



2026 Formulary List of Covered Drugs

Samaritan Dual Advantage (HMO D-SNP)

Please read: This document contains information about the drugs we cover in this plan

HPMS Approved Formulary File Submission ID 26397, Version Number 12

This formulary was updated on 06/02/2026. For more recent information or other questions, please contact us, Samaritan Advantage Health Plans (HMO) Customer Service **541-768-7866** or toll free at **866-207-3182** (TTY users should call **800-735-2900**).

Customer Service is available:

- Oct. 1 to March 31: daily from 8 a.m. to 8 p.m.
- April 1 to Sept. 30: Monday through Friday from 8 a.m. to 8 p.m.

You can also visit samhealthplans.org/Find-a-Drug.

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 Samaritan Advantage Health Plans (HMO). When it refers to “plan” or “our plan,” it means Samaritan Dual Advantage.

This document includes a Drug List (formulary) for our plan which is current as of 07/01/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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.

What is the Samaritan Dual Advantage Plan Formulary?

In this document, we use terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan 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 change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary 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: *Find a Drug - Samaritan Health Plans* (samhealthplans.org)

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same tier with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

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If we make such change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Samaritan Dual Advantage Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We also may apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 Samaritan Dual Advantage 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 07/01/2026. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 8.

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 128. 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?

Our plan 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.

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:** Our plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 60 capsules per 30 days per prescription for omeprazole oral capsule delayed release. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 8. 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 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 our plan 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 Samaritan Dual Advantage formulary” on page 5 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 Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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 Samaritan Dual Advantage Formulary?

You can ask our plan 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 waive coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, our plan 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, our plan will only approve your request for an exception if the alternative drugs included on the plan’s formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask us for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reason why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber’s supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction,

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such as a prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 120 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 120 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.

For long-term care residents, the pharmacy benefits manager adjudication automatically processes and pays Level of Care Transition Fills when identified by a change in patient residence code based on the most recent claim. If a Level of Care change is identified, the system will automatically override the following edits on Part D covered drugs and allow the claim to pay:

- a) Refill too soon.
- b) Duplicate prescription.
- c) Duplicate therapy.
- d) Non-formulary.
- e) Prior authorization (excluding Part B vs. Part D or Part D vs. Part D-excluded drugs).

If the member experienced a level of care change that was not identified by a change in residence code, in order to ensure that the member does not have a gap in therapy, the pharmacy should call our plan's Pharmacy Help Desk to obtain an override. They can contact Samaritan Advantage Health Plans (HMO) Customer Service, at **541-768-7866** or toll free at **866-207-3182** (TTY users should call **800-735-2900**.)

- Oct. 1 to March 31: daily from 8 a.m. to 8 p.m.
- April 1 to Sept. 30: Monday through Friday from 8 a.m. to 8 p.m.

For more information

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

If you have questions about our plan, 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>.

Samaritan Dual Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 128.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., PRILOSEC) and generic drugs are listed in lowercase italics (e.g., *omeprazole*).

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

You can find information on what the symbols and abbreviations on this table mean below.

List of Abbreviations

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

EA: Each.

PA: Prior Authorization. Our plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 60 capsules per 30 days per prescription for omeprazole oral capsule delayed release. This may be in addition to a standard one-month or three-month supply.

ST: Step Therapy. In some cases, our plan 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, 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.

NDS: Non-extended day supply. Some drugs such as specialty medications cannot be dispensed for more than a 30-day supply due to safety, regulatory, or clinical reasons.

Select Care Drugs are eligible for extended fills of up to 100 days at a time. These drugs include select generic drugs commonly used to manage chronic conditions such as diabetes, high blood pressure, and high cholesterol. Select Care Drugs include a notation of "100 Day Supply" in the Restriction column of the drug list.

You can get this document in another language, format, large print or ask for an interpreter at no cost to you. Please call us at 800-832-4580 (TTY 800-735-2900) to request a copy of this document or an interpreter.

Puede obtener este documento en otro idioma, otro formato o en letra grande o pedir un intérprete sin costo alguno para usted. Llámenos al 800-832-4580 (TTY 800-735-2900) para pedir una copia de este documento o un intérprete.

Samaritan Advantage Health Plans is an HMO with a Medicare contract. Enrollment in Samaritan Advantage Health Plans depends on contract renewal.

Drug Name	Requirements/Limits
Analgesics	
Nonsteroidal Anti-inflammatory Drugs	
<i>celecoxib caps 100mg</i>	QL(60 EA per 30 days)
<i>celecoxib caps 200mg</i>	QL(60 EA per 30 days)
<i>celecoxib caps 400mg</i>	QL(60 EA per 30 days)
<i>celecoxib caps 50mg</i>	QL(60 EA per 30 days)
<i>diclofenac potassium tabs 50mg</i>	
<i>diclofenac sodium dr tbec 25mg</i>	
<i>diclofenac sodium dr tbec 50mg</i>	
<i>diclofenac sodium dr tbec 75mg</i>	
<i>diclofenac sodium er tb24 100mg</i>	
<i>diclofenac sodium gel 1%</i>	QL(1000 GM per 30 days)
<i>diclofenac sodium soln 1.5%</i>	PA
<i>diflunisal tabs 500mg</i>	
<i>ec-naproxen tbec 500mg</i>	
<i>etodolac er tb24 400mg</i>	
<i>etodolac er tb24 500mg</i>	
<i>etodolac er tb24 600mg</i>	
<i>etodolac caps 200mg</i>	
<i>etodolac caps 300mg</i>	
<i>etodolac tabs 400mg</i>	
<i>etodolac tabs 500mg</i>	
<i>flurbiprofen tabs 100mg</i>	
<i>flurbiprofen tabs 50mg</i>	
<i>ibuprofen susp 100mg/5ml</i>	
<i>ibuprofen tabs 400mg</i>	
<i>ibuprofen tabs 600mg</i>	
<i>ibuprofen tabs 800mg</i>	
<i>ibu tabs 400mg</i>	
<i>ibu tabs 600mg</i>	
<i>ibu tabs 800mg</i>	
INDOMETHACIN INJ 1MG	
<i>ketorolac tromethamine +rfd inj 30mg/ml</i>	
KETOROLAC TROMETHAMINE INJ 15MG/ML	
<i>ketorolac tromethamine inj 30mg/ml</i>	
KETOROLAC TROMETHAMINE INJ 30MG/ML	
<i>meloxicam tabs 15mg</i>	
<i>meloxicam tabs 7.5mg</i>	
<i>nabumetone tabs 500mg</i>	
<i>nabumetone tabs 750mg</i>	
<i>naproxen dr tbec 375mg</i>	
<i>naproxen dr tbec 500mg</i>	
<i>naproxen sodium tabs 275mg</i>	
<i>naproxen sodium tabs 550mg</i>	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Requirements/Limits
<i>naproxen tabs 250mg</i>	
<i>naproxen tabs 375mg</i>	
<i>naproxen tabs 500mg</i>	
<i>piroxicam caps 10mg</i>	
<i>piroxicam caps 20mg</i>	
<i>sulindac tabs 150mg</i>	
<i>sulindac tabs 200mg</i>	
<i>tolmetin sodium caps 400mg</i>	
<i>tolmetin sodium tabs 600mg</i>	
Opioid Analgesics, Long-acting	
FENTANYL PT72 100MCG/HR	
FENTANYL PT72 12MCG/HR	
FENTANYL PT72 25MCG/HR	
FENTANYL PT72 50MCG/HR	
FENTANYL PT72 75MCG/HR	
INFUMORPH 200 INJ 10MG/ML	B/D
INFUMORPH 500 INJ 25MG/ML	B/D
<i>methadone hcl inj 10mg/ml</i>	NDS
<i>methadone hcl soln 5mg/5ml</i>	
<i>methadone hcl tabs 10mg</i>	
<i>methadone hcl tabs 5mg</i>	
<i>methadone hydrochloride intensol conc 10mg/ml</i>	
<i>methadone hydrochloride conc 10mg/ml</i>	
<i>methadone hydrochloride soln 10mg/5ml</i>	
<i>methadose sugar-free conc 10mg/ml</i>	
<i>methadose conc 10mg/ml</i>	
<i>mitigo inj 10mg/ml</i>	B/D
<i>mitigo inj 25mg/ml</i>	B/D
<i>morphine sulfate er tbc 100mg</i>	
<i>morphine sulfate er tbc 15mg</i>	
<i>morphine sulfate er tbc 200mg</i>	
<i>morphine sulfate er tbc 30mg</i>	
<i>morphine sulfate er tbc 60mg</i>	
TRAMADOL HCL ER TB24 100MG	
TRAMADOL HCL ER TB24 200MG	
TRAMADOL HCL ER TB24 300MG	
<i>tramadol hydrochloride er tb24 100mg</i>	
<i>tramadol hydrochloride er tb24 200mg</i>	
<i>tramadol hydrochloride er tb24 300mg</i>	
XTAMPZA ER C12A 13.5MG	
XTAMPZA ER C12A 18MG	
XTAMPZA ER C12A 27MG	
XTAMPZA ER C12A 36MG	
XTAMPZA ER C12A 9MG	

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Drug Name	Requirements/Limits
Opioid Analgesics, Short-acting	
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	
<i>acetaminophen/codeine soln 120mg/5ml; 12mg/5ml</i>	
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	
<i>acetaminophen/codeine tabs 300mg; 30mg</i>	
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	
BUTORPHANOL TARTRATE INJ 1MG/ML	
BUTORPHANOL TARTRATE INJ 2MG/ML	
<i>codeine sulfate tabs 15mg</i>	
<i>codeine sulfate tabs 30mg</i>	
<i>codeine sulfate tabs 60mg</i>	
<i>duramorph inj 0.5mg/ml</i>	
<i>duramorph inj 1mg/ml</i>	
<i>endocet tabs 325mg; 10mg</i>	
<i>endocet tabs 325mg; 2.5mg</i>	
<i>endocet tabs 325mg; 5mg</i>	
<i>endocet tabs 325mg; 7.5mg</i>	
<i>fentanyl citrate oral transmucosal lpop 1200mcg</i>	PA; NDS
<i>fentanyl citrate oral transmucosal lpop 1600mcg</i>	PA; NDS
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	PA
<i>fentanyl citrate oral transmucosal lpop 400mcg</i>	PA; NDS
<i>fentanyl citrate oral transmucosal lpop 600mcg</i>	PA; NDS
<i>fentanyl citrate oral transmucosal lpop 800mcg</i>	PA; NDS
FENTANYL CITRATE INJ 1000MCG/20ML	B/D
FENTANYL CITRATE INJ 1000MCG/20ML	B/D
FENTANYL CITRATE INJ 100MCG/2ML	B/D
FENTANYL CITRATE INJ 2500MCG/50ML	B/D
<i>fentanyl citrate inj 250mcg/5ml</i>	B/D
<i>hydrocodone bitartrate/acetaminophen soln 300mg/15ml; 10mg/15ml</i>	
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 10mg/15ml</i>	
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg</i>	
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 5mg</i>	
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	
<i>hydromorphone hcl inj 10mg/ml</i>	
<i>hydromorphone hcl inj 1mg/ml</i>	
<i>hydromorphone hcl inj 4mg/ml</i>	
<i>hydromorphone hcl liqd 1mg/ml</i>	
<i>hydromorphone hcl tabs 2mg</i>	
<i>hydromorphone hcl tabs 4mg</i>	
<i>hydromorphone hcl tabs 8mg</i>	
<i>hydromorphone hydrochloride inj 1mg/ml</i>	

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Drug Name	Requirements/Limits
<i>hydromorphone hydrochloride inj 2mg/ml</i>	
<i>hydromorphone hydrochloride inj 4mg/ml</i>	
<i>hydromorphone hydrochloride inj 50mg/5ml</i>	
<i>morphine sulfate inj 0.5mg/ml</i>	
<i>morphine sulfate inj 10mg/ml</i>	
<i>morphine sulfate inj 1mg/ml</i>	
<i>morphine sulfate inj 1mg/ml</i>	B/D
<i>morphine sulfate inj 2mg/ml</i>	
<i>morphine sulfate inj 2mg/ml</i>	
<i>morphine sulfate inj 4mg/ml</i>	
<i>morphine sulfate inj 4mg/ml</i>	
<i>morphine sulfate inj 4mg/ml</i>	
<i>morphine sulfate inj 8mg/ml</i>	
<i>morphine sulfate inj 8mg/ml</i>	
<i>morphine sulfate soln 100mg/5ml</i>	
<i>morphine sulfate soln 10mg/5ml</i>	
<i>morphine sulfate soln 20mg/5ml</i>	
<i>morphine sulfate tabs 15mg</i>	
<i>morphine sulfate tabs 30mg</i>	
NALBUPHINE HYDROCHLORIDE INJ 10MG/ML	
NALBUPHINE HYDROCHLORIDE INJ 20MG/ML	
<i>oxycodone hcl caps 5mg</i>	
<i>oxycodone hydrochloride caps 5mg</i>	
OXYCODONE HYDROCHLORIDE CONC 100MG/5ML	
<i>oxycodone hydrochloride soln 5mg/5ml</i>	
<i>oxycodone hydrochloride tabs 10mg</i>	
<i>oxycodone hydrochloride tabs 15mg</i>	
<i>oxycodone hydrochloride tabs 20mg</i>	
<i>oxycodone hydrochloride tabs 30mg</i>	
<i>oxycodone hydrochloride tabs 5mg</i>	
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg</i>	
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	
<i>tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg</i>	
<i>tramadol hydrochloride tabs 50mg</i>	
Anesthetics	
Local Anesthetics	
<i>glydo prsy 2%</i>	QL(30 ML per 30 days); PA
<i>lidocaine hcl jelly prsy 2%</i>	QL(30 ML per 30 days); PA
<i>lidocaine hcl inj 0.5%</i>	
<i>lidocaine hcl inj 0.5%</i>	
<i>lidocaine hcl inj 1.5%</i>	
<i>lidocaine hcl inj 4%</i>	

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Drug Name	Requirements/Limits
<i>lidocaine hcl prsy 2%</i>	QL(30 ML per 30 days); PA
<i>lidocaine hydrochloride jelly gel 2%</i>	QL(30 ML per 30 days); PA
<i>lidocaine hydrochloride/epinephrine inj 1:100000; 2%</i>	
<i>lidocaine hydrochloride inj 1%</i>	
<i>lidocaine hydrochloride inj 1%</i>	
<i>lidocaine hydrochloride inj 2%</i>	
<i>lidocaine hydrochloride inj 2%</i>	
<i>lidocaine hydrochloride inj 2%</i>	
<i>lidocaine hydrochloride soln 4%</i>	QL(250 ML per 30 days); PA
<i>lidocaine/epinephrine inj 1:100000; 1%</i>	
<i>lidocaine/epinephrine inj 1:100000; 2%</i>	
<i>lidocaine/epinephrine inj 1:200000; 0.5%</i>	
<i>lidocaine/epinephrine inj 1:200000; 1.5%</i>	
<i>lidocaine/epinephrine inj 1:200000; 2%</i>	
<i>lidocaine/prilocaine crea 2.5%; 2.5%</i>	QL(30 GM per 30 days); PA
LIDOCAINE OINT 5%	QL(150 GM per 30 days); PA
LIDOCAINE PTCH 5%	PA
Anti-Addiction/Substance Abuse Treatment Agents	
<i>Alcohol Deterrents/Anti-craving</i>	
ACAMPROSATE CALCIUM DR TBEC 333MG	
<i>disulfiram tabs 250mg</i>	
<i>disulfiram tabs 500mg</i>	
<i>naltrexone hydrochloride tabs 50mg</i>	
VIVITROL INJ 380MG	NDS
<i>Opioid Dependence</i>	
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	
<i>buprenorphine hcl inj 0.3mg/ml</i>	
<i>buprenorphine hcl subl 2mg</i>	
<i>buprenorphine hcl subl 8mg</i>	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	
<i>buprenorphine hydrochloride inj 0.3mg/ml</i>	
<i>Opioid Reversal Agents</i>	
KLOXXADO LIQD 8MG/0.1ML	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	
<i>naloxone hydrochloride inj 2mg/2ml</i>	
<i>naloxone hydrochloride liqd 4mg/0.1ml</i>	
OPVEE SOLN 2.7MG/0.1ML	

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REXTOVY LIQD 4MG/0.25ML	
Smoking Cessation Agents	
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	QL(60 EA per 30 days)
NICOTROL INHALER INHA 10MG	QL(2688 EA per 365 days)
NICOTROL NS SOLN 10MG/ML	QL(360 ML per 365 days)
<i>varenicline starting month tbpk 0</i>	QL(504 EA per 365 days)
<i>varenicline tartrate tabs 0.5mg</i>	QL(504 EA per 365 days)
VARENICLINE TARTRATE TABS 1MG	QL(504 EA per 365 days)
<i>varenicline tartrate tabs 1mg</i>	QL(504 EA per 365 days)
Antibacterials	
Aminoglycosides	
<i>amikacin sulfate inj 1gm/4ml</i>	
<i>amikacin sulfate inj 500mg/2ml</i>	
ARIKAYCE SUSP 590MG/8.4ML	PA; NDS
<i>gentamicin sulfate pediatric inj 10mg/ml</i>	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%</i>	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	
<i>gentamicin sulfate/0.9% sodium chloride inj 1mg/ml; 0.9%</i>	
<i>gentamicin sulfate/0.9% sodium chloride inj 2mg/ml; 0.9%</i>	
<i>gentamicin sulfate crea 0.1%</i>	
<i>gentamicin sulfate inj 40mg/ml</i>	
<i>gentamicin sulfate oint 0.1%</i>	
HUMATIN CAPS 250MG	NDS
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	
<i>neomycin sulfate tabs 500mg</i>	
<i>neomycin/polymyxin b sulfates soln 40mg/ml; 200000unit/ml</i>	
<i>streptomycin sulfate inj 1gm</i>	NDS
<i>tobramycin sulfate inj 1.2gm/30ml</i>	
<i>tobramycin sulfate inj 1.2gm</i>	
<i>tobramycin sulfate inj 10mg/ml</i>	
<i>tobramycin sulfate inj 80mg/2ml</i>	
Antibacterials, Other	
AZTREONAM INJ 1GM	
<i>aztreonam inj 2gm</i>	
CHLORAMPHENICOL SODIUM SUCCINATE INJ 1GM	
<i>clindacin etz pledgets swab 1%</i>	
<i>clindacin-p swab 1%</i>	
<i>clindamycin hcl caps 300mg</i>	
<i>clindamycin hydrochloride caps 150mg</i>	
<i>clindamycin hydrochloride caps 75mg</i>	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	
<i>clindamycin phosphate/dextrose inj 300mg/50ml; 5%</i>	
<i>clindamycin phosphate/dextrose inj 600mg/50ml; 5%</i>	
<i>clindamycin phosphate/dextrose inj 900mg/50ml; 5%</i>	

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<i>clindamycin phosphate crea 2%</i>	
<i>clindamycin phosphate inj 300mg/2ml</i>	
<i>clindamycin phosphate inj 600mg/4ml</i>	
<i>clindamycin phosphate inj 900mg/60ml</i>	
<i>clindamycin phosphate inj 900mg/6ml</i>	
<i>clindamycin phosphate inj 9gm/60ml</i>	
<i>clindamycin phosphate swab 1%</i>	
<i>colistimethate sodium inj 150mg</i>	NDS
<i>dalbavancin hydrochloride inj 500mg</i>	NDS
<i>daptomycin inj 500mg</i>	NDS
<i>fosfomycin tromethamine pack 3gm</i>	
IMPAVIDO CAPS 50MG	NDS
<i>lincomycin hydrochloride inj 300mg/ml</i>	
<i>linezolid inj 600mg/300ml</i>	
<i>linezolid inj 600mg/300ml; 0.9%</i>	NDS
<i>linezolid susr 100mg/5ml</i>	QL(1800 ML per 28 days); NDS
<i>linezolid tabs 600mg</i>	QL(56 EA per 28 days)
<i>methenamine hippurate tabs 1gm</i>	
<i>metronidazole vaginal gel 0.75%</i>	
<i>metronidazole inj 500mg/100ml</i>	
<i>metronidazole tabs 250mg</i>	
<i>metronidazole tabs 500mg</i>	
NITROFURANTOIN MACROCRYSTALS CAPS 100MG	
NITROFURANTOIN MACROCRYSTALS CAPS 50MG	
<i>nitrofurantoin monohydrate/macrocrystals caps 100mg</i>	
<i>nitrofurantoin monohydrate caps 100mg</i>	
NITROFURANTOIN SUSP 25MG/5ML	NDS
ORBACTIV INJ 400MG	NDS
SIVEXTRO INJ 200MG	QL(6 EA per 30 days); NDS
SIVEXTRO TABS 200MG	QL(6 EA per 30 days); NDS
<i>tigecycline inj 50mg</i>	
<i>tinidazole tabs 250mg</i>	
<i>tinidazole tabs 500mg</i>	
<i>trimethoprim tabs 100mg</i>	
VANCOMYCIN HCL INJ 10GM	
<i>vancomycin hydrochloride/dextrose inj 5%; 1gm/200ml</i>	
<i>vancomycin hydrochloride/dextrose inj 5%; 500mg/100ml</i>	
<i>vancomycin hydrochloride/dextrose inj 5%; 750mg/150ml</i>	
<i>vancomycin hydrochloride caps 125mg</i>	QL(120 EA per 30 days)
<i>vancomycin hydrochloride caps 250mg</i>	QL(240 EA per 30 days)
<i>vancomycin hydrochloride inj 1gm</i>	
<i>vancomycin hydrochloride inj 500mg</i>	
<i>vancomycin hydrochloride inj 5gm</i>	
<i>vancomycin hydrochloride inj 750mg</i>	

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Drug Name	Requirements/Limits
<i>vancomycin hydrochloride solr 250mg/5ml</i>	
VANDAZOLE GEL 0.75%	
VOQUEZNA DUAL PAK THPK 500MG; 20MG	PA
VOQUEZNA TRIPLE PAK THPK 500MG; 500MG; 20MG	PA
<i>Beta-lactam, Cephalosporins</i>	
CEFACLOR CAPS 250MG	
CEFACLOR CAPS 500MG	
CEFACLOR SUSR 250MG/5ML	
<i>cefadroxil caps 500mg</i>	
<i>cefadroxil susr 250mg/5ml</i>	
<i>cefadroxil susr 500mg/5ml</i>	
<i>cefadroxil tabs 1gm</i>	
<i>cefazolin sodium/dextrose inj 1gm; 4%</i>	
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	
<i>cefazolin sodium inj 100gm</i>	
<i>cefazolin sodium inj 10gm</i>	
<i>cefazolin sodium inj 1gm/50ml; 4%</i>	
<i>cefazolin sodium inj 1gm</i>	
<i>cefazolin sodium inj 1gm</i>	
<i>cefazolin sodium inj 300gm</i>	
<i>cefazolin sodium inj 500mg</i>	
<i>cefazolin inj 2gm/100ml; 4%</i>	
<i>cefdinir caps 300mg</i>	
<i>cefdinir susr 125mg/5ml</i>	
<i>cefdinir susr 250mg/5ml</i>	
<i>cefepime hydrochloride inj 1gm</i>	
<i>cefepime hydrochloride inj 2gm</i>	
<i>cefepime/dextrose inj 1gm/50ml; 5%</i>	
<i>cefepime/dextrose inj 2gm/50ml; 5%</i>	
<i>cefepime inj 1gm/50ml</i>	
<i>cefepime inj 1gm</i>	
<i>cefepime inj 2gm/100ml</i>	
<i>cefepime inj 2gm</i>	
<i>cefixime caps 400mg</i>	
CEFIXIME SUSR 100MG/5ML	
CEFIXIME SUSR 200MG/5ML	
<i>cefotaxime sodium inj 1gm</i>	
<i>cefotaxime sodium inj 2gm</i>	
<i>cefoxitin sodium inj 10gm</i>	
<i>cefoxitin sodium inj 1gm</i>	
<i>cefoxitin sodium inj 1gm; 4%</i>	
<i>cefoxitin sodium inj 2gm</i>	
<i>cefoxitin sodium inj 2gm; 2.2%</i>	
CEFPODOXIME PROXETIL SUSR 100MG/5ML	

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<i>cefpodoxime proxetil susr 50mg/5ml</i>	
CEFPODOXIME PROXETIL TABS 100MG	
CEFPODOXIME PROXETIL TABS 200MG	
<i>cefprozil susr 125mg/5ml</i>	
<i>cefprozil susr 250mg/5ml</i>	
<i>cefprozil tabs 250mg</i>	
<i>cefprozil tabs 500mg</i>	
<i>ceftaroline fosamil inj 400mg</i>	NDS
<i>ceftaroline fosamil inj 600mg</i>	NDS
CEFTAZIDIME INJ 1GM	
CEFTAZIDIME INJ 2GM	
CEFTAZIDIME INJ 6GM	
<i>ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0</i>	
<i>ceftriaxone in iso-osmotic dextrose inj 40mg/ml; 0</i>	
<i>ceftriaxone sodium inj 10gm</i>	
<i>ceftriaxone sodium inj 1gm</i>	
<i>ceftriaxone sodium inj 1gm</i>	
<i>ceftriaxone sodium inj 250mg</i>	
<i>ceftriaxone sodium inj 2gm</i>	
<i>ceftriaxone sodium inj 2gm</i>	
<i>ceftriaxone sodium inj 500mg</i>	
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	
<i>ceftriaxone/dextrose inj 2gm; 2.22%</i>	
<i>cefuroxime axetil tabs 250mg</i>	
<i>cefuroxime axetil tabs 500mg</i>	
<i>cefuroxime sodium inj 1.5gm</i>	
<i>cefuroxime sodium inj 750mg</i>	
<i>cephalexin caps 250mg</i>	
<i>cephalexin caps 500mg</i>	
<i>cephalexin caps 750mg</i>	
<i>cephalexin susr 125mg/5ml</i>	
<i>cephalexin susr 250mg/5ml</i>	
TAZICEF INJ 1GM	
<i>tazicef inj 1gm</i>	
TAZICEF INJ 2GM	
TAZICEF INJ 6GM	
Beta-lactam, Penicillins	
<i>amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg</i>	
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg</i>	
<i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i>	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml</i>	
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	
<i>amoxicillin/clavulanate potassium susr 400mg/5ml; 57mg/5ml</i>	
<i>amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml</i>	

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<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg</i>	
<i>amoxicillin/clavulanate potassium tabs 875mg; 125mg</i>	
<i>amoxicillin caps 250mg</i>	
<i>amoxicillin caps 500mg</i>	
<i>amoxicillin chew 125mg</i>	
<i>amoxicillin chew 250mg</i>	
<i>amoxicillin susr 125mg/5ml</i>	
<i>amoxicillin susr 200mg/5ml</i>	
<i>amoxicillin susr 250mg/5ml</i>	
<i>amoxicillin susr 400mg/5ml</i>	
<i>amoxicillin tabs 500mg</i>	
<i>amoxicillin tabs 875mg</i>	
<i>ampicillin sodium inj 10gm</i>	
<i>ampicillin sodium inj 125mg</i>	
<i>ampicillin sodium inj 125mg</i>	
<i>ampicillin sodium inj 1gm</i>	
<i>ampicillin sodium inj 1gm</i>	
<i>ampicillin sodium inj 250mg</i>	
<i>ampicillin sodium inj 2gm</i>	
<i>ampicillin sodium inj 2gm</i>	
<i>ampicillin sodium inj 500mg</i>	
AMPICILLIN-SULBACTAM INJ 10GM; 5GM	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	
<i>ampicillin/sulbactam inj 1gm; 0.5gm</i>	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	
<i>ampicillin caps 500mg</i>	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	
BICILLIN L-A INJ 1200000UNIT/2ML	
BICILLIN L-A INJ 2400000UNIT/4ML	
BICILLIN L-A INJ 600000UNIT/ML	
<i>dicloxacillin sodium caps 250mg</i>	
<i>dicloxacillin sodium caps 500mg</i>	
<i>nafcillin sodium inj 10gm</i>	
NAFCILLIN SODIUM INJ 1GM	
NAFCILLIN SODIUM INJ 2GM	
NAFCILLIN INJ 5%; 1GM/50ML	NDS
NAFCILLIN INJ 5%; 2GM/100ML	NDS
<i>oxacillin sodium inj 10gm</i>	
OXACILLIN SODIUM INJ 1GM	
OXACILLIN SODIUM INJ 2GM	

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Drug Name	Requirements/Limits
OXACILLIN SODIUM INJ 300MG/50ML; 2GM/50ML	
<i>penicillin g potassium inj 2000000unit</i>	
<i>penicillin g potassium inj 5000000unit</i>	
<i>penicillin g sodium inj 5000000unit</i>	NDS
<i>penicillin v potassium solr 125mg/5ml</i>	
<i>penicillin v potassium solr 250mg/5ml</i>	
<i>penicillin v potassium tabs 250mg</i>	
<i>penicillin v potassium tabs 500mg</i>	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INJ 2GM; 0.25GM	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INJ 36GM; 4.5GM	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INJ 3GM; 0.375GM	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INJ 4GM; 0.5GM	
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	
Carbapenems	
<i>ertapenem sodium inj 1gm</i>	
<i>imipenem/cilastatin inj 250mg; 250mg</i>	
<i>imipenem/cilastatin inj 500mg; 500mg</i>	
<i>meropenem/sodium chloride inj 1gm/50ml; 0.9%</i>	
<i>meropenem/sodium chloride inj 500mg; 0.9%</i>	
<i>meropenem inj 1gm</i>	
<i>meropenem inj 500mg</i>	
Macrolides	
<i>azithromycin inj 500mg</i>	
<i>azithromycin susr 100mg/5ml</i>	
<i>azithromycin susr 200mg/5ml</i>	
<i>azithromycin tabs 250mg</i>	
<i>azithromycin tabs 250mg</i>	
<i>azithromycin tabs 500mg</i>	
<i>azithromycin tabs 500mg</i>	
<i>azithromycin tabs 600mg</i>	
<i>clarithromycin er tb24 500mg</i>	
<i>clarithromycin susr 125mg/5ml</i>	
<i>clarithromycin susr 250mg/5ml</i>	
<i>clarithromycin tabs 250mg</i>	
<i>clarithromycin tabs 500mg</i>	
DIFICID SUSR 40MG/ML	NDS
<i>erythrocin stearate tabs 250mg</i>	
ERYTHROMYCIN BASE TABS 250MG	
ERYTHROMYCIN BASE TABS 500MG	
ERYTHROMYCIN DR CPEP 250MG	

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<i>erythromycin dr tbec 250mg</i>	
<i>erythromycin dr tbec 333mg</i>	
<i>erythromycin dr tbec 500mg</i>	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400MG	
<i>erythromycin lactobionate inj 500mg</i>	
<i>fidaxomicin tabs 200mg</i>	NDS
Quinolones	
<i>ciprofloxacin hcl tabs 750mg</i>	
<i>ciprofloxacin hydrochloride tabs 250mg</i>	
<i>ciprofloxacin hydrochloride tabs 500mg</i>	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	
CIPRO SUSR 500MG/5ML	
CIPRO SUSR 5GM/100ML	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	
<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	
<i>levofloxacin in d5w inj 5%; 750mg/150ml</i>	
<i>levofloxacin inj 25mg/ml</i>	
LEVOFLOXACIN SOLN 25MG/ML	
<i>levofloxacin tabs 250mg</i>	
<i>levofloxacin tabs 500mg</i>	
<i>levofloxacin tabs 750mg</i>	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE INJ 400MG/250ML; 0.8%	
MOXIFLOXACIN HYDROCHLORIDE INJ 400MG/250ML	
<i>moxifloxacin hydrochloride tabs 400mg</i>	
<i>ofloxacin tabs 400mg</i>	
Sulfonamides	
SULFADIAZINE TABS 500MG	NDS
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	
SULFAMETHOXAZOLE/TRIMETHOPRIM INJ 400MG/5ML; 80MG/5ML	
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	
<i>sulfatrim pediatric susp 200mg/5ml; 40mg/5ml</i>	
Tetracyclines	
DEMECLOCYCLINE HCL TABS 150MG	
DEMECLOCYCLINE HCL TABS 300MG	
<i>doxycycline hyclate caps 100mg</i>	
<i>doxycycline hyclate caps 50mg</i>	
<i>doxycycline hyclate inj 100mg</i>	

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<i>doxycycline hyclate tabs 100mg</i>	
<i>doxycycline monohydrate caps 100mg</i>	
<i>doxycycline monohydrate caps 50mg</i>	
<i>doxycycline monohydrate tabs 100mg</i>	
<i>doxycycline monohydrate tabs 150mg</i>	
<i>doxycycline monohydrate tabs 50mg</i>	
<i>doxycycline monohydrate tabs 75mg</i>	
DOXYCYCLINE CPDR 40MG	
<i>doxycycline susr 25mg/5ml</i>	
<i>minocycline hcl caps 75mg</i>	
<i>minocycline hcl tabs 100mg</i>	
<i>minocycline hcl tabs 75mg</i>	
<i>minocycline hydrochloride caps 100mg</i>	
<i>minocycline hydrochloride caps 50mg</i>	
<i>minocycline hydrochloride tabs 50mg</i>	
TETRACYCLINE HYDROCHLORIDE CAPS 250MG	
TETRACYCLINE HYDROCHLORIDE CAPS 500MG	
Anticonvulsants	
<i>Anticonvulsants, Other</i>	
<i>brivaracetam inj 50mg/5ml</i>	PA
<i>brivaracetam soln 10mg/ml</i>	PA
<i>brivaracetam tabs 100mg</i>	PA
<i>brivaracetam tabs 10mg</i>	PA
<i>brivaracetam tabs 25mg</i>	PA
<i>brivaracetam tabs 50mg</i>	PA
<i>brivaracetam tabs 75mg</i>	PA
BRIVIACT INJ 50MG/5ML	PA; NDS
BRIVIACT SOLN 10MG/ML	PA; NDS
BRIVIACT TABS 100MG	PA; NDS
BRIVIACT TABS 10MG	PA; NDS
BRIVIACT TABS 25MG	PA; NDS
BRIVIACT TABS 50MG	PA; NDS
BRIVIACT TABS 75MG	PA; NDS
EPIDIOLEX SOLN 100MG/ML	PA; NDS
<i>felbamate susp 600mg/5ml</i>	
FELBAMATE TABS 400MG	
FELBAMATE TABS 600MG	
FINTEPLA SOLN 2.2MG/ML	PA; NDS
FYCOMPA SUSP 0.5MG/ML	NDS
FYCOMPA TABS 10MG	NDS
FYCOMPA TABS 12MG	NDS
FYCOMPA TABS 2MG	
FYCOMPA TABS 4MG	NDS
FYCOMPA TABS 6MG	NDS

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Drug Name	Requirements/Limits
FYCOMPA TABS 8MG	NDS
LAMOTRIGINE ER TB24 100MG	
LAMOTRIGINE ER TB24 200MG	
LAMOTRIGINE ER TB24 250MG	
LAMOTRIGINE ER TB24 25MG	
LAMOTRIGINE ER TB24 300MG	
LAMOTRIGINE ER TB24 50MG	
LAMOTRIGINE ODT TBDP 100MG	
LAMOTRIGINE ODT TBDP 200MG	
LAMOTRIGINE ODT TBDP 25MG	
LAMOTRIGINE ODT TBDP 50MG	
<i>lamotrigine starter kit/blue kit 25mg</i>	
<i>lamotrigine starter kit/green kit 0</i>	
<i>lamotrigine starter kit/orange kit 0</i>	
<i>lamotrigine titration kit 0</i>	
<i>lamotrigine titration kit 0</i>	
<i>lamotrigine chew 25mg</i>	
<i>lamotrigine chew 5mg</i>	
<i>lamotrigine tabs 100mg</i>	
<i>lamotrigine tabs 150mg</i>	
<i>lamotrigine tabs 200mg</i>	
<i>lamotrigine tabs 25mg</i>	
<i>levetiracetam er tb24 500mg</i>	
<i>levetiracetam er tb24 750mg</i>	
LEVETIRACETAM/SODIUM CHLORIDE INJ 1000MG/100ML; 750MG/100ML	
LEVETIRACETAM/SODIUM CHLORIDE INJ 1000MG/100ML; 750MG/100ML	
LEVETIRACETAM/SODIUM CHLORIDE INJ 1500MG/100ML; 540MG/100ML	
LEVETIRACETAM/SODIUM CHLORIDE INJ 1500MG/100ML; 540MG/100ML	
LEVETIRACETAM/SODIUM CHLORIDE INJ 500MG/100ML; 820MG/100ML	
LEVETIRACETAM/SODIUM CHLORIDE INJ 500MG/100ML; 820MG/100ML	
LEVETIRACETAM INJ 500MG/5ML	
<i>levetiracetam soln 100mg/ml</i>	
<i>levetiracetam tabs 1000mg</i>	
<i>levetiracetam tabs 250mg</i>	
<i>levetiracetam tabs 500mg</i>	
<i>levetiracetam tabs 750mg</i>	
LEVETIRACETAM TB3D 250MG	
LEVETIRACETAM TB3D 500MG	

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Drug Name	Requirements/Limits
NAYZILAM SOLN 5MG/0.1ML	QL(10 EA per 30 days)
<i>perampanel susp 0.5mg/ml</i>	NDS
<i>perampanel tabs 10mg</i>	NDS
<i>perampanel tabs 12mg</i>	NDS
<i>perampanel tabs 2mg</i>	
<i>perampanel tabs 4mg</i>	NDS
<i>perampanel tabs 6mg</i>	NDS
<i>perampanel tabs 8mg</i>	NDS
<i>roweepra tabs 500mg</i>	
SPRITAM TB3D 1000MG	
SPRITAM TB3D 250MG	
SPRITAM TB3D 500MG	
SPRITAM TB3D 750MG	
<i>subvenite starter kit/blue kit 25mg</i>	
<i>subvenite starter kit/green kit 0</i>	
<i>subvenite starter kit/orange kit 0</i>	
SUBVENITE SUSP 10MG/ML	
<i>subvenite tabs 100mg</i>	
<i>subvenite tabs 150mg</i>	
<i>subvenite tabs 200mg</i>	
<i>subvenite tabs 25mg</i>	
<i>topiramate csp 15mg</i>	
<i>topiramate csp 25mg</i>	
<i>topiramate csp 50mg</i>	
<i>topiramate soln 25mg/ml</i>	
<i>topiramate tabs 100mg</i>	
<i>topiramate tabs 200mg</i>	
<i>topiramate tabs 25mg</i>	
<i>topiramate tabs 50mg</i>	
VALPROATE SODIUM INJ 100MG/ML	
<i>valproic acid caps 250mg</i>	
<i>valproic acid soln 250mg/5ml</i>	
Calcium Channel Modifying Agents	
<i>ethosuximide caps 250mg</i>	
<i>ethosuximide soln 250mg/5ml</i>	
<i>methsuximide caps 300mg</i>	
Gamma-aminobutyric Acid (GABA) Modulating Agents	
<i>clobazam susp 2.5mg/ml</i>	
CLOBAZAM TABS 10MG	
<i>clobazam tabs 20mg</i>	
<i>clonazepam odt tbdp 0.125mg</i>	QL(90 EA per 30 days)
<i>clonazepam odt tbdp 0.25mg</i>	QL(90 EA per 30 days)
<i>clonazepam odt tbdp 0.5mg</i>	QL(90 EA per 30 days)
<i>clonazepam odt tbdp 1mg</i>	QL(90 EA per 30 days)

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Drug Name	Requirements/Limits
<i>clonazepam odt tbdp 2mg</i>	QL(300 EA per 30 days)
<i>clonazepam tabs 0.5mg</i>	QL(90 EA per 30 days)
<i>clonazepam tabs 1mg</i>	QL(90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	QL(300 EA per 30 days)
DIACOMIT CAPS 250MG	PA; NDS
DIACOMIT CAPS 500MG	PA; NDS
DIACOMIT PACK 250MG	PA; NDS
DIACOMIT PACK 500MG	PA; NDS
DIAZEPAM GEL 10MG	
DIAZEPAM GEL 2.5MG	
DIAZEPAM GEL 20MG	
<i>divalproex sodium dr csdr 125mg</i>	
<i>divalproex sodium dr tbec 125mg</i>	
<i>divalproex sodium dr tbec 250mg</i>	
<i>divalproex sodium dr tbec 500mg</i>	
<i>divalproex sodium er tb24 250mg</i>	
<i>divalproex sodium er tb24 500mg</i>	
<i>gabapentin caps 100mg</i>	QL(360 EA per 30 days)
<i>gabapentin caps 300mg</i>	QL(360 EA per 30 days)
<i>gabapentin caps 400mg</i>	QL(270 EA per 30 days)
<i>gabapentin soln 250mg/5ml</i>	QL(2160 ML per 30 days)
<i>gabapentin tabs 600mg</i>	QL(180 EA per 30 days)
<i>gabapentin tabs 800mg</i>	QL(150 EA per 30 days)
LIBERVANT FILM 10MG	QL(10 EA per 30 days)
LIBERVANT FILM 12.5MG	QL(10 EA per 30 days)
LIBERVANT FILM 15MG	QL(10 EA per 30 days)
LIBERVANT FILM 5MG	QL(10 EA per 30 days)
LIBERVANT FILM 7.5MG	QL(10 EA per 30 days)
<i>phenobarbital sodium inj 130mg/ml</i>	
<i>phenobarbital sodium inj 65mg/ml</i>	
<i>phenobarbital elix 20mg/5ml</i>	
<i>phenobarbital tabs 100mg</i>	
<i>phenobarbital tabs 15mg</i>	
<i>phenobarbital tabs 16.2mg</i>	
<i>phenobarbital tabs 30mg</i>	
<i>phenobarbital tabs 32.4mg</i>	
<i>phenobarbital tabs 60mg</i>	
<i>phenobarbital tabs 64.8mg</i>	
<i>phenobarbital tabs 97.2mg</i>	
<i>pregabalin caps 100mg</i>	QL(90 EA per 30 days)
<i>pregabalin caps 150mg</i>	QL(90 EA per 30 days)
<i>pregabalin caps 200mg</i>	QL(90 EA per 30 days)
<i>pregabalin caps 225mg</i>	QL(90 EA per 30 days)
<i>pregabalin caps 25mg</i>	QL(90 EA per 30 days)

