

2019

Drug List (Formulary)

CareOregon Advantage **Plus** (HMO-POS SNP)

For Oregon counties: Clackamas, Columbia, Jackson,
Multnomah, Tillamook and Washington

CareOregon Advantage Plus HMO-POS SNP
2019 Formulary
(List of Covered Drugs)

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

H5859_PH2019_1085_C
FORMULARY ID 00019571, VERSION 9

This formulary was updated on September 26, 2018. For more recent information or other questions, please contact CareOregon Advantage Customer Service at 888-712-3258 or, for TTY/TDD users, 711, 8 a.m. to 8 p.m., daily, or visit careoregonadvantage.org

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Health Plan of CareOregon, Inc. When it refers to “plan” or “our plan,” it means CareOregon Advantage Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of September 26, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the CareOregon Advantage Plus Formulary?

A formulary is a list of covered drugs selected by CareOregon Advantage Plus 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. CareOregon Advantage Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CareOregon Advantage Plus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

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

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of September 26, 2018. To get updated information about the drugs covered by CareOregon Advantage Plus, please contact us. Our contact information appears on the front and back cover pages. If we make any mid-year, non-maintenance changes to our formulary that affect you, they will be captured in our online formulary, which is updated on the first of each month throughout the plan year.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 Drugs." If you know what your drug is used for, look for the category name in the list that begins on page number 1. 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 65. 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** CareOregon Advantage Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, CareOregon Advantage Plus limits the amount of the drug that we will cover. For example, we provide 9 tablets per prescription for sumatriptan succinate tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CareOregon Advantage Plus 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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask CareOregon Advantage Plus 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 CareOregon Advantage Plus formulary?" on the next page for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that CareOregon Advantage Plus does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by CareOregon Advantage Plus. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CareOregon Advantage Plus.
- You can ask CareOregon Advantage Plus 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 CareOregon Advantage Plus Formulary?

You can ask CareOregon Advantage Plus 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 restrictions or limits on your drug. For example, for certain drugs, CareOregon Advantage Plus 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, we 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 medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (or a 31-day supply if you reside in a long-term care facility). If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication (or a 31-day supply if you reside in a long-term care facility). After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you transition from one level of care to another, for example, if you are discharged from a hospital or change hospice status, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy.

For more information

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

If you have questions about CareOregon Advantage Plus, 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>.

CareOregon Advantage Plus's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by CareOregon Advantage Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 65.

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

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

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.

LA: Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 888-712-3258, 8 a.m. to 8 p.m., daily. TTY/TDD users should call 711.

MO: Mail Order Pharmacy. This drug is also available through one of our mail order pharmacies.

NDS: Non-extended Day Supply. This drug is limited to a 30-day supply.

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

QL: Quantity Limit. The drug has a maximum quantity limit for each prescription.

ST: Step Therapy. In some cases, CareOregon Advantage 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.

Discrimination is Against the Law

CareOregon Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CareOregon Advantage. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CareOregon Advantage:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact CareOregon Advantage Customer Service

If you believe that CareOregon Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Coordinator

315 SW Fifth Ave

Portland, OR 97204

Toll-free: 888-712-3258

TTY/TDD: 711

Fax: 503-416-1313

Email: MedicareEnrollmentServices@careoregon.org

You can file a grievance in person or by mail, fax, or email.

If you need help filing a grievance, Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

800-368-1019, (TDD) 800-537-7697

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

Drug Name	Requirements/Limits*
Anti-infective Agents	
<i>Anthelmintics</i>	
ALBENZA	NDS
BILTRICIDE	
EMVERM	NDS
<i>ivermectin tablet</i>	
<i>praziquantel tablet</i>	
<i>Antibacterials</i>	
<i>amikacin sulfate injection 500mg/2ml</i>	NDS
<i>amoxicillin/clavulanate potassium</i>	
<i>amoxicillin/clavulanate potassium er</i>	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	
AMPICILLIN SODIUM INJECTION 125MG, 1GM	NDS
<i>ampicillin sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	NDS
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM	NDS
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	NDS
<i>ampicillin capsule 500mg</i>	
AZACTAM IN ISO-OSMOTIC DEXTROSE INJECTION 1GM/50ML; 0, 2GM/50ML; 0	NDS
AZACTAM INJECTION 1GM, 2GM	NDS
<i>azithromycin suspension reconstituted, tablet</i>	
<i>azithromycin injection 500mg</i>	NDS
<i>aztreonam</i>	NDS
BACTOCILL IN DEXTROSE	NDS
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	NDS
CAYSTON	QL (84 ML per 28 days) PA (cayston) LA NDS
<i>cefaclor capsule</i>	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	
<i>cefadroxil</i>	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%, 2GM; 3%	NDS
CEFAZOLIN SODIUM INJECTION 100GM, 1GM/50ML; 4%, 1GM, 300GM	NDS
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	NDS
<i>cefdinir</i>	
CEFEPIME/DEXTROSE	NDS
<i>cefepime injection 1gm, 2gm</i>	NDS
<i>cefixime</i>	
CEFOTAXIME SODIUM	NDS
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	NDS
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	NDS
<i>cefpodoxime proxetil</i>	
<i>cefprozil</i>	
CEFTAZIDIME/DEXTROSE	NDS
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	NDS

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

Drug Name	Requirements/Limits*
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	NDS
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	NDS
CEFTRIAXONE/DEXTROSE	NDS
<i>cefuroxime axetil tablet</i>	
CEFUROXIME SODIUM INJECTION 225GM, 7.5GM, 75GM	NDS
<i>cefuroxime sodium injection 1.5gm, 7.5gm, 750mg</i>	NDS
<i>cephalexin capsule, suspension reconstituted</i>	
CHLORAMPHENICOL SODIUM SUCCINATE	NDS
<i>ciprofloxacin hcl tablet 100mg, 250mg, 750mg</i>	
<i>ciprofloxacin hydrochloride</i>	
<i>ciprofloxacin i.v.-in d5w</i>	NDS
CIPROFLOXACIN INJECTION 200MG/20ML	NDS
<i>ciprofloxacin injection 200mg/20ml</i>	NDS
<i>ciprofloxacin suspension reconstituted 250mg/5ml, 500mg/5ml</i>	
<i>clarithromycin er</i>	
<i>clarithromycin suspension reconstituted, tablet</i>	
<i>clindamycin</i>	NDS
<i>clindamycin hcl capsule</i>	
<i>clindamycin palmitate hcl</i>	
<i>clindamycin phosphate add-vantage injection 900mg/6ml</i>	NDS
<i>clindamycin phosphate in d5w</i>	NDS
<i>clindamycin phosphate injection 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 900mg/6ml</i>	NDS
<i>colistimethate sodium injection</i>	NDS
<i>daptomycin injection 500mg</i>	NDS
<i>dicloxacillin sodium</i>	
DORIPENEM	NDS
<i>doxy 100</i>	NDS
<i>doxycycline hyclate capsule</i>	
<i>doxycycline hyclate injection</i>	NDS
<i>doxycycline hyclate tablet 100mg, 20mg</i>	
<i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>	
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	
<i>doxycycline suspension reconstituted</i>	
<i>e.e.s. 400 tablet</i>	
<i>ertapenem</i>	NDS
<i>ertapenem sodium</i>	NDS
<i>ery-tab</i>	
ERYPED 400	NDS
ERYTHROCIN LACTOBIONATE INJECTION 500MG	NDS
<i>erythrocin stearate tablet 250mg</i>	
<i>erythromycin base</i>	
<i>erythromycin ethylsuccinate suspension reconstituted, tablet</i>	
<i>erythromycin capsule delayed release particles 250mg</i>	
<i>gentamicin sulfate pediatric</i>	NDS
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 0.9MG/ML; 0.9%, 1.4MG/ML; 0.9%, 2MG/ML; 0.9%	NDS

