tobramycin sulfate (bulk)</i>	3	
Pharmaceutical Adjuvant - Cream/Ointment Vehicles		
<i>polyethylene glycol 3350(bulk) powder</i>	1	
Pharmaceutical Adjuvant - Flavoring Agents		
FLAVORX	3	
Pharmaceutical Adjuvant - Inhalation Vehicles		
<i>sodium chloride inhalation solution for nebulization 7%</i>	1	
Cognitive Disorder Therapy		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors		
<i>donepezil</i>	1	QL (30 EA per 30 days)
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	1	QL (30 EA per 30 days)
<i>galantamine oral solution</i>	1	QL (180 ML per 30 days)
<i>galantamine oral tablet</i>	1	QL (60 EA per 30 days)
<i>rivastigmine</i>	1	QL (30 EA per 30 days)
<i>rivastigmine tartrate</i>	1	QL (60 EA per 30 days)
Alzheimer's Disease Therapy - Nmda Receptor Antagonists		
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	QL (30 EA per 30 days)
<i>memantine oral solution</i>	1	QL (30 ML per 30 days)
<i>memantine oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>memantine oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>memantine oral tablets,dose pack</i>	1	QL (30 EA per 30 days)
Cognitive Disorder Therapy - Cerebral Vasodilators		
<i>ergoloid</i>	1	
Contraceptives		
Contraceptive Implant - Progestin		
NEXPLANON	0	
Contraceptive Injectable - Progestin		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	
DEPO-SUBQ PROVERA 104	3	
<i>medroxyprogesterone intramuscular</i>	0	
Contraceptive Intrauterine - Copper Iud		
PARAGARD T 380A	0	
Contraceptive Intrauterine - Progesterone Iud		
KYLEENA	0	
LILETTA	0	
MIRENA	0	
SKYLA	0	
Contraceptive Oral - Biphasic		
AMETHIA	0	QL (91 EA per 91 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
AMETHIA LO	0	QL (91 EA per 91 days)
ASHLYNA	0	QL (91 EA per 91 days)
AZURETTE (28)	0	
BEKYREE (28)	0	
CAMRESE	0	91 Days
CAMRESE LO	0	91 Days
DAYSEE	0	
<i>desog-e.estradiolle.estradiol</i>	0	
KARIVA (28)	0	
KIMIDESS (28)	0	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	QL (91 EA per 91 days)
LO LOESTRIN FE	3	QL (30 EA per 30 days)
LOSEASONIQUE	3	
MIRCETTE (28)	3	
NECON 10/11 (28)	0	
PIMTREA (28)	0	
SEASONIQUE 0.15-0.03-0.01 TAB	3	
SIMLIYA (28)	0	
SIMPESSE	0	
VIORELE (28)	0	
Contraceptive Oral - Monophasic		
AFIRMELLE	0	
ALTAVERA (28)	0	
ALYACEN 1/35 (28)	0	
AMETHYST (28)	0	
APRI	0	
AUBRA	0	
AUBRA EQ	0	
AUROVELA 1.5/30 (21)	0	
AUROVELA 1/20 (21)	0	
AUROVELA 24 FE	0	
AUROVELA FE 1.5/30 (28)	0	
AUROVELA FE 1-20 (28)	0	
AVIANE	0	
AYUNA	0	
BALCOLTRA	3	
BALZIVA (28)	0	
BEYAZ	3	
BLISOVI 24 FE	0	
BLISOVI FE 1.5/30 (28)	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
BLISOVI FE 1/20 (28)	0	
BRIELLYN	0	
CHATEAL (28)	0	
CHATEAL EQ (28)	0	
CRYSELLE (28)	0	
CYCLAFEM 1/35 (28)	0	
CYRED	0	
CYRED EQ	0	
DASETTA 1/35 (28)	0	
DELYLA (28)	0	
<i>desogestrel-ethinyl estradiol</i>	0	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	3	QL (28 EA per 28 days)
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
ELINEST	0	
EMOQUETTE	0	
ENSKYCE	0	
ESTARYLLA	0	
<i>ethynodiol diac-eth estradiol</i>	0	
FALMINA (28)	0	
FEMYNOR	0	
GENERESS FE	3	
GIANVI (28)	0	
GILDAGIA	0	
GILDESS 24 FE	1	
HAILEY	0	
HAILEY 24 FE	0	
INTROVALE	0	
ISIBLOOM	0	
JASMIEL (28)	0	
JOLESSA	0	QL (91 EA per 91 days)
JULEBER	0	
JUNEL 1.5/30 (21)	0	
JUNEL 1/20 (21)	0	
JUNEL FE 1.5/30 (28)	0	
JUNEL FE 1/20 (28)	0	
JUNEL FE 24	0	
KAITLIB FE	0	
KALLIGA	0	
KELNOR 1/35 (28)	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
KELNOR 1-50	0	
KURVELO (28)	0	
LARIN 1.5/30 (21)	0	
LARIN 1/20 (21)	0	
LARIN 24 FE	0	
LARIN FE 1.5/30 (28)	0	
LARIN FE 1/20 (28)	0	
LARISSIA	0	
LAYOLIS FE	0	
LESSINA	0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	0	QL (91 EA per 91 days)
LEVORA-28	0	
LILLOW (28)	0	
LOESTRIN 1.5/30 (21)	3	
LOESTRIN 1/20 (21)	3	
LOESTRIN FE 1.5/30 (28-DAY)	3	
LOESTRIN FE 1/20 (28-DAY)	3	
LOMEDIA 24 FE	1	
LORYNA (28)	0	
LOW-OGESTREL (28)	0	
LO-ZUMANDIMINE (28)	0	
LUTERA (28)	0	
MARLISSA (28)	0	
MELODETTA 24 FE	0	
MIBELAS 24 FE	0	
MICROGESTIN 1.5/30 (21)	0	
MICROGESTIN 1/20 (21)	0	
MICROGESTIN 24 FE	0	
MICROGESTIN FE 1.5/30 (28)	0	
MICROGESTIN FE 1/20 (28)	0	
MILI	0	
MINASTRIN 24 FE	3	
MONO-LINYAH	0	
MONONESSA (28)	0	
NECON 0.5/35 (28)	0	
NECON 1/35 (28)	0	
NECON 1/50 (28)	0	
NIKKI (28)	0	
<i>noreth-ethinyl estradiol-iron</i>	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	0	
<i>norethindrone-e.estradiol-iron</i>	0	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	0	
<i>norgestrel-ethinyl estradiol</i>	3	
NORINYL 1/35 (28)	0	
NORTREL 0.5/35 (28)	0	
NORTREL 1/35 (21)	0	
NORTREL 1/35 (28)	0	
OCELLA	0	
OGESTREL (28)	3	
ORSYTHIA	0	
ORTHO-CYCLEN (28)	3	
ORTHO-NOVUM 1/35 (28)	3	
OVCON-35 (28)	0	
PHILITH	0	
PIRMELLA ORAL TABLET 1-35 MG-MCG	0	
PORTIA 28	0	
PREVIFEM	0	
QUASENSE	0	QL (91 EA per 91 days)
RAJANI	3	
RECLIPSEN (28)	0	
SAFYRAL	3	
SETLAKIN	0	QL (91 EA per 91 days)
SPRINTEC (28)	0	
SRONYX	0	
SYEDA	0	
TARINA 24 FE	0	
TARINA FE 1/20 (28)	0	
TARINA FE 1-20 EQ (28)	0	
TAYTULLA	3	
TYDEMY	0	
VESTURA (28)	0	
VIENVA	0	
VYFEMLA (28)	0	
VYLIBRA	0	
WERA (28)	0	
WYMZYA FE	0	
YASMIN (28)	3	
YAZ (28)	3	
ZARAH	0	
ZENCHENT (28)	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ZOVIA 1/35E (28)	0	
ZOVIA 1/50E (28)	0	
ZUMANDIMINE (28)	0	
Contraceptive Oral - Progestin		
CAMILA	0	
DEBLITANE	0	
ERRIN	0	
HEATHER	0	
INCASSIA	0	
JENCYCLA	0	
JOLIVETTE	0	
LYZA	0	
NORA-BE	0	
<i>norethindrone (contraceptive)</i>	0	
NORLYDA	0	
NORLYROC	0	
ORTHO MICRONOR	3	
SHAROBEL	0	
SLYND	3	
TULANA	0	
Contraceptive Oral - Quadruphasic		
FAYOSIM	0	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	0	
NATAZIA	3	
QUARTETTE	3	
RIVELSA	0	
Contraceptive Oral - Triphasic		
ALYACEN 7/7/7 (28)	0	
ARANELLE (28)	0	
CAZIAN (28)	0	
CYCLAFEM 7/7/7 (28)	0	
CYCLESSA (28)	1	
DASETTA 7/7/7 (28)	0	
ENPRESSE	0	
ESTROSTEP FE-28	3	
LEENA 28	0	
LEVONEST (28)	0	
<i>levonorg-eth estradiol triphasic</i>	0	
MYZILRA	0	
NECON 7/7/7 (28)	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	0	
NORTREL 7/7/7 (28)	0	
ORTHO TRI-CYCLEN (28)	3	
ORTHO TRI-CYCLEN LO (28)	3	
ORTHO-NOVUM 7/7/7 (28)	3	
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG	0	
TILIA FE	0	
TRI FEMYNOR	0	
TRI-ESTARYLLA	0	
TRI-LEGEST FE	0	
TRI-LINYAH	0	
TRI-LO-ESTARYLLA	0	
TRI-LO-MARZIA	0	
TRI-LO-MILI	0	
TRI-LO-SPRINTEC	0	
TRI-MILI	0	
TRINESSA (28)	0	
TRINESSA LO	0	
TRI-NORINYL (28)	3	
TRI-PREVIFEM (28)	0	
TRI-SPRINTEC (28)	0	
TRIVORA (28)	0	
TRI-VYLIBRA	0	
TRI-VYLIBRA LO	0	
VELIVET TRIPHASIC REGIMEN (28)	0	
Contraceptive Transdermal Combinations		
XULANE	0	QL (3 EA per 21 days)
Contraceptive Transdermal Combinations - Estrogen And Progestin Comb.		
XULANE	0	QL (3 EA per 21 days)
Contraceptives - Intravaginal, Systemic		
<i>etonogestrel-ethinyl estradiol</i>	0	
NUVARING	3	QL (1 EA per 28 days)
Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb.		
