



## Health Plans

***Health First Classic H-1099-001 (HMO-POS), Health First Rewards H1099-014(HMO), Health First H1099-006 Value (HMO), Health First H1099-009 Secure (HMO), Health First H1099-016 SunSaver (HMO), Health First H1099-023 Complete Care (HMO), Health First Emerald Plus H1099-024 (HMO), Health First Premier Access H1099-025 (HMO-POS), Health First Emerald Plus H1099-026 (HMO), Health First Premier Access H1099-027 (HMO-POS), Health First Emerald Plus H1099-028 (HMO)***

# ***Health First Health Plans 2026 Formulary***

## **List of Covered Drugs**

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

**Formulary ID 00026396, Version Number 20**

This formulary was updated on 04/01/2026. For more recent information or other questions, please contact Health First Health Plans Customer Service at 1.800.716.7737, Monday – Friday 8 a.m. to 8 p.m. and Saturday 8 a.m. – noon between April 1 and September 30, then Monday – Sunday 8 a.m. to 8 p.m. between October 1 and March 31. TTY users call 1.800.955.8771. You can also visit [hf.org/Medicare](http://hf.org/Medicare).

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Health First Health Plans. When it refers to “plan” or “our plan,” it means Health First Classic H-1099-001 (HMO-POS), Health First Rewards H1099-014(HMO), Health First H1099-006 Value (HMO), Health First H1099-009 Secure (HMO), Health First H1099-016 SunSaver (HMO), Health First H1099-023 Complete Care (HMO), Health First Emerald Plus H1099-024 (HMO), Health First Premier Access H1099-025 (HMO-POS), Health First Emerald Plus H1099-026 (HMO), Health First Premier Access H1099-027 (HMO-POS), Health First Emerald Plus H1099-028 (HMO).

This document includes list of the drugs (formulary) for our plan which is current as of 4/01/2026. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

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## What is the Health First Health Plans Formulary?

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

## Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Health First Health Plans may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [hf.org/Medicare](http://hf.org/Medicare).

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Health First Health Plans’ Formulary?”

**Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. We may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Health First Health Plans’ Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 04/01/2026. To get updated information about the drugs covered by Health First Health Plans please contact us. Our contact information appears on the front and back cover pages. We update hard copies of our formulary every month. We also post information about certain changes we have made to our formulary every month at [hf.org/Medicare](http://hf.org/Medicare).

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, **ANTI-ARRYTHMICS**. If you know what your drug is used for, look for the category name in the list that begins on 7. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 85. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

Health First Health Plans covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

## **What are original biological products and how are they related to biosimilars?**

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5 Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

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## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Health First Health Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Health First Health Plans before you fill your prescriptions. If you don't get approval, Health First Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, Health First Health Plans limits the amount of the drug that Health First Health Plans will cover. For example, Health First Health Plans provides **60 tablets** per prescription for **Janumet**. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Health First Health Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Health First Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health First Health Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

### What if my drug is not on the Formulary?

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

If you learn that Health First Health Plans does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Health First Health Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Health First Health Plans.
- You can ask Health First Health Plans to make an exception and cover your drug. See below for information about how to request an exception.

### How do I request an exception to the Health First Health Plans' Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Health First Health Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

As a current member, if you have been prescribed non-formulary medications as a result of changing from one treatment setting to another, you may be eligible to receive a one-time temporary 30-day supply of your non-formulary drugs. During this transition period you can talk to your doctor to decide if you should switch to an appropriate drug that we cover, or request a formulary exception so we will cover the drug(s) you take. You can contact our Customer Service to ask for a temporary supply if the above circumstances apply to you. Our Customer Service contact information is listed on the front and back cover pages.

### **Important Message About What You Pay for Insulin**

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

### **Important Message About What You Pay for Vaccines**

Our plan covers most Part D vaccines as no cost to you. Call Customer Service for more information.

### **For more information**

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

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

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

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## Health First Health Plans Formulary

The formulary below provides coverage information about the drugs covered by Health First Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 85.

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

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

### Drug Tiers

The Drug Tier column indicates the drug's tier. Your cost-share for each tier is described in your Evidence of Coverage. Please note that we have 5 tiers:

Tier 1: Preferred Generic

Tier 2: Generic

Tier 3: Preferred Brand

Tier 4: Non-Preferred Brand

Tier 5: Specialty

### Requirements/Limits

Below is a description of the acronyms we list in the Requirements/Limits column.

#### **QL:** Quantity Limit

For certain drugs, we limit the amount of the drug that you can have by limiting how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day.

#### **PA:** Prior Authorization

We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

#### **ST:** Step Therapy

In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

#### **LA:** Limited Access

This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory at [hf.org/healthplans](http://hf.org/healthplans) or call us. Our contact information appears on the front page.

#### **B/D:** Part B vs. Part D

This drug could be covered under your Part B (medical) benefit or your Part D (drug) benefit depending on how you will use it. We need to decide how we will cover the drug before you get it. You or your physician must ask us to make this decision before you get this drug. Your cost-share for the drug under your Part B benefit will be different than your cost-share for the drug under your Part D benefit. You will pay 20% of the cost for drugs covered under your Part B benefit.