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

Drug Name	Requirements/Limits*
<i>gentamicin sulfate/0.9% sodium chloride injection 0.8mg/ml; 0.9%, 1.2mg/ml; 0.9%</i>	NDS
<i>gentamicin sulfate injection 10mg/ml, 40mg/ml</i>	NDS
<i>imipenem/cilastatin</i>	NDS
INVANZ	NDS
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	NDS
<i>levofloxacin in d5w</i>	NDS
<i>levofloxacin injection 25mg/ml</i>	NDS
<i>levofloxacin oral solution 25mg/ml</i>	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	
<i>lincomycin hcl injection</i>	NDS
<i>linezolid suspension reconstituted, tablet</i>	NDS
<i>linezolid injection 600mg/300ml</i>	NDS
<i>meropenem</i>	NDS
MEROPENEM/SODIUM CHLORIDE	NDS
<i>minocycline hcl capsule, tablet</i>	
<i>mondoxyne nl capsule 75mg</i>	
<i>morgidox 1x100mg capsule</i>	
<i>morgidox 1x50mg</i>	
<i>morgidox 2x100mg capsule</i>	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	NDS
MOXIFLOXACIN HCL INJECTION	NDS
<i>moxifloxacin hcl tablet</i>	
<i>nafcillin</i>	NDS
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	NDS
<i>neomycin sulfate tablet</i>	
<i>okebo</i>	
<i>oxacillin sodium injection 10gm, 1gm</i>	NDS
<i>oxacillin injection 1gm</i>	NDS
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	NDS
<i>penicillin g potassium injection 2000000unit, 5000000unit</i>	NDS
PENICILLIN G SODIUM	NDS
<i>penicillin v potassium</i>	
<i>piperacillin sodium/ tazobactam sodium</i>	NDS
<i>piperacillin sodium/tazobactam sodium</i>	NDS
<i>piperacillin/tazobactam injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	NDS
SIVEXTRO	NDS
STREPTOMYCIN SULFATE INJECTION 1GM	NDS
<i>sulfadiazine tablet</i>	
<i>sulfamethoxazole/trimethoprim ds</i>	
SULFAMETHOXAZOLE/TRIMETHOPRIM INJECTION	NDS
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	
<i>sulfasalazine tablet, tablet delayed release</i>	MO
<i>sulfatrim pediatric</i>	
SUPRAX CAPSULE, TABLET CHEWABLE	
SUPRAX SUSPENSION RECONSTITUTED 500MG/5ML	
SYNERCID INJECTION 350MG; 150MG	NDS

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

Drug Name	Requirements/Limits*
<i>tazicef injection 1gm, 2gm, 6gm</i>	NDS
TEFLARO	NDS
<i>tetracycline hydrochloride</i>	
TIGECYCLINE	PA (tygacil) NDS
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	NDS
<i>tobramycin sulfate injection 1.2gm, 40mg/ml, 80mg/2ml</i>	NDS
<i>tobramycin nebulization solution</i>	QL (280 ML per 56 days) B/D NDS
VANCOMYCIN	NDS
VANCOMYCIN HCL IN DEXTROSE	NDS
<i>vancomycin hcl capsule</i>	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	NDS
<i>vancomycin hcl injection 10gm, 1gm, 500mg, 5gm, 750mg</i>	NDS
XIFAXAN TABLET 550MG	MO NDS
ZERBAXA	NDS
ZOSYN INJECTION 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	NDS
Antifungals	
ABELCET	B/D NDS
AMBISOME	B/D NDS
AMPHOTEC	B/D NDS
AMPHOTERICIN B INJECTION	B/D NDS
CASPOFUNGIN ACETATE	NDS
CRESEMBA	PA (Cresemba) NDS
ERAXIS	NDS
<i>fluconazole in dextrose injection 56mg/ml; 200mg/100ml</i>	NDS
FLUCONAZOLE IN NAACL INJECTION 100MG/50ML; 0.9%	NDS
<i>fluconazole in nacl injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	NDS
<i>fluconazole suspension reconstituted, tablet</i>	
<i>flucytosine capsule</i>	NDS
<i>griseofulvin microsize</i>	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	
<i>itraconazole capsule</i>	
<i>ketoconazole tablet 200mg</i>	
MYCAMINE	NDS
NOXAFIL	PA (Noxafil) MO NDS
<i>nystatin suspension 100000unit/ml</i>	
<i>nystatin tablet 500000unit</i>	
<i>terbinafine hcl tablet</i>	
<i>voriconazole injection, suspension reconstituted, tablet</i>	NDS
Antimycobacterials	
CAPASTAT SULFATE	NDS
<i>cycloserine capsule</i>	
<i>dapsone tablet</i>	MO
<i>ethambutol hcl tablet</i>	
ISONIAZID INJECTION	NDS
<i>isoniazid syrup, tablet</i>	MO
<i>paser</i>	
PRIFTIN	

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

Drug Name	Requirements/Limits*
<i>pyrazinamide tablet</i>	
<i>rifabutin</i>	
<i>rifampin capsule</i>	
<i>rifampin injection</i>	NDS
RIFATER	
SIRTURO	PA (sirturo) NDS
TRECTOR	
Antiprotozoals	
ALINIA	PA (alinia)
<i>atovaquone/proguanil hcl</i>	
<i>atovaquone suspension</i>	NDS
BENZNIDAZOLE	PA (Benznidazole)
<i>chloroquine phosphate tablet</i>	MO
COARTEM	
DARAPRIM	NDS
<i>hydroxychloroquine sulfate tablet</i>	MO
<i>mefloquine hcl</i>	MO
<i>metronidazole in nacl 0.79%</i>	NDS
METRONIDAZOLE INJECTION 5MG/ML	NDS
<i>metronidazole injection 500mg/100ml; 0.79%</i>	NDS
<i>metronidazole tablet 250mg, 500mg</i>	
NEBUPENT	B/D
<i>paromomycin sulfate capsule</i>	
PENTAM 300	NDS
PRIMAQUINE PHOSPHATE TABLET	
<i>quinine sulfate capsule 324mg</i>	QL (42 EA per 30 days) PA (quinine sulfate) NDS
<i>tinidazole tablet</i>	ST (tinidazole #2)
Antivirals	
<i>abacavir</i>	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	MO NDS
<i>abacavir/lamivudine</i>	MO NDS
<i>acyclovir sodium injection 50mg/ml</i>	B/D NDS
<i>acyclovir capsule 200mg</i>	
<i>acyclovir suspension 200mg/5ml</i>	
<i>acyclovir tablet 400mg, 800mg</i>	
<i>adefovir dipivoxil</i>	QL (1 EA per 1 days) MO NDS
APTIVUS	MO NDS
<i>atazanavir</i>	MO NDS
<i>atazanavir sulfate</i>	MO NDS
ATRIPLA	MO NDS
BARACLUDE SOLUTION	MO NDS
BIKTARVY	QL (1 EA per 1 days) MO NDS
<i>cidofovir</i>	NDS
CIMDUO	QL (1 EA per 1 days) MO NDS
COMPLERA	MO NDS
CRIXIVAN CAPSULE 200MG, 400MG	MO
DESCOVY	QL (1 EA per 1 days) MO NDS