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Drug Name	Requirements/Limits
<i>pregabalin caps 300mg</i>	QL(60 EA per 30 days)
<i>pregabalin caps 50mg</i>	QL(90 EA per 30 days)
<i>pregabalin caps 75mg</i>	QL(90 EA per 30 days)
<i>pregabalin soln 20mg/ml</i>	QL(900 ML per 30 days)
<i>primidone tabs 125mg</i>	
<i>primidone tabs 250mg</i>	
<i>primidone tabs 50mg</i>	
SYMPAZAN FILM 10MG	NDS
SYMPAZAN FILM 20MG	NDS
SYMPAZAN FILM 5MG	NDS
TIAGABINE HYDROCHLORIDE TABS 12MG	
TIAGABINE HYDROCHLORIDE TABS 16MG	
TIAGABINE HYDROCHLORIDE TABS 2MG	
TIAGABINE HYDROCHLORIDE TABS 4MG	
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	QL(10 EA per 30 days); NDS
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	QL(10 EA per 30 days); NDS
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	QL(10 EA per 30 days); NDS
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	QL(10 EA per 30 days); NDS
<i>vigabatrin pack 500mg</i>	PA; NDS
<i>vigabatrin tabs 500mg</i>	PA; NDS
<i>vigadrone pack 500mg</i>	PA; NDS
<i>vigadrone tabs 500mg</i>	PA; NDS
VIGAFYDE SOLN 100MG/ML	PA; NDS
<i>vigpoder pack 500mg</i>	PA; NDS
ZTALMY SUSP 50MG/ML	PA; NDS
Sodium Channel Agents	
<i>carbamazepine er cp12 100mg</i>	
<i>carbamazepine er cp12 200mg</i>	
<i>carbamazepine er cp12 300mg</i>	
<i>carbamazepine er tb12 100mg</i>	
<i>carbamazepine er tb12 200mg</i>	
<i>carbamazepine er tb12 400mg</i>	
<i>carbamazepine chew 100mg</i>	
<i>carbamazepine chew 200mg</i>	
<i>carbamazepine susp 100mg/5ml</i>	
<i>carbamazepine tabs 200mg</i>	
DILANTIN INFATABS CHEW 50MG	
DILANTIN CAPS 30MG	
<i>epitol tabs 200mg</i>	
<i>eslicarbazepine acetate tabs 200mg</i>	
<i>eslicarbazepine acetate tabs 400mg</i>	
<i>eslicarbazepine acetate tabs 600mg</i>	
<i>eslicarbazepine acetate tabs 800mg</i>	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	

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Drug Name	Requirements/Limits
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	
<i>lacosamide inj 200mg/20ml</i>	NDS
<i>lacosamide soln 10mg/ml</i>	
<i>lacosamide tabs 100mg</i>	
<i>lacosamide tabs 150mg</i>	
<i>lacosamide tabs 200mg</i>	
<i>lacosamide tabs 50mg</i>	
OXCARBAZEPINE SUSP 300MG/5ML	
<i>oxcarbazepine tabs 150mg</i>	
<i>oxcarbazepine tabs 300mg</i>	
<i>oxcarbazepine tabs 600mg</i>	
<i>phenytek caps 200mg</i>	
<i>phenytek caps 300mg</i>	
<i>phenytoin infatabs chew 50mg</i>	
<i>phenytoin sodium extended caps 100mg</i>	
<i>phenytoin sodium extended caps 200mg</i>	
<i>phenytoin sodium extended caps 300mg</i>	
<i>phenytoin sodium inj 50mg/ml</i>	
<i>phenytoin chew 50mg</i>	
<i>phenytoin susp 125mg/5ml</i>	
<i>rufinamide susp 40mg/ml</i>	NDS
<i>rufinamide tabs 200mg</i>	
<i>rufinamide tabs 400mg</i>	NDS
XCOPRI TABS 100MG	PA; NDS
XCOPRI TABS 150MG	PA; NDS
XCOPRI TABS 200MG	PA; NDS
XCOPRI TABS 25MG	PA; NDS
XCOPRI TABS 50MG	PA; NDS
XCOPRI TBPK 0	PA
XCOPRI TBPK 0	PA; NDS
XCOPRI TBPK 0	PA; NDS
XCOPRI TBPK 0	PA; NDS
XCOPRI TBPK 0	PA; NDS
ZONISADE SUSP 100MG/5ML	ST
<i>zonisamide caps 100mg</i>	
<i>zonisamide caps 25mg</i>	
<i>zonisamide caps 50mg</i>	
Antidementia Agents	
<i>Antidementia Agents, Other</i>	
<i>ergoloid mesylates tabs 1mg</i>	
<i>memantine/donepezil hydrochloride er cp24 10mg; 14mg</i>	QL(30 EA per 30 days)
<i>memantine/donepezil hydrochloride er cp24 10mg; 21mg</i>	QL(30 EA per 30 days)
<i>memantine/donepezil hydrochloride er cp24 10mg; 28mg</i>	QL(30 EA per 30 days)
NAMZARIC C4PK 10MG; 0	QL(56 EA per 365 days)

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Drug Name	Requirements/Limits
NAMZARIC CP24 10MG; 7MG	QL(30 EA per 30 days)
Cholinesterase Inhibitors	
<i>donepezil hcl tabs 10mg</i>	
<i>donepezil hcl tabs 23mg</i>	
<i>donepezil hcl tbdp 10mg</i>	
<i>donepezil hcl tbdp 5mg</i>	
<i>donepezil hydrochloride tabs 5mg</i>	
<i>galantamine hydrobromide er cp24 16mg</i>	
<i>galantamine hydrobromide er cp24 24mg</i>	
<i>galantamine hydrobromide er cp24 8mg</i>	
GALANTAMINE HYDROBROMIDE SOLN 4MG/ML	
<i>galantamine hydrobromide tabs 12mg</i>	
<i>galantamine hydrobromide tabs 4mg</i>	
<i>galantamine hydrobromide tabs 8mg</i>	
<i>rivastigmine tartrate caps 1.5mg</i>	
<i>rivastigmine tartrate caps 3mg</i>	
<i>rivastigmine tartrate caps 4.5mg</i>	
<i>rivastigmine tartrate caps 6mg</i>	
RIVASTIGMINE TRANSDERMAL SYSTEM PT24 13.3MG/24HR	
RIVASTIGMINE TRANSDERMAL SYSTEM PT24 4.6MG/24HR	
RIVASTIGMINE TRANSDERMAL SYSTEM PT24 9.5MG/24HR	
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
<i>memantine hcl titration pak tabs 0</i>	
<i>memantine hydrochloride er cp24 14mg</i>	QL(30 EA per 30 days)
<i>memantine hydrochloride er cp24 21mg</i>	QL(30 EA per 30 days)
<i>memantine hydrochloride er cp24 28mg</i>	QL(30 EA per 30 days)
<i>memantine hydrochloride er cp24 7mg</i>	QL(30 EA per 30 days)
<i>memantine hydrochloride soln 2mg/ml</i>	
<i>memantine hydrochloride tabs 10mg</i>	
<i>memantine hydrochloride tabs 5mg</i>	
Antidepressants	
Antidepressants, Other	
AUVELITY TBCR 105MG; 45MG	QL(60 EA per 30 days); NDS
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 200mg</i>	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	QL(30 EA per 30 days)
<i>bupropion hydrochloride tabs 100mg</i>	
<i>bupropion hydrochloride tabs 75mg</i>	
EXXUA TITRATION PACK TB24 18.2MG	ST; NDS
EXXUA TB24 18.2MG	ST; NDS
EXXUA TB24 36.3MG	QL(30 EA per 30 days); ST; NDS
EXXUA TB24 54.5MG	QL(30 EA per 30 days); ST; NDS

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Drug Name	Requirements/Limits
EXXUA TB24 72.6MG	QL(30 EA per 30 days); ST; NDS
<i>mirtazapine odt tbdp 15mg</i>	
<i>mirtazapine odt tbdp 30mg</i>	
<i>mirtazapine odt tbdp 45mg</i>	
<i>mirtazapine tabs 15mg</i>	
<i>mirtazapine tabs 30mg</i>	
<i>mirtazapine tabs 45mg</i>	
<i>mirtazapine tabs 7.5mg</i>	
ZURZUVAE CAPS 20MG	QL(28 EA per 14 days); PA; NDS
ZURZUVAE CAPS 25MG	QL(28 EA per 14 days); PA; NDS
ZURZUVAE CAPS 30MG	QL(14 EA per 14 days); PA; NDS
Monoamine Oxidase Inhibitors	
EMSAM PT24 12MG/24HR	QL(30 EA per 30 days); ST; NDS
EMSAM PT24 6MG/24HR	QL(30 EA per 30 days); ST; NDS
EMSAM PT24 9MG/24HR	QL(30 EA per 30 days); ST; NDS
MARPLAN TABS 10MG	
<i>phenelzine sulfate tabs 15mg</i>	
<i>tranylcypromine sulfate tabs 10mg</i>	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)	
<i>citalopram hydrobromide soln 10mg/5ml</i>	
<i>citalopram hydrobromide tabs 10mg</i>	
<i>citalopram hydrobromide tabs 20mg</i>	
<i>citalopram hydrobromide tabs 40mg</i>	
<i>desvenlafaxine er tb24 100mg</i>	QL(120 EA per 30 days)
<i>desvenlafaxine er tb24 25mg</i>	QL(30 EA per 30 days)
<i>desvenlafaxine er tb24 50mg</i>	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG	QL(90 EA per 30 days)
DRIZALMA SPRINKLE CSDR 40MG	QL(90 EA per 30 days)
DRIZALMA SPRINKLE CSDR 60MG	QL(60 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 20mg</i>	QL(60 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 30mg</i>	QL(90 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 60mg</i>	QL(60 EA per 30 days)
<i>escitalopram oxalate soln 5mg/5ml</i>	
<i>escitalopram oxalate tabs 10mg</i>	
<i>escitalopram oxalate tabs 20mg</i>	
<i>escitalopram oxalate tabs 5mg</i>	
FETZIMA TITRATION PACK C4PK 0	QL(56 EA per 365 days); ST
FETZIMA CP24 120MG	QL(30 EA per 30 days); ST
FETZIMA CP24 20MG	QL(30 EA per 30 days); ST
FETZIMA CP24 40MG	QL(30 EA per 30 days); ST
FETZIMA CP24 80MG	QL(30 EA per 30 days); ST
<i>fluoxetine hydrochloride caps 10mg</i>	

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<i>fluoxetine hydrochloride caps 20mg</i>	
<i>fluoxetine hydrochloride caps 40mg</i>	
<i>fluoxetine hydrochloride soln 20mg/5ml</i>	
<i>fluvoxamine maleate tabs 100mg</i>	
<i>fluvoxamine maleate tabs 25mg</i>	
<i>fluvoxamine maleate tabs 50mg</i>	
NEFAZODONE HYDROCHLORIDE TABS 100MG	
NEFAZODONE HYDROCHLORIDE TABS 150MG	
NEFAZODONE HYDROCHLORIDE TABS 200MG	
NEFAZODONE HYDROCHLORIDE TABS 250MG	
NEFAZODONE HYDROCHLORIDE TABS 50MG	
<i>paroxetine hcl er tb24 12.5mg</i>	
<i>paroxetine hcl er tb24 25mg</i>	
<i>paroxetine hcl er tb24 37.5mg</i>	
<i>paroxetine hcl tabs 30mg</i>	
<i>paroxetine hcl tabs 40mg</i>	
<i>paroxetine hydrochloride susp 10mg/5ml</i>	
<i>paroxetine hydrochloride tabs 10mg</i>	
<i>paroxetine hydrochloride tabs 20mg</i>	
RALDESY SOLN 10MG/ML	NDS
<i>sertraline hcl conc 20mg/ml</i>	
<i>sertraline hcl tabs 50mg</i>	
<i>sertraline hydrochloride tabs 100mg</i>	
<i>sertraline hydrochloride tabs 25mg</i>	
<i>trazodone hydrochloride tabs 100mg</i>	
<i>trazodone hydrochloride tabs 150mg</i>	
<i>trazodone hydrochloride tabs 50mg</i>	
TRINTELLIX TABS 10MG	QL(30 EA per 30 days)
TRINTELLIX TABS 20MG	QL(30 EA per 30 days)
TRINTELLIX TABS 5MG	QL(30 EA per 30 days)
VENLAFAXINE BESYLATE ER TB24 112.5MG	ST
<i>venlafaxine hydrochloride er cp24 150mg</i>	
<i>venlafaxine hydrochloride er cp24 37.5mg</i>	
<i>venlafaxine hydrochloride er cp24 75mg</i>	
<i>venlafaxine hydrochloride er tb24 37.5mg</i>	
<i>venlafaxine hydrochloride tabs 100mg</i>	
<i>venlafaxine hydrochloride tabs 25mg</i>	
<i>venlafaxine hydrochloride tabs 37.5mg</i>	
<i>venlafaxine hydrochloride tabs 50mg</i>	
<i>venlafaxine hydrochloride tabs 75mg</i>	
<i>vilazodone hydrochloride tabs 10mg</i>	QL(30 EA per 30 days)
<i>vilazodone hydrochloride tabs 20mg</i>	QL(30 EA per 30 days)
<i>vilazodone hydrochloride tabs 40mg</i>	QL(30 EA per 30 days)
Tricyclics	

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Drug Name	Requirements/Limits
<i>amitriptyline hcl tabs 100mg</i>	
<i>amitriptyline hcl tabs 150mg</i>	
<i>amitriptyline hcl tabs 25mg</i>	
<i>amitriptyline hcl tabs 75mg</i>	
<i>amitriptyline hydrochloride tabs 100mg</i>	
<i>amitriptyline hydrochloride tabs 10mg</i>	
<i>amitriptyline hydrochloride tabs 25mg</i>	
<i>amitriptyline hydrochloride tabs 50mg</i>	
<i>amitriptyline hydrochloride tabs 75mg</i>	
<i>amoxapine tabs 100mg</i>	
<i>amoxapine tabs 150mg</i>	
<i>amoxapine tabs 25mg</i>	
<i>amoxapine tabs 50mg</i>	
CLOMIPRAMINE HYDROCHLORIDE CAPS 25MG	
CLOMIPRAMINE HYDROCHLORIDE CAPS 50MG	
CLOMIPRAMINE HYDROCHLORIDE CAPS 75MG	
<i>desipramine hydrochloride tabs 100mg</i>	
<i>desipramine hydrochloride tabs 10mg</i>	
<i>desipramine hydrochloride tabs 150mg</i>	
<i>desipramine hydrochloride tabs 25mg</i>	
<i>desipramine hydrochloride tabs 50mg</i>	
<i>desipramine hydrochloride tabs 75mg</i>	
DOXEPIN HCL CAPS 75MG	
DOXEPIN HCL CONC 10MG/ML	
DOXEPIN HYDROCHLORIDE CAPS 100MG	
DOXEPIN HYDROCHLORIDE CAPS 10MG	
DOXEPIN HYDROCHLORIDE CAPS 150MG	
DOXEPIN HYDROCHLORIDE CAPS 25MG	
DOXEPIN HYDROCHLORIDE CAPS 50MG	
<i>imipramine hcl tabs 25mg</i>	
<i>imipramine hcl tabs 50mg</i>	
<i>imipramine hydrochloride tabs 10mg</i>	
IMIPRAMINE PAMOATE CAPS 100MG	
IMIPRAMINE PAMOATE CAPS 125MG	
IMIPRAMINE PAMOATE CAPS 150MG	
IMIPRAMINE PAMOATE CAPS 75MG	
<i>nortriptyline hcl caps 25mg</i>	
<i>nortriptyline hcl caps 75mg</i>	
<i>nortriptyline hcl soln 10mg/5ml</i>	
<i>nortriptyline hydrochloride caps 10mg</i>	
<i>nortriptyline hydrochloride caps 50mg</i>	
<i>protriptyline hcl tabs 10mg</i>	
<i>protriptyline hcl tabs 5mg</i>	
TRIMIPRAMINE MALEATE CAPS 100MG	

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Drug Name	Requirements/Limits
TRIMIPRAMINE MALEATE CAPS 25MG	
TRIMIPRAMINE MALEATE CAPS 50MG	
Antiemetics	
<i>Antiemetics, Other</i>	
COMPRO SUPP 25MG	
<i>droperidol inj 2.5mg/ml</i>	
<i>meclizine hcl tabs 12.5mg</i>	
<i>meclizine hcl tabs 25mg</i>	
<i>meclizine hydrochloride tabs 25mg</i>	
PROCHLORPERAZINE EDISYLATE INJ 10MG/2ML	
<i>prochlorperazine maleate tabs 10mg</i>	
<i>prochlorperazine maleate tabs 5mg</i>	
PROCHLORPERAZINE SUPP 25MG	
PROMETHAZINE HCL INJ 25MG/ML	
PROMETHAZINE HCL INJ 50MG/ML	
PROMETHAZINE HCL SUPP 12.5MG	
PROMETHAZINE HYDROCHLORIDE PLAIN SOLN 6.25MG/5ML	
PROMETHAZINE HYDROCHLORIDE INJ 25MG/ML	
PROMETHAZINE HYDROCHLORIDE SOLN 6.25MG/5ML	
PROMETHAZINE HYDROCHLORIDE SUPP 25MG	
PROMETHAZINE HYDROCHLORIDE TABS 12.5MG	
PROMETHAZINE HYDROCHLORIDE TABS 25MG	
PROMETHAZINE HYDROCHLORIDE TABS 50MG	
PROMETHEGAN SUPP 12.5MG	
PROMETHEGAN SUPP 25MG	
<i>scopolamine pt72 1mg/3days</i>	
<i>Emetogenic Therapy Adjuncts</i>	
AKYNZEO CAPS 300MG; 0.5MG	QL(2 EA per 30 days); B/D
AKYNZEO INJ 235MG/20ML; 0.25MG/20ML	
<i>aprepitant caps 125mg</i>	QL(2 EA per 30 days); B/D
<i>aprepitant caps 40mg</i>	QL(1 EA per 30 days); B/D
<i>aprepitant caps 80mg</i>	QL(8 EA per 30 days); B/D
<i>aprepitant cppk 0</i>	QL(6 EA per 30 days); B/D
CINVANTI INJ 130MG/18ML	
<i>dronabinol caps 10mg</i>	QL(60 EA per 30 days); PA
DRONABINOL CAPS 2.5MG	QL(60 EA per 30 days); PA
DRONABINOL CAPS 5MG	QL(60 EA per 30 days); PA
<i>granisetron hcl inj 1mg/ml</i>	
<i>granisetron hcl inj 4mg/4ml</i>	
<i>granisetron hydrochloride inj 1mg/ml</i>	
<i>granisetron hydrochloride inj 1mg/ml</i>	
<i>granisetron hydrochloride tabs 1mg</i>	QL(30 EA per 30 days); B/D
ONDANSETRON HCL SOLN 4MG/5ML	QL(450 ML per 30 days); B/D

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<i>ondansetron hydrochloride + rfid inj 4mg/2ml</i>	
<i>ondansetron hydrochloride inj 40mg/20ml</i>	
<i>ondansetron hydrochloride inj 4mg/2ml</i>	
<i>ondansetron hydrochloride tabs 4mg</i>	B/D
<i>ondansetron hydrochloride tabs 8mg</i>	B/D
<i>ondansetron odt tbdp 4mg</i>	B/D
<i>ondansetron odt tbdp 8mg</i>	B/D
PALONOSETRON HYDROCHLORIDE INJ 0.25MG/2ML	
<i>palonosetron hydrochloride inj 0.25mg/5ml</i>	
SANCUSO PTCH 3.1MG/24HR	QL(2 EA per 30 days); NDS
Antifungals	
<i>Antifungals</i>	
ABELCET INJ 5MG/ML	B/D
<i>amphotericin b liposome inj 50mg</i>	B/D; NDS
AMPHOTERICIN B INJ 50MG	B/D
<i>clotrimazole crea 1%</i>	QL(90 GM per 30 days)
<i>clotrimazole soln 1%</i>	QL(60 ML per 30 days)
<i>clotrimazole troc 10mg</i>	
CRESEMBA CAPS 186MG	PA; NDS
CRESEMBA CAPS 74.5MG	PA; NDS
CRESEMBA INJ 372MG	NDS
ERAXIS INJ 100MG	NDS
ERAXIS INJ 50MG	
<i>fluconazole in sodium chloride inj 200mg/100ml; 0.9%</i>	
<i>fluconazole in sodium chloride inj 400mg/200ml; 0.9%</i>	
<i>fluconazole susr 10mg/ml</i>	
<i>fluconazole susr 40mg/ml</i>	
<i>fluconazole tabs 100mg</i>	
<i>fluconazole tabs 150mg</i>	
<i>fluconazole tabs 200mg</i>	
<i>fluconazole tabs 50mg</i>	
<i>flucytosine caps 250mg</i>	NDS
<i>flucytosine caps 500mg</i>	NDS
<i>griseofulvin microsize susp 125mg/5ml</i>	
GRISEOFULVIN MICROSIZED TABS 500MG	
GRISEOFULVIN ULTRAMICROSIZED TABS 125MG	
<i>griseofulvin ultramicrosize tabs 165mg</i>	NDS
GRISEOFULVIN ULTRAMICROSIZED TABS 250MG	
ITRACONAZOLE CAPS 100MG	PA
<i>itraconazole soln 10mg/ml</i>	PA; NDS
<i>ketoconazole crea 2%</i>	QL(90 GM per 30 days)
<i>ketoconazole sham 2%</i>	
<i>ketoconazole tabs 200mg</i>	
<i>klayesta powd 100000unit/gm</i>	QL(120 GM per 30 days)

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Drug Name	Requirements/Limits
<i>micafungin inj 100mg</i>	
<i>micafungin inj 50mg</i>	
<i>miconazole 3 supp 200mg</i>	
<i>naftifine hydrochloride gel 2%</i>	
<i>nyamyc powd 100000unit/gm</i>	QL(120 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	
<i>nystatin oint 100000unit/gm</i>	
<i>nystatin powd 100000unit/gm</i>	QL(120 GM per 30 days)
<i>nystatin susp 100000unit/ml</i>	
<i>nystatin tabs 500000unit</i>	
<i>nystop powd 100000unit/gm</i>	QL(120 GM per 30 days)
<i>posaconazole dr tbec 100mg</i>	PA; NDS
<i>posaconazole inj 300mg/16.7ml</i>	NDS
<i>posaconazole susp 40mg/ml</i>	PA; NDS
<i>terbinafine hcl tabs 250mg</i>	QL(84 EA per 180 days)
<i>terconazole crea 0.4%</i>	
<i>terconazole crea 0.8%</i>	
<i>terconazole supp 80mg</i>	
<i>voriconazole inj 200mg</i>	PA; NDS
<i>voriconazole susr 40mg/ml</i>	NDS
<i>voriconazole tabs 200mg</i>	
<i>voriconazole tabs 50mg</i>	
Antigout Agents	
<i>Antigout Agents</i>	
<i>allopurinol tabs 100mg</i>	
<i>allopurinol tabs 300mg</i>	
<i>colchicine tabs 0.6mg</i>	
<i>febuxostat tabs 40mg</i>	
<i>febuxostat tabs 80mg</i>	
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	
<i>probenecid tabs 500mg</i>	
Antimigraine Agents	
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>	
<i>AIMOVIG INJ 140MG/ML</i>	QL(1 ML per 28 days); PA
<i>AIMOVIG INJ 70MG/ML</i>	QL(2 ML per 28 days); PA
<i>QULIPTA TABS 10MG</i>	QL(30 EA per 30 days); PA; NDS
<i>QULIPTA TABS 30MG</i>	QL(30 EA per 30 days); PA; NDS
<i>QULIPTA TABS 60MG</i>	QL(30 EA per 30 days); PA; NDS
<i>UBRELVY TABS 100MG</i>	QL(16 EA per 30 days); PA; NDS
<i>UBRELVY TABS 50MG</i>	QL(16 EA per 30 days); PA; NDS
<i>Ergot Alkaloids</i>	
<i>dihydroergotamine mesylate inj 1mg/ml</i>	QL(24 ML per 28 days); PA; NDS
<i>dihydroergotamine mesylate soln 4mg/ml</i>	QL(8 ML per 30 days); PA; NDS
<i>ERGOMAR SUBL 2MG</i>	NDS

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<i>ergotamine tartrate/caffeine tabs 100mg; 1mg</i>	QL(24 EA per 28 days)
MIGERGOT SUPP 100MG; 2MG	QL(20 EA per 28 days); NDS
Prophylactic	
<i>timolol maleate tabs 10mg</i>	
<i>timolol maleate tabs 20mg</i>	
<i>timolol maleate tabs 5mg</i>	
Serotonin (5-HT) Receptor Agonist	
<i>naratriptan hcl tabs 1mg</i>	QL(9 EA per 30 days)
<i>naratriptan hcl tabs 2.5mg</i>	QL(9 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 10mg</i>	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 5mg</i>	QL(18 EA per 30 days)
<i>rizatriptan benzoate tabs 10mg</i>	QL(18 EA per 30 days)
<i>rizatriptan benzoate tabs 5mg</i>	QL(18 EA per 30 days)
SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	QL(5 ML per 30 days)
SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	QL(5 ML per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	QL(9 EA per 30 days)
<i>sumatriptan succinate tabs 25mg</i>	QL(9 EA per 30 days)
<i>sumatriptan succinate tabs 50mg</i>	QL(9 EA per 30 days)
SUMATRIPTAN SOLN 20MG/ACT	QL(12 EA per 30 days)
SUMATRIPTAN SOLN 5MG/ACT	QL(12 EA per 30 days)
<i>zolmitriptan odt tbdp 2.5mg</i>	QL(12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	QL(9 EA per 30 days)
<i>zolmitriptan soln 2.5mg</i>	QL(18 EA per 30 days)
<i>zolmitriptan tabs 2.5mg</i>	QL(12 EA per 30 days)
<i>zolmitriptan tabs 5mg</i>	QL(12 EA per 30 days)
Antimyasthenic Agents	
Parasympathomimetics	
PYRIDOSTIGMINE BROMIDE ER TBCR 180MG	
<i>pyridostigmine bromide soln 60mg/5ml</i>	
<i>pyridostigmine bromide tabs 60mg</i>	
REGONOL INJ 10MG/2ML	
VYVGART HYTRULO INJ 180MG/ML; 2000UNIT/ML	PA; NDS
Antimycobacterials	
Antimycobacterials, Other	
DAPSONE TABS 100MG	
DAPSONE TABS 25MG	
<i>rifabutin caps 150mg</i>	
Antituberculars	
<i>cycloserine caps 250mg</i>	NDS
<i>ethambutol hydrochloride tabs 100mg</i>	
<i>ethambutol hydrochloride tabs 400mg</i>	
ISONIAZID INJ 100MG/ML	
ISONIAZID SYRP 50MG/5ML	
<i>isoniazid tabs 100mg</i>	

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<i>isoniazid tabs 300mg</i>	
PRIFTIN TABS 150MG	
<i>pyrazinamide tabs 500mg</i>	
<i>rifampin caps 150mg</i>	
<i>rifampin caps 300mg</i>	
RIFAMPIN INJ 600MG	
SIRTURO TABS 100MG	NDS
SIRTURO TABS 20MG	NDS
TRECTOR TABS 250MG	
Antineoplastics	
<i>Alkylating Agents</i>	
BELRAPZO INJ 100MG/4ML	NDS
<i>bendamustine hydrochloride inj 100mg/4ml</i>	NDS
<i>bendamustine hydrochloride inj 100mg</i>	NDS
<i>bendamustine hydrochloride inj 25mg</i>	NDS
BENDEKA INJ 100MG/4ML	NDS
<i>busulfan inj 6mg/ml</i>	NDS
<i>carboplatin inj 150mg/15ml</i>	
<i>carboplatin inj 450mg/45ml</i>	
<i>carboplatin inj 50mg/5ml</i>	
<i>carboplatin inj 600mg/60ml</i>	
<i>carmustine inj 100mg</i>	NDS
<i>cisplatin inj 100mg/100ml</i>	
<i>cisplatin inj 200mg/200ml</i>	
<i>cisplatin inj 50mg/50ml</i>	
<i>cyclophosphamide caps 25mg</i>	B/D
<i>cyclophosphamide caps 50mg</i>	B/D
<i>cyclophosphamide inj 1gm</i>	NDS
<i>cyclophosphamide inj 2gm</i>	NDS
<i>cyclophosphamide inj 500mg</i>	NDS
<i>dacarbazine inj 100mg</i>	
<i>dacarbazine inj 200mg</i>	
GLEOSTINE CAPS 100MG	NDS
GLEOSTINE CAPS 10MG	
GLEOSTINE CAPS 40MG	
<i>ifosfamide inj 1gm/20ml</i>	
IFOSFAMIDE INJ 1GM	
<i>ifosfamide inj 3gm/60ml</i>	
IFOSFAMIDE INJ 3GM	
<i>kemoplat inj 50mg/50ml</i>	
LEUKERAN TABS 2MG	NDS
<i>lomustine caps 100mg</i>	NDS
<i>lomustine caps 10mg</i>	
<i>lomustine caps 40mg</i>	

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MATULANE CAPS 50MG	NDS
<i>melphalan hydrochloride inj 50mg</i>	
<i>oxaliplatin inj 100mg/20ml</i>	NDS
<i>oxaliplatin inj 50mg/10ml</i>	
TEMODAR INJ 100MG	NDS
<i>thiotepa inj 15mg</i>	NDS
VALCHLOR GEL 0.016%	PA; NDS
VIVIMUSTA INJ 100MG/4ML	NDS
YONDELIS INJ 1MG	NDS
ZANOSAR INJ 1GM	NDS
Antiandrogens	
<i>abiraterone acetate tabs 250mg</i>	PA
<i>abiraterone acetate tabs 500mg</i>	PA; NDS
<i>abirtega tabs 250mg</i>	PA
<i>bicalutamide tabs 50mg</i>	
ERLEADA TABS 240MG	PA; NDS
ERLEADA TABS 60MG	PA; NDS
EULEXIN CAPS 125MG	
<i>nilutamide tabs 150mg</i>	NDS
NUBEQA TABS 300MG	PA; NDS
XTANDI CAPS 40MG	PA; NDS
XTANDI TABS 40MG	PA; NDS
XTANDI TABS 80MG	PA; NDS
YONSA TABS 125MG	PA; NDS
Antiangiogenic Agents	
<i>lenalidomide caps 10mg</i>	PA; NDS
<i>lenalidomide caps 15mg</i>	PA; NDS
<i>lenalidomide caps 2.5mg</i>	PA; NDS
<i>lenalidomide caps 20mg</i>	PA; NDS
<i>lenalidomide caps 25mg</i>	PA; NDS
<i>lenalidomide caps 5mg</i>	PA; NDS
POMALYST CAPS 1MG	QL(30 EA per 30 days); PA; NDS
POMALYST CAPS 2MG	QL(30 EA per 30 days); PA; NDS
POMALYST CAPS 3MG	PA; NDS
POMALYST CAPS 4MG	PA; NDS
THALOMID CAPS 100MG	PA; NDS
THALOMID CAPS 150MG	PA; NDS
THALOMID CAPS 200MG	PA; NDS
THALOMID CAPS 50MG	PA; NDS
Antiestrogens/Modifiers	
EMCYT CAPS 140MG	NDS
FASLODEX INJ 250MG/5ML	NDS
<i>fulvestrant inj 250mg/5ml</i>	NDS
INLURIYO TABS 200MG	PA; NDS

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Drug Name	Requirements/Limits
ORSERDU TABS 345MG	PA; NDS
ORSERDU TABS 86MG	PA; NDS
SOLTAMOX SOLN 10MG/5ML	NDS
<i>tamoxifen citrate tabs 10mg</i>	
<i>tamoxifen citrate tabs 20mg</i>	
<i>toremifene citrate tabs 60mg</i>	NDS
Antimetabolites	
ARRANON INJ 5MG/ML	NDS
<i>cladribine inj 10mg/10ml</i>	B/D; NDS
<i>clofarabine inj 1mg/ml</i>	NDS
<i>cytarabine aqueous inj 20mg/ml</i>	B/D
<i>cytarabine aqueous inj 20mg/ml</i>	B/D
<i>cytarabine inj 100mg/ml</i>	B/D
<i>cytarabine inj 100mg/ml</i>	B/D
<i>cytarabine inj 20mg/ml</i>	B/D
DROXIA CAPS 200MG	
DROXIA CAPS 300MG	
DROXIA CAPS 400MG	
<i>floxuridine inj 0.5gm</i>	B/D; NDS
<i>fluorouracil inj 1gm/20ml</i>	B/D
<i>fluorouracil inj 2.5gm/50ml</i>	B/D
<i>fluorouracil inj 500mg/10ml</i>	B/D
<i>fluorouracil inj 5gm/100ml</i>	B/D
FOLOTYN INJ 20MG/ML	PA; NDS
FOLOTYN INJ 40MG/2ML	PA; NDS
<i>gemcitabine hcl inj 1gm</i>	
<i>gemcitabine hcl inj 200mg</i>	
<i>gemcitabine hcl inj 2gm</i>	
<i>gemcitabine hydrochloride inj 1gm/26.3ml</i>	
<i>gemcitabine hydrochloride inj 1gm</i>	
<i>gemcitabine hydrochloride inj 200mg/5.26ml</i>	
<i>gemcitabine hydrochloride inj 200mg</i>	
<i>gemcitabine hydrochloride inj 2gm/52.6ml</i>	
<i>gemcitabine hydrochloride inj 2gm/52.6ml</i>	
<i>hydroxyurea caps 500mg</i>	
<i>mercaptopurine susp 2000mg/100ml</i>	NDS
<i>mercaptopurine tabs 50mg</i>	
<i>nelarabine inj 5mg/ml</i>	NDS
NIPENT INJ 10MG	NDS
<i>pemetrexed disodium inj 100mg</i>	NDS
<i>pemetrexed disodium inj 500mg</i>	NDS
<i>pemetrexed inj 100mg</i>	NDS
<i>pemetrexed inj 500mg</i>	NDS
<i>pralatrexate inj 20mg/ml</i>	PA; NDS

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<i>pralatrexate inj 40mg/2ml</i>	PA; NDS
TABLOID TABS 40MG	NDS
VYXEOS INJ 100MG; 44MG	PA; NDS
Antineoplastics, Other	
<i>adriamycin inj 50mg</i>	B/D
AKEEGA TABS 500MG; 100MG	PA; NDS
AKEEGA TABS 500MG; 50MG	PA; NDS
<i>arsenic trioxide inj 10mg/10ml</i>	NDS
<i>arsenic trioxide inj 12mg/6ml</i>	NDS
<i>azacitidine inj 100mg</i>	NDS
<i>bleomycin sulfate inj 15unit</i>	B/D
<i>bleomycin sulfate inj 30unit</i>	B/D
<i>bleomycin sulfate inj 30unit</i>	B/D
<i>bortezomib inj 3.5mg</i>	PA; NDS
BORTEZOMIB INJ 3.5MG	PA; NDS
<i>dactinomycin inj 0.5mg</i>	NDS
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	
<i>decitabine inj 50mg</i>	NDS
<i>docetaxel inj 160mg/16ml</i>	
<i>docetaxel inj 160mg/8ml</i>	NDS
<i>docetaxel inj 20mg/2ml</i>	NDS
<i>docetaxel inj 20mg/ml</i>	
<i>docetaxel inj 80mg/4ml</i>	
<i>docetaxel inj 80mg/8ml</i>	NDS
<i>doxorubicin hcl inj 2mg/ml</i>	B/D
<i>doxorubicin hcl inj 50mg</i>	B/D
<i>doxorubicin hydrochloride liposomal inj 2mg/ml</i>	NDS
<i>doxorubicin hydrochloride inj 10mg</i>	B/D
<i>doxorubicin hydrochloride inj 2mg/ml</i>	NDS
<i>doxorubicin hydrochloride inj 2mg/ml</i>	B/D
<i>eribulin mesylate inj 1mg/2ml</i>	PA; NDS
HALAVEN INJ 1MG/2ML	PA; NDS
IBRANCE TABS 100MG	PA; NDS
IBRANCE TABS 125MG	PA; NDS
IBRANCE TABS 75MG	PA; NDS
<i>idarubicin hcl inj 10mg/10ml</i>	NDS
<i>idarubicin hcl inj 20mg/20ml</i>	NDS
<i>idarubicin hcl inj 5mg/5ml</i>	NDS
<i>idarubicin hydrochloride inj 10mg/10ml</i>	NDS
<i>idarubicin hydrochloride inj 20mg/20ml</i>	NDS
<i>idarubicin hydrochloride inj 5mg/5ml</i>	NDS
INREBIC CAPS 100MG	PA; NDS
ITOVEBI TABS 3MG	QL(60 EA per 30 days); PA; NDS

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ITOVEBI TABS 9MG	PA; NDS
IWILFIN TABS 192MG	PA; NDS
IXEMPRA KIT INJ 15MG	NDS
IXEMPRA KIT INJ 45MG	NDS
JEVTANA INJ 60MG/1.5ML	PA; NDS
KISQALI FEMARA 200 DOSE TBPK 2.5MG; 200MG	PA; NDS
KISQALI FEMARA 400 DOSE TBPK 2.5MG; 200MG	PA; NDS
KISQALI FEMARA 600 DOSE TBPK 2.5MG; 200MG	PA; NDS
KOMZIFTI CAPS 200MG	PA; NDS
LAZCLUZE TABS 240MG	PA; NDS
LAZCLUZE TABS 80MG	QL(60 EA per 30 days); PA; NDS
<i>leucovorin calcium inj 100mg</i>	
<i>leucovorin calcium inj 200mg</i>	
<i>leucovorin calcium inj 350mg</i>	
<i>leucovorin calcium inj 500mg</i>	
<i>leucovorin calcium inj 50mg</i>	
<i>leucovorin calcium tabs 10mg</i>	
<i>leucovorin calcium tabs 15mg</i>	
<i>leucovorin calcium tabs 25mg</i>	
<i>leucovorin calcium tabs 5mg</i>	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	
<i>levoleucovorin calcium inj 250mg/25ml</i>	
<i>levoleucovorin inj 50mg</i>	NDS
LONSURF TABS 6.14MG; 15MG	PA; NDS
LONSURF TABS 8.19MG; 20MG	PA; NDS
LYSODREN TABS 500MG	NDS
<i>mitomycin inj 20mg</i>	NDS
<i>mitomycin inj 40mg</i>	NDS
<i>mitomycin inj 5mg</i>	NDS
MODEYSO CAPS 125MG	PA; NDS
<i>mutamycin inj 20mg</i>	NDS
<i>mutamycin inj 40mg</i>	NDS
<i>mutamycin inj 5mg</i>	NDS
OGSIVEO TABS 100MG	PA; NDS
OGSIVEO TABS 150MG	PA; NDS
OGSIVEO TABS 50MG	PA; NDS
OJEMDA SUSR 25MG/ML	PA; NDS
OJEMDA TABS 100MG	PA; NDS
OJEMDA TABS 100MG	PA; NDS
OJEMDA TABS 100MG	PA; NDS
ONUREG TABS 200MG	PA; NDS
ONUREG TABS 300MG	PA; NDS
<i>paclitaxel inj 100mg/16.7ml</i>	
<i>paclitaxel inj 150mg/25ml</i>	

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<i>paclitaxel inj 300mg/50ml</i>	
<i>paclitaxel inj 30mg/5ml</i>	
PROLEUKIN INJ 22000000UNIT	NDS
REVUFORJ TABS 110MG	PA; NDS
REVUFORJ TABS 160MG	PA; NDS
REVUFORJ TABS 25MG	PA; NDS
<i>romidepsin inj 10mg</i>	PA; NDS
RYLAZE INJ 10MG/0.5ML	NDS
TICE BCG INJ 50MG	
TRISENOX INJ 12MG/6ML	NDS
<i>valrubicin inj 40mg/ml</i>	NDS
<i>vinblastine sulfate inj 1mg/ml</i>	B/D
<i>vincristine sulfate inj 1mg/ml</i>	B/D
<i>vinorelbine tartrate inj 10mg/ml</i>	
<i>vinorelbine tartrate inj 50mg/5ml</i>	
VONJO CAPS 100MG	PA; NDS
ZALTRAP INJ 100MG/4ML	PA; NDS
ZALTRAP INJ 200MG/8ML	PA; NDS
ZOLINZA CAPS 100MG	PA; NDS
<i>Aromatase Inhibitors, 3rd Generation</i>	
<i>anastrozole tabs 1mg</i>	
EXEMESTANE TABS 25MG	
<i>letrozole tabs 2.5mg</i>	
<i>Enzyme Inhibitors</i>	
AVMAPKI FAKZYNJA CO-PACK THPK 0.8MG; 200MG	PA; NDS
ETOPOPHOS INJ 100MG	NDS
<i>etoposide inj 100mg/5ml</i>	
<i>etoposide inj 1gm/50ml</i>	
<i>etoposide inj 500mg/25ml</i>	
<i>irinotecan hydrochloride inj 100mg/5ml</i>	NDS
<i>irinotecan hydrochloride inj 40mg/2ml</i>	NDS
<i>irinotecan inj 500mg/25ml</i>	NDS
KYPROLIS INJ 30MG	PA; NDS
KYPROLIS INJ 60MG	PA; NDS
<i>topotecan hcl inj 4mg/4ml</i>	NDS
<i>topotecan hcl inj 4mg</i>	NDS
<i>topotecan hydrochloride inj 4mg/4ml</i>	NDS
<i>Molecular Target Inhibitors</i>	
ALECENSA CAPS 150MG	PA; NDS
ALIQOPA INJ 60MG	PA; NDS
ALUNBRIG TABS 180MG	QL(30 EA per 30 days); PA; NDS
ALUNBRIG TABS 30MG	QL(120 EA per 30 days); PA; NDS
ALUNBRIG TABS 90MG	QL(30 EA per 30 days); PA; NDS
ALUNBRIG TBPK 0	QL(60 EA per 365 days); PA; NDS