ANNOVERA	0	QL (1 EA per 365 days)
ELURYNG	0	
<i>etonogestrel-ethinyl estradiol</i>	0	
NUVARING	3	QL (1 EA per 28 days)
Emergency Contraceptives		
AFTERA	0	QL (1 EA per 30 days)
ECONTRA EZ	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ECONTRA ONE-STEP	0	
ELLA	0	QL (1 EA per 30 days)
FALLBACK SOLO	0	QL (1 EA per 30 days)
<i>levonorgestrel oral tablet 1.5 mg</i>	0	
MY CHOICE	0	
MY WAY	0	
NEW DAY	0	
NEXT CHOICE ONE DOSE	0	
OPCICON ONE-STEP	0	QL (1 EA per 30 days)
OPTION-2	0	
PLAN B ONE-STEP	3	
TAKE ACTION	0	QL (1 EA per 30 days)
Emergency Contraceptives - Progesterone Agonist/Antagonist Type		
ELLA	0	QL (1 EA per 30 days)
Emergency Contraceptives - Progestin Type		
AFTERA	0	QL (1 EA per 30 days)
ECONTRA EZ	0	
ECONTRA ONE-STEP	0	
FALLBACK SOLO	0	QL (1 EA per 30 days)
<i>levonorgestrel oral tablet 1.5 mg</i>	0	
MY CHOICE	0	
MY WAY	0	
NEW DAY	0	
NEXT CHOICE ONE DOSE	0	
OPCICON ONE-STEP	0	QL (1 EA per 30 days)
OPTION-2	0	
PLAN B ONE-STEP	3	
TAKE ACTION	0	QL (1 EA per 30 days)
Dermatological		
Acne Therapy Systemic - Retinoids And Derivatives		
CLARAVIS	2	QL (60 EA per 30 days)
MYORISAN	2	QL (60 EA per 30 days)
ZENATANE	2	QL (60 EA per 30 days)
Acne Therapy Systemic - Tetracycline Antibiotic		
<i>minocycline oral tablet extended release 24 hr</i>	2	QL (30 EA per 30 days)
Acne Therapy Topical - Anti-Infective		
<i>azelaic acid</i>	1	QL (50 GM per 30 days)
AZELEX	3	ST
CLINDACIN ETZ TOPICAL SWAB	3	
CLINDAGEL	3	
CLINDAMAX TOPICAL	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>clindamycin phosphate topical foam</i>	1	
<i>clindamycin phosphate topical gel</i>	1	
<i>clindamycin phosphate topical lotion</i>	1	
<i>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>dapsone 7.5% gel pump</i>	1	QL (60 GM per 30 days)
<i>dapsone 7.5% gel pump</i>	1	QL (90 GM per 30 days)
<i>dapsone topical gel</i>	1	
<i>erythromycin with ethanol</i>	1	
FINACEA TOPICAL GEL	3	PA
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical lotion</i>	1	
NORITATE	3	
<i>sulfacetamide sodium (acne)</i>	1	
Acne Therapy Topical - Anti-Infective Combinations		
Other		
CLINDACIN ETZ TOPICAL KIT	3	
CLINDACIN PAC	3	
Acne Therapy Topical - Anti-Infective-Keratolytic Combinations		
<i>clindamycin-benzoyl peroxide topical gel 1.2%(1% base)-5%</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5%</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5%</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5%</i>	2	
<i>erythromycin-benzoyl peroxide</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5% (w/w)</i>	1	
Acne Therapy Topical - Anti-Infective-Retinoid Combinations		
<i>clindamycin-tretinoin</i>	1	QL (30 GM per 30 days)
Acne Therapy Topical - Retinoid Combinations Other		
<i>adapalene-benzoyl peroxide</i>	1	QL (90 GM per 30 days)
Acne Therapy Topical - Retinoids And Derivatives		
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel</i>	1	
<i>adapalene topical gel with pump</i>	1	
<i>tretinoin microspheres topical gel 0.1%</i>	1	
<i>tretinoin microspheres topical gel with pump 0.1%</i>	1	
<i>tretinoin topical cream</i>	1	QL (45 GM per 30 days)
<i>tretinoin topical gel 0.01%, 0.025%</i>	1	QL (45 GM per 30 days)
<i>tretinoin topical gel 0.05%</i>	1	
TRETIN-X CREAM KIT	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
TRETIN-X TOPICAL CREAM 0.0375 %	2	
TRETIN-X TOPICAL CREAM 0.075 %	2	QL (45 GM per 30 days)
Antipsoriatic Agents - Interleukin 12 And II-23 Inhibitors, Mc Antibody		
STELARA SUBCUTANEOUS	4	PA
Antipsoriatic Agents - Interleukin-23 (II-23) Antagonist, Mc Antibody		
ILUMYA	4	PA
SKYRIZI	4	PA
TREMFYA	4	PA
Antipsoriatic Agents-Interleukin-17 (II-17) Antagonist, Mc Antibody		
COSENTYX	4	PA; QL (4 ML per 28 days)
COSENTYX (2 SYRINGES)	4	PA; QL (4 ML per 28 days)
COSENTYX PEN	4	PA; QL (4 ML per 28 days)
COSENTYX PEN (2 PENS)	4	PA; QL (4 ML per 28 days)
TALTZ AUTOINJECTOR	4	PA
TALTZ AUTOINJECTOR (2 PACK)	4	PA
TALTZ AUTOINJECTOR (3 PACK)	4	PA
TALTZ SYRINGE	4	PA
TALTZ SYRINGE (2 PACK)	4	PA
TALTZ SYRINGE (3 PACK)	4	PA
Dermatitis Or Eczema Agents, Systemic-Interleukin-4 (II-4Ra) Antag.Mab		
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA
Dermatitis Or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors		
EUCRISA	3	PA
Dermatological - Antibacterial Aminoglycosides		
<i>gentamicin topical</i>	1	
Dermatological - Antibacterial Other		
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	2	
Dermatological - Antibacterial Pleuromutilin Derivatives		
ALTABAX	3	
Dermatological - Antibacterial-Glucocorticoid Combinations		
CORTISPORIN TOPICAL	3	
Dermatological - Antifungal Amphoteric Polyene Macrolides		
NYAMYC	3	
<i>nystatin topical</i>	1	
PEDI-DRI	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Dermatological - Antifungal Benzylamines		
<i>butenafine</i>	1	
Dermatological - Antifungal Hydroxypyridinone		
CICLODAN KIT TOPICAL COMBO PACK	2	
<i>ciclopirox</i>	1	
<i>ciclopirox-ure-camph-menth-euc</i>	2	
LOPROX (AS OLAMINE) TOPICAL CREAM	3	
LOPROX KIT TOPICAL COMBO PACK	3	
Dermatological - Antifungal Imidazole And Related Agents		
<i>econazole</i>	1	
ERTACZO	3	PA
EXELDERM	3	ST
<i>ketoconazole topical</i>	1	
KETODAN	2	
XOLEGEL	3	ST
Dermatological - Antifungal Oxaborole		
KERYDIN	3	QL (10 ML Max Qty Per Fill Retail)
Dermatological - Antifungal Triazole		
JUBLIA	3	ST; QL (4 ML per 30 days)
Dermatological - Antifungal-Glucocorticoid Combinations		
<i>clotrimazole-betamethasone topical cream</i>	1	
LOTRISONE TOPICAL LOTION	3	PA
<i>nystatin-triamcinolone</i>	1	
Dermatological - Antineoplastic Antimetabolites		
FLUROPLEX	2	PA
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
Dermatological - Antineoplastic Or Premalign. Lesions - Diterpene Esters		
PICATO TOPICAL GEL 0.015 %	3	PA; QL (3 EA per 30 days)
PICATO TOPICAL GEL 0.05 %	2	QL (2 EA per 30 days)
Dermatological - Antineoplastic Or Premalignant Lesions - Nsaid's		
<i>diclofenac sodium topical gel 3 %</i>	1	QL (500 GM per 30 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist		
TARGRETIN TOPICAL	4	PA
Dermatological - Antiperspirants		
DRYSOL	2	
DRYSOL DAB-O-MATIC	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing		
<i>methoxsalen</i>	2	PA
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives		
<i>acitretin</i>	2	QL (30 EA per 30 days)
Dermatological - Antipsoriatic Agents Topical		
<i>calcipotriene scalp</i>	1	QL (60 ML per 30 days)
<i>calcipotriene topical cream</i>	1	QL (120 GM per 30 days)
<i>calcitriol topical</i>	2	
<i>tazarotene</i>	1	
TAZORAC TOPICAL CREAM 0.05 %	3	PA
TAZORAC TOPICAL GEL	3	PA
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib.		