Drug	Status	Requirements/Limits
<b>ANALGESICS</b>		
<b>ANALGESICS</b>		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T4	
<i>Endocet oral tablet 10-325 mg</i>	T2	QL (180 EA per 30 days)
<i>Endocet oral tablet 5-325 mg</i>	T2	QL (360 EA per 30 days)
<i>Endocet oral tablet 7.5-325 mg</i>	T2	QL (240 EA per 30 days)
<b>JOURNAVX ORAL TABLET 50 MG</b>	T4	PA; QL (30 EA per 14 days)
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	T2	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	T2	QL (30 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	T2	QL (120 EA per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	T2	
<i>diclofenac sodium oral tablet, delayed release (DR/EC) 25 mg, 50 mg, 75 mg</i>	T2	
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)</i>	T4	QL (224 GM per 30 days)
<i>diclofenac-misoprostol oral tablet, IR, delayed rel, biphaseic 50-200 mg-mcg, 75-200 mg-mcg</i>	T2	
<i>diflunisal oral tablet 500 mg</i>	T2	
<b>ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)</b>	T4	
<i>etodolac oral capsule 200 mg, 300 mg</i>	T2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	T2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	T4	
<i>flurbiprofen oral tablet 100 mg</i>	T2	
<i>IBU oral tablet 600 mg, 800 mg</i>	T1	
<i>ibuprofen oral suspension 100 mg/5 mL</i>	T2	
<i>ibuprofen oral tablet 300 mg</i>	T2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T2	
<b>LURBIRO ORAL TABLET 100 MG</b>	T5	PA; QL (90 EA per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	T1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	T1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	T1	
<i>naproxen oral tablet, delayed release (DR/EC) 375 mg</i>	T2	QL (120 EA per 30 days)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T2	
<i>oxaprozin oral tablet 600 mg</i>	T4	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	T2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	T2	
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>buprenorphine HCl sublingual tablet 2 mg, 8 mg</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T4	PA; QL (10 EA per 30 days)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	T4	PA; QL (30 EA per 30 days)
<i>methadone oral solution 10 mg/5 mL, 5 mg/5 mL</i>	T2	PA; QL (450 ML per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	T2	PA; QL (90 EA per 30 days)
<i>morphine concentrate oral solution 100 mg/5 mL (20 mg/mL)</i>	T2	QL (180 ML per 30 days)
<i>morphine oral solution 10 mg/5 mL</i>	T2	QL (900 ML per 30 days)
<i>morphine oral tablet 15 mg</i>	T2	QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	T2	PA; QL (90 EA per 30 days)
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 mL</i>	T2	QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	T2	QL (400 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	T2	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	T2	QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T4	
<i>butorphanol nasal spray,non-aerosol 10 mg/mL</i>	T2	QL (10 ML per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T4	PA; QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 mL, 10-325 mg/15 mL</i>	T2	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 mL</i>	T2	QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	T2	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	T2	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	T2	QL (150 EA per 30 days)
<i>hydromorphone oral liquid 1 mg/mL</i>	T4	QL (600 ML per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	T2	QL (180 EA per 30 days)
<i>morphine concentrate oral solution 100 mg/5 mL (20 mg/mL)</i>	T2	QL (180 ML per 30 days)
<i>morphine oral solution 10 mg/5 mL, 20 mg/5 mL (4 mg/mL)</i>	T2	QL (900 ML per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	T2	QL (180 EA per 30 days)
<i>oxycodone oral capsule 5 mg</i>	T2	QL (180 EA per 30 days)
<i>oxycodone oral concentrate 20 mg/mL</i>	T4	QL (180 ML per 30 days)
<i>oxycodone oral solution 5 mg/5 mL</i>	T2	QL (900 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	T2	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	T2	QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	T2	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	T2	QL (240 EA per 30 days)
<i>tramadol oral tablet 50 mg</i>	T2	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	T2	QL (240 EA per 30 days)
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine HCl mucous membrane solution 4 % (40 mg/mL)</i>	T2	PA; QL (50 ML per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	T2	PA; QL (3 EA per 1 day)
<i>lidocaine topical ointment 5 %</i>	T2	PA; QL (50 GM per 30 days)
<i>Lidocaine Viscous mucous membrane solution 2 %</i>	T2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	T2	PA; QL (30 GM per 30 days)
<b>ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS</b>		
<b>ALCOHOL DETERRENTS/ANTI-CRAVING</b>		
<i>acamprosate oral tablet, delayed release (DR/EC) 333 mg</i>	T4	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	T2	
<i>naltrexone oral tablet 50 mg</i>	T2	
<b>VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG</b>	T5	
<b>OPIOID DEPENDENCE</b>		
<i>buprenorphine HCl sublingual tablet 2 mg, 8 mg</i>	T2	
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T2	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	T2	
<i>lofexidine oral tablet 0.18 mg</i>	T4	
<i>naltrexone oral tablet 50 mg</i>	T2	
<b>VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG</b>	T5	
<b>OPIOID REVERSAL AGENTS</b>		
<b>KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION</b>	T4	
<i>naloxone injection solution 0.4 mg/mL</i>	T2	
<i>naloxone injection syringe 0.4 mg/mL, 1 mg/mL</i>	T2	
<b>OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION</b>	T4	
<b>SMOKING CESSATION AGENTS</b>		
<i>bupropion HCl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	T2	
<b>NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML</b>	T4	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	T4	QL (56 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
varenicline tartrate oral tablets, dose pack 0.5 mg (11)-1 mg (42)	T4	
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
amikacin injection solution 500 mg/2 mL	T4	
<b>ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML</b>	T4	
gentamicin in NaCl (iso-osm) intravenous piggyback 100 mg/100 mL, 60 mg/50 mL, 80 mg/100 mL, 80 mg/50 mL	T4	
gentamicin injection solution 40 mg/mL	T4	
gentamicin topical cream 0.1 %	T2	QL (30 GM per 30 days)
gentamicin topical ointment 0.1 %	T2	QL (30 GM per 30 days)
neomycin oral tablet 500 mg	T2	
streptomycin intramuscular recon soln 1 gram	T5	
tobramycin inhalation solution for nebulization 300 mg/4 mL	T5	PA
tobramycin sulfate injection solution 10 mg/mL, 40 mg/mL	T4	
<b>ANTIBACTERIALS, OTHER</b>		
acetic acid otic (ear) solution 2 %	T2	
aztreonam injection recon soln 1 gram, 2 gram	T4	
<b>BLUJEPAL ORAL TABLET 750 MG</b>	T5	PA
clindamycin HCl oral capsule 150 mg, 300 mg, 75 mg	T1	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 mL, 600 mg/50 mL, 900 mg/50 mL	T4	
Clindamycin Pediatric oral recon soln 75 mg/5 mL	T2	
clindamycin phosphate injection solution 150 (mg/mL) (4 ml), 150 (mg/mL) (6 ml), 150 mg/mL	T4	
clindamycin phosphate vaginal cream 2 %	T2	
colistin (colistimethate Na) injection recon soln 150 mg	T4	
daptomycin intravenous recon soln 350 mg, 500 mg	T5	
fosfomycin tromethamine oral packet 3 gram	T4	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 mL	T4	
linezolid oral suspension for reconstitution 100 mg/5 mL	T5	QL (1800 ML per 30 days)
linezolid oral tablet 600 mg	T4	QL (60 EA per 30 days)
methenamine hippurate oral tablet 1 gram	T2	
metronidazole in NaCl (iso-os) intravenous piggyback 500 mg/100 mL	T2	
metronidazole oral tablet 250 mg, 500 mg	T1	
metronidazole topical cream 0.75 %	T2	QL (45 GM per 30 days)
metronidazole topical gel 0.75 %	T2	QL (45 GM per 30 days)
metronidazole topical lotion 0.75 %	T2	QL (59 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	T2	
<b>NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 100 MG, 50 MG</b>	T3	
<b>NITROFURANTOIN MONOHD/M-CRYST ORAL CAPSULE 100 MG</b>	T3	
<b>NORITATE TOPICAL CREAM 1 %</b>	T5	QL (60 GM per 30 days)
<b>ORLYNVAH ORAL TABLET 500-500 MG</b>	T5	PA
<i>tigecycline intravenous recon soln 50 mg</i>	T4	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	T2	
<i>trimethoprim oral tablet 100 mg</i>	T2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	T4	
<i>vancomycin oral capsule 125 mg</i>	T2	QL (120 EA per 30 days)
<i>vancomycin oral capsule 250 mg</i>	T2	QL (240 EA per 30 days)
<b>XIFAXAN ORAL TABLET 550 MG</b>	T5	PA
<b>BETA-LACTAM, CEPHALOSPORINS</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	T2	
<i>cefaclor oral suspension for reconstitution 250 mg/5 mL</i>	T2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	T4	
<i>cefadroxil oral capsule 500 mg</i>	T1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 mL, 500 mg/5 mL</i>	T2	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	T4	
<i>cefazolin intravenous recon soln 10 gram</i>	T4	
<i>cefdinir oral capsule 300 mg</i>	T2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL</i>	T2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	T4	
<i>cefixime oral capsule 400 mg</i>	T2	
<i>cefixime oral suspension for reconstitution 100 mg/5 mL, 200 mg/5 mL</i>	T2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	T4	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 mL, 50 mg/5 mL</i>	T2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	T2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL</i>	T2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	T2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	T4	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	T4	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>cefuroxime sodium injection recon soln 750 mg</i>	T4	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	T4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL</i>	T2	
<b>TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG</b>	T5	
<b>BETA-LACTAM, PENICILLINS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	T1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 mL, 200 mg/5 mL, 250 mg/5 mL, 400 mg/5 mL</i>	T1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	T1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	T2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 mL, 250-62.5 mg/5 mL, 400-57 mg/5 mL, 600-42.9 mg/5 mL</i>	T2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	T2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	T2	
<i>ampicillin oral capsule 500 mg</i>	T1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram</i>	T4	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	T4	
<b>BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML</b>	T4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	T2	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	T4	
<i>nafcillin injection recon soln 10 gram</i>	T5	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	T4	
<i>penicillin G pot in dextrose intravenous piggyback 2 million unit/50 mL, 3 million unit/50 mL</i>	T4	
<i>penicillin G potassium injection recon soln 20 million unit</i>	T4	
<i>penicillin G sodium injection recon soln 5 million unit</i>	T4	
<i>penicillin V potassium oral recon soln 125 mg/5 mL, 250 mg/5 mL</i>	T2	
<i>penicillin V potassium oral tablet 250 mg, 500 mg</i>	T1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	T4	
<b>CARBAPENEMS</b>		
<i>ertapenem injection recon soln 1 gram</i>	T4	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>MEROPENEM INTRAVENOUS RECON SOLN 1 GRAM, 500 MG</b>	T3	
<b>MACROLIDES</b>		
<i>azithromycin intravenous recon soln 500 mg</i>	T4	
<i>azithromycin oral suspension for reconstitution 100 mg/5 mL, 200 mg/5 mL</i>	T2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL</i>	T2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	T2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	T2	
<b>DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML</b>	T5	
<b>DIFICID ORAL TABLET 200 MG</b>	T5	
<b>E.E.S. 400 ORAL TABLET 400 MG</b>	T4	
<b>ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG, 500 MG</b>	T4	
<b>ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG</b>	T4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	T4	
<i>erythromycin oral capsule, delayed release (DR/EC) 250 mg</i>	T4	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	T4	
<i>erythromycin oral tablet, delayed release (DR/EC) 250 mg, 333 mg, 500 mg</i>	T4	
<i>fidaxomicin oral tablet 200 mg</i>	T5	
<b>QUINOLONES</b>		
<b>BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %</b>	T3	
<b>CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %</b>	T3	
<b>CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 500 MG/5 ML</b>	T4	
<i>ciprofloxacin HCl ophthalmic (eye) drops 0.3 %</i>	T1	
<i>ciprofloxacin HCl oral tablet 250 mg, 500 mg, 750 mg</i>	T1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 mL</i>	T4	
<i>levofloxacin in D5W intravenous piggyback 500 mg/100 mL, 750 mg/150 mL</i>	T4	
<i>levofloxacin oral solution 250 mg/10 mL</i>	T2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	T1	
<i>moxifloxacin oral tablet 400 mg</i>	T2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 mL</i>	T4	
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	T2	QL (118 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>sulfadiazine oral tablet 500 mg</i>	T4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 mL</i>	T2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	T1	
<b>TETRACYCLINES</b>		
<b>DOXY-100 INTRAVENOUS RECON SOLN 100 MG</b>	T4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	T2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	T2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	T2	
<b>NUZYRA INTRAVENOUS RECON SOLN 100 MG</b>	T5	LA
<b>NUZYRA ORAL TABLET 150 MG</b>	T5	LA
<i>tetracycline oral capsule 250 mg, 500 mg</i>	T4	
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS, OTHER</b>		
<b>BRIVIACT ORAL SOLUTION 10 MG/ML</b>	T5	PA; QL (600 ML per 30 days)
<b>BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>DIACOMIT ORAL CAPSULE 250 MG</b>	T5	PA; LA; QL (360 EA per 30 days)
<b>DIACOMIT ORAL CAPSULE 500 MG</b>	T5	PA; LA; QL (180 EA per 30 days)
<b>DIACOMIT ORAL POWDER IN PACKET 250 MG</b>	T5	PA; LA; QL (360 EA per 30 days)
<b>DIACOMIT ORAL POWDER IN PACKET 500 MG</b>	T5	PA; LA; QL (180 EA per 30 days)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	T2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T2	
<i>divalproex oral tablet, delayed release (DRIEC) 125 mg, 250 mg, 500 mg</i>	T2	
<b>EPIDIOLEX ORAL SOLUTION 100 MG/ML</b>	T5	PA; LA; QL (600 ML per 30 days)
<b>EPRONTIA ORAL SOLUTION 25 MG/ML</b>	T4	PA; QL (480 ML per 30 days)
<i>felbamate oral suspension 600 mg/5 mL</i>	T4	
<i>felbamate oral tablet 400 mg, 600 mg</i>	T2	
<b>FINTEPLA ORAL SOLUTION 2.2 MG/ML</b>	T4	
<b>FYCOMPA ORAL SUSPENSION 0.5 MG/ML</b>	T5	PA; QL (720 ML per 30 days)
<b>FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>FYCOMPA ORAL TABLET 2 MG</b>	T4	PA; QL (60 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	T1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	T4	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	T4	
<i>levetiracetam oral solution 100 mg/mL</i>	T2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	T2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	T2	
<i>levetiracetam oral tablet for suspension 250 mg</i>	T4	
<i>perampanel oral suspension 0.5 mg/mL</i>	T5	PA; QL (720 ML per 30 days)
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i>	T4	PA; QL (60 EA per 30 days)
<i>Roweepra oral tablet 500 mg</i>	T2	
<b>SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG</b>	T4	QL (90 EA per 30 days)
<b>SPRITAM ORAL TABLET FOR SUSPENSION 250 MG</b>	T4	QL (360 EA per 30 days)
<b>SPRITAM ORAL TABLET FOR SUSPENSION 500 MG</b>	T4	QL (180 EA per 30 days)
<b>SPRITAM ORAL TABLET FOR SUSPENSION 750 MG</b>	T4	QL (120 EA per 30 days)
<b>SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG</b>	T4	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg</i>	T2	
<i>topiramate oral solution 25 mg/mL</i>	T2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 mL</i>	T2	
<i>valproic acid oral capsule 250 mg</i>	T2	
<b>XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)</b>	T5	QL (56 EA per 28 days)
<b>XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG</b>	T5	QL (30 EA per 30 days)
<b>XCOPRI ORAL TABLET 150 MG, 200 MG</b>	T5	QL (60 EA per 30 days)
<b>XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)</b>	T4	QL (28 EA per 28 days)
<b>XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)</b>	T5	QL (28 EA per 28 days)
<b>ZTALMY ORAL SUSPENSION 50 MG/ML</b>	T5	PA; LA; QL (1100 ML per 30 days)
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>		
<b>CELONTIN ORAL CAPSULE 300 MG</b>	T4	
<i>ethosuximide oral capsule 250 mg</i>	T2	
<i>ethosuximide oral solution 250 mg/5 mL</i>	T2	
<i>methsuximide oral capsule 300 mg</i>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T2	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	T2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T2	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/mL</i>	T2	QL (900 ML per 30 days)
<b>ZONISADE ORAL SUSPENSION 100 MG/5 ML</b>	T5	PA; QL (900 ML per 30 days)
<b>GAMMA-AMINOBTYRIC ACID (GABA) MODULATING AGENTS</b>		
<i>clobazam oral suspension 2.5 mg/mL</i>	T2	PA; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	T2	PA; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T2	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	T2	QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	T2	QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	T2	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	T2	PA; QL (180 EA per 30 days)
<i>Diazepam Intensol oral concentrate 5 mg/mL</i>	T2	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 mL (1 mg/mL)</i>	T2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	T2	QL (120 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	T4	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 mL</i>	T2	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	T2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	T2	QL (120 EA per 30 days)
<b>GABAPENTIN ORAL TABLET EXTENDED RELEASE 24 HR 300 MG</b>	T3	QL (30 EA per 30 days)
<b>GABAPENTIN ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG</b>	T3	QL (60 EA per 30 days)
<b>GABAPENTIN ORAL TABLET EXTENDED RELEASE 24 HR 600 MG</b>	T3	QL (90 EA per 30 days)
<b>GABAPENTIN ORAL TABLET EXTENDED RELEASE 24 HR 900 MG</b>	T3	QL (120 EA per 30 days)
<b>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG</b>	T4	PA; QL (180 EA per 30 days)
<b>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG</b>	T4	PA; QL (60 EA per 30 days)
<b>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG</b>	T4	PA; QL (90 EA per 30 days)
<i>Lorazepam Intensol oral concentrate 2 mg/mL</i>	T2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	QL (150 EA per 30 days)
<b>NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)</b>	T4	
<i>phenobarbital oral elixir 20 mg/5 mL (4 mg/mL)</i>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>PHENOBARBITAL ORAL TABLET 100 MG, 15 MG, 16.2 MG, 30 MG, 32.4 MG, 60 MG, 64.8 MG, 97.2 MG</b>	T3	
<i>pregabalin oral capsule 200 mg</i>	T2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	T2	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/mL</i>	T2	QL (900 ML per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	T1	
<b>SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG</b>	T5	PA; QL (60 EA per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	T4	
<b>VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)</b>	T5	
<i>vigabatrin oral powder in packet 500 mg</i>	T5	PA; LA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	T5	PA; LA; QL (180 EA per 30 days)
<b>VIGADRONE ORAL POWDER IN PACKET 500 MG</b>	T5	PA; LA; QL (180 EA per 30 days)
<b>VIGADRONE ORAL TABLET 500 MG</b>	T5	PA; QL (180 EA per 30 days)
<b>VIGAFYDE ORAL SOLUTION 100 MG/ML</b>	T4	PA
<b>ZTALMY ORAL SUSPENSION 50 MG/ML</b>	T5	PA; LA; QL (1100 ML per 30 days)
<b>SODIUM CHANNEL AGENTS</b>		
<b>APTIOM ORAL TABLET 200 MG, 400 MG</b>	T5	QL (30 EA per 30 days)
<b>APTIOM ORAL TABLET 600 MG, 800 MG</b>	T5	QL (60 EA per 30 days)
<i>carbamazepine oral capsule, ER multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	T2	
<i>carbamazepine oral suspension 100 mg/5 mL</i>	T2	
<i>carbamazepine oral tablet 200 mg</i>	T2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	T2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	T2	
<i>carbamazepine oral tablet, chewable 200 mg</i>	T4	
<b>DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG</b>	T4	
<b>DILANTIN ORAL CAPSULE 30 MG</b>	T4	
<b>DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML</b>	T4	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	T5	QL (30 EA per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	T5	QL (60 EA per 30 days)
<i>lacosamide oral solution 10 mg/mL</i>	T2	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	T2	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	T2	QL (120 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 mL (60 mg/mL)</i>	T4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	T2	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg</i>	T4	
<b>PHENYTEK ORAL CAPSULE 200 MG, 300 MG</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<i>phenytoin oral suspension 125 mg/5 mL</i>	T2	
<i>phenytoin oral tablet, chewable 50 mg</i>	T2	
<i>phenytoin sodium extended oral capsule 100 mg</i>	T2	
<i>rufinamide oral suspension 40 mg/mL</i>	T5	PA; QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg</i>	T4	PA; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	T5	PA; QL (240 EA per 30 days)
<b>ZONISADE ORAL SUSPENSION 100 MG/5 ML</b>	T5	PA; QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	T2	
<b>ANTIDEMENTIA AGENTS</b>		
<b>ANTIDEMENTIA AGENTS, OTHER</b>		
<i>donepezil oral tablet 10 mg</i>	T1	
<i>donepezil oral tablet 5 mg</i>	T1	QL (30 EA per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	T1	
<i>donepezil oral tablet, disintegrating 5 mg</i>	T1	QL (30 EA per 30 days)
<b>LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML</b>	T5	PA; QL (7.2 ML per 28 days)
<i>memantine-donepezil oral capsule, sprinkle, ER 24hr 14-10 mg, 21-10 mg, 28-10 mg</i>	T4	
<b>CHOLINESTERASE INHIBITORS</b>		
<i>donepezil oral tablet 10 mg</i>	T1	
<i>donepezil oral tablet 5 mg</i>	T1	QL (30 EA per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	T1	
<i>donepezil oral tablet, disintegrating 5 mg</i>	T1	QL (30 EA per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	T2	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/mL</i>	T2	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	T2	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	T2	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	T4	QL (30 EA per 30 days)
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>		
<i>memantine oral capsule, sprinkle, ER 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	T4	
<i>memantine oral solution 2 mg/mL</i>	T2	
<i>memantine oral tablet 10 mg, 5 mg</i>	T2	
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS, OTHER</b>		
<b>ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML</b>	T5	QL (2.4 ML per 56 days)
<b>ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML</b>	T5	QL (3.2 ML per 56 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG</b>	T5	QL (1 EA per 28 days)
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG</b>	T5	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/mL</i>	T2	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	T4	QL (60 EA per 30 days)
<b>AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG</b>	T5	PA; QL (60 EA per 30 days)
<i>bupropion HCl oral tablet 100 mg, 75 mg</i>	T2	
<i>bupropion HCl oral tablet extended release 24 hr 150 mg, 300 mg</i>	T2	
<i>bupropion HCl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	T2	
<b>EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)</b>	T5	PA; QL (1 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	T1	
<i>mirtazapine oral tablet 7.5 mg</i>	T2	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	T2	
<b>OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG</b>	T5	PA
<i>quetiapine oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T2	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	T2	PA; QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	T2	PA; QL (60 EA per 30 days)
<b>ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG</b>	T5	PA; QL (28 EA per 365 days)
<b>MONOAMINE OXIDASE INHIBITORS</b>		
<b>EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR</b>	T5	PA; QL (30 EA per 30 days)
<b>MARPLAN ORAL TABLET 10 MG</b>	T4	QL (180 EA per 30 days)
<i>phenelzine oral tablet 15 mg</i>	T2	
<i>tranylcypromine oral tablet 10 mg</i>	T2	
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)</b>		
<i>citalopram oral solution 10 mg/5 mL</i>	T2	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	T1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	T2	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG</b>	T4	PA; QL (180 EA per 30 days)
<b>DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG</b>	T4	PA; QL (120 EA per 30 days)
<b>DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG</b>	T4	PA; QL (90 EA per 30 days)
<b>DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG</b>	T4	PA; QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release (DR/EC) 20 mg, 30 mg, 40 mg, 60 mg</i>	T2	QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 mL</i>	T2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	T1	
<b>FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)</b>	T4	PA
<b>FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 80 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 20 MG, 40 MG</b>	T4	PA; QL (60 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	T1	
<i>fluoxetine oral solution 20 mg/5 mL (4 mg/mL)</i>	T2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	T2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	T4	
<i>paroxetine HCl oral suspension 10 mg/5 mL</i>	T4	PA; QL (900 ML per 30 days)
<i>paroxetine HCl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	
<i>paroxetine HCl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	T4	QL (60 EA per 30 days)
<b>RALDESY ORAL SOLUTION 10 MG/ML</b>	T5	QL (1200 ML per 28 days)
<i>sertraline oral concentrate 20 mg/mL</i>	T4	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	T1	
<b>TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG</b>	T4	QL (30 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	T1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	T2	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	T2	QL (30 EA per 30 days)
<b>TRICYCLICS</b>		
<b>AMITRIPTYLINE ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG</b>	T3	
<b>AMOXAPINE ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG</b>	T3	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	T4	PA
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>DOXEPIN ORAL CAPSULE 10 MG, 100 MG, 25 MG, 50 MG, 75 MG</b>	T3	
<i>doxepin oral capsule 150 mg</i>	T4	
<b>DOXEPIN ORAL CONCENTRATE 10 MG/ML</b>	T3	
<i>doxepin oral tablet 3 mg, 6 mg</i>	T2	QL (30 EA per 30 days)
<i>imipramine HCl oral tablet 10 mg, 25 mg, 50 mg</i>	T2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	T2	
<i>nortriptyline oral solution 10 mg/5 mL</i>	T4	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	T4	
<i>trimipramine oral capsule 100 mg</i>	T4	QL (60 EA per 30 days)
<i>trimipramine oral capsule 25 mg, 50 mg</i>	T4	QL (120 EA per 30 days)
<b>ANTIEMETICS</b>		
<b>ANTIEMETICS, OTHER</b>		
<i>chlorpromazine oral concentrate 100 mg/mL, 30 mg/mL</i>	T4	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	T2	
<b>COMPRO RECTAL SUPPOSITORY 25 MG</b>	T4	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	T2	
<i>metoclopramide HCl oral solution 5 mg/5 mL</i>	T2	
<i>metoclopramide HCl oral tablet 10 mg, 5 mg</i>	T1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	T2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	T2	
<i>prochlorperazine rectal suppository 25 mg</i>	T2	
<i>promethazine oral syrup 6.25 mg/5 mL</i>	T2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	T2	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	T4	QL (10 EA per 30 days)
<b>EMETOGENIC THERAPY ADJUNCTS</b>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	T4	B/D
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	T4	B/D
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	T4	B/D; QL (60 EA per 30 days)
<i>granisetron HCl oral tablet 1 mg</i>	T2	B/D
<i>ondansetron HCl oral solution 4 mg/5 mL</i>	T2	B/D
<i>ondansetron HCl oral tablet 4 mg, 8 mg</i>	T2	B/D
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	T2	B/D
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGALS</b>		
<i>amphotericin B injection recon soln 50 mg</i>	T4	B/D
<i>amphotericin B liposome intravenous suspension for reconstitution 50 mg</i>	T5	B/D
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>ciclopirox topical cream 0.77 %</i>	T2	QL (90 GM per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	T2	QL (60 ML per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	T2	QL (150 EA per 30 days)
<i>clotrimazole topical cream 1 %</i>	T2	QL (45 GM per 30 days)
<i>clotrimazole topical solution 1 %</i>	T2	QL (30 ML per 30 days)
<b>CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG</b>	T5	PA
<i>fluconazole in NaCl (iso-osm) intravenous piggyback 200 mg/100 mL, 400 mg/200 mL</i>	T4	
<i>fluconazole oral suspension for reconstitution 10 mg/mL, 40 mg/mL</i>	T2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	T2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	T5	PA
<i>griseofulvin microsize oral suspension 125 mg/5 mL</i>	T4	
<i>griseofulvin microsize oral tablet 500 mg</i>	T4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	T4	
<i>itraconazole oral capsule 100 mg</i>	T4	PA
<i>ketoconazole oral tablet 200 mg</i>	T2	PA
<i>ketoconazole topical cream 2 %</i>	T2	QL (60 GM per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	T1	QL (120 ML per 30 days)
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	T4	
<b>NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)</b>	T5	PA; QL (630 ML per 30 days)
<i>Nyamyc topical powder 100,000 unit/gram</i>	T2	QL (60 GM per 30 days)
<i>nystatin oral suspension 100,000 unit/mL</i>	T2	
<i>nystatin oral tablet 500,000 unit</i>	T2	
<i>nystatin topical cream 100,000 unit/gram</i>	T2	QL (30 GM per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	T2	QL (30 GM per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i>	T2	QL (60 GM per 30 days)
<i>Nystop topical powder 100,000 unit/gram</i>	T2	QL (60 GM per 30 days)
<i>posaconazole oral tablet, delayed release (DR/EC) 100 mg</i>	T5	PA; QL (93 EA per 30 days)
<i>terbinafine HCl oral tablet 250 mg</i>	T1	QL (90 EA per 365 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	T2	
<i>terconazole vaginal suppository 80 mg</i>	T2	
<i>voriconazole intravenous recon soln 200 mg</i>	T5	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 mL (40 mg/mL)</i>	T5	PA
<i>voriconazole oral tablet 200 mg</i>	T4	PA; QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	T4	PA; QL (480 EA per 30 days)
<b>ANTIGOUT AGENTS</b>		
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<i>colchicine oral tablet 0.6 mg</i>	T2	QL (120 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	T2	PA
<b>MITIGARE ORAL CAPSULE 0.6 MG</b>	T3	QL (60 EA per 30 days)
<i>probenecid oral tablet 500 mg</i>	T2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	T2	
<b>ANTIMIGRAINE AGENTS</b>		
<b>ANTIMIGRAINE AGENTS</b>		
<b>ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)</b>	T4	
<b>NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG</b>	T3	PA; QL (16 EA per 30 days)
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS</b>		
<b>AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML</b>	T3	
<b>EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML</b>	T3	
<b>EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)</b>	T3	
<b>NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG</b>	T3	PA; QL (16 EA per 30 days)
<b>QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG</b>	T3	PA; QL (28 EA per 28 days)
<b>UBRELVY ORAL TABLET 100 MG, 50 MG</b>	T3	PA; QL (56 EA per 28 days)
<b>ERGOT ALKALOIDS</b>		
<b>BREKIYA SUBCUTANEOUS AUTO-INJECTOR 1 MG/ML</b>	T5	PA; QL (24 ML per 28 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/mL)</i>	T5	PA; QL (8 ML per 30 days)
<b>ERGOTAMINE-CAFFEINE ORAL TABLET 1-100 MG</b>	T3	PA; QL (40 EA per 28 days)
<b>PROPHYLACTIC</b>		
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	T2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T2	
<i>divalproex oral tablet, delayed release (DRIEC) 125 mg, 250 mg, 500 mg</i>	T2	
<b>EPRONTIA ORAL SOLUTION 25 MG/ML</b>	T4	PA; QL (480 ML per 30 days)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	T2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg</i>	T2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 mL</i>	T2	
<i>valproic acid oral capsule 250 mg</i>	T2	
<b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>		
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	T2	QL (12 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	T2	QL (18 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	T2	QL (18 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	T4	QL (12 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	T4	QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	T2	QL (12 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 mL</i>	T4	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 mL</i>	T4	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 mL</i>	T4	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 mL</i>	T4	QL (6 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	T2	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	T2	QL (12 EA per 30 days)
<b>ANTIMYASTHENIC AGENTS</b>		
<b>PARASYMPATHOMIMETICS</b>		
<i>pyridostigmine bromide oral tablet 60 mg</i>	T2	
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	T2	
<b>PRIFTIN ORAL TABLET 150 MG</b>	T4	
<i>rifabutin oral capsule 150 mg</i>	T4	
<b>ANTITUBERCULARS</b>		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	T2	
<i>isoniazid oral solution 50 mg/5 mL</i>	T2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	T1	
<b>PRIFTIN ORAL TABLET 150 MG</b>	T4	
<i>pyrazinamide oral tablet 500 mg</i>	T4	
<i>rifampin intravenous recon soln 600 mg</i>	T4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	T2	
<b>SIRTURO ORAL TABLET 100 MG, 20 MG</b>	T5	PA; LA
<b>ANTINEOPLASTICS</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	T2	B/D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	T4	B/D
<b>GLEOSTINE ORAL CAPSULE 10 MG</b>	T4	
<b>GLEOSTINE ORAL CAPSULE 100 MG, 40 MG</b>	T5	
<b>LEUKERAN ORAL TABLET 2 MG</b>	T5	
<i>lomustine oral capsule 10 mg</i>	T4	
<i>lomustine oral capsule 100 mg, 40 mg</i>	T5	
<b>MATULANE ORAL CAPSULE 50 MG</b>	T5	LA
<b>VALCHLOR TOPICAL GEL 0.016 %</b>	T5	PA; LA; QL (60 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>ANTIANDROGENS</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	T5	PA
<b>ABIRTEGA ORAL TABLET 250 MG</b>	T4	PA
<i>bicalutamide oral tablet 50 mg</i>	T2	
<b>ERLEADA ORAL TABLET 240 MG</b>	T5	PA
<b>ERLEADA ORAL TABLET 60 MG</b>	T5	PA; LA
<b>EULEXIN ORAL CAPSULE 125 MG</b>	T5	PA
<i>nilutamide oral tablet 150 mg</i>	T5	
<b>NUBEQA ORAL TABLET 300 MG</b>	T5	PA; LA
<i>toremifene oral tablet 60 mg</i>	T5	
<b>XTANDI ORAL CAPSULE 40 MG</b>	T5	PA; LA
<b>XTANDI ORAL TABLET 40 MG, 80 MG</b>	T5	PA; LA
<b>YONSA ORAL TABLET 125 MG</b>	T4	PA
<b>ANTIANGIOGENIC AGENTS</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	T5	PA; LA; QL (28 EA per 28 days)
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	T5	PA; LA; QL (21 EA per 28 days)
<b>POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG</b>	T5	PA; LA; QL (21 EA per 28 days)
<b>THALOMID ORAL CAPSULE 100 MG, 50 MG</b>	T5	PA; LA
<b>ANTIESTROGENS/MODIFIERS</b>		
<b>INLURIYO ORAL TABLET 200 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>ORSERDU ORAL TABLET 345 MG, 86 MG</b>	T5	PA; LA
<b>SOLTAMOX ORAL SOLUTION 20 MG/10 ML</b>	T5	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	T2	
<i>toremifene oral tablet 60 mg</i>	T5	
<b>ANTIMETABOLITES</b>		
<b>BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML</b>	T5	PA; LA
<i>fluorouracil topical cream 5 %</i>	T2	QL (40 GM per 30 days)
<i>fluorouracil topical solution 2 %, 5 %</i>	T2	QL (10 ML per 30 days)
<i>hydroxyurea oral capsule 500 mg</i>	T2	
<i>mercaptopurine oral suspension 20 mg/mL</i>	T5	
<i>mercaptopurine oral tablet 50 mg</i>	T2	
<b>ONUREG ORAL TABLET 200 MG, 300 MG</b>	T5	PA; LA
<b>PURIXAN ORAL SUSPENSION 20 MG/ML</b>	T5	
<b>TABLOID ORAL TABLET 40 MG</b>	T4	
<b>ANTINEOPLASTICS, OTHER</b>		
<i>hydroxyurea oral capsule 500 mg</i>	T2	
<b>IDHIFA ORAL TABLET 100 MG, 50 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
<b>INQOVI ORAL TABLET 35-100 MG</b>	T5	PA; LA
<b>IWILFIN ORAL TABLET 192 MG</b>	T5	PA; QL (240 EA per 30 days)
<b>KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG</b>	T5	PA; QL (70 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG</b>	T5	PA; QL (91 EA per 28 days)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	T2	
<b>LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG</b>	T5	PA; LA
<b>LUMAKRAS ORAL TABLET 240 MG</b>	T5	PA
<b>LYNPARZA ORAL TABLET 100 MG, 150 MG</b>	T5	PA; LA; QL (120 EA per 30 days)
<b>LYSODREN ORAL TABLET 500 MG</b>	T5	
<i>methotrexate sodium (PF) injection solution 25 mg/mL</i>	T2	B/D
<i>methotrexate sodium injection solution 25 mg/mL</i>	T2	B/D
<i>methotrexate sodium oral tablet 2.5 mg</i>	T2	
<b>NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG</b>	T5	PA; QL (3 EA per 28 days)
<b>OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>ORGOVYX ORAL TABLET 120 MG</b>	T5	PA; LA
<b>RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG</b>	T5	PA
<b>TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG</b>	T4	B/D
<b>VORANIGO ORAL TABLET 10 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>VORANIGO ORAL TABLET 40 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>XATMEP ORAL SOLUTION 2.5 MG/ML</b>	T4	B/D
<b>XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)</b>	T5	PA; LA; QL (8 EA per 28 days)
<b>XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)</b>	T5	PA
<b>XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)</b>	T5	PA; LA; QL (4 EA per 28 days)
<b>XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)</b>	T5	PA; LA; QL (24 EA per 28 days)
<b>XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)</b>	T5	PA; LA; QL (32 EA per 28 days)
<b>ZOLINZA ORAL CAPSULE 100 MG</b>	T5	PA
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>		
<i>anastrozole oral tablet 1 mg</i>	T1	
<i>exemestane oral tablet 25 mg</i>	T4	
<i>letrozole oral tablet 2.5 mg</i>	T1	
<b>ENZYME INHIBITORS</b>		
<b>IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG</b>	T5	PA; LA; QL (21 EA per 28 days)
<b>OGSIVEO ORAL TABLET 100 MG, 150 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>TIBSOVO ORAL TABLET 250 MG</b>	T5	PA; LA
<b>MOLECULAR TARGET INHIBITORS</b>		
<b>AKEEGA ORAL TABLET 100-500 MG, 50-500 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>ALECENSA ORAL CAPSULE 150 MG</b>	T5	PA; LA
<b>ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG</b>	T5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)</b>	T5	PA; LA
<b>AUGTYRO ORAL CAPSULE 160 MG</b>	T5	PA
<b>AUGTYRO ORAL CAPSULE 40 MG</b>	T5	PA; QL (240 EA per 30 days)
<b>AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG</b>	T5	PA
<b>AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
<b>BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG</b>	T5	PA; LA
<b>BOSULIF ORAL CAPSULE 100 MG, 50 MG</b>	T5	PA
<b>BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG</b>	T5	PA
<b>BRAFTOVI ORAL CAPSULE 75 MG</b>	T5	PA; LA
<b>BRUKINSA ORAL TABLET 160 MG</b>	T5	PA
<b>CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
<b>CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG</b>	T5	PA; LA; QL (60 EA per 30 days)
<b>CAPRELSA ORAL TABLET 100 MG, 300 MG</b>	T5	PA; LA
<b>COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)</b>	T5	PA; LA
<b>COPIKTRA ORAL CAPSULE 15 MG, 25 MG</b>	T5	PA; LA
<b>COTELLIC ORAL TABLET 20 MG</b>	T5	PA; LA
<b>DANZITEN ORAL TABLET 71 MG, 95 MG</b>	T5	PA; QL (120 EA per 30 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	T5	PA
<b>DAURISMO ORAL TABLET 100 MG, 25 MG</b>	T5	PA; LA
<b>ENSACOVE ORAL CAPSULE 100 MG, 25 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>ERIVEDGE ORAL CAPSULE 150 MG</b>	T5	PA; LA
<i>erlotinib oral tablet 100 mg, 150 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	T5	PA; QL (90 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	T5	PA; QL (150 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	T5	PA; QL (90 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	T5	PA; QL (60 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	T4	B/D
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	T5	B/D
<b>FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG</b>	T5	PA; LA; QL (21 EA per 28 days)
<b>FRUZAQLA ORAL CAPSULE 1 MG, 5 MG</b>	T5	PA
<b>GAVRETO ORAL CAPSULE 100 MG</b>	T5	PA; LA
<i>gefitinib oral tablet 250 mg</i>	T5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	T5	PA; LA
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	T5	PA
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	T5	PA
HERNEXEOS ORAL TABLET 60 MG	T5	PA
HYRNUO ORAL TABLET 10 MG	T5	PA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	T5	PA; LA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	T5	PA; LA; QL (21 EA per 28 days)
IBTROZI ORAL CAPSULE 200 MG	T5	PA; QL (90 EA per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	T5	PA; LA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	T5	PA; LA; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	T4	PA; QL (90 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	T5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; LA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; LA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	T5	PA; LA; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	T5	PA; LA; QL (30 EA per 30 days)
IMKELDI ORAL SOLUTION 80 MG/ML	T5	PA
INLYTA ORAL TABLET 1 MG	T5	PA; LA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	T5	PA; LA; QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	T5	PA; LA
IRESSA ORAL TABLET 250 MG	T5	PA; LA
ITOVEBI ORAL TABLET 3 MG	T5	PA; QL (90 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	T5	PA; QL (30 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	T5	PA; LA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	T5	PA; LA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	T5	PA; LA; QL (30 EA per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	T5	PA; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	T5	PA; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	T5	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	T5	PA
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG	T5	PA
KRAZATI ORAL TABLET 200 MG	T5	PA; LA
<i>lapatinib oral tablet 250 mg</i>	T5	PA
LAZCLUZE ORAL TABLET 240 MG	T5	PA; QL (30 EA per 30 days)
LAZCLUZE ORAL TABLET 80 MG	T5	PA; QL (120 EA per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	T5	PA; LA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	T5	PA; LA; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	T5	PA; LA; QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG, 25 MG	T5	PA; LA
LUMAKRAS ORAL TABLET 120 MG	T5	PA; LA
LUMAKRAS ORAL TABLET 240 MG, 320 MG	T5	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	T5	PA; LA; QL (120 EA per 30 days)
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	T5	PA; LA
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	T5	PA
MEKINIST ORAL RECON SOLN 0.05 MG/ML	T5	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	T5	PA; LA
MEKTOVI ORAL TABLET 15 MG	T5	PA; LA
MODEYSO ORAL CAPSULE 125 MG	T5	PA
NERLYNX ORAL TABLET 40 MG	T5	PA; LA
NEXAVAR ORAL TABLET 200 MG	T5	PA; LA; QL (120 EA per 30 days)
<i>nilotinib HCl oral capsule 150 mg, 200 mg, 50 mg</i>	T5	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	T5	PA; QL (3 EA per 28 days)
ODOMZO ORAL CAPSULE 200 MG	T5	PA; LA
OGSIVEO ORAL TABLET 100 MG, 150 MG	T5	PA; QL (60 EA per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	T5	PA
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	T5	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	T5	PA; QL (30 EA per 30 days)
<i>pazopanib oral tablet 200 mg</i>	T5	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	T5	PA; LA
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	T5	PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	T5	PA
QINLOCK ORAL TABLET 50 MG	T5	PA; LA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	T5	PA
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	T5	PA
REZLIDHIA ORAL CAPSULE 150 MG	T5	PA; LA
REZUROCK ORAL TABLET 200 MG	T5	PA; LA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	T5	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	T5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	T5	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	T5	PA; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	T5	PA
SCSEMBLIX ORAL TABLET 100 MG	T5	PA
SCSEMBLIX ORAL TABLET 20 MG	T5	PA; QL (60 EA per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	T5	PA; QL (300 EA per 30 days)
<i>sorafenib oral tablet 200 mg</i>	T5	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	T5	PA
STIVARGA ORAL TABLET 40 MG	T5	PA; LA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	T5	PA; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	T5	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	T5	PA; LA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	T5	PA
TAGRISSE ORAL TABLET 40 MG, 80 MG	T5	PA; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	T5	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	T5	PA; LA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	T5	PA; LA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	T5	PA
TAZVERIK ORAL TABLET 200 MG	T5	PA; LA
TEPMETKO ORAL TABLET 225 MG	T5	PA; LA
TIBSOVO ORAL TABLET 250 MG	T5	PA; LA
TRUQAP ORAL TABLET 160 MG, 200 MG	T5	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	T5	PA; LA
TURALIO ORAL CAPSULE 125 MG	T5	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	T5	PA
VENCLEXTA ORAL TABLET 10 MG	T3	PA; LA; QL (112 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	T5	PA; LA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	T5	PA; LA; QL (112 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	T5	PA; LA; QL (42 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T5	PA; LA; QL (56 EA per 28 days)
VIJOICE ORAL GRANULES IN PACKET 50 MG	T5	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	T5	PA; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	T5	PA; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	T5	PA; LA
VONJO ORAL CAPSULE 100 MG	T5	PA; LA; QL (120 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	T5	PA; LA
WELIREG ORAL TABLET 40 MG	T5	PA; LA