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Drug Name	Requirements/Limits
AUGTYRO CAPS 160MG	PA; NDS
AUGTYRO CAPS 40MG	PA; NDS
AYVAKIT TABS 100MG	QL(30 EA per 30 days); PA; NDS
AYVAKIT TABS 200MG	QL(30 EA per 30 days); PA; NDS
AYVAKIT TABS 25MG	QL(30 EA per 30 days); PA; NDS
AYVAKIT TABS 300MG	QL(30 EA per 30 days); PA; NDS
AYVAKIT TABS 50MG	QL(30 EA per 30 days); PA; NDS
BALVERSA TABS 3MG	PA; NDS
BALVERSA TABS 4MG	PA; NDS
BALVERSA TABS 5MG	PA; NDS
BELEODAQ INJ 500MG	PA; NDS
BOSULIF CAPS 100MG	PA; NDS
BOSULIF CAPS 50MG	PA; NDS
BOSULIF TABS 100MG	PA; NDS
BOSULIF TABS 400MG	PA; NDS
BOSULIF TABS 500MG	PA; NDS
BRAFTOVI CAPS 75MG	PA; NDS
BRUKINSA CAPS 80MG	PA; NDS
BRUKINSA TABS 160MG	PA; NDS
CABOMETYX TABS 20MG	QL(30 EA per 30 days); PA; NDS
CABOMETYX TABS 40MG	PA; NDS
CABOMETYX TABS 60MG	PA; NDS
CALQUENCE CAPS 100MG	PA; NDS
CALQUENCE TABS 100MG	PA; NDS
CAPRELSA TABS 100MG	QL(60 EA per 30 days); PA; NDS
CAPRELSA TABS 300MG	PA; NDS
COMETRIQ KIT 0	PA; NDS
COMETRIQ KIT 0	PA; NDS
COMETRIQ KIT 20MG	PA; NDS
COPIKTRA CAPS 15MG	PA; NDS
COPIKTRA CAPS 25MG	PA; NDS
COTELLIC TABS 20MG	PA; NDS
DANZITEN TABS 71MG	PA; NDS
DANZITEN TABS 95MG	PA; NDS
<i>dasatinib tabs 100mg</i>	PA; NDS
<i>dasatinib tabs 140mg</i>	PA; NDS
<i>dasatinib tabs 20mg</i>	PA; NDS
<i>dasatinib tabs 50mg</i>	PA; NDS
<i>dasatinib tabs 70mg</i>	PA; NDS
<i>dasatinib tabs 80mg</i>	PA; NDS
DAURISMO TABS 100MG	PA; NDS
DAURISMO TABS 25MG	PA; NDS
ENSACOVE CAPS 100MG	PA; NDS
ENSACOVE CAPS 25MG	PA; NDS

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Drug Name	Requirements/Limits
ERIVEDGE CAPS 150MG	PA; NDS
<i>erlotinib hydrochloride tabs 100mg</i>	PA; NDS
<i>erlotinib hydrochloride tabs 150mg</i>	PA; NDS
<i>erlotinib hydrochloride tabs 25mg</i>	PA; NDS
<i>everolimus tabs 10mg</i>	QL(30 EA per 30 days); PA; NDS
EVEROLIMUS TABS 2.5MG	QL(30 EA per 30 days); PA; NDS
EVEROLIMUS TABS 5MG	QL(30 EA per 30 days); PA; NDS
EVEROLIMUS TABS 7.5MG	QL(30 EA per 30 days); PA; NDS
<i>everolimus tbso 2mg</i>	PA; NDS
<i>everolimus tbso 3mg</i>	PA; NDS
<i>everolimus tbso 5mg</i>	PA; NDS
EXKIVITY CAPS 40MG	NDS
<i>fludarabine phosphate inj 50mg</i>	NDS
FOTIVDA CAPS 0.89MG	PA; NDS
FOTIVDA CAPS 1.34MG	PA; NDS
FRUZAQLA CAPS 1MG	PA; NDS
FRUZAQLA CAPS 5MG	PA; NDS
GAVRETO CAPS 100MG	PA; NDS
<i>gefitinib tabs 250mg</i>	PA; NDS
GILOTRIF TABS 20MG	QL(30 EA per 30 days); PA; NDS
GILOTRIF TABS 30MG	QL(30 EA per 30 days); PA; NDS
GILOTRIF TABS 40MG	QL(30 EA per 30 days); PA; NDS
GOMEKLI CAPS 1MG	PA; NDS
GOMEKLI CAPS 2MG	PA; NDS
GOMEKLI TBSO 1MG	PA; NDS
HERNEXEOS TABS 60MG	PA; NDS
HYRNUO TABS 10MG	PA; NDS
IBRANCE CAPS 100MG	PA; NDS
IBRANCE CAPS 125MG	PA; NDS
IBRANCE CAPS 75MG	PA; NDS
IBTROZI CAPS 200MG	PA; NDS
ICLUSIG TABS 10MG	QL(30 EA per 30 days); PA; NDS
ICLUSIG TABS 15MG	QL(30 EA per 30 days); PA; NDS
ICLUSIG TABS 30MG	PA; NDS
ICLUSIG TABS 45MG	PA; NDS
IDHIFA TABS 100MG	QL(30 EA per 30 days); PA; NDS
IDHIFA TABS 50MG	QL(30 EA per 30 days); PA; NDS
<i>imatinib mesylate tabs 100mg</i>	PA
<i>imatinib mesylate tabs 400mg</i>	PA
IMBRUVICA CAPS 140MG	QL(120 EA per 30 days); PA; NDS
IMBRUVICA CAPS 70MG	QL(28 EA per 28 days); PA; NDS
IMBRUVICA SUSP 70MG/ML	PA; NDS
IMBRUVICA TABS 140MG	QL(28 EA per 28 days); PA; NDS
IMBRUVICA TABS 280MG	QL(28 EA per 28 days); PA; NDS

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Drug Name	Requirements/Limits
IMBRUVICA TABS 420MG	PA; NDS
IMKELDI SOLN 80MG/ML	PA; NDS
INLYTA TABS 1MG	PA; NDS
INLYTA TABS 5MG	PA; NDS
INQOVI TABS 100MG; 35MG	PA; NDS
JAKAFI TABS 10MG	QL(60 EA per 30 days); PA; NDS
JAKAFI TABS 15MG	PA; NDS
JAKAFI TABS 20MG	PA; NDS
JAKAFI TABS 25MG	PA; NDS
JAKAFI TABS 5MG	PA; NDS
JAYPIRCA TABS 100MG	PA; NDS
JAYPIRCA TABS 50MG	QL(30 EA per 30 days); PA; NDS
KISQALI TBPK 200MG	PA; NDS
KISQALI TBPK 200MG	PA; NDS
KISQALI TBPK 200MG	PA; NDS
KOSELUGO CAPS 10MG	PA; NDS
KOSELUGO CAPS 25MG	PA; NDS
KOSELUGO CPSP 5MG	PA; NDS
KOSELUGO CPSP 7.5MG	PA; NDS
KRAZATI TABS 200MG	PA; NDS
<i>lapatinib ditosylate tabs 250mg</i>	PA; NDS
LENVIMA 10 MG DAILY DOSE CPPK 10MG	PA; NDS
LENVIMA 12MG DAILY DOSE CPPK 4MG	PA; NDS
LENVIMA 14 MG DAILY DOSE CPPK 0	PA; NDS
LENVIMA 18 MG DAILY DOSE CPPK 0	PA; NDS
LENVIMA 20 MG DAILY DOSE CPPK 10MG	PA; NDS
LENVIMA 24 MG DAILY DOSE CPPK 0	PA; NDS
LENVIMA 4 MG DAILY DOSE CPPK 4MG	PA; NDS
LENVIMA 8 MG DAILY DOSE CPPK 4MG	PA; NDS
LORBRENA TABS 100MG	PA; NDS
LORBRENA TABS 25MG	PA; NDS
LUMAKRAS TABS 120MG	PA; NDS
LUMAKRAS TABS 240MG	PA; NDS
LUMAKRAS TABS 320MG	PA; NDS
LYNPARZA TABS 100MG	PA; NDS
LYNPARZA TABS 150MG	PA; NDS
LYTGOBI TBPK 4MG	PA; NDS
LYTGOBI TBPK 4MG	PA; NDS
LYTGOBI TBPK 4MG	PA; NDS
MEKINIST SOLR 0.05MG/ML	PA; NDS
MEKINIST TABS 0.5MG	PA; NDS
MEKINIST TABS 2MG	PA; NDS
MEKTOVI TABS 15MG	PA; NDS
NERLYNX TABS 40MG	QL(180 EA per 30 days); PA; NDS

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Drug Name	Requirements/Limits
<i>nilotinib d-tartrate caps 150mg</i>	PA; NDS
<i>nilotinib d-tartrate caps 200mg</i>	PA; NDS
<i>nilotinib d-tartrate caps 50mg</i>	PA; NDS
<i>nilotinib hydrochloride caps 150mg</i>	PA; NDS
<i>nilotinib hydrochloride caps 200mg</i>	PA; NDS
<i>nilotinib hydrochloride caps 50mg</i>	PA; NDS
NINLARO CAPS 2.3MG	PA; NDS
NINLARO CAPS 3MG	PA; NDS
NINLARO CAPS 4MG	PA; NDS
ODOMZO CAPS 200MG	PA; NDS
OJJAARA TABS 100MG	PA; NDS
OJJAARA TABS 150MG	QL(30 EA per 30 days); PA; NDS
OJJAARA TABS 200MG	PA; NDS
<i>pazopanib hydrochloride tabs 200mg</i>	PA; NDS
PEMAZYRE TABS 13.5MG	QL(30 EA per 30 days); PA; NDS
PEMAZYRE TABS 4.5MG	QL(30 EA per 30 days); PA; NDS
PEMAZYRE TABS 9MG	QL(30 EA per 30 days); PA; NDS
PIQRAY 200MG DAILY DOSE TBPK 200MG	PA; NDS
PIQRAY 250MG DAILY DOSE TBPK 0	PA; NDS
PIQRAY 300MG DAILY DOSE TBPK 150MG	PA; NDS
QINLOCK TABS 50MG	PA; NDS
RETEVMO CAPS 40MG	PA; NDS
RETEVMO CAPS 80MG	PA; NDS
RETEVMO TABS 120MG	PA; NDS
RETEVMO TABS 160MG	PA; NDS
RETEVMO TABS 40MG	QL(90 EA per 30 days); PA; NDS
RETEVMO TABS 80MG	QL(60 EA per 30 days); PA; NDS
REZLIDHIA CAPS 150MG	PA; NDS
ROMVIMZA CAPS 14MG	PA; NDS
ROMVIMZA CAPS 20MG	PA; NDS
ROMVIMZA CAPS 30MG	PA; NDS
ROZLYTREK CAPS 100MG	PA; NDS
ROZLYTREK CAPS 200MG	PA; NDS
ROZLYTREK PACK 50MG	PA; NDS
RUBRACA TABS 200MG	QL(120 EA per 30 days); PA; NDS
RUBRACA TABS 250MG	PA; NDS
RUBRACA TABS 300MG	PA; NDS
RYDAPT CAPS 25MG	PA; NDS
SCEMBLIX TABS 100MG	QL(120 EA per 30 days); PA; NDS
SCEMBLIX TABS 20MG	QL(60 EA per 30 days); PA; NDS
SCEMBLIX TABS 40MG	QL(240 EA per 30 days); PA; NDS
<i>sorafenib tosylate tabs 200mg</i>	PA; NDS
<i>sorafenib tabs 200mg</i>	PA; NDS
STIVARGA TABS 40MG	PA; NDS

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Drug Name	Requirements/Limits
<i>sunitinib malate caps 12.5mg</i>	PA; NDS
<i>sunitinib malate caps 25mg</i>	PA; NDS
<i>sunitinib malate caps 37.5mg</i>	PA; NDS
<i>sunitinib malate caps 50mg</i>	PA; NDS
TABRECTA TABS 150MG	QL(120 EA per 30 days); PA; NDS
TABRECTA TABS 200MG	QL(120 EA per 30 days); PA; NDS
TAFINLAR CAPS 50MG	PA; NDS
TAFINLAR CAPS 75MG	PA; NDS
TAFINLAR TBSO 10MG	PA; NDS
TAGRISSE TABS 40MG	QL(30 EA per 30 days); PA; NDS
TAGRISSE TABS 80MG	PA; NDS
TALZENNA CAPS 0.1MG	PA; NDS
TALZENNA CAPS 0.25MG	PA; NDS
TALZENNA CAPS 0.35MG	PA; NDS
TALZENNA CAPS 0.5MG	PA; NDS
TALZENNA CAPS 0.75MG	PA; NDS
TALZENNA CAPS 1MG	PA; NDS
TAZVERIK TABS 200MG	PA; NDS
<i>temsirolimus inj 25mg/ml</i>	NDS
TEPMETKO TABS 225MG	PA; NDS
TIBSOVO TABS 250MG	PA; NDS
TORISEL INJ 25MG/ML	NDS
<i>torpenz tabs 10mg</i>	QL(30 EA per 30 days); PA; NDS
<i>torpenz tabs 2.5mg</i>	QL(30 EA per 30 days); PA; NDS
<i>torpenz tabs 5mg</i>	QL(30 EA per 30 days); PA; NDS
<i>torpenz tabs 7.5mg</i>	QL(30 EA per 30 days); PA; NDS
TRUQAP TABS 160MG	PA; NDS
TRUQAP TABS 200MG	PA; NDS
TRUQAP TBPK 160MG	PA; NDS
TUKYSA TABS 150MG	PA; NDS
TUKYSA TABS 50MG	PA; NDS
TURALIO CAPS 125MG	PA; NDS
VANFLYTA TABS 17.7MG	PA; NDS
VANFLYTA TABS 26.5MG	PA; NDS
VENCLEXTA STARTING PACK TBPK 0	PA; NDS
VENCLEXTA TABS 100MG	PA; NDS
VENCLEXTA TABS 10MG	PA
VENCLEXTA TABS 50MG	PA; NDS
VERZENIO TABS 100MG	PA; NDS
VERZENIO TABS 150MG	PA; NDS
VERZENIO TABS 200MG	PA; NDS
VERZENIO TABS 50MG	PA; NDS
VITRAKVI CAPS 100MG	PA; NDS
VITRAKVI CAPS 25MG	PA; NDS

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Drug Name	Requirements/Limits
VITRAKVI SOLN 20MG/ML	PA; NDS
VIZIMPRO TABS 15MG	PA; NDS
VIZIMPRO TABS 30MG	PA; NDS
VIZIMPRO TABS 45MG	PA; NDS
XALKORI CAPS 200MG	PA; NDS
XALKORI CAPS 250MG	PA; NDS
XALKORI CPSP 150MG	PA; NDS
XALKORI CPSP 20MG	PA; NDS
XALKORI CPSP 50MG	PA; NDS
XOSPATA TABS 40MG	PA; NDS
XPOVIO 60 MG TWICE WEEKLY TBPk 20MG	PA; NDS
XPOVIO 80 MG TWICE WEEKLY TBPk 20MG	PA; NDS
XPOVIO TBPk 10MG	PA; NDS
XPOVIO TBPk 40MG	PA; NDS
XPOVIO TBPk 40MG	PA; NDS
XPOVIO TBPk 40MG	PA; NDS
XPOVIO TBPk 50MG	PA; NDS
XPOVIO TBPk 60MG	PA; NDS
XPOVIO TBPk 80MG	PA; NDS
<i>yulithira tabs 10mg</i>	QL(30 EA per 30 days); PA
<i>yulithira tabs 2.5mg</i>	QL(30 EA per 30 days); PA
<i>yulithira tabs 5mg</i>	QL(30 EA per 30 days); PA
<i>yulithira tabs 7.5mg</i>	QL(30 EA per 30 days); PA
ZEJULA TABS 100MG	QL(30 EA per 30 days); PA; NDS
ZEJULA TABS 200MG	PA; NDS
ZEJULA TABS 300MG	PA; NDS
ZELBORAF TABS 240MG	PA; NDS
ZYDELIG TABS 100MG	PA; NDS
ZYDELIG TABS 150MG	PA; NDS
ZYKADIA TABS 150MG	PA; NDS
<i>Monoclonal Antibodies/Antibody-Drug Conjugates</i>	
ARZERRA INJ 1000MG/50ML	PA; NDS
ARZERRA INJ 100MG/5ML	PA; NDS
AVASTIN INJ 100MG/4ML	PA; NDS
AVASTIN INJ 400MG/16ML	PA; NDS
BAVENCIO INJ 200MG/10ML	PA; NDS
BLINCYTO INJ 35MCG	PA; NDS
CYRAMZA INJ 100MG/10ML	PA; NDS
CYRAMZA INJ 500MG/50ML	PA; NDS
DANYELZA INJ 40MG/10ML	PA; NDS
DARZALEX INJ 100MG/5ML	PA; NDS
DARZALEX INJ 400MG/20ML	PA; NDS
EMPLICITI INJ 300MG	PA; NDS
EMPLICITI INJ 400MG	PA; NDS

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Drug Name	Requirements/Limits
ERBITUX INJ 100MG/50ML	PA; NDS
ERBITUX INJ 200MG/100ML	PA; NDS
GAZYVA INJ 1000MG/40ML	PA; NDS
HERCEPTIN INJ 150MG	PA; NDS
IMFINZI INJ 120MG/2.4ML	PA; NDS
IMFINZI INJ 500MG/10ML	PA; NDS
KADCYLA INJ 100MG	PA; NDS
KADCYLA INJ 160MG	PA; NDS
KEYTRUDA INJ 100MG/4ML	PA; NDS
MYLOTARG INJ 4.5MG	PA; NDS
OPDIVO INJ 100MG/10ML	PA; NDS
OPDIVO INJ 40MG/4ML	PA; NDS
PERJETA INJ 420MG/14ML	PA; NDS
PORTRAZZA INJ 800MG/50ML	PA; NDS
RITUXAN INJ 100MG/10ML	PA; NDS
RITUXAN INJ 500MG/50ML	PA; NDS
TECENTRIQ INJ 1200MG/20ML	PA; NDS
UNITUXIN INJ 17.5MG/5ML	PA; NDS
VECTIBIX INJ 100MG/5ML	NDS
VECTIBIX INJ 400MG/20ML	NDS
YERVOY INJ 200MG/40ML	PA; NDS
YERVOY INJ 50MG/10ML	PA; NDS
ZEVALIN Y-90 INJ 3.2MG/2ML	NDS
Retinoids	
<i>bexarotene caps 75mg</i>	PA; NDS
<i>bexarotene gel 1%</i>	PA; NDS
PANRETIN GEL 0.1%	NDS
<i>tretinoin caps 10mg</i>	NDS
Treatment Adjuncts	
<i>dexrazoxane inj 250mg</i>	NDS
<i>dexrazoxane inj 500mg</i>	NDS
ELITEK INJ 1.5MG	NDS
ELITEK INJ 7.5MG	NDS
<i>mesna inj 100mg/ml</i>	
<i>mesna tabs 400mg</i>	NDS
VORANIGO TABS 10MG	QL(60 EA per 30 days); PA; NDS
VORANIGO TABS 40MG	PA; NDS
Antiparasitics	
Anthelmintics	
<i>albendazole tabs 200mg</i>	
<i>ivermectin tabs 3mg</i>	PA
<i>ivermectin tabs 6mg</i>	PA
<i>praziquantel tabs 600mg</i>	
Antiprotozoals	

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<i>alinia susr 100mg/5ml</i>	NDS
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	
<i>atovaquone/proguanil hydrochloride tabs 250mg; 100mg</i>	
<i>atovaquone susp 750mg/5ml</i>	
BENZNIDAZOLE TABS 12.5MG	
<i>chloroquine phosphate tabs 250mg</i>	
<i>chloroquine phosphate tabs 500mg</i>	
COARTEM TABS 20MG; 120MG	
<i>hydroxychloroquine sulfate tabs 100mg</i>	
<i>hydroxychloroquine sulfate tabs 200mg</i>	
<i>mefloquine hydrochloride tabs 250mg</i>	
<i>nitazoxanide tabs 500mg</i>	NDS
<i>pentamidine isethionate inj 300mg</i>	
<i>pentamidine isethionate solr 300mg</i>	B/D
<i>primaquine phosphate tabs 26.3mg</i>	
<i>pyrimethamine tabs 25mg</i>	PA; NDS
QUININE SULFATE CAPS 324MG	PA
Antiparkinson Agents	
<i>Anticholinergics</i>	
<i>benztropine mesylate inj 1mg/ml</i>	
<i>benztropine mesylate tabs 0.5mg</i>	
<i>benztropine mesylate tabs 1mg</i>	
<i>benztropine mesylate tabs 2mg</i>	
<i>trihexyphenidyl hcl soln 0.4mg/ml</i>	
<i>trihexyphenidyl hydrochloride tabs 2mg</i>	
<i>trihexyphenidyl hydrochloride tabs 5mg</i>	
<i>Antiparkinson Agents, Other</i>	
<i>amantadine hcl caps 100mg</i>	
<i>amantadine hcl soln 50mg/5ml</i>	
<i>amantadine hcl tabs 100mg</i>	
<i>amantadine hydrochloride tabs 100mg</i>	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 12.5MG; 200MG; 50MG	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 18.75MG; 200MG; 75MG	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 25MG; 200MG; 100MG	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 31.25MG; 200MG; 125MG	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 37.5MG; 200MG; 150MG	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 50MG; 200MG; 200MG	
<i>entacapone tabs 200mg</i>	

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<i>Dopamine Agonists</i>	
<i>apomorphine hydrochloride inj 30mg/3ml</i>	QL(90 ML per 30 days); PA; NDS
BROMOCRIPTINE MESYLATE CAPS 5MG	
<i>bromocriptine mesylate tabs 2.5mg</i>	
NEUPRO PT24 1MG/24HR	
NEUPRO PT24 2MG/24HR	
NEUPRO PT24 3MG/24HR	
NEUPRO PT24 4MG/24HR	
NEUPRO PT24 6MG/24HR	
NEUPRO PT24 8MG/24HR	
<i>pramipexole dihydrochloride tabs 0.125mg</i>	
<i>pramipexole dihydrochloride tabs 0.25mg</i>	
<i>pramipexole dihydrochloride tabs 0.5mg</i>	
<i>pramipexole dihydrochloride tabs 0.75mg</i>	
<i>pramipexole dihydrochloride tabs 1.5mg</i>	
<i>pramipexole dihydrochloride tabs 1mg</i>	
<i>ropinirole er tb24 12mg</i>	
<i>ropinirole er tb24 2mg</i>	
<i>ropinirole er tb24 4mg</i>	
<i>ropinirole er tb24 6mg</i>	
<i>ropinirole er tb24 8mg</i>	
<i>ropinirole hcl tabs 0.5mg</i>	
<i>ropinirole hcl tabs 1mg</i>	
<i>ropinirole hcl tabs 2mg</i>	
<i>ropinirole hcl tabs 4mg</i>	
<i>ropinirole hcl tabs 5mg</i>	
<i>ropinirole hydrochloride tabs 0.25mg</i>	
<i>ropinirole hydrochloride tabs 3mg</i>	
<i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i>	
<i>carbidopa/levodopa er tbc 25mg; 100mg</i>	
<i>carbidopa/levodopa er tbc 50mg; 200mg</i>	
<i>carbidopa/levodopa odt tbdp 10mg; 100mg</i>	
<i>carbidopa/levodopa odt tbdp 25mg; 100mg</i>	
<i>carbidopa/levodopa odt tbdp 25mg; 250mg</i>	
<i>carbidopa/levodopa tabs 10mg; 100mg</i>	
<i>carbidopa/levodopa tabs 25mg; 100mg</i>	
<i>carbidopa/levodopa tabs 25mg; 250mg</i>	
<i>carbidopa tabs 25mg</i>	
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>	
<i>rasagiline mesylate tabs 0.5mg</i>	
<i>rasagiline mesylate tabs 1mg</i>	
<i>selegiline hcl caps 5mg</i>	
<i>selegiline hcl tabs 5mg</i>	
ZELAPAR TBDP 1.25MG	NDS

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Drug Name	Requirements/Limits
Antipsychotics	
<i>1st Generation/Typical</i>	
<i>chlorpromazine hcl inj 25mg/ml</i>	
<i>chlorpromazine hcl inj 50mg/2ml</i>	
<i>chlorpromazine hydrochloride conc 100mg/ml</i>	
<i>chlorpromazine hydrochloride conc 30mg/ml</i>	
CHLORPROMAZINE HYDROCHLORIDE TABS 100MG	
CHLORPROMAZINE HYDROCHLORIDE TABS 10MG	
CHLORPROMAZINE HYDROCHLORIDE TABS 200MG	
CHLORPROMAZINE HYDROCHLORIDE TABS 25MG	
CHLORPROMAZINE HYDROCHLORIDE TABS 50MG	
FLUPHENAZINE DECANOATE INJ 25MG/ML	
<i>fluphenazine hcl conc 5mg/ml</i>	
<i>fluphenazine hydrochloride elix 2.5mg/5ml</i>	
<i>fluphenazine hydrochloride inj 2.5mg/ml</i>	
<i>fluphenazine hydrochloride tabs 10mg</i>	
<i>fluphenazine hydrochloride tabs 1mg</i>	
<i>fluphenazine hydrochloride tabs 2.5mg</i>	
<i>fluphenazine hydrochloride tabs 5mg</i>	
<i>haloperidol decanoate inj 100mg/ml</i>	
<i>haloperidol decanoate inj 100mg/ml</i>	
<i>haloperidol decanoate inj 50mg/ml</i>	
<i>haloperidol decanoate inj 50mg/ml</i>	
<i>haloperidol lactate inj 5mg/ml</i>	
<i>haloperidol conc 2mg/ml</i>	
<i>haloperidol tabs 0.5mg</i>	
<i>haloperidol tabs 10mg</i>	
<i>haloperidol tabs 1mg</i>	
<i>haloperidol tabs 20mg</i>	
<i>haloperidol tabs 2mg</i>	
<i>haloperidol tabs 5mg</i>	
<i>loxapine caps 10mg</i>	
<i>loxapine caps 25mg</i>	
<i>loxapine caps 50mg</i>	
<i>loxapine caps 5mg</i>	
MOLINDONE HYDROCHLORIDE TABS 10MG	
MOLINDONE HYDROCHLORIDE TABS 25MG	
MOLINDONE HYDROCHLORIDE TABS 5MG	
<i>perphenazine tabs 16mg</i>	
<i>perphenazine tabs 2mg</i>	
<i>perphenazine tabs 4mg</i>	
<i>perphenazine tabs 8mg</i>	
PIMOZIDE TABS 1MG	
PIMOZIDE TABS 2MG	

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Drug Name	Requirements/Limits
THIORIDAZINE HYDROCHLORIDE TABS 100MG	
THIORIDAZINE HYDROCHLORIDE TABS 10MG	
THIORIDAZINE HYDROCHLORIDE TABS 25MG	
THIORIDAZINE HYDROCHLORIDE TABS 50MG	
<i>thiothixene caps 10mg</i>	
<i>thiothixene caps 1mg</i>	
<i>thiothixene caps 2mg</i>	
<i>thiothixene caps 5mg</i>	
<i>trifluoperazine hcl tabs 10mg</i>	
<i>trifluoperazine hcl tabs 2mg</i>	
<i>trifluoperazine hcl tabs 5mg</i>	
<i>trifluoperazine hydrochloride tabs 1mg</i>	
2nd Generation/Atypical	
ABILIFY MAINTENA INJ 300MG	NDS
ABILIFY MAINTENA INJ 300MG	NDS
ABILIFY MAINTENA INJ 400MG	NDS
ABILIFY MAINTENA INJ 400MG	NDS
<i>aripiprazole odt tbdp 10mg</i>	QL(60 EA per 30 days)
<i>aripiprazole odt tbdp 15mg</i>	QL(60 EA per 30 days)
<i>aripiprazole soln 1mg/ml</i>	QL(750 ML per 30 days)
<i>aripiprazole tabs 10mg</i>	QL(30 EA per 30 days)
<i>aripiprazole tabs 15mg</i>	QL(30 EA per 30 days)
<i>aripiprazole tabs 20mg</i>	QL(30 EA per 30 days)
<i>aripiprazole tabs 2mg</i>	QL(30 EA per 30 days)
<i>aripiprazole tabs 30mg</i>	QL(30 EA per 30 days)
<i>aripiprazole tabs 5mg</i>	QL(30 EA per 30 days)
ARISTADA INITIO INJ 675MG/2.4ML	NDS
ARISTADA INJ 1064MG/3.9ML	NDS
ARISTADA INJ 441MG/1.6ML	NDS
ARISTADA INJ 662MG/2.4ML	NDS
ARISTADA INJ 882MG/3.2ML	NDS
<i>asenapine maleate sl subl 10mg</i>	QL(60 EA per 30 days)
<i>asenapine maleate sl subl 2.5mg</i>	QL(60 EA per 30 days)
<i>asenapine maleate sl subl 5mg</i>	QL(60 EA per 30 days)
CAPLYTA CAPS 10.5MG	QL(30 EA per 30 days); PA; NDS
CAPLYTA CAPS 21MG	QL(30 EA per 30 days); PA; NDS
CAPLYTA CAPS 42MG	QL(30 EA per 30 days); PA; NDS
FANAPT TITRATION PACK A TABS 0	QL(16 EA per 365 days); ST
FANAPT TABS 10MG	QL(60 EA per 30 days); ST; NDS
FANAPT TABS 12MG	QL(60 EA per 30 days); ST; NDS
FANAPT TABS 1MG	QL(60 EA per 30 days); ST; NDS
FANAPT TABS 2MG	QL(60 EA per 30 days); ST; NDS
FANAPT TABS 4MG	QL(60 EA per 30 days); ST; NDS
FANAPT TABS 6MG	QL(60 EA per 30 days); ST; NDS

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Drug Name	Requirements/Limits
FANAPT TABS 8MG	QL(60 EA per 30 days); ST; NDS
INVEGA HAFYERA INJ 1092MG/3.5ML	ST; NDS
INVEGA HAFYERA INJ 1560MG/5ML	ST; NDS
INVEGA SUSTENNA INJ 117MG/0.75ML	NDS
INVEGA SUSTENNA INJ 156MG/ML	NDS
INVEGA SUSTENNA INJ 234MG/1.5ML	NDS
INVEGA SUSTENNA INJ 39MG/0.25ML	
INVEGA SUSTENNA INJ 78MG/0.5ML	NDS
INVEGA TRINZA INJ 273MG/0.88ML	NDS
INVEGA TRINZA INJ 410MG/1.32ML	NDS
INVEGA TRINZA INJ 546MG/1.75ML	NDS
INVEGA TRINZA INJ 819MG/2.63ML	NDS
<i>lurasidone hydrochloride tabs 120mg</i>	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 20mg</i>	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 40mg</i>	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 60mg</i>	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	QL(60 EA per 30 days)
LYBALVI TABS 10MG; 10MG	QL(30 EA per 30 days); ST; NDS
LYBALVI TABS 15MG; 10MG	QL(30 EA per 30 days); ST; NDS
LYBALVI TABS 20MG; 10MG	QL(30 EA per 30 days); ST; NDS
LYBALVI TABS 5MG; 10MG	QL(30 EA per 30 days); ST; NDS
NUPLAZID CAPS 34MG	PA; NDS
NUPLAZID TABS 10MG	PA; NDS
<i>olanzapine odt tbdp 10mg</i>	QL(30 EA per 30 days)
<i>olanzapine odt tbdp 15mg</i>	QL(30 EA per 30 days)
<i>olanzapine odt tbdp 20mg</i>	QL(30 EA per 30 days)
<i>olanzapine odt tbdp 5mg</i>	QL(30 EA per 30 days)
<i>olanzapine inj 10mg</i>	
<i>olanzapine tabs 10mg</i>	QL(30 EA per 30 days)
<i>olanzapine tabs 15mg</i>	QL(30 EA per 30 days)
<i>olanzapine tabs 2.5mg</i>	QL(30 EA per 30 days)
<i>olanzapine tabs 20mg</i>	QL(30 EA per 30 days)
<i>olanzapine tabs 5mg</i>	QL(30 EA per 30 days)
<i>olanzapine tabs 7.5mg</i>	QL(30 EA per 30 days)
OPIPZA FILM 10MG	QL(90 EA per 30 days); PA; NDS
OPIPZA FILM 2MG	QL(30 EA per 30 days); PA; NDS
OPIPZA FILM 5MG	QL(90 EA per 30 days); PA; NDS
<i>paliperidone er tb24 1.5mg</i>	QL(30 EA per 30 days)
<i>paliperidone er tb24 3mg</i>	QL(30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	QL(60 EA per 30 days)
<i>paliperidone er tb24 9mg</i>	QL(30 EA per 30 days)
PERSERIS INJ 120MG	NDS
PERSERIS INJ 90MG	NDS
<i>quetiapine fumarate er tb24 150mg</i>	QL(60 EA per 30 days)

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Drug Name	Requirements/Limits
<i>quetiapine fumarate er tb24 200mg</i>	QL(90 EA per 30 days)
<i>quetiapine fumarate er tb24 300mg</i>	QL(60 EA per 30 days)
<i>quetiapine fumarate er tb24 400mg</i>	QL(60 EA per 30 days)
<i>quetiapine fumarate er tb24 50mg</i>	QL(60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg</i>	QL(90 EA per 30 days)
<i>quetiapine fumarate tabs 150mg</i>	QL(90 EA per 30 days)
<i>quetiapine fumarate tabs 200mg</i>	QL(90 EA per 30 days)
<i>quetiapine fumarate tabs 25mg</i>	QL(90 EA per 30 days)
<i>quetiapine fumarate tabs 300mg</i>	QL(60 EA per 30 days)
<i>quetiapine fumarate tabs 400mg</i>	QL(60 EA per 30 days)
<i>quetiapine fumarate tabs 50mg</i>	QL(90 EA per 30 days)
REXULTI TABS 0.25MG	QL(30 EA per 30 days); NDS
REXULTI TABS 0.5MG	QL(30 EA per 30 days); NDS
REXULTI TABS 1MG	QL(30 EA per 30 days); NDS
REXULTI TABS 2MG	QL(30 EA per 30 days); NDS
REXULTI TABS 3MG	QL(30 EA per 30 days); NDS
REXULTI TABS 4MG	QL(30 EA per 30 days); NDS
<i>risperidone er inj 12.5mg</i>	
<i>risperidone er inj 25mg</i>	
<i>risperidone er inj 37.5mg</i>	NDS
<i>risperidone er inj 50mg</i>	NDS
<i>risperidone odt tbdp 0.25mg</i>	QL(60 EA per 30 days)
<i>risperidone odt tbdp 0.5mg</i>	QL(60 EA per 30 days)
<i>risperidone odt tbdp 1mg</i>	QL(60 EA per 30 days)
<i>risperidone odt tbdp 2mg</i>	QL(60 EA per 30 days)
<i>risperidone odt tbdp 3mg</i>	QL(60 EA per 30 days)
<i>risperidone odt tbdp 4mg</i>	QL(60 EA per 30 days)
<i>risperidone soln 1mg/ml</i>	QL(240 ML per 30 days)
<i>risperidone tabs 0.25mg</i>	QL(60 EA per 30 days)
<i>risperidone tabs 0.5mg</i>	QL(60 EA per 30 days)
<i>risperidone tabs 1mg</i>	QL(60 EA per 30 days)
<i>risperidone tabs 2mg</i>	QL(60 EA per 30 days)
<i>risperidone tabs 3mg</i>	QL(60 EA per 30 days)
<i>risperidone tabs 4mg</i>	QL(60 EA per 30 days)
SECUADO PT24 3.8MG/24HR	QL(30 EA per 30 days); ST; NDS
SECUADO PT24 5.7MG/24HR	QL(30 EA per 30 days); ST; NDS
SECUADO PT24 7.6MG/24HR	QL(30 EA per 30 days); ST; NDS
VRAYLAR CAPS 0.5MG	QL(30 EA per 30 days); NDS
VRAYLAR CAPS 0.75MG	QL(30 EA per 30 days); NDS
VRAYLAR CAPS 1.5MG	QL(30 EA per 30 days); NDS
VRAYLAR CAPS 3MG	QL(30 EA per 30 days); NDS
VRAYLAR CAPS 4.5MG	QL(30 EA per 30 days); NDS
VRAYLAR CAPS 6MG	QL(30 EA per 30 days); NDS
<i>ziprasidone hcl caps 20mg</i>	QL(60 EA per 30 days)

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<i>ziprasidone hcl caps 40mg</i>	QL(60 EA per 30 days)
<i>ziprasidone hcl caps 60mg</i>	QL(60 EA per 30 days)
<i>ziprasidone hcl caps 80mg</i>	QL(60 EA per 30 days)
<i>ziprasidone mesylate inj 20mg</i>	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	
ZYPREXA RELPREVV INJ 300MG	NDS
ZYPREXA RELPREVV INJ 405MG	NDS
<i>Treatment-Resistant</i>	
<i>clozapine odt tbdp 100mg</i>	QL(270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	QL(90 EA per 30 days)
<i>clozapine odt tbdp 150mg</i>	QL(180 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	QL(120 EA per 30 days)
<i>clozapine odt tbdp 25mg</i>	QL(270 EA per 30 days)
<i>clozapine tabs 100mg</i>	QL(270 EA per 30 days)
<i>clozapine tabs 200mg</i>	QL(120 EA per 30 days)
<i>clozapine tabs 25mg</i>	QL(270 EA per 30 days)
<i>clozapine tabs 50mg</i>	QL(180 EA per 30 days)
VERSACLOZ SUSP 50MG/ML	QL(540 ML per 30 days); NDS
Antispasticity Agents	
<i>Antispasticity Agents</i>	
<i>baclofen inj 20000mcg/20ml</i>	B/D
<i>baclofen inj 40mg/20ml</i>	B/D; NDS
<i>baclofen inj 500mcg/ml</i>	B/D
<i>baclofen inj 50mcg/ml</i>	B/D; NDS
<i>baclofen tabs 10mg</i>	
<i>baclofen tabs 20mg</i>	
BOTOX INJ 100UNIT	PA
BOTOX INJ 200UNIT	PA
<i>dantrolene sodium caps 100mg</i>	
DANTROLENE SODIUM CAPS 25MG	
DANTROLENE SODIUM CAPS 50MG	
<i>gablofen inj 10000mcg/20ml</i>	B/D
<i>gablofen inj 20000mcg/20ml</i>	B/D
GABLOFEN INJ 40000MCG/20ML	B/D; NDS
GABLOFEN INJ 50MCG/ML	B/D; NDS
LIORESAL INTRATHECAL INJ 0.05MG/ML	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	B/D; NDS
<i>tizanidine hcl tabs 2mg</i>	
<i>tizanidine hydrochloride tabs 4mg</i>	
XEOMIN INJ 100UNIT	PA
XEOMIN INJ 200UNIT	PA; NDS
XEOMIN INJ 50UNIT	PA
Antivirals	
<i>Anti-cytomegalovirus (CMV) Agents</i>	

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Drug Name	Requirements/Limits
<i>cidofovir inj 75mg/ml</i>	NDS
<i>ganciclovir inj 500mg</i>	B/D
LIVTENCITY TABS 200MG	NDS
PREVYMIS PACK 120MG	NDS
PREVYMIS PACK 20MG	NDS
PREVYMIS TABS 240MG	NDS
PREVYMIS TABS 480MG	NDS
<i>valganciclovir hydrochloride solr 50mg/ml</i>	NDS
VALGANICLOVIR TABS 450MG	
<i>Anti-hepatitis B (HBV) Agents</i>	
<i>adefovir dipivoxil tabs 10mg</i>	
BARACLUDE SOLN 0.05MG/ML	QL(600 ML per 30 days); NDS
<i>entecavir tabs 0.5mg</i>	QL(30 EA per 30 days)
<i>entecavir tabs 1mg</i>	QL(30 EA per 30 days)
<i>lamivudine tabs 100mg</i>	
VEMLIDY TABS 25MG	NDS
<i>Anti-hepatitis C (HCV) Agents</i>	
MAVYRET PACK 50MG; 20MG	QL(560 EA per 365 days); PA; NDS
MAVYRET TABS 100MG; 40MG	QL(336 EA per 365 days); PA; NDS
<i>ribavirin caps 200mg</i>	
RIBAVIRIN TABS 200MG	
<i>sofosbuvir/velpatasvir tabs 400mg; 100mg</i>	QL(84 EA per 365 days); PA; NDS
VOSEVI TABS 400MG; 100MG; 100MG	QL(84 EA per 365 days); PA; NDS
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>	
BIKTARVY TABS 30MG; 120MG; 15MG	QL(30 EA per 30 days); NDS
BIKTARVY TABS 50MG; 200MG; 25MG	QL(30 EA per 30 days); NDS
DOVATO TABS 50MG; 300MG	QL(30 EA per 30 days); NDS
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	QL(30 EA per 30 days); NDS
ISENTRESS HD TABS 600MG	QL(60 EA per 30 days); NDS
ISENTRESS CHEW 100MG	QL(180 EA per 30 days); NDS
ISENTRESS CHEW 25MG	QL(180 EA per 30 days)
ISENTRESS PACK 100MG	QL(60 EA per 30 days); NDS
ISENTRESS TABS 400MG	QL(60 EA per 30 days); NDS
JULUCA TABS 50MG; 25MG	QL(30 EA per 30 days); NDS
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	QL(30 EA per 30 days); NDS
TIVICAY PD TBSO 5MG	QL(180 EA per 30 days); NDS
TIVICAY TABS 10MG	QL(30 EA per 30 days)
TIVICAY TABS 25MG	QL(30 EA per 30 days); NDS
TIVICAY TABS 50MG	QL(60 EA per 30 days); NDS
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>	
DELSTRIGO TABS 100MG; 300MG; 300MG	QL(30 EA per 30 days); NDS
EDURANT PED TBSO 2.5MG	QL(180 EA per 30 days); NDS
EDURANT TABS 25MG	QL(30 EA per 30 days); NDS