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

Drug Name	Requirements/Limits*
<i>didanosine</i>	MO
EDURANT	MO NDS
<i>efavirenz capsule</i>	MO
<i>efavirenz tablet</i>	MO NDS
EMTRIVA	MO
<i>entecavir</i>	MO NDS
EPCLUSA	QL (1 EA per 1 days) PA (Epclusa) NDS
EPIVIR HBV SOLUTION	MO
EVOTAZ	MO NDS
<i>famciclovir tablet</i>	
<i>fosamprenavir calcium</i>	NDS
FUZEON	MO NDS
<i>ganciclovir injection 500mg</i>	B/D NDS
GENVOYA	QL (1 EA per 1 days) MO NDS
HARVONI	QL (1 EA per 1 days) PA (Harvoni) NDS
INTELENCE TABLET 25MG	MO
INTELENCE TABLET 100MG, 200MG	MO NDS
INVIRASE	MO NDS
ISENTRESS HD	MO NDS
ISENTRESS PACKET, TABLET	MO NDS
ISENTRESS TABLET CHEWABLE 25MG	MO
ISENTRESS TABLET CHEWABLE 100MG	MO NDS
JULUCA	QL (1 EA per 1 days) MO NDS
KALETRA TABLET 100MG; 25MG	MO
KALETRA TABLET 200MG; 50MG	MO NDS
<i>lamivudine</i>	MO
<i>lamivudine/zidovudine</i>	MO
LEXIVA SUSPENSION	MO
<i>lopinavir/ritonavir</i>	MO NDS
MAVYRET	QL (3 EA per 1 days) PA (Mavyret) NDS
<i>moderiba tablet</i>	PA (Oral Ribavirin)
<i>nevirapine er</i>	MO
<i>nevirapine tablet</i>	MO
NORVIR CAPSULE, PACKET, SOLUTION	MO
ODEFSEY	QL (1 EA per 1 days) MO NDS
<i>oseltamivir phosphate capsule, suspension reconstituted</i>	NDS
PEGASYS	QL (4 ML per 28 days) PA (Pegasys) NDS
PEGASYS PROCLICK	QL (4 ML per 28 days) PA (Pegasys) NDS
PREVYMIS INJECTION	PA (Prevymis)
PREVYMIS TABLET	QL (1 EA per 1 days) PA (Prevymis) NDS
PREZCOBIX	MO NDS
PREZISTA SUSPENSION	MO NDS

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

Drug Name	Requirements/Limits*
PREZISTA TABLET 150MG, 75MG	MO
PREZISTA TABLET 600MG, 800MG	MO NDS
RELENZA DISKHALER	QL (112 EA per 365 days) NDS
RESCRIPTOR	MO
RETROVIR IV INFUSION	NDS
REYATAZ PACKET	MO NDS
<i>ribasphere capsule</i>	QL (7 EA per 1 days) PA (Oral Ribavirin)
<i>ribasphere tablet 200mg</i>	QL (7 EA per 1 days) PA (Oral Ribavirin)
<i>ribavirin capsule</i>	QL (7 EA per 1 days) PA (Oral Ribavirin)
<i>ribavirin tablet 200mg</i>	QL (7 EA per 1 days) PA (Oral Ribavirin)
<i>rimantadine hcl</i>	
<i>ritonavir</i>	MO
SELZENTRY SOLUTION	MO NDS
SELZENTRY TABLET 150MG, 75MG	QL (2 EA per 1 days) MO NDS
SELZENTRY TABLET 25MG	QL (4 EA per 1 days) MO
SELZENTRY TABLET 300MG	QL (4 EA per 1 days) MO NDS
<i>stavudine</i>	MO
STRIBILD	MO NDS
SYMFI	QL (1 EA per 1 days) MO NDS
SYMFI LO	QL (1 EA per 1 days) NDS
SYMTUZA	QL (1 EA per 1 days) MO NDS
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	PA (Synagis) NDS
<i>tenofovir disoproxil fumarate</i>	MO NDS
TIVICAY TABLET 10MG	QL (1 EA per 1 days) MO
TIVICAY TABLET 25MG	QL (1 EA per 1 days) MO NDS
TIVICAY TABLET 50MG	QL (2 EA per 1 days) MO NDS
TRIUMEQ	MO NDS
TRUVADA TABLET 200MG; 300MG	MO NDS
TRUVADA TABLET 100MG; 150MG, 133MG; 200MG, 167MG; 250MG	QL (1 EA per 1 days) MO NDS
<i>valacyclovir hcl tablet 1gm</i>	
<i>valacyclovir hydrochloride tablet</i>	
<i>valganciclovir</i>	MO NDS
<i>valganciclovir hydrochlorde</i>	MO NDS
VIDEX EC CAPSULE DELAYED RELEASE 125MG	MO
VIDEX PEDIATRIC	MO
VIRACEPT	MO NDS
VIRAMUNE SUSPENSION	MO
VIREAD POWDER	MO NDS
VIREAD TABLET 150MG, 200MG, 250MG	MO NDS
VOSEVI	QL (1 EA per 1 days) PA (Vosevi) NDS
ZERIT SOLUTION RECONSTITUTED	MO
<i>zidovudine</i>	MO

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

Drug Name	Requirements/Limits*
Urinary Anti-infectives	
<i>methenamine hippurate</i>	
<i>nitrofurantoin macrocrystals</i>	PA (high risk medication - nitrofurantoin) NDS
<i>nitrofurantoin monohydrate</i>	PA (high risk medication - nitrofurantoin) NDS
<i>nitrofurantoin monohydrate/macrocrystals</i>	PA (high risk medication - nitrofurantoin) NDS
<i>trimethoprim tablet</i>	
Antihistamine Drugs	
First Generation Antihistamines	
<i>clemastine fumarate tablet 2.68mg</i>	PA (high risk medication - clemastine) NDS
<i>diphenhydramine hcl injection 50mg/ml</i>	NDS
<i>phenadoz</i>	PA (high risk medication - promethazine) NDS
<i>promethazine hcl plain</i>	PA (high risk medication - promethazine) NDS
<i>promethazine hcl injection, suppository, syrup</i>	PA (high risk medication - promethazine) NDS
<i>promethazine hcl tablet 12.5mg, 25mg</i>	PA (high risk medication - promethazine) NDS
<i>promethazine hydrochloride tablet 50mg</i>	PA (high risk medication - promethazine) NDS
<i>promethazine vc plain</i>	PA (high risk medication - promethazine) NDS
<i>promethazine/phenylephrine</i>	PA (high risk medication - promethazine) NDS
Second Generation Antihistamines	
<i>desloratadine</i>	QL (1 EA per 1 days)
<i>levocetirizine dihydrochloride tablet</i>	QL (1 EA per 1 days)
Antineoplastic Agents	
Antineoplastic Agents	
ABRAXANE	PA (Cancer Drugs, new starts only) NDS
<i>adriamycin injection 2mg/ml</i>	PA (Cancer Drugs, new starts only) NDS
<i>adrucil injection 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	PA (Cancer Drugs, new starts only) NDS
AFINITOR	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
AFINITOR DISPERZ	PA (Cancer Drugs, new starts only) NDS
ALECENSA	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
ALIMTA	PA (Cancer Drugs, new starts only) NDS