OTEZLA	4	PA
OTEZLA STARTER	4	PA
Dermatological - Antiseborrheic		
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
Dermatological - Antiviral, Herpes		
<i>acyclovir topical ointment</i>	1	QL (30 GM per 30 days)
DENAVIR	3	PA; QL (5 GM per 30 days)
Dermatological - Burn Products Anti-Infective		
<i>mafenide acetate</i>	1	
<i>silver sulfadiazine</i>	1	
SULFAMYLON TOPICAL CREAM	3	
THERMAZENE	1	
Dermatological - Calcineurin Inhibitors		
<i>pimecrolimus 1% cream</i>	2	ST; QL (100 GM per 30 days)
<i>pimecrolimus 1% cream</i>	2	ST; QL (30 GM per 30 days)
<i>pimecrolimus 1% cream</i>	2	ST; QL (60 GM per 30 days)
<i>tacrolimus topical</i>	2	
Dermatological - Enzymes		
SANTYL	3	QL (30 GM per 30 days)
Dermatological - Glucocorticoid		
<i>alclometasone</i>	1	
<i>amcinonide topical cream</i>	1	
<i>amcinonide topical lotion</i>	1	
<i>amcinonide topical ointment</i>	2	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical lotion</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
BETA-VAL	1	
<i>clobetasol scalp</i>	1	
<i>clobetasol topical cream</i>	1	
<i>clobetasol topical gel</i>	1	
<i>clobetasol topical lotion</i>	1	
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical shampoo</i>	1	
<i>clobetasol topical spray, non-aerosol</i>	1	
<i>clobetasol-emollient</i>	1	
<i>clocortolone pivalate</i>	1	
CORDRAN TAPE LARGE ROLL	3	QL (1 EA per 30 days)
DESONATE	3	
<i>desonide</i>	1	
<i>desoximetasone topical cream</i>	1	
<i>desoximetasone topical gel</i>	1	
<i>desoximetasone topical ointment</i>	1	
<i>diflorasone topical cream</i>	2	
<i>diflorasone topical ointment</i>	2	QL (60 GM per 30 days)
EMBELINE	2	
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i>	2	
<i>fluocinonide topical gel</i>	1	
<i>fluocinonide topical ointment</i>	1	
<i>fluocinonide topical solution</i>	1	
FLUOCINONIDE-E	1	
<i>fluocinonide-emollient</i>	1	
<i>flurandrenolide topical lotion</i>	1	
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	2	
<i>fluticasone propionate topical ointment</i>	1	
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical ointment</i>	1	
<i>hydrocortisone butyrate topical cream</i>	1	
<i>hydrocortisone butyrate topical ointment</i>	1	
<i>hydrocortisone butyrate topical solution</i>	2	
<i>hydrocortisone butyr-emollient</i>	2	
<i>hydrocortisone topical cream 2.5 %</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
LOKARA	2	
<i>mometasone topical</i>	1	
<i>prednicarbate</i>	1	
PROCTO-KIT TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
SCALACORT	2	
SILAZONE-II	2	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	2	
Dermatological - Glucocorticoid-Emollient Combinations		
U-CORT	1	
Dermatological - Immunomodulator - Catechins - Genital Wart/Hpv Tx		
VEREGEN	3	PA
Dermatological - Immunomodulator - Imidazoquinolinamines		
<i>imiquimod topical cream in packet</i>	1	
Dermatological - Keratolytic-Antimitotic Single Agents		
<i>podofilox</i>	1	
<i>salicylic acid topical cream</i>	1	
<i>salicylic acid topical shampoo</i>	1	
Dermatological - Local Anesthetic Combinations		
<i>lidocaine-prilocaine</i>	1	
LIDORXKIT	2	
Dermatological - Nsaid Single Agents		
<i>diclofenac epolamine</i>	2	PA; QL (60 EA per 30 days)
<i>diclofenac sodium topical drops</i>	1	QL (150 ML per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	1	QL (500 GM per 30 days)
Dermatological - Protectants		
<i>benzoin compound topical tincture</i>	1	
BENZOIN COMPOUND TOPICAL TINCTURE 10-2-8-4 %	1	
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic		
<i>tazarotene</i>	1	
<i>tretinoin (emollient)</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Dermatological - Rosacea Therapy, Systemic		
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase</i>	1	
Dermatological - Rosacea Therapy, Topical		
<i>azelaic acid</i>	1	QL (50 GM per 30 days)
AZELEX	3	ST
FINACEA TOPICAL GEL	3	PA
<i>metronidazole topical</i>	1	
NORITATE	3	
Dermatological - Topical Local Anesthetic Amides		
<i>lidocaine hcl mucous membrane jelly</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	QL (90 EA per 30 days)
<i>lidocaine topical ointment</i>	1	
LIDOPAC	2	
LIDOTREX (WITH VITAMIN E)	2	
SYNERA	3	
Dermatological Antipruritics - Antihistamines		
<i>doxepin topical</i>	2	PA
Scabicide And Pediculicide Single Agents		
ACTICIN	1	
EURAX	3	
<i>lindane topical shampoo</i>	1	
<i>malathion</i>	1	
<i>permethrin topical cream</i>	1	
SKLICE	3	QL (117 GM per 30 days)
<i>spinosad</i>	1	
ULESFIA	3	
Wound Care - Growth Factor Agents		
REGRANEX	3	PA
Diagnostic Agents		
Diagnostic - Blood Test Others		
PRECISION XTRA B-KETONE	1	QL (10 EA per 30 days)
Diagnostic Drugs - Gastrointestinal Radiological Adjunct		
GLUCAGEN DIAGNOSTIC KIT	2	
<i>glucagon hcl</i>	1	
Drugs To Treat Erectile Dysfunction		
Erectile Dysfunction (Ed) Drugs-Sel.Cgmp Phosphodiesterase Type5 Inhib		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>tadalafil oral tablet 20 mg</i>	2	PA; QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Eating Disorder Therapy		
Appetite Stimulants - Cannabinoids		
<i>dronabinol</i>	2	QL (60 EA per 30 days)
Appetite Stimulants - Progestin Hormone Type		
<i>megestrol oral suspension</i>	1	
Electrolyte Balance-Nutritional Products		
Electrolyte Depleters - Ion Exchange Resin		
KALEXATE	3	
KIONEX (WITH SORBITOL)	1	
SODIUM POLYSTYRENE (SORB FREE)	1	
<i>sodium polystyrene sulfonate</i>	1	
SPS (WITH SORBITOL)	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM	3	PA; QL (30 EA per 30 days)
VELTASSA ORAL POWDER IN PACKET 8.4 GRAM	3	PA; QL (60 EA per 28 days)
Irrigation Solutions		
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
Minerals And Electrolytes - Calcium Replacement		
<i>calcium acetate(phosphat bind) oral tablet</i>	1	
Minerals And Electrolytes - Potassium, Oral		
KLOR-CON 10	2	
KLOR-CON 8	2	
KLOR-CON M15	2	
<i>potassium bicarb-citric acid</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml</i>	1	
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet, er particles/crystals</i>	1	
Multivitamin And Mineral Combinations		
CONCEPT DHA	1	
Multivitamins		
ONE DAILY ORAL TABLET	2	
VINATE CARE	2	
Prenatal Vitamins And Minerals		
COMPLETE NATAL DHA	2	
COMPLETENATE	2	
CONCEPT DHA	1	
OB COMPLETE WITH DHA	2	
PNV 29-1	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
PNV-DHA + DOCUSATE	2	
PRENATA	2	
PRENATABS RX	2	
PRENATAL LOW IRON	2	
PRENATAL PLUS	1	
PRENATAL PLUS (CALCIUM CARB)	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
TRINATAL RX 1	2	
TRIVEEN-DUO DHA	2	
VINATE CARE	2	
VINATE ONE	2	
VIRT-VITE GT	2	
VITAFOL-OB+DHA	2	
VITAMED MD ONE RX	2	
VITAMEDMD REDICHEW RX	2	
Vitamins - B-12, Cyanocobalamin And Derivatives		
<i>cyanocobalamin (vitamin b-12) injection</i>	1	QL (4 ML per 28 days)
VITAMIN B-12 INJECTION	1	QL (4 ML per 28 days)
Vitamins - D Derivatives		
<i>calcitriol oral</i>	1	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i>	1	
DRISDOL ORAL CAPSULE	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	QL (4 EA per 28 days)
VITAMIN D2	1	QL (4 EA per 28 days)
Vitamins - Folic Acid And Derivatives		
<i>folic acid oral tablet 1 mg</i>	1	
Vitamins - K, Phytonadione And Derivatives		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL (5 EA per 30 days)
<i>phytonadione 5 mg tablet</i>	2	QL (5 EA per 30 days)
<i>phytonadione 5 mg tablet inner</i>	2	QL (5 EA per 30 days)
<i>phytonadione 5 mg tablet outer</i>	2	QL (5 EA per 30 days)
Endocrine		
Agents To Treat Hypoglycemia (Hyperglycemics)		
BAQSIMI	2	
GLUCAGEN HYPOKIT	2	QL (30 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	2	QL (2 EA per 30 days)
<i>glucagon hcl</i>	1	
GVOKE HYPOPEN	2	
Anabolic Steroid - Single Agents		
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Androgen - Single Agents		
ANDROXY	3	PA
METHITEST	2	PA
<i>methyltestosterone oral capsule</i>	2	PA
<i>methyltestosterone,micro(bulk)</i>	3	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate</i>	1	
<i>testosterone transdermal gel</i>	1	
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i>	1	
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i>	1	QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	1	
<i>testosterone transdermal gel in packet 1.62% (20.25 mg/1.25 gram)</i>	1	QL (37.5 GM per 30 days)
<i>testosterone transdermal solution in metered pump w/lapp</i>	1	QL (180 ML per 30 days)
Antidiuretic And Vasopressor Hormones		
<i>desmopressin injection</i>	1	
<i>desmopressin nasal solution</i>	2	
<i>desmopressin nasal spray with pump</i>	1	
<i>desmopressin nasal spray,non-aerosol</i>	1	
<i>desmopressin oral</i>	1	
STIMATE	4	PA; QL (2.5 ML per 30 days)
Antihyperglycemic - Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	QL (90 EA per 30 days)
<i>miglitol</i>	1	
Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
<i>alogliptin</i>	1	QL (30 EA per 30 days)
JANUVIA	2	QL (30 EA per 30 days)
TRADJENTA	2	ST; QL (30 EA per 30 days)
Antihyperglycemic - Meglitinide Analogs		
<i>nateglinide</i>	1	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (240 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (120 EA per 30 days)
Antihyperglycemic - Sglt-2 Inhibitor And Biguanide Combinations		
SYNJARDY	2	ST; QL (60 EA per 30 days)
SYNJARDY XR	2	ST
XIGDUO XR	2	ST

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antihyperglycemic - Sglt-2 Inhibitor And Dpp-4 Inhibitor Combinations		
GLYXAMBI	2	ST
Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglt2) Inhibitors		
FARXIGA	2	ST
JARDIANCE	2	ST; QL (30 EA per 30 days)
Antihyperglycemic - Sulfonylurea And Biguanide Combinations		
<i>glipizide-metformin</i>	1	
<i>glyburide-metformin</i>	1	
Antihyperglycemic - Sulfonylurea Derivatives		