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<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg</i>	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg</i>	QL(30 EA per 30 days); NDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 600mg; 300mg; 300mg</i>	QL(30 EA per 30 days); NDS
<i>efavirenz caps 200mg</i>	QL(90 EA per 30 days)
<i>efavirenz caps 50mg</i>	QL(90 EA per 30 days)
<i>efavirenz tabs 600mg</i>	QL(30 EA per 30 days)
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tabs 200mg; 25mg; 300mg</i>	QL(30 EA per 30 days); NDS
<i>etravirine tabs 100mg</i>	QL(60 EA per 30 days); NDS
<i>etravirine tabs 200mg</i>	QL(60 EA per 30 days); NDS
INTELENCE TABS 25MG	QL(120 EA per 30 days)
NEVIRAPINE ER TB24 400MG	QL(30 EA per 30 days)
NEVIRAPINE SUSP 50MG/5ML	QL(1200 ML per 30 days)
<i>nevirapine tabs 200mg</i>	QL(60 EA per 30 days)
PIFELTRO TABS 100MG	QL(30 EA per 30 days); NDS
<i>rilpivirine hydrochloride tabs 25mg</i>	QL(30 EA per 30 days); NDS
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>	
<i>abacavir sulfate/lamivudine tabs 600mg; 300mg</i>	QL(30 EA per 30 days)
<i>abacavir soln 20mg/ml</i>	QL(960 ML per 30 days)
ABACAVIR TABS 300MG	QL(60 EA per 30 days)
CIMDUO TABS 300MG; 300MG	QL(30 EA per 30 days); NDS
DESCOVY TABS 120MG; 15MG	QL(30 EA per 30 days); NDS
DESCOVY TABS 200MG; 25MG	QL(30 EA per 30 days); NDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg</i>	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	QL(30 EA per 30 days); NDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	QL(30 EA per 30 days)
<i>emtricitabine caps 200mg</i>	QL(30 EA per 30 days)
EMTRIVA SOLN 10MG/ML	QL(850 ML per 30 days)
LAMIVUDINE/ZIDOVUDINE TABS 150MG; 300MG	QL(60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	QL(960 ML per 30 days)
LAMIVUDINE TABS 150MG	QL(60 EA per 30 days)
LAMIVUDINE TABS 300MG	QL(30 EA per 30 days)
ODEFSEY TABS 200MG; 25MG; 25MG	QL(30 EA per 30 days); NDS
RETROVIR IV INFUSION INJ 10MG/ML	
<i>tenofovir disoproxil fumarate tabs 300mg</i>	QL(30 EA per 30 days)
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	QL(180 EA per 30 days)
TRIUMEQ TABS 600MG; 50MG; 300MG	QL(30 EA per 30 days); NDS
VIREAD POWD 40MG/GM	QL(240 GM per 30 days); NDS
VIREAD TABS 150MG	QL(30 EA per 30 days); NDS

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Drug Name	Requirements/Limits
VIREAD TABS 200MG	QL(30 EA per 30 days); NDS
VIREAD TABS 250MG	QL(30 EA per 30 days); NDS
<i>zidovudine caps 100mg</i>	QL(180 EA per 30 days)
<i>zidovudine syrp 50mg/5ml</i>	QL(1920 ML per 30 days)
<i>zidovudine tabs 300mg</i>	QL(60 EA per 30 days)
Anti-HIV Agents, Other	
FUZEON INJ 90MG	NDS
<i>maraviroc tabs 150mg</i>	QL(60 EA per 30 days); NDS
<i>maraviroc tabs 300mg</i>	QL(120 EA per 30 days); NDS
RUKOBIA TB12 600MG	QL(60 EA per 30 days); NDS
SELZENTRY SOLN 20MG/ML	NDS
SELZENTRY TABS 25MG	QL(480 EA per 30 days)
SELZENTRY TABS 75MG	QL(60 EA per 30 days); NDS
SUNLENCA TABS 300MG	QL(24 EA per 168 days); NDS
SUNLENCA TBPK 300MG	QL(8 EA per 365 days); NDS
SUNLENCA TBPK 300MG	QL(10 EA per 365 days); NDS
TROGARZO INJ 200MG/1.33ML	NDS
TYBOST TABS 150MG	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)	
APTIVUS CAPS 250MG	QL(120 EA per 30 days); NDS
<i>atazanavir sulfate caps 300mg</i>	QL(30 EA per 30 days)
<i>atazanavir caps 150mg</i>	
<i>atazanavir caps 200mg</i>	QL(60 EA per 30 days)
<i>darunavir tabs 600mg</i>	QL(60 EA per 30 days)
<i>darunavir tabs 800mg</i>	QL(30 EA per 30 days); NDS
EVOTAZ TABS 300MG; 150MG	QL(30 EA per 30 days); NDS
<i>fosamprenavir calcium tabs 700mg</i>	QL(120 EA per 30 days); NDS
KALETRA SOLN 400MG/5ML; 100MG/5ML	
LEXIVA SUSP 50MG/ML	QL(1800 ML per 30 days)
<i>lopinavir/ritonavir soln 400mg/5ml; 100mg/5ml</i>	
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	
NORVIR PACK 100MG	QL(360 EA per 30 days)
PREZCOBIX TABS 150MG; 675MG	QL(30 EA per 30 days); NDS
PREZCOBIX TABS 150MG; 800MG	QL(30 EA per 30 days); NDS
PREZISTA SUSP 100MG/ML	QL(400 ML per 30 days); NDS
PREZISTA TABS 150MG	QL(180 EA per 30 days); NDS
PREZISTA TABS 75MG	QL(300 EA per 30 days)
REYATAZ PACK 50MG	QL(180 EA per 30 days); NDS
<i>ritonavir tabs 100mg</i>	QL(360 EA per 30 days)
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	QL(30 EA per 30 days); NDS
VIRACEPT TABS 250MG	QL(300 EA per 30 days); NDS
VIRACEPT TABS 625MG	QL(120 EA per 30 days); NDS
Anti-influenza Agents	

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<i>oseltamivir phosphate caps 30mg</i>	QL(168 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	QL(84 EA per 365 days)
<i>oseltamivir phosphate caps 75mg</i>	QL(110 EA per 365 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	QL(1080 ML per 365 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	QL(240 EA per 365 days)
<i>rimantadine hydrochloride tabs 100mg</i>	
Antitherpetic Agents	
ACYCLOVIR SODIUM INJ 50MG/ML	B/D
<i>acyclovir caps 200mg</i>	
ACYCLOVIR SUSP 200MG/5ML	
<i>acyclovir tabs 400mg</i>	
<i>acyclovir tabs 800mg</i>	
<i>famciclovir tabs 125mg</i>	
<i>famciclovir tabs 250mg</i>	
<i>famciclovir tabs 500mg</i>	
<i>valacyclovir hydrochloride tabs 1gm</i>	QL(120 EA per 30 days)
<i>valacyclovir hydrochloride tabs 500mg</i>	QL(120 EA per 30 days)
Antiviral, Coronavirus Agents	
LAGEVRIO CAPS 200MG	QL(40 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	QL(20 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	QL(30 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	QL(11 EA per 5 days)
Anxiolytics	
Anxiolytics, Other	
<i>bupirone hcl tabs 15mg</i>	
<i>bupirone hydrochloride tabs 10mg</i>	
<i>bupirone hydrochloride tabs 30mg</i>	
<i>bupirone hydrochloride tabs 5mg</i>	
<i>bupirone hydrochloride tabs 7.5mg</i>	
Benzodiazepines	
<i>alprazolam tabs 0.25mg</i>	QL(120 EA per 30 days)
<i>alprazolam tabs 0.5mg</i>	QL(120 EA per 30 days)
<i>alprazolam tabs 1mg</i>	QL(120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	QL(150 EA per 30 days)
<i>chlordiazepoxide hcl caps 10mg</i>	QL(900 EA per 30 days)
<i>chlordiazepoxide hcl caps 5mg</i>	QL(120 EA per 30 days)
<i>chlordiazepoxide hydrochloride caps 25mg</i>	QL(360 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	QL(180 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	QL(720 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	QL(360 EA per 30 days)
<i>diazepam intensol conc 5mg/ml</i>	
<i>diazepam conc 5mg/ml</i>	
<i>diazepam inj 5mg/ml</i>	
<i>diazepam soln 5mg/5ml</i>	

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<i>diazepam tabs 10mg</i>	QL(120 EA per 30 days)
<i>diazepam tabs 2mg</i>	QL(300 EA per 30 days)
<i>diazepam tabs 5mg</i>	QL(240 EA per 30 days)
<i>lorazepam intensol conc 2mg/ml</i>	
<i>lorazepam inj 2mg/ml</i>	
<i>lorazepam inj 4mg/ml</i>	
<i>lorazepam tabs 0.5mg</i>	QL(90 EA per 30 days)
<i>lorazepam tabs 1mg</i>	QL(90 EA per 30 days)
<i>lorazepam tabs 2mg</i>	QL(150 EA per 30 days)
<i>midazolam hcl inj 10mg/10ml</i>	
<i>midazolam hcl inj 10mg/2ml</i>	
<i>midazolam hcl inj 50mg/10ml</i>	
<i>midazolam hcl syrp 2mg/ml</i>	
<i>midazolam hydrochloride inj 25mg/5ml</i>	
<i>midazolam hydrochloride inj 2mg/2ml</i>	
<i>midazolam hydrochloride inj 50mg/10ml</i>	
<i>midazolam hydrochloride inj 5mg/5ml</i>	
<i>midazolam hydrochloride inj 5mg/ml</i>	
Bipolar Agents	
<i>Mood Stabilizers</i>	
<i>lithium carbonate er tbc 300mg</i>	
<i>lithium carbonate er tbc 450mg</i>	
<i>lithium carbonate caps 150mg</i>	
<i>lithium carbonate caps 300mg</i>	
<i>lithium carbonate caps 600mg</i>	
<i>lithium carbonate tabs 300mg</i>	
<i>lithium soln 8meq/5ml</i>	
Blood Glucose Regulators	
<i>Antidiabetic Agents</i>	
<i>acarbose tabs 100mg</i>	
<i>acarbose tabs 25mg</i>	
<i>acarbose tabs 50mg</i>	
CYCLOSET TABS 0.8MG	
<i>exenatide inj 10mcg/0.04ml</i>	QL(2.4 ML per 28 days); PA
<i>exenatide inj 5mcg/0.02ml</i>	QL(4.8 ML per 28 days); PA
<i>glimepiride tabs 1mg</i>	** 100 Day Supply**
<i>glimepiride tabs 2mg</i>	** 100 Day Supply**
<i>glimepiride tabs 4mg</i>	** 100 Day Supply**
<i>glipizide er tb24 10mg</i>	** 100 Day Supply**
<i>glipizide er tb24 2.5mg</i>	** 100 Day Supply**
<i>glipizide er tb24 5mg</i>	** 100 Day Supply**
<i>glipizide xl tb24 10mg</i>	** 100 Day Supply**
<i>glipizide xl tb24 2.5mg</i>	** 100 Day Supply**
<i>glipizide xl tb24 5mg</i>	** 100 Day Supply**

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Drug Name	Requirements/Limits
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	**100 Day Supply**
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg</i>	**100 Day Supply**
<i>glipizide/metformin hydrochloride tabs 5mg; 500mg</i>	**100 Day Supply**
<i>glipizide tabs 10mg</i>	**100 Day Supply**
<i>glipizide tabs 2.5mg</i>	**100 Day Supply**
<i>glipizide tabs 5mg</i>	**100 Day Supply**
<i>glyburide/metformin hydrochloride tabs 1.25mg; 250mg</i>	
<i>glyburide/metformin hydrochloride tabs 2.5mg; 500mg</i>	
<i>glyburide/metformin hydrochloride tabs 5mg; 500mg</i>	
INVOKAMET XR TB24 150MG; 1000MG	
INVOKAMET XR TB24 150MG; 500MG	
INVOKAMET XR TB24 50MG; 1000MG	
INVOKAMET XR TB24 50MG; 500MG	
INVOKAMET TABS 150MG; 1000MG	
INVOKAMET TABS 150MG; 500MG	
INVOKAMET TABS 50MG; 1000MG	
INVOKAMET TABS 50MG; 500MG	
JANUMET XR TB24 1000MG; 100MG	
JANUMET XR TB24 1000MG; 50MG	
JANUMET XR TB24 500MG; 50MG	
JANUMET TABS 1000MG; 50MG	
JANUMET TABS 500MG; 50MG	
JANUVIA TABS 100MG	QL(30 EA per 30 days)
JANUVIA TABS 25MG	QL(30 EA per 30 days)
JANUVIA TABS 50MG	QL(30 EA per 30 days)
JENTADUETO XR TB24 2.5MG; 1000MG	
JENTADUETO XR TB24 5MG; 1000MG	
JENTADUETO TABS 2.5MG; 1000MG	
JENTADUETO TABS 2.5MG; 500MG	
JENTADUETO TABS 2.5MG; 850MG	
<i>liraglutide inj 6mg/ml</i>	QL(9 ML per 30 days); PA
<i>metformin hydrochloride er tb24 500mg</i>	**100 Day Supply**
<i>metformin hydrochloride er tb24 750mg</i>	**100 Day Supply**
<i>metformin hydrochloride tabs 1000mg</i>	**100 Day Supply**
<i>metformin hydrochloride tabs 500mg</i>	**100 Day Supply**
<i>metformin hydrochloride tabs 850mg</i>	**100 Day Supply**
<i>miglitol tabs 100mg</i>	
<i>miglitol tabs 25mg</i>	
<i>miglitol tabs 50mg</i>	
MOUNJARO INJ 10MG/0.5ML	QL(2 ML per 28 days); PA
MOUNJARO INJ 12.5MG/0.5ML	QL(2 ML per 28 days); PA
MOUNJARO INJ 15MG/0.5ML	QL(2 ML per 28 days); PA
MOUNJARO INJ 2.5MG/0.5ML	QL(2 ML per 28 days); PA
MOUNJARO INJ 5MG/0.5ML	QL(2 ML per 28 days); PA

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MOUNJARO INJ 7.5MG/0.5ML	QL(2 ML per 28 days); PA
<i>nateglinide tabs 120mg</i>	
<i>nateglinide tabs 60mg</i>	
OZEMPIC INJ 2MG/3ML	QL(3 ML per 28 days); PA
OZEMPIC INJ 4MG/3ML	QL(3 ML per 28 days); PA
OZEMPIC INJ 8MG/3ML	QL(3 ML per 28 days); PA
OZEMPIC TABS 1.5MG	QL(60 EA per 365 days); PA
OZEMPIC TABS 4MG	QL(30 EA per 30 days); PA
OZEMPIC TABS 9MG	QL(30 EA per 30 days); PA
<i>pioglitazone hcl-glimepiride tabs 2mg; 30mg</i>	
<i>pioglitazone hcl-glimepiride tabs 4mg; 30mg</i>	
<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg</i>	
<i>pioglitazone hcl/metformin hcl tabs 850mg; 15mg</i>	
<i>pioglitazone hcl tabs 45mg</i>	**100 Day Supply**
<i>pioglitazone hydrochloride tabs 15mg</i>	**100 Day Supply**
<i>pioglitazone hydrochloride tabs 30mg</i>	**100 Day Supply**
<i>repaglinide tabs 0.5mg</i>	
<i>repaglinide tabs 1mg</i>	
<i>repaglinide tabs 2mg</i>	
RYBELSUS TABS 14MG	QL(30 EA per 30 days); PA
RYBELSUS TABS 3MG	QL(60 EA per 365 days); PA
RYBELSUS TABS 7MG	QL(30 EA per 30 days); PA
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 2.5mg</i>	ST
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 5mg</i>	ST
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 500mg; 5mg</i>	ST
SYMLINPEN 120 INJ 2700MCG/2.7ML	PA; NDS
SYMLINPEN 60 INJ 1500MCG/1.5ML	PA; NDS
SYNJARDY XR TB24 10MG; 1000MG	
SYNJARDY XR TB24 12.5MG; 1000MG	
SYNJARDY XR TB24 25MG; 1000MG	
SYNJARDY XR TB24 5MG; 1000MG	
SYNJARDY TABS 12.5MG; 1000MG	
SYNJARDY TABS 12.5MG; 500MG	
SYNJARDY TABS 5MG; 1000MG	
SYNJARDY TABS 5MG; 500MG	
TRADJENTA TABS 5MG	QL(30 EA per 30 days)
TRULICITY INJ 0.75MG/0.5ML	QL(2 ML per 28 days); PA
TRULICITY INJ 1.5MG/0.5ML	QL(2 ML per 28 days); PA
TRULICITY INJ 3MG/0.5ML	QL(2 ML per 28 days); PA
TRULICITY INJ 4.5MG/0.5ML	QL(2 ML per 28 days); PA
Glycemic Agents	

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BAQSIMI ONE PACK POWD 3MG/DOSE	
BAQSIMI TWO PACK POWD 3MG/DOSE	
<i>dextrose 30% inj 30%</i>	
<i>diazoxide susp 50mg/ml</i>	NDS
GLUCAGEN HYPOKIT INJ 1MG	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG	
GLUCAGON EMERGENCY KIT INJ 1MG	
Insulins	
FIASP FLEXTOUCH INJ 100UNIT/ML	
FIASP PENFILL INJ 100UNIT/ML	
FIASP INJ 100UNIT/ML	
<i>insulin aspart flexpen inj 100unit/ml</i>	
<i>insulin aspart penfill inj 100unit/ml</i>	
<i>insulin aspart protamine/insulin aspart flexpen inj 30unit/ml; 70unit/ml</i>	
<i>insulin aspart protamine/insulin aspart inj 30%; 70%</i>	
<i>insulin aspart inj 100unit/ml</i>	
<i>insulin lispro junior kwikpen inj 100unit/ml</i>	
<i>insulin lispro kwikpen inj 100unit/ml</i>	
<i>insulin lispro protamine/insulin lispro kwikpen inj 25unit/ml; 75unit/ml</i>	
<i>insulin lispro inj 100unit/ml</i>	
LANTUS SOLOSTAR INJ 100UNIT/ML	
LANTUS INJ 100UNIT/ML	
<i>novolin 70/30 flexpen relion inj 30unit/ml; 70unit/ml</i>	
<i>novolin 70/30 flexpen inj 30unit/ml; 70unit/ml</i>	
<i>novolin 70/30 relion inj 30unit/ml; 70unit/ml</i>	
<i>novolin 70/30 inj 30unit/ml; 70unit/ml</i>	
NOVOLIN N FLEXPEN RELION INJ 100UNIT/ML	
NOVOLIN N FLEXPEN INJ 100UNIT/ML	
<i>novolin n relion inj 100unit/ml</i>	
<i>novolin n inj 100unit/ml</i>	
NOVOLIN R FLEXPEN RELION INJ 100UNIT/ML	
NOVOLIN R FLEXPEN INJ 100UNIT/ML	
<i>novolin r relion inj 100unit/ml</i>	
<i>novolin r inj 100unit/ml</i>	
NOVOLOG FLEXPEN RELION INJ 100UNIT/ML	
NOVOLOG FLEXPEN INJ 100UNIT/ML	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	

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Drug Name	Requirements/Limits
NOVOLOG PENFILL INJ 100UNIT/ML	
NOVOLOG RELION INJ 100UNIT/ML	
NOVOLOG INJ 100UNIT/ML	
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	
TOUJEO SOLOSTAR INJ 300UNIT/ML	
TRESIBA FLEXTOUCH INJ 100UNIT/ML	
TRESIBA FLEXTOUCH INJ 200UNIT/ML	
TRESIBA INJ 100UNIT/ML	
Blood Products and Modifiers	
<i>Anticoagulants</i>	
<i>argatroban inj 250mg/2.5ml</i>	NDS
<i>argatroban inj 50mg/50ml</i>	NDS
<i>dabigatran etexilate caps 110mg</i>	QL(60 EA per 30 days)
<i>dabigatran etexilate caps 150mg</i>	QL(60 EA per 30 days)
<i>dabigatran etexilate caps 75mg</i>	QL(60 EA per 30 days)
ELIQUIS STARTER PACK TBPB 5MG	QL(148 EA per 365 days)
ELIQUIS TABS 2.5MG	QL(60 EA per 30 days)
ELIQUIS TABS 5MG	QL(90 EA per 30 days)
<i>enoxaparin sodium inj 100mg/ml</i>	
<i>enoxaparin sodium inj 120mg/0.8ml</i>	
<i>enoxaparin sodium inj 150mg/ml</i>	
<i>enoxaparin sodium inj 300mg/3ml</i>	
<i>enoxaparin sodium inj 30mg/0.3ml</i>	
<i>enoxaparin sodium inj 40mg/0.4ml</i>	
<i>enoxaparin sodium inj 60mg/0.6ml</i>	
<i>enoxaparin sodium inj 80mg/0.8ml</i>	
<i>fondaparinux sodium inj 10mg/0.8ml</i>	NDS
FONDAPARINUX SODIUM INJ 2.5MG/0.5ML	
<i>fondaparinux sodium inj 5mg/0.4ml</i>	NDS
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	NDS
FRAGMIN INJ 10000UNIT/ML	NDS
FRAGMIN INJ 12500UNIT/0.5ML	NDS
FRAGMIN INJ 15000UNIT/0.6ML	NDS
FRAGMIN INJ 18000UNIT/0.72ML	NDS
FRAGMIN INJ 7500UNIT/0.3ML	NDS
FRAGMIN INJ 9500UNIT/3.8ML	NDS
<i>heparin sodium/d5w inj 5%; 100unit/ml</i>	
<i>heparin sodium/d5w inj 5%; 25000unit/500ml</i>	
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	
<i>heparin sodium/dextrose inj 5%; 25000unit/250ml</i>	
<i>heparin sodium/dextrose inj 5%; 25000unit/500ml</i>	
<i>heparin sodium/nacl 0.45% inj 25000unit/250ml; 0.45%</i>	
<i>heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%</i>	

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<i>heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%</i>	
<i>heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%</i>	
<i>heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%</i>	
<i>heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%</i>	
<i>heparin sodium/sodium chloride 0.9% inj 2000unit/l; 0.9%</i>	
<i>heparin sodium/sodium chloride inj 25000unit/250ml; 0.45%</i>	
<i>heparin sodium/sodium chloride inj 25000unit/500ml; 0.45%</i>	
<i>heparin sodium inj 10000unit/ml</i>	
<i>heparin sodium inj 1000unit/ml</i>	
<i>heparin sodium inj 20000unit/ml</i>	
<i>heparin sodium inj 5000unit/0.5ml</i>	
<i>heparin sodium inj 5000unit/0.5ml</i>	
<i>heparin sodium inj 5000unit/ml</i>	
<i>jantoven tabs 10mg</i>	
<i>jantoven tabs 1mg</i>	
<i>jantoven tabs 2.5mg</i>	
<i>jantoven tabs 2mg</i>	
<i>jantoven tabs 3mg</i>	
<i>jantoven tabs 4mg</i>	
<i>jantoven tabs 5mg</i>	
<i>jantoven tabs 6mg</i>	
<i>jantoven tabs 7.5mg</i>	
<i>warfarin sodium tabs 10mg</i>	
<i>warfarin sodium tabs 1mg</i>	
<i>warfarin sodium tabs 2.5mg</i>	
<i>warfarin sodium tabs 2mg</i>	
<i>warfarin sodium tabs 3mg</i>	
<i>warfarin sodium tabs 4mg</i>	
<i>warfarin sodium tabs 5mg</i>	
<i>warfarin sodium tabs 6mg</i>	
<i>warfarin sodium tabs 7.5mg</i>	
XARELTO STARTER PACK TBPK 0	QL(102 EA per 365 days)
XARELTO SUSR 1MG/ML	QL(600 ML per 30 days)
XARELTO TABS 10MG	QL(30 EA per 30 days)
XARELTO TABS 15MG	QL(60 EA per 30 days)
XARELTO TABS 2.5MG	QL(360 EA per 30 days)
XARELTO TABS 20MG	QL(30 EA per 30 days)
Blood Products and Modifiers, Other	
ANAGRELIDE HYDROCHLORIDE CAPS 0.5MG	
ANAGRELIDE HYDROCHLORIDE CAPS 1MG	
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	PA; NDS
ARANESP ALBUMIN FREE INJ 100MCG/ML	PA; NDS
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	PA; NDS

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ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	PA; NDS
ARANESP ALBUMIN FREE INJ 200MCG/ML	PA; NDS
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	PA
ARANESP ALBUMIN FREE INJ 25MCG/ML	PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	PA; NDS
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	PA
ARANESP ALBUMIN FREE INJ 40MCG/ML	PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	PA; NDS
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	PA; NDS
ARANESP ALBUMIN FREE INJ 60MCG/ML	PA
<i>eltrombopag olamine pack 12.5mg</i>	PA; NDS
<i>eltrombopag olamine pack 25mg</i>	PA; NDS
<i>eltrombopag olamine tabs 12.5mg</i>	PA; NDS
<i>eltrombopag olamine tabs 25mg</i>	PA; NDS
<i>eltrombopag olamine tabs 50mg</i>	PA; NDS
<i>eltrombopag olamine tabs 75mg</i>	PA; NDS
EPOGEN INJ 20000UNIT/ML	PA
GRANIX INJ 300MCG/0.5ML	ST; NDS
GRANIX INJ 300MCG/ML	ST; NDS
GRANIX INJ 480MCG/0.8ML	ST; NDS
GRANIX INJ 480MCG/1.6ML	ST; NDS
NEULASTA ONPRO KIT INJ 6MG/0.6ML	PA; NDS
NEULASTA INJ 6MG/0.6ML	PA; NDS
NEUPOGEN INJ 300MCG/0.5ML	ST; NDS
NEUPOGEN INJ 300MCG/ML	ST; NDS
NEUPOGEN INJ 480MCG/0.8ML	ST; NDS
NEUPOGEN INJ 480MCG/1.6ML	ST; NDS
NPLATE INJ 250MCG	PA; NDS
NPLATE INJ 500MCG	PA; NDS
<i>plerixafor inj 24mg/1.2ml</i>	NDS
PROCRIT INJ 10000UNIT/ML	PA
PROCRIT INJ 20000UNIT/ML	PA; NDS
PROCRIT INJ 2000UNIT/ML	PA
PROCRIT INJ 3000UNIT/ML	PA
PROCRIT INJ 40000UNIT/ML	PA; NDS
PROCRIT INJ 4000UNIT/ML	PA
XOLREMDI CAPS 100MG	QL(120 EA per 30 days); PA; NDS
ZARXIO INJ 300MCG/0.5ML	NDS
ZARXIO INJ 480MCG/0.8ML	NDS
Hemostasis Agents	
<i>aminocaproic acid inj 250mg/ml</i>	
<i>aminocaproic acid tabs 1000mg</i>	NDS
<i>aminocaproic acid tabs 500mg</i>	NDS
<i>tranexamic acid inj 1000mg/10ml</i>	

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TRANEXAMIC ACID TABS 650MG	
Platelet Modifying Agents	
<i>aspirin/dipyridamole er cp12 25mg; 200mg</i>	
<i>aspirin/dipyridamole cp12 25mg; 200mg</i>	
CABLIVI INJ 11MG	QL(30 EA per 30 days); PA; NDS
<i>cilostazol tabs 100mg</i>	
<i>cilostazol tabs 50mg</i>	
<i>clopidogrel tabs 300mg</i>	
<i>clopidogrel tabs 75mg</i>	
<i>prasugrel hydrochloride tabs 10mg</i>	
<i>prasugrel hydrochloride tabs 5mg</i>	
<i>ticagrelor tabs 60mg</i>	
<i>ticagrelor tabs 90mg</i>	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine hydrochloride tabs 0.1mg</i>	
<i>clonidine hydrochloride tabs 0.2mg</i>	
<i>clonidine hydrochloride tabs 0.3mg</i>	
<i>clonidine ptwk 0.1mg/24hr</i>	
<i>clonidine ptwk 0.2mg/24hr</i>	
<i>clonidine ptwk 0.3mg/24hr</i>	
<i>droxidopa caps 100mg</i>	PA
<i>droxidopa caps 200mg</i>	PA; NDS
<i>droxidopa caps 300mg</i>	PA; NDS
GUANFACINE HYDROCHLORIDE TABS 1MG	
GUANFACINE HYDROCHLORIDE TABS 2MG	
<i>methyldopa tabs 250mg</i>	
<i>methyldopa tabs 500mg</i>	
<i>midodrine hydrochloride tabs 10mg</i>	
<i>midodrine hydrochloride tabs 2.5mg</i>	
<i>midodrine hydrochloride tabs 5mg</i>	
<i>phenylephrine hydrochloride inj 10mg/ml</i>	
Alpha-adrenergic Blocking Agents	
<i>phenoxybenzamine hydrochloride caps 10mg</i>	PA; NDS
<i>prazosin hydrochloride caps 1mg</i>	
<i>prazosin hydrochloride caps 2mg</i>	
<i>prazosin hydrochloride caps 5mg</i>	
Angiotensin II Receptor Antagonists	
<i>candesartan cilexetil tabs 16mg</i>	
<i>candesartan cilexetil tabs 32mg</i>	
<i>candesartan cilexetil tabs 4mg</i>	
<i>candesartan cilexetil tabs 8mg</i>	
EDARBI TABS 40MG	
EDARBI TABS 80MG	

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Drug Name	Requirements/Limits
<i>irbesartan tabs 150mg</i>	**100 Day Supply**
<i>irbesartan tabs 300mg</i>	**100 Day Supply**
<i>irbesartan tabs 75mg</i>	**100 Day Supply**
<i>losartan potassium tabs 100mg</i>	**100 Day Supply**
<i>losartan potassium tabs 25mg</i>	**100 Day Supply**
<i>losartan potassium tabs 50mg</i>	**100 Day Supply**
<i>olmesartan medoxomil tabs 20mg</i>	**100 Day Supply**
<i>olmesartan medoxomil tabs 40mg</i>	**100 Day Supply**
<i>olmesartan medoxomil tabs 5mg</i>	**100 Day Supply**
<i>telmisartan tabs 20mg</i>	
<i>telmisartan tabs 40mg</i>	
<i>telmisartan tabs 80mg</i>	
<i>valsartan tabs 160mg</i>	**100 Day Supply**
<i>valsartan tabs 320mg</i>	**100 Day Supply**
<i>valsartan tabs 40mg</i>	**100 Day Supply**
<i>valsartan tabs 80mg</i>	**100 Day Supply**
Angiotensin-converting Enzyme (ACE) Inhibitors	
<i>benazepril hydrochloride tabs 10mg</i>	**100 Day Supply**
<i>benazepril hydrochloride tabs 20mg</i>	**100 Day Supply**
<i>benazepril hydrochloride tabs 40mg</i>	**100 Day Supply**
<i>benazepril hydrochloride tabs 5mg</i>	**100 Day Supply**
<i>captopril tabs 100mg</i>	**100 Day Supply**
<i>captopril tabs 12.5mg</i>	**100 Day Supply**
<i>captopril tabs 25mg</i>	**100 Day Supply**
<i>captopril tabs 50mg</i>	**100 Day Supply**
<i>enalapril maleate tabs 10mg</i>	**100 Day Supply**
<i>enalapril maleate tabs 2.5mg</i>	**100 Day Supply**
<i>enalapril maleate tabs 20mg</i>	**100 Day Supply**
<i>enalapril maleate tabs 5mg</i>	**100 Day Supply**
<i>enalaprilat inj 1.25mg/ml</i>	
<i>fosinopril sodium tabs 10mg</i>	**100 Day Supply**
<i>fosinopril sodium tabs 20mg</i>	**100 Day Supply**
<i>fosinopril sodium tabs 40mg</i>	**100 Day Supply**
<i>lisinopril tabs 10mg</i>	**100 Day Supply**
<i>lisinopril tabs 2.5mg</i>	**100 Day Supply**
<i>lisinopril tabs 20mg</i>	**100 Day Supply**
<i>lisinopril tabs 30mg</i>	**100 Day Supply**
<i>lisinopril tabs 40mg</i>	**100 Day Supply**
<i>lisinopril tabs 5mg</i>	**100 Day Supply**
<i>moexipril hydrochloride tabs 15mg</i>	**100 Day Supply**
<i>moexipril hydrochloride tabs 7.5mg</i>	**100 Day Supply**
<i>perindopril erbumine tabs 2mg</i>	
<i>perindopril erbumine tabs 4mg</i>	
<i>perindopril erbumine tabs 8mg</i>	

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Drug Name	Requirements/Limits
<i>quinapril hydrochloride tabs 10mg</i>	**100 Day Supply**
<i>quinapril hydrochloride tabs 20mg</i>	**100 Day Supply**
<i>quinapril hydrochloride tabs 40mg</i>	**100 Day Supply**
<i>quinapril hydrochloride tabs 5mg</i>	**100 Day Supply**
<i>ramipril caps 1.25mg</i>	**100 Day Supply**
<i>ramipril caps 10mg</i>	**100 Day Supply**
<i>ramipril caps 2.5mg</i>	**100 Day Supply**
<i>ramipril caps 5mg</i>	**100 Day Supply**
<i>trandolapril tabs 1mg</i>	**100 Day Supply**
<i>trandolapril tabs 2mg</i>	**100 Day Supply**
<i>trandolapril tabs 4mg</i>	**100 Day Supply**
Antiarrhythmics	
<i>amiodarone hydrochloride inj 150mg/3ml</i>	
<i>amiodarone hydrochloride inj 450mg/9ml</i>	
<i>amiodarone hydrochloride inj 50mg/ml</i>	
<i>amiodarone hydrochloride inj 50mg/ml</i>	
<i>amiodarone hydrochloride inj 900mg/18ml</i>	
<i>amiodarone hydrochloride inj 900mg/18ml</i>	
<i>amiodarone hydrochloride tabs 100mg</i>	
<i>amiodarone hydrochloride tabs 200mg</i>	
<i>amiodarone hydrochloride tabs 400mg</i>	
DIGOXIN INJ 0.25MG/ML	
<i>digoxin soln 0.05mg/ml</i>	
<i>digoxin tabs 125mcg</i>	
<i>digoxin tabs 250mcg</i>	
<i>digoxin tabs 62.5mcg</i>	
DOFETILIDE CAPS 125MCG	
DOFETILIDE CAPS 250MCG	
DOFETILIDE CAPS 500MCG	
<i>flecainide acetate tabs 100mg</i>	
<i>flecainide acetate tabs 150mg</i>	
<i>flecainide acetate tabs 50mg</i>	
IBUTILIDE FUMARATE INJ 1MG/10ML	
<i>lidocaine hcl in d5w inj 5%; 4mg/ml</i>	
<i>lidocaine hcl in d5w inj 5%; 8mg/ml</i>	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml</i>	
<i>lidocaine hcl/dextrose inj 5%; 8mg/ml</i>	
<i>lidocaine hcl inj 100mg/5ml</i>	
<i>lidocaine hcl inj 100mg/5ml</i>	
<i>lidocaine hcl inj 50mg/5ml</i>	
<i>lidocaine hydrochloride inj 100mg/5ml</i>	
<i>mexiletine hydrochloride caps 150mg</i>	
<i>mexiletine hydrochloride caps 200mg</i>	
<i>mexiletine hydrochloride caps 250mg</i>	

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Drug Name	Requirements/Limits
MULTAQ TABS 400MG	
<i>pacerone tabs 100mg</i>	
<i>pacerone tabs 200mg</i>	
<i>pacerone tabs 400mg</i>	
<i>procainamide hydrochloride inj 100mg/ml</i>	
<i>procainamide hydrochloride inj 100mg/ml</i>	
<i>procainamide hydrochloride inj 500mg/ml</i>	
<i>propafenone hcl tabs 150mg</i>	
<i>propafenone hcl tabs 225mg</i>	
<i>propafenone hcl tabs 300mg</i>	
PROPAFENONE HYDROCHLORIDE ER CP12 225MG	
PROPAFENONE HYDROCHLORIDE ER CP12 325MG	
PROPAFENONE HYDROCHLORIDE ER CP12 425MG	
<i>propafenone hydrochloride tabs 150mg</i>	
<i>propafenone hydrochloride tabs 225mg</i>	
<i>propafenone hydrochloride tabs 300mg</i>	
<i>quinidine gluconate cr tbc 324mg</i>	
<i>quinidine gluconate er tbc 324mg</i>	
<i>quinidine sulfate tabs 200mg</i>	
<i>quinidine sulfate tabs 300mg</i>	
<i>sotalol hcl (af) tabs 120mg</i>	
<i>sotalol hcl (af) tabs 80mg</i>	
<i>sotalol hcl af tabs 160mg</i>	
<i>sotalol hcl tabs 120mg</i>	
<i>sotalol hcl tabs 160mg</i>	
<i>sotalol hcl tabs 240mg</i>	
<i>sotalol hydrochloride (af) tabs 120mg</i>	
<i>sotalol hydrochloride (af) tabs 160mg</i>	
<i>sotalol hydrochloride (af) tabs 80mg</i>	
<i>sotalol hydrochloride inj 150mg/10ml</i>	NDS
<i>sotalol hydrochloride tabs 120mg</i>	
<i>sotalol hydrochloride tabs 160mg</i>	
<i>sotalol hydrochloride tabs 80mg</i>	
Beta-adrenergic Blocking Agents	
<i>acebutolol hydrochloride caps 200mg</i>	
<i>acebutolol hydrochloride caps 400mg</i>	
<i>atenolol tabs 100mg</i>	** 100 Day Supply**
<i>atenolol tabs 25mg</i>	** 100 Day Supply**
<i>atenolol tabs 50mg</i>	** 100 Day Supply**
<i>betaxolol hcl tabs 10mg</i>	
<i>betaxolol hcl tabs 20mg</i>	
<i>bisoprolol fumarate tabs 10mg</i>	
<i>bisoprolol fumarate tabs 5mg</i>	

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Drug Name	Requirements/Limits
BREVIBLOC PREMIXED DOUBLESTRENGTH INJ 2000MG/100ML; 4.1MG/ML	
BREVIBLOC PREMIXED INJ 2500MG/250ML; 5.9MG/ML	
BREVIBLOC INJ 2000MG/100ML; 4.1MG/ML	
BREVIBLOC INJ 2500MG/250ML; 5.9MG/ML	
<i>carvedilol tabs 12.5mg</i>	** 100 Day Supply**
<i>carvedilol tabs 25mg</i>	** 100 Day Supply**
<i>carvedilol tabs 3.125mg</i>	** 100 Day Supply**
<i>carvedilol tabs 6.25mg</i>	** 100 Day Supply**
ESMOLOL HCL INJ 100MG/10ML	
ESMOLOL HCL INJ 100MG/10ML	
<i>esmolol hydrochloride in sodium chloride double strength inj 2000mg/100ml; 4.1mg/ml</i>	
<i>esmolol hydrochloride in sodium chloride inj 2500mg/250ml; 5.9mg/ml</i>	
<i>esmolol hydrochloride/sodium chloride inj 2000mg/100ml; 4.1mg/ml</i>	
<i>esmolol hydrochloride/sodium chloride inj 2500mg/250ml; 5.9mg/ml</i>	
<i>labetalol hydrochloride inj 5mg/ml</i>	
<i>labetalol hydrochloride tabs 100mg</i>	** 100 Day Supply**
<i>labetalol hydrochloride tabs 200mg</i>	** 100 Day Supply**
<i>labetalol hydrochloride tabs 300mg</i>	** 100 Day Supply**
<i>labetalol hydrochloride tabs 400mg</i>	** 100 Day Supply**
<i>metoprolol succinate er tb24 100mg</i>	** 100 Day Supply**
<i>metoprolol succinate er tb24 200mg</i>	** 100 Day Supply**
<i>metoprolol succinate er tb24 25mg</i>	** 100 Day Supply**
<i>metoprolol succinate er tb24 50mg</i>	** 100 Day Supply**
<i>metoprolol tartrate inj 5mg/5ml</i>	
<i>metoprolol tartrate tabs 100mg</i>	** 100 Day Supply**
<i>metoprolol tartrate tabs 25mg</i>	** 100 Day Supply**
<i>metoprolol tartrate tabs 50mg</i>	** 100 Day Supply**
<i>metoprolol tartrate tabs 75mg</i>	
<i>nadolol tabs 20mg</i>	
<i>nadolol tabs 40mg</i>	
<i>nadolol tabs 80mg</i>	
<i>nebivolol hydrochloride tabs 10mg</i>	
<i>nebivolol hydrochloride tabs 2.5mg</i>	
<i>nebivolol hydrochloride tabs 20mg</i>	
<i>nebivolol hydrochloride tabs 5mg</i>	
<i>pindolol tabs 10mg</i>	
<i>pindolol tabs 5mg</i>	
<i>propranolol hcl inj 1mg/ml</i>	
<i>propranolol hcl soln 40mg/5ml</i>	
<i>propranolol hcl tabs 40mg</i>	** 100 Day Supply**
<i>propranolol hydrochloride er cp24 120mg</i>	

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Drug Name	Requirements/Limits
<i>propranolol hydrochloride er cp24 160mg</i>	
<i>propranolol hydrochloride er cp24 60mg</i>	
<i>propranolol hydrochloride er cp24 80mg</i>	
<i>propranolol hydrochloride soln 20mg/5ml</i>	
<i>propranolol hydrochloride tabs 10mg</i>	** 100 Day Supply**
<i>propranolol hydrochloride tabs 20mg</i>	** 100 Day Supply**
<i>propranolol hydrochloride tabs 60mg</i>	** 100 Day Supply**
<i>propranolol hydrochloride tabs 80mg</i>	** 100 Day Supply**
Calcium Channel Blocking Agents, Dihydropyridines	
<i>amlodipine besylate tabs 10mg</i>	** 100 Day Supply**
<i>amlodipine besylate tabs 2.5mg</i>	** 100 Day Supply**
<i>amlodipine besylate tabs 5mg</i>	** 100 Day Supply**
<i>felodipine er tb24 10mg</i>	
<i>felodipine er tb24 2.5mg</i>	
<i>felodipine er tb24 5mg</i>	
NICARDIPINE HCL CAPS 20MG	
NICARDIPINE HCL CAPS 30MG	
NICARDIPINE HYDROCHLORIDE INJ 2.5MG/ML	
<i>nicardipine hydrochloride inj 2.5mg/ml</i>	
<i>nifedipine er tb24 30mg</i>	
<i>nifedipine er tb24 30mg</i>	
<i>nifedipine er tb24 60mg</i>	
<i>nifedipine er tb24 60mg</i>	
<i>nifedipine er tb24 90mg</i>	
<i>nifedipine er tb24 90mg</i>	
<i>nifedipine caps 10mg</i>	
<i>nifedipine caps 20mg</i>	
<i>nimodipine caps 30mg</i>	
Calcium Channel Blocking Agents, Nondihydropyridines	
<i>cartia xt cp24 120mg</i>	
<i>cartia xt cp24 180mg</i>	
<i>cartia xt cp24 240mg</i>	
<i>cartia xt cp24 300mg</i>	
<i>dilt-xr cp24 120mg</i>	
<i>dilt-xr cp24 180mg</i>	
<i>dilt-xr cp24 240mg</i>	
<i>diltiazem hcl cd cp24 360mg</i>	
<i>diltiazem hcl er cp12 120mg</i>	
<i>diltiazem hcl er cp12 60mg</i>	
<i>diltiazem hcl er cp12 90mg</i>	
<i>diltiazem hcl er cp24 120mg</i>	
<i>diltiazem hcl er cp24 180mg</i>	
<i>diltiazem hcl er cp24 240mg</i>	
<i>diltiazem hcl er cp24 420mg</i>	