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

Drug Name	Requirements/Limits*
ALIQOPA	PA (Cancer Drugs, new starts only) NDS
ALUNBRIG TABLET THERAPY PACK	QL (30 EA per 180 days) PA (Cancer Drugs, new starts only)
ALUNBRIG TABLET 180MG, 90MG	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
ALUNBRIG TABLET 30MG	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
<i>anastrozole tablet</i>	MO
ARRANON	PA (Cancer Drugs, new starts only) NDS
AVASTIN	PA (Cancer Drugs, new starts only) NDS
<i>azacitidine</i>	NDS
BAVENCIO	PA (Cancer Drugs, new starts only) NDS
BELEODAQ	PA (Cancer Drugs, new starts only) NDS
<i>bexarotene</i>	PA (Cancer Drugs, new starts only) NDS
<i>bicalutamide</i>	
BICNU	PA (Cancer Drugs, new starts only) NDS
<i>bleomycin sulfate injection 30unit</i>	B/D NDS
<i>bleomycin injection 30unit</i>	B/D NDS
BORTEZOMIB	PA (Cancer Drugs, new starts only) NDS
BOSULIF	PA (Cancer Drugs, new starts only) NDS
BRAFTOVI CAPSULE 50MG	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
BRAFTOVI CAPSULE 75MG	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
<i>busulfan</i>	PA (Cancer Drugs, new starts only) NDS
CABOMETYX	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA NDS
CALQUENCE	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
CAPRELSA TABLET 300MG	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA NDS
CAPRELSA TABLET 100MG	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) LA NDS
<i>carboplatin injection 150mg/15ml</i>	NDS
<i>cisplatin injection 100mg/100ml, 50mg/50ml</i>	NDS
<i>cladribine</i>	B/D NDS
<i>clofarabine</i>	PA (Cancer Drugs, new starts only) NDS

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

Drug Name	Requirements/Limits*
COMETRIQ	PA (Cancer Drugs, new starts only) NDS
COTELLIC	QL (63 EA per 28 days) PA (Cancer Drugs, new starts only) NDS
CYCLOPHOSPHAMIDE CAPSULE	B/D
CYRAMZA	PA (Cancer Drugs, new starts only) NDS
CYTARABINE AQUEOUS INJECTION 20MG/ML	B/D NDS
<i>cytarabine aqueous injection 100mg/ml</i>	B/D NDS
<i>dacarbazine injection 200mg</i>	PA (Cancer Drugs, new starts only) NDS
DACTINOMYCIN	PA (Cancer Drugs, new starts only) NDS
DARZALEX	PA (Cancer Drugs, new starts only) NDS
<i>daunorubicin hcl injection 20mg/4ml</i>	PA (Cancer Drugs, new starts only) NDS
<i>daunorubicin hydrochloride injection 20mg/4ml</i>	PA (Cancer Drugs, new starts only) NDS
<i>decitabine</i>	NDS
DOCETAXEL INJECTION 140MG/7ML, 160MG/16ML, 200MG/10ML, 200MG/20ML, 20MG/2ML, 20MG/ML, 80MG/4ML, 80MG/8ML	PA (Cancer Drugs, new starts only) NDS
<i>docetaxel injection 20mg/ml</i>	PA (Cancer Drugs, new starts only) NDS
<i>doxorubicin hcl liposome</i>	PA (Cancer Drugs, new starts only) NDS
DOXORUBICIN HCL INJECTION 10MG, 50MG	PA (Cancer Drugs, new starts only) NDS
<i>doxorubicin hcl injection 2mg/ml</i>	PA (Cancer Drugs, new starts only) NDS
DROXIA	MO
EMCYT	NDS
EMPLICITI	PA (Cancer Drugs, new starts only) NDS
<i>epirubicin hcl injection 200mg/100ml</i>	NDS
ERBITUX INJECTION 100MG/50ML	PA (Cancer Drugs, new starts only) NDS
ERIVEDGE	PA (Cancer Drugs, new starts only) LA NDS
ERLEADA	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
ERWINAZE	PA (Cancer Drugs, new starts only) NDS
<i>etoposide injection 100mg/5ml, 500mg/25ml</i>	NDS
<i>exemestane</i>	MO
FARESTON	PA (Cancer Drugs, new starts only) MO NDS

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

Drug Name	Requirements/Limits*
FARYDAK	PA (Cancer Drugs, new starts only) NDS
FASLODEX INJECTION 250MG/5ML	PA (Cancer Drugs, new starts only) NDS
FIRMAGON	PA (Cancer Drugs, new starts only) NDS
<i>fludarabine phosphate injection 50mg</i>	NDS
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	PA (Cancer Drugs, new starts only) NDS
<i>flutamide</i>	
FOLOTYN	PA (Cancer Drugs, new starts only) NDS
<i>gemcitabine</i>	NDS
<i>gemcitabine hcl</i>	NDS
<i>gemcitabine hydrochloride injection 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	NDS
GILOTRIF	PA (Cancer Drugs, new starts only) LA NDS
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	
HALAVEN	PA (Cancer Drugs, new starts only) NDS
HERCEPTIN	PA (Cancer Drugs, new starts only) NDS
HEXALEN	NDS
<i>hydroxyurea capsule</i>	
IBRANCE	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only) NDS
ICLUSIG	PA (Cancer Drugs, new starts only) LA NDS
<i>idarubicin hcl</i>	PA (Cancer Drugs, new starts only) NDS
<i>idarubicin hydrochloride injection 20mg/20ml, 5mg/5ml</i>	PA (Cancer Drugs, new starts only) NDS
IDHIFA	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
<i>ifosfamide injection 1gm</i>	NDS
<i>imatinib mesylate</i>	PA (Cancer Drugs, new starts only) NDS
IMBRUVICA CAPSULE 70MG	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA NDS
IMBRUVICA CAPSULE 140MG	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only) LA NDS
IMBRUVICA TABLET 280MG, 420MG, 560MG	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA NDS
IMFINZI	PA (Cancer Drugs, new starts only) NDS
INLYTA	PA (Cancer Drugs, new starts only) LA NDS