<i>glimepiride</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (60 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (30 EA per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	1	QL (480 EA per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
Antihyperglycemic - Thiazolidinedione And Biguanide Combinations		
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	1	
<i>pioglitazone-metformin oral tablet 15-850 mg</i>	1	QL (90 EA per 30 days)
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120	3	PA; QL (10 ML per 30 days)
SYMLINPEN 60	3	PA; QL (10 ML per 30 days)
Antihyperglycemic, Incretin Mimetic, Glp-1 Receptor Agonist Analog-Type		
BYDUREON	2	ST; QL (4 EA per 28 days)
BYDUREON BCISE	2	ST; QL (4 ML per 28 days)
TRULICITY	2	ST; QL (2 ML per 28 days)
VICTOZA 2-PAK	3	PA; ST; QL (9 ML per 30 days)
VICTOZA 3-PAK	3	PA; ST; QL (9 ML per 30 days)
Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide		
JANUMET	2	QL (60 EA per 30 days)
JANUMET XR	2	QL (30 EA per 30 days)
JENTADUETO	2	QL (60 EA per 30 days)
JENTADUETO XR	2	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antithyroid Agents, Thionamides - Imidazole Derivatives		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives		
<i>propylthiouracil</i>	1	
Bone Formation Agents - Sclerostin Inhibitor, Monoclonal Antibody		
EVENITY	4	PA; QL (2.34 ML per 28 days)
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides		
TYMLOS	4	PA; QL (30 ML per 30 days)
Bone Formation Stimulating Agents - Parathyroid Hormone-Type		
FORTEO	4	PA; QL (3 ML per 28 days)
Bone Resorption Inhibitors - Bisphosphonate And Vitamin D Combinations		
FOSAMAX PLUS D	3	QL (4 EA per 28 days)
Bone Resorption Inhibitors - Bisphosphonates		
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 28 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>etidronate disodium</i>	1	
<i>ibandronate oral</i>	1	QL (1 EA per 28 days)
<i>risedronate oral tablet 150 mg</i>	1	QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 35 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate oral tablet, delayed release (drlec)</i>	1	QL (4 EA per 28 days)
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer		
<i>cinacalcet</i>	4	PA; QL (30 EA per 30 days)
Calcitonins		
<i>calcitonin (salmon)</i>	1	
MIACALCIN INJECTION	4	PA
Estrogen And Selective Estrogen Receptor Modulator (Serm) Combinations		
DUAVEE	2	QL (30 EA per 30 days)
Estrogen-Androgen		
<i>estrogens-methyltestosterone</i>	1	
Estrogen-Progestin		
AMABELZ	3	
<i>estradiol-norethindrone acet</i>	0	
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	0	
PREMPRO	3	
Estrogens		
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %)	3	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	3	QL (30 GM per 30 days)
ELESTRIN	3	QL (26 GM per 30 days)
<i>estradiol (bulk)</i>	3	
<i>estradiol oral tablet 0.5 mg</i>	1	
<i>estradiol oral tablet 1 mg, 2 mg</i>	2	
ESTRADIOL TRANSDERMAL PATCH	1	
<i>estradiol transdermal patch semiweekly</i>	1	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	1	QL (4 EA per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estriol (bulk)</i>	3	
<i>estriol micronized (bulk)</i>	3	
<i>estropipate oral tablet 0.75 mg, 1.5 mg</i>	1	
<i>estropipate oral tablet 3 mg</i>	2	
EVAMIST	3	QL (16.2 ML per 30 days)
GYNODIOL	1	
MENEST	2	
MENOSTAR	3	QL (4 EA per 28 days)
PREMARIN ORAL	2	
Fertility Enhancer - Luteal Phase Supporting, Progesterone-Type		
CRINONE VAGINAL GEL 8 %	4	PA
ENDOMETRIN	3	
PROCHIEVE VAGINAL GEL 8 %	4	PA
Fertility Enhancer - Preterm Birth Prevention, Progesterone-Type		
<i>hydroxyprogesterone (pf) (preg presv)</i>	4	PA; QL (5 ML per 35 days)
<i>hydroxyprogesterone cap (ppres)</i>	2	PA
Glucocorticoids		
<i>cortisone</i>	1	
DEXAMETHASONE INTENSOL	1	
<i>dexamethasone oral elixir</i>	3	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets, dose pack</i>	1	
<i>hydrocortisone oral</i>	1	
<i>methylprednisolone</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution</i>	1	
<i>prednisone</i>	1	
PREDNISONE INTENSOL	2	
Gonadotropin Inhibitor Pituitary Suppressants		
<i>danazol</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG	4	PA
Growth Hormones		
HUMATROPE	4	PA
NORDITROPIN FLEXP	4	PA
NUTROPIN AQ	4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	4	PA
OMNITROPE	4	PA
Human Insulins - Fixed Combinations		
HUMULIN 70/30 U-100 INSULIN	1	
HUMULIN 70/30 U-100 KWIKPEN	1	
NOVOLIN 70/30 U-100 INSULIN	1	
Human Insulins - Intermediate Acting		
HUMULIN N NPH INSULIN KWIKPEN	3	
HUMULIN N NPH U-100 INSULIN	1	
NOVOLIN N NPH U-100 INSULIN	1	
Human Insulins - Short Acting		
HUMULIN R REGULAR U-100 INSULN	1	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
NOVOLIN R REGULAR U-100 INSULN	1	
Insulin Analogs - Fixed Combinations		
HUMALOG MIX 50-50 INSULN U-100	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U-100)INSULN	2	
NOVOLOG MIX 70-30 U-100 INSULN	3	
NOVOLOG MIX 70-30FLEXPEN U-100	3	
Insulin Analogs - Long Acting		
BASAGLAR KWIKPEN U-100 INSULIN	2	QL (30 ML per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	PA
LANTUS U-100 INSULIN	3	PA
LEVEMIR FLEXTOUCH U-100 INSULN	3	PA
LEVEMIR U-100 INSULIN	3	PA
TRESIBA FLEXTOUCH U-100	3	PA
TRESIBA FLEXTOUCH U-200	3	PA
Insulin Analogs - Rapid Acting		
ADMELOG SOLOSTAR U-100 INSULIN	2	
ADMELOG U-100 INSULIN LISPRO	2	
HUMALOG JUNIOR KWIKPEN U-100	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
HUMALOG KWIKPEN INSULIN	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
<i>insulin lispro subcutaneous insulin pen</i>	1	QL (60 ML per 30 days)
<i>insulin lispro subcutaneous solution</i>	1	QL (60 ML per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN	3	
NOVOLOG PENFILL U-100 INSULIN	2	PA; QL (60 ML per 30 days)
NOVOLOG U-100 INSULIN ASPART	3	
Insulin Response Enhancers - Biguanides		
DM2	3	PA
<i>metformin oral tablet 1,000 mg, 850 mg</i>	1	QL (90 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (90 EA per 30 days)
RIOMET	3	PA
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists)		
AVANDIA ORAL TABLET 8 MG	3	ST
<i>pioglitazone</i>	1	QL (30 EA per 30 days)
Insulin-Like Growth Factor-1 (Igf-1)		
INCRELEX	4	PA
Leptin Hormone Analogs		
MYALEPT	4	PA
Lhrh (Gnrh) Agonist Analog Pit Suppres - Central Precocious Puberty		
LUPRON DEPOT-PED	4	PA
LUPRON DEPOT-PED (3 MONTH)	4	PA
Lhrh (Gnrh) Agonist Analog Pituitary Supp. And Progestin Comb.		
LUPANETA PACK (1 MONTH)	4	PA
LUPANETA PACK (3 MONTH)	4	PA
Lhrh (Gnrh) Agonist Analog Pituitary Suppressants		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	PA
Lhrh (Gnrh) Antagonists		
<i>ganirelix</i>	1	PA
Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators		
OSPHENA	3	
Menopausal Symptoms Suppressant-Ssri Antidepressant Type		
<i>paroxetine mesylate(menop.sym)</i>	1	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Mineralocorticoids		
<i>fludrocortisone</i>	1	
Oxytocic - Ergot Alkaloids		
<i>methylergonovine oral</i>	2	QL (28 EA per 30 days)
Progestins		
<i>hydroxyprogesterone (pf) (preg preserv)</i>	4	PA; QL (5 ML per 35 days)
<i>hydroxyprogesterone cap (ppres)</i>	2	PA
<i>hydroxyprogesterone capr (bulk)</i>	3	
<i>hydroxyprogesterone caproate</i>	2	PA
<i>medroxyprogesterone oral</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone (bulk)</i>	3	
<i>progesterone micronized</i>	1	
<i>progesterone micronized (bulk)</i>	3	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists		
<i>cabergoline</i>	1	
Selective Estrogen Receptor Modulators (Serms)		
<i>raloxifene</i>	0	QL (30 EA per 30 days)
Somatostatic Agents		
<i>octreotide acetate injection solution</i>	2	PA
SIGNIFOR	4	PA
Thyroid Hormone Combinations - Synthetic T3 And T4		
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
Thyroid Hormones - Animal Source (Porcine)		
ARMOUR THYROID	2	
NATURE-THROID	2	
NP THYROID	3	
<i>thyroid (pork)</i>	1	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	3	
WP THYROID	3	
Thyroid Hormones - Synthetic T3 (Triiodothyronine)		
<i>liothyronine oral</i>	1	
Thyroid Hormones - Synthetic T4 (Thyroxine)		
LEVOTHROID ORAL TABLET 100 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 50 MCG, 75 MCG	1	
<i>levothyroxine oral</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
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	1	
SYNTHROID	2	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID	1	
Fdb Class Obsolete-Not Used		
Arginine Vasopressin (Avp) V2 Receptor Antagonist, Selective		
SAMSCA ORAL TABLET 15 MG	4	PA; QL (30 EA per 30 days)
SAMSCA ORAL TABLET 30 MG	4	PA; QL (60 EA per 30 days)
Gastrointestinal Therapy Agents		
Antidiarrheal - Antiperistaltic Agents		
<i>opium tincture</i>	1	QL (15 ML per 5 days)
Antidiarrheal Antiperistaltic-Anticholinergic Combinations		
<i>diphenoxylate-atropine oral tablet</i>	1	QL (80 EA per 10 days)
MOTOFEN	3	
Antidiarrheal Opioid Agents		
<i>opium tincture</i>	1	QL (15 ML per 5 days)
Antiemetic - Anticholinergics		
<i>scopolamine base</i>	1	
TRANSDERM-SCOP	2	
Antiemetic - Antihistamines		
<i>meclizine oral tablet 25 mg</i>	1	
Antiemetic - Cannabinoid Type		
CESAMET	3	PA; QL (30 EA per 5 days)
<i>dronabinol</i>	2	QL (60 EA per 30 days)
Antiemetic - Dopamine (D2)/5-Ht3 Antagonists		
<i>trimethobenzamide oral</i>	1	
Antiemetic - Phenothiazines		
<i>prochlorperazine</i>	1	QL (30 EA per 30 days)
<i>prochlorperazine maleate</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg</i>	1	
<i>promethazine rectal suppository 25 mg</i>	1	QL (30 EA per 30 days)
Antiemetic - Selective Serotonin 5-Ht3 Antagonists		
ANZEMET ORAL	3	PA; QL (7 EA per 30 days)
<i>granisetron hcl oral</i>	1	QL (14 EA per 30 days)
<i>ondansetron</i>	1	QL (180 EA per 30 days)
<i>ondansetron hcl (pf) injection syringe</i>	2	PA
<i>ondansetron hcl oral solution</i>	1	QL (100 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL (180 EA per 30 days)
SANCUSO	3	PA; QL (1 EA per 7 days)