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Drug Name	Requirements/Limits
<i>diltiazem hcl er tb24 240mg</i>	
<i>diltiazem hcl er tb24 300mg</i>	
<i>diltiazem hcl er tb24 360mg</i>	
<i>diltiazem hcl er tb24 420mg</i>	
<i>diltiazem hcl inj 100mg</i>	
<i>diltiazem hcl inj 50mg/10ml</i>	
<i>diltiazem hcl tabs 30mg</i>	** 100 Day Supply**
<i>diltiazem hcl tabs 60mg</i>	** 100 Day Supply**
<i>diltiazem hydrochloride er cp24 120mg</i>	
<i>diltiazem hydrochloride er cp24 120mg</i>	
<i>diltiazem hydrochloride er cp24 180mg</i>	
<i>diltiazem hydrochloride er cp24 180mg</i>	
<i>diltiazem hydrochloride er cp24 240mg</i>	
<i>diltiazem hydrochloride er cp24 240mg</i>	
<i>diltiazem hydrochloride er cp24 300mg</i>	
<i>diltiazem hydrochloride er cp24 300mg</i>	
<i>diltiazem hydrochloride er cp24 360mg</i>	
<i>diltiazem hydrochloride er cp24 360mg</i>	
<i>diltiazem hydrochloride er cp24 360mg</i>	
<i>diltiazem hydrochloride er tb24 120mg</i>	
<i>diltiazem hydrochloride er tb24 180mg</i>	
<i>diltiazem hydrochloride er tb24 240mg</i>	
<i>diltiazem hydrochloride er tb24 300mg</i>	
<i>diltiazem hydrochloride er tb24 360mg</i>	
<i>diltiazem hydrochloride inj 125mg/25ml</i>	
<i>diltiazem hydrochloride inj 125mg/25ml</i>	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	
<i>diltiazem hydrochloride tabs 120mg</i>	** 100 Day Supply**
<i>diltiazem hydrochloride tabs 90mg</i>	** 100 Day Supply**
<i>matzim la tb24 180mg</i>	
<i>matzim la tb24 240mg</i>	
<i>matzim la tb24 300mg</i>	
<i>matzim la tb24 360mg</i>	
<i>matzim la tb24 420mg</i>	
<i>taztia xt cp24 120mg</i>	
<i>taztia xt cp24 180mg</i>	
<i>taztia xt cp24 240mg</i>	
<i>taztia xt cp24 300mg</i>	
<i>taztia xt cp24 360mg</i>	
<i>tiadylt er cp24 120mg</i>	
<i>tiadylt er cp24 180mg</i>	
<i>tiadylt er cp24 240mg</i>	
<i>tiadylt er cp24 300mg</i>	
<i>tiadylt er cp24 360mg</i>	

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Drug Name	Requirements/Limits
<i>tiadylt er cp24 420mg</i>	
<i>verapamil hcl er cp24 100mg</i>	
<i>verapamil hcl er cp24 120mg</i>	
<i>verapamil hcl er cp24 180mg</i>	
<i>verapamil hcl er cp24 240mg</i>	
<i>verapamil hcl er cp24 300mg</i>	
<i>verapamil hcl er tbcr 120mg</i>	
<i>verapamil hcl sr cp24 120mg</i>	
<i>verapamil hcl sr cp24 180mg</i>	
<i>verapamil hcl sr cp24 240mg</i>	
<i>verapamil hcl sr cp24 360mg</i>	
<i>verapamil hydrochloride er cp24 100mg</i>	
<i>verapamil hydrochloride er cp24 200mg</i>	
<i>verapamil hydrochloride er cp24 300mg</i>	
<i>verapamil hydrochloride er tbcr 180mg</i>	
<i>verapamil hydrochloride er tbcr 240mg</i>	
<i>verapamil hydrochloride sr cp24 240mg</i>	
<i>verapamil hydrochloride sr cp24 360mg</i>	
<i>verapamil hydrochloride inj 2.5mg/ml</i>	
<i>verapamil hydrochloride tabs 120mg</i>	
<i>verapamil hydrochloride tabs 40mg</i>	
<i>verapamil hydrochloride tabs 80mg</i>	
Cardiovascular Agents, Other	
<i>acetazolamide sodium inj 500mg</i>	NDS
<i>aliskiren tabs 150mg</i>	
<i>aliskiren tabs 300mg</i>	
<i>amiloride/hydrochlorothiazide tabs 5mg; 50mg</i>	
<i>amlodipine besylate/benazepril hcl caps 10mg; 40mg</i>	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg</i>	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg</i>	
<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg</i>	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg</i>	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg</i>	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 40mg</i>	
<i>amlodipine besylate/valsartan tabs 10mg; 160mg</i>	
<i>amlodipine besylate/valsartan tabs 10mg; 320mg</i>	
<i>amlodipine besylate/valsartan tabs 5mg; 160mg</i>	
<i>amlodipine besylate/valsartan tabs 5mg; 320mg</i>	
<i>amlodipine/olmesartan medoxomil tabs 10mg; 20mg</i>	
<i>amlodipine/olmesartan medoxomil tabs 10mg; 40mg</i>	
<i>amlodipine/olmesartan medoxomil tabs 5mg; 20mg</i>	
<i>amlodipine/olmesartan medoxomil tabs 5mg; 40mg</i>	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg</i>	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 25mg; 160mg</i>	

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Drug Name	Requirements/Limits
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 25mg; 320mg</i>	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 12.5mg; 160mg</i>	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 25mg; 160mg</i>	
<i>atenolol/chlorthalidone tabs 100mg; 25mg</i>	
<i>atenolol/chlorthalidone tabs 50mg; 25mg</i>	
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg</i>	
<i>benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 12.5mg</i>	
<i>benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 25mg</i>	
<i>benazepril hydrochloride/hydrochlorothiazide tabs 5mg; 6.25mg</i>	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg</i>	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 2.5mg; 6.25mg</i>	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 5mg; 6.25mg</i>	
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg</i>	
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 25mg</i>	
<i>captopril/hydrochlorothiazide tabs 25mg; 15mg</i>	
<i>captopril/hydrochlorothiazide tabs 25mg; 25mg</i>	
<i>captopril/hydrochlorothiazide tabs 50mg; 15mg</i>	
<i>captopril/hydrochlorothiazide tabs 50mg; 25mg</i>	
<i>dobutamine hcl/d5w inj 5%; 1mg/ml</i>	B/D
<i>dobutamine hcl inj 12.5mg/ml</i>	B/D
<i>dobutamine hydrochloride/dextrose 5% inj 5%; 1mg/ml</i>	B/D
<i>dobutamine hydrochloride/dextrose 5% inj 5%; 2mg/ml</i>	B/D
<i>dobutamine hydrochloride/dextrose 5% inj 5%; 2mg/ml</i>	B/D
<i>dobutamine hydrochloride/dextrose 5% inj 5%; 4mg/ml</i>	B/D
<i>dobutamine hydrochloride/dextrose 5% inj 5%; 4mg/ml</i>	B/D
<i>dopamine hydrochloride/dextrose inj 5%; 0.8mg/ml</i>	B/D
<i>dopamine hydrochloride/dextrose inj 5%; 1.6mg/ml</i>	B/D
<i>dopamine hydrochloride/dextrose inj 5%; 1.6mg/ml</i>	B/D
<i>dopamine hydrochloride/dextrose inj 5%; 3.2mg/ml</i>	B/D
<i>dopamine hydrochloride inj 40mg/ml</i>	B/D
<i>dopamine/d5w inj 5%; 3.2mg/ml</i>	B/D
EDARBYCLOR TABS 40MG; 12.5MG	
EDARBYCLOR TABS 40MG; 25MG	
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	
ENTRESTO CPSP 15MG; 16MG	QL(240 EA per 30 days)
ENTRESTO CPSP 6MG; 6MG	QL(240 EA per 30 days)
<i>epinephrine inj 1mg/ml</i>	
<i>epinephrine inj 1mg/ml</i>	
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg</i>	
<i>fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg</i>	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	

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Drug Name	Requirements/Limits
<i>ivabradine hydrochloride tabs 5mg</i>	QL(60 EA per 30 days)
<i>ivabradine hydrochloride tabs 7.5mg</i>	QL(60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	**100 Day Supply**
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	**100 Day Supply**
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	**100 Day Supply**
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg</i>	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	
<i>losartan potassium/hydrochlorothiazide tabs 25mg; 100mg</i>	
<i>mannitol inj 20%</i>	
<i>mannitol inj 25%</i>	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg</i>	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 50mg</i>	
<i>metoprolol/hydrochlorothiazide tabs 50mg; 100mg</i>	
<i>metyrosine caps 250mg</i>	PA; NDS
MILRINONE LACTATE IN DEXTROSE INJ 5%; 20MG/100ML	B/D
<i>milrinone lactate in dextrose inj 5%; 20mg/100ml</i>	B/D
<i>milrinone lactate in dextrose inj 5%; 40mg/200ml</i>	B/D
MILRINONE LACTATE INJ 10MG/10ML	B/D
MILRINONE LACTATE INJ 10MG/10ML	B/D
<i>milrinone lactate inj 20mg/20ml</i>	B/D
MILRINONE LACTATE INJ 50MG/50ML	B/D
MILRINONE LACTATE INJ 50MG/50ML	B/D
<i>norepinephrine bitartrate inj 1mg/ml</i>	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 12.5mg; 40mg</i>	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 25mg; 40mg</i>	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 12.5mg; 20mg</i>	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 12.5mg; 40mg</i>	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 25mg; 40mg</i>	
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg</i>	
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 40mg</i>	
<i>olmesartan medoxomil/hydrochlorothiazide tabs 25mg; 40mg</i>	
<i>osmitrol viaflex inj 10%</i>	
<i>osmitrol viaflex inj 20%</i>	
<i>pentoxifylline er tbc 400mg</i>	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	
<i>quinapril/hydrochlorothiazide tabs 25mg; 20mg</i>	
<i>ranolazine er tb12 1000mg</i>	
<i>ranolazine er tb12 500mg</i>	

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Drug Name	Requirements/Limits
<i>sacubitril/valsartan tabs 24mg; 26mg</i>	QL(60 EA per 30 days)
<i>sacubitril/valsartan tabs 49mg; 51mg</i>	QL(60 EA per 30 days)
<i>sacubitril/valsartan tabs 97mg; 103mg</i>	QL(60 EA per 30 days)
<i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>	
<i>telmisartan/amlodipine tabs 10mg; 40mg</i>	
<i>telmisartan/amlodipine tabs 10mg; 80mg</i>	
<i>telmisartan/amlodipine tabs 5mg; 40mg</i>	
<i>telmisartan/amlodipine tabs 5mg; 80mg</i>	
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg</i>	
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	
<i>telmisartan/hydrochlorothiazide tabs 25mg; 80mg</i>	
<i>trandolapril/verapamil hcl er tbc 1mg; 240mg</i>	
<i>trandolapril/verapamil hcl er tbc 2mg; 180mg</i>	
<i>trandolapril/verapamil hcl er tbc 2mg; 240mg</i>	
<i>trandolapril/verapamil hcl er tbc 4mg; 240mg</i>	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	** 100 Day Supply**
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg</i>	** 100 Day Supply**
<i>triamterene/hydrochlorothiazide tabs 50mg; 75mg</i>	** 100 Day Supply**
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg</i>	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg</i>	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	
<i>valsartan/hydrochlorothiazide tabs 25mg; 160mg</i>	
<i>valsartan/hydrochlorothiazide tabs 25mg; 320mg</i>	
Diuretics, Loop	
<i>bumetanide inj 0.25mg/ml</i>	
<i>bumetanide tabs 0.5mg</i>	
<i>bumetanide tabs 1mg</i>	
<i>bumetanide tabs 2mg</i>	
<i>furosemide inj 10mg/ml</i>	
<i>furosemide soln 10mg/ml</i>	
<i>furosemide soln 40mg/5ml</i>	
<i>furosemide tabs 20mg</i>	** 100 Day Supply**
<i>furosemide tabs 40mg</i>	** 100 Day Supply**
<i>furosemide tabs 80mg</i>	** 100 Day Supply**
<i>toremide tabs 100mg</i>	** 100 Day Supply**
<i>toremide tabs 10mg</i>	** 100 Day Supply**
<i>toremide tabs 20mg</i>	** 100 Day Supply**
<i>toremide tabs 5mg</i>	** 100 Day Supply**
Diuretics, Potassium-sparing	
<i>amiloride hcl tabs 5mg</i>	
<i>triamterene caps 100mg</i>	
<i>triamterene caps 50mg</i>	
Diuretics, Thiazide	
CHLOROTHIAZIDE SODIUM INJ 500MG	

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Drug Name	Requirements/Limits
<i>chlorthalidone tabs 25mg</i>	**100 Day Supply**
<i>chlorthalidone tabs 50mg</i>	**100 Day Supply**
<i>hydrochlorothiazide caps 12.5mg</i>	**100 Day Supply**
<i>hydrochlorothiazide tabs 12.5mg</i>	**100 Day Supply**
<i>hydrochlorothiazide tabs 25mg</i>	**100 Day Supply**
<i>hydrochlorothiazide tabs 50mg</i>	**100 Day Supply**
<i>indapamide tabs 1.25mg</i>	
<i>indapamide tabs 2.5mg</i>	
<i>metolazone tabs 10mg</i>	
<i>metolazone tabs 2.5mg</i>	
<i>metolazone tabs 5mg</i>	
Dyslipidemics, Fibric Acid Derivatives	
<i>fenofibrate micronized caps 134mg</i>	
<i>fenofibrate micronized caps 200mg</i>	
<i>fenofibrate micronized caps 67mg</i>	
<i>fenofibrate tabs 145mg</i>	
<i>fenofibrate tabs 160mg</i>	
<i>fenofibrate tabs 48mg</i>	
<i>fenofibrate tabs 54mg</i>	
<i>fenofibric acid dr cpdr 135mg</i>	
<i>fenofibric acid dr cpdr 45mg</i>	
<i>gemfibrozil tabs 600mg</i>	
Dyslipidemics, HMG CoA Reductase Inhibitors	
<i>atorvastatin calcium tabs 10mg</i>	**100 Day Supply**
<i>atorvastatin calcium tabs 20mg</i>	**100 Day Supply**
<i>atorvastatin calcium tabs 40mg</i>	**100 Day Supply**
<i>atorvastatin calcium tabs 80mg</i>	**100 Day Supply**
<i>fluvastatin sodium er tb24 80mg</i>	**100 Day Supply**
<i>fluvastatin caps 20mg</i>	**100 Day Supply**
<i>fluvastatin caps 40mg</i>	**100 Day Supply**
<i>lovastatin tabs 10mg</i>	**100 Day Supply**
<i>lovastatin tabs 20mg</i>	**100 Day Supply**
<i>lovastatin tabs 40mg</i>	**100 Day Supply**
<i>pravastatin sodium tabs 10mg</i>	**100 Day Supply**
<i>pravastatin sodium tabs 20mg</i>	**100 Day Supply**
<i>pravastatin sodium tabs 40mg</i>	**100 Day Supply**
<i>pravastatin sodium tabs 80mg</i>	**100 Day Supply**
<i>rosuvastatin calcium tabs 10mg</i>	**100 Day Supply**
<i>rosuvastatin calcium tabs 20mg</i>	**100 Day Supply**
<i>rosuvastatin calcium tabs 40mg</i>	**100 Day Supply**
<i>rosuvastatin calcium tabs 5mg</i>	**100 Day Supply**
<i>simvastatin tabs 10mg</i>	**100 Day Supply**
<i>simvastatin tabs 20mg</i>	**100 Day Supply**
<i>simvastatin tabs 40mg</i>	**100 Day Supply**

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Drug Name	Requirements/Limits
<i>simvastatin tabs 5mg</i>	**100 Day Supply**
<i>simvastatin tabs 80mg</i>	**100 Day Supply**
Dyslipidemics, Other	
<i>cholestyramine light pack 4gm</i>	
<i>cholestyramine light powd 4gm/dose</i>	
<i>cholestyramine pack 4gm</i>	
<i>cholestyramine powd 4gm/dose</i>	
<i>colesevelam hydrochloride tabs 625mg</i>	
<i>colestipol hydrochloride gran 5gm</i>	
<i>colestipol hydrochloride pack 5gm</i>	
<i>colestipol hydrochloride tabs 1gm</i>	
<i>ezetimibe/simvastatin tabs 10mg; 10mg</i>	
<i>ezetimibe/simvastatin tabs 10mg; 20mg</i>	
<i>ezetimibe/simvastatin tabs 10mg; 40mg</i>	
<i>ezetimibe/simvastatin tabs 10mg; 80mg</i>	
<i>ezetimibe tabs 10mg</i>	
<i>icosapent ethyl caps 0.5gm</i>	
<i>icosapent ethyl caps 1gm</i>	
JUXTAPID CAPS 10MG	QL(30 EA per 30 days); PA; NDS
JUXTAPID CAPS 20MG	QL(60 EA per 30 days); PA; NDS
JUXTAPID CAPS 2MG	QL(112 EA per 365 days); PA; NDS
JUXTAPID CAPS 30MG	QL(60 EA per 30 days); PA; NDS
JUXTAPID CAPS 5MG	QL(30 EA per 30 days); PA; NDS
NEXLETOL TABS 180MG	QL(30 EA per 30 days); PA
NEXLIZET TABS 180MG; 10MG	QL(30 EA per 30 days); PA
NIACIN ER TBCR 1000MG	
NIACIN ER TBCR 500MG	
NIACIN ER TBCR 750MG	
OMEGA-3-ACID ETHYL ESTERS CAPS 375MG; 465MG; 1GM	
PRALUENT INJ 150MG/ML	QL(2 ML per 28 days); PA
PRALUENT INJ 75MG/ML	QL(2 ML per 28 days); PA
<i>prevalite pack 4gm</i>	
<i>prevalite powd 4gm/dose</i>	
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	QL(7 ML per 28 days); PA
REPATHA SURECLICK INJ 140MG/ML	QL(3 ML per 28 days); PA
REPATHA INJ 140MG/ML	QL(3 ML per 28 days); PA
TRYNGOLZA INJ 80MG/0.8ML	QL(0.8 ML per 28 days); PA; NDS
Mineralocorticoid Receptor Antagonists	
<i>eplerenone tabs 25mg</i>	
<i>eplerenone tabs 50mg</i>	
KERENDIA TABS 10MG	QL(30 EA per 30 days); PA
KERENDIA TABS 20MG	QL(30 EA per 30 days); PA
KERENDIA TABS 40MG	QL(30 EA per 30 days); PA
<i>spironolactone tabs 100mg</i>	**100 Day Supply**

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Drug Name	Requirements/Limits
<i>spironolactone tabs 25mg</i>	**100 Day Supply**
<i>spironolactone tabs 50mg</i>	**100 Day Supply**
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)	
<i>dapagliflozin tabs 10mg</i>	QL(30 EA per 30 days)
<i>dapagliflozin tabs 5mg</i>	QL(30 EA per 30 days)
INVOKANA TABS 100MG	QL(30 EA per 30 days)
INVOKANA TABS 300MG	QL(30 EA per 30 days)
JARDIANCE TABS 10MG	QL(30 EA per 30 days)
JARDIANCE TABS 25MG	QL(30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous	
<i>isosorbide dinitrate tabs 10mg</i>	
<i>isosorbide dinitrate tabs 20mg</i>	
<i>isosorbide dinitrate tabs 30mg</i>	
<i>isosorbide dinitrate tabs 5mg</i>	
<i>isosorbide mononitrate er tb24 120mg</i>	
<i>isosorbide mononitrate er tb24 30mg</i>	
<i>isosorbide mononitrate er tb24 60mg</i>	
<i>isosorbide mononitrate tabs 10mg</i>	
<i>isosorbide mononitrate tabs 20mg</i>	
NITRO-BID OINT 2%	
<i>nitroglycerin in dextrose 5% inj 5%; 100mcg/ml</i>	
<i>nitroglycerin in dextrose 5% inj 5%; 200mcg/ml</i>	
<i>nitroglycerin in dextrose 5% inj 5%; 400mcg/ml</i>	
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	
<i>nitroglycerin transdermal pt24 0.2mg/hr</i>	
<i>nitroglycerin transdermal pt24 0.4mg/hr</i>	
<i>nitroglycerin transdermal pt24 0.6mg/hr</i>	
<i>nitroglycerin inj 5mg/ml</i>	
<i>nitroglycerin oint 2%</i>	
NITROGLYCERIN SOLN 0.4MG/SPRAY	
<i>nitroglycerin subl 0.3mg</i>	
<i>nitroglycerin subl 0.4mg</i>	
<i>nitroglycerin subl 0.6mg</i>	
VERQUVO TABS 10MG	QL(30 EA per 30 days); PA
VERQUVO TABS 2.5MG	QL(30 EA per 30 days); PA
VERQUVO TABS 5MG	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial	
HYDRALAZINE HYDROCHLORIDE INJ 20MG/ML	
<i>hydralazine hydrochloride tabs 100mg</i>	
<i>hydralazine hydrochloride tabs 10mg</i>	
<i>hydralazine hydrochloride tabs 25mg</i>	
<i>hydralazine hydrochloride tabs 50mg</i>	
<i>minoxidil tabs 10mg</i>	
<i>minoxidil tabs 2.5mg</i>	

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Drug Name	Requirements/Limits
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg</i>	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	QL(90 EA per 30 days); Tablet 5mg
<i>amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	QL(90 EA per 30 days); Tablet 7.5mg
<i>amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	QL(90 EA per 30 days); Tablet 10mg
<i>amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	QL(90 EA per 30 days); Tablet 12.5mg
<i>amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	QL(90 EA per 30 days); Tablet 15mg
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	QL(90 EA per 30 days); Tablet 20mg
<i>amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	QL(90 EA per 30 days); Tablet 30mg
<i>dextroamphetamine sulfate er cp24 10mg</i>	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 15mg</i>	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 5mg</i>	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tabs 10mg</i>	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 5mg</i>	QL(90 EA per 30 days)
<i>lisdexamfetamine dimesylate caps 10mg</i>	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate caps 20mg</i>	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate caps 30mg</i>	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate caps 40mg</i>	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate caps 50mg</i>	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate caps 60mg</i>	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate caps 70mg</i>	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate chew 10mg</i>	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate chew 20mg</i>	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate chew 30mg</i>	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate chew 40mg</i>	QL(30 EA per 30 days)

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Drug Name	Requirements/Limits
<i>lisdexamfetamine dimesylate chew 50mg</i>	QL(30 EA per 30 days)
<i>lisdexamfetamine dimesylate chew 60mg</i>	QL(30 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
<i>atomoxetine hydrochloride caps 10mg</i>	QL(60 EA per 30 days)
<i>atomoxetine hydrochloride caps 25mg</i>	QL(30 EA per 30 days)
<i>atomoxetine caps 100mg</i>	QL(30 EA per 30 days)
<i>atomoxetine caps 10mg</i>	QL(60 EA per 30 days)
<i>atomoxetine caps 18mg</i>	QL(30 EA per 30 days)
<i>atomoxetine caps 25mg</i>	QL(30 EA per 30 days)
<i>atomoxetine caps 40mg</i>	QL(30 EA per 30 days)
<i>atomoxetine caps 60mg</i>	QL(30 EA per 30 days)
<i>atomoxetine caps 80mg</i>	QL(30 EA per 30 days)
CLONIDINE HYDROCHLORIDE ER TB12 0.1MG	
<i>dexmethylphenidate hcl tabs 10mg</i>	QL(60 EA per 30 days)
<i>dexmethylphenidate hcl tabs 5mg</i>	QL(60 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 10MG	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 15MG	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 20MG	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 25MG	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 30MG	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 35MG	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 40MG	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 5MG	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	QL(60 EA per 30 days)
GUANFACINE HYDROCHLORIDE ER TB24 1MG	
GUANFACINE HYDROCHLORIDE ER TB24 2MG	
GUANFACINE HYDROCHLORIDE ER TB24 3MG	
GUANFACINE HYDROCHLORIDE ER TB24 4MG	
<i>methylphenidate hydrochloride er tbcr 10mg</i>	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 20mg</i>	QL(90 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE SOLN 10MG/5ML	
METHYLPHENIDATE HYDROCHLORIDE SOLN 5MG/5ML	
<i>methylphenidate hydrochloride tabs 10mg</i>	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tabs 20mg</i>	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tabs 5mg</i>	QL(90 EA per 30 days)
Central Nervous System, Other	
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	
BUTALBITAL/ASPIRIN/CAFFEINE CAPS 325MG; 50MG; 40MG	
CAFFEINE CITRATE INJ 60MG/3ML	
<i>caffeine citrate soln 20mg/ml</i>	NDS
<i>caffeine citrate soln 60mg/3ml</i>	NDS
<i>clonidine hcl inj 100mcg/ml</i>	B/D
<i>clonidine hcl inj 500mcg/ml</i>	B/D
CLONIDINE HYDROCHLORIDE INJ 100MCG/ML	B/D

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CLONIDINE HYDROCHLORIDE INJ 500MCG/ML	B/D
COBENFY STARTER PACK CPPK 20MG; 0	QL(112 EA per 365 days); PA; NDS
COBENFY CAPS 20MG; 100MG	QL(60 EA per 30 days); PA; NDS
COBENFY CAPS 20MG; 50MG	QL(60 EA per 30 days); PA; NDS
COBENFY CAPS 30MG; 125MG	QL(60 EA per 30 days); PA; NDS
INGREZZA CAPS 40MG	QL(60 EA per 30 days); PA; NDS
INGREZZA CAPS 60MG	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPS 80MG	QL(30 EA per 30 days); PA; NDS
INGREZZA CPSP 40MG	QL(60 EA per 30 days); PA; NDS
INGREZZA CPSP 60MG	QL(30 EA per 30 days); PA; NDS
INGREZZA CPSP 80MG	QL(30 EA per 30 days); PA; NDS
NUEDEXTA CAPS 20MG; 10MG	PA; NDS
<i>riluzole tabs 50mg</i>	
<i>tetrabenazine tabs 12.5mg</i>	PA
<i>tetrabenazine tabs 25mg</i>	PA; NDS
VEOZAH TABS 45MG	QL(30 EA per 30 days); PA
Fibromyalgia Agents	
SAVELLA TITRATION PACK MISC 0	QL(110 EA per 365 days)
SAVELLA TABS 100MG	QL(60 EA per 30 days)
SAVELLA TABS 12.5MG	QL(60 EA per 30 days)
SAVELLA TABS 25MG	QL(60 EA per 30 days)
SAVELLA TABS 50MG	QL(60 EA per 30 days)
Multiple Sclerosis Agents	
AVONEX PEN INJ 30MCG/0.5ML	QL(4 EA per 28 days); PA; NDS
AVONEX INJ 30MCG/0.5ML	QL(4 EA per 28 days); PA; NDS
BAFIERTAM CPDR 95MG	QL(120 EA per 30 days); PA; NDS
BETASERON INJ 0.3MG	QL(15 EA per 30 days); PA; NDS
DALFAMPRIDINE ER TB12 10MG	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack cdpk 0</i>	QL(120 EA per 365 days); PA
<i>dimethyl fumarate cpdr 120mg</i>	QL(60 EA per 30 days); PA
<i>dimethyl fumarate cpdr 240mg</i>	QL(60 EA per 30 days); PA
EXTAVIA INJ 0.3MG	QL(15 EA per 30 days); PA; NDS
<i>ingolimod hydrochloride caps 0.5mg</i>	QL(30 EA per 30 days); PA; NDS
GILENYA CAPS 0.25MG	QL(60 EA per 30 days); PA; NDS
<i>glatiramer acetate inj 20mg/ml</i>	QL(30 ML per 30 days); PA; NDS
<i>glatiramer acetate inj 40mg/ml</i>	QL(12 ML per 28 days); PA; NDS
<i>glatopa inj 20mg/ml</i>	QL(30 ML per 30 days); PA; NDS
<i>glatopa inj 40mg/ml</i>	QL(12 ML per 28 days); PA; NDS
<i>mitoxantrone hcl inj 25mg/12.5ml</i>	PA
<i>mitoxantrone hcl inj 2mg/ml</i>	PA
<i>mitoxantrone hcl inj 30mg/15ml</i>	PA
PLEGRIDY STARTER PACK INJ 0	QL(2 ML per 365 days); PA; NDS
PLEGRIDY STARTER PACK INJ 0	QL(4 ML per 365 days); PA; NDS
PLEGRIDY INJ 125MCG/0.5ML	QL(1 ML per 28 days); PA; NDS

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Drug Name	Requirements/Limits
PLEGRIDY INJ 125MCG/0.5ML	QL(1 ML per 28 days); PA; NDS
REBIF REBIDOSE TITRATION PACK INJ 0	QL(8.4 ML per 365 days); PA; NDS
REBIF REBIDOSE INJ 22MCG/0.5ML	QL(6 ML per 28 days); PA; NDS
REBIF REBIDOSE INJ 44MCG/0.5ML	QL(6 ML per 28 days); PA; NDS
REBIF TITRATION PACK INJ 0	QL(8.4 ML per 365 days); PA; NDS
REBIF INJ 22MCG/0.5ML	QL(6 ML per 28 days); PA; NDS
REBIF INJ 44MCG/0.5ML	QL(6 ML per 28 days); PA; NDS
<i>teriflunomide tabs 14mg</i>	QL(30 EA per 30 days); PA; NDS
<i>teriflunomide tabs 7mg</i>	QL(30 EA per 30 days); PA; NDS
TYSABRI INJ 300MG/15ML	PA; NDS
Dental and Oral Agents	
<i>Dental and Oral Agents</i>	
ARESTIN MISC 1MG	NDS
<i>chlorhexidine gluconate soln 0.12%</i>	
<i>doxycycline hyclate tabs 20mg</i>	
<i>kourzeq pste 0.1%</i>	
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine hydrochloride viscous soln 2%</i>	
<i>lidocaine viscous soln 2%</i>	
<i>oralone dental paste pste 0.1%</i>	
<i>perio gard soln 0.12%</i>	
PILOCARPINE HYDROCHLORIDE TABS 5MG	
PILOCARPINE HYDROCHLORIDE TABS 7.5MG	
<i>triamcinolone acetonide dental paste pste 0.1%</i>	
Dermatological Agents	
<i>Acne and Rosacea Agents</i>	
<i>accutane caps 10mg</i>	
<i>accutane caps 20mg</i>	
<i>accutane caps 30mg</i>	
<i>accutane caps 40mg</i>	
ACITRETIN CAPS 10MG	
ACITRETIN CAPS 17.5MG	
<i>acitretin caps 25mg</i>	
<i>amnesteem caps 10mg</i>	
<i>amnesteem caps 20mg</i>	
<i>amnesteem caps 30mg</i>	
<i>amnesteem caps 40mg</i>	
<i>azelaic acid gel 15%</i>	QL(100 GM per 30 days)
<i>brimonidine tartrate gel 0.33%</i>	PA
CLARAVIS CAPS 10MG	
CLARAVIS CAPS 20MG	
<i>claravis caps 30mg</i>	
CLARAVIS CAPS 40MG	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	

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Drug Name	Requirements/Limits
FINACEA FOAM 15%	QL(50 GM per 30 days)
ISOTRETINOIN CAPS 10MG	
ISOTRETINOIN CAPS 20MG	
<i>isotretinoin caps 30mg</i>	
ISOTRETINOIN CAPS 40MG	
<i>metronidazole crea 0.75%</i>	
<i>metronidazole gel 0.75%</i>	
<i>metronidazole gel 1%</i>	
METRONIDAZOLE LOTN 0.75%	
<i>tazarotene crea 0.05%</i>	QL(60 GM per 30 days)
TAZAROTENE CREA 0.1%	QL(60 GM per 30 days)
<i>tazarotene gel 0.05%</i>	QL(100 GM per 30 days)
<i>tazarotene gel 0.1%</i>	QL(100 GM per 30 days)
TRETINOIN MICROSPHERE PUMP GEL 0.1%	PA
TRETINOIN MICROSPHERE GEL 0.04%	PA
TRETINOIN MICROSPHERE GEL 0.1%	PA
<i>tretinoin crea 0.025%</i>	PA
TRETINOIN CREA 0.05%	PA
TRETINOIN CREA 0.1%	PA
TRETINOIN GEL 0.01%	PA
TRETINOIN GEL 0.025%	PA
ZENATANE CAPS 10MG	
ZENATANE CAPS 20MG	
<i>zenatane caps 30mg</i>	
ZENATANE CAPS 40MG	
<i>Dermatitis and Pruritus Agents</i>	
<i>ala-cort crea 1%</i>	
<i>alclometasone dipropionate crea 0.05%</i>	
<i>alclometasone dipropionate oint 0.05%</i>	
<i>ammonium lactate crea 12%</i>	
<i>ammonium lactate lotn 12%</i>	
<i>betamethasone dipropionate augmented crea 0.05%</i>	
<i>betamethasone dipropionate augmented gel 0.05%</i>	
<i>betamethasone dipropionate augmented lotn 0.05%</i>	
<i>betamethasone dipropionate augmented oint 0.05%</i>	
<i>betamethasone dipropionate oint 0.05%</i>	
<i>betamethasone valerate crea 0.1%</i>	
<i>betamethasone valerate lotn 0.1%</i>	
<i>betamethasone valerate oint 0.1%</i>	
CLOBETASOL PROPIONATE E CREA 0.05%	
CLOBETASOL PROPIONATE CREA 0.05%	
CLOBETASOL PROPIONATE GEL 0.05%	
CLOBETASOL PROPIONATE OINT 0.05%	
CLOBETASOL PROPIONATE SHAM 0.05%	

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Drug Name	Requirements/Limits
<i>clobetasol propionate soln 0.05%</i>	
CLODAN SHAM 0.05%	
<i>desonide crea 0.05%</i>	
<i>desonide lotn 0.05%</i>	
<i>desonide oint 0.05%</i>	QL(120 GM per 30 days)
DESOXIMETASONE CREA 0.25%	QL(100 GM per 30 days)
EUCRISA OINT 2%	PA
FLUOCINOLONE ACETONIDE SCALP OIL 0.01%	
FLUOCINOLONE ACETONIDE CREA 0.01%	
FLUOCINOLONE ACETONIDE CREA 0.025%	
FLUOCINOLONE ACETONIDE OINT 0.025%	
FLUOCINOLONE ACETONIDE SOLN 0.01%	
<i>fluocinonide emulsified base crea 0.05%</i>	QL(60 GM per 30 days)
<i>fluocinonide crea 0.05%</i>	QL(60 GM per 30 days)
<i>fluocinonide gel 0.05%</i>	QL(60 GM per 30 days)
<i>fluocinonide oint 0.05%</i>	QL(60 GM per 30 days)
<i>fluocinonide soln 0.05%</i>	QL(60 ML per 30 days)
<i>fluticasone propionate crea 0.05%</i>	
<i>fluticasone propionate oint 0.005%</i>	
<i>hydrocortisone butyrate crea 0.1%</i>	
<i>hydrocortisone butyrate oint 0.1%</i>	
<i>hydrocortisone valerate crea 0.2%</i>	QL(60 GM per 30 days)
<i>hydrocortisone valerate oint 0.2%</i>	
<i>hydrocortisone crea 1%</i>	
<i>hydrocortisone crea 2.5%</i>	
<i>hydrocortisone lotn 2.5%</i>	
<i>hydrocortisone oint 1%</i>	QL(100 GM per 30 days)
<i>hydrocortisone oint 2.5%</i>	
<i>mometasone furoate crea 0.1%</i>	
<i>mometasone furoate oint 0.1%</i>	
<i>mometasone furoate soln 0.1%</i>	
<i>pimecrolimus crea 1%</i>	
<i>selenium sulfide lotn 2.5%</i>	
SPEVIGO INJ 150MG/ML	QL(4 ML per 28 days); PA; NDS
SPEVIGO INJ 300MG/2ML	QL(4 ML per 28 days); PA; NDS
<i>tacrolimus oint 0.03%</i>	
<i>tacrolimus oint 0.1%</i>	
<i>triamcinolone acetone crea 0.025%</i>	
<i>triamcinolone acetone crea 0.1%</i>	
<i>triamcinolone acetone crea 0.5%</i>	
<i>triamcinolone acetone lotn 0.025%</i>	
<i>triamcinolone acetone lotn 0.1%</i>	
<i>triamcinolone acetone oint 0.025%</i>	
<i>triamcinolone acetone oint 0.1%</i>	

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Drug Name	Requirements/Limits
<i>triamcinolone acetonide oint 0.5%</i>	
<i>triderm crea 0.5%</i>	
Dermatological Agents, Other	
<i>calcipotriene/betamethasone dipropionate susp 0.064%; 0.005%</i>	QL(400 GM per 30 days)
<i>calcipotriene soln 0.005%</i>	QL(60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	QL(90 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate lotn 0.05%; 1%</i>	QL(60 ML per 30 days)
<i>diclofenac sodium gel 3%</i>	QL(300 GM per 30 days); ST
FLUOROURACIL CREA 0.5%	
<i>fluorouracil crea 5%</i>	QL(40 GM per 30 days)
<i>fluorouracil soln 2%</i>	
<i>fluorouracil soln 5%</i>	
<i>imiquimod pump crea 3.75%</i>	QL(56 GM per 30 days)
<i>imiquimod crea 5%</i>	QL(48 EA per 30 days)
<i>methoxsalen caps 10mg</i>	NDS
OTEZLA TABS 20MG	QL(60 EA per 30 days); PA; NDS
OTEZLA TABS 30MG	QL(60 EA per 30 days); PA; NDS
<i>podofilox soln 0.5%</i>	
REGANEX GEL 0.01%	PA; NDS
SANTYL OINT 250UNIT/GM	
<i>silver sulfadiazine crea 1%</i>	
<i>ssd crea 1%</i>	
Pediculicides/Scabicides	
<i>crotan lotn 10%</i>	
<i>malathion lotn 0.5%</i>	
<i>permethrin crea 5%</i>	
<i>pruradik lotn 10%</i>	
Topical Anti-infectives	
ACYCLOVIR OINT 5%	QL(60 GM per 30 days)
<i>ciclopirox nail lacquer soln 8%</i>	PA
<i>ciclopirox olamine crea 0.77%</i>	
<i>ciclopirox sham 1%</i>	
<i>ciclopirox susp 0.77%</i>	
<i>clindacin foam 1%</i>	
<i>clindamycin phosphate lotn 1%</i>	QL(75 ML per 30 days)
<i>clindamycin phosphate soln 1%</i>	QL(60 ML per 30 days)
<i>ery pads 2%</i>	
<i>erythromycin gel 2%</i>	
<i>erythromycin soln 2%</i>	
<i>mupirocin crea 2%</i>	
<i>mupirocin oint 2%</i>	QL(110 GM per 30 days)
SULFAMYLON CREA 85MG/GM	
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement	

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Drug Name	Requirements/Limits
<i>aminosyn ii inj 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 405mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 750mg/100ml</i>	B/D
AMINOSYN II INJ 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	B/D
<i>carglumic acid tbs 200mg</i>	NDS
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJ 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	
<i>dextrose 10%/sodium chloride 0.2% inj 10%; 0.2%</i>	
<i>dextrose 10%/sodium chloride 0.45% inj 10%; 0.45%</i>	
<i>dextrose 10% inj 10%</i>	
<i>dextrose 2.5%/sodium chloride 0.45% inj 2.5%; 0.45%</i>	
<i>dextrose 25% inj 250mg/ml</i>	
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	
<i>dextrose 5%/sodium chloride 0.2% inj 5%; 0.2%</i>	
<i>dextrose 5%/sodium chloride 0.3% inj 5%; 0.3%</i>	
<i>dextrose 5%/sodium chloride 0.33% inj 5%; 0.33%</i>	
<i>dextrose 5%/sodium chloride 0.45% inj 5%; 0.45%</i>	
<i>dextrose 5%/sodium chloride 0.9% inj 5%; 0.9%</i>	
<i>dextrose 5% inj 5%</i>	
<i>dextrose 50% inj 50%</i>	
<i>dextrose 50% inj 50%</i>	
<i>dextrose 70% inj 70%</i>	
<i>dextrose/sodium chloride inj 5%; 0.225%</i>	
<i>dextrose inj 20%</i>	
<i>dextrose inj 40%</i>	
<i>fluoride chew 1mg</i>	
<i>glucose (dextrose) 50% inj 50%</i>	
<i>glucose (dextrose) 70% inj 70%</i>	
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	

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Drug Name	Requirements/Limits
ISOLYTE-S PH 7.4 INJ 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	
<i>isolyte-s inj 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	
<i>kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%</i>	
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	
<i>klor-con 10 tbc 10meq</i>	
<i>klor-con 8 tbc 8meq</i>	
<i>klor-con m10 tbc 10meq</i>	
<i>klor-con m15 tbc 15meq</i>	
<i>klor-con m20 tbc 20meq</i>	
<i>lactated ringers inj 20mg/100ml; 30mg/100ml; 600mg/100ml; 310mg/100ml</i>	
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	
<i>magnesium sulfate in d5w inj 5%; 1gm/100ml</i>	
<i>magnesium sulfate/dextrose inj 5%; 1gm/100ml</i>	
<i>magnesium sulfate inj 20gm/500ml</i>	
<i>magnesium sulfate inj 2gm/50ml</i>	
<i>magnesium sulfate inj 40gm/1000ml</i>	
<i>magnesium sulfate inj 4gm/100ml</i>	
<i>magnesium sulfate inj 4gm/50ml</i>	
<i>magnesium sulfate inj 50%</i>	
<i>magnesium sulfate inj 50%</i>	
<i>multiple electrolytes injection type 1 inj 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	
<i>multiple electrolytes injection type 1 inj 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	
NORMOSOL-M/D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	
PLENAMINE INJ 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	B/D
<i>potassium acetate inj 2meq/ml</i>	
<i>potassium chloride er cpcr 10meq</i>	
<i>potassium chloride er cpcr 8meq</i>	
<i>potassium chloride er tbc 10meq</i>	
<i>potassium chloride er tbc 10meq</i>	