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Drug	Status	Requirements/Limits
<b>XALKORI ORAL CAPSULE 200 MG, 250 MG</b>	T5	PA; LA
<b>XALKORI ORAL PELLETT 150 MG</b>	T5	PA; QL (180 EA per 30 days)
<b>XALKORI ORAL PELLETT 20 MG, 50 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>XOSPATA ORAL TABLET 40 MG</b>	T5	PA; LA
<b>XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)</b>	T5	PA; LA; QL (8 EA per 28 days)
<b>XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)</b>	T5	PA
<b>XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)</b>	T5	PA; LA; QL (4 EA per 28 days)
<b>XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)</b>	T5	PA; LA; QL (24 EA per 28 days)
<b>XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)</b>	T5	PA; LA; QL (32 EA per 28 days)
<b>ZEJULA ORAL TABLET 100 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>ZEJULA ORAL TABLET 200 MG, 300 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>ZELBORAF ORAL TABLET 240 MG</b>	T5	PA; LA
<b>ZYDELIG ORAL TABLET 100 MG, 150 MG</b>	T5	PA; LA
<b>ZYKADIA ORAL TABLET 150 MG</b>	T5	PA; LA
<b>RETINOIDS</b>		
<i>bexarotene oral capsule 75 mg</i>	T5	PA
<i>bexarotene topical gel 1 %</i>	T5	PA; QL (60 GM per 30 days)
<b>PANRETIN TOPICAL GEL 0.1 %</b>	T5	PA; QL (60 GM per 30 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	T5	
<b>TREATMENT ADJUNCTS</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	T2	
<i>mesna oral tablet 400 mg</i>	T5	
<b>MESNEX ORAL TABLET 400 MG</b>	T5	
<b>ANTIPARASITICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole oral tablet 200 mg</i>	T4	
<b>EMVERM ORAL TABLET,CHEWABLE 100 MG</b>	T5	
<i>ivermectin oral tablet 3 mg</i>	T2	PA
<i>praziquantel oral tablet 600 mg</i>	T4	
<b>ANTIPROTOZOALS</b>		
<i>atovaquone oral suspension 750 mg/5 mL</i>	T4	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	T4	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	T2	
<b>COARTEM ORAL TABLET 20-120 MG</b>	T4	
<i>hydroxychloroquine oral tablet 200 mg</i>	T2	
<b>IMPAVIDO ORAL CAPSULE 50 MG</b>	T4	
<i>mefloquine oral tablet 250 mg</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>nitazoxanide oral tablet 500 mg</i>	T5	QL (6 EA per 30 days)
<i>pentamidine inhalation recon soln 300 mg</i>	T4	B/D
<i>pentamidine injection recon soln 300 mg</i>	T4	
<b>PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)</b>	T3	
<i>pyrimethamine oral tablet 25 mg</i>	T4	
<i>quinine sulfate oral capsule 324 mg</i>	T4	PA
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTICHOLINERGICS</b>		
<b>BENZTROPINE ORAL TABLET 0.5 MG, 1 MG, 2 MG</b>	T3	
<b>TRIHEXYPHENIDYL ORAL ELIXIR 0.4 MG/ML</b>	T3	
<b>TRIHEXYPHENIDYL ORAL TABLET 2 MG, 5 MG</b>	T3	
<b>ANTIPARKINSON AGENTS, OTHER</b>		
<i>amantadine HCl oral capsule 100 mg</i>	T2	QL (120 EA per 30 days)
<i>amantadine HCl oral solution 50 mg/5 mL</i>	T2	
<i>amantadine HCl oral tablet 100 mg</i>	T2	
<i>carbidopa oral tablet 25 mg</i>	T4	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T4	
<i>entacapone oral tablet 200 mg</i>	T4	
<b>DOPAMINE AGONISTS</b>		
<i>bromocriptine oral capsule 5 mg</i>	T4	
<i>bromocriptine oral tablet 2.5 mg</i>	T4	
<b>NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR</b>	T4	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	T1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	T4	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	T1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	T4	
<b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa oral tablet 25 mg</i>	T4	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	T2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	T2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	T2	
<b>INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG</b>	T5	QL (300 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	T4	QL (30 EA per 30 days)
<i>selegiline HCl oral capsule 5 mg</i>	T2	
<i>selegiline HCl oral tablet 5 mg</i>	T2	
<b>ANTIPSYCHOTICS</b>		
<b>1ST GENERATION/TYPICAL</b>		
<i>chlorpromazine oral concentrate 100 mg/mL, 30 mg/mL</i>	T4	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	T2	
<i>fluphenazine decanoate injection solution 25 mg/mL</i>	T4	
<i>fluphenazine HCl injection solution 2.5 mg/mL</i>	T4	
<i>fluphenazine HCl oral concentrate 5 mg/mL</i>	T4	
<i>fluphenazine HCl oral elixir 2.5 mg/5 mL</i>	T4	
<i>fluphenazine HCl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	T4	
<i>haloperidol decanoate intramuscular solution 100 mg/mL, 50 mg/mL</i>	T4	
<i>haloperidol lactate injection solution 5 mg/mL</i>	T4	
<i>haloperidol lactate oral concentrate 2 mg/mL</i>	T2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	T2	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	T2	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	T2	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	T2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	T2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	T2	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	T2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	T2	
<b>2ND GENERATION/ATYPICAL</b>		
<b>ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML</b>	T5	QL (2.4 ML per 56 days)
<b>ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML</b>	T5	QL (3.2 ML per 56 days)
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG</b>	T5	QL (1 EA per 28 days)
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG</b>	T5	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/mL</i>	T2	QL (900 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	T4	QL (60 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	T5	QL (60 EA per 30 days)
<b>ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML</b>	T5	
<b>ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML</b>	T5	QL (3.9 ML per 56 days)
<b>ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML</b>	T5	QL (1.6 ML per 28 days)
<b>ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML</b>	T5	QL (2.4 ML per 28 days)
<b>ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML</b>	T5	QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	T4	QL (60 EA per 30 days)
<b>CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG</b>	T4	
<b>COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG</b>	T4	
<b>ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML</b>	T5	QL (0.75 ML per 28 days)
<b>ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML</b>	T5	QL (1 ML per 28 days)
<b>ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML</b>	T5	QL (1.5 ML per 28 days)
<b>ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML</b>	T5	QL (2.25 ML per 28 days)
<b>ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML</b>	T4	QL (0.25 ML per 28 days)
<b>ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML</b>	T5	QL (0.5 ML per 28 days)
<b>FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)</b>	T4	PA
<b>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML</b>	T5	QL (3.5 ML per 180 days)
<b>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML</b>	T5	QL (5 ML per 180 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML</b>	T5	QL (0.75 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML</b>	T5	QL (1 ML per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML</b>	T5	QL (1.5 ML per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML</b>	T4	QL (0.25 ML per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML</b>	T5	QL (0.5 ML per 28 days)
<b>INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML</b>	T5	QL (0.88 ML per 90 days)
<b>INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML</b>	T5	QL (1.32 ML per 90 days)
<b>INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML</b>	T5	QL (1.75 ML per 90 days)
<b>INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML</b>	T5	QL (2.63 ML per 90 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	T4	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	T4	QL (60 EA per 30 days)
<b>NUPLAZID ORAL CAPSULE 34 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
<b>NUPLAZID ORAL TABLET 10 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	T4	QL (3 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	T2	QL (30 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	T4	QL (60 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg, 5 mg</i>	T4	QL (30 EA per 30 days)
<b>OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG</b>	T5	PA
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	T2	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	T2	QL (60 EA per 30 days)
<b>PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG</b>	T5	QL (1 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T2	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	T2	PA; QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	T2	PA; QL (60 EA per 30 days)
<b>REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG</b>	T5	QL (60 EA per 30 days)
<b>REXULTI ORAL TABLET 3 MG, 4 MG</b>	T5	QL (30 EA per 30 days)
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML</b>	T4	QL (2 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML</b>	T5	QL (2 EA per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 mL, 25 mg/2 mL</i>	T4	QL (2 EA per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 mL, 50 mg/2 mL</i>	T5	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/mL</i>	T4	QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T1	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg</i>	T4	QL (90 EA per 30 days)
<i>risperidone oral tablet,disintegrating 1 mg, 2 mg, 3 mg</i>	T4	QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	T4	QL (120 EA per 30 days)
<b>SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR</b>	T5	QL (30 EA per 30 days)
<b>UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML</b>	T5	PA
<b>VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG</b>	T5	QL (60 EA per 30 days)
<b>VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG</b>	T5	QL (30 EA per 30 days)
<i>ziprasidone HCl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	T2	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/mL (final conc.)</i>	T4	QL (6 EA per 3 days)
<b>TREATMENT-RESISTANT</b>		
<i>clozapine oral tablet 100 mg</i>	T2	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	T2	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	T2	
<i>clozapine oral tablet,disintegrating 100 mg</i>	T2	PA; QL (270 EA per 30 days)
<i>clozapine oral tablet,disintegrating 12.5 mg, 25 mg</i>	T2	PA
<i>clozapine oral tablet,disintegrating 150 mg</i>	T2	PA; QL (180 EA per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	T4	PA; QL (120 EA per 30 days)
<b>VERSACLOZ ORAL SUSPENSION 50 MG/ML</b>	T5	PA; QL (600 ML per 30 days)
<b>ANTISPASTICITY AGENTS</b>		
<b>ANTISPASTICITY AGENTS</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	T2	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	T4	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	T2	
<b>ANTIVIRALS</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
<b>LIVTENCITY ORAL TABLET 200 MG</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG</b>	T5	PA
<b>PREVYMIS ORAL TABLET 240 MG, 480 MG</b>	T5	PA; QL (28 EA per 28 days)
<i>valganciclovir oral recon soln 50 mg/mL</i>	T5	
<i>valganciclovir oral tablet 450 mg</i>	T2	
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>		
<i>adefovir oral tablet 10 mg</i>	T4	
<b>BARACLUDE ORAL SOLUTION 0.05 MG/ML</b>	T5	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	T4	
<i>lamivudine oral solution 10 mg/mL</i>	T2	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	T2	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	T2	
<b>VEMLIDY ORAL TABLET 25 MG</b>	T5	
<b>VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)</b>	T5	
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	T5	
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	T5	PA
<b>MAVYRET ORAL PELLETS IN PACKET 50-20 MG</b>	T5	PA
<b>MAVYRET ORAL TABLET 100-40 MG</b>	T5	PA
<i>ribavirin oral capsule 200 mg</i>	T2	
<i>ribavirin oral tablet 200 mg</i>	T2	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	T5	PA
<b>VOSEVI ORAL TABLET 400-100-100 MG</b>	T5	PA
<b>ANTIHERPETIC AGENTS</b>		
<i>acyclovir oral capsule 200 mg</i>	T1	
<i>acyclovir oral suspension 200 mg/5 mL</i>	T2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	T1	
<i>acyclovir sodium intravenous solution 50 mg/mL</i>	T4	B/D
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	T2	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	T2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	T2	
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>		
<b>BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG</b>	T5	
<b>DOVATO ORAL TABLET 50-300 MG</b>	T5	
<b>GENVOYA ORAL TABLET 150-150-200-10 MG</b>	T5	
<b>ISENTRESS HD ORAL TABLET 600 MG</b>	T5	
<b>ISENTRESS ORAL POWDER IN PACKET 100 MG</b>	T5	
<b>ISENTRESS ORAL TABLET 400 MG</b>	T5	
<b>ISENTRESS ORAL TABLET,CHEWABLE 100 MG</b>	T5	
<b>ISENTRESS ORAL TABLET,CHEWABLE 25 MG</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>JULUCA ORAL TABLET 50-25 MG</b>	T5	
<b>STRIBILD ORAL TABLET 150-150-200-300 MG</b>	T5	
<b>SYMTUZA ORAL TABLET 800-150-200-10 MG</b>	T5	
<b>TIVICAY ORAL TABLET 50 MG</b>	T5	
<b>TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG</b>	T5	
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b>		
<b>COMPLERA ORAL TABLET 200-25-300 MG</b>	T5	
<b>DELSTRIGO ORAL TABLET 100-300-300 MG</b>	T5	
<b>EDURANT ORAL TABLET 25 MG</b>	T5	
<b>EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG</b>	T5	
<i>efavirenz oral tablet 600 mg</i>	T2	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	T4	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	T5	
<i>emtricitabine-rilpivirine-tenofovir DF oral tablet 200-25-300 mg</i>	T5	
<i>etravirine oral tablet 100 mg, 200 mg</i>	T5	
<b>INTELENCE ORAL TABLET 25 MG</b>	T4	
<i>nevirapine oral suspension 50 mg/5 mL</i>	T4	
<i>nevirapine oral tablet 200 mg</i>	T2	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	T4	
<b>PIFELTRO ORAL TABLET 100 MG</b>	T5	
<b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>		
<i>abacavir oral solution 20 mg/mL</i>	T2	
<i>abacavir oral tablet 300 mg</i>	T2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	T2	
<b>CIMDUO ORAL TABLET 300-300 MG</b>	T5	
<b>DELSTRIGO ORAL TABLET 100-300-300 MG</b>	T5	
<b>DESCOVY ORAL TABLET 120-15 MG, 200-25 MG</b>	T5	QL (30 EA per 30 days)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	T4	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	T5	
<i>emtricitabine oral capsule 200 mg</i>	T2	
<i>emtricitabine-tenofovir (TDF) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	T4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (TDF) oral tablet 133-200 mg</i>	T5	QL (30 EA per 30 days)
<b>EMTRIVA ORAL SOLUTION 10 MG/ML</b>	T4	
<b>JULUCA ORAL TABLET 50-25 MG</b>	T5	
<i>lamivudine oral solution 10 mg/mL</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	T2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	T2	
<b>ODEFSEY ORAL TABLET 200-25-25 MG</b>	T5	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	T2	
<b>TRIUMEQ ORAL TABLET 600-50-300 MG</b>	T5	
<b>TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG</b>	T4	
<b>VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)</b>	T5	
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	T5	
<i>zidovudine oral capsule 100 mg</i>	T2	
<i>zidovudine oral syrup 10 mg/mL</i>	T2	
<i>zidovudine oral tablet 300 mg</i>	T2	
<b>ANTI-HIV AGENTS, OTHER</b>		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	T5	
<b>RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG</b>	T5	
<b>SELZENTRY ORAL SOLUTION 20 MG/ML</b>	T5	
<b>SUNLENCA ORAL TABLET 300 MG (4-TABLET PACK)</b>	T5	
<b>SUNLENCA ORAL TABLET 300 MG, 300 MG (5-TABLET PACK)</b>	T5	LA
<b>TRIUMEQ ORAL TABLET 600-50-300 MG</b>	T5	
<b>TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG</b>	T4	
<b>TYBOST ORAL TABLET 150 MG</b>	T3	
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>		
<b>APTIVUS ORAL CAPSULE 250 MG</b>	T5	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	T4	
<i>darunavir oral tablet 600 mg</i>	T4	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	T5	QL (30 EA per 30 days)
<b>EVOTAZ ORAL TABLET 300-150 MG</b>	T5	
<i>fosamprenavir oral tablet 700 mg</i>	T5	
<b>KALETRA ORAL SOLUTION 400-100 MG/5 ML</b>	T4	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	T2	
<b>NORVIR ORAL POWDER IN PACKET 100 MG</b>	T4	
<b>PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG</b>	T5	
<b>PREZISTA ORAL SUSPENSION 100 MG/ML</b>	T5	QL (400 ML per 30 days)
<b>PREZISTA ORAL TABLET 150 MG</b>	T5	QL (240 EA per 30 days)
<b>PREZISTA ORAL TABLET 600 MG</b>	T5	QL (60 EA per 30 days)
<b>PREZISTA ORAL TABLET 75 MG</b>	T4	QL (480 EA per 30 days)
<b>PREZISTA ORAL TABLET 800 MG</b>	T5	QL (30 EA per 30 days)
<b>REYATAZ ORAL POWDER IN PACKET 50 MG</b>	T5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<i>ritonavir oral tablet 100 mg</i>	T2	
<b>SYM TUZA ORAL TABLET 800-150-200-10 MG</b>	T5	
<b>VIRACEPT ORAL TABLET 250 MG, 625 MG</b>	T5	
<b>ANTI-INFLUENZA AGENTS</b>		
<i>amantadine HCl oral capsule 100 mg</i>	T2	QL (120 EA per 30 days)
<i>amantadine HCl oral solution 50 mg/5 mL</i>	T2	
<i>amantadine HCl oral tablet 100 mg</i>	T2	
<i>oseltamivir oral capsule 30 mg</i>	T2	QL (168 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	T2	QL (84 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/mL</i>	T2	QL (1080 ML per 365 days)
<b>RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION</b>	T3	QL (120 EA per 365 days)
<i>rimantadine oral tablet 100 mg</i>	T2	
<b>ANTIVIRAL, CORONAVIRUS AGENTS</b>		
<i>Lagevrio (EUA) oral capsule 200 mg</i>	T1	
<i>Paxlovid oral tablets, dose pack 150 mg (10)- 100 mg (10), 150 mg (6)- 100 mg (5), 300 mg (150 mg x 2)- 100 mg</i>	T1	
<b>ANTIVIRALS</b>		
<i>Lagevrio (EUA) oral capsule 200 mg</i>	T1	
<b>ANXIOLYTICS</b>		
<b>ANXIOLYTICS, OTHER</b>		
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg</i>	T1	
<i>buspirone oral tablet 30 mg, 7.5 mg</i>	T2	
<b>DOXEPIN ORAL CAPSULE 10 MG, 100 MG, 25 MG, 50 MG, 75 MG</b>	T3	
<i>doxepin oral capsule 150 mg</i>	T4	
<b>DOXEPIN ORAL CONCENTRATE 10 MG/ML</b>	T3	
<i>doxepin oral tablet 3 mg, 6 mg</i>	T2	QL (30 EA per 30 days)
<b>HYDROXYZINE HCL ORAL SOLUTION 10 MG/5 ML</b>	T3	
<b>HYDROXYZINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG</b>	T3	
<b>HYDROXYZINE PAMOATE ORAL CAPSULE 25 MG, 50 MG</b>	T3	
<b>BENZODIAZEPINES</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T2	QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T2	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	T2	QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	T2	QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	T2	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	T2	PA; QL (180 EA per 30 days)
<i>Diazepam Intensol oral concentrate 5 mg/mL</i>	T2	QL (240 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>diazepam oral solution 5 mg/5 mL (1 mg/mL)</i>	T2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	T2	QL (120 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	T4	
<i>Lorazepam Intensol oral concentrate 2 mg/mL</i>	T2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	QL (150 EA per 30 days)
<b>NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)</b>	T4	
<b>VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)</b>	T5	
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)</b>		
<b>DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG</b>	T4	PA; QL (180 EA per 30 days)
<b>DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG</b>	T4	PA; QL (120 EA per 30 days)
<b>DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG</b>	T4	PA; QL (90 EA per 30 days)
<b>DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG</b>	T4	PA; QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release (DR/EC) 20 mg, 30 mg, 40 mg, 60 mg</i>	T2	QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 mL</i>	T2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	T1	
<i>paroxetine HCl oral suspension 10 mg/5 mL</i>	T4	PA; QL (900 ML per 30 days)
<i>paroxetine HCl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	
<i>paroxetine HCl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	T4	QL (60 EA per 30 days)
<i>sertraline oral concentrate 20 mg/mL</i>	T4	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	T1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	T2	
<b>BIPOLAR AGENTS</b>		
<b>BIPOLAR AGENTS, OTHER</b>		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	T4	QL (60 EA per 30 days)
<i>lamotrigine oral tablet 25 mg</i>	T1	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	T4	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	T4	QL (60 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	T4	QL (3 EA per 1 day)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	T2	QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg</i>	T4	QL (60 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg</i>	T4	QL (30 EA per 30 days)
<b>PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG</b>	T5	QL (1 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T2	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	T2	PA; QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	T2	PA; QL (60 EA per 30 days)
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML</b>	T4	QL (2 EA per 28 days)
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML</b>	T5	QL (2 EA per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 mL, 25 mg/2 mL</i>	T4	QL (2 EA per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 mL, 50 mg/2 mL</i>	T5	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/mL</i>	T4	QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T1	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg</i>	T4	QL (90 EA per 30 days)
<i>risperidone oral tablet,disintegrating 1 mg, 2 mg, 3 mg</i>	T4	QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	T4	QL (120 EA per 30 days)
<b>SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR</b>	T5	QL (30 EA per 30 days)
<i>ziprasidone HCl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	T2	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/mL (final conc.)</i>	T4	QL (6 EA per 3 days)
<b>MOOD STABILIZERS</b>		
<i>carbamazepine oral capsule, ER multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	T2	
<i>carbamazepine oral suspension 100 mg/5 mL</i>	T2	
<i>carbamazepine oral tablet 200 mg</i>	T2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	T2	
<i>carbamazepine oral tablet,chewable 100 mg</i>	T2	
<i>carbamazepine oral tablet,chewable 200 mg</i>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	T2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T2	
<i>divalproex oral tablet, delayed release (DRIEC) 125 mg, 250 mg, 500 mg</i>	T2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	T1	
<i>lamotrigine oral tablet extended release 24hr 50 mg</i>	T4	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	T2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	T4	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	T1	
<i>lithium carbonate oral tablet 300 mg</i>	T1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	T2	
<i>lithium citrate oral solution 8 mEq/5 mL</i>	T2	
<b>SUBVENITE ORAL SUSPENSION 10 MG/ML</b>	T4	
<b>SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG</b>	T4	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 mL</i>	T2	
<i>valproic acid oral capsule 250 mg</i>	T2	
<b>BLOOD GLUCOSE REGULATORS</b>		
<b>ANTIDIABETIC AGENTS</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	T2	
<i>colesevelam oral powder in packet 3.75 gram</i>	T4	
<i>colesevelam oral tablet 625 mg</i>	T4	
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	T3	QL (30 EA per 30 days)
<b>EXENATIDE SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML</b>	T3	PA; QL (2.4 ML per 28 days)