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

Drug Name	Requirements/Limits*
INTRON A	PA (interferon alfa-2b, new starts only) MO NDS
INTRON A W/DILUENT	PA (interferon alfa-2b, new starts only) MO NDS
IRESSA	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA NDS
<i>irinotecan injection 100mg/5ml</i>	NDS
ISTODAX	PA (Cancer Drugs, new starts only) NDS
ISTODAX (OVERFILL)	PA (Cancer Drugs, new starts only) NDS
JAKAFI	PA (Cancer Drugs, new starts only) NDS
JEVTANA	PA (Cancer Drugs, new starts only) NDS
KADCYLA	PA (Cancer Drugs, new starts only) NDS
KEYTRUDA	PA (Cancer Drugs, new starts only) NDS
KISQALI FEMARA 200 DOSE	QL (49 EA per 28 days) PA (Cancer Drugs, new starts only) NDS
KISQALI FEMARA 400 DOSE	QL (70 EA per 28 days) PA (Cancer Drugs, new starts only) NDS
KISQALI FEMARA 600 DOSE	QL (91 EA per 28 days) PA (Cancer Drugs, new starts only) NDS
KISQALI TABLET 200MG	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only) NDS
KISQALI TABLET 200MG	QL (42 EA per 28 days) PA (Cancer Drugs, new starts only) NDS
KISQALI TABLET 200MG	QL (63 EA per 28 days) PA (Cancer Drugs, new starts only) NDS
KYPROLIS INJECTION 30MG, 60MG	PA (Cancer Drugs, new starts only) NDS
LARTRUVO	PA (Cancer Drugs, new starts only) NDS
LENVIMA 10 MG DAILY DOSE	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
LENVIMA 12MG DAILY DOSE	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
LENVIMA 14 MG DAILY DOSE	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
LENVIMA 18 MG DAILY DOSE	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
LENVIMA 20 MG DAILY DOSE	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
LENVIMA 24 MG DAILY DOSE	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
LENVIMA 4 MG DAILY DOSE	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) NDS

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

Drug Name	Requirements/Limits*
LENVIMA 8 MG DAILY DOSE	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
<i>letrozole</i>	MO
LEUKERAN	NDS
LONSURF	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
LYNPARZA CAPSULE	QL (16 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
LYNPARZA TABLET	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
LYSODREN	
MATULANE	NDS
<i>megestrol acetate suspension, tablet</i>	PA (high risk medication - megestrol, new starts only) NDS
MEKINIST	PA (Cancer Drugs, new starts only) NDS
MEKTOVI	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
<i>melfhalan hydrochloride</i>	PA (Cancer Drugs, new starts only) NDS
<i>mercaptopurine tablet</i>	
METHOTREXATE SODIUM INJECTION 250MG/10ML	NDS
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	NDS
<i>methotrexate tablet</i>	B/D
MITOMYCIN INJECTION 5MG	PA (Cancer Drugs, new starts only) NDS
<i>mitomycin injection 20mg, 40mg</i>	PA (Cancer Drugs, new starts only) NDS
<i>mitoxantrone hcl injection 2mg/ml</i>	NDS
MUSTARGEN	PA (Cancer Drugs, new starts only) NDS
<i>mutamycin</i>	PA (Cancer Drugs, new starts only) NDS
MYLOTARG	PA (Cancer Drugs, new starts only) NDS
NERLYNX	QL (6 EA per 1 days) PA (Nerlynx, new starts only) NDS
NEXAVAR	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only) LA NDS
<i>nilutamide</i>	NDS
NINLARO	QL (3 EA per 28 days) PA (Cancer Drugs, new starts only) NDS
NIPENT	PA (Cancer Drugs, new starts only) NDS
ODOMZO	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) NDS

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

Drug Name	Requirements/Limits*
OPDIVO	PA (Cancer Drugs, new starts only) NDS
<i>oxaliplatin injection 100mg/20ml, 100mg</i>	PA (Cancer Drugs, new starts only) NDS
<i>paclitaxel injection 100mg/16.7ml, 300mg/50ml</i>	NDS
PERJETA	PA (Cancer Drugs, new starts only) NDS
POMALYST	PA (Cancer Drugs, new starts only) NDS
PROLEUKIN	PA (Cancer Drugs, new starts only) NDS
PURIXAN	PA (Purixan Suspension, new starts only) NDS
REVLIMID CAPSULE 10MG, 15MG, 25MG, 5MG	PA (Cancer Drugs, new starts only) LA NDS
REVLIMID CAPSULE 2.5MG, 20MG	PA (Cancer Drugs, new starts only) NDS
RITUXAN	PA (rituxan, new starts only) NDS
ROMIDEPSIN	PA (Cancer Drugs, new starts only) NDS
RUBRACA	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
RYDAPT	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
SOLTAMOX	PA (Soltamox, new starts only) MO NDS
SPRYCEL	PA (Cancer Drugs, new starts only) NDS
STIVARGA	PA (Cancer Drugs, new starts only) LA NDS
SUTENT	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
SYLATRON	PA (Cancer Drugs, new starts only) MO NDS
SYNRIBO	PA (Cancer Drugs, new starts only) NDS
TABLOID	
TAFINLAR	PA (Cancer Drugs, new starts only) NDS
TAGRISO	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
<i>tamoxifen citrate tablet</i>	MO
TARCEVA	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
TASIGNA	PA (Cancer Drugs, new starts only) NDS
TECENTRIQ	PA (Cancer Drugs, new starts only) NDS

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

Drug Name	Requirements/Limits*
<i>temsirolimus</i>	PA (Cancer Drugs, new starts only) NDS
<i>thiotepa injection 15mg</i>	PA (Cancer Drugs, new starts only) NDS
TIBSOVO	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
<i>toposar injection 1gm/50ml</i>	NDS
<i>topotecan hcl injection 4mg</i>	NDS
TREANDA	PA (Cancer Drugs, new starts only) NDS
<i>tretinoin capsule 10mg</i>	PA (Cancer Drugs, new starts only) NDS
<i>trexall</i>	B/D
TRISENOX	NDS
TYKERB	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
VECTIBIX INJECTION 100MG/5ML	PA (Cancer Drugs, new starts only) NDS
VELCADE	PA (Cancer Drugs, new starts only) NDS
VENCLEXTA	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
VENCLEXTA STARTING PACK	QL (42 EA per 180 days) PA (Cancer Drugs, new starts only) NDS
<i>verzenio</i>	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
VINBLASTINE SULFATE INJECTION 1MG/ML	B/D NDS
<i>vincasar pfs</i>	B/D NDS
<i>vincristine sulfate injection</i>	B/D NDS
<i>vinorelbine tartrate injection 50mg/5ml</i>	NDS
VOTRIENT	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
VYXEOS	PA (Cancer Drugs, new starts only) NDS
XALKORI	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) LA NDS
XATMEP	B/D NDS
XTANDI	PA (Cancer Drugs, new starts only) NDS
YERVOY	PA (Cancer Drugs, new starts only) NDS
YONDELIS	PA (Cancer Drugs, new starts only) NDS
YONSA	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
ZALTRAP	PA (Cancer Drugs, new starts only) NDS