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Drug Name	Requirements/Limits
<i>potassium chloride er tbc</i> 15meq	
<i>potassium chloride er tbc</i> 15meq	
<i>potassium chloride er tbc</i> 20meq	
<i>potassium chloride er tbc</i> 20meq	
<i>potassium chloride er tbc</i> 8meq	
<i>potassium chloride/dextrose/lactated ringers inj</i> 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l	
<i>potassium chloride/dextrose/sodium chloride inj</i> 5%; 10meq/l; 0.45%	
<i>potassium chloride/dextrose/sodium chloride inj</i> 5%; 20meq/l; 0.45%	
<i>potassium chloride/dextrose/sodium chloride inj</i> 5%; 20meq/l; 0.9%	
<i>potassium chloride/dextrose/sodium chloride inj</i> 5%; 30meq/l; 0.45%	
<i>potassium chloride/dextrose/sodium chloride inj</i> 5%; 40meq/l; 0.45%	
<i>potassium chloride/dextrose/sodium chloride inj</i> 5%; 40meq/l; 0.9%	
<i>potassium chloride/dextrose inj</i> 5%; 20meq/l	
<i>potassium chloride/sodium chloride inj</i> 20meq/l; 0.45%	
<i>potassium chloride/sodium chloride inj</i> 20meq/l; 0.9%	
<i>potassium chloride/sodium chloride inj</i> 40meq/l; 0.9%	
<i>potassium chloride inj</i> 10meq/50ml	
<i>potassium chloride inj</i> 20meq/50ml	
POTASSIUM CHLORIDE INJ 2MEQ/ML	
POTASSIUM CHLORIDE INJ 2MEQ/ML	
<i>potassium chloride soln</i> 10%	
<i>potassium chloride soln</i> 20%	
<i>potassium citrate er tbc</i> 1080mg	
<i>potassium citrate er tbc</i> 15meq	
<i>potassium citrate er tbc</i> 540mg	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	B/D
PROSOL INJ 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	B/D
<i>ringers injection inj</i> 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	
<i>sodium acetate inj</i> 2meq/ml	
<i>sodium chloride 0.45% inj</i> 0.45%	
<i>sodium chloride inj</i> 0.9%	
<i>sodium chloride inj</i> 0.9%	
<i>sodium fluoride chew</i> 1mg	
<i>sodium phosphate inj</i> 142mg/ml; 276mg/ml	
<i>sodium phosphates inj</i> 142mg/ml; 276mg/ml	

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<i>tpn electrolytes inj 29.5meq/20ml; 4.5meq/20ml; 35meq/20ml; 5meq/20ml; 20meq/20ml; 35meq/20ml</i>	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	B/D
Electrolyte/Mineral/Metal Modifiers	
DEFERASIROX PACK 180MG	PA; NDS
<i>deferasirox pack 360mg</i>	PA; NDS
DEFERASIROX PACK 90MG	PA; NDS
<i>deferasirox tabs 180mg</i>	PA
<i>deferasirox tabs 360mg</i>	PA
<i>deferasirox tabs 90mg</i>	PA
<i>deferasirox tbso 125mg</i>	PA
<i>deferasirox tbso 250mg</i>	PA; NDS
<i>deferasirox tbso 500mg</i>	PA; NDS
<i>deferiprone tabs 1000mg</i>	PA; NDS
<i>deferiprone tabs 500mg</i>	PA; NDS
FERRIPROX SOLN 100MG/ML	PA; NDS
<i>penicillamine tabs 250mg</i>	NDS
<i>tolvaptan tabs 15mg</i>	QL(120 EA per 30 days); PA; NDS; (Generic for Jynarque)
<i>tolvaptan tabs 30mg</i>	QL(120 EA per 30 days); PA; NDS; (Generic for Jynarque)
<i>trientine hydrochloride caps 250mg</i>	PA; NDS
<i>trientine hydrochloride caps 500mg</i>	PA; NDS
Phosphate Binders	
<i>calcium acetate tabs 667mg</i>	
<i>lanthanum carbonate chew 1000mg</i>	
<i>lanthanum carbonate chew 500mg</i>	
<i>lanthanum carbonate chew 750mg</i>	
<i>sevelamer carbonate pack 0.8gm</i>	
<i>sevelamer carbonate pack 2.4gm</i>	
<i>sevelamer carbonate tabs 800mg</i>	
VELPHORO CHEW 500MG	NDS
Potassium Binders	
<i>kionex susp 15gm/60ml</i>	
LOKELMA PACK 10GM	QL(90 EA per 30 days)
LOKELMA PACK 5GM	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powd 0</i>	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	
<i>sps susp 15gm/60ml</i>	
VELTASSA PACK 16.8GM	

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Drug Name	Requirements/Limits
VELTASSA PACK 1GM	
VELTASSA PACK 25.2GM	
VELTASSA PACK 8.4GM	
Vitamins	
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	
Gastrointestinal Agents	
Anti-Constipation Agents	
<i>constulose soln 10gm/15ml</i>	
<i>enulose soln 10gm/15ml</i>	
<i>generlac soln 10gm/15ml</i>	
<i>lactulose soln 10gm/15ml</i>	
<i>lactulose soln 10gm/15ml</i>	
LINZESS CAPS 145MCG	QL(30 EA per 30 days)
LINZESS CAPS 290MCG	QL(30 EA per 30 days)
LINZESS CAPS 72MCG	QL(30 EA per 30 days)
<i>lubiprostone caps 24mcg</i>	QL(60 EA per 30 days)
<i>lubiprostone caps 8mcg</i>	QL(60 EA per 30 days)
RELISTOR INJ 12MG/0.6ML	QL(18 ML per 30 days); ST; NDS
RELISTOR INJ 12MG/0.6ML	QL(18 ML per 30 days); ST; NDS
RELISTOR INJ 8MG/0.4ML	QL(12 ML per 30 days); ST; NDS
RELISTOR TABS 150MG	QL(90 EA per 30 days); ST; NDS
Anti-Diarrheal Agents	
<i>alosetron hydrochloride tabs 0.5mg</i>	PA
<i>alosetron hydrochloride tabs 1mg</i>	PA; NDS
<i>diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg</i>	
DIPHENOXYLATE/ATROPINE LIQD 0.025MG/5ML; 2.5MG/5ML	
<i>loperamide hydrochloride caps 2mg</i>	
XERMELO TABS 250MG	QL(90 EA per 30 days); PA; NDS
Antispasmodics, Gastrointestinal	
<i>dicyclomine hcl soln 10mg/5ml</i>	
<i>dicyclomine hydrochloride caps 10mg</i>	
<i>dicyclomine hydrochloride inj 10mg/ml</i>	
<i>dicyclomine hydrochloride inj 10mg/ml</i>	
<i>dicyclomine hydrochloride tabs 20mg</i>	
<i>glycopyrrolate +rfd inj 0.2mg/ml</i>	
<i>glycopyrrolate inj 0.2mg/ml</i>	
GLYCOPYRROLATE INJ 0.4MG/2ML	
GLYCOPYRROLATE INJ 0.4MG/2ML	
GLYCOPYRROLATE INJ 1MG/5ML	
GLYCOPYRROLATE INJ 1MG/5ML	
GLYCOPYRROLATE INJ 4MG/20ML	
<i>glycopyrrolate tabs 1mg</i>	PA
<i>glycopyrrolate tabs 2mg</i>	PA

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Drug Name	Requirements/Limits
Gastrointestinal Agents, Other	
CHENODAL TABS 250MG	PA; NDS
CTEXLI TABS 250MG	PA; NDS
GATTEX INJ 5MG	PA; NDS
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	
<i>gavilyte-n/ flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	
LIVMARLI SOLN 19MG/ML	QL(60 ML per 30 days); PA; NDS
LIVMARLI SOLN 9.5MG/ML	QL(90 ML per 30 days); PA; NDS
LIVMARLI TABS 10MG	QL(60 EA per 30 days); PA; NDS
LIVMARLI TABS 15MG	QL(60 EA per 30 days); PA; NDS
LIVMARLI TABS 20MG	QL(60 EA per 30 days); PA; NDS
LIVMARLI TABS 30MG	QL(30 EA per 30 days); PA; NDS
<i>metoclopramide hcl soln 5mg/5ml</i>	
<i>metoclopramide hydrochloride +rfid inj 5mg/ml</i>	
<i>metoclopramide hydrochloride inj 5mg/ml</i>	
<i>metoclopramide hydrochloride tabs 10mg</i>	
<i>metoclopramide hydrochloride tabs 5mg</i>	
MYALEPT INJ 11.3MG	PA; NDS
<i>nitroglycerin oint 0.4%</i>	
OCALIVA TABS 10MG	QL(30 EA per 30 days); PA; NDS
OCALIVA TABS 5MG	QL(30 EA per 30 days); PA; NDS
<i>opium tincture tinc 1%</i>	
OPIUM TINC 1%	
<i>peg-3350/electrolytes/ascorbate solr 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm</i>	
<i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	
<i>ursodiol caps 300mg</i>	
<i>ursodiol tabs 250mg</i>	
<i>ursodiol tabs 500mg</i>	
VOQUEZNA TABS 10MG	QL(30 EA per 30 days); PA
VOQUEZNA TABS 20MG	QL(60 EA per 30 days); PA
VOWST CAPS 0	PA; NDS
XIFAXAN TABS 200MG	PA
XIFAXAN TABS 550MG	PA; NDS
ZORBTIVE INJ 8.8MG	PA; NDS
Histamine2 (H2) Receptor Antagonists	
<i>cimetidine hydrochloride soln 300mg/5ml</i>	

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Drug Name	Requirements/Limits
<i>cimetidine tabs 200mg</i>	
<i>cimetidine tabs 300mg</i>	
<i>cimetidine tabs 400mg</i>	
<i>cimetidine tabs 800mg</i>	
<i>famotidine premixed inj 0.4mg/ml; 0.9%</i>	
<i>famotidine inj 200mg/20ml</i>	
<i>famotidine inj 20mg/2ml</i>	
<i>famotidine inj 40mg/4ml</i>	
<i>famotidine susr 40mg/5ml</i>	
<i>famotidine tabs 20mg</i>	
<i>famotidine tabs 40mg</i>	
<i>nizatidine caps 150mg</i>	
<i>nizatidine caps 300mg</i>	
Protectants	
<i>misoprostol tabs 100mcg</i>	
<i>misoprostol tabs 200mcg</i>	
SUCRALFATE SUSP 1GM/10ML	
<i>sucralfate tabs 1gm</i>	
Proton Pump Inhibitors	
<i>esomeprazole magnesium cpdr 20mg</i>	QL(60 EA per 30 days)
<i>esomeprazole magnesium cpdr 40mg</i>	QL(60 EA per 30 days)
<i>esomeprazole magnesium pack 10mg</i>	QL(60 EA per 30 days)
<i>esomeprazole magnesium pack 2.5mg</i>	QL(60 EA per 30 days)
<i>esomeprazole magnesium pack 20mg</i>	QL(60 EA per 30 days)
<i>esomeprazole magnesium pack 40mg</i>	QL(60 EA per 30 days)
<i>esomeprazole magnesium pack 5mg</i>	QL(60 EA per 30 days)
<i>esomeprazole sodium inj 40mg</i>	
<i>lansoprazole cpdr 15mg</i>	QL(60 EA per 30 days)
<i>lansoprazole cpdr 30mg</i>	QL(60 EA per 30 days)
<i>omeprazole dr cpdr 10mg</i>	QL(60 EA per 30 days)
<i>omeprazole cpdr 20mg</i>	QL(60 EA per 30 days)
<i>omeprazole cpdr 40mg</i>	QL(60 EA per 30 days)
<i>pantoprazole sodium inj 40mg</i>	
<i>pantoprazole sodium tbec 20mg</i>	QL(60 EA per 30 days)
<i>pantoprazole sodium tbec 40mg</i>	QL(60 EA per 30 days)
<i>rabeprazole sodium tbec 20mg</i>	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>	
ALDURAZYME INJ 2.9MG/5ML	PA; NDS
ARALAST NP INJ 1000MG	PA; NDS
ARALAST NP INJ 500MG	PA; NDS
<i>betaine anhydrous powd 0</i>	NDS

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Drug Name	Requirements/Limits
CERDELGA CAPS 84MG	PA; NDS
CEREZYME INJ 400UNIT	PA; NDS
CHOLBAM CAPS 250MG	PA; NDS
CHOLBAM CAPS 50MG	PA; NDS
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT	
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	
<i>cromolyn sodium conc 100mg/5ml</i>	
CYSTAGON CAPS 150MG	
CYSTAGON CAPS 50MG	
ELAPRASE INJ 6MG/3ML	PA; NDS
EVRYSDI SOLR 0.75MG/ML	QL(240 ML per 30 days); PA; NDS
EVRYSDI TABS 5MG	QL(30 EA per 30 days); PA; NDS
FABRAZYME INJ 35MG	PA; NDS
FABRAZYME INJ 5MG	PA; NDS
GLASSIA INJ 1000MG/50ML	PA; NDS
GLASSIA INJ 4GM/200ML	PA; NDS
GLASSIA INJ 5GM/250ML	PA; NDS
<i>glycerol phenylbutyrate liqd 1.1gm/ml</i>	PA; NDS
KANUMA INJ 20MG/10ML	PA; NDS
<i>l-glutamine pack 5gm</i>	PA; NDS
LUMIZYME INJ 50MG	PA; NDS
<i>miglustat caps 100mg</i>	PA; NDS
NAGLAZYME INJ 1MG/ML	PA; NDS
<i>nitisinone caps 10mg</i>	NDS
<i>nitisinone caps 20mg</i>	NDS
<i>nitisinone caps 2mg</i>	NDS
<i>nitisinone caps 5mg</i>	NDS
ONPATTRO INJ 10MG/5ML	PA; NDS
ORFADIN SUSP 4MG/ML	NDS
PROCYSBI CPDR 25MG	PA; NDS
PROCYSBI CPDR 75MG	PA; NDS
PYRUKYND TAPER PACK TBPK 0	QL(30 EA per 30 days); PA; NDS
PYRUKYND TAPER PACK TBPK 0	QL(30 EA per 30 days); PA; NDS
PYRUKYND TAPER PACK TBPK 5MG	QL(30 EA per 30 days); PA; NDS
PYRUKYND TABS 20MG	QL(60 EA per 30 days); PA; NDS
PYRUKYND TABS 50MG	QL(120 EA per 30 days); PA; NDS
PYRUKYND TABS 5MG	QL(60 EA per 30 days); PA; NDS
REVCovi INJ 2.4MG/1.5ML	PA; NDS
<i>sapropterin dihydrochloride pack 100mg</i>	PA; NDS
<i>sapropterin dihydrochloride pack 500mg</i>	PA; NDS
<i>sapropterin dihydrochloride tabs 100mg</i>	PA; NDS

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Drug Name	Requirements/Limits
<i>sodium phenylbutyrate powd 3gm/tsp</i>	NDS
<i>sodium phenylbutyrate tabs 500mg</i>	NDS
STRENSIQ INJ 18MG/0.45ML	PA; NDS
STRENSIQ INJ 28MG/0.7ML	PA; NDS
STRENSIQ INJ 40MG/ML	PA; NDS
STRENSIQ INJ 80MG/0.8ML	PA; NDS
SUCRAID SOLN 8500UNIT/ML	PA; NDS
TEGSEDI INJ 284MG/1.5ML	PA; NDS
VIMIZIM INJ 5MG/5ML	PA; NDS
VPRIV INJ 400UNIT	PA; NDS
VYNDAQEL CAPS 20MG	QL(120 EA per 30 days); PA; NDS
WELIREG TABS 40MG	PA; NDS
<i>yargesa caps 100mg</i>	PA; NDS
<i>zelvysia pack 100mg</i>	PA; NDS
<i>zelvysia pack 500mg</i>	PA; NDS
ZEMAIRA INJ 1000MG	PA; NDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT	
ZENPEP CPEP 14000UNIT; 3000UNIT; 10000UNIT	
ZENPEP CPEP 168000UNIT; 40000UNIT; 126000UNIT	
ZENPEP CPEP 24000UNIT; 5000UNIT; 17000UNIT	
ZENPEP CPEP 252600UNIT; 60000UNIT; 189600UNIT	
ZENPEP CPEP 42000UNIT; 10000UNIT; 32000UNIT	
ZENPEP CPEP 63000UNIT; 15000UNIT; 47000UNIT	
ZENPEP CPEP 84000UNIT; 20000UNIT; 63000UNIT	
Genitourinary Agents	
<i>Antispasmodics, Urinary</i>	
<i>flavoxate hcl tabs 100mg</i>	
<i>mirabegron er tb24 25mg</i>	
<i>mirabegron er tb24 50mg</i>	
MYRBETRIQ SRER 8MG/ML	
<i>oxybutynin chloride er tb24 10mg</i>	
<i>oxybutynin chloride er tb24 15mg</i>	
<i>oxybutynin chloride er tb24 5mg</i>	
<i>oxybutynin chloride soln 5mg/5ml</i>	
<i>oxybutynin chloride tabs 5mg</i>	
<i>solifenacin succinate tabs 10mg</i>	
<i>solifenacin succinate tabs 5mg</i>	
<i>tolterodine tartrate er cp24 2mg</i>	
<i>tolterodine tartrate er cp24 4mg</i>	
<i>tolterodine tartrate tabs 1mg</i>	
<i>tolterodine tartrate tabs 2mg</i>	
<i>tropium chloride er cp24 60mg</i>	
<i>tropium chloride tabs 20mg</i>	
<i>Benign Prostatic Hypertrophy Agents</i>	

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Drug Name	Requirements/Limits
<i>alfuzosin hcl er tb24 10mg</i>	
<i>doxazosin mesylate tabs 1mg</i>	
<i>doxazosin mesylate tabs 2mg</i>	
<i>doxazosin mesylate tabs 4mg</i>	
<i>doxazosin mesylate tabs 8mg</i>	
<i>dutasteride caps 0.5mg</i>	
<i>finasteride tabs 5mg</i>	
<i>silodosin caps 4mg</i>	
<i>silodosin caps 8mg</i>	
<i>tadalafil tabs 2.5mg</i>	QL(30 EA per 30 days); PA
<i>tadalafil tabs 5mg</i>	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride caps 0.4mg</i>	
<i>terazosin hcl caps 10mg</i>	
<i>terazosin hcl caps 1mg</i>	
<i>terazosin hcl caps 5mg</i>	
<i>terazosin hydrochloride caps 2mg</i>	
Genitourinary Agents, Other	
<i>acetic acid 0.25% soln 0.25%</i>	
<i>bethanechol chloride tabs 10mg</i>	
<i>bethanechol chloride tabs 25mg</i>	
<i>bethanechol chloride tabs 50mg</i>	
<i>bethanechol chloride tabs 5mg</i>	
ELMIRON CAPS 100MG	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>	
<i>betamethasone sodium phosphate/betamethasone acetate inj 3mg/ml; 3mg/ml</i>	
<i>cortisone acetate tabs 25mg</i>	NDS
DEPO-MEDROL INJ 20MG/ML	
<i>dexamethasone intensol conc 1mg/ml</i>	
<i>dexamethasone sodium phosphate +rfd inj 4mg/ml</i>	
<i>dexamethasone sodium phosphate inj 100mg/10ml</i>	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	
<i>dexamethasone sodium phosphate inj 120mg/30ml</i>	
<i>dexamethasone sodium phosphate inj 20mg/5ml</i>	
<i>dexamethasone sodium phosphate inj 20mg/5ml</i>	
<i>dexamethasone sodium phosphate inj 4mg/ml</i>	
<i>dexamethasone sodium phosphate inj 4mg/ml</i>	
<i>dexamethasone elix 0.5mg/5ml</i>	
<i>dexamethasone soln 0.5mg/5ml</i>	
<i>dexamethasone tabs 0.5mg</i>	
<i>dexamethasone tabs 0.75mg</i>	
<i>dexamethasone tabs 1.5mg</i>	

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Drug Name	Requirements/Limits
<i>dexamethasone tabs 1mg</i>	
<i>dexamethasone tabs 2mg</i>	
<i>dexamethasone tabs 4mg</i>	
<i>dexamethasone tabs 6mg</i>	
<i>fludrocortisone acetate tabs 0.1mg</i>	
<i>hydrocortisone sodium succinate inj 100mg</i>	
<i>hydrocortisone tabs 10mg</i>	
<i>hydrocortisone tabs 20mg</i>	
<i>hydrocortisone tabs 5mg</i>	
KENALOG-10 INJ 10MG/ML	
<i>methylprednisolone acetate inj 40mg/ml</i>	
<i>methylprednisolone acetate inj 80mg/ml</i>	
<i>methylprednisolone dose pack tbpk 4mg</i>	
<i>methylprednisolone sodium succinate inj 1000mg</i>	
<i>methylprednisolone sodium succinate inj 1000mg</i>	
<i>methylprednisolone sodium succinate inj 125mg</i>	
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	
<i>methylprednisolone tabs 16mg</i>	
<i>methylprednisolone tabs 32mg</i>	
<i>methylprednisolone tabs 4mg</i>	
<i>methylprednisolone tabs 8mg</i>	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	
<i>prednisolone sodium phosphate soln 25mg/5ml</i>	
<i>prednisolone sodium phosphate soln 5mg/5ml</i>	
<i>prednisolone soln 15mg/5ml</i>	
<i>prednisone intensol conc 5mg/ml</i>	
<i>prednisone soln 5mg/5ml</i>	
<i>prednisone tabs 10mg</i>	
<i>prednisone tabs 1mg</i>	
<i>prednisone tabs 2.5mg</i>	
<i>prednisone tabs 20mg</i>	
<i>prednisone tabs 50mg</i>	
<i>prednisone tabs 5mg</i>	
<i>prednisone tbpk 10mg</i>	
<i>prednisone tbpk 10mg</i>	
<i>prednisone tbpk 5mg</i>	
<i>prednisone tbpk 5mg</i>	
SOLU-CORTEF INJ 1000MG	
SOLU-CORTEF INJ 100MG	
SOLU-CORTEF INJ 250MG	
SOLU-CORTEF INJ 500MG	
SOLU-MEDROL INJ 2GM	
<i>triamcinolone acetonide inj 10mg/ml</i>	
<i>triamcinolone acetonide inj 40mg/ml</i>	

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Drug Name	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>	
CHORIONIC GONADOTROPIN INJ 10000UNIT	PA
<i>desmopressin acetate inj 4mcg/ml</i>	NDS
<i>desmopressin acetate soln 0.01%</i>	
<i>desmopressin acetate soln 0.01%</i>	
<i>desmopressin acetate soln 1.5mg/ml</i>	NDS
<i>desmopressin acetate tabs 0.1mg</i>	
<i>desmopressin acetate tabs 0.2mg</i>	
GENOTROPIN MINIQUICK INJ 0.2MG	PA
GENOTROPIN MINIQUICK INJ 0.4MG	PA; NDS
GENOTROPIN MINIQUICK INJ 0.6MG	PA; NDS
GENOTROPIN MINIQUICK INJ 0.8MG	PA; NDS
GENOTROPIN MINIQUICK INJ 1.2MG	PA; NDS
GENOTROPIN MINIQUICK INJ 1.4MG	PA; NDS
GENOTROPIN MINIQUICK INJ 1.6MG	PA; NDS
GENOTROPIN MINIQUICK INJ 1.8MG	PA; NDS
GENOTROPIN MINIQUICK INJ 1MG	PA; NDS
GENOTROPIN MINIQUICK INJ 2MG	PA; NDS
GENOTROPIN INJ 12MG	PA; NDS
GENOTROPIN INJ 5MG	PA; NDS
HUMATROPE INJ 12MG	PA; NDS
HUMATROPE INJ 24MG	PA; NDS
HUMATROPE INJ 6MG	PA; NDS
INCRELEX INJ 40MG/4ML	PA; NDS
LUPRON DEPOT-PED (6-MONTH) INJ 45MG	QL(1 EA per 168 days); PA; NDS
NORDITROPIN FLEXPRO INJ 10MG/1.5ML	PA; NDS
NORDITROPIN FLEXPRO INJ 15MG/1.5ML	PA; NDS
NORDITROPIN FLEXPRO INJ 30MG/3ML	PA; NDS
NORDITROPIN FLEXPRO INJ 5MG/1.5ML	PA; NDS
NOVAREL INJ 5000UNIT	PA
OMNITROPE INJ 10MG/1.5ML	PA; NDS
OMNITROPE INJ 5MG/1.5ML	PA; NDS
<i>oxytocin +rfid inj 10unit/ml</i>	
<i>oxytocin inj 10unit/ml</i>	
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL INJ 10000UNIT	PA
PREGNYL INJ 10000UNIT	PA
SEROSTIM INJ 4MG	PA; NDS
SEROSTIM INJ 5MG	PA; NDS
SEROSTIM INJ 6MG	PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
<i>Androgens</i>	

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Drug Name	Requirements/Limits
DANAZOL CAPS 100MG	
DANAZOL CAPS 200MG	
DANAZOL CAPS 50MG	
<i>testosterone cypionate inj 100mg/ml</i>	PA
<i>testosterone cypionate inj 200mg/ml</i>	PA
<i>testosterone cypionate inj 200mg/ml</i>	PA
<i>testosterone enanthate inj 200mg/ml</i>	PA
<i>testosterone pump gel 1%</i>	PA
<i>testosterone pump gel 1.62%</i>	PA
<i>testosterone gel 20.25mg/1.25gm</i>	PA
<i>testosterone gel 25mg/2.5gm</i>	PA
<i>testosterone gel 40.5mg/2.5gm</i>	PA
<i>testosterone gel 50mg/5gm</i>	PA
Estrogens	
<i>abigale lo tabs 0.5mg; 0.1mg</i>	
<i>abigale tabs 1mg; 0.5mg</i>	
<i>afirmelle tabs 20mcg; 0.1mg</i>	
<i>altavera tabs 30mcg; 0.15mg</i>	
<i>alyacen 1/35 tabs 35mcg; 1mg</i>	
<i>alyacen 7/7/7 tabs 35mcg; 0</i>	
AMABELZ TABS 0.5MG; 0.1MG	
AMABELZ TABS 1MG; 0.5MG	
<i>amethia tabs 0; 0</i>	QL(91 EA per 91 days)
<i>amethyst tabs 20mcg; 90mcg</i>	
<i>apri tabs 0.15mg; 30mcg</i>	
<i>aranelle tabs 0; 0</i>	
<i>ashlyna tabs 0; 0</i>	QL(91 EA per 91 days)
<i>aubra eq tabs 20mcg; 0.1mg</i>	
<i>aurovela 1.5/30 tabs 30mcg; 1.5mg</i>	
<i>aurovela 1/20 tabs 20mcg; 1mg</i>	
<i>aurovela 24 fe tabs 20mcg; 75mg; 1mg</i>	
<i>aurovela fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	
<i>aurovela fe 1/20 tabs 20mcg; 75mg; 1mg</i>	
<i>aviane tabs 20mcg; 0.1mg</i>	
<i>ayuna tabs 0.03mg; 0.15mg</i>	
<i>azurette tabs 0; 0</i>	
<i>balziva tabs 35mcg; 0.4mg</i>	
<i>blisovi 24 fe tabs 20mcg; 75mg; 1mg</i>	
<i>blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	
<i>blisovi fe 1/20 tabs 20mcg; 75mg; 1mg</i>	
<i>briellyn tabs 35mcg; 0.4mg</i>	
<i>camrese lo tabs 0; 0</i>	QL(91 EA per 91 days)
<i>camrese tabs 0; 0</i>	QL(91 EA per 91 days)
<i>charlotte 24 fe chew 20mcg; 75mg; 1mg</i>	

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Drug Name	Requirements/Limits
<i>chateal eq tabs 30mcg; 0.15mg</i>	
CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY	
<i>conjugated estrogens tabs 0.3mg</i>	
<i>conjugated estrogens tabs 0.45mg</i>	
<i>conjugated estrogens tabs 0.625mg</i>	
<i>conjugated estrogens tabs 0.9mg</i>	
<i>conjugated estrogens tabs 1.25mg</i>	
<i>cryselle-28 tabs 30mcg; 0.3mg</i>	
<i>cryselle tabs 30mcg; 0.3mg</i>	
<i>cyred eq tabs 0.15mg; 30mcg</i>	
<i>dasetta 1/35 tabs 35mcg; 1mg</i>	
<i>dasetta 7/7/7 tabs 35mcg; 0</i>	
<i>daysee tabs 0; 0</i>	QL(91 EA per 91 days)
<i>delyla tabs 20mcg; 0.1mg</i>	
DEPO-ESTRADIOL INJ 5MG/ML	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	
<i>dolishale tabs 20mcg; 90mcg</i>	
<i>dotti pttw 0.025mg/24hr</i>	
<i>dotti pttw 0.0375mg/24hr</i>	
<i>dotti pttw 0.05mg/24hr</i>	
<i>dotti pttw 0.075mg/24hr</i>	
<i>dotti pttw 0.1mg/24hr</i>	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.02mg</i>	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	
<i>elinest tabs 30mcg; 0.3mg</i>	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	
<i>enpresse-28 tabs 0; 0</i>	
<i>enskyce tabs 0.15mg; 0.03mg</i>	
<i>estarylla tabs 35mcg; 0.25mg</i>	
<i>estradiol valerate inj 10mg/ml</i>	
<i>estradiol valerate inj 20mg/ml</i>	
<i>estradiol valerate inj 40mg/ml</i>	
ESTRADIOL/NORETHINDRONE ACETATE TABS 0.5MG; 0.1MG	
ESTRADIOL/NORETHINDRONE ACETATE TABS 1MG; 0.5MG	
<i>estradiol crea 0.1mg/gm</i>	
<i>estradiol gel 0.25mg/0.25gm</i>	
<i>estradiol gel 0.5mg/0.5gm</i>	
<i>estradiol gel 0.75mg/0.75gm</i>	
<i>estradiol gel 1.25mg/1.25gm</i>	
<i>estradiol gel 1mg/gm</i>	
<i>estradiol pttw 0.025mg/24hr</i>	
<i>estradiol pttw 0.0375mg/24hr</i>	

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Drug Name	Requirements/Limits
<i>estradiol pttw 0.05mg/24hr</i>	
<i>estradiol pttw 0.075mg/24hr</i>	
<i>estradiol pttw 0.1mg/24hr</i>	
ESTRADIOL PTWK 0.025MG/24HR	
ESTRADIOL PTWK 0.05MG/24HR	
ESTRADIOL PTWK 0.06MG/24HR	
ESTRADIOL PTWK 0.075MG/24HR	
ESTRADIOL PTWK 0.1MG/24HR	
ESTRADIOL PTWK 37.5MCG/24HR	
<i>estradiol tabs 0.5mg</i>	
<i>estradiol tabs 1mg</i>	
<i>estradiol tabs 2mg</i>	
<i>estradiol tabs 10mcg</i>	
ESTRING RING 7.5MCG/24HR	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tabs 35mcg; 1mg</i>	
<i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i>	
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	
<i>falmina tabs 20mcg; 0.1mg</i>	
<i>feirza 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	
<i>feirza 1/20 tabs 20mcg; 75mg; 1mg</i>	
FEMRING RING 0.05MG/24HR	QL(1 EA per 90 days)
FEMRING RING 0.1MG/24HR	QL(1 EA per 90 days)
<i>finzala chew 20mcg; 75mg; 1mg</i>	
FYAVOLV TABS 2.5MCG; 0.5MG	
FYAVOLV TABS 5MCG; 1MG	
<i>galbriela chew 25mcg; 75mg; 0.8mg</i>	
<i>hailey 1.5/30 tabs 30mcg; 1.5mg</i>	
<i>hailey 24 fe tabs 20mcg; 75mg; 1mg</i>	
<i>hailey fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	
<i>hailey fe 1/20 tabs 20mcg; 75mg; 1mg</i>	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	
<i>iclevia tabs 0.03mg; 0.15mg</i>	QL(91 EA per 91 days)
<i>introvale tabs 0.03mg; 0.15mg</i>	QL(91 EA per 91 days)
<i>isibloom tabs 0.15mg; 30mcg</i>	
<i>jaimiess tabs 0; 0</i>	QL(91 EA per 91 days)
<i>jasmiel tabs 3mg; 0.02mg</i>	
JINTELI TABS 5MCG; 1MG	
<i>jolessa tabs 0.03mg; 0.15mg</i>	QL(91 EA per 91 days)
<i>juleber tabs 0.15mg; 30mcg</i>	
<i>junel 1.5/30 tabs 30mcg; 1.5mg</i>	
<i>junel 1/20 tabs 20mcg; 1mg</i>	
<i>junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	
<i>junel fe 1/20 tabs 20mcg; 75mg; 1mg</i>	
<i>junel fe 24 tabs 20mcg; 75mg; 1mg</i>	

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Drug Name	Requirements/Limits
<i>kaitlib fe chew 25mcg; 75mg; 0.8mg</i>	
<i>kalliga tabs 0.15mg; 30mcg</i>	
<i>kariva tabs 0; 0</i>	
<i>kelnor 1/35 tabs 35mcg; 1mg</i>	
<i>kelnor 1/50 tabs 50mcg; 1mg</i>	
<i>kurvelo tabs 0.03mg; 0.15mg</i>	
<i>larin 1.5/30 tabs 30mcg; 1.5mg</i>	
<i>larin 1/20 tabs 20mcg; 1mg</i>	
<i>larin 24 fe tabs 20mcg; 75mg; 1mg</i>	
<i>larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	
<i>larin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	
<i>layolis fe chew 25mcg; 75mg; 0.8mg</i>	
<i>leena tabs 0; 0</i>	
<i>lessina tabs 20mcg; 0.1mg</i>	
<i>levonest tabs 0; 0</i>	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	QL(91 EA per 91 days)
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	
<i>levonorgestrel/ethinyl estradiol/ferrous bisglycinate tabs 0.02mg; 36.5mg; 0.1mg</i>	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	
<i>levonorgestrel/ethinyl estradiol tabs 20mcg; 0.1mg</i>	
<i>levora 0.15/30-28 tabs 0.03mg; 0.15mg</i>	
<i>lo-zumandimine tabs 3mg; 0.02mg</i>	
<i>lojaimiess tabs 0; 0</i>	QL(91 EA per 91 days)
<i>loryna tabs 3mg; 0.02mg</i>	
<i>low-ogestrel tabs 30mcg; 0.3mg</i>	
<i>luizza 1.5/30 tabs 30mcg; 1.5mg</i>	
<i>luizza 1/20 tabs 20mcg; 1mg</i>	
<i>luteru tabs 20mcg; 0.1mg</i>	
<i>lyllana pttw 0.025mg/24hr</i>	
<i>lyllana pttw 0.0375mg/24hr</i>	
<i>lyllana pttw 0.05mg/24hr</i>	
<i>lyllana pttw 0.075mg/24hr</i>	
<i>lyllana pttw 0.1mg/24hr</i>	
<i>marlissa tabs 0.03mg; 0.15mg</i>	
MENEST TABS 2.5MG	
<i>mibelas 24 fe chew 20mcg; 75mg; 1mg</i>	
<i>microgestin 1.5/30 tabs 30mcg; 1.5mg</i>	
<i>microgestin 1/20 tabs 20mcg; 1mg</i>	
<i>microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	

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<i>microgestin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	
<i>mili tabs 35mcg; 0.25mg</i>	
MIMVEY TABS 1MG; 0.5MG	
<i>mono-linyah tabs 35mcg; 0.25mg</i>	
<i>necon 0.5/35-28 tabs 35mcg; 0.5mg</i>	
<i>nikki tabs 3mg; 0.02mg</i>	
<i>norelgestromin/ethinyl estradiol ptwk 35mcg/24hr; 150mcg/24hr</i>	
<i>norethindrone & ethinyl estradiol ferrous fumarate chew 25mcg; 75mg; 0.8mg</i>	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew 20mcg; 75mg; 1mg</i>	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg</i>	
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL TABS 2.5MCG; 0.5MG	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	
<i>norethindrone acetate/ethinyl estradiol tabs 30mcg; 1.5mg</i>	
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL TABS 5MCG; 1MG	
<i>norethindrone/ethinyl estradiol/ferrous fumarate chew 35mcg; 0; 0.4mg</i>	
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	
<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	
<i>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	
<i>nortrel 7/7/7 tabs 35mcg; 0</i>	
<i>nylia 1/35 tabs 35mcg; 1mg</i>	
<i>nylia 7/7/7 tabs 35mcg; 0</i>	
<i>ocella tabs 3mg; 0.03mg</i>	
<i>philith tabs 35mcg; 0.4mg</i>	
<i>pimtree tabs 0; 0</i>	
<i>portia-28 tabs 0.03mg; 0.15mg</i>	
PREMARIN CREA 0.625MG/GM	
PREMARIN TABS 0.3MG	
PREMARIN TABS 0.45MG	
PREMARIN TABS 0.625MG	
PREMARIN TABS 0.9MG	
PREMARIN TABS 1.25MG	
PREMPHASE TABS 0.625MG; 5MG	
PREMPRO TABS 0.3MG; 1.5MG	

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PREMPRO TABS 0.45MG; 1.5MG	
PREMPRO TABS 0.625MG; 2.5MG	
PREMPRO TABS 0.625MG; 5MG	
<i>reclipsen tabs 0.15mg; 0.03mg</i>	
<i>rivelsa tabs 0; 0</i>	QL(91 EA per 91 days)
<i>rosyrah tabs 0; 0</i>	QL(91 EA per 91 days)
<i>setlakin tabs 0.03mg; 0.15mg</i>	QL(91 EA per 91 days)
<i>simliya tabs 0; 0</i>	
<i>sprintec 28 tabs 35mcg; 0.25mg</i>	
<i>sronyx tabs 20mcg; 0.1mg</i>	
<i>syeda tabs 3mg; 0.03mg</i>	
<i>tarina 24 fe tabs 20mcg; 75mg; 1mg</i>	
<i>tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg</i>	
<i>tilia fe tabs 0; 75mg; 1mg</i>	
<i>tri-estarylla tabs 0; 0</i>	
<i>tri-legest fe tabs 0; 75mg; 1mg</i>	
<i>tri-linyah tabs 0; 0</i>	
<i>tri-lo-estarylla tabs 0; 0</i>	
<i>tri-lo-marzia tabs 0; 0</i>	
<i>tri-lo-mili tabs 0; 0</i>	
<i>tri-lo-sprintec tabs 0; 0</i>	
<i>tri-mili tabs 0; 0</i>	
<i>tri-nymyo tabs 0; 0</i>	
<i>tri-sprintec tabs 0; 0</i>	
<i>tri-vylibra lo tabs 0; 0</i>	
<i>tri-vylibra tabs 0; 0</i>	
<i>trivora-28 tabs 0; 0</i>	
<i>turqoz tabs 30mcg; 0.3mg</i>	
<i>tyblume chew 20mcg; 0.1mg</i>	
<i>tydemy tabs 3mg; 0.03mg; 0.451mg</i>	
<i>valtya 1/35 tabs 35mcg; 1mg</i>	
<i>valtya 1/50 tabs 50mcg; 1mg</i>	
<i>velivet tabs 0; 0</i>	
<i>vestura tabs 3mg; 0.02mg</i>	
<i>vienva tabs 20mcg; 0.1mg</i>	
<i>viorele tabs 0; 0</i>	
<i>volnea tabs 0; 0</i>	
<i>vyfemla tabs 35mcg; 0.4mg</i>	
<i>vylibra tabs 35mcg; 0.25mg</i>	
<i>wera tabs 35mcg; 0.5mg</i>	
<i>wymzya fe chew 35mcg; 0; 0.4mg</i>	
<i>xarah fe tabs 0; 75mg; 1mg</i>	
<i>xelria fe chew 35mcg; 75mg; 0.4mg</i>	
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	

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<i>yuvafem tabs 10mcg</i>	
<i>zafemy ptwk 35mcg/24hr; 150mcg/24hr</i>	
<i>zovia 1/35 tabs 35mcg; 1mg</i>	
<i>zumandimine tabs 3mg; 0.03mg</i>	
Progestins	
<i>camila tabs 0.35mg</i>	
<i>deblitane tabs 0.35mg</i>	
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	QL(0.65 ML per 90 days)
<i>errin tabs 0.35mg</i>	
<i>gallifrey tabs 5mg</i>	
<i>heather tabs 0.35mg</i>	
<i>incassia tabs 0.35mg</i>	
<i>jencycla tabs 0.35mg</i>	
LILETTA IUD 20.1MCG/DAY	
<i>lyleq tabs 0.35mg</i>	
<i>lyza tabs 0.35mg</i>	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	QL(1 ML per 90 days)
<i>medroxyprogesterone acetate inj 150mg/ml</i>	QL(1 ML per 90 days)
<i>medroxyprogesterone acetate tabs 10mg</i>	
<i>medroxyprogesterone acetate tabs 2.5mg</i>	
<i>medroxyprogesterone acetate tabs 5mg</i>	
<i>megestrol acetate susp 40mg/ml</i>	
MEGESTROL ACETATE SUSP 625MG/5ML	
<i>megestrol acetate tabs 20mg</i>	
<i>megestrol acetate tabs 40mg</i>	
<i>meleya tabs 0.35mg</i>	
NEXPLANON INJ 68MG	
<i>nora-be tabs 0.35mg</i>	
<i>norethindrone acetate tabs 5mg</i>	
<i>norethindrone tabs 0.35mg</i>	
<i>norlyroc tabs 0.35mg</i>	
<i>orquidea tabs 0.35mg</i>	
<i>progesterone caps 100mg</i>	
<i>progesterone caps 200mg</i>	
<i>progesterone inj 50mg/ml</i>	
<i>sharobel tabs 0.35mg</i>	
SLYND TABS 4MG	
Selective Estrogen Receptor Modifying Agents	
OSPHENA TABS 60MG	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride tabs 60mg</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
ADTHYZA TABS 120MG	
ADTHYZA TABS 15MG	