<b>FARXIGA ORAL TABLET 10 MG, 5 MG</b>	T3	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg</i>	T1	QL (90 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	T1	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	T1	QL (120 EA per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	T1	QL (90 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	T1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	T1	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	T1	QL (90 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	T1	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	T1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	T2	QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>glyburide micronized oral tablet 6 mg</i>	T2	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	T1	QL (480 EA per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	T1	QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	T1	QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	T1	QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	T1	QL (120 EA per 30 days)
<b>GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG</b>	T3	QL (30 EA per 30 days)
<b>GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML</b>	T3	
<b>JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG</b>	T3	QL (60 EA per 30 days)
<b>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG</b>	T3	QL (30 EA per 30 days)
<b>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG</b>	T3	QL (60 EA per 30 days)
<b>JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG</b>	T3	QL (30 EA per 30 days)
<b>JARDIANCE ORAL TABLET 10 MG</b>	T3	QL (60 EA per 30 days)
<b>JARDIANCE ORAL TABLET 25 MG</b>	T3	QL (30 EA per 30 days)
<b>JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG</b>	T3	QL (60 EA per 30 days)
<b>JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG</b>	T3	QL (60 EA per 30 days)
<b>JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG</b>	T3	QL (30 EA per 30 days)
<b>LIRAGLUTIDE SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)</b>	T3	PA; QL (9 ML per 28 days)
<i>metformin oral tablet 1,000 mg</i>	T1	QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	T1	QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	T1	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	T1	QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	T1	QL (60 EA per 30 days)
<b>MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML</b>	T3	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	T1	QL (90 EA per 30 days)
<b>OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)</b>	T3	PA; QL (3 ML per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	T1	QL (30 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	T1	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	T1	QL (240 EA per 30 days)
<b>RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG</b>	T3	PA; QL (28 EA per 28 days)
<b>SITAGLIPTIN-METFORMIN ORAL TABLET 50-1,000 MG, 50-500 MG</b>	T3	QL (60 EA per 30 days)
<i>sitagliptin-metformin oral tablet, ER multiphase 24 hr 100-1,000 mg</i>	T3	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<i>sitagliptin-metformin oral tablet, ER multiphase 24 hr 50-1,000 mg, 50-500 mg</i>	T3	QL (60 EA per 30 days)
<b>SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML</b>	T3	QL (15 ML per 25 days)
<b>SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG</b>	T3	QL (60 EA per 30 days)
<b>SYNJARDY ORAL TABLET 5-500 MG</b>	T3	QL (120 EA per 30 days)
<b>SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG</b>	T3	QL (60 EA per 30 days)
<b>SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG</b>	T3	QL (30 EA per 30 days)
<b>TRADJENTA ORAL TABLET 5 MG</b>	T3	QL (30 EA per 30 days)
<b>TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG</b>	T3	QL (30 EA per 30 days)
<b>TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG</b>	T3	QL (60 EA per 30 days)
<b>TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML</b>	T3	PA; QL (2 ML per 28 days)
<b>XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG</b>	T3	QL (30 EA per 30 days)
<b>XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG</b>	T3	QL (60 EA per 30 days)
<b>XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)</b>	T3	QL (15 ML per 30 days)
<b>BLOOD GLUCOSE REGULATORS</b>		
<b>ALCOHOL PADS TOPICAL PADS, MEDICATED</b>	T3	
<b>GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML</b>	T3	
<i>mifepristone oral tablet 300 mg</i>	T4	
<b>GLYCEMIC AGENTS</b>		
<i>diazoxide oral suspension 50 mg/mL</i>	T5	
<b>GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML</b>	T3	
<b>GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML</b>	T3	
<b>GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML</b>	T3	
<i>mifepristone oral tablet 300 mg</i>	T4	
<b>VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG</b>	T5	PA
<b>ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML</b>	T4	
<b>ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML</b>	T4	
<b>INSULINS</b>		
<b>ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)</b>	T3	
<b>FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)</b>	T3	
<b>FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)</b>	T3	
<b>FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>	T3	
<b>GAUZE PAD TOPICAL BANDAGE 2 X 2 "</b>	T3	
<b>HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML</b>	T5	B/D
<b>HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)</b>	T5	
<b>INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE</b>	T3	
<b>LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)</b>	T3	
<b>LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>	T3	
<i>Novolin 70/30 U-100 Insulin subcutaneous suspension 100 unit/mL (70-30)</i>	T1	
<b>NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)</b>	T3	
<b>NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)</b>	T3	
<i>Novolin N NPH U-100 Insulin subcutaneous suspension 100 unit/mL</i>	T1	
<b>NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)</b>	T3	
<i>Novolin R Regular U100 Insulin injection solution 100 unit/mL</i>	T1	
<b>NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)</b>	T3	
<b>NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)</b>	T3	
<b>NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)</b>	T3	
<b>NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML</b>	T3	
<b>NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	T3	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	T3	QL (15 ML per 25 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	T3	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	T3	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	T3	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3	
<b>BLOOD PRODUCTS AND MODIFIERS</b>		
<b>ANTICOAGULANTS</b>		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	T2	QL (60 EA per 30 days)
<b>ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)</b>	T3	QL (74 EA per 30 days)
<b>ELIQUIS ORAL TABLET 2.5 MG</b>	T3	QL (60 EA per 30 days)
<b>ELIQUIS ORAL TABLET 5 MG</b>	T3	QL (74 EA per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/mL, 120 mg/0.8 mL, 150 mg/mL, 30 mg/0.3 mL, 40 mg/0.4 mL, 60 mg/0.6 mL, 80 mg/0.8 mL</i>	T2	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 mL, 5 mg/0.4 mL, 7.5 mg/0.6 mL</i>	T5	
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 mL</i>	T4	
<i>heparin (porcine) injection solution 1,000 unit/mL, 10,000 unit/mL, 20,000 unit/mL, 5,000 unit/mL</i>	T2	B/D
<i>Jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	T1	
<i>rivaroxaban oral suspension for reconstitution 1 mg/mL</i>	T3	
<b>RIVAROXABAN ORAL TABLET 2.5 MG</b>	T3	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	T1	
<b>XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)</b>	T3	QL (51 EA per 30 days)
<b>XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML</b>	T3	QL (620 ML per 30 days)
<b>XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG</b>	T3	QL (30 EA per 30 days)
<b>XARELTO ORAL TABLET 2.5 MG</b>	T3	QL (60 EA per 30 days)
<b>BLOOD PRODUCTS AND MODIFIERS</b>		
<i>eltrombopag olamine oral powder in packet 12.5 mg</i>	T5	PA; QL (360 EA per 30 days)
<i>eltrombopag olamine oral powder in packet 25 mg</i>	T5	PA; QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	T5	PA; QL (60 EA per 30 days)
<b>PROMACTA ORAL POWDER IN PACKET 12.5 MG</b>	T5	PA; LA; QL (360 EA per 30 days)
<b>PROMACTA ORAL POWDER IN PACKET 25 MG</b>	T5	PA; LA; QL (180 EA per 30 days)
<b>PROMACTA ORAL TABLET 12.5 MG, 25 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
<b>PROMACTA ORAL TABLET 50 MG, 75 MG</b>	T5	PA; LA; QL (60 EA per 30 days)
<b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	T2	
<b>ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML</b>	T5	PA
<b>FABHALTA ORAL CAPSULE 200 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML</b>	T3	PA
<b>PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML</b>	T5	PA
<b>PROMACTA ORAL POWDER IN PACKET 12.5 MG</b>	T5	PA; LA; QL (360 EA per 30 days)
<b>PROMACTA ORAL POWDER IN PACKET 25 MG</b>	T5	PA; LA; QL (180 EA per 30 days)
<b>PROMACTA ORAL TABLET 12.5 MG, 25 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
<b>PROMACTA ORAL TABLET 50 MG, 75 MG</b>	T5	PA; LA; QL (60 EA per 30 days)
<b>ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML</b>	T5	PA
<b>ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML</b>	T5	PA
<b>HEMOSTASIS AGENTS</b>		
<i>tranexamic acid oral tablet 650 mg</i>	T2	
<b>PLATELET MODIFYING AGENTS</b>		
<i>aspirin-dipyridamole oral capsule, ER multiphase 12 hr 25-200 mg</i>	T4	
<b>BRILINTA ORAL TABLET 60 MG, 90 MG</b>	T3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	T1	
<i>clopidogrel oral tablet 75 mg</i>	T1	
<b>DIPYRIDAMOLE ORAL TABLET 25 MG, 50 MG, 75 MG</b>	T3	
<b>DOPTELET (10 TAB PACK) ORAL TABLET 20 MG</b>	T5	PA; LA
<b>DOPTELET (15 TAB PACK) ORAL TABLET 20 MG</b>	T5	PA; LA
<b>DOPTELET (30 TAB PACK) ORAL TABLET 20 MG</b>	T5	PA; LA
<b>DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG</b>	T5	PA
<i>prasugrel HCl oral tablet 10 mg, 5 mg</i>	T2	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	T2	
<b>WAYRILZ ORAL TABLET 400 MG</b>	T5	PA
<b>CARDIOVASCULAR AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>clonidine HCl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	T1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	T4	
<i>droxidopa oral capsule 100 mg</i>	T4	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	T5	PA; QL (180 EA per 30 days)
<b>GUANFACINE ORAL TABLET 1 MG, 2 MG</b>	T3	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	
<b>VANRAFIA ORAL TABLET 0.75 MG</b>	T4	PA; QL (28 EA per 28 days)
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	T2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	T1	QL (60 EA per 30 days)
<i>candesartan oral tablet 32 mg</i>	T1	QL (30 EA per 30 days)
<b>EDARBI ORAL TABLET 40 MG, 80 MG</b>	T4	QL (30 EA per 30 days)
<b>FILSPARI ORAL TABLET 200 MG, 400 MG</b>	T5	PA
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	T1	QL (30 EA per 30 days)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>olmesartan oral tablet 20 mg, 40 mg</i>	T1	QL (30 EA per 30 days)
<i>olmesartan oral tablet 5 mg</i>	T1	QL (60 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	T1	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	T1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	T1	QL (30 EA per 30 days)
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	T1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	T1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	T1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	T1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	T1	
<b>ANTIARRHYTHMICS</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	T2	
<i>amiodarone oral tablet 100 mg, 400 mg</i>	T2	
<i>amiodarone oral tablet 200 mg</i>	T1	
<i>Cartia XT oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>digoxin oral solution 50 mcg/mL (0.05 mg/mL)</i>	T2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	T2	QL (30 EA per 30 days)
<i>diltiazem HCl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	T2	
<i>diltiazem HCl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	T2	
<i>diltiazem HCl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T2	
<i>diltiazem HCl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem HCl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T2	
<i>DILT-XR oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	T4	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	T4	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	T2	
<i>Matzim LA oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T2	
<b>MULTAQ ORAL TABLET 400 MG</b>	T4	
<b>NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG</b>	T4	
<i>Pacerone oral tablet 100 mg, 400 mg</i>	T2	
<i>Pacerone oral tablet 200 mg</i>	T1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	T4	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	T2	
<i>propranolol oral capsule,extended release 24 hr 120 mg</i>	T2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	T2	
<i>Sotalol AF oral tablet 120 mg, 160 mg, 80 mg</i>	T2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	T1	
<i>Tiadyt ER oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T2	
<i>verapamil oral capsule, 24 hr ER pellet CT 100 mg, 200 mg, 300 mg</i>	T2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	T2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	T2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>nebivolol oral tablet 20 mg</i>	T2	QL (60 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	T2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T2	
<i>propranolol oral solution 20 mg/5 mL (4 mg/mL), 40 mg/5 mL (8 mg/mL)</i>	T2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	T2	
<b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	T2	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T4	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	T2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	T2	
<i>nimodipine oral capsule 30 mg</i>	T4	
<i>nimodipine oral solution 60 mg/20 mL</i>	T4	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	T4	
<b>NYMALIZE ORAL SYRINGE 60 MG/10 ML</b>	T5	
<b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>		
<i>Cartia XT oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T2	
<i>diltiazem HCl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	T2	
<i>diltiazem HCl oral capsule, extended release 24 hr 360 mg, 420 mg</i>	T2	
<i>diltiazem HCl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T2	
<i>diltiazem HCl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem HCl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>DILT-XR oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T2	
<i>Matzim LA oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T2	
<i>Tiadyt ER oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T2	
<i>verapamil oral capsule, 24 hr ER pellet CT 100 mg, 200 mg, 300 mg</i>	T2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	T2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	
<b>CARDIOVASCULAR AGENTS, OTHER</b>		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T2	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	T4	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	T1	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	T1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	T1	QL (30 EA per 30 days)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	T1	
<i>bisoprolol fumarate oral tablet 2.5 mg</i>	T1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	T1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	T1	QL (60 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	T1	QL (30 EA per 30 days)
<b>CORLANOR ORAL SOLUTION 5 MG/5 ML</b>		
<i>digoxin oral solution 50 mcg/mL (0.05 mg/mL)</i>	T2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	T2	QL (30 EA per 30 days)
<b>EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG</b>		
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	T1	
<b>ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG</b>		
	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG</b>	T3	
<b>FILSPARI ORAL TABLET 200 MG, 400 MG</b>	T5	PA
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	T1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	T1	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	T1	QL (30 EA per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	T3	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	T1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	T2	
<i>metyrosine oral capsule 250 mg</i>	T5	PA
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T1	QL (30 EA per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	T1	QL (30 EA per 30 days)
<i>pentoxifylline oral tablet extended release 400 mg</i>	T1	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	T2	
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	T2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg</i>	T1	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg</i>	T1	QL (60 EA per 30 days)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	T1	
<b>TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML</b>	T5	PA; QL (0.8 ML per 28 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	T1	QL (30 EA per 30 days)
<b>VANRAFIA ORAL TABLET 0.75 MG</b>	T5	PA; QL (28 EA per 28 days)
<b>VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG</b>	T3	
<b>WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML</b>	T4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML</b>	T4	PA
<b>DIURETICS, LOOP</b>		
<i>bumetanide injection solution 0.25 mg/mL</i>	T4	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	
<i>furosemide injection solution 10 mg/mL</i>	T4	
<i>furosemide oral solution 10 mg/mL, 40 mg/5 mL (8 mg/mL)</i>	T1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	T1	
<b>DIURETICS, POTASSIUM-SPARING</b>		
<i>amiloride oral tablet 5 mg</i>	T1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	T2	
<b>KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG</b>	T3	QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<b>DIURETICS, THIAZIDE</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	T1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	T1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	T2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	T2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	T2	
<i>fenofibric acid (choline) oral capsule, delayed release(DR/EC) 135 mg, 45 mg</i>	T4	
<i>gemfibrozil oral tablet 600 mg</i>	T1	
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T1	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	T1	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	T1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	T1	QL (60 EA per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	T4	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T1	QL (30 EA per 30 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	T1	QL (30 EA per 30 days)
<b>ZYPITAMAG ORAL TABLET 2 MG, 4 MG</b>	T4	QL (30 EA per 30 days)
<b>DYSLIPIDEMICS, OTHER</b>		
<i>Cholestyramine Light oral powder in packet 4 gram</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>cholestyramine oral powder in packet 4 gram</i>	T2	
<i>colesevelam oral powder in packet 3.75 gram</i>	T4	
<i>colesevelam oral tablet 625 mg</i>	T4	
<i>colestipol oral packet 5 gram</i>	T2	
<i>colestipol oral tablet 1 gram</i>	T2	
<i>ezetimibe oral tablet 10 mg</i>	T2	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	T1	QL (30 EA per 30 days)
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	T4	
<b>NEXLETOL ORAL TABLET 180 MG</b>	T4	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	T4	QL (60 EA per 30 days)
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	T4	
<b>PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML</b>	T3	PA
<i>Prevalite oral powder in packet 4 gram</i>	T2	
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	T2	
<b>KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG</b>	T3	QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)</b>		
<b>FARXIGA ORAL TABLET 10 MG, 5 MG</b>	T3	QL (30 EA per 30 days)
<b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	T2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	T2	
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/ VENOUS</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	T1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	T1	
<b>NITRO-BID TRANSDERMAL OINTMENT 2 %</b>	T3	
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	T4	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	T2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	T2	
<b>VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</b>		
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	T2	PA; QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	T2	PA; QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	T2	PA; QL (90 EA per 30 days)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg</i>	T4	PA; QL (60 EA per 30 days)
<i>lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	T4	PA; QL (30 EA per 30 days)
<i>lisdexamfetamine oral tablet,chewable 10 mg, 20 mg</i>	T4	PA; QL (60 EA per 30 days)
<i>lisdexamfetamine oral tablet,chewable 30 mg, 40 mg, 50 mg, 60 mg</i>	T4	PA; QL (30 EA per 30 days)
<b>VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG</b>	T4	PA; QL (60 EA per 30 days)
<b>VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG</b>	T4	PA; QL (60 EA per 30 days)
<b>VYVANSE ORAL TABLET,CHEWABLE 40 MG, 50 MG, 60 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg</i>	T2	QL (120 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	T2	QL (30 EA per 30 days)
<i>atomoxetine oral capsule 40 mg</i>	T2	QL (60 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg</i>	T2	PA; QL (60 EA per 30 days)
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	T2	PA; QL (120 EA per 30 days)
<b>GUANFACINE ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 4 MG</b>	T3	QL (30 EA per 30 days)
<b>GUANFACINE ORAL TABLET EXTENDED RELEASE 24 HR 3 MG</b>	T3	QL (60 EA per 30 days)
<i>methylphenidate HCl oral solution 10 mg/5 mL</i>	T2	PA; QL (900 ML per 30 days)
<i>methylphenidate HCl oral solution 5 mg/5 mL</i>	T2	PA; QL (1800 ML per 30 days)
<i>methylphenidate HCl oral tablet 10 mg, 5 mg</i>	T2	PA; QL (180 EA per 30 days)
<i>methylphenidate HCl oral tablet 20 mg</i>	T2	PA; QL (90 EA per 30 days)
<i>methylphenidate HCl oral tablet extended release 10 mg, 20 mg</i>	T2	PA; QL (90 EA per 30 days)
<i>methylphenidate HCl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	T2	PA; QL (180 EA per 30 days)
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 80 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>		
<b>AUSTEDO ORAL TABLET 12 MG, 9 MG</b>	T5	PA; LA; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>AUSTEDO ORAL TABLET 6 MG</b>	T5	PA; LA; QL (60 EA per 30 days)
<b>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG</b>	T5	PA; QL (240 EA per 30 days)
<b>AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG</b>	T5	PA; QL (42 EA per 28 days)
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	T2	
<b>FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML</b>	T5	PA
<i>gabapentin oral capsule 300 mg, 400 mg</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 mL</i>	T2	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 800 mg</i>	T2	QL (120 EA per 30 days)
<b>GABAPENTIN ORAL TABLET EXTENDED RELEASE 24 HR 300 MG</b>	T3	QL (30 EA per 30 days)
<b>GABAPENTIN ORAL TABLET EXTENDED RELEASE 24 HR 600 MG</b>	T3	QL (90 EA per 30 days)
<b>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG</b>	T4	PA; QL (180 EA per 30 days)
<b>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG</b>	T4	PA; QL (60 EA per 30 days)
<b>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG</b>	T4	PA; QL (90 EA per 30 days)
<b>INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)</b>	T5	PA; LA; QL (28 EA per 28 days)
<b>INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
<b>INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>NUEDEXTA ORAL CAPSULE 20-10 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG</b>	T3	PA; QL (16 EA per 30 days)
<i>riluzole oral tablet 50 mg</i>	T2	
<b>SKYCLARYS ORAL CAPSULE 50 MG</b>	T5	PA
<i>tetrabenazine oral tablet 12.5 mg</i>	T4	PA; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	T5	PA; QL (120 EA per 30 days)
<b>VEOZAH ORAL TABLET 45 MG</b>	T4	PA
<b>ZILBRYSQ SUBCUTANEOUS SYRINGE 23 MG/0.574 ML, 32.4 MG/0.81 ML</b>	T5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>FIBROMYALGIA AGENTS</b>		
<i>duloxetine oral capsule, delayed release(DR/EC) 20 mg, 30 mg, 40 mg, 60 mg</i>	T2	QL (60 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T2	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	T2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T2	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/mL</i>	T2	QL (900 ML per 30 days)