Antiemetic - Substance P-Neurokinin 1 (Nk1) Receptor Antagonists		
<i>aprepitant oral capsule 125 mg</i>	1	PA; QL (4 EA per 28 days)
<i>aprepitant oral capsule 40 mg</i>	1	PA; QL (32 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i>	1	PA; QL (16 EA per 28 days)
<i>aprepitant oral capsule,dose pack</i>	1	PA; QL (12 EA per 28 days)
Antiemetic - Substance P-Neurokinin 1 And 5-Ht3 Recept Antagonist Comb		
AKYNZEO (NETUPITANT)	3	PA; QL (1 EA per 0 days)
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (Gc-C) Agonists		
LINZESS	3	PA; QL (30 EA per 30 days)
TRULANCE	3	PA; QL (30 EA per 30 days)
Colonic Acidifier (Ammonia Inhibitor)		
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml)</i>	1	
Digestive Enzyme Mixtures		
CREON	2	PA
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	PA
PANCRELIPASE 5000	3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 8,000-28,750- 30,250 UNIT	3	PA
ZENPEP	2	PA
Gallstone Solubilizing (Litholysis) Agents		
<i>ursodiol</i>	1	
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists		
<i>cimetidine hcl oral</i>	1	
<i>famotidine oral suspension</i>	1	QL (150 ML per 30 days)
<i>famotidine oral tablet 40 mg</i>	1	
<i>nizatidine oral capsule</i>	1	
Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (Ppis)		
DEXILANT	3	PA; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(drlec) 40 mg</i>	1	QL (60 EA per 30 days)
KAPIDEX	3	PA; QL (2 EA per 1 day)
<i>lansoprazole oral capsule,delayed release(drlec) 30 mg</i>	1	QL (60 EA per 30 days)
NEXIUM	3	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>omeprazole (bulk)</i>	3	
<i>omeprazole oral capsule, delayed release (drlec)</i>	1	QL (60 EA per 30 days)
<i>pantoprazole oral</i>	1	QL (60 EA per 30 days)
PRILOSEC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 40 MG	1	QL (60 EA per 30 days)
<i>rabeprazole oral tablet, delayed release (drlec)</i>	1	QL (60 EA per 30 days)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs		
<i>misoprostol</i>	1	
Gastrointestinal - Prokinetic Agents - 5-Ht4 Receptor Agonists		
MOTEGRITY	3	PA; QL (30 EA per 30 days)
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-Ht4 Agonists		
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet, disintegrating</i>	1	QL (120 EA per 30 days)
Gi Antispasmodic - Belladonna Alkaloids		
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>methscopolamine</i>	1	
SYMAX DUOTAB	3	PA
Gi Antispasmodic - Quaternary Ammonium Compounds		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
Gi Antispasmodic - Synthetic Tertiary Amines		
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
Gi Antispasmodic And Opioid Combinations		
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	2	
Gi Antispasmodic Combinations Other		
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	2	
Ibs Agent - Gastrointestinal Chloride Channel Activator Agents		
AMITIZA	3	PA; QL (60 EA per 30 days)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists		
LINZESS	3	PA; QL (30 EA per 30 days)
TRULANCE	3	PA; QL (30 EA per 30 days)
Ibs Agent - Mixed Opioid Receptor Agonist And Antagonist		
VIBERZI	3	PA
Ibs Agent - Selective 5-Ht3 Receptor Antagonists		
<i>alosetron</i>	2	PA; QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Inflammatory Bowel Agent - Interleukin-12 And Il-23 Inhibitors, Mc Ab		
STELARA INTRAVENOUS	4	PA
STELARA SUBCUTANEOUS SOLUTION	4	PA
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA
Inflammatory Bowel Agent - Aminosalicylates And Related Agents		
APRISO	3	QL (120 EA per 30 days)
<i>balsalazide</i>	1	
CANASA	2	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	2	
DIPENTUM	3	PA
GIAZO	3	PA; QL (180 EA per 30 days)
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i>	2	QL (120 EA per 30 days)
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i>	2	QL (180 EA per 30 days)
<i>mesalamine rectal enema</i>	1	ST; QL (1680 ML per 28 days)
<i>mesalamine rectal suppository</i>	2	QL (30 EA per 30 days)
<i>mesalamine with cleansing wipe</i>	1	ST; QL (1680 EA per 28 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	QL (90 EA per 30 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	2	QL (240 EA per 30 days)
<i>sulfasalazine</i>	1	
SULFAZINE	2	
Inflammatory Bowel Agent - Glucocorticoids		
<i>budesonide oral capsule, delayed, extend. release</i>	2	QL (90 EA per 30 days)
<i>budesonide oral tablet, delayed and ext. release</i>	2	
<i>hydrocortisone rectal</i>	1	
UCERIS ORAL	2	PA; QL (30 EA per 30 days)
Inflammatory Bowel Agent - Janus Kinase (Jak) Inhibitors		
XELJANZ ORAL TABLET 5 MG	4	PA; QL (60 EA per 30 days)
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers		
CIMZIA	4	PA; QL (1 EA per 28 days)
CIMZIA POWDER FOR RECONST	4	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT	4	PA; QL (3 EA per 30 days)
HUMIRA PEDIATRIC CROHNS START	4	PA; QL (6 EA per 28 days)
HUMIRA PEN	4	PA; QL (6 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	4	PA; QL (6 EA per 28 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS	4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; QL (2 EA per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
Irritable Bowel Syndrome (Ibs) Agents		
<i>alosetron</i>	2	PA; QL (60 EA per 30 days)
AMITIZA	3	PA; QL (60 EA per 30 days)
LINZESS	3	PA; QL (30 EA per 30 days)
VIBERZI	3	PA
Laxative - Saline And Osmotic		
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
LAXATIVE PEG 3350 ORAL POWDER	0	
<i>polyethylene glycol 3350</i>	1	
Laxative - Saline/Osmotic Mixtures		
GOLYTELY	0	
<i>peg 3350-electrolytes</i>	1	
<i>peg-electrolyte soln</i>	1	
SUPREP BOWEL PREP KIT	2	
Laxative - Stimulant And Saline/Osmotic Combinations		
PREPOPIK	2	
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives		
<i>sucralfate</i>	1	
Short Bowel Syndrome (Sbs) Agents		
<i>octreotide acetate injection solution</i>	2	PA
Genitourinary Therapy		
Cystinosis Therapy (Cystine Depleting Agents)		
CYSTAGON	4	PA
Interstitial Cystitis Agents		
ELMIRON	3	PA
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist		
MYRBETRIQ	3	ST; QL (30 EA per 30 days)
Phosphate Binders		
<i>calcium acetate(phosphat bind)</i>	1	
<i>lanthanum oral tablet,chewable 1,000 mg</i>	2	
<i>lanthanum oral tablet,chewable 500 mg, 750 mg</i>	1	
PHOSLYRA	3	
<i>sevelamer carbonate</i>	1	
Phosphate Binders - Calcium-Based		
<i>calcium acetate(phosphat bind)</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
PHOSLYRA	3	
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists		
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4	PA
SAMSCA ORAL TABLET 15 MG	4	PA; QL (30 EA per 30 days)
SAMSCA ORAL TABLET 30 MG	4	PA; QL (60 EA per 30 days)
Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists		
<i>alfuzosin</i>	1	QL (60 EA per 30 days)
RAPAFLO	3	ST; QL (30 EA per 30 days)
<i>silodosin oral capsule 4 mg</i>	1	QL (60 EA per 30 days)
<i>silodosin oral capsule 8 mg</i>	1	QL (30 EA per 30 days)
<i>tamsulosin</i>	1	QL (60 EA per 30 days)
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors		
<i>finasteride oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
Prostatic Hypertrophy Agent-SEL.CGMP Phosphodiesterase Type 5 Inhibitor		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
Prostatic Hypertrophy Agent-Type I And II 5-Alpha Reductase Inhibitors		
<i>dutasteride</i>	1	QL (30 EA per 30 days)
Urinary Alkalinizer - Citrates		
<i>potassium citrate</i>	1	
Urinary Analgesics		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
Urinary Antibacterial - Methenamine And Salts		
<i>methenamine hippurate</i>	1	
Urinary Antibacterial - Nitrofurantoin Derivatives		
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate-cryst</i>	1	
Urinary Antibacterial - Quinolones		
<i>ciprofloxacin (mixture)</i>	1	
Urinary Antibacterials Other		
MONUROL	3	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder)		
<i>darifenacin oral tablet extended release 24 hr 15 mg</i>	1	QL (30 EA per 30 days)
<i>darifenacin oral tablet extended release 24 hr 7.5 mg</i>	1	
<i>solifenacin</i>	2	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Urinary Antispasmodic - Anticholinergics, Non-Selective		
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
SYMAX DUOTAB	3	PA
Urinary Antispasmodic - Smooth Muscle Relaxants		
DITROPAN	1	
<i>flavoxate</i>	1	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	3	QL (30 GM per 30 days)
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 28 MG/0.92 GRAM (3 %)	3	ST
GELNIQUE TRANSDERMAL GEL IN PACKET	3	QL (30 GM per 30 days)
<i>oxybutynin chloride oral syrup</i>	1	ST; QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet</i>	1	ST; QL (120 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	ST
<i>tolterodine oral capsule, extended release 24hr</i>	1	ST; QL (30 EA per 30 days)
<i>tolterodine oral tablet</i>	1	ST; QL (60 EA per 30 days)
TOVIAZ	3	ST; QL (30 EA per 30 days)
<i>trospium oral capsule, extended release 24hr</i>	1	ST
<i>trospium oral tablet</i>	1	ST; QL (60 EA per 30 days)
Urinary Retention Therapy - Parasympathomimetic Agents		
<i>bethanechol chloride</i>	1	
Gout And Hyperuricemia Therapy		
Gout Acute Therapy - Antimitotics		
<i>colchicine</i>	2	QL (60 EA per 30 days)
Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations		
<i>probenecid-colchicine</i>	1	
Hyperuricemia Therapy - Uricosurics		
<i>probenecid</i>	1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors		
<i>allopurinol</i>	1	
<i>febuxostat</i>	1	QL (30 EA per 30 days)
Hematological Agents		
Anticoagulants - Coumarin		
JANTOVEN ORAL TABLET 5 MG	3	
<i>warfarin</i>	1	
C1 Esterase Inhibitor Agents		
BERINERT	4	PA
Direct Factor Xa Inhibitors		
ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ELIQUIS ORAL TABLET 5 MG	2	QL (74 EA per 30 days)