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Drug Name	Requirements/Limits
ADTHYZA TABS 30MG	
ADTHYZA TABS 60MG	
ADTHYZA TABS 90MG	
ARMOUR THYROID TABS 120MG	
ARMOUR THYROID TABS 15MG	
ARMOUR THYROID TABS 180MG	
ARMOUR THYROID TABS 240MG	
ARMOUR THYROID TABS 300MG	
ARMOUR THYROID TABS 30MG	
ARMOUR THYROID TABS 60MG	
ARMOUR THYROID TABS 90MG	
EUTHYROX TABS 100MCG	
EUTHYROX TABS 112MCG	
EUTHYROX TABS 125MCG	
EUTHYROX TABS 137MCG	
EUTHYROX TABS 150MCG	
EUTHYROX TABS 175MCG	
EUTHYROX TABS 200MCG	
EUTHYROX TABS 25MCG	
EUTHYROX TABS 50MCG	
EUTHYROX TABS 75MCG	
EUTHYROX TABS 88MCG	
LEVO-T TABS 100MCG	
LEVO-T TABS 112MCG	
LEVO-T TABS 125MCG	
LEVO-T TABS 137MCG	
LEVO-T TABS 150MCG	
LEVO-T TABS 175MCG	
LEVO-T TABS 200MCG	
LEVO-T TABS 25MCG	
<i>levo-t tabs 300mcg</i>	
LEVO-T TABS 50MCG	
LEVO-T TABS 75MCG	
LEVO-T TABS 88MCG	
<i>levothyroxine sodium tabs 100mcg</i>	
<i>levothyroxine sodium tabs 112mcg</i>	
<i>levothyroxine sodium tabs 125mcg</i>	
<i>levothyroxine sodium tabs 137mcg</i>	
<i>levothyroxine sodium tabs 150mcg</i>	
<i>levothyroxine sodium tabs 175mcg</i>	
<i>levothyroxine sodium tabs 200mcg</i>	
<i>levothyroxine sodium tabs 25mcg</i>	
<i>levothyroxine sodium tabs 300mcg</i>	
<i>levothyroxine sodium tabs 50mcg</i>	

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<i>levothyroxine sodium tabs 75mcg</i>	
<i>levothyroxine sodium tabs 88mcg</i>	
LEVOXYL TABS 100MCG	
LEVOXYL TABS 112MCG	
LEVOXYL TABS 125MCG	
LEVOXYL TABS 137MCG	
LEVOXYL TABS 150MCG	
LEVOXYL TABS 175MCG	
LEVOXYL TABS 200MCG	
LEVOXYL TABS 25MCG	
LEVOXYL TABS 50MCG	
LEVOXYL TABS 75MCG	
LEVOXYL TABS 88MCG	
<i>liomny tabs 25mcg</i>	
<i>liomny tabs 50mcg</i>	
<i>liomny tabs 5mcg</i>	
<i>liothyronine sodium inj 10mcg/ml</i>	NDS
<i>liothyronine sodium tabs 25mcg</i>	
<i>liothyronine sodium tabs 50mcg</i>	
<i>liothyronine sodium tabs 5mcg</i>	
<i>niva thyroid tabs 120mg</i>	
<i>niva thyroid tabs 15mg</i>	
<i>niva thyroid tabs 30mg</i>	
<i>niva thyroid tabs 60mg</i>	
<i>niva thyroid tabs 90mg</i>	
NP THYROID 120 TABS 120MG	
NP THYROID 15 TABS 15MG	
NP THYROID 30 TABS 30MG	
NP THYROID 60 TABS 60MG	
NP THYROID 90 TABS 90MG	
RENTHYROID TABS 120MG	
RENTHYROID TABS 15MG	
RENTHYROID TABS 30MG	
RENTHYROID TABS 60MG	
RENTHYROID TABS 90MG	
REZDIFFRA TABS 100MG	QL(30 EA per 30 days); PA; NDS
REZDIFFRA TABS 60MG	QL(30 EA per 30 days); PA; NDS
REZDIFFRA TABS 80MG	QL(30 EA per 30 days); PA; NDS
SYNTHROID TABS 100MCG	
SYNTHROID TABS 112MCG	
SYNTHROID TABS 125MCG	
SYNTHROID TABS 137MCG	
SYNTHROID TABS 150MCG	
SYNTHROID TABS 175MCG	

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SYNTHROID TABS 200MCG	
SYNTHROID TABS 25MCG	
SYNTHROID TABS 300MCG	
SYNTHROID TABS 50MCG	
SYNTHROID TABS 75MCG	
SYNTHROID TABS 88MCG	
<i>thyroid tabs 120mg</i>	
<i>thyroid tabs 15mg</i>	
<i>thyroid tabs 30mg</i>	
<i>thyroid tabs 60mg</i>	
<i>thyroid tabs 90mg</i>	
UNITHROID TABS 100MCG	
UNITHROID TABS 112MCG	
UNITHROID TABS 125MCG	
UNITHROID TABS 137MCG	
UNITHROID TABS 150MCG	
UNITHROID TABS 175MCG	
UNITHROID TABS 200MCG	
UNITHROID TABS 25MCG	
<i>unithroid tabs 300mcg</i>	
UNITHROID TABS 50MCG	
UNITHROID TABS 75MCG	
UNITHROID TABS 88MCG	
Hormonal Agents, Suppressant (Adrenal or Pituitary)	
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>	
<i>cabergoline tabs 0.5mg</i>	
ELIGARD INJ 22.5MG	QL(1 EA per 84 days); PA
ELIGARD INJ 30MG	QL(1 EA per 112 days); PA
ELIGARD INJ 45MG	QL(1 EA per 168 days); PA
ELIGARD INJ 7.5MG	QL(1 EA per 28 days); PA
FIRMAGON INJ 120MG/VIAL	QL(4 EA per 365 days); PA; NDS
FIRMAGON INJ 80MG	QL(1 EA per 28 days); PA
LANREOTIDE ACETATE INJ 120MG/0.5ML	PA; NDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT (1-MONTH) INJ 7.5MG	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT (3-MONTH) INJ 11.25MG	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT (3-MONTH) INJ 22.5MG	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT (4-MONTH) INJ 30MG	QL(1 EA per 112 days); PA; NDS
LUPRON DEPOT (6-MONTH) INJ 45MG	QL(1 EA per 168 days); PA; NDS
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (1-MONTH) INJ 15MG	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG	QL(1 EA per 84 days); PA; NDS

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Drug Name	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH) INJ 30MG	QL(1 EA per 84 days); PA; NDS
<i>mifepristone tabs 200mg</i>	
<i>mifepristone tabs 300mg</i>	QL(120 EA per 30 days); PA; NDS
<i>octreotide acetate inj 1000mcg/ml</i>	PA; NDS
<i>octreotide acetate inj 100mcg/ml</i>	PA
<i>octreotide acetate inj 10mg</i>	PA; NDS
<i>octreotide acetate inj 200mcg/ml</i>	PA
<i>octreotide acetate inj 20mg</i>	PA; NDS
<i>octreotide acetate inj 30mg</i>	PA; NDS
<i>octreotide acetate inj 500mcg/ml</i>	PA; NDS
<i>octreotide acetate inj 50mcg/ml</i>	PA
ORGOVYX TABS 120MG	PA; NDS
RECORLEV TABS 150MG	QL(240 EA per 30 days); PA; NDS
SANDOSTATIN LAR DEPOT INJ 10MG	PA; NDS
SANDOSTATIN LAR DEPOT INJ 20MG	PA; NDS
SANDOSTATIN LAR DEPOT INJ 30MG	PA; NDS
SIGNIFOR LAR INJ 20MG	QL(1 EA per 28 days); PA; NDS
SIGNIFOR LAR INJ 40MG	QL(1 EA per 28 days); PA; NDS
SIGNIFOR LAR INJ 60MG	QL(1 EA per 28 days); PA; NDS
SIGNIFOR INJ 0.3MG/ML	QL(60 ML per 30 days); PA; NDS
SIGNIFOR INJ 0.6MG/ML	QL(60 ML per 30 days); PA; NDS
SIGNIFOR INJ 0.9MG/ML	QL(60 ML per 30 days); PA; NDS
SOMATULINE DEPOT INJ 120MG/0.5ML	PA; NDS
SOMATULINE DEPOT INJ 60MG/0.2ML	PA; NDS
SOMATULINE DEPOT INJ 90MG/0.3ML	PA; NDS
SOMAVERT INJ 10MG	PA; NDS
SOMAVERT INJ 15MG	PA; NDS
SOMAVERT INJ 20MG	PA; NDS
SOMAVERT INJ 25MG	PA; NDS
SOMAVERT INJ 30MG	PA; NDS
SYNAREL SOLN 2MG/ML	NDS
TRELSTAR MIXJECT INJ 11.25MG	QL(1 EA per 84 days); PA
TRELSTAR MIXJECT INJ 22.5MG	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJ 3.75MG	QL(1 EA per 28 days); PA
ZOLADEX INJ 10.8MG	QL(1 EA per 84 days); PA
ZOLADEX INJ 3.6MG	QL(1 EA per 28 days); PA
Hormonal Agents, Suppressant (Thyroid)	
<i>Antithyroid Agents</i>	
<i>methimazole tabs 10mg</i>	
<i>methimazole tabs 5mg</i>	
<i>propylthiouracil tabs 50mg</i>	
Immunological Agents	
<i>Angioedema Agents</i>	
BERINERT INJ 500UNIT	PA; NDS

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CINRYZE INJ 500UNIT	PA; NDS
HAEGARDA INJ 2000UNIT	PA; NDS
HAEGARDA INJ 3000UNIT	PA; NDS
<i>icatibant acetate inj 30mg/3ml</i>	PA; NDS
KALBITOR INJ 10MG/ML	PA; NDS
RUCONEST INJ 2100UNIT	PA; NDS
<i>sajazir inj 30mg/3ml</i>	PA; NDS
Immunoglobulins	
ATGAM INJ 50MG/ML	NDS
BIVIGAM INJ 5GM/50ML	PA; NDS
CUVITRU INJ 10GM/50ML	PA; NDS
CUVITRU INJ 1GM/5ML	PA; NDS
CUVITRU INJ 2GM/10ML	PA; NDS
CUVITRU INJ 4GM/20ML	PA; NDS
CUVITRU INJ 8GM/40ML	PA; NDS
FLEBOGAMMA DIF INJ 10GM/100ML	PA; NDS
FLEBOGAMMA DIF INJ 10GM/200ML	PA; NDS
FLEBOGAMMA DIF INJ 2.5GM/50ML	PA; NDS
FLEBOGAMMA DIF INJ 20GM/200ML	PA; NDS
FLEBOGAMMA DIF INJ 20GM/400ML	PA; NDS
FLEBOGAMMA DIF INJ 5GM/100ML	PA; NDS
FLEBOGAMMA DIF INJ 5GM/50ML	PA; NDS
GAMASTAN INJ 0	PA
GAMMAGARD LIQUID ERC INJ 10GM/100ML	PA; NDS
GAMMAGARD LIQUID ERC INJ 5GM/50ML	PA; NDS
GAMMAGARD LIQUID INJ 10GM/100ML	PA; NDS
GAMMAGARD LIQUID INJ 1GM/10ML	PA; NDS
GAMMAGARD LIQUID INJ 2.5GM/25ML	PA; NDS
GAMMAGARD LIQUID INJ 20GM/200ML	PA; NDS
GAMMAGARD LIQUID INJ 30GM/300ML	PA; NDS
GAMMAGARD LIQUID INJ 5GM/50ML	PA; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 10GM	PA; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 5GM	PA; NDS
GAMMAKED INJ 10GM/100ML	PA; NDS
GAMMAKED INJ 1GM/10ML	PA; NDS
GAMMAKED INJ 20GM/200ML	PA; NDS
GAMMAKED INJ 5GM/50ML	PA; NDS
GAMMAPLEX INJ 10GM/100ML	PA; NDS
GAMMAPLEX INJ 10GM/200ML	PA; NDS
GAMMAPLEX INJ 20GM/200ML	PA; NDS
GAMMAPLEX INJ 20GM/400ML	PA; NDS
GAMMAPLEX INJ 5GM/100ML	PA; NDS
GAMMAPLEX INJ 5GM/50ML	PA; NDS
GAMUNEX-C INJ 10GM/100ML	PA; NDS

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Drug Name	Requirements/Limits
GAMUNEX-C INJ 1GM/10ML	PA; NDS
GAMUNEX-C INJ 2.5GM/25ML	PA; NDS
GAMUNEX-C INJ 20GM/200ML	PA; NDS
GAMUNEX-C INJ 40GM/400ML	PA; NDS
GAMUNEX-C INJ 5GM/50ML	PA; NDS
HEPAGAM B INJ 312UNIT/ML	B/D; NDS
HIZENTRA INJ 10GM/50ML	PA; NDS
HIZENTRA INJ 10GM/50ML	PA; NDS
HIZENTRA INJ 1GM/5ML	PA; NDS
HIZENTRA INJ 2GM/10ML	PA; NDS
HIZENTRA INJ 4GM/20ML	PA; NDS
HYPERHEP B INJ 110UNIT/0.5ML	B/D; NDS
HYPERHEP B INJ 220UNIT/ML	B/D; NDS
HYPERRHO MINI-DOSE INJ 250UNIT	
HYQVIA INJ 10GM/100ML; 800UNIT/5ML	PA; NDS
HYQVIA INJ 2.5GM/25ML; 200UNIT/1.25ML	PA; NDS
HYQVIA INJ 20GM/200ML; 1600UNIT/10ML	PA; NDS
HYQVIA INJ 30GM/300ML; 2400UNIT/15ML	PA; NDS
HYQVIA INJ 5GM/50ML; 400UNIT/2.5ML	PA; NDS
MICRHOGAM ULTRA-FILTERED PLUS INJ 250UNIT	
NABI-HB INJ 312UNIT/ML	B/D; NDS
OCTAGAM INJ 10GM/100ML	PA; NDS
OCTAGAM INJ 10GM/200ML	PA; NDS
OCTAGAM INJ 1GM/20ML	PA; NDS
OCTAGAM INJ 2.5GM/50ML	PA; NDS
OCTAGAM INJ 20GM/200ML	PA; NDS
OCTAGAM INJ 2GM/20ML	PA; NDS
OCTAGAM INJ 5GM/100ML	PA; NDS
OCTAGAM INJ 5GM/50ML	PA; NDS
PRIVIGEN INJ 10GM/100ML	PA; NDS
PRIVIGEN INJ 20GM/200ML	PA; NDS
PRIVIGEN INJ 40GM/400ML	PA; NDS
PRIVIGEN INJ 5GM/50ML	PA; NDS
RHOGAM ULTRA-FILTERED PLUS INJ 1500UNIT	
RHOPHYLAC INJ 1500UNIT/2ML	
SYNAGIS INJ 100MG/ML	NDS
SYNAGIS INJ 50MG/0.5ML	NDS
THYMOGLOBULIN INJ 25MG	NDS
VARIZIG INJ 125UNIT/1.2ML	PA; NDS
Immunological Agents, Other	
ACTEMRA ACTPEN INJ 162MG/0.9ML	PA; NDS
ACTEMRA INJ 162MG/0.9ML	QL(3.6 ML per 28 days); PA; NDS
ACTEMRA INJ 200MG/10ML	PA; NDS
ACTEMRA INJ 400MG/20ML	PA; NDS

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Drug Name	Requirements/Limits
ACTEMRA INJ 80MG/4ML	PA; NDS
ARCALYST INJ 220MG	PA; NDS
AURANOFIN CAPS 3MG	NDS
BENLYSTA INJ 200MG/ML	PA; NDS
BENLYSTA INJ 200MG/ML	PA; NDS
COSENTYX SENSOREADY PEN INJ 150MG/ML	QL(10 ML per 28 days); PA; NDS
COSENTYX UNOREADY INJ 300MG/2ML	QL(10 ML per 28 days); PA; NDS
COSENTYX INJ 150MG/ML	QL(10 ML per 28 days); PA; NDS
COSENTYX INJ 75MG/0.5ML	QL(10 ML per 28 days); PA; NDS
DUPIXENT INJ 200MG/1.14ML	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJ 200MG/1.14ML	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJ 300MG/2ML	QL(8 ML per 28 days); PA; NDS
DUPIXENT INJ 300MG/2ML	QL(8 ML per 28 days); PA; NDS
ENJAYMO INJ 1100MG/22ML	PA; NDS
ENTYVIO PEN INJ 108MG/0.68ML	QL(1.36 ML per 28 days); PA; NDS
ENTYVIO INJ 300MG	PA; NDS
ILARIS INJ 150MG/ML	QL(2 ML per 28 days); PA; NDS
KINERET INJ 100MG/0.67ML	PA; NDS
LEMTRADA INJ 12MG/1.2ML	PA; NDS
ODACTRA SUBL 0; 0	QL(30 EA per 30 days); PA
ORENCIA CLICKJECT INJ 125MG/ML	QL(4 ML per 28 days); PA; NDS
ORENCIA INJ 125MG/ML	QL(4 ML per 28 days); PA; NDS
ORENCIA INJ 50MG/0.4ML	QL(1.6 ML per 28 days); PA; NDS
ORENCIA INJ 87.5MG/0.7ML	QL(2.8 ML per 28 days); PA; NDS
OTEZLA TBPK 0	QL(110 EA per 365 days); PA; NDS
OTEZLA TBPK 0	QL(110 EA per 365 days); PA; NDS
RINVOQ LQ SOLN 1MG/ML	QL(360 ML per 30 days); PA; NDS
RINVOQ TB24 15MG	QL(30 EA per 30 days); PA; NDS
RINVOQ TB24 30MG	QL(30 EA per 30 days); PA; NDS
RINVOQ TB24 45MG	QL(30 EA per 30 days); PA; NDS
SIMULECT INJ 10MG	NDS
SIMULECT INJ 20MG	NDS
SKYRIZI PEN INJ 150MG/ML	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJ 150MG/ML	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJ 180MG/1.2ML	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJ 360MG/2.4ML	QL(2.4 ML per 56 days); PA; NDS
SOLIRIS INJ 300MG/30ML	PA; NDS
STELARA INJ 130MG/26ML	QL(104 ML per 365 days); PA; NDS
STELARA INJ 45MG/0.5ML	QL(3 ML per 84 days); PA; NDS
STELARA INJ 45MG/0.5ML	QL(3 ML per 84 days); PA; NDS
STELARA INJ 90MG/ML	QL(3 ML per 84 days); PA; NDS
STEQEYMA INJ 130MG/26ML	QL(104 ML per 365 days); PA; NDS
STEQEYMA INJ 45MG/0.5ML	QL(3 ML per 84 days); PA
STEQEYMA INJ 45MG/0.5ML	QL(3 ML per 84 days); PA

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Drug Name	Requirements/Limits
STEQEYMA INJ 90MG/ML	QL(3 ML per 84 days); PA; NDS
SYLVANT INJ 100MG	PA; NDS
SYLVANT INJ 400MG	PA; NDS
TAVNEOS CAPS 10MG	QL(180 EA per 30 days); PA; NDS
<i>ustekinumab inj 130mg/26ml</i>	QL(104 ML per 365 days); PA; NDS
<i>ustekinumab inj 45mg/0.5ml</i>	QL(3 ML per 84 days); PA; NDS
<i>ustekinumab inj 45mg/0.5ml</i>	QL(3 ML per 84 days); PA; NDS
<i>ustekinumab inj 90mg/ml</i>	QL(3 ML per 84 days); PA; NDS
VYVGART HYTRULO INJ 1000MG/5ML; 10000UNIT/5ML	QL(20 ML per 28 days); PA; NDS
WEZLANA INJ 130MG/26ML	QL(104 ML per 365 days); PA; NDS
WEZLANA INJ 45MG/0.5ML	QL(3 ML per 84 days); PA; NDS
WEZLANA INJ 45MG/0.5ML	QL(3 ML per 84 days); PA; NDS
WEZLANA INJ 90MG/ML	QL(3 ML per 84 days); PA; NDS
XELJANZ XR TB24 11MG	QL(30 EA per 30 days); PA; NDS
XELJANZ XR TB24 22MG	QL(30 EA per 30 days); PA; NDS
XELJANZ SOLN 1MG/ML	QL(300 ML per 30 days); PA; NDS
XELJANZ TABS 10MG	QL(60 EA per 30 days); PA; NDS
XELJANZ TABS 5MG	QL(60 EA per 30 days); PA; NDS
XOLAIR INJ 150MG/ML	QL(8 ML per 28 days); PA; NDS
XOLAIR INJ 150MG/ML	QL(8 ML per 28 days); PA; NDS
XOLAIR INJ 150MG	QL(8 EA per 28 days); PA; NDS
XOLAIR INJ 300MG/2ML	QL(8 ML per 28 days); PA; NDS
XOLAIR INJ 300MG/2ML	QL(8 ML per 28 days); PA; NDS
XOLAIR INJ 75MG/0.5ML	QL(1 ML per 28 days); PA; NDS
XOLAIR INJ 75MG/0.5ML	QL(1 ML per 28 days); PA; NDS
<i>Immunostimulants</i>	
ACTIMMUNE INJ 100MCG/0.5ML	PA; NDS
BESREMI INJ 500MCG/ML	PA; NDS
PEGASYS INJ 180MCG/ML	PA; NDS
<i>Immunosuppressants</i>	
ADALIMUMAB-AATY 1-PEN KIT INJ 40MG/0.4ML	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 1-PEN KIT INJ 80MG/0.8ML	QL(3 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-PEN KIT INJ 40MG/0.4ML	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-SYRINGE INJ 20MG/0.2ML	QL(2 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-SYRINGE INJ 40MG/0.4ML	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-AATY CD/UC/HS STARTER INJ 80MG/0.8ML	QL(3 EA per 28 days); PA; NDS
ADALIMUMAB-ADB M CROHNS/UC/HS STARTER INJ 40MG/0.8ML	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-ADB M PSORIASIS/UEVITIS STARTER INJ 40MG/0.8ML	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-ADB M STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJ 40MG/0.4ML	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-ADB M STARTER PACKAGE FOR PSORIASIS/UEVITIS INJ 40MG/0.4ML	QL(6 EA per 28 days); PA; NDS

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Drug Name	Requirements/Limits
ADALIMUMAB-ADBM INJ 10MG/0.2ML	QL(2 EA per 28 days); PA; NDS
ADALIMUMAB-ADBM INJ 20MG/0.4ML	QL(2 EA per 28 days); PA; NDS
ADALIMUMAB-ADBM INJ 40MG/0.4ML	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-ADBM INJ 40MG/0.4ML	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-ADBM INJ 40MG/0.8ML	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-ADBM INJ 40MG/0.8ML	QL(6 EA per 28 days); PA; NDS
ASTAGRAF XL CP24 0.5MG	B/D
ASTAGRAF XL CP24 1MG	B/D
ASTAGRAF XL CP24 5MG	B/D
<i>azathioprine inj 100mg</i>	B/D; NDS
<i>azathioprine tabs 100mg</i>	B/D
<i>azathioprine tabs 50mg</i>	B/D
<i>azathioprine tabs 75mg</i>	B/D
BENLYSTA INJ 120MG	PA; NDS
BENLYSTA INJ 400MG	PA; NDS
CIMZIA STARTER KIT INJ 200MG/ML	QL(6 EA per 365 days); PA; NDS
CIMZIA INJ 200MG/ML	QL(2 EA per 28 days); PA; NDS
<i>cyclosporine modified caps 100mg</i>	B/D
<i>cyclosporine modified caps 25mg</i>	B/D
<i>cyclosporine modified caps 50mg</i>	B/D
<i>cyclosporine modified soln 100mg/ml</i>	B/D
<i>cyclosporine caps 100mg</i>	B/D
<i>cyclosporine caps 25mg</i>	B/D
<i>cyclosporine inj 50mg/ml</i>	NDS
ENBREL MINI INJ 50MG/ML	QL(8 ML per 28 days); PA; NDS
ENBREL SURECLICK INJ 50MG/ML	QL(8 ML per 28 days); PA; NDS
ENBREL INJ 25MG/0.5ML	QL(4 ML per 28 days); PA; NDS
ENBREL INJ 25MG/0.5ML	QL(4 ML per 28 days); PA; NDS
ENBREL INJ 50MG/ML	QL(8 ML per 28 days); PA; NDS
ENVARUSUS XR TB24 0.75MG	B/D
ENVARUSUS XR TB24 1MG	B/D
ENVARUSUS XR TB24 4MG	B/D; NDS
<i>everolimus tabs 0.25mg</i>	B/D
<i>everolimus tabs 0.5mg</i>	B/D; NDS
<i>everolimus tabs 0.75mg</i>	B/D; NDS
<i>everolimus tabs 1mg</i>	B/D; NDS
<i>gengraf caps 100mg</i>	B/D
<i>gengraf caps 25mg</i>	B/D
<i>gengraf soln 100mg/ml</i>	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	QL(4 EA per 365 days); PA; NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	QL(4 EA per 28 days); PA; NDS

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Drug Name	Requirements/Limits
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJ 80MG/0.8ML	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN-PS/UV STARTER INJ 0	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN INJ 40MG/0.4ML	QL(6 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA PEN INJ 40MG/0.8ML	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN INJ 80MG/0.8ML	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJ 10MG/0.1ML	QL(2 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJ 20MG/0.2ML	QL(2 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJ 40MG/0.4ML	QL(6 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJ 40MG/0.8ML	QL(6 EA per 28 days); PA; NDS
INFLECTRA INJ 100MG	PA; NDS
<i>infliximab inj 100mg</i>	PA; NDS
JYLAMVO SOLN 2MG/ML	PA
<i>leflunomide tabs 10mg</i>	
<i>leflunomide tabs 20mg</i>	
<i>methotrexate sodium inj 1gm/40ml</i>	
<i>methotrexate sodium inj 1gm</i>	
<i>methotrexate sodium inj 250mg/10ml</i>	
<i>methotrexate sodium inj 250mg/10ml</i>	
<i>methotrexate sodium inj 50mg/2ml</i>	
<i>methotrexate sodium tabs 2.5mg</i>	
<i>methotrexate inj 50mg/2ml</i>	
<i>mycophenolate mofetil caps 250mg</i>	B/D
<i>mycophenolate mofetil inj 500mg</i>	B/D; NDS
<i>mycophenolate mofetil susr 200mg/ml</i>	B/D; NDS
<i>mycophenolate mofetil tabs 500mg</i>	B/D
MYCOPHENOLIC ACID DR TBEC 180MG	B/D
MYCOPHENOLIC ACID DR TBEC 360MG	B/D
NULOJIX INJ 250MG	NDS
ORENCIA INJ 250MG	PA; NDS
PEGASYS INJ 180MCG/0.5ML	PA; NDS
PROGRAF INJ 5MG/ML	
PROGRAF PACK 0.2MG	B/D
PROGRAF PACK 1MG	B/D
REMICADE INJ 100MG	PA; NDS
REZUROCK TABS 200MG	QL(60 EA per 30 days); PA; NDS
SANDIMMUNE SOLN 100MG/ML	B/D
SIMPONI ARIA INJ 50MG/4ML	PA; NDS
<i>sirolimus soln 1mg/ml</i>	B/D

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Drug Name	Requirements/Limits
SIROLIMUS TABS 0.5MG	B/D
SIROLIMUS TABS 1MG	B/D
<i>sirolimus tabs 2mg</i>	B/D
<i>tacrolimus er cp24 0.5mg</i>	B/D
<i>tacrolimus er cp24 1mg</i>	B/D
<i>tacrolimus er cp24 5mg</i>	B/D
<i>tacrolimus caps 0.5mg</i>	B/D
<i>tacrolimus caps 1mg</i>	B/D
TACROLIMUS CAPS 5MG	B/D
<i>tacrolimus inj 5mg/ml</i>	
TREXALL TABS 10MG	
TREXALL TABS 15MG	
TREXALL TABS 5MG	
TREXALL TABS 7.5MG	
XATMEP SOLN 2.5MG/ML	PA
Vaccines	
ABRYSV0 INJ 120MCG/0.5ML	QL(1 EA per 252 days)
ACTHIB INJ 0	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	
AREXVY INJ 120MCG/0.5ML	QL(1 EA per 999 days)
BCG VACCINE INJ 50MG	
BEXSERO INJ 0.5ML	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	
ENGERIX-B INJ 10MCG/0.5ML	B/D
ENGERIX-B INJ 20MCG/ML	B/D
ENGERIX-B INJ 20MCG/ML	B/D
GARDASIL 9 INJ 0.5ML	
GARDASIL 9 INJ 0.5ML	
HAVRIX INJ 1440UNIT/ML	
HAVRIX INJ 720ELU/0.5ML	
HEPLISAV-B INJ 20MCG/0.5ML	B/D
HIBERIX INJ 10MCG	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	B/D
INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	
IPOL INACTIVATED IPV INJ 0	
IXIARO INJ 0	
JYNNEOS INJ 0.5ML	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	
M-M-R II INJ 0; 0; 0	
MENACTRA INJ 0	
MENQUADFI INJ 0.5ML	

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Drug Name	Requirements/Limits
MENVEO INJ 0	
MRESVIA INJ 50MCG/0.5ML	QL(0.5 ML per 999 days)
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	
PEDVAX HIB INJ 7.5MCG/0.5ML	
PENBRAYA INJ 0; 0	
PENMENVY INJ 0; 0	
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	
PREHEVBRIO INJ 10MCG/ML	B/D
PRIORIX INJ 0; 0; 0	
PROQUAD INJ 0; 0; 0; 0	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	
RABAVERT INJ 0	B/D
RECOMBIVAX HB INJ 10MCG/ML	B/D
RECOMBIVAX HB INJ 10MCG/ML	B/D
RECOMBIVAX HB INJ 40MCG/ML	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	B/D
ROTARIX SUSP 0	
ROTATEQ SOLN 0	
SHINGRIX INJ 50MCG/0.5ML	
SHINGRIX INJ 50MCG/0.5ML	
TDVAX INJ 2LF/0.5ML; 2LF/0.5ML	
TENIVAC INJ 2LFU; 5LFU	
TENIVAC INJ 2LFU; 5LFU	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	
TICOVAC INJ 1.2MCG/0.25ML	
TICOVAC INJ 2.4MCG/0.5ML	
TRUMENBA INJ 0.5ML	
TWINRIX INJ 720ELU/ML; 20MCG/ML	
TYPHIM VI INJ 25MCG/0.5ML	
TYPHIM VI INJ 25MCG/0.5ML	
VAQTA INJ 25UNIT/0.5ML	
VAQTA INJ 25UNIT/0.5ML	
VAQTA INJ 50UNIT/ML	
VAQTA INJ 50UNIT/ML	
VARIVAX INJ 1350PFU/0.5ML	
VAXCHORA SUSR 0	
VIMKUNYA INJ 40MCG/0.8ML	
VIVOTIF CPDR 0	
YF-VAX INJ 0	
Inflammatory Bowel Disease Agents	

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Drug Name	Requirements/Limits
Aminosalicylates	
<i>balsalazide disodium caps 750mg</i>	
DIPENTUM CAPS 250MG	NDS
<i>mesalamine dr tbec 1.2gm</i>	
<i>mesalamine dr tbec 800mg</i>	
<i>mesalamine er cp24 0.375gm</i>	
<i>mesalamine er cpcr 500mg</i>	
MESALAMINE ENEM 4GM	
MESALAMINE KIT 4GM	
<i>mesalamine supp 1000mg</i>	
<i>sfrowasa enem 4gm/60ml</i>	NDS
<i>sulfasalazine tabs 500mg</i>	
<i>sulfasalazine tbec 500mg</i>	
Glucocorticoids	
<i>budesonide er tb24 9mg</i>	NDS
<i>budesonide cpep 3mg</i>	
CORTIFOAM FOAM 10%	
<i>hydrocortisone crea 1%</i>	
<i>hydrocortisone crea 2.5%</i>	
HYDROCORTISONE ENEM 100MG/60ML	
<i>procto-med hc crea 2.5%</i>	
<i>proctosol hc crea 2.5%</i>	
<i>proctozone-hc crea 2.5%</i>	
Metabolic Bone Disease Agents	
Metabolic Bone Disease Agents	
ALENDRONATE SODIUM SOLN 70MG/75ML	
<i>alendronate sodium tabs 10mg</i>	
<i>alendronate sodium tabs 35mg</i>	
<i>alendronate sodium tabs 5mg</i>	
<i>alendronate sodium tabs 70mg</i>	QL(4 EA per 28 days)
<i>calcitonin salmon inj 200unit/ml</i>	NDS
<i>calcitonin-salmon soln 200unit/act</i>	QL(3.7 ML per 30 days)
<i>calcitriol caps 0.25mcg</i>	
<i>calcitriol caps 0.5mcg</i>	
<i>calcitriol inj 1mcg/ml</i>	
<i>calcitriol soln 1mcg/ml</i>	
<i>cinacalcet hydrochloride tabs 30mg</i>	
<i>cinacalcet hydrochloride tabs 60mg</i>	
<i>cinacalcet hydrochloride tabs 90mg</i>	
DOXERCALCIFEROL CAPS 0.5MCG	
<i>doxercalciferol caps 1mcg</i>	
<i>doxercalciferol caps 2.5mcg</i>	
<i>doxercalciferol inj 4mcg/2ml</i>	
<i>ibandronate sodium inj 3mg/3ml</i>	

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Drug Name	Requirements/Limits
<i>ibandronate sodium tabs 150mg</i>	QL(1 EA per 28 days)
JUBBONTI INJ 60MG/ML	QL(2 ML per 365 days)
<i>pamidronate disodium inj 30mg/10ml</i>	
<i>pamidronate disodium inj 6mg/ml</i>	
<i>pamidronate disodium inj 90mg/10ml</i>	
<i>paricalcitol caps 1mcg</i>	
<i>paricalcitol caps 2mcg</i>	
<i>paricalcitol caps 4mcg</i>	
PARICALCITOL INJ 2MCG/ML	
PARICALCITOL INJ 5MCG/ML	
<i>risedronate sodium dr tbec 35mg</i>	QL(4 EA per 28 days)
<i>risedronate sodium tabs 150mg</i>	QL(1 EA per 28 days)
<i>risedronate sodium tabs 30mg</i>	
<i>risedronate sodium tabs 35mg</i>	QL(4 EA per 28 days)
<i>risedronate sodium tabs 35mg</i>	QL(4 EA per 28 days)
<i>risedronate sodium tabs 35mg</i>	QL(4 EA per 28 days)
<i>risedronate sodium tabs 5mg</i>	
<i>teriparatide inj 560mcg/2.24ml</i>	PA; NDS
TYMLOS INJ 3120MCG/1.56ML	PA; NDS
WYOST INJ 120MG/1.7ML	PA; NDS
<i>zoledronic acid inj 4mg/5ml</i>	
ZOLEDRONIC ACID INJ 5MG/100ML	
Miscellaneous Therapeutic Agents	
<i>Miscellaneous Therapeutic Agents</i>	
<i>alcohol prep pads pads 70%</i>	
AMMONUL INJ 10%; 10%	NDS
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16" misc</i>	QL(200 EA per 30 days)
<i>bd insulin syringe safetyglide/1ml/29g x 1/2" misc</i>	QL(200 EA per 30 days)
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm misc</i>	QL(200 EA per 30 days)
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm misc</i>	QL(200 EA per 30 days)
<i>bd pen needle/original/ultra-fine/29g x 12.7mm misc</i>	QL(200 EA per 30 days)
<i>curity gauze pads 2"x2" 12 ply pads</i>	
<i>deferoxamine mesylate inj 2gm</i>	B/D
<i>deferoxamine mesylate inj 500mg</i>	B/D; NDS
ELLA TABS 30MG	
INTRALIPID INJ 20GM/100ML	B/D
<i>lactated ringers irrigation soln 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	
<i>levocarnitine soln 1gm/10ml</i>	
<i>levocarnitine tabs 330mg</i>	
<i>methergine tabs 0.2mg</i>	QL(56 EA per 365 days); NDS
<i>methylergonovine maleate tabs 0.2mg</i>	QL(56 EA per 365 days); NDS
NUTRILIPID INJ 20GM/100ML	B/D
OXLUMO INJ 94.5MG/0.5ML	PA; NDS

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Drug Name	Requirements/Limits
PHYSIOLYTE SOLN 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 5MEQ/1000ML; 140MEQ/1000ML	
<i>physiosol irrigation soln 30mg/100ml; 37mg/100ml; 222mg/100ml; 526mg/100ml; 502mg/100ml</i>	
<i>ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	
SKYCLARYS CAPS 50MG	QL(90 EA per 30 days); PA; NDS
<i>sodium chloride 0.9% soln 0.9%</i>	
<i>sodium phenylacetate/sodium benzoate inj 10%; 10%</i>	NDS
<i>sterile water for irrigation soln 0</i>	
<i>tis-u-sol soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	
V-GO 20 KIT	
V-GO 30 KIT	
V-GO 40 KIT	
VISTOGARD PACK 10GM	NDS
ZOKINVY CAPS 50MG	QL(120 EA per 30 days); PA; NDS
ZOKINVY CAPS 75MG	QL(120 EA per 30 days); PA; NDS
Ophthalmic Agents	
<i>Ophthalmic Agents, Other</i>	
<i>atropine sulfate soln 1%</i>	
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE SOLN 0.2%; 0.5%	
CYCLOGYL SOLN 0.5%	
CYCLOGYL SOLN 2%	
<i>cyclopentolate hcl soln 1%</i>	
<i>cyclopentolate hydrochloride soln 1%</i>	
<i>cyclosporine emul 0.05%</i>	
CYSTARAN SOLN 0.44%	QL(60 ML per 28 days); NDS
<i>dorzolamide hcl/timolol maleate soln 20mg/ml; 5mg/ml</i>	
<i>dorzolamide hydrochloride/timolol maleate pf soln 2%; 0.5%</i>	
EYLEA SOLN 2MG/0.05ML	PA; NDS
EYLEA SOSY 2MG/0.05ML	PA; NDS
<i>neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	
<i>neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	
<i>neomycin/polymyxin/bacitracin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	

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Drug Name	Requirements/Limits
<i>neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	
<i>polycin oint 500unit/gm; 10000unit/gm</i>	
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	
<i>proparacaine hcl soln 0.5%</i>	
SIMBRINZA SUSP 0.2%; 1%	
<i>sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%</i>	
TOBRADEX ST SUSP 0.05%; 0.3%	
TOBRADEX OINT 0.1%; 0.3%	
<i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>	
ZYLET SUSP 0.5%; 0.3%	
Ophthalmic Anti-allergy Agents	
<i>azelastine hcl soln 0.05%</i>	
<i>cromolyn sodium soln 4%</i>	
<i>epinastine hcl soln 0.05%</i>	
<i>olopatadine hydrochloride soln 0.2%</i>	
Ophthalmic Anti-Infectives	
<i>bacitracin oint 500unit/gm</i>	
BESIVANCE SUSP 0.6%	
CILOXAN OINT 0.3%	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	
<i>erythromycin oint 5mg/gm</i>	
<i>gatifloxacin soln 0.5%</i>	
<i>gentamicin sulfate soln 0.3%</i>	
<i>moxifloxacin hydrochloride soln 0.5%</i>	
<i>moxifloxacin hydrochloride soln 0.5%</i>	
NATACYN SUSP 5%	
<i>ofloxacin soln 0.3%</i>	
<i>sulfacetamide sodium oint 10%</i>	
<i>sulfacetamide sodium soln 10%</i>	
<i>tobramycin soln 0.3%</i>	
<i>trifluridine soln 1%</i>	
XDEMVI SOLN 0.25%	QL(10 ML per 42 days); NDS
ZIRGAN GEL 0.15%	
Ophthalmic Anti-inflammatories	
<i>bromfenac sodium soln 0.07%</i>	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate soln 0.1%</i>	
<i>diclofenac sodium soln 0.1%</i>	
<i>difluprednate emul 0.05%</i>	
FLAREX SUSP 0.1%	
<i>fluorometholone susp 0.1%</i>	
<i>flurbiprofen sodium soln 0.03%</i>	

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Drug Name	Requirements/Limits
FML FORTE SUSP 0.25%	
ILEVRO SUSP 0.3%	QL(4 ML per 30 days)
<i>ketorolac tromethamine soln 0.4%</i>	
<i>ketorolac tromethamine soln 0.5%</i>	
LOTEMAX OINT 0.5%	QL(14 GM per 365 days)
<i>loteprednol etabonate gel 0.5%</i>	QL(20 GM per 365 days)
<i>loteprednol etabonate susp 0.2%</i>	
<i>loteprednol etabonate susp 0.5%</i>	
PRED MILD SUSP 0.12%	
<i>prednisolone acetate susp 1%</i>	
<i>prednisolone sodium phosphate soln 1%</i>	
Ophthalmic Beta-Adrenergic Blocking Agents	
<i>betaxolol hcl soln 0.5%</i>	
<i>carteolol hcl soln 1%</i>	
<i>levobunolol hcl soln 0.5%</i>	
<i>timolol maleate ophthalmic gel forming solg 0.25%</i>	
<i>timolol maleate ophthalmic gel forming solg 0.5%</i>	
<i>timolol maleate soln 0.25%</i>	
<i>timolol maleate soln 0.5%</i>	
Ophthalmic Intraocular Pressure Lowering Agents, Other	
ACETAZOLAMIDE ER CP12 500MG	
<i>acetazolamide tabs 125mg</i>	
ACETAZOLAMIDE TABS 250MG	
<i>apraclonidine soln 0.5%</i>	
<i>brimonidine tartrate soln 0.1%</i>	
<i>brimonidine tartrate soln 0.15%</i>	
<i>brimonidine tartrate soln 0.2%</i>	
<i>brinzolamide susp 1%</i>	
<i>dorzolamide hydrochloride soln 2%</i>	
METHAZOLAMIDE TABS 25MG	
METHAZOLAMIDE TABS 50MG	
<i>pilocarpine hcl soln 1%</i>	
<i>pilocarpine hcl soln 2%</i>	
<i>pilocarpine hcl soln 4%</i>	
<i>pilocarpine hydrochloride soln 1%</i>	
<i>pilocarpine hydrochloride soln 2%</i>	
<i>pilocarpine hydrochloride soln 4%</i>	
RHOPRESSA SOLN 0.02%	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostanamide Analogs	
<i>bimatoprost soln 0.03%</i>	QL(5 ML per 30 days)
<i>latanoprost soln 0.005%</i>	
LUMIGAN SOLN 0.01%	QL(2.5 ML per 25 days)
<i>travoprost soln 0.004%</i>	QL(2.5 ML per 25 days)
Otic Agents	