<b>SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG</b>	T4	PA; QL (60 EA per 30 days)
<b>SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)</b>	T4	PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b>AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML</b>	T5	PA
<b>AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML</b>	T5	PA
<b>BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG</b>	T5	PA; LA; QL (120 EA per 30 days)
<b>DALFAMPRIDINE ORAL TABLET EXTENDED RELEASE 12 HR 10 MG</b>	T3	PA
<i> fingolimod oral capsule 0.5 mg</i>	T5	PA; QL (28 EA per 28 days)
<i> glatiramer subcutaneous syringe 20 mg/mL</i>	T5	PA; QL (30 ML per 30 days)
<i> glatiramer subcutaneous syringe 40 mg/mL</i>	T5	PA; QL (12 ML per 28 days)
<b>GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML</b>	T5	PA; QL (30 ML per 30 days)
<b>GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML</b>	T5	PA; QL (12 ML per 28 days)
<b>KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML</b>	T5	PA; LA; QL (6.4 ML per 365 days)
<b>PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML</b>	T5	PA
<b>PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML</b>	T5	PA
<b>VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG</b>	T5	PA
<b>DENTAL AND ORAL AGENTS</b>		
<b>DENTAL AND ORAL AGENTS</b>		
<i>cevimeline oral capsule 30 mg</i>	T4	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	T1	
<i>doxycycline hyclate oral tablet 20 mg</i>	T2	
<i>Periogard mucous membrane mouthwash 0.12 %</i>	T1	
<i>pilocarpine HCl oral tablet 5 mg, 7.5 mg</i>	T4	
<i>triamcinolone acetonide dental paste 0.1 %</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>DERMATOLOGICAL AGENTS</b>		
<b>ACNE AND ROSACEA AGENTS</b>		
<b>ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG</b>	T4	PA
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	T4	PA
<b>AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG</b>	T4	PA
<i>azelaic acid topical gel 15 %</i>	T4	QL (50 GM per 30 days)
<b>CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG</b>	T4	PA
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	T4	QL (46.6 GM per 30 days)
<b>FINACEA TOPICAL FOAM 15 %</b>	T4	QL (50 GM per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	PA
<i>tazarotene topical cream 0.1 %</i>	T4	PA; QL (60 GM per 30 days)
<b>TAZORAC TOPICAL CREAM 0.05 %</b>	T4	PA; QL (60 GM per 30 days)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	T2	PA; QL (45 GM per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	T2	PA; QL (45 GM per 30 days)
<b>ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG</b>	T4	PA
<b>DERMATITIS AND PRURITUS AGENTS</b>		
<i>Ala-Cort topical cream 1 %</i>	T1	
<i>alclometasone topical cream 0.05 %</i>	T2	QL (60 GM per 30 days)
<i>alclometasone topical ointment 0.05 %</i>	T2	QL (60 GM per 30 days)
<i>ammonium lactate topical cream 12 %</i>	T2	
<i>ammonium lactate topical lotion 12 %</i>	T2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	T2	QL (120 GM per 30 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	T2	QL (120 ML per 30 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	T2	QL (120 GM per 30 days)
<i>betamethasone valerate topical cream 0.1 %</i>	T2	QL (120 GM per 30 days)
<i>betamethasone valerate topical lotion 0.1 %</i>	T2	QL (120 ML per 30 days)
<i>betamethasone valerate topical ointment 0.1 %</i>	T2	QL (120 GM per 30 days)
<i>betamethasone, augmented topical cream 0.05 %</i>	T2	QL (120 GM per 30 days)
<i>betamethasone, augmented topical gel 0.05 %</i>	T2	QL (120 GM per 30 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	T2	QL (120 ML per 30 days)
<i>betamethasone, augmented topical ointment 0.05 %</i>	T2	QL (120 GM per 30 days)
<i>clobetasol scalp solution 0.05 %</i>	T2	QL (50 ML per 30 days)
<i>clobetasol topical cream 0.05 %</i>	T2	QL (60 GM per 30 days)
<i>clobetasol topical gel 0.05 %</i>	T2	QL (60 GM per 30 days)
<i>clobetasol topical ointment 0.05 %</i>	T2	QL (60 GM per 30 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	T2	QL (60 GM per 30 days)
<b>DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML</b>	T5	PA
<b>DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML</b>	T5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>ENSTILAR TOPICAL FOAM 0.005-0.064 %</b>	T5	PA; QL (120 GM per 30 days)
<b>EUCRISA TOPICAL OINTMENT 2 %</b>	T4	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	T2	QL (118.28 ML per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	T2	QL (60 GM per 30 days)
<i>fluocinolone topical cream 0.025 %</i>	T2	QL (120 GM per 30 days)
<i>fluocinolone topical ointment 0.025 %</i>	T2	QL (120 GM per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	T2	QL (90 ML per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	T2	QL (120 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	T2	QL (60 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	T2	QL (60 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	T2	QL (60 ML per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	T2	QL (120 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	T2	
<i>fluticasone propionate topical ointment 0.005 %</i>	T2	
<i>halobetasol propionate topical cream 0.05 %</i>	T2	QL (50 GM per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	T2	QL (50 GM per 30 days)
<i>hydrocortisone butyrate topical cream 0.1 %</i>	T2	
<i>hydrocortisone topical cream 1 %</i>	T1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	T1	
<i>hydrocortisone topical lotion 2.5 %</i>	T2	
<i>hydrocortisone topical ointment 2.5 %</i>	T2	
<i>hydrocortisone topical solution 2.5 %</i>	T2	
<i>hydrocortisone valerate topical cream 0.2 %</i>	T2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	T2	
<i>mometasone topical cream 0.1 %</i>	T2	
<i>mometasone topical ointment 0.1 %</i>	T2	
<i>mometasone topical solution 0.1 %</i>	T2	
<i>pimecrolimus topical cream 1 %</i>	T4	
<i>Procto-Med HC topical cream with perineal applicator 2.5 %</i>	T2	
<i>Proctosol HC topical cream with perineal applicator 2.5 %</i>	T2	
<i>Proctozone-HC topical cream with perineal applicator 2.5 %</i>	T2	
<i>selenium sulfide topical lotion 2.5 %</i>	T2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	T4	QL (100 GM per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	T1	
<i>triamcinolone acetonide topical cream 0.1 %</i>	T1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	T2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	T1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>DERMATOLOGICAL AGENTS</b>		
<b>ACUTANE ORAL CAPSULE 20 MG, 40 MG</b>	T4	PA
<b>DERMATOLOGICAL AGENTS, OTHER</b>		
<b>ALCOHOL PADS TOPICAL PADS, MEDICATED</b>	T3	
<i>calcipotriene scalp solution 0.005 %</i>	T2	PA; QL (120 ML per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	T4	PA; QL (120 GM per 30 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	T2	QL (45 GM per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	T2	
<b>ENSTILAR TOPICAL FOAM 0.005-0.064 %</b>	T5	PA; QL (120 GM per 30 days)
<i>fluorouracil topical cream 0.5 %</i>	T2	
<i>fluorouracil topical cream 5 %</i>	T2	QL (40 GM per 30 days)
<i>fluorouracil topical solution 2 %, 5 %</i>	T2	QL (10 ML per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	T2	QL (24 EA per 30 days)
<b>OTEZLA ORAL TABLET 20 MG, 30 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51)</b>	T5	PA
<b>OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)</b>	T5	PA; QL (110 EA per 365 days)
<b>PANRETIN TOPICAL GEL 0.1 %</b>	T5	PA; QL (60 GM per 30 days)
<i>podofilox topical gel 0.5 %</i>	T4	
<i>podofilox topical solution 0.5 %</i>	T2	QL (7 ML per 28 days)
<b>SANTYL TOPICAL OINTMENT 250 UNIT/GRAM</b>	T4	QL (180 GM per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	T2	
<i>SSD topical cream 1 %</i>	T2	
<b>ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %</b>	T5	QL (7.5 GM per 28 days)
<b>PEDICULICIDES/SCABICIDES</b>		
<i>malathion topical lotion 0.5 %</i>	T4	QL (59 ML per 30 days)
<i>permethrin topical cream 5 %</i>	T2	QL (60 GM per 30 days)
<b>TOPICAL ANTI-INFECTIVES</b>		
<i>ciclopirox topical cream 0.77 %</i>	T2	QL (90 GM per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	T2	QL (60 ML per 30 days)
<i>clindamycin phosphate topical gel 1 %</i>	T2	QL (75 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	T2	QL (75 ML per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	T2	QL (60 ML per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	T2	QL (60 ML per 30 days)
<b>ERY PADS TOPICAL SWAB 2 %</b>	T4	QL (60 EA per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	T2	QL (60 ML per 30 days)
<i>mupirocin topical ointment 2 %</i>	T1	QL (220 GM per 30 days)
<b>SULFAMYLON TOPICAL CREAM 85 MG/G</b>	T4	QL (453.6 GM per 30 days)
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>		
<b>ELECTROLYTE/ MINERAL REPLACEMENT</b>		
<i>carglumic acid oral tablet, dispersible 200 mg</i>	T5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %</b>	T4	B/D
<i>D10 %-0.45 % sodium chloride intravenous parenteral solution</i>	T4	
<i>D2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	T4	
<i>D5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	T4	
<i>D5 %-0.45 % sodium chloride intravenous parenteral solution</i>	T4	
<i>dextrose 10 % and 0.2 % NaCl intravenous parenteral solution</i>	T4	
<i>dextrose 10 % in water (D10W) intravenous parenteral solution 10 %</i>	T4	
<i>dextrose 5 % in water (D5W) intravenous parenteral solution</i>	T4	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	T4	
<b>INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %</b>	T4	B/D
<b>ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION</b>	T4	
<b>ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %</b>	T4	
<i>Klor-Con 10 oral tablet extended release 10 mEq</i>	T2	
<i>Klor-Con 8 oral tablet extended release 8 mEq</i>	T2	
<i>Klor-Con M10 oral tablet,ER particles/crystals 10 mEq</i>	T2	
<i>Klor-Con M15 oral tablet,ER particles/crystals 15 mEq</i>	T2	
<i>Klor-Con M20 oral tablet,ER particles/crystals 20 mEq</i>	T2	
<b>KLOR-CON ORAL PACKET 20 MEQ</b>	T3	
<b>LEVOCARNITINE ORAL TABLET 330 MG</b>	T3	B/D
<b>MAGNESIUM SULFATE INJECTION SOLUTION 500 MG/ML (50 %)</b>	T3	
<b>MAGNESIUM SULFATE INJECTION SYRINGE 500 MG/ML (50 %)</b>	T3	
<b>PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION</b>	T4	
<i>potassium chlorid-D5-0.45%NaCl intravenous parenteral solution 10 mEq/L, 20 mEq/L, 30 mEq/L, 40 mEq/L</i>	T4	
<i>potassium chloride in 0.9%NaCl intravenous parenteral solution 20 mEq/L, 40 mEq/L</i>	T4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 mEq/L</i>	T4	
<i>potassium chloride intravenous solution 2 mEq/mL, 2 mEq/mL (20 ML)</i>	T4	
<i>potassium chloride oral capsule, extended release 10 mEq, 8 mEq</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>potassium chloride oral liquid 20 mEq/15 mL, 40 mEq/15 mL</i>	T4	
<i>potassium chloride oral packet 20 mEq</i>	T4	
<i>potassium chloride oral tablet extended release 10 mEq, 15 mEq, 20 mEq, 8 mEq</i>	T1	
<i>potassium chloride oral tablet,ER particles/crystals 10 mEq, 20 mEq</i>	T1	
<i>potassium chloride oral tablet,ER particles/crystals 15 mEq</i>	T2	
<i>potassium chloride-0.45 % NaCl intravenous parenteral solution 20 mEq/L</i>	T4	
<i>potassium chloride-D5-0.2%NaCl intravenous parenteral solution 20 mEq/L</i>	T4	
<i>potassium chloride-D5-0.9%NaCl intravenous parenteral solution 20 mEq/L, 40 mEq/L</i>	T4	
<i>potassium citrate oral tablet extended release 10 mEq (1,080 mg), 15 mEq, 5 mEq (540 mg)</i>	T2	
<b>PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %</b>	T5	B/D
<b>PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION</b>	T4	B/D
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	T4	
<i>sodium chloride 3 % HYPERTONIC intravenous parenteral solution 3 %</i>	T4	
<i>sodium chloride 5 % HYPERTONIC intravenous parenteral solution 5 %</i>	T4	
<i>sodium chloride irrigation solution 0.9 %</i>	T4	
<b>TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %</b>	T4	B/D
<b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>		
<b>CHEMET ORAL CAPSULE 100 MG</b>	T4	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	T5	PA
<b>DEFERASIROX ORAL TABLET 180 MG, 360 MG, 90 MG</b>	T3	PA
<i>deferasirox oral tablet, dispersible 125 mg</i>	T4	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	T5	PA
<b>JYNARQUE ORAL TABLET 15 MG, 30 MG</b>	T4	
<b>JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)</b>	T4	
<b>KLOR-CON ORAL PACKET 20 MEQ</b>	T3	
<i>penicillamine oral tablet 250 mg</i>	T5	
<i>potassium chloride oral tablet,ER particles/crystals 15 mEq</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg</i>	T5	PA
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	T5	PA
<i>trientine oral capsule 250 mg</i>	T5	PA
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>		
<b>CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %</b>	T4	B/D
<b>CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %</b>	T4	B/D
<b>CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %</b>	T4	B/D
<b>CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %</b>	T4	B/D
<b>CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %</b>	T4	B/D
<i>D10 %-0.45 % sodium chloride intravenous parenteral solution</i>	T4	
<i>D2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	T4	
<i>D5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	T4	
<i>D5 %-0.45 % sodium chloride intravenous parenteral solution</i>	T4	
<i>dextrose 10 % and 0.2 % NaCl intravenous parenteral solution</i>	T4	
<i>dextrose 10 % in water (D10W) intravenous parenteral solution 10 %</i>	T4	
<i>dextrose 5 % in water (D5W) intravenous parenteral solution</i>	T4	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	T4	
<b>INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %</b>	T4	B/D
<b>ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %</b>	T4	
<b>LEVOCARNITINE (WITH SUGAR) ORAL SOLUTION 100 MG/ML</b>	T3	B/D
<b>LEVOCARNITINE ORAL TABLET 330 MG</b>	T3	B/D
<b>NUTRILIPID INTRAVENOUS EMULSION 20 %</b>	T4	B/D
<b>PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %</b>	T5	B/D
<b>PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION</b>	T4	B/D
<b>TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML</b>	T4	B/D
<b>TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %</b>	T4	B/D
<b>TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %</b>	T4	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>PHOSPHATE BINDERS</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	T2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	T2	
<i>sevelamer carbonate oral tablet 800 mg</i>	T2	
<b>VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM</b>	T3	
<b>POTASSIUM BINDERS</b>		
<b>LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM</b>	T3	
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	T2	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 mL</i>	T2	
<i>SPS (with sorbitol) oral suspension 15-20 gram/60 mL</i>	T2	
<b>VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM</b>	T3	
<b>VITAMINS</b>		
<i>Klor-Con 10 oral tablet extended release 10 mEq</i>	T1	
<i>potassium chloride oral tablet extended release 15 mEq</i>	T1	
<i>potassium chloride oral tablet,ER particles/crystals 15 mEq</i>	T2	
<b>PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG</b>	T3	
<b>GASTROINTESTINAL AGENTS</b>		
<b>ANTI-CONSTIPATION AGENTS</b>		
<i>Constulose oral solution 10 gram/15 mL</i>	T2	
<i>Enulose oral solution 10 gram/15 mL</i>	T2	
<i>GaviLyte-C oral recon soln 240-22.72-6.72 -5.84 gram</i>	T1	
<i>GaviLyte-G oral recon soln 236-22.74-6.74 -5.86 gram</i>	T1	
<i>lactulose oral solution 10 gram/15 mL</i>	T2	
<b>LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG</b>	T4	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	T4	
<b>MOVANTIK ORAL TABLET 12.5 MG, 25 MG</b>	T3	QL (30 EA per 30 days)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	T1	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	T1	
<b>PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM</b>	T4	
<b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML</b>	T5	PA
<b>RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML</b>	T5	PA
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	T4	
<b>SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM</b>	T4	
<b>ANTI-DIARRHEAL AGENTS</b>		
<i>alose tron oral tablet 0.5 mg</i>	T4	PA; QL (60 EA per 30 days)
<i>alose tron oral tablet 1 mg</i>	T5	PA; QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 mL</i>	T4	
<b>DIPHENOXYLATE-ATROPINE ORAL TABLET 2.5-0.025 MG</b>	T3	
<i>loperamide oral capsule 2 mg</i>	T2	
<b>XERMELO ORAL TABLET 250 MG</b>	T5	PA; LA; QL (90 EA per 30 days)
<b>XIFAXAN ORAL TABLET 550 MG</b>	T5	PA
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
<b>DICYCLOMINE ORAL CAPSULE 10 MG</b>	T3	
<i>dicyclomine oral solution 10 mg/5 mL</i>	T4	
<b>DICYCLOMINE ORAL TABLET 20 MG</b>	T3	
<i>dicyclomine oral tablet 40 mg</i>	T3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T2	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	T4	QL (10 EA per 30 days)
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
<b>CTEXLI ORAL TABLET 250 MG</b>	T5	PA
<b>GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG</b>	T5	PA; LA
<i>GaviLyte-C oral recon soln 240-22.72-6.72 -5.84 gram</i>	T1	
<i>GaviLyte-G oral recon soln 236-22.74-6.74 -5.86 gram</i>	T1	
<b>LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG</b>	T5	PA
<i>metoclopramide HCl oral solution 5 mg/5 mL</i>	T2	
<i>metoclopramide HCl oral tablet 10 mg, 5 mg</i>	T1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	T1	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	T1	
<b>PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM</b>	T4	
<b>RECTIV RECTAL OINTMENT 0.4 % (W/W)</b>	T4	QL (30 GM per 30 days)
<b>REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG</b>	T5	PA
<b>SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM</b>	T4	
<b>URSODIOL ORAL CAPSULE 300 MG</b>	T3	
<b>URSODIOL ORAL TABLET 250 MG, 500 MG</b>	T3	
<b>VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)</b>	T4	PA; QL (30 EA per 30 days)
<b>VOQUEZNA ORAL TABLET 10 MG, 20 MG</b>	T4	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL</b>	T4	
<b>XIFAXAN ORAL TABLET 550 MG</b>	T5	PA
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
<i>famotidine oral suspension for reconstitution 40 mg/5 mL (8 mg/mL)</i>	T2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	T1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	T2	
<b>PROTECTANTS</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	T2	
<i>sucralfate oral tablet 1 gram</i>	T2	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium oral capsule, delayed release(DR/EC) 20 mg, 40 mg</i>	T2	
<i>lansoprazole oral capsule, delayed release(DR/EC) 15 mg, 30 mg</i>	T2	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	T2	
<i>omeprazole oral capsule, delayed release(DR/EC) 10 mg, 20 mg, 40 mg</i>	T1	
<i>pantoprazole oral tablet, delayed release (DR/EC) 20 mg, 40 mg</i>	T1	
<i>rabeprazole oral tablet, delayed release (DR/EC) 20 mg</i>	T2	
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<b>AQNEURSA ORAL GRANULES IN PACKET 1 GRAM</b>	T5	PA
<b>AQVESME ORAL TABLET 100 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG</b>	T5	PA; LA
<b>ATTRUBY ORAL TABLET 356 MG</b>	T5	PA; QL (120 EA per 30 days)
<i>betaine oral powder 1 gram/scoop</i>	T5	LA
<b>CERDELGA ORAL CAPSULE 84 MG</b>	T5	PA; LA
<b>CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT</b>	T3	
<i>cromolyn inhalation solution for nebulization 20 mg/2 mL</i>	T2	B/D
<i>cromolyn oral concentrate 100 mg/5 mL</i>	T2	
<b>CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %</b>	T5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>CYSTAGON ORAL CAPSULE 150 MG, 50 MG</b>	T3	PA; LA
<b>CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %</b>	T5	PA; LA
<b>DAYBUE ORAL SOLUTION 200 MG/ML</b>	T5	PA
<b>DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG, 8,000 MG</b>	T5	PA
<b>DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG</b>	T3	
<b>ENDARI ORAL POWDER IN PACKET 5 GRAM</b>	T5	PA; LA
<b>EVRYSDI ORAL TABLET 5 MG</b>	T5	PA; QL (30 EA per 30 days)
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	T5	PA
<b>JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG</b>	T5	PA; LA
<b>JAVYGTOR ORAL TABLET,SOLUBLE 100 MG</b>	T5	PA; LA
<i>miglustat oral capsule 100 mg</i>	T5	PA; QL (90 EA per 30 days)
<b>MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG</b>	T5	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	T5	PA
<b>PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %</b>	T4	B/D
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	T5	PA
<i>sapropterin oral tablet,soluble 100 mg</i>	T5	PA
<b>SKYCLARYS ORAL CAPSULE 50 MG</b>	T5	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	T5	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	T5	PA
<b>VIJOICE ORAL GRANULES IN PACKET 50 MG</b>	T5	PA
<b>WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML</b>	T5	PA
<b>WELIREG ORAL TABLET 40 MG</b>	T5	PA; LA
<b>XROMI ORAL SOLUTION 100 MG/ML</b>	T4	PA
<b>ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG</b>	T5	PA; LA
<b>ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT</b>	T3	
<b>ZILBRYSQ SUBCUTANEOUS SYRINGE 23 MG/0.574 ML, 32.4 MG/0.81 ML</b>	T5	PA
<b>ZOKINVY ORAL CAPSULE 50 MG, 75 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>GENITOURINARY AGENTS</b>		
<b>ANTISPASMODICS, URINARY</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	T4	QL (30 EA per 30 days)
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	T2	QL (30 EA per 30 days)
<b>GEMTESA ORAL TABLET 75 MG</b>	T4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>MIRABEGRON ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG</b>	T3	QL (30 EA per 30 days)
<b>MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML</b>	T3	QL (300 ML per 28 days)
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG</b>	T3	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 mL</i>	T2	
<i>oxybutynin chloride oral tablet 5 mg</i>	T2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	T2	QL (60 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	T2	QL (30 EA per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	T2	QL (30 EA per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	T2	QL (60 EA per 30 days)
<i>tropium oral capsule,extended release 24hr 60 mg</i>	T4	QL (30 EA per 30 days)
<i>tropium oral tablet 20 mg</i>	T2	QL (60 EA per 30 days)
<b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	T1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T1	
<i>dutasteride oral capsule 0.5 mg</i>	T2	QL (30 EA per 30 days)
<i>dutasteride-tamsulosin oral capsule, ER multiphase 24 hr 0.5-0.4 mg</i>	T4	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	T1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	T2	
<i>silodosin oral capsule 4 mg, 8 mg</i>	T4	QL (30 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T4	PA
<i>tamsulosin oral capsule 0.4 mg</i>	T1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	T2	
<i>penicillamine oral tablet 250 mg</i>	T5	
<b>VENXXIVA ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG</b>	T5	PA
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)</b>		
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)</b>		
<b>AGAMREE ORAL SUSPENSION 40 MG/ML</b>	T5	PA
<i>budesonide oral capsule,delayered,extend.release 3 mg</i>	T4	PA; QL (90 EA per 30 days)
<i>budesonide oral tablet,delayered and ext.release 9 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>dexamethasone oral solution 0.5 mg/5 mL</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	T2	
<i>fludrocortisone oral tablet 0.1 mg</i>	T2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	T2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	T2	B/D
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	T2	
<i>prednisolone oral solution 15 mg/5 mL</i>	T2	B/D
<i>prednisolone sodium phosphate oral solution 25 mg/5 mL (5 mg/mL), 5 mg base/5 mL (6.7 mg/5 mL)</i>	T2	B/D
<b>PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML</b>	T4	
<i>prednisone oral solution 5 mg/5 mL</i>	T2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	T1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	T2	
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)</b>		