SAVAYSA	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	QL (30 EA per 30 days)
XARELTO ORAL TABLET 2.5 MG	2	QL (60 EA per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	2	QL (51 EA per 30 days)
Erythropoietins		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 200 MCG/0.4 ML	4	
ARANESP SURECLICK (POLYSORBAT)	4	PA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	PA
PROCRIT	4	PA
RETACRIT	4	PA
Granulocyte Colony-Stimulating Factor (G-Csf)		
GRANIX	4	PA
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	4	PA; QL (1.2 ML per 30 days)
NIVESTYM	4	PA
UDENYCA	2	
ZIEXTENZO	4	PA
Hematorheologic Agents		
PENTOXIL	1	
Hemostatic Systemic - Antifibrinolytic Agents		
AMICAR ORAL SOLUTION	3	
<i>tranexamic acid oral</i>	1	QL (30 EA per 30 days)
Heparin Flush Formulations		
HEP FLUSH-10 (PF)	1	
<i>heparin lock flush (porcine) intravenous solution</i>	1	
<i>heparin lock flush (porcine) intravenous syringe 100 unit/ml</i>	1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	1	
MONOJECT PREFILL (PF)	1	
Heparins		
HEP FLUSH-10 (PF)	1	
<i>heparin (porcine) injection cartridge</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous solution</i>	1	
<i>heparin lock flush (porcine) intravenous syringe 100 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	1	
MONOJECT PREFILL (PF)	1	
Indirect Factor Xa Inhibitors		
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	2	PA; QL (20 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	PA; QL (15 ML per 30 days)
Low Molecular Weight Heparins		
<i>enoxaparin subcutaneous solution</i>	2	QL (30 ML Max Qty Per Fill Retail)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	QL (20 ML Max Qty Per Fill Retail)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	QL (16 ML Max Qty Per Fill Retail)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	2	QL (6 ML Max Qty Per Fill Retail)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	2	QL (8 ML Max Qty Per Fill Retail)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	2	QL (12 ML Max Qty Per Fill Retail)
FRAGMIN SUBCUTANEOUS INJECTABLE	3	
FRAGMIN SUBCUTANEOUS SOLUTION	3	PA
FRAGMIN SUBCUTANEOUS SYRINGE	3	PA
Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps)		
BRILINTA	2	QL (60 EA per 30 days)
Platelet Aggregation Inhibitor Combinations		
<i>aspirin-dipyridamole</i>	2	
Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors		
<i>cilostazol</i>	1	
Platelet Aggregation Inhibitors - Quinazoline Agents		
AGRYLIN	1	
<i>anagrelide</i>	1	
Platelet Aggregation Inhibitors - Salicylates		
<i>aspirin oral tablet, chewable</i>	0	
<i>aspirin oral tablet, delayed release (drlec) 81 mg</i>	1	
ENTERIC COATED ASPIRIN	1	
Platelet Aggregation Inhibitors - Thienopyridine Agents		
<i>clopidogrel</i>	1	
<i>prasugrel</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>ticlopidine</i>	1	QL (60 EA per 30 days)
Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitr		
<i>dipyridamole oral</i>	1	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(Par-1) Antagonist		
ZONTIVITY	3	PA; QL (30 EA per 30 days)
Sickle Cell Anemia Agents		
DROXIA	2	
Sickle Cell Anemia Agents, Others		
DROXIA	2	
Thrombin Inhibitor - Selective Direct And Reversible		
PRADAXA	3	QL (60 EA per 30 days)
Thrombopoietin Receptor Agonists		
PROMACTA ORAL TABLET	4	PA; QL (90 EA per 30 days)
Immunosuppressive Agents		
Immunosuppressive - Calcineurin Inhibitors		
ASTAGRAF XL	3	PA; QL (45 EA per 30 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	1	QL (90 EA per 30 days)
<i>cyclosporine modified oral capsule 50 mg</i>	1	QL (120 EA per 30 days)
<i>cyclosporine modified oral solution</i>	1	QL (90 ML per 30 days)
<i>cyclosporine oral capsule 100 mg</i>	2	
<i>cyclosporine oral capsule 25 mg</i>	1	QL (90 EA per 30 days)
NEORAL	4	PA
<i>tacrolimus oral</i>	1	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors		
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	PA
<i>mycophenolate mofetil oral tablet</i>	1	
<i>mycophenolate sodium</i>	2	
Immunosuppressive - Mammalian Target Of Rapamycin (Mtor) Inhibitors		
RAPAMUNE ORAL SOLUTION	4	PA
<i>sirolimus oral tablet</i>	2	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG	3	PA; QL (120 EA per 30 days)
ZORTRESS ORAL TABLET 0.75 MG	3	PA; QL (60 EA per 30 days)
ZORTRESS ORAL TABLET 1 MG	3	QL (60 EA per 30 days)
Immunosuppressive - Purine Analogs		
<i>azathioprine</i>	1	
Locomotor System		
Als Agents - Benzothiazoles		
<i>riluzole</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors		
MESTINON ORAL SYRUP	3	PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
Antimyasthenic Agents Other		
<i>guanidine</i>	2	
Musculoskeletal Tx Agent-Joint Contracture Therapy, Collagenase Enzyme		
XIAFLEX	4	PA
Skeletal Muscle Relaxant - Central Muscle Relaxants		
<i>baclofen oral</i>	1	QL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet</i>	1	
<i>metaxalone oral tablet 800 mg</i>	1	QL (90 EA per 30 days)
<i>methocarbamol oral</i>	1	
<i>orphenadrine citrate oral</i>	1	
<i>tizanidine</i>	1	
Skeletal Muscle Relaxant - Direct Muscle Relaxants		
<i>dantrolene oral</i>	1	
Medical Supplies And Durable Medical Equipment (Dme)		
Medical Supplies And Dme - Blood Glucose Tests		
ACCU-CHEK AVIVA PLUS TEST STRP	2	QL (150 EA per 30 days)
BREEZE 2 TEST STRIPS	2	QL (150 EA per 30 days)
CONTOUR NEXT TEST STRIPS	2	QL (150 EA per 30 days)
CONTOUR TEST STRIPS	2	QL (150 EA per 30 days)
FREESTYLE INSULINX STRIP	2	QL (150 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS	2	QL (150 EA per 30 days)
FREESTYLE LITE STRIPS	2	QL (150 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS	2	QL (150 EA per 30 days)
FREESTYLE TEST	2	QL (150 EA per 30 days)
ONETOUCH ULTRA TEST	2	
ONETOUCH VERIO TEST STRIPS	2	QL (150 EA per 30 days)
PRODIGY NO CODING	2	QL (150 EA per 30 days)
RELION PRIME TEST STRIPS	2	QL (150 EA per 30 days)
ULTIMA TEST STRIPS	2	QL (150 EA per 30 days)
Medical Supplies And Dme - Female Condoms		
FC2 FEMALE CONDOM	0	QL (24 EA per 30 days)
Medical Supplies And Dme - Glucose Monitoring Test Supplies		
ACCU-CHEK MULTICLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
BD ULTRA-FINE II LANCETS	3	
EASY COMFORT LANCETS	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH TWIST LANCETS 30 GAUGE, 33 GAUGE	1	
FREESTYLE LANCETS	1	
FREESTYLE LIBRE 10 DAY READER	2	PA; QL (1 EA per 4 years)
FREESTYLE LIBRE 10 DAY SENSOR	2	PA; QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	2	PA; QL (1 EA per 4 years)
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; QL (2 EA per 28 days)
MICRO THIN LANCETS	1	
MICROLET LANCET	1	
ONETOUCH DELICA LANCETS 30 GAUGE	1	
ONETOUCH ULTRASOFT LANCETS	1	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	1	
TRUETRACK BLOOD GLUCOSE SYSTEM	2	
ULTRA THIN LANCETS 31 GAUGE	1	
Medical Supplies And Dme - Insulin Needles-Syringes And Admin Supplies		
1ST TIER UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32"	1	
BD AUTOSHIELD DUO PEN NEEDLE	3	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64"	2	
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1"	3	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	3	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 31 GAUGE X 5/16	2	
BD ULTRA-FINE MICRO PEN NEEDLE	3	
BD ULTRA-FINE MINI PEN NEEDLE	3	
BD ULTRA-FINE NANO PEN NEEDLE	3	
BD ULTRA-FINE ORIG PEN NEEDLE	3	
BD ULTRA-FINE SHORT PEN NEEDLE	3	
BD VEO INSULIN SYR HALF UNIT	2	
BD VEO INSULIN SYRINGE UF	3	
CAREFINE PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1	
COMFORT EZ PEN NEEDLES NEEDLE 31 GAUGE X 3/16"	1	
EASY TOUCH NEEDLE 31 GAUGE X 1/4"	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 30 gauge</i>	1	
MINI ULTRA-THIN II	1	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16	1	
NOVOFINE 30	1	
NOVOFINE 32	1	
PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16"	1	
<i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 5/16", 32 gauge x 5/32"</i>	1	
RELION NEEDLES	1	
RELION PEN NEEDLES	1	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16	1	
TRUEPLUS INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	1	
TRUEPLUS PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1	
ULTICARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	1	
ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16"	1	
ULTRA-THIN II (SHORT) PEN NDL	1	
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
UNIFINE PENTIPS PLUS NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	1	
Medical Supplies And Dme - Needles And Syringes		
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1"	3	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	3	
Medical Supplies And Dme - Respiratory Therapy Supplies		
EASIVENT HOLDING CHAMBER	2	
MICROSPACER	1	
OPTICHAMBER DIAMOND VHC	2	
OPTICHAMBER DIAMOND-MED MSK	2	
Medical Supplies And Dme - Urine Ketone Tests		
KETONE URINE TEST	1	QL (100 EA per 30 days)
TRUEPLUS KETONE	1	QL (50 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
1ST TIER UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32"	1	
ACCU-CHEK AVIVA PLUS TEST STRP	2	QL (150 EA per 30 days)
ACCU-CHEK MULTICLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
BD AUTOSHIELD DUO PEN NEEDLE	3	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64"	2	
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1"	3	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	3	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 31 GAUGE X 5/16	2	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1"	3	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	3	
BD ULTRA-FINE II LANCETS	3	
BD ULTRA-FINE MICRO PEN NEEDLE	3	
BD ULTRA-FINE MINI PEN NEEDLE	3	
BD ULTRA-FINE NANO PEN NEEDLE	3	
BD ULTRA-FINE ORIG PEN NEEDLE	3	
BD ULTRA-FINE SHORT PEN NEEDLE	3	
BD VEO INSULIN SYR HALF UNIT	2	