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Drug Name	Requirements/Limits
Otic Agents	
<i>acetic acid soln 2%</i>	
<i>ciprofloxacin/dexamethasone susp 0.3%; 0.1%</i>	
<i>ciprofloxacin soln 0.2%</i>	
CORTISPORIN-TC SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	
FLAC OIL 0.01%	
FLUOCINOLONE ACETONIDE EAR DROPS OIL 0.01%	
FLUOCINOLONE ACETONIDE OIL 0.01%	
<i>hydrocortisone/acetic acid soln 2%; 1%</i>	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	
<i>ofloxacin soln 0.3%</i>	
Respiratory Tract/Pulmonary Agents	
Anti-inflammatories, Inhaled Corticosteroids	
ARNUITY ELLIPTA AEPB 100MCG/ACT	QL(30 EA per 30 days)
ARNUITY ELLIPTA AEPB 200MCG/ACT	QL(30 EA per 30 days)
ARNUITY ELLIPTA AEPB 50MCG/ACT	QL(30 EA per 30 days)
BUDESONIDE SUSP 0.25MG/2ML	QL(120 ML per 30 days); B/D
BUDESONIDE SUSP 0.5MG/2ML	QL(120 ML per 30 days); B/D
BUDESONIDE SUSP 1MG/2ML	QL(120 ML per 30 days); B/D
<i>flunisolide soln 0.025%</i>	QL(50 ML per 30 days)
<i>fluticasone propionate susp 50mcg/act</i>	
<i>mometasone furoate susp 50mcg/act</i>	QL(34 GM per 30 days)
QVAR REDIHALER AERB 40MCG/ACT	QL(21.2 GM per 30 days)
QVAR REDIHALER AERB 80MCG/ACT	QL(21.2 GM per 30 days)
Antihistamines	
<i>azelastine hcl soln 0.15%</i>	QL(60 ML per 30 days)
<i>azelastine hydrochloride soln 0.1%</i>	QL(60 ML per 30 days)
<i>cetirizine hydrochloride soln 5mg/5ml</i>	
CYPROHEPTADINE HCL SYRP 2MG/5ML	
CYPROHEPTADINE HYDROCHLORIDE TABS 4MG	
<i>diphenhydramine hydrochloride inj 50mg/ml</i>	
<i>diphenhydramine hydrochloride inj 50mg/ml</i>	
<i>hydroxyzine hcl tabs 50mg</i>	
HYDROXYZINE HYDROCHLORIDE INJ 25MG/ML	
HYDROXYZINE HYDROCHLORIDE INJ 50MG/ML	
<i>hydroxyzine hydrochloride syrp 10mg/5ml</i>	
<i>hydroxyzine hydrochloride tabs 10mg</i>	
<i>hydroxyzine hydrochloride tabs 25mg</i>	
HYDROXYZINE PAMOATE CAPS 25MG	
HYDROXYZINE PAMOATE CAPS 50MG	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml</i>	
<i>levocetirizine dihydrochloride tabs 5mg</i>	

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OLOPATADINE HCL SOLN 0.6%	QL(30.5 GM per 30 days)
Antileukotrienes	
<i>montelukast sodium chew 4mg</i>	
<i>montelukast sodium chew 5mg</i>	
<i>montelukast sodium pack 4mg</i>	
<i>montelukast sodium tabs 10mg</i>	
<i>zafirlukast tabs 10mg</i>	
<i>zafirlukast tabs 20mg</i>	
Bronchodilators, Anticholinergic	
ATROVENT HFA AERS 17MCG/ACT	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA AEPB 62.5MCG/INH	QL(30 EA per 30 days)
<i>ipratropium bromide soln 0.02%</i>	QL(312.5 ML per 30 days); B/D
<i>ipratropium bromide soln 0.03%</i>	
<i>ipratropium bromide soln 0.06%</i>	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	QL(8 GM per 30 days)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	
<i>tiotropium bromide caps 18mcg</i>	QL(30 EA per 30 days)
Bronchodilators, Sympathomimetic	
<i>albuterol sulfate hfa aers 108mcg/act</i>	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	QL(48 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	QL(13.4 GM per 30 days)
<i>albuterol sulfate nebu 0.083%</i>	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebu 0.63mg/3ml</i>	QL(375 ML per 30 days); B/D
<i>albuterol sulfate nebu 1.25mg/3ml</i>	QL(375 ML per 30 days); B/D
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	QL(100 EA per 30 days); B/D
<i>albuterol sulfate syrp 2mg/5ml</i>	
ALBUTEROL SULFATE TABS 2MG	
ALBUTEROL SULFATE TABS 4MG	
<i>epinephrine inj 0.15mg/0.15ml</i>	
EPINEPHRINE INJ 0.15MG/0.3ML	
<i>epinephrine inj 0.3mg/0.3ml</i>	
EPINEPHRINE INJ 0.3MG/0.3ML	
<i>formoterol fumarate nebu 20mcg/2ml</i>	QL(120 ML per 30 days); B/D
LEVALBUTEROL HCL NEBU 0.31MG/3ML	QL(540 ML per 30 days); B/D
LEVALBUTEROL HCL NEBU 1.25MG/3ML	QL(270 ML per 30 days); B/D
LEVALBUTEROL HYDROCHLORIDE NEBU 0.63MG/3ML	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa aero 45mcg/act</i>	QL(30 GM per 30 days)
LEVALBUTEROL NEBU 1.25MG/0.5ML	QL(90 EA per 30 days); B/D
SEREVENT DISKUS AEPB 50MCG/DOSE	QL(60 EA per 30 days)
<i>terbutaline sulfate inj 1mg/ml</i>	
<i>terbutaline sulfate tabs 2.5mg</i>	
<i>terbutaline sulfate tabs 5mg</i>	
Cystic Fibrosis Agents	
CAYSTON SOLR 75MG	PA; NDS

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Drug Name	Requirements/Limits
KALYDECO PACK 13.4MG	QL(56 EA per 28 days); PA; NDS
KALYDECO PACK 25MG	QL(56 EA per 28 days); PA; NDS
KALYDECO PACK 5.8MG	QL(56 EA per 28 days); PA; NDS
KALYDECO PACK 50MG	QL(56 EA per 28 days); PA; NDS
KALYDECO PACK 75MG	QL(56 EA per 28 days); PA; NDS
KALYDECO TABS 150MG	QL(60 EA per 30 days); PA; NDS
ORKAMBI PACK 125MG; 100MG	QL(56 EA per 28 days); PA; NDS
ORKAMBI PACK 188MG; 150MG	QL(56 EA per 28 days); PA; NDS
ORKAMBI PACK 94MG; 75MG	QL(56 EA per 28 days); PA; NDS
ORKAMBI TABS 125MG; 100MG	QL(112 EA per 28 days); PA; NDS
ORKAMBI TABS 125MG; 200MG	QL(112 EA per 28 days); PA; NDS
PULMOZYME SOLN 2.5MG/2.5ML	PA; NDS
SYMDEKO TBPK 150MG; 100MG	QL(56 EA per 28 days); PA; NDS
SYMDEKO TBPK 75MG; 50MG	QL(60 EA per 30 days); PA; NDS
TOBI PODHALER CAPS 28MG	QL(224 EA per 56 days); NDS
<i>tobramycin nebu 300mg/4ml</i>	B/D; NDS
<i>tobramycin nebu 300mg/5ml</i>	B/D; NDS
TRIKAFTA TBPK 100MG; 0; 50MG	QL(84 EA per 28 days); PA; NDS
Mast Cell Stabilizers	
<i>cromolyn sodium nebu 20mg/2ml</i>	B/D
Phosphodiesterase Inhibitors, Airways Disease	
<i>aminophylline inj 25mg/ml</i>	
<i>elixophyllin elix 80mg/15ml</i>	
<i>roflumilast tabs 250mcg</i>	PA
<i>roflumilast tabs 500mcg</i>	PA
<i>theophylline er tb12 100mg</i>	
<i>theophylline er tb12 200mg</i>	
<i>theophylline er tb12 300mg</i>	
<i>theophylline er tb12 450mg</i>	
<i>theophylline er tb24 400mg</i>	
<i>theophylline er tb24 600mg</i>	
<i>theophylline elix 80mg/15ml</i>	
<i>theophylline soln 80mg/15ml</i>	
Pulmonary Antihypertensives	
ADEMPAS TABS 0.5MG	QL(90 EA per 30 days); PA; NDS
ADEMPAS TABS 1.5MG	QL(90 EA per 30 days); PA; NDS
ADEMPAS TABS 1MG	QL(90 EA per 30 days); PA; NDS
ADEMPAS TABS 2.5MG	QL(90 EA per 30 days); PA; NDS
ADEMPAS TABS 2MG	QL(90 EA per 30 days); PA; NDS
<i>alyq tabs 20mg</i>	QL(60 EA per 30 days); PA
<i>ambrisentan tabs 10mg</i>	QL(30 EA per 30 days); PA; NDS
<i>ambrisentan tabs 5mg</i>	QL(30 EA per 30 days); PA; NDS
BOSENTAN TABS 125MG	QL(60 EA per 30 days); PA; NDS
BOSENTAN TABS 62.5MG	QL(60 EA per 30 days); PA; NDS

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Drug Name	Requirements/Limits
<i>bosentan tbso 32mg</i>	QL(112 EA per 28 days); PA; NDS
<i>epoprostenol sodium inj 0.5mg</i>	PA; NDS
<i>epoprostenol sodium inj 1.5mg</i>	PA; NDS
OPSUMIT TABS 10MG	QL(30 EA per 30 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 1 TEPK 0	QL(336 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 2 TEPK 0	QL(672 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 3 TEPK 0	QL(504 EA per 365 days); PA; NDS
ORENITRAM TBCR 0.125MG	PA
ORENITRAM TBCR 0.25MG	PA; NDS
ORENITRAM TBCR 1MG	PA; NDS
ORENITRAM TBCR 2.5MG	PA; NDS
ORENITRAM TBCR 5MG	PA; NDS
<i>sildenafil citrate tabs 20mg</i>	QL(90 EA per 30 days); PA
<i>sildenafil inj 10mg/12.5ml</i>	PA; NDS
<i>tadalafil tabs 20mg</i>	QL(60 EA per 30 days); PA
TADLIQ SUSP 20MG/5ML	QL(300 ML per 30 days); PA; NDS
TREPROSTINIL INJ 100MG/20ML	PA; NDS
TREPROSTINIL INJ 200MG/20ML	PA; NDS
TREPROSTINIL INJ 20MG/20ML	PA; NDS
TREPROSTINIL INJ 50MG/20ML	PA; NDS
UPTRAVI TITRATION PACK TBPK 0	QL(400 EA per 365 days); PA; NDS
UPTRAVI TABS 1000MCG	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 1200MCG	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 1400MCG	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 1600MCG	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 200MCG	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 400MCG	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 600MCG	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 800MCG	QL(60 EA per 30 days); PA; NDS
VENTAVIS SOLN 10MCG/ML	QL(270 ML per 30 days); PA; NDS
VENTAVIS SOLN 20MCG/ML	QL(270 ML per 30 days); PA; NDS
WINREVAIR INJ 0	QL(1 EA per 21 days); PA; NDS
WINREVAIR INJ 0	QL(1 EA per 21 days); PA; NDS
WINREVAIR INJ 45MG	QL(1 EA per 21 days); PA; NDS
WINREVAIR INJ 60MG	QL(1 EA per 21 days); PA; NDS
<i>Pulmonary Fibrosis Agents</i>	
OFEV CAPS 100MG	PA; NDS
OFEV CAPS 150MG	PA; NDS
<i>pirfenidone caps 267mg</i>	PA; NDS
<i>pirfenidone tabs 267mg</i>	PA; NDS
<i>pirfenidone tabs 534mg</i>	PA; NDS
<i>pirfenidone tabs 801mg</i>	PA; NDS
<i>Respiratory Tract Agents, Other</i>	
<i>acetylcysteine soln 10%</i>	B/D

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<i>acetylcysteine soln 20%</i>	B/D
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT	QL(24 GM per 30 days)
ADVAIR HFA AERO 230MCG/ACT; 21MCG/ACT	QL(24 GM per 30 days)
ADVAIR HFA AERO 45MCG/ACT; 21MCG/ACT	QL(24 GM per 30 days)
ANORO ELLIPTA AEPB 62.5MCG/ACT; 25MCG/ACT	QL(60 EA per 30 days)
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT	QL(60 EA per 30 days)
BREO ELLIPTA AEPB 200MCG/INH; 25MCG/INH	QL(60 EA per 30 days)
BREO ELLIPTA AEPB 50MCG/INH; 25MCG/INH	QL(60 EA per 30 days)
<i>breyna aero 160mcg/act; 4.5mcg/act</i>	QL(10.3 GM per 30 days)
<i>breyna aero 80mcg/act; 4.5mcg/act</i>	QL(10.3 GM per 30 days)
BRONCHITOL CAPS 40MG	QL(560 EA per 28 days); PA; NDS
<i>budesonide/formoterol fumarate dihydrate aero 160mcg/act; 4.5mcg/act</i>	QL(10.2 GM per 30 days)
<i>budesonide/formoterol fumarate dihydrate aero 80mcg/act; 4.5mcg/act</i>	QL(10.2 GM per 30 days)
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	QL(8 GM per 30 days)
DULERA AERO 5MCG/ACT; 100MCG/ACT	QL(17.6 GM per 30 days); PA
DULERA AERO 5MCG/ACT; 200MCG/ACT	QL(17.6 GM per 30 days); PA
DULERA AERO 5MCG/ACT; 50MCG/ACT	QL(13 GM per 30 days); PA
FASENRA PEN INJ 30MG/ML	QL(1 ML per 28 days); PA; NDS
FASENRA INJ 10MG/0.5ML	QL(0.5 ML per 28 days); PA
FASENRA INJ 30MG/ML	QL(1 ML per 28 days); PA; NDS
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	QL(540 ML per 30 days); B/D
NUCALA INJ 100MG	QL(3 EA per 28 days); PA; NDS
NUCALA INJ 40MG/0.4ML	QL(0.4 ML per 28 days); PA; NDS
<i>ribavirin solr 6gm</i>	NDS
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	QL(24 GM per 30 days)
TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT	QL(60 EA per 30 days)
TRELEGY ELLIPTA AEPB 200MCG/INH; 62.5MCG/INH; 25MCG/INH	QL(60 EA per 30 days)
Skeletal Muscle Relaxants	
<i>Skeletal Muscle Relaxants</i>	
<i>cyclobenzaprine hydrochloride tabs 10mg</i>	PA
<i>cyclobenzaprine hydrochloride tabs 5mg</i>	PA
<i>methocarbamol tabs 500mg</i>	
<i>methocarbamol tabs 750mg</i>	
Sleep Disorder Agents	
<i>Sleep Promoting Agents</i>	
<i>doxepin hydrochloride tabs 3mg</i>	QL(30 EA per 30 days)
<i>doxepin hydrochloride tabs 6mg</i>	QL(30 EA per 30 days)
<i>tasimelteon caps 20mg</i>	QL(30 EA per 30 days); PA; NDS
<i>temazepam caps 15mg</i>	QL(30 EA per 30 days)
<i>temazepam caps 30mg</i>	QL(30 EA per 30 days)

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<i>zaleplon caps 10mg</i>	QL(60 EA per 30 days)
<i>zaleplon caps 5mg</i>	QL(30 EA per 30 days)
<i>zolpidem tartrate tabs 10mg</i>	QL(30 EA per 30 days)
<i>zolpidem tartrate tabs 5mg</i>	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>	
<i>armodafinil tabs 150mg</i>	QL(30 EA per 30 days); PA
<i>armodafinil tabs 200mg</i>	QL(30 EA per 30 days); PA
<i>armodafinil tabs 250mg</i>	QL(30 EA per 30 days); PA
<i>armodafinil tabs 50mg</i>	QL(60 EA per 30 days); PA
<i>modafinil tabs 100mg</i>	QL(30 EA per 30 days); PA
<i>modafinil tabs 200mg</i>	QL(30 EA per 30 days); PA
<i>sodium oxybate soln 500mg/ml</i>	QL(540 ML per 30 days); PA; NDS
XYREM SOLN 500MG/ML	QL(540 ML per 30 days); PA; NDS

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<i>aminosyn ii</i>	86	<i>armodafinil</i>	127
AMINOSYN-PF	86	ARMOUR THYROID	105
<i>amiodarone hydrochloride</i>	67	ARNUITY ELLIPTA	122
<i>amitriptyline hcl</i>	29	ARRANON	36
<i>amitriptyline hydrochloride</i>	29	<i>arsenic trioxide</i>	37
<i>amlodipine besylate</i>	70	ARZERRA	45
<i>amlodipine besylate/benazepril hcl</i>	72	<i>asenapine maleate sl</i>	50
<i>amlodipine besylate/benazepril hydrochloride</i>	72	<i>ashlyna</i>	98
<i>amlodipine besylate/valsartan</i>	72	<i>aspirin/dipyridamole</i>	65
<i>amlodipine/olmesartan medoxomil</i>	72	<i>aspirin/dipyridamole er</i>	65
<i>amlodipine/valsartan/hydrochlorothiazide</i>	72	ASTAGRAF XL	113
<i>ammonium lactate</i>	83	<i>atazanavir</i>	56
AMMONUL	118	<i>atazanavir sulfate</i>	56
<i>amnestem</i>	82	<i>atenolol</i>	68
<i>amoxapine</i>	29	<i>atenolol/chlorthalidone</i>	73
<i>amoxicillin</i>	17	ATGAM	109
<i>amoxicillin/clavulanate potassium</i>	16	<i>atomoxetine</i>	80
<i>amoxicillin/clavulanate potassium er</i>	16	<i>atomoxetine hydrochloride</i>	80
<i>amphetamine/dextroamphetamine</i>	79	<i>atorvastatin calcium</i>	76
AMPHOTERICIN B	31	<i>atovaquone</i>	47
<i>amphotericin b liposome</i>	31	<i>atovaquone/proguanil hcl</i>	47
<i>ampicillin</i>	17	<i>atovaquone/proguanil hydrochloride</i>	47
<i>ampicillin sodium</i>	17	<i>atropine sulfate</i>	119
<i>ampicillin/sulbactam</i>	17	ATROVENT HFA	123
AMPICILLIN-SULBACTAM	17	<i>aubra eq</i>	98
ANAGRELIDE HYDROCHLORIDE	63	AUGMENTIN	17
<i>anastrozole</i>	39	AUGTYRO	40
ANORO ELLIPTA	126	AURANOFIN	111
<i>apomorphine hydrochloride</i>	48	<i>aurovela 1.5/30</i>	98
<i>apraclonidine</i>	121	<i>aurovela 1/20</i>	98
<i>aprepitant</i>	30	<i>aurovela 24 fe</i>	98
<i>apri</i>	98	<i>aurovela fe 1.5/30</i>	98
APTIVUS	56	<i>aurovela fe 1/20</i>	98
ARALAST NP	92	AUVELITY	26
<i>aranelle</i>	98	AVASTIN	45
ARANESP ALBUMIN FREE	63	<i>aviane</i>	98
ARCALYST	111	AVMAPKI FAKZYNJA CO-PACK	39
ARESTIN	82	AVONEX	81
AREXVY	115	AVONEX PEN	81
<i>argatroban</i>	62	<i>ayuna</i>	98
ARIKAYCE	13	AYVAKIT	40
<i>aripiprazole</i>	50	<i>azacitidine</i>	37
<i>aripiprazole odt</i>	50	<i>azathioprine</i>	113
ARISTADA	50	<i>azelaic acid</i>	82
ARISTADA INITIO	50	<i>azelastine hcl</i>	120
		<i>azelastine hcl</i>	122

Drug Name	Page #	Drug Name	Page #
<i>azelastine hydrochloride</i>	122	<i>betaxolol hcl</i>	68
<i>azithromycin</i>	18	<i>betaxolol hcl</i>	121
AZTREONAM	13	<i>bethanechol chloride</i>	95
<i>azurette</i>	98	<i>bexarotene</i>	46
<i>bacitracin</i>	120	BEXSERO	115
<i>bacitracin/polymyxin b</i>	119	<i>bicalutamide</i>	35
<i>baclofen</i>	53	BICILLIN C-R	17
BAFIERTAM	81	BICILLIN L-A	17
<i>balsalazide disodium</i>	117	BIKTARVY	54
BALVERSA	40	<i>bimatoprost</i>	121
<i>balziva</i>	98	<i>bisoprolol fumarate</i>	68
BAQSIMI ONE PACK	61	<i>bisoprolol fumarate/hydrochlorothiazide</i>	73
BAQSIMI TWO PACK	61	BIVIGAM	109
BARACLUDGE	54	<i>bleomycin sulfate</i>	37
BAVENCIO	45	BLINCYTO	45
BCG VACCINE	115	<i>blisovi 24 fe</i>	98
<i>bd insulin syringe safetyglide/1ml/29g x</i>	118	<i>blisovi fe 1.5/30</i>	98
<i>1/2"</i>		<i>blisovi fe 1/20</i>	98
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	118	BOOSTRIX	115
<i>5/16"</i>		<i>bortezomib</i>	37
<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	118	BOSENTAN	124
<i>12.7mm</i>		BOSULIF	40
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	118	BOTOX	53
<i>bd pen needle/original/ultra-fine/29g x</i>	118	BRAFTOVI	40
<i>12.7mm</i>		BREO ELLIPTA	126
BELEODAQ	40	BREVIBLOC	69
BELRAPZO	34	BREVIBLOC PREMIXED	69
<i>benazepril hydrochloride</i>	66	BREVIBLOC PREMIXED	69
<i>benazepril</i>	73	DOUBLESTRENGTH	
<i>hydrochloride/hydrochlorothiazide</i>		<i>breyina</i>	126
<i>bendamustine hydrochloride</i>	34	<i>brillyln</i>	98
BENDEKA	34	<i>brimonidine tartrate</i>	82
BENLYSTA	111	<i>brimonidine tartrate</i>	121
BENLYSTA	113	BRIMONIDINE TARTRATE/TIMOLOL	119
BENZNIDAZOLE	47	MALEATE	
<i>benztropine mesylate</i>	47	<i>brinzolamide</i>	121
BERINERT	108	<i>brivaracetam</i>	20
BESIVANCE	120	BRIVIACT	20
BESREMI	112	<i>bromfenac sodium</i>	120
<i>betaine anhydrous</i>	92	BROMOCRIPTINE MESYLATE	48
<i>betamethasone dipropionate</i>	83	BRONCHITOL	126
<i>betamethasone dipropionate augmented</i>	83	BRUKINSA	40
<i>betamethasone sodium</i>	95	<i>budesonide</i>	117
<i>phosphate/betamethasone acetate</i>		BUDESONIDE	122
<i>betamethasone valerate</i>	83	<i>budesonide er</i>	117
BETASERON	81	<i>budesonide/formoterol fumarate dihydrate</i>	126

Drug Name	Page #	Drug Name	Page #
<i>bumetanide</i>	75	<i>carmustine</i>	34
<i>buprenorphine hcl</i>	12	<i>carteolol hcl</i>	121
<i>buprenorphine hcl/naloxone hcl</i>	12	<i>cartia xt</i>	70
<i>buprenorphine hydrochloride</i>	12	<i>carvedilol</i>	69
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	12	CAYSTON	123
<i>bupropion hydrochloride</i>	26	CEFACTOR	15
<i>bupropion hydrochloride er (sr)</i>	13	<i>cefadroxil</i>	15
<i>bupropion hydrochloride er (sr)</i>	26	<i>cefazolin</i>	15
<i>bupropion hydrochloride er (xl)</i>	26	<i>cefazolin sodium</i>	15
<i>bupirone hcl</i>	57	<i>cefazolin sodium/dextrose</i>	15
<i>bupirone hydrochloride</i>	57	<i>cefdinir</i>	15
<i>busulfan</i>	34	<i>cefepime</i>	15
<i>butalbital/acetaminophen/caffeine</i>	80	<i>cefepime hydrochloride</i>	15
BUTALBITAL/ASPIRIN/CAFFEINE	80	<i>cefepime/dextrose</i>	15
BUTORPHANOL TARTRATE	10	<i>cefixime</i>	15
<i>cabergoline</i>	107	<i>cefotaxime sodium</i>	15
CABLIVI	65	<i>cefoxitin sodium</i>	15
CABOMETYX	40	CEFPODOXIME PROXETIL	15
CAFFEINE CITRATE	80	<i>cefprozil</i>	16
<i>calcipotriene</i>	85	<i>ceftaroline fosamil</i>	16
<i>calcipotriene/betamethasone dipropionate</i>	85	CEFTAZIDIME	16
<i>calcitonin salmon</i>	117	<i>ceftriaxone in iso-osmotic dextrose</i>	16
<i>calcitonin-salmon</i>	117	<i>ceftriaxone sodium</i>	16
<i>calcitriol</i>	117	<i>ceftriaxone/dextrose</i>	16
<i>calcium acetate</i>	89	<i>cefuroxime axetil</i>	16
CALQUENCE	40	<i>cefuroxime sodium</i>	16
<i>camila</i>	104	<i>celecoxib</i>	8
<i>camrese</i>	98	<i>cephalexin</i>	16
<i>camrese lo</i>	98	CERDELGA	93
<i>candesartan cilexetil</i>	65	CEREZYME	93
<i>candesartan cilexetil/hydrochlorothiazide</i>	73	<i>cetirizine hydrochloride</i>	122
CAPLYTA	50	<i>charlotte 24 fe</i>	98
CAPRELSA	40	<i>chateal eq</i>	99
<i>captopril</i>	66	CHENODAL	91
<i>captopril/hydrochlorothiazide</i>	73	CHLORAMPHENICOL SODIUM	13
<i>carbamazepine</i>	24	SUCCINATE	
<i>carbamazepine er</i>	24	<i>chlordiazepoxide hcl</i>	57
<i>carbidopa</i>	48	<i>chlordiazepoxide hydrochloride</i>	57
<i>carbidopa/levodopa</i>	48	<i>chlorhexidine gluconate</i>	82
<i>carbidopa/levodopa er</i>	48	<i>chloroquine phosphate</i>	47
<i>carbidopa/levodopa odt</i>	48	CHLOROTHIAZIDE SODIUM	75
CARBIDOPA/LEVODOPA/ENTACAPON	47	<i>chlorpromazine hcl</i>	49
E		<i>chlorpromazine hydrochloride</i>	49
<i>carboplatin</i>	34	<i>chlorthalidone</i>	76
<i>carglumic acid</i>	86	CHOLBAM	93
		<i>cholestyramine</i>	77

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<i>cholestyramine light</i>	77	<i>clonazepam odt</i>	22
CHORIONIC GONADOTROPIN	97	<i>clonidine</i>	65
<i>ciclopirox</i>	85	<i>clonidine hcl</i>	80
<i>ciclopirox nail lacquer</i>	85	<i>clonidine hydrochloride</i>	65
<i>ciclopirox olamine</i>	85	CLONIDINE HYDROCHLORIDE	80
<i>cidofovir</i>	54	CLONIDINE HYDROCHLORIDE ER	80
<i>cilostazol</i>	65	<i>clopidogrel</i>	65
CILOXAN	120	<i>clorazepate dipotassium</i>	57
CIMDUO	55	<i>clotrimazole</i>	31
<i>cimetidine</i>	92	<i>clotrimazole/betamethasone dipropionate</i>	85
<i>cimetidine hydrochloride</i>	91	<i>clozapine</i>	53
CIMZIA	113	<i>clozapine odt</i>	53
CIMZIA STARTER KIT	113	COARTEM	47
<i>cinacalcet hydrochloride</i>	117	COBENFY	81
CINRYZE	109	COBENFY STARTER PACK	81
CINVANTI	30	<i>codeine sulfate</i>	10
CIPRO	19	<i>colchicine</i>	32
<i>ciprofloxacin</i>	122	<i>colesevelam hydrochloride</i>	77
<i>ciprofloxacin hcl</i>	19	<i>colestipol hydrochloride</i>	77
<i>ciprofloxacin hydrochloride</i>	19	<i>colistimethate sodium</i>	14
<i>ciprofloxacin hydrochloride</i>	120	COMBIVENT RESPIMAT	126
<i>ciprofloxacin i.v.-in d5w</i>	19	COMETRIQ	40
<i>ciprofloxacin/dexamethasone</i>	122	COMPRO	30
<i>cisplatin</i>	34	<i>conjugated estrogens</i>	99
<i>citalopram hydrobromide</i>	27	<i>constulose</i>	90
<i>cladribine</i>	36	COPIKTRA	40
CLARAVIS	82	CORTIFOAM	117
<i>clarithromycin</i>	18	<i>cortisone acetate</i>	95
<i>clarithromycin er</i>	18	CORTISPORIN-TC	122
CLIMARA PRO	99	COSENTYX	111
<i>clindacin</i>	85	COSENTYX SENSOREADY PEN	111
<i>clindacin etz pledgets</i>	13	COSENTYX UNOREADY	111
<i>clindacin-p</i>	13	COTELIC	40
<i>clindamycin hcl</i>	13	CREON	93
<i>clindamycin hydrochloride</i>	13	CRESEMBA	31
<i>clindamycin palmitate hydrochloride</i>	13	<i>cromolyn sodium</i>	93
<i>clindamycin phosphate</i>	14	<i>cromolyn sodium</i>	120
<i>clindamycin phosphate</i>	85	<i>cromolyn sodium</i>	124
<i>clindamycin phosphate/dextrose</i>	13	<i>crotan</i>	85
<i>clobazam</i>	22	<i>cryselle</i>	99
CLOBETASOL PROPIONATE	83	<i>cryselle-28</i>	99
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CLODAN	84	<i>curity gauze pads 2"x2" 12 ply</i>	118
<i>clofarabine</i>	36	CUVITRU	109
CLOMIPRAMINE HYDROCHLORIDE	29	<i>cyclobenzaprine hydrochloride</i>	126
<i>clonazepam</i>	23	CYCLOGYL	119

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<i>cyclopentolate hydrochloride</i>	119	DEPO-SUBQ PROVERA 104	104
<i>cyclophosphamide</i>	34	DESCOVY	55
<i>cycloserine</i>	33	<i>desipramine hydrochloride</i>	29
CYCLOSET	58	<i>desmopressin acetate</i>	97
<i>cyclosporine</i>	113	<i>desogestrel/ethinyl estradiol</i>	99
<i>cyclosporine</i>	119	<i>desonide</i>	84
<i>cyclosporine modified</i>	113	DESOXIMETASONE	84
CYPROHEPTADINE HCL	122	<i>desvenlafaxine er</i>	27
CYPROHEPTADINE HYDROCHLORIDE	122	<i>dexamethasone</i>	95
CYRAMZA	45	<i>dexamethasone intensol</i>	95
<i>cyred eq</i>	99	<i>dexamethasone sodium phosphate</i>	95
CYSTAGON	93	<i>dexamethasone sodium phosphate</i>	120
CYSTARAN	119	<i>dexamethasone sodium phosphate +rfd</i>	95
<i>cytarabine</i>	36	<i>dexamethasone sodium phosphate hcl</i>	80
<i>cytarabine aqueous</i>	36	<i>dexamethylphenidate hydrochloride</i>	80
<i>dabigatran etexilate</i>	62	DEXMETHYLPHENIDATE	80
<i>dacarbazine</i>	34	HYDROCHLORIDE ER	
<i>dactinomycin</i>	37	<i>dextrazoxane</i>	46
<i>dalbavancin hydrochloride</i>	14	<i>dextroamphetamine sulfate</i>	79
DALFAMPRIDINE ER	81	<i>dextroamphetamine sulfate er</i>	79
DANAZOL	98	<i>dextrose</i>	86
<i>dantrolene sodium</i>	53	DEXTROSE 5% /ELECTROLYTE #48	86
DANYELZA	45	VIAFLEX	
DANZITEN	40	<i>dextrose 10%</i>	86
<i>dapagliflozin</i>	78	<i>dextrose 10%/sodium chloride 0.2%</i>	86
DAPSONE	33	<i>dextrose 10%/sodium chloride 0.45%</i>	86
DAPTACEL	115	<i>dextrose 2.5%/sodium chloride 0.45%</i>	86
<i>daptomycin</i>	14	<i>dextrose 25%</i>	86
<i>darunavir</i>	56	<i>dextrose 30%</i>	61
DARZALEX	45	<i>dextrose 5%</i>	86
<i>dasatinib</i>	40	<i>dextrose 5%/lactated ringers</i>	86
<i>dasetta 1/35</i>	99	<i>dextrose 5%/sodium chloride 0.2%</i>	86
<i>dasetta 7/7/7</i>	99	<i>dextrose 5%/sodium chloride 0.3%</i>	86
<i>daunorubicin hydrochloride</i>	37	<i>dextrose 5%/sodium chloride 0.33%</i>	86
DAURISMO	40	<i>dextrose 5%/sodium chloride 0.45%</i>	86
<i>daysee</i>	99	<i>dextrose 5%/sodium chloride 0.9%</i>	86
<i>deblitane</i>	104	<i>dextrose 50%</i>	86
<i>decitabine</i>	37	<i>dextrose 70%</i>	86
DEFERASIROX	89	<i>dextrose/sodium chloride</i>	86
<i>deferiprone</i>	89	DIACOMIT	23
<i>deferoxamine mesylate</i>	118	DIAZEPAM	23
DELSTRIGO	54	<i>diazepam</i>	57
<i>delyla</i>	99	<i>diazepam intensol</i>	57
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<i>diclofenac sodium</i>	120	<i>doxazosin mesylate</i>	95
<i>diclofenac sodium dr</i>	8	DOXEPIN HCL	29
<i>diclofenac sodium er</i>	8	DOXEPIN HYDROCHLORIDE	29
<i>dicloxacillin sodium</i>	17	<i>doxepin hydrochloride</i>	126
<i>dicyclomine hcl</i>	90	DOXERCALCIFEROL	117
<i>dicyclomine hydrochloride</i>	90	<i>doxorubicin hcl</i>	37
DIFICID	18	<i>doxorubicin hydrochloride</i>	37
<i>diflunisal</i>	8	<i>doxorubicin hydrochloride liposomal</i>	37
<i>difluprednate</i>	120	DOXYCYCLINE	20
DIGOXIN	67	<i>doxycycline hyclate</i>	19
<i>dihydroergotamine mesylate</i>	32	<i>doxycycline hyclate</i>	82
DILANTIN	24	<i>doxycycline monohydrate</i>	20
DILANTIN INFATABS	24	DRIZALMA SPRINKLE	27
<i>diltiazem hcl</i>	71	<i>dronabinol</i>	30
<i>diltiazem hcl cd</i>	70	<i>droperidol</i>	30
<i>diltiazem hcl er</i>	70	<i>drospirenone/ethinyl estradiol</i>	99
<i>diltiazem hydrochloride</i>	71	DROXIA	36
<i>diltiazem hydrochloride er</i>	71	<i>droxidopa</i>	65
<i>dilt-xr</i>	70	DULERA	126
<i>dimethyl fumarate</i>	81	<i>duloxetine hydrochloride dr</i>	27
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DIPENTUM	117	<i>duramorph</i>	10
<i>diphenhydramine hydrochloride</i>	122	<i>dutasteride</i>	95
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<i>dobutamine hcl</i>	73	<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	55
<i>dobutamine hcl/d5w</i>	73	<i>fumarate</i>	
<i>dobutamine hydrochloride/dextrose 5%</i>	73	<i>efavirenz/lamivudine/tenofovir disoproxil</i>	55
<i>docetaxel</i>	37	<i>fumarate</i>	
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<i>donepezil hydrochloride</i>	26	ELIQUIS	62
<i>dopamine hydrochloride</i>	73	ELIQUIS STARTER PACK	62
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<i>dorzolamide hcl/timolol maleate</i>	119	ELLA	118
<i>dorzolamide hydrochloride</i>	121	ELMIRON	95
<i>dorzolamide hydrochloride/timolol maleate</i>	119	<i>eltrombopag olamine</i>	64
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<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	55	<i>erythrocin stearate</i>	18
<i>emtricitabine/tenofovir disoproxil fumarate</i>	55	<i>erythromycin</i>	85
<i>emtricitabine/tenofovir disoproxil fumarate</i>	55	<i>erythromycin</i>	120
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<i>enalaprilat</i>	66	<i>erythromycin lactobionate</i>	19
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<i>enskyce</i>	99	<i>estradiol</i>	99
<i>entacapone</i>	47	<i>estradiol valerate</i>	99
<i>entecavir</i>	54	ESTRADIOL/NORETHINDRONE	99
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ENTYVIO	111	ESTRING	100
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<i>enulose</i>	90	<i>ethosuximide</i>	22
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<i>epinastine hcl</i>	120	<i>etodolac er</i>	8
<i>epinephrine</i>	73	<i>etonogestrel/ethinyl estradiol</i>	100
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FEMRING	100	<i>fluphenazine hydrochloride</i>	49
<i>fenofibrate</i>	76	<i>flurbiprofen</i>	8
<i>fenofibrate micronized</i>	76	<i>flurbiprofen sodium</i>	120
<i>fenofibric acid dr</i>	76	<i>fluticasone propionate</i>	84
FENTANYL	9	<i>fluticasone propionate</i>	122
FENTANYL CITRATE	10	<i>fluvastatin</i>	76
<i>fentanyl citrate oral transmucosal</i>	10	<i>fluvastatin sodium er</i>	76
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<i>flecainide acetate</i>	67	FYCOMPA	20

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<i>gallifrey</i>	104	<i>glucose (dextrose) 50%</i>	86
GAMASTAN	109	<i>glucose (dextrose) 70%</i>	86
GAMMAGARD LIQUID	109	<i>glyburide/metformin hydrochloride</i>	59
GAMMAGARD LIQUID ERC	109	<i>glycerol phenylbutyrate</i>	93
GAMMAGARD S/D IGA LESS THAN	109	<i>glycopyrrolate</i>	90
1MCG/ML		<i>glycopyrrolate +rfd</i>	90
GAMMAKED	109	<i>glydo</i>	11
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<i>ganciclovir</i>	54	<i>granisetron hydrochloride</i>	30
GARDASIL 9	115	GRANIX	64
<i>gatifloxacin</i>	120	<i>griseofulvin microsize</i>	31
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<i>gavilyte-g</i>	91	GUANFACINE HYDROCHLORIDE ER	80
<i>gavilyte-n/flavor pack</i>	91	HAEGARDA	109
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<i>gefitinib</i>	41	<i>hailey fe 1.5/30</i>	100
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<i>gemcitabine hydrochloride</i>	36	HALAVEN	37
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<i>gentamicin sulfate</i>	13	<i>heather</i>	104
<i>gentamicin sulfate</i>	120	HEPAGAM B	110
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<i>gentamicin sulfate/0.9% sodium chloride</i>	13	<i>heparin sodium/d5w</i>	62
GENVOYA	54	<i>heparin sodium/dextrose</i>	62
GILENYA	81	<i>heparin sodium/nacl 0.45%</i>	62
GILOTRIF	41	<i>heparin sodium/sodium chloride</i>	63
GLASSIA	93	<i>heparin sodium/sodium chloride 0.9%</i>	63
<i>glatiramer acetate</i>	81	<i>heparin sodium/sodium chloride 0.9%</i>	62
<i>glatopa</i>	81	<i>premix</i>	
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<i>glipizide</i>	59	HERNEXEOS	41
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<i>hydrochlorothiazide</i>	76	<i>imipramine hydrochloride</i>	29
<i>hydrocodone bitartrate/acetaminophen</i>	10	IMIPRAMINE PAMOATE	29
<i>hydrocodone/acetaminophen</i>	10	<i>imiquimod</i>	85
<i>hydrocodone/ibuprofen</i>	10	<i>imiquimod pump</i>	85
<i>hydrocortisone</i>	84	IMKELDI	42
<i>hydrocortisone</i>	96	IMOVAX RABIES (H.D.C.V.)	115
<i>hydrocortisone</i>	117	IMPAVIDO	14
<i>hydrocortisone butyrate</i>	84	<i>incassia</i>	104
<i>hydrocortisone sodium succinate</i>	96	INCRELEX	97
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<i>hydrocortisone/acetic acid</i>	122	<i>indapamide</i>	76
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<i>hydromorphone hydrochloride</i>	10	INFANRIX	115
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HYDROXYZINE PAMOATE	122	INGREZZA	81
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<i>isosorbide dinitrate</i>	78	<i>kcl 0.075%/d5w/nacl 0.45%</i>	87
<i>isosorbide mononitrate</i>	78	<i>kcl 0.15%/d5w/nacl 0.2%</i>	87
<i>isosorbide mononitrate er</i>	78	<i>kcl 0.15%/d5w/nacl 0.225%</i>	87
<i>isotonic gentamicin</i>	13	<i>kcl 0.15%/d5w/nacl 0.45%</i>	87
ISOTRETINOIN	83	<i>kcl 0.15%/d5w/nacl 0.9%</i>	87
ITOVEBI	37	<i>kcl 0.3%/d5w/nacl 0.45%</i>	87
ITRACONAZOLE	31	<i>kcl 0.3%/d5w/nacl 0.9%</i>	87
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<i>ivermectin</i>	46	<i>kelnor 1/50</i>	101
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Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 866-207-3182 (TTY: 800-735-2900) o makipag-usap sa iyong provider.

Korean: 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 866-207-3182 (TTY: 800-735-2900)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 866-207-3182 (800-2900) أو تحدث إلى مقدم الخدمة.

Japanese: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料をご利用いただけます。866-207-3182（TTY：800-735-2900）までお電話ください。または、ご利用の事業者にご相談ください。

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 866-207-3182 (TTY: 800-735-2900) an oder sprechen Sie mit Ihrem Provider.

French : ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 866-207-3182 (TTY : 800-735-2900) ou parlez à votre fournisseur.

Ukrainian: УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 866-207-3182 (TTY: 800-735-2900) або зверніться до свого постачальника.

Farsi: توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 866-207-3182 (تله تایپ: 800-735-2900) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 866-207-3182 (TTY: 800-735-2900) पर कॉल करें या अपने प्रदाता से बात करें।

Thai: หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 866-207-3182 (TTY: 800-735-2900) หรือปรึกษาผู้ให้บริการของคุณ

Amharic: ማሳሰቢያ:- አማርኛ የሚናገሩ ስህተት የቋንቋ ድጋፍ አገልግሎት በገንዘብ ይቀርብልዎታል። ማረጃን በተደራገገ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በገንዘብ ይገኛሉ። በስልክ ቁጥር 866-207-3182 (TTY: 800-735-2900) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

Customer Service has free language interpreter services available for non-English speakers. This information is available in large print.

This Formulary was updated on 06/02/2026. For more recent information or other questions, please contact Samaritan Advantage Health Plans (HMO) Customer Service at **541-768-7866** or toll free at **866-207-3182** (TTY users should call **800-735-2900**).

Customer Service is available:

- Oct. 1 to March 31: daily from 8 a.m. to 8 p.m.
- April 1 to Sept. 30: Monday through Friday from 8 a.m. to 8 p.m.

You can also visit [samhealthplans.org/Find-a-Drug](https://www.samhealthplans.org/Find-a-Drug).