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)</b>		
<b>ATTRUBY ORAL TABLET 356 MG</b>	T5	PA; QL (120 EA per 30 days)
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 mL)</i>	T4	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	T2	
<b>EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG</b>	T5	PA
<b>GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML</b>	T4	PA
<b>GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML</b>	T5	PA
<b>GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)</b>	T5	PA
<b>INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML</b>	T5	PA; LA
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)</b>		
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)</b>		
<i>misoprostol oral tablet 200 mcg</i>	T2	
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)</b>		
<b>ANDROGENS</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>Depo-Testosterone intramuscular oil 100 mg/mL, 200 mg/mL</i>	T2	PA
<i>testosterone cypionate intramuscular oil 100 mg/mL, 200 mg/mL</i>	T2	
<i>testosterone enanthate intramuscular oil 200 mg/mL</i>	T2	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	T4	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	T4	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	T4	PA; QL (300 GM per 30 days)
<b>ESTROGENS</b>		
<b>DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML</b>	T4	
<b>DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR</b>	T4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	T2	
<b>ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR</b>	T4	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	
<b>ESTRADIOL TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR</b>	T3	
<b>ESTRADIOL TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR</b>	T3	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	T4	
<i>estradiol vaginal tablet 10 mcg</i>	T4	
<i>estradiol valerate intramuscular oil 10 mg/mL, 20 mg/mL, 40 mg/mL</i>	T4	
<b>ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING 0.12-0.015 MG/24 HR</b>	T3	
<b>JASMIEL (28) ORAL TABLET 3-0.02 MG</b>	T4	
<b>KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>	T4	
<b>LORYNA (28) ORAL TABLET 3-0.02 MG</b>	T4	
<b>LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR</b>	T4	
<b>NIKKI (28) ORAL TABLET 3-0.02 MG</b>	T4	
<b>SYEDA ORAL TABLET 3-0.03 MG</b>	T4	
<b>VESTURA (28) ORAL TABLET 3-0.02 MG</b>	T4	
<b>YUVAFEM VAGINAL TABLET 10 MCG</b>	T4	
<b>ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG</b>	T4	
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)</b>		
<b>ALTAVERA (28) ORAL TABLET 0.15-0.03 MG</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	T4	
APRI ORAL TABLET 0.15-0.03 MG	T4	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	T4	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	T4	
AVIANE ORAL TABLET 0.1-20 MG-MCG	T4	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	T4	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	T4	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	T4	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	T4	
CYRED EQ ORAL TABLET 0.15-0.03 MG	T4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	T2	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	T4	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	T4	
ENSKYCE ORAL TABLET 0.15-0.03 MG	T4	
ESTARYLLA ORAL TABLET 0.25-0.035 MG	T4	
ESTRADIOL-NORETHINDRONE ACET ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	T3	
ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING 0.12-0.015 MG/24 HR	T3	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	T4	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	T4	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	T4	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	T4	
JASMIEL (28) ORAL TABLET 3-0.02 MG	T4	
JINTELI ORAL TABLET 1-5 MG-MCG	T4	
JULEBER ORAL TABLET 0.15-0.03 MG	T4	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	T4	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	T4	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	T4	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	T4	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	T4	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	T4	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	T4	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	T4	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG</b>	T4	
<b>LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)</b>	T4	
<b>LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)</b>	T4	
<b>LESSINA ORAL TABLET 0.1-20 MG-MCG</b>	T4	
<b>LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)</b>	T4	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	T2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	T2	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	T2	
<b>LEVORA-28 ORAL TABLET 0.15-0.03 MG</b>	T4	
<b>LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG</b>	T4	
<b>LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG</b>	T4	
<b>LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG</b>	T4	
<b>LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)</b>	T4	
<b>LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)</b>	T4	
<b>LORYNA (28) ORAL TABLET 3-0.02 MG</b>	T4	
<b>LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG</b>	T4	
<b>LUTERA (28) ORAL TABLET 0.1-20 MG-MCG</b>	T4	
<b>MARLISSA (28) ORAL TABLET 0.15-0.03 MG</b>	T4	
<b>MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG</b>	T4	
<b>MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG</b>	T4	
<b>MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)</b>	T4	
<b>MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)</b>	T4	
<b>MILI ORAL TABLET 0.25-0.035 MG</b>	T4	
<b>MIMVEY ORAL TABLET 1-0.5 MG</b>	T4	
<b>MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG</b>	T3	
<b>NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	T4	
<b>NEXPLANON SUBDERMAL IMPLANT 68 MG</b>	T3	
<b>NIKKI (28) ORAL TABLET 3-0.02 MG</b>	T4	
<b>NORELGESTROMIN-ETHIN.ESTRADIOL TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>NORETHINDRONE AC-ETH ESTRADIOL ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG</b>	T3	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	T2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i>	T2	
<b>NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	T4	
<b>NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)</b>	T4	
<b>NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>	T4	
<b>NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG</b>	T4	
<b>NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>	T4	
<b>NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG</b>	T4	
<b>OCELLA ORAL TABLET 3-0.03 MG</b>	T4	
<b>PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5</b>	T4	
<b>PORTIA 28 ORAL TABLET 0.15-0.03 MG</b>	T4	
<b>RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG</b>	T4	
<b>SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)</b>	T4	
<b>SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG</b>	T4	
<b>SPRINTEC (28) ORAL TABLET 0.25-0.035 MG</b>	T4	
<b>SRONYX ORAL TABLET 0.1-20 MG-MCG</b>	T4	
<b>SYEDA ORAL TABLET 3-0.03 MG</b>	T4	
<b>TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)</b>	T4	
<b>TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)</b>	T4	
<b>TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)</b>	T4	
<b>TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)</b>	T4	
<b>TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG</b>	T4	
<b>TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG</b>	T4	
<b>TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)</b>	T4	
<b>TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)</b>	T4	
<b>TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	T4	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	T4	
VESTURA (28) ORAL TABLET 3-0.02 MG	T4	
VIENVA ORAL TABLET 0.1-20 MG-MCG	T4	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	T4	
VYLIBRA ORAL TABLET 0.25-0.035 MG	T4	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	T4	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	T4	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	T4	
<b>PROGESTINS</b>		
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	T4	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	T4	
APRI ORAL TABLET 0.15-0.03 MG	T4	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	T4	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	T4	
AVIANE ORAL TABLET 0.1-20 MG-MCG	T4	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	T4	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	T4	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	T4	
<i>Camila oral tablet 0.35 mg</i>	T2	
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	T4	
CYRED EQ ORAL TABLET 0.15-0.03 MG	T4	
<i>Deblitane oral tablet 0.35 mg</i>	T2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T4	
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	T4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	T3	
ENSKYCE ORAL TABLET 0.15-0.03 MG	T4	
<i>Errin oral tablet 0.35 mg</i>	T2	
ESTARYLLA ORAL TABLET 0.25-0.035 MG	T4	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	T4	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	T4	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	T4	
<i>Incassia oral tablet 0.35 mg</i>	T2	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>JINTELI ORAL TABLET 1-5 MG-MCG</b>	T4	
<b>JULEBER ORAL TABLET 0.15-0.03 MG</b>	T4	
<b>JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG</b>	T4	
<b>JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG</b>	T4	
<b>JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)</b>	T4	
<b>JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)</b>	T4	
<b>KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5</b>	T4	
<b>KURVELO (28) ORAL TABLET 0.15-0.03 MG</b>	T4	
<b>LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG</b>	T4	
<b>LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG</b>	T4	
<b>LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)</b>	T4	
<b>LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)</b>	T4	
<b>LESSINA ORAL TABLET 0.1-20 MG-MCG</b>	T4	
<b>LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)</b>	T4	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	T2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	T2	
<b>LEVORA-28 ORAL TABLET 0.15-0.03 MG</b>	T4	
<b>LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG</b>	T4	
<b>LUTERA (28) ORAL TABLET 0.1-20 MG-MCG</b>	T4	
<i>Lyleq oral tablet 0.35 mg</i>	T2	
<i>Lyza oral tablet 0.35 mg</i>	T2	
<b>MARLISSA (28) ORAL TABLET 0.15-0.03 MG</b>	T4	
<i>medroxyprogesterone intramuscular suspension 150 mg/mL</i>	T2	
<i>medroxyprogesterone intramuscular syringe 150 mg/mL</i>	T2	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<b>MEGESTROL ORAL SUSPENSION 400 MG/10 ML (40 MG/ML)</b>	T3	
<i>megestrol oral suspension 625 mg/5 mL (125 mg/mL)</i>	T4	PA
<b>MEGESTROL ORAL TABLET 20 MG, 40 MG</b>	T3	
<b>MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG</b>	T4	
<b>MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG</b>	T4	
<b>MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)</b>	T4	
<b>MILI ORAL TABLET 0.25-0.035 MG</b>	T4	
<b>NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	T4	
<i>Nora-BE oral tablet 0.35 mg</i>	T2	
<b>NORELGESTROMIN-ETHIN. ESTRADIOL TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR</b>	T3	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	T2	
<i>norethindrone acetate oral tablet 5 mg</i>	T2	
<b>NORETHINDRONE AC-ETH ESTRADIOL ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG</b>	T3	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	T2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i>	T2	
<b>NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	T4	
<b>NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)</b>	T4	
<b>NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>	T4	
<b>NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG</b>	T4	
<b>NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>	T4	
<b>NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG</b>	T4	
<b>PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5</b>	T4	
<b>PORTIA 28 ORAL TABLET 0.15-0.03 MG</b>	T4	
<b>RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG</b>	T4	
<b>SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)</b>	T4	
<i>Sharobel oral tablet 0.35 mg</i>	T2	
<b>SPRINTEC (28) ORAL TABLET 0.25-0.035 MG</b>	T4	
<b>SRONYX ORAL TABLET 0.1-20 MG-MCG</b>	T4	
<b>TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)</b>	T4	
<b>TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)</b>	T4	
<b>TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG</b>	T4	
<b>TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG</b>	T4	
<b>TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)</b>	T4	
<b>TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)</b>	T4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG</b>	T4	
<b>TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)</b>	T4	
<b>VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG</b>	T4	
<b>VIENVA ORAL TABLET 0.1-20 MG-MCG</b>	T4	
<b>VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG</b>	T4	
<b>VYLIBRA ORAL TABLET 0.25-0.035 MG</b>	T4	
<b>XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR</b>	T4	
<b>ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR</b>	T4	
<b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>		
<b>DUAVEE ORAL TABLET 0.45-20 MG</b>	T4	PA
<i>raloxifene oral tablet 60 mg</i>	T2	
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)</b>		
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)</b>		
<i>Euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1	
<i>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</i>	T1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	T2	
<b>SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T4	
<i>Unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1	
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)</b>		
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)</b>		
<i>bromocriptine oral capsule 5 mg</i>	T4	
<i>bromocriptine oral tablet 2.5 mg</i>	T4	
<i>cabergoline oral tablet 0.5 mg</i>	T2	
<b>CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>CRENESSITY ORAL SOLUTION 50 MG/ML</b>	T5	PA; QL (120 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	T4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	T4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	T4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	T4	PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	T5	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	T4	
KORLYM ORAL TABLET 300 MG	T5	PA; LA
<i>leuprolide subcutaneous kit 1 mg/0.2 mL</i>	T4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	T5	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	T5	PA
LYSODREN ORAL TABLET 500 MG	T5	
<i>mifepristone oral tablet 300 mg</i>	T4	
<i>octreotide acetate injection solution 1,000 mcg/mL, 500 mcg/mL</i>	T5	PA
<i>octreotide acetate injection solution 100 mcg/mL, 200 mcg/mL, 50 mcg/mL</i>	T4	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	T5	PA; QL (56 EA per 28 days)
RECORLEV ORAL TABLET 150 MG	T5	PA; QL (240 EA per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	T5	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	T5	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	T5	
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	T1	
<i>propylthiouracil oral tablet 50 mg</i>	T2	
<b>IMMUNOLOGICAL AGENTS</b>		
<b>ANGIOEDEMA AGENTS</b>		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	T5	PA; LA; QL (24 EA per 30 days)
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	T5	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	T5	PA; LA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	T5	PA; LA; QL (20 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<i>icatibant subcutaneous syringe 30 mg/3 mL</i>	T5	PA; QL (27 ML per 30 days)
<b>ORLADEYO ORAL CAPSULE 110 MG, 150 MG</b>	T5	PA
<b>SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML</b>	T5	PA; LA; QL (27 ML per 30 days)
<b>TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)</b>	T5	PA
<b>TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)</b>	T5	PA
<b>IMMUNOGLOBULINS</b>		
<b>BIVIGAM INTRAVENOUS SOLUTION 10 %</b>	T5	PA; LA
<b>GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 %, 10 (100 ML)</b>	T5	PA
<b>GAMMAGARD LIQUID INJECTION SOLUTION 10 %</b>	T5	PA
<b>GAMMAGARD S-D (IGA &lt; 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM</b>	T5	PA
<b>GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)</b>	T5	PA
<b>GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %</b>	T5	PA; LA
<b>GAMMAPLEX INTRAVENOUS SOLUTION 10 %</b>	T5	PA; LA
<b>GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)</b>	T5	PA
<b>OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %</b>	T5	PA
<b>PANZYGA INTRAVENOUS SOLUTION 10 %</b>	T5	PA
<b>PRIVIGEN INTRAVENOUS SOLUTION 10 %</b>	T5	PA
<b>IMMUNOLOGICAL AGENTS, OTHER</b>		
<b>ARCALYST SUBCUTANEOUS RECON SOLN 220 MG</b>	T3	PA; LA
<b>BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML</b>	T5	PA; LA; QL (8 ML per 28 days)
<b>BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML</b>	T5	PA; LA; QL (8 ML per 28 days)
<b>COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML</b>	T5	PA
<b>COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML</b>	T5	PA
<b>COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML</b>	T5	PA
<b>COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML</b>	T5	PA
<b>DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML</b>	T5	PA
<b>DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML</b>	T5	PA
<b>KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML</b>	T5	PA
<b>KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML</b>	T5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>leflunomide oral tablet 10 mg, 20 mg</i>	T2	QL (30 EA per 30 days)
<i>Paxlovid oral tablets, dose pack 150 mg (10)- 100 mg (10), 300 mg (150 mg x 2)-100 mg</i>	T1	
<b>REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)</b>	T5	PA
<b>RHAPSIDO ORAL TABLET 25 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG</b>	T5	PA; QL (28 EA per 28 days)
<b>SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML</b>	T4	PA
<b>SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML</b>	T4	
<b>SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML</b>	T5	
<b>SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML</b>	T5	PA
<b>SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML</b>	T5	PA
<b>SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML</b>	T5	PA
<b>SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)</b>	T5	PA; QL (1.2 ML per 56 days)
<b>SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)</b>	T5	PA; QL (2.4 ML per 56 days)
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML</b>	T5	PA; QL (1.5 ML per 84 days)
<b>STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML</b>	T5	PA; QL (1.5 ML per 84 days)
<b>STELARA SUBCUTANEOUS SYRINGE 90 MG/ML</b>	T5	PA; QL (3 ML per 84 days)
<b>TAVNEOS ORAL CAPSULE 10 MG</b>	T4	
<b>TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML</b>	T5	PA
<b>TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML</b>	T5	PA
<b>TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML</b>	T5	PA
<b>TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML</b>	T5	PA
<i>ustekinumab subcutaneous solution 45 mg/0.5 mL</i>	T5	QL (1.5 ML per 84 days)
<i>ustekinumab subcutaneous syringe 45 mg/0.5 mL</i>	T5	QL (1.5 ML per 84 days)
<i>ustekinumab subcutaneous syringe 90 mg/mL</i>	T5	QL (3 ML per 84 days)
<i>ustekinumab-aekn subcutaneous syringe 45 mg/0.5 mL</i>	T4	PA
<i>ustekinumab-aekn subcutaneous syringe 90 mg/mL</i>	T5	PA
<i>ustekinumab-ttwe subcutaneous syringe 45 mg/0.5 mL, 90 mg/mL</i>	T5	
<b>XELJANZ ORAL SOLUTION 1 MG/ML</b>	T5	PA; QL (480 ML per 24 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>XELJANZ ORAL TABLET 10 MG, 5 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>XOLAIR SUBCUTANEOUS RECON SOLN 150 MG</b>	T5	PA; LA
<b>XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML</b>	T5	PA; LA
<b>YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML</b>	T4	
<b>YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML</b>	T4	
<b>YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML</b>	T5	
<b>IMMUNOSTIMULANTS</b>		
<b>ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML</b>	T5	PA; LA
<b>BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML</b>	T5	PA; LA
<b>PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML</b>	T5	PA
<b>PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML</b>	T5	PA
<b>IMMUNOSUPPRESSANTS</b>		
<i>adalimumab-bwwd subcutaneous auto-injector 40 mg/0.4 mL</i>	T5	PA; QL (6 ML per 28 days)
<i>adalimumab-bwwd subcutaneous syringe 40 mg/0.4 mL</i>	T5	PA; QL (6 ML per 28 days)
<i>adalimumab-ryvk subcutaneous auto-injector, kit 80 mg/0.8 mL</i>	T5	PA; QL (6 EA per 28 days)
<i>azathioprine oral tablet 50 mg</i>	T2	B/D
<b>BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML</b>	T5	PA; LA; QL (8 ML per 28 days)
<b>BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML</b>	T5	PA; LA; QL (8 ML per 28 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	T2	B/D
<i>cyclosporine modified oral solution 100 mg/mL</i>	T2	B/D
<b>CYCLOSPORINE OPHTHALMIC (EYE) DROPPERETTE 0.05 %</b>	T3	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	T2	B/D
<b>DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML</b>	T5	PA
<b>DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML</b>	T5	PA
<b>ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)</b>	T5	PA; QL (8 ML per 28 days)
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML</b>	T5	PA; QL (8 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)</b>	T5	PA; QL (8 ML per 28 days)
<b>ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)</b>	T5	PA; QL (8 ML per 28 days)
<b>ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG</b>	T4	B/D
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	T5	PA; QL (150 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	T5	PA; QL (90 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	T5	PA; QL (60 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	T4	B/D
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	T5	B/D
<i>Gengraf oral capsule 100 mg, 25 mg</i>	T2	B/D
<i>Gengraf oral solution 100 mg/mL</i>	T2	B/D
<b>HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML</b>	T5	PA
<b>HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML</b>	T5	PA
<b>HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML</b>	T5	PA
<b>HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML</b>	T5	PA
<b>HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML</b>	T5	PA; QL (6 EA per 28 days)
<b>HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML</b>	T5	PA; QL (6 EA per 28 days)
<b>HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML</b>	T5	PA
<b>HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML</b>	T5	PA
<b>HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML</b>	T5	PA; QL (6 EA per 28 days)
<b>HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML</b>	T5	PA; QL (4 EA per 28 days)
<b>HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML</b>	T5	PA; QL (2 EA per 28 days)
<b>HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML</b>	T5	PA; QL (6 EA per 28 days)
<b>KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML</b>	T5	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	T2	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>mercaptopurine oral tablet 50 mg</i>	T2	
<i>methotrexate sodium (PF) injection solution 25 mg/mL</i>	T2	B/D
<i>methotrexate sodium injection solution 25 mg/mL</i>	T2	B/D
<i>methotrexate sodium oral tablet 2.5 mg</i>	T2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	T2	B/D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/mL</i>	T5	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	T2	B/D
<i>mycophenolate sodium oral tablet, delayed release (DRI/EC) 180 mg, 360 mg</i>	T4	B/D
<b>MYHIBBIN ORAL SUSPENSION 200 MG/ML</b>	T4	B/D
<b>OTEZLA ORAL TABLET 20 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51)</b>	T5	PA
<b>OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)</b>	T5	PA; QL (110 EA per 365 days)