BD VEO INSULIN SYRINGE UF	3	
BREEZE 2 TEST STRIPS	2	QL (150 EA per 30 days)
CAREFINE PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1	
COMFORT EZ PEN NEEDLES NEEDLE 31 GAUGE X 3/16"	1	
CONTOUR NEXT TEST STRIPS	2	QL (150 EA per 30 days)
CONTOUR TEST STRIPS	2	QL (150 EA per 30 days)
EASIVENT HOLDING CHAMBER	2	
EASY COMFORT LANCETS	1	
EASY TOUCH NEEDLE 31 GAUGE X 1/4"	1	
EASY TOUCH TWIST LANCETS 30 GAUGE, 33 GAUGE	1	
FC2 FEMALE CONDOM	0	QL (24 EA per 30 days)
FREESTYLE INSULINX STRIP	2	QL (150 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
FREESTYLE INSULINX TEST STRIPS	2	QL (150 EA per 30 days)
FREESTYLE LANCETS	1	
FREESTYLE LIBRE 10 DAY READER	2	PA; QL (1 EA per 4 years)
FREESTYLE LIBRE 10 DAY SENSOR	2	PA; QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	2	PA; QL (1 EA per 4 years)
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; QL (2 EA per 28 days)
FREESTYLE LITE STRIPS	2	QL (150 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS	2	QL (150 EA per 30 days)
FREESTYLE TEST	2	QL (150 EA per 30 days)
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 30 gauge</i>	1	
KETONE URINE TEST	1	QL (100 EA per 30 days)
MICRO THIN LANCETS	1	
MICROLET LANCET	1	
MICROSPACER	1	
MINI ULTRA-THIN II	1	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16	1	
NOVOFINE 30	1	
NOVOFINE 32	1	
ONETOUCH DELICA LANCETS 30 GAUGE	1	
ONETOUCH ULTRA TEST	2	
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO TEST STRIPS	2	QL (150 EA per 30 days)
OPTICHAMBER DIAMOND VHC	2	
OPTICHAMBER DIAMOND-MED MSK	2	
PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16"	1	
<i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 5/16", 32 gauge x 5/32"</i>	1	
PRECISION XTRA B-KETONE	1	QL (10 EA per 30 days)
PRODIGY NO CODING	2	QL (150 EA per 30 days)
RELION NEEDLES	1	
RELION PEN NEEDLES	1	
RELION PRIME TEST STRIPS	2	QL (150 EA per 30 days)
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16	1	
TRUEPLUS INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	1	
TRUEPLUS KETONE	1	QL (50 EA per 30 days)
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
TRUEPLUS PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1	
TRUETRACK BLOOD GLUCOSE SYSTEM	2	
ULTICARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	1	
ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16"	1	
ULTIMA TEST STRIPS	2	QL (150 EA per 30 days)
ULTRA THIN LANCETS 31 GAUGE	1	
ULTRA-THIN II (SHORT) PEN NDL	1	
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	
UNIFINE PENTIPS PLUS NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	1	
Metabolic Disease Enzyme Replacement Agents		
Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency		
ADAGEN	4	PA
Metabolic Modifiers		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type		
<i>calcitriol oral</i>	1	
<i>doxercalciferol oral</i>	2	
<i>paricalcitol oral</i>	1	
Metabolic Modifier - Carnitine Replenisher Agents		
<i>levocarnitine (with sugar)</i>	1	
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx		
CERDELGA	4	PA; QL (60 EA per 30 days)
Metabolic Modifier - Homocystinuria Treatment Agents		
CYSTADANE	4	PA
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (Cps 1) Activator		
CARBAGLU	4	PA
Pharmacoenhancer - Cytochrome P450 Inhibitors		
TYBOST	4	QL (30 EA per 30 days)
Phenylketonuria(Pku) Tx Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ	4	PA
Mouth-Throat-Dental - Preparations		
Dental Product - Fluoride Preparations		
FLUORABON	0	
<i>fluoride (sodium) oral drops</i>	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	0	
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG(0.55 MG SOD. FLUORIDE), 0.5 MG (1.1 MG SODIUM FLUORID)	0	
Mouth And Throat - Antifungals		
<i>clotrimazole mucous membrane</i>	1	
<i>nystatin oral suspension</i>	1	
Mouth And Throat - Antiseptics		
<i>chlorhexidine gluconate mucous membrane</i>	1	
Mouth And Throat - Glucocorticoids		
<i>triamcinolone acetonide dental</i>	1	
Mouth And Throat - Local Anesthetic Amides		
<i>lidocaine hcl mucous membrane jelly</i>	1	
LIDOCAINE VISCOUS	1	
Mouth And Throat - Saliva Stimulants		
<i>cevimeline</i>	1	
<i>pilocarpine hcl oral</i>	1	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
Therapy For Drooling- Primary Or Secondary Sialorrhea-Anticholinergic		
CUVPOSA	3	PA
Multiple Sclerosis Agents		
Multiple Sclerosis Agent - Interferons		
AVONEX (WITH ALBUMIN)	4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE	4	PA; QL (4 ML per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; QL (4 EA per 28 days)
BETASERON	4	PA
EXTAVIA SUBCUTANEOUS KIT	4	PA; QL (15 EA per 30 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	4	PA; QL (1 EA per 30 days)
PLEGRIDY	4	PA
REBIF (WITH ALBUMIN)	4	PA; QL (12 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (12 ML per 30 days)
REBIF TITRATION PACK	4	PA
Multiple Sclerosis Agent - Others		
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; QL (12 ML per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; QL (12 ML per 28 days)
TECFIDERA	4	PA
Multiple Sclerosis Agent - Potassium Channel Blocker		
<i>dalfampridine</i>	2	QL (60 EA per 30 days)
RUZURGI	4	PA
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors		
AUBAGIO ORAL TABLET 14 MG	4	PA
AUBAGIO ORAL TABLET 7 MG	4	PA; QL (30 EA per 30 days)
Multiple Sclerosis Agent - Sphingosine 1-Phosphate Receptor Modulator		
GILENYA ORAL CAPSULE 0.5 MG	4	PA
MAYZENT	4	PA; QL (30 EA per 30 days)
Ophthalmic Agents		
Artificial Tears And Lubricant Single Agents		
LACRISERT	3	PA
Miotics - Cholinesterase Inhibitors		
PHOSPHOLINE IODIDE	2	
Miotics - Direct Acting		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations		
SIMBRINZA	3	
Ophthalmic - Antibacterial-Glucocorticoid Combinations		
BLEPHAMIDE S.O.P.	3	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>sulfacetamide-prednisolone</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
<i>tobramycin-dexamethasone</i>	1	
Ophthalmic - Anticholinergics		
<i>atropine ophthalmic (eye) drops</i>	1	
<i>cyclopentolate</i>	1	
<i>homatropine hbr</i>	1	
<i>tropicamide</i>	1	
Ophthalmic - Antihistamines		
<i>azelastine ophthalmic (eye)</i>	1	
BEPREVE	3	QL (10 ML per 30 days)
EMADINE	2	
<i>epinastine</i>	1	
LASTACAFT	3	
<i>olopatadine ophthalmic (eye)</i>	1	

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

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers		
<i>betaxolol ophthalmic (eye)</i>	1	
BETIMOL	3	
BETOPTIC S	3	
<i>carteolol</i>	1	
<i>levobunolol</i>	1	
<i>metipranolol</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
Ophthalmic - Mast Cell Stabilizers		
ALOCRIL	2	
ALOMIDE	2	
<i>cromolyn ophthalmic (eye)</i>	1	
Ophthalmic Antibacterial Mixtures		
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
Ophthalmic Antibiotic - Aminoglycosides		
<i>gentamicin ophthalmic (eye)</i>	1	
<i>tobramycin</i>	1	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors		
<i>bacitracin ophthalmic (eye)</i>	1	
Ophthalmic Antibiotic - Fluoroquinolones		
BESIVANCE	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	1	QL (2.5 ML per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	1	
MOXEZA	3	QL (3 ML per 30 days)
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
<i>ofloxacin ophthalmic (eye)</i>	1	
Ophthalmic Antibiotic - Macrolides		
AZASITE	3	
<i>erythromycin ophthalmic (eye)</i>	1	
ILOTYCIN	1	
ROMYCIN	1	
Ophthalmic Antibiotic - Sulfonamides		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
SULFAMIDE	2	
Ophthalmic Antifungals		
NATACYN	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Ophthalmic Antifungals - Tetraene Polyene-Type		
NATACYN	3	
Ophthalmic Antivirals		
<i>trifluridine</i>	1	
ZIRGAN	3	
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>apraclonidine</i>	1	
<i>brimonidine</i>	1	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs		
<i>latanoprost</i>	1	QL (5 ML per 30 days)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	ST; QL (7 ML per 30 days)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.03 %	2	ST
TRAVATAN Z	3	ST; QL (5 ML per 30 days)
Otic (Ear)		
Otic (Ear) - Anti-Infective Mixtures		
<i>acetic acid-aluminum acetate</i>	1	
Otic (Ear) - Anti-Infective-Glucocorticoid Combinations		
CIPRO HC	2	
CIPRODEX	2	
COLY-MYCIN S	3	
CORTOMYCIN	1	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
OTOVEL	3	ST
Otic (Ear) - Anti-Infectives Other		
<i>acetic acid otic (ear)</i>	1	
Otic (Ear) - Fluoroquinolones		
<i>ciprofloxacin hcl otic (ear)</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIPRIO	3	PA
Otic (Ear) - Glucocorticoids		
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
Respiratory Therapy Agents		
Antihistamine - 1St Generation - Ethanolamines		
ARBINOXA ORAL TABLET	1	
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine oral syrup</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antihistamine - 1St Generation - Phenothiazines		
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg</i>	1	
<i>promethazine rectal suppository 25 mg</i>	1	QL (30 EA per 30 days)
Antihistamine - 1St Generation - Piperidines		
<i>ciproheptadine</i>	1	
Antihistamines - 1St Generation		
ARBINOXA ORAL TABLET	1	
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine oral syrup</i>	2	
<i>ciproheptadine</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg</i>	1	
<i>promethazine rectal suppository 25 mg</i>	1	QL (30 EA per 30 days)
Antihistamines - 2Nd Generation		
<i>desloratadine</i>	1	QL (30 EA per 30 days)
<i>levocetirizine oral solution</i>	1	QL (300 ML per 30 days)
Antihistamines - 2Nd Generation - Piperazines		
<i>levocetirizine oral solution</i>	1	QL (300 ML per 30 days)
Antihistamines - 2Nd Generation - Piperidines		
<i>desloratadine</i>	1	QL (30 EA per 30 days)
Antitussives - Non-Opioid		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