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

Drug Name	Requirements/Limits*
ZANOSAR	PA (Cancer Drugs, new starts only) NDS
ZEJULA	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
ZELBORAF	PA (Cancer Drugs, new starts only) LA NDS
ZOLINZA	PA (Cancer Drugs, new starts only) NDS
ZYDELIG	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
ZYKADIA	QL (5 EA per 1 days) PA (Cancer Drugs, new starts only) LA NDS
ZYTIGA TABLET 250MG	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
ZYTIGA TABLET 500MG	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
Antitoxins, Immune Globulins, Toxoids, and Vaccines	
<i>Antitoxins and Immune Globulins</i>	
BIVIGAM	PA (intravenous immune globulin) NDS
CARIMUNE NANOFILTERED INJECTION 12GM, 6GM	PA (intravenous immune globulin) NDS
FLEBOGAMMA DIF	PA (intravenous immune globulin) NDS
GAMASTAN	PA (intravenous immune globulin) NDS
GAMASTAN S/D	PA (intravenous immune globulin) NDS
GAMMAGARD LIQUID	PA (intravenous immune globulin) NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	PA (intravenous immune globulin) NDS
GAMMAKED	PA (intravenous immune globulin) NDS
GAMMAPLEX INJECTION 10GM/100ML; 0, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	PA (intravenous immune globulin) NDS
GAMUNEX-C	PA (intravenous immune globulin) NDS
OCTAGAM INJECTION 10GM/100ML, 1GM/20ML, 20GM/200ML, 2GM/20ML, 5GM/50ML	PA (intravenous immune globulin) NDS
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	PA (intravenous immune globulin) NDS
<i>privigen injection 40gm/400ml</i>	PA (intravenous immune globulin) NDS
VARIZIG INJECTION 125UNIT/1.2ML	PA (Varizig) NDS
ZINPLAVA	PA (Zinplava) NDS
<i>Toxoids</i>	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	

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

Drug Name	Requirements/Limits*
KINRIX	
QUADRACEL	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED	
Vaccines	
MENVEO	
PEDIARIX	
PROQUAD	
RABAVERT	B/D
SHINGRIX	PA (Shingrix)
TRUMENBA	PA (Trumenba)
Autonomic Drugs	
Anticholinergic Agents	
ANORO ELLIPTA	QL (2 EA per 1 days) MO
ATROPINE SULFATE INJECTION 0.25MG/5ML	NDS
ATROVENT HFA	MO
<i>dicyclomine hcl capsule, solution</i>	
<i>dicyclomine hydrochloride tablet</i>	
<i>glycopyrrolate tablet 1mg, 2mg</i>	
INCRUSE ELLIPTA	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution</i>	B/D MO
<i>ipratropium bromide nasal solution</i>	MO
SPIRIVA HANDIHALER	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT	QL (4 GM per 30 days) MO
STIOLTO RESPIMAT	QL (4 GM per 30 days) MO
Autonomic Drugs, Miscellaneous	
CHANTIX CONTINUING MONTH PAK	QL (336 EA per 365 days) NDS
CHANTIX STARTING MONTH PAK	QL (53 EA per 180 days) NDS
CHANTIX TABLET 0.5MG, 1MG	QL (336 EA per 365 days) NDS
NICOTROL INHALER	QL (2688 EA per 365 days) NDS
NICOTROL NS	QL (360 ML per 365 days) NDS
Parasympathomimetic (Cholinergic) Agents	
<i>bethanechol chloride tablet</i>	
<i>cevimeline hcl</i>	MO
<i>donepezil hcl tablet disintegrating 10mg</i>	MO
<i>donepezil hcl tablet disintegrating 5mg</i>	QL (1 EA per 1 days) MO
<i>donepezil hcl tablet 10mg</i>	MO
<i>donepezil hcl tablet 23mg, 5mg</i>	QL (1 EA per 1 days) MO
<i>donepezil hydrochloride odt tablet disintegrating 10mg</i>	MO
<i>donepezil hydrochloride odt tablet disintegrating 5mg</i>	QL (1 EA per 1 days) MO
<i>donepezil hydrochloride tablet 10mg</i>	MO
<i>donepezil hydrochloride tablet 5mg</i>	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide er capsule extended release 24 hour 24mg</i>	MO
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 8mg</i>	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide solution, tablet</i>	MO
<i>guanidine hcl</i>	
MESTINON SYRUP	NDS
<i>pilocarpine hcl tablet 7.5mg</i>	MO

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

Drug Name	Requirements/Limits*
<i>pilocarpine hydrochloride</i>	MO
<i>pyridostigmine bromide er</i>	
<i>pyridostigmine bromide tablet</i>	
REGONOL INJECTION 10MG/2ML	NDS
<i>rivastigmine tartrate</i>	MO
RIVASTIGMINE TRANSDERMAL SYSTEM	QL (1 EA per 1 days) MO
<i>Skeletal Muscle Relaxants</i>	
<i>baclofen tablet 10mg, 20mg</i>	MO
<i>chlorzoxazone tablet 500mg</i>	PA (high risk medication - skeletal muscle relaxants) NDS
<i>cyclobenzaprine hcl tablet 10mg, 5mg</i>	PA (high risk medication - skeletal muscle relaxants) NDS
<i>methocarbamol tablet</i>	PA (high risk medication - skeletal muscle relaxants) NDS
<i>tizanidine hcl tablet</i>	MO
<i>tizanidine hydrochloride tablet</i>	MO
<i>Sympatholytic (Adrenergic Blocking) Agents</i>	
<i>alfuzosin hcl er</i>	MO
DIHYDROERGOTAMINE MESYLATE NASAL SOLUTION	QL (8 ML per 28 days) NDS
<i>dihydroergotamine mesylate injection</i>	NDS
<i>ergoloid mesylates tablet</i>	PA (High Risk Medication - Ergoloid Mesylates) MO NDS
MIGRANAL	QL (8 ML per 28 days) NDS
<i>tamsulosin hcl</i>	MO
<i>Sympathomimetic (Adrenergic) Agents</i>	
ADVAIR DISKUS	QL (60 EA per 30 days) MO
ADVAIR HFA	QL (12 GM per 30 days) MO
<i>albuterol sulfate er</i>	MO
<i>albuterol sulfate nebulization solution</i>	B/D MO
<i>albuterol sulfate syrup, tablet</i>	MO
<i>albuterol tablet</i>	MO
BROVANA	B/D MO
COMBIVENT RESPIMAT	QL (8 GM per 30 days) MO
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.15MG/0.3ML, 0.3MG/0.3ML	NDS
<i>ipratropium bromide/albuterol sulfate</i>	B/D MO
<i>levalbuterol hcl nebulization solution</i>	B/D MO
<i>levalbuterol tartrate hfa</i>	QL (30 GM per 30 days) ST (short-acting beta agonist inhalers #2) MO
<i>levalbuterol nebulization solution</i>	B/D MO
LUCEMYRA	QL (16 EA per 1 days) PA (Lucemyra) NDS
<i>metaproterenol sulfate syrup, tablet</i>	MO
<i>midodrine hcl</i>	
NORTHERA CAPSULE 100MG	QL (15 EA per 1 days) PA (northera) NDS
NORTHERA CAPSULE 200MG, 300MG	QL (6 EA per 1 days) PA (northera) NDS