<b>OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG</b>	T5	PA
<b>OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG</b>	T4	B/D
<b>RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %</b>	T3	
<b>RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %</b>	T3	
<b>REZUROCK ORAL TABLET 200 MG</b>	T5	PA; LA
<b>SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML</b>	T5	PA
<b>SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML</b>	T5	PA
<i>sirolimus oral solution 1 mg/mL</i>	T4	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	T4	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	T2	B/D
<b>TAVNEOS ORAL CAPSULE 10 MG</b>	T4	
<b>TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG</b>	T4	B/D
<b>TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML</b>	T5	PA
<b>TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML</b>	T5	PA
<b>VOYXACT SUBCUTANEOUS SYRINGE 400 MG/2 ML (200 MG/ML)</b>	T5	PA; QL (2 ML per 28 days)
<b>XATMEP ORAL SOLUTION 2.5 MG/ML</b>	T4	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>VACCINES</b>		
ABRYSCO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	T3	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	T3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	T3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	T3	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	T3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	T3	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	T3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	T3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	T3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	T3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	T3	B/D
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	T3	B/D
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	T3	B/D
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	T3	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	T3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	T3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	T3	B/D
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	T3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	T3	B/D
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	T3	
IPOLETT INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	T3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	T3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	T3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	T3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	T3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	T3	
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	T3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	T3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	T3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	T3	
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	T3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	T3	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	T3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	T3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	T3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	T3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	T3	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	T3	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	T3	B/D
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	T3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	T3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	T3	QL (2 EA per 365 days)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	T3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	T3	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	T3	B/D
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	T3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	T3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	T3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	T3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	T3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	T3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	T3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	T3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	T3	
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	T3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	T3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	T3	
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
<b>AMINOSALICYLATES</b>		
<i>balsalazide oral capsule 750 mg</i>	T2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	T4	QL (180 EA per 30 days)
<i>mesalamine oral capsule, extended release 500 mg</i>	T4	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	T4	QL (120 EA per 30 days)
<i>mesalamine oral tablet,delayed release (DR/EC) 1.2 gram</i>	T4	QL (120 EA per 30 days)
<i>mesalamine oral tablet,delayed release (DR/EC) 800 mg</i>	T4	
<i>mesalamine rectal enema 4 gram/60 mL</i>	T4	
<i>mesalamine rectal suppository 1,000 mg</i>	T4	
<i>sulfasalazine oral tablet 500 mg</i>	T2	
<i>sulfasalazine oral tablet,delayed release (DR/EC) 500 mg</i>	T2	
<b>GLUCOCORTICOIDS</b>		
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	T4	PA; QL (90 EA per 30 days)
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	T5	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>dexamethasone oral solution 0.5 mg/5 mL</i>	T2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	T2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	T2	
<i>hydrocortisone rectal enema 100 mg/60 mL</i>	T4	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	T2	B/D
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	T2	
<b>ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG</b>	T4	
<i>prednisolone oral solution 15 mg/5 mL</i>	T2	B/D
<i>prednisolone sodium phosphate oral solution 25 mg/5 mL (5 mg/mL), 5 mg base/5 mL (6.7 mg/5 mL)</i>	T2	B/D
<b>PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML</b>	T4	
<i>prednisone oral solution 5 mg/5 mL</i>	T2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	T1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	T2	
<i>Procto-Med HC topical cream with perineal applicator 2.5 %</i>	T2	
<i>Proctosol HC topical cream with perineal applicator 2.5 %</i>	T2	
<i>Proctozone-HC topical cream with perineal applicator 2.5 %</i>	T2	
<b>METABOLIC BONE DISEASE AGENTS</b>		
<b>METABOLIC BONE DISEASE AGENTS</b>		
<i>alendronate oral solution 70 mg/75 mL</i>	T2	
<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	T1	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	T2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	T2	
<i>calcitriol oral solution 1 mcg/mL</i>	T2	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	T4	B/D; QL (60 EA per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	T4	B/D; QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	T2	
<b>FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT</b>	T4	
<i>ibandronate oral tablet 150 mg</i>	T2	
<b>JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML</b>	T4	QL (1 ML per 180 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	T4	
<b>PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML</b>	T4	QL (1 ML per 180 days)
<b>RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG</b>	T5	
<i>risedronate oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<i>risedronate oral tablet, delayed release (DR/EC) 35 mg</i>	T4	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24mL)</i>	T5	PA
<b>TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)</b>	T5	PA
<b>WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)</b>	T5	PA
<b>XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)</b>	T5	PA
<b>YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML</b>	T5	PA
<b>NON-FRF</b>		
<b>NON-FRF</b>		
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	T2	
<i>azithromycin oral packet 1 gram</i>	T2	
<b>BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG</b>	T5	PA
<i>cefazolin intravenous recon soln 10 gram</i>	T4	
<i>cholestyramine oral powder in packet 4 gram</i>	T2	
<b>COSENTYX INTRAVENOUS SOLUTION 25 MG/ML</b>	T5	PA
<b>COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML</b>	T5	PA
<b>COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML</b>	T5	PA
<b>D5 % (D-GLUCOSE)-0.9 % SODCHLR INTRAVENOUS PARENTERAL SOLUTION</b>	T4	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 10.01 mg x 5</i>	T2	
<i>dextrose 5 % in water (D5W) intravenous piggyback 5 %</i>	T4	
<b>ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3)</b>	T3	QL (120 EA per 30 days)
<b>ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4)</b>	T3	QL (240 EA per 30 days)
<b>ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG</b>	T3	QL (120 EA per 30 days)
<b>ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG</b>	T4	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	T2	
<b>EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG</b>	T4	QL (30 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	T5	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	T4	PA; QL (120 EA per 30 days)
<i>Liquid Multivitamin oral liquid 9 mg iron/ 15 mL (15 mL)</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>MENEST ORAL TABLET 1.25 MG, 2.5 MG</b>	T4	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	T2	
<b>OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE</b>	T5	PA
<b>OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE</b>	T5	PA
<b>OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE</b>	T5	PA
<b>OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE</b>	T5	PA
<b>OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE</b>	T5	PA
<b>OMNIPOD DASH PDM KIT (GEN 4)</b>	T5	PA
<b>OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE</b>	T5	PA
<b>OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)</b>	T5	PA
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	T2	
<b>SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML</b>	T5	
<b>SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML</b>	T5	PA
<b>STELARA INTRAVENOUS SOLUTION 130 MG/26 ML</b>	T5	PA
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 mL</i>	T4	QL (9 ML per 30 days)
<b>TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML</b>	T5	PA
<b>TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML</b>	T5	PA
<i>ustekinumab-ttwe intravenous solution 130 mg/26 mL</i>	T5	
<i>voriconazole-HPBCD intravenous recon soln 200 mg</i>	T5	PA
<b>YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML</b>	T5	
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG</b>	T4	PA; QL (2 EA per 28 days)
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC AGENTS, OTHER</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	T2	
<b>CYCLOSPORINE OPHTHALMIC (EYE) DROPPERETTE 0.05 %</b>	T3	
<b>CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %</b>	T5	PA; LA
<b>CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %</b>	T5	PA; LA
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/mL</i>	T1	
<i>neomycin-bacitracin-poly-HC ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	T2	
<i>neomycin-polymyxin B-dexameth ophthalmic (eye) drops,suspension 3.5mg/mL-10,000 unit/mL-0.1 %</i>	T2	
<i>neomycin-polymyxin B-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	T1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/mL</i>	T2	
<i>neomycin-polymyxin-HC ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/mL</i>	T2	
<i>Neo-Polycin HC ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	T2	
<i>Neo-Polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	T2	
<i>polymyxin B sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/mL</i>	T1	
<b>RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %</b>	T3	
<b>RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %</b>	T3	
<b>ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %</b>	T4	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	T2	
<b>TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %</b>	T3	
<b>TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %</b>	T3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	T2	
<b>TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY</b>	T4	
<b>XDEMVI OPHTHALMIC (EYE) DROPS 0.25 %</b>	T4	
<b>XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %</b>	T3	
<b>ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %</b>	T3	
<b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	T2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	T1	
<b>ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %</b>	T4	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	T2	
<i>bacitracin-polymyxin B ophthalmic (eye) ointment 500-10,000 unit/gram</i>	T1	
<b>BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %</b>	T3	
<i>ciprofloxacin HCl ophthalmic (eye) drops 0.3 %</i>	T1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	T1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	T2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	T1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	T2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	T2	
<b>NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %</b>	T4	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	T2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/mL</i>	T2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	T2	
<i>Polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	T1	
<i>polymyxin B sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/mL</i>	T1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	T2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	T2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	T1	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	T2	
<b>XDEMY OPHTHALMIC (EYE) DROPS 0.25 %</b>	T4	
<b>ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %</b>	T4	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b>		
<b>ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %</b>	T3	
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %</i>	T2	
<b>BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %</b>	T4	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	T2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	T2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	T4	
<b>EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %</b>	T4	
<b>FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %</b>	T4	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	T2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	T2	
<b>ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %</b>	T3	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %</b>	T3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	T2	
<b>PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC (EYE) DROPS 1 %</b>	T3	
<b>XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %</b>	T3	
<b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	T2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	T2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	T2	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	T1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	T4	
<b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	T2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T2	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	T2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	T1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	T4	
<b>COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %</b>	T3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	T1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/mL</i>	T1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	T4	
<i>pilocarpine HCl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	T2	
<b>RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %</b>	T3	
<b>ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %</b>	T4	
<b>SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %</b>	T4	
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>		
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	T1	
<b>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</b>	T3	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	T2	
<b>VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %</b>	T4	
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid otic (ear) solution 2 %</i>	T2	
<b>CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %</b>	T4	
<i>ciprofloxacin HCl otic (ear) dropperette 0.2 %</i>	T2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	T2	
<i>Flac Otic Oil otic (ear) drops 0.01 %</i>	T2	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	T2	
<i>neomycin-polymyxin-HC otic (ear) drops,suspension 3.5-10,000-1 mg/mL-unit/mL-%</i>	T2	
<i>neomycin-polymyxin-HC otic (ear) solution 3.5-10,000-1 mg/mL-unit/mL-%</i>	T2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	T2	
<b>RESPIRATORY TRACT/ PULMONARY AGENTS</b>		
<b>ANTIHISTAMINES</b>		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	T2	
<i>cetirizine oral solution 1 mg/mL</i>	T1	
<b>CYPROHEPTADINE ORAL SYRUP 2 MG/5 ML</b>	T3	
<b>CYPROHEPTADINE ORAL TABLET 4 MG</b>	T3	
<i>desloratadine oral tablet 5 mg</i>	T4	
<b>HYDROXYZINE HCL ORAL SOLUTION 10 MG/5 ML</b>	T3	
<b>HYDROXYZINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG</b>	T3	
<b>HYDROXYZINE PAMOATE ORAL CAPSULE 25 MG, 50 MG</b>	T3	
<i>levocetirizine oral solution 2.5 mg/5 mL</i>	T2	
<i>levocetirizine oral tablet 5 mg</i>	T2	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	T4	
<i>promethazine oral syrup 6.25 mg/5 mL</i>	T2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	T2	
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		
<b>ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION</b>	T3	QL (30 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 mL, 0.5 mg/2 mL</i>	T2	B/D
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	T2	QL (75 ML per 30 days)
<i>fluticasone furoate inhalation blister with device 100 mcg/actuation, 200 mcg/actuation, 50 mcg/actuation</i>	T3	QL (30 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 250 mcg/actuation</i>	T2	QL (240 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 50 mcg/actuation</i>	T2	QL (180 EA per 30 days)
<i>fluticasone propionate inhalation HFA aerosol inhaler 110 mcg/actuation, 220 mcg/actuation</i>	T2	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation HFA aerosol inhaler 44 mcg/actuation</i>	T2	QL (21.2 GM per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	T2	QL (16 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	T2	QL (34 GM per 30 days)
<b>OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG</b>	T4	QL (12.5 GM per 30 days)
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION</b>	T4	QL (2 EA per 30 days)
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION</b>	T4	QL (3 EA per 30 days)
<b>XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION</b>	T4	PA; QL (32 ML per 30 days)
<b>ANTILEUKOTRIENES</b>		
<i>montelukast oral granules in packet 4 mg</i>	T2	
<i>montelukast oral tablet 10 mg</i>	T2	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	T2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	T4	
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
<b>ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION</b>	T4	QL (25.8 GM per 30 days)
<b>COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION</b>	T4	QL (8 GM per 30 days)
<b>INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION</b>	T3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	T2	B/D
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	T2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 mL</i>	T2	B/D
<b>SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION</b>	T4	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	T2	
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
<i>albuterol sulfate inhalation HFA aerosol inhaler 90 mcg/actuation</i>	T2	QL (18 GM per 30 days)
<i>albuterol sulfate inhalation HFA aerosol inhaler 90 mcg/actuation (NDA020503), 90 mcg/actuation (NDA020983)</i>	T2	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 mL, 1.25 mg/3 mL, 2.5 mg /3 mL (0.083 %), 2.5 mg/0.5 mL</i>	T2	B/D
<i>albuterol sulfate oral syrup 2 mg/5 mL</i>	T2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	T2	
<i>arformoterol inhalation solution for nebulization 15 mcg/2 mL</i>	T4	B/D
<b>BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE</b>	T3	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>epinephrine injection auto-injector 0.15 mg/0.15 mL, 0.15 mg/0.3 mL, 0.3 mg/0.3 mL</i>	T2	
<i>fluticasone propionate inhalation HFA aerosol inhaler 110 mcg/actuation, 220 mcg/actuation</i>	T2	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation HFA aerosol inhaler 44 mcg/actuation</i>	T2	QL (21.2 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	T2	
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 mL</i>	T4	B/D
<b>LEVALBUTEROL HCL INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/0.5 ML, 1.25 MG/3 ML</b>	T3	B/D
<b>LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION</b>	T3	QL (30 GM per 30 days)
<b>SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE</b>	T3	QL (60 EA per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	T4	
<b>VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION</b>	T3	QL (36 GM per 30 days)
<b>CYSTIC FIBROSIS AGENTS</b>		
<b>ALYFTREK ORAL TABLET 10-50-125 MG</b>	T5	PA; QL (56 EA per 28 days)
<b>ALYFTREK ORAL TABLET 4-20-50 MG</b>	T5	PA; QL (84 EA per 28 days)
<b>CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML</b>	T5	PA; LA
<b>KALYDECO ORAL GRANULES IN PACKET 13.4 MG</b>	T5	PA; QL (26 EA per 28 days)
<b>KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG</b>	T5	PA; LA; QL (56 EA per 28 days)
<b>KALYDECO ORAL GRANULES IN PACKET 5.8 MG</b>	T5	PA; QL (56 EA per 28 days)
<b>KALYDECO ORAL TABLET 150 MG</b>	T5	PA; LA; QL (60 EA per 30 days)
<b>ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG</b>	T5	PA; LA; QL (56 EA per 28 days)
<b>ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG</b>	T5	PA; LA; QL (112 EA per 28 days)
<b>PULMOZYME INHALATION SOLUTION 1 MG/ML</b>	T5	PA
<b>SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)</b>	T5	PA; LA; QL (56 EA per 28 days)
<b>TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG</b>	T5	PA
<i>tobramycin in 0.225 % NaCl inhalation solution for nebulization 300 mg/5 mL</i>	T5	PA
<i>tobramycin inhalation solution for nebulization 300 mg/4 mL</i>	T5	PA
<b>TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)</b>	T5	PA; QL (84 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)</b>	T5	PA; LA; QL (84 EA per 28 days)
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 mL</i>	T2	B/D
<i>cromolyn oral concentrate 100 mg/5 mL</i>	T2	
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	T2	
<b>THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG</b>	T4	
<i>theophylline oral solution 80 mg/15 mL</i>	T4	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	T2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	T2	
<b>PULMONARY ANTIHYPERTENSIVES</b>		
<b>ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG</b>	T5	PA; LA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	T5	PA; LA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	T5	PA; LA; QL (60 EA per 30 days)
<i>bosentan oral tablet for suspension 32 mg</i>	T5	PA
<b>OPSUMIT ORAL TABLET 10 MG</b>	T5	PA; LA; QL (30 EA per 30 days)
<b>SILDENAFIL (PULM.HYPERTENSION) ORAL TABLET 20 MG</b>	T3	PA; QL (360 EA per 30 days)
<b>UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	T5	PA
<b>UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)</b>	T5	PA
<b>WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)</b>	T5	PA
<b>PULMONARY FIBROSIS AGENTS</b>		
<b>JASCAYD ORAL TABLET 18 MG, 9 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>OFEV ORAL CAPSULE 100 MG, 150 MG</b>	T5	PA; LA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	T5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	T5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	T5	PA; QL (90 EA per 30 days)
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
<i>acetylcysteine solution 100 mg/mL (10 %), 200 mg/mL (20 %)</i>	T2	B/D
<b>ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION</b>	T3	QL (60 EA per 30 days)
<b>BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG</b>	T3	QL (10.7 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6