Asthma Therapy - 5-Lipoxygenase Inhibitors		
<i>zileuton</i>	4	PA
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids)		
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	3	QL (13 GM per 30 days)
ASMANEX TWISTHALER	3	QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	
FLOVENT DISKUS	3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (10.6 GM per 30 days)
PULMICORT FLEXHALER	2	QL (2 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
QVAR INHALATION AEROSOL 40 MCG/ACTUATION	2	QL (34.8 GM per 30 days)
QVAR INHALATION AEROSOL 80 MCG/ACTUATION	2	QL (18 GM per 30 days)
QVAR REDIHALER	2	
Asthma Therapy - Interleukin-4 (Il-4) Receptor Alpha Antagonists, Mab		
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA
Asthma Therapy - Interleukin-5 (Il-5) Receptor Alpha Antagonists, Mab		
FASENRA	4	PA; QL (1 ML per 28 days)
FASENRA PEN	4	PA; QL (1 ML per 28 days)
Asthma Therapy - Leukotriene Receptor Antagonists		
<i>montelukast</i>	1	QL (30 EA per 30 days)
<i>zafirlukast</i>	1	QL (60 EA per 30 days)
Asthma Therapy - Mast Cell Stabilizers		
<i>cromolyn inhalation</i>	1	QL (240 ML per 30 days)
Asthma Therapy - Monoclonal Antibodies To Immunoglobulin E (Ige)		
XOLAIR	4	PA
Asthma Therapy - Xanthines		
ELIXOPHYLLIN	2	
THEO-24	2	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
Asthma Therapy- Monoclonal Antibody - Interleukin-5 (Il-5) Antagonists		
NUCALA	4	PA
Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP ORAL TABLET 500 MCG	3	PA; QL (30 EA per 30 days)
Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting		
INCRUSE ELLIPTA	3	ST; QL (30 EA per 30 days)
LONHALA MAGNAIR REFILL	3	PA; QL (60 ML per 30 days)
LONHALA MAGNAIR STARTER	3	PA; QL (60 ML per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER	2	QL (90 EA per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER 30 CAPS W/HANDIHALER	2	QL (30 EA per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER 30 CAPS W/HANDIHALER	2	QL (90 EA per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER 5 CAPS W/HANDIHALER	2	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SPIRIVA 18 MCG CP-HANDIHALER 90 CAPS W/HANDIHALER	2	QL (90 EA per 30 days)
SPIRIVA RESPIMAT	2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (90 EA per 30 days)
YUPELRI	3	PA; QL (90 ML per 30 days)
Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting		
ATROVENT HFA	2	QL (25.8 GM per 28 days)
<i>ipratropium bromide inhalation</i>	1	
Asthma/Copd - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting		
ARCAPTA NEOHALER	3	QL (30 EA per 30 days)
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting		
SEREVENT DISKUS	2	QL (60 EA per 30 days)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol hfa 90 mcg inhaler</i>	1	QL (18 GM per 30 days)
<i>albuterol hfa 90 mcg inhaler</i>	1	QL (6.7 GM per 30 days)
<i>albuterol hfa 90 mcg inhaler</i>	1	QL (8.5 GM per 30 days)
<i>albuterol sulf hfa 90 mcg inh</i>	1	QL (2 GM per 30 days)
<i>albuterol sulf hfa 90 mcg inh mfg unresponsive</i>	1	QL (2 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation</i>	1	QL (18 GM per 15 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	1	QL (360 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/3 ml</i>	1	QL (270 ML per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	1	QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	1	
<i>levalbuterol tartrate</i>	1	QL (30 GM per 30 days)
PROAIR HFA 90 MCG INHALER	3	QL (8.5 GM per 30 days)
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	QL (17 GM per 30 days)
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
PROVENTIL HFA 90 MCG INHALER	3	QL (6.7 GM per 30 days)
VENTOLIN HFA 90 MCG INHALER	2	QL (18 GM per 30 days)
VENTOLIN HFA 90 MCG INHALER	2	QL (8 GM per 30 days)
VENTOLIN HFA 90 MCG INHALER 60 ACTUATIONS	2	QL (8 GM per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
VENTOLIN HFA 90 MCG INHALER DOSE COUNTER,200 INH	2	QL (18 GM per 30 days)
VENTOLIN HFA 90 MCG INHALER DOSE COUNTER,60 ACTS	2	QL (16 GM per 30 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (36 GM per 30 days)
Asthma/Copd Therapy - Beta Adrenergic Agents		
<i>albuterol sulfate oral</i>	1	
<i>metaproterenol</i>	1	
<i>terbutaline oral</i>	1	
VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HR 8 MG	1	
Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations		
ANORO ELLIPTA	2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE	2	
COMBIVENT RESPIMAT	2	QL (4 GM per 30 days)
<i>ipratropium-albuterol</i>	1	
STIOLTO RESPIMAT	2	
Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations		
BREO ELLIPTA	3	QL (60 EA per 30 days)
DULERA 100 MCG-5 MCG INHALER	2	QL (13 GM per 30 days)
DULERA 200 MCG-5 MCG INHALER	2	QL (13 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	2	QL (8.8 GM per 15 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation</i>	2	
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	1	
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	
SYMBICORT 160-4.5 MCG INHALER	2	QL (6 GM per 30 days)
SYMBICORT 80-4.5 MCG INHALER	2	QL (6.9 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (10.2 GM per 30 days)
Asthma/Copd Tx - Beta-Adrenergic-Anticholinergic-Glucocorticoid Comb,		
TRELEGY ELLIPTA 100-62.5-25	2	PA; QL (60 EA per 30 days)
Cystic Fibrosis - Inhaled Aminoglycosides		
<i>tobramycin in 0.225 % nacl</i>	4	PA; QL (280 ML per 56 days)
<i>tobramycin with nebulizer</i>	4	PA; QL (280 ML per 56 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Cystic Fibrosis - Inhaled Monobactams		
CAYSTON	4	PA; QL (84 ML per 56 days)
Cystic Fibrosis-Transmembrane Conductance Regulator (Cftr) Potentiator		
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	4	PA
KALYDECO ORAL TABLET	4	PA
Cystic Fib-Transmemb Conduct. Reg.(Cftr) Potentiator And Corrector Cmb		
ORKAMBI ORAL TABLET	4	PA
SYMDEKO	4	PA
Mucolytics		
<i>acetylcysteine</i>	1	
PULMOZYME	4	PA
Nasal Antibiotics		
BACTROBAN NASAL	3	
Nasal Anticholinergics		
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	1	QL (30 ML per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	1	QL (15 ML per 14 days)
Nasal Antihistamines		
<i>azelastine nasal</i>	1	QL (30 ML per 25 days)
<i>olopatadine nasal</i>	1	QL (30.5 GM per 30 days)
Nasal Corticosteroids		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (25 ML per 25 days)
<i>mometasone nasal</i>	1	QL (34 GM per 30 days)
<i>triamcinolone acetonide nasal</i>	3	
VERAMYST	3	ST; QL (10 GM per 30 days)
XHANCE	2	PA
Non-Opioid Antitussive-Antihistamine Combinations		
<i>promethazine-dm</i>	1	
Opioid Antitussive-1St Generation Antihistamine Combinations		
<i>hydrocodone-chlorpheniramine</i>	1	QL (50 ML per 5 days)
<i>promethazine-codeine</i>	1	QL (150 ML per 5 days)
VITUZ	3	QL (450 ML per 30 days)
Opioid Antitussive-Anticholinergic Combinations		
<i>hydrocodone-homatropine oral syrup</i>	1	QL (150 ML per 5 days)
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy		
ESBRIET ORAL CAPSULE	4	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	4	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	4	PA; QL (90 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors		
OFEV	4	PA
Vaginal Products		
Vaginal Antibacterial - Lincosamides		
CLINDAMAX VAGINAL	1	
<i>clindamycin phosphate vaginal</i>	1	
Vaginal Antifungal - Triazoles		
<i>terconazole vaginal cream</i>	1	QL (450 GM per 30 days)
<i>terconazole vaginal suppository</i>	1	QL (3 EA per 3 days)
ZAZOLE VAGINAL CREAM 0.4 %	2	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives		
<i>metronidazole vaginal</i>	1	
Vaginal Estrogens		
<i>estradiol vaginal</i>	2	
ESTRING	2	QL (1 EA per 90 days)
FEMRING	3	QL (1 EA per 84 days)
PREMARIN VAGINAL	2	
YUVAFEM	2	
Vaginal Progestins		
CRINONE VAGINAL GEL 4 %	4	PA
PROCHIEVE VAGINAL GEL 4 %	4	PA

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<i>trifluoperazine</i>	40	<i>valganciclovir</i>	15	XHANCE	97
<i>trifluridine</i>	92	<i>valproic acid</i>	34, 43	XIAFLEX	82
<i>trihexyphenidyl</i>	39	<i>valproic acid (as sodium salt)</i>	34, 43	XIFAXAN	18
TRI-LEGEST FE	54	<i>valsartan</i>	27	XIGDUO XR	65
TRI-LINYAH	54	<i>valsartan-hydrochlorothiazide</i>	27	XIIDRA	90
TRI-LO-ESTARYLLA	54	<i>vancomycin</i>	15	XOFLUZA	16
TRI-LO-MARZIA	54	VAQTA (PF)	23	XOLAIR	94
TRI-LO-MILI	54	VARIVAX (PF)	24, 26	XOLEGEL	58
TRI-LO-SPRINTEC	54	VASCEPA	29	XTANDI	20
<i>trimethobenzamide</i>	72	VELIVET TRIPHASIC REGIMEN		XULANE	54
<i>trimethoprim</i>	11	(28)	54	YASMIN (28)	52
TRI-MILI	54	VELTASSA	63	YAZ (28)	52
<i>trimipramine</i>	39	VENCLEXTA	20	YUPELRI	95
TRINATAL RX 1	64	<i>venlafaxine</i>	38	YUVAFEM	98
TRINESSA (28)	54	VENTAVIS	33	<i>zafirlukast</i>	94
TRINESSA LO	54	VENTOLIN HFA	95, 96	<i>zaleplon</i>	46
TRI-NORINYL (28)	54	VERAMYST	97	ZARAH	52
TRINTELLIX	38	<i>verapamil</i>	28, 31	ZAZOLE	98
TRI-PREVIFEM (28)	54	VEREGEN	61	ZELAPAR	39
TRI-SPRINTEC (28)	54	VESTURA (28)	52	ZELBORAF	20
TRIUMEQ	14	VEXOL	90	ZENATANE	55
TRIVEEN-DUO DHA	64	VIBERZI	74, 76	ZENCHENT (28)	52
TRIVORA (28)	54	VICTOZA 2-PAK	66	ZENPEP	73
TRI-VYLIBRA	54	VICTOZA 3-PAK	66	<i>zidovudine</i>	13
TRI-VYLIBRA LO	54	VIEKIRA PAK	16	ZIEXTENZO	79
<i>tropicamide</i>	89	VIEKIRA XR	16	<i>zileuton</i>	93
<i>tropium</i>	78	VIENVA	52	<i>ziprasidone hcl</i>	39, 44
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TRUEPLUS KETONE	84, 86	VIIBRYD	38	ZMAX	17
TRUEPLUS LANCETS	83, 86	VIMPAT	34	ZOLINZA	21
TRUEPLUS PEN NEEDLE	84, 87	VINATE CARE	63, 64	<i>zolmitriptan</i>	45, 46
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TULANA	53	VITAMED MD ONE RX	64	ZOVIA 1/50E (28)	53
TURALIO	23	VITAMEDMD REDICHEW RX	64	ZUMANDIMINE (28)	53
TWINRIX (PF)	23	VITAMIN B-12	64	ZYDELIG	22
TYBOST	87	VITAMIN D2	64	ZYKADIA	20

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