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

Drug Name	Requirements/Limits*
PROAIR HFA	QL (17 GM per 30 days) MO
PROVENTIL HFA	QL (13.4 GM per 30 days) ST (short-acting beta agonist inhalers #2) MO
SEREVENT DISKUS	QL (60 EA per 30 days) MO
<i>terbutaline sulfate tablet</i>	MO
<i>terbutaline sulfate injection</i>	NDS
VENTOLIN HFA	QL (36 GM per 30 days) ST (short-acting beta agonist inhalers #2) MO
Blood Formation, Coagulation & Thrombosis	
<i>Antihemorrhagic Agents</i>	
<i>tranexamic acid tablet</i>	
<i>tranexamic acid injection</i>	NDS
<i>Antithrombotic Agents</i>	
<i>anagrelide hydrochloride</i>	MO
ARGATROBAN INJECTION 125MG/125ML; 0.9%, 250MG/2.5ML, 250MG/250ML; 0.9%, 50MG/50ML	NDS
<i>aspirin/dipyridamole</i>	MO
BRILINTA	QL (2 EA per 1 days) MO
<i>cilostazol</i>	MO
<i>clopidogrel tablet 75mg</i>	MO
COUMADIN TABLET	MO
ELIQUIS TABLET 2.5MG	QL (2 EA per 1 days) MO
ELIQUIS TABLET 5MG	QL (4 EA per 1 days) MO
<i>enoxaparin sodium</i>	NDS
<i>fondaparinux sodium injection 5mg/0.4ml</i>	QL (0.4 ML per 1 days) PA (arixtra) NDS
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	QL (0.5 ML per 1 days) PA (arixtra) NDS
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	QL (0.6 ML per 1 days) PA (arixtra) NDS
<i>fondaparinux sodium injection 10mg/0.8ml</i>	QL (0.8 ML per 1 days) PA (arixtra) NDS
HEPARIN SODIUM/D5W INJECTION 5%; 100UNIT/ML	NDS
<i>heparin sodium/d5w injection 5%; 40unit/ml, 5%; 50unit/ml</i>	NDS
HEPARIN SODIUM/NACL 0.45%	NDS
<i>heparin sodium/nacl 0.9% injection 2unit/ml; 0.9%</i>	NDS
HEPARIN SODIUM/SODIUM CHLORIDE 0.9%	NDS
<i>heparin sodium/sodium chloride 0.9% premix</i>	NDS
<i>heparin sodium/sodium chloride injection 25000unit/500ml; 0.45%</i>	NDS
HEPARIN SODIUM INJECTION 2000UNIT/ML, 2500UNIT/ML	NDS
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	NDS
<i>jantoven</i>	MO
<i>prasugrel</i>	QL (1 EA per 1 days) MO
<i>warfarin sodium tablet</i>	MO
XARELTO STARTER PACK	QL (51 EA per 180 days) NDS
XARELTO TABLET 15MG, 20MG	MO

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

Drug Name	Requirements/Limits*
XARELTO TABLET 10MG	QL (1 EA per 1 days) MO
Blood Formation, Coagulation, and Thrombosis Agents Misc.	
TAVALISSE	QL (2 EA per 1 days) PA (Tavalisse) MO NDS
Hematopoietic Agents	
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 10MCG/0.4ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 25MCG/0.42ML, 25MCG/ML, 300MCG/0.6ML, 300MCG/ML, 40MCG/0.4ML, 40MCG/ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	PA (erythropoiesis-stimulating agents) NDS
DOPTELET	QL (3 EA per 1 days) PA (Doptelet) NDS
FULPHILA	PA (colony stimulating factors) NDS
GRANIX	PA (colony stimulating factors) NDS
LEUKINE INJECTION 250MCG	PA (colony stimulating factors) NDS
MOZOBIL	PA (Mozobil) NDS
NEULASTA	PA (colony stimulating factors) NDS
NEUPOGEN	PA (colony stimulating factors) NDS
PROCRIT	PA (erythropoiesis-stimulating agents) NDS
PROMACTA	QL (1 EA per 1 days) PA (promacta) LA MO NDS
RETACRIT	PA (erythropoiesis-stimulating agents) NDS
ZARXIO	PA (colony stimulating factors) NDS
Hemorrhologic Agents	
<i>pentoxifylline er</i>	MO
Cardiovascular Drugs	
alpha-Adrenergic Blocking Agents	
<i>doxazosin mesylate tablet</i>	MO
<i>prazosin hcl</i>	MO
<i>terazosin hcl capsule</i>	MO
Antilipemic Agents	
<i>atorvastatin calcium tablet</i>	QL (1 EA per 1 days) MO
<i>cholestyramine light</i>	MO
<i>cholestyramine packet, powder</i>	MO
<i>colesevelam hydrochloride</i>	PA (welchol) MO
<i>colestipol hcl</i>	MO
<i>ezetimibe</i>	QL (1 EA per 1 days) ST (ezetimibe #2) MO
<i>ezetimibe/simvastatin</i>	QL (1 EA per 1 days) ST (ezetimibe #2) MO
<i>fenofibrate micronized</i>	MO
<i>fenofibrate capsule 130mg, 43mg</i>	MO
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	MO
<i>fenofibric acid dr</i>	MO
<i>gemfibrozil tablet</i>	MO

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

Drug Name	Requirements/Limits*
JUXTAPID	QL (1 EA per 1 days) PA (juxtapid) MO NDS
KYNAMRO	QL (4 ML per 28 days) PA (kynamro) MO NDS
<i>lovastatin</i>	MO
<i>niacin er</i>	MO
<i>omega-3-acid ethyl esters</i>	MO
PRALUENT	QL (2 ML per 28 days) PA (Praluent) MO NDS
<i>pravastatin sodium</i>	MO
<i>prevalite</i>	MO
REPATHA	QL (3 ML per 30 days) PA (Repatha) MO NDS
REPATHA PUSHTRONEX SYSTEM	QL (3.5 ML per 30 days) PA (Repatha) MO NDS
REPATHA SURECLICK	QL (3 ML per 30 days) PA (Repatha) MO NDS
<i>rosuvastatin calcium</i>	MO
<i>simvastatin tablet</i>	MO
<i>triklo</i>	MO
WELCHOL PACKET	PA (welchol) MO
<i>beta-Adrenergic Blocking Agents</i>	
<i>acebutolol hcl capsule</i>	MO
<i>acebutolol hydrochloride</i>	MO
<i>atenolol/chlorthalidone</i>	MO
<i>atenolol tablet</i>	MO
<i>bisoprolol fumarate</i>	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	MO
<i>carvedilol</i>	MO
<i>labetalol hcl tablet</i>	MO
<i>labetalol hcl injection</i>	NDS
<i>metoprolol succinate er</i>	MO
<i>metoprolol tartrate tablet</i>	MO
METOPROLOL TARTRATE INJECTION 5MG/5ML	NDS
<i>metoprolol tartrate injection 5mg/5ml</i>	NDS
<i>metoprolol/hydrochlorothiazide</i>	MO
<i>nadolol tablet 20mg, 40mg, 80mg</i>	MO
<i>pindolol</i>	MO
<i>propranolol hcl er</i>	MO
<i>propranolol hcl solution, tablet</i>	MO
<i>propranolol hydrochloride tablet 60mg</i>	MO
<i>propranolol/hydrochlorothiazide</i>	MO
<i>sorine</i>	MO
<i>sotalol hcl</i>	MO
<i>sotalol hcl (af)</i>	MO
<i>sotalol hydrochloride (af)</i>	MO
<i>sotalol hydrochloride tablet 120mg</i>	MO
SOTYLIZE	PA (Sotylize) MO NDS