Drug	Status	Requirements/Limits
<b>BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE</b>	T3	QL (60 EA per 30 days)
<b>BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION</b>	T3	QL (10.7 GM per 30 days)
<b>BRINSUPRI ORAL TABLET 10 MG, 25 MG</b>	T5	PA
<i>budesonide-formoterol inhalation HFA aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	T2	
<b>COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION</b>	T4	QL (8 GM per 30 days)
<b>DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML</b>	T5	PA
<b>DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML</b>	T5	PA
<b>FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML</b>	T5	PA; LA
<b>FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML</b>	T5	PA
<b>FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML</b>	T5	PA; LA
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T2	
<i>fluticasone propion-salmeterol inhalation HFA aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation</i>	T2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 mL</i>	T2	B/D
<b>TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG</b>	T3	QL (60 EA per 30 days)
<i>umeclidinium-vilanterol inhalation blister with device 62.5-25 mcg/actuation</i>	T3	QL (60 EA per 30 days)
<i>Wixela Inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T2	
<b>RESPIRATORY TRACT/ PULMONARY AGENTS</b>		
<b>BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION</b>	T3	QL (10.7 GM per 30 days)
<b>COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION</b>	T4	QL (8 GM per 30 days)
<b>FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML</b>	T5	PA; LA
<b>FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML</b>	T5	PA
<b>FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML</b>	T5	PA; LA
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 mL</i>	T2	B/D
<b>SKELETAL MUSCLE RELAXANTS</b>		
<b>SKELETAL MUSCLE RELAXANTS</b>		
<b>CYCLOBENZAPRINE ORAL TABLET 10 MG, 5 MG</b>	T3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>methocarbamol oral tablet 500 mg</i>	T2	QL (360 EA per 30 days)
<i>methocarbamol oral tablet 750 mg</i>	T2	QL (240 EA per 30 days)
<b>SLEEP DISORDER AGENTS</b>		
<b>SLEEP PROMOTING AGENTS</b>		
<b>BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</b>	T4	QL (30 EA per 30 days)
<b>DAYVIGO ORAL TABLET 10 MG, 5 MG</b>	T3	QL (30 EA per 30 days)
<i>doxepin oral tablet 3 mg, 6 mg</i>	T2	QL (30 EA per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg</i>	T2	QL (60 EA per 30 days)
<i>temazepam oral capsule 30 mg, 7.5 mg</i>	T2	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<b>WAKEFULNESS PROMOTING AGENTS</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	T2	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	T2	PA; QL (60 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	T2	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	T2	PA; QL (60 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/mL</i>	T5	PA; LA; QL (540 ML per 30 days)

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## Health Plans

formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-716-7737 (TTY: 1-800-955-8771) lub porozmawiaj ze swoim dostawcą.

**Gujarati (ગુજરાતી):** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસિલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-716-7737 (TTY: 1-800-955-8771) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

**Thai (ไทย):** หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-800-716-7737 (TTY: 1-800-955-8771) หรือปรึกษาผู้ให้บริการของคุณ

This formulary was updated on 04/01/2026. For more recent information or other questions, please contact Health First Health Plans Customer Service at 1.800.716.7737, Monday – Friday 8 a.m. to 8 p.m. and Saturday 8 a.m. – noon between April 1 and September 30, then Monday – Sunday 8 a.m. to 8 p.m. between October 1 and March 31. TTY users call 1.800.955.8771. You can also visit [hf.org/healthplans](https://hf.org/healthplans).