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

Drug Name	Requirements/Limits*
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	MO
Calcium-Channel Blocking Agents	
<i>afeditab cr</i>	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	MO
<i>amlodipine besylate tablet</i>	MO
<i>cartia xt</i>	MO
<i>dilt-xr</i>	MO
<i>diltiazem cd</i>	MO
<i>diltiazem hcl cd</i>	MO
<i>diltiazem hcl er</i>	MO
<i>diltiazem hcl tablet</i>	MO
DILTIAZEM HCL INJECTION 100MG	NDS
<i>diltiazem hcl injection 125mg/25ml, 25mg/5ml, 50mg/10ml</i>	NDS
<i>felodipine er</i>	MO
<i>matzim la</i>	MO
<i>nicardipine hcl capsule</i>	MO
<i>nicardipine hcl injection</i>	NDS
<i>nifediac cc tablet extended release 24 hour 30mg, 60mg</i>	
<i>nifedical xl</i>	MO
<i>nifedipine er</i>	MO
<i>taztia xt</i>	MO
<i>telmisartan/amlodipine</i>	QL (1 EA per 1 days) MO
<i>verapamil hcl er</i>	MO
<i>verapamil hcl sr capsule extended release 24 hour 360mg</i>	MO
<i>verapamil hcl tablet</i>	MO
<i>verapamil hcl injection</i>	NDS
Cardiac Drugs	
<i>amiodarone hcl tablet</i>	MO
AMIODARONE HCL INJECTION 900MG/18ML	NDS
<i>amiodarone hcl injection 50mg/ml</i>	NDS
CORLANOR	QL (2 EA per 1 days) PA (Corlanor) MO
<i>digitek tablet 0.125mg</i>	MO
<i>digitek tablet 0.25mg</i>	PA (high risk medication - digoxin) MO NDS
DIGOXIN ORAL SOLUTION	MO
<i>digoxin injection 0.25mg/ml</i>	NDS
<i>digoxin tablet 125mcg</i>	MO
<i>digoxin tablet 250mcg</i>	PA (high risk medication - digoxin) MO NDS
<i>digox tablet 125mcg</i>	MO
<i>digox tablet 250mcg</i>	PA (high risk medication - digoxin) MO NDS
<i>disopyramide phosphate</i>	PA (high risk medication - disopyramide) MO NDS
<i>dofetilide</i>	MO
<i>flecainide acetate</i>	MO
<i>lidocaine hcl in d5w injection 5%; 4mg/ml, 5%; 8mg/ml</i>	NDS

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

Drug Name	Requirements/Limits*
<i>lidocaine hcl/dextrose injection 5%; 4mg/ml, 5%; 8mg/ml</i>	NDS
LIDOCAINE HCL INJECTION 10MG/ML	NDS
<i>lidocaine hcl injection 20mg/ml</i>	NDS
<i>mexiletine hcl</i>	MO
MULTAQ	PA (Multaq) MO
NORPACE CR	PA (high risk medication - disopyramide) MO NDS
<i>pacerone tablet 100mg, 200mg, 400mg</i>	MO
PROCAINAMIDE HCL INJECTION	NDS
<i>propafenone hcl</i>	MO
<i>quinidine gluconate cr</i>	MO
<i>quinidine gluconate er</i>	MO
QUINIDINE GLUCONATE INJECTION	NDS
<i>quinidine sulfate tablet</i>	MO
RANEXA	MO
<i>Hypotensive Agents</i>	
<i>clonidine hcl tablet</i>	MO
<i>clonidine hcl patch weekly</i>	ST (clonidine patch #2) MO
<i>guanfacine hcl</i>	PA (high risk medication - antihypertensives) MO NDS
<i>hydralazine hcl tablet</i>	MO
<i>hydralazine hcl injection</i>	NDS
<i>methyldopa/hydrochlorothiazide</i>	PA (high risk medication - antihypertensives) MO NDS
<i>methyldopa tablet 250mg, 500mg</i>	PA (high risk medication - antihypertensives) MO NDS
<i>minoxidil tablet</i>	MO
<i>Renin-Angiotensin-Aldosterone Sys Inhib</i>	
<i>benazepril hcl/hydrochlorothiazide</i>	MO
<i>benazepril hcl tablet</i>	MO
<i>candesartan cilexetil</i>	QL (1 EA per 1 days) MO
<i>candesartan cilexetil/hydrochlorothiazide</i>	QL (1 EA per 1 days) MO
<i>captopril/hydrochlorothiazide</i>	MO
<i>captopril tablet</i>	MO
<i>enalapril maleate/hydrochlorothiazide</i>	MO
<i>enalapril maleate tablet</i>	MO
ENTRESTO	QL (2 EA per 1 days) PA (Entresto) MO
<i>eplerenone</i>	ST (eplerenone #2) MO
<i>eprosartan mesylate</i>	QL (1 EA per 1 days) MO
<i>fosinopril sodium</i>	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	MO
<i>irbesartan</i>	MO
<i>irbesartan/hydrochlorothiazide</i>	MO
<i>lisinopril/hydrochlorothiazide</i>	MO
<i>lisinopril tablet</i>	MO
<i>losartan potassium</i>	MO
<i>losartan potassium/hydrochlorothiazide</i>	MO

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

Drug Name	Requirements/Limits*
<i>moexipril hcl</i>	MO
<i>moexipril/hydrochlorothiazide</i>	MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	MO
<i>olmesartan medoxomil tablet</i>	MO
<i>perindopril erbumine</i>	MO
<i>quinapril hcl</i>	MO
<i>quinapril/hydrochlorothiazide</i>	MO
<i>ramipril</i>	MO
<i>spironolactone/hydrochlorothiazide</i>	MO
<i>spironolactone tablet</i>	MO
TEKTURNA	PA (tekturna) MO
<i>telmisartan</i>	QL (1 EA per 1 days) MO
<i>telmisartan/hydrochlorothiazide</i>	QL (1 EA per 1 days) MO
<i>trandolapril</i>	MO
<i>valsartan</i>	MO
<i>valsartan/hydrochlorothiazide</i>	MO
Vasodilating Agents	
ADCIRCA	QL (2 EA per 1 days) PA (adcirca) MO NDS
<i>dipyridamole tablet</i>	PA (high risk medication - antiplatelet drugs) MO NDS
<i>isosorbide dinitrate er</i>	MO
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	MO
<i>isosorbide mononitrate</i>	MO
<i>isosorbide mononitrate er</i>	MO
<i>minitran</i>	MO
NITROGLYCERIN LINGUAL AEROSOL SOLUTION	MO
<i>nitroglycerin lingual solution</i>	MO
<i>nitroglycerin transdermal</i>	MO
NITROGLYCERIN INJECTION 5MG/ML	NDS
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	MO
REVATIO SUSPENSION RECONSTITUTED	QL (6 ML per 1 days) PA (Sildenafil) MO NDS
<i>sildenafil tablet 20mg</i>	QL (3 EA per 1 days) PA (Sildenafil) MO
<i>tadalafil tablet</i>	QL (2 EA per 1 days) PA (adcirca) MO NDS
Central Nervous System Agents	
<i>Analgesics and Antipyretics</i>	
<i>acetaminophen/codeine tablet</i>	QL (13 EA per 1 days) NDS
<i>acetaminophen/codeine solution</i>	QL (166 ML per 1 days) NDS
<i>ascomp/codeine</i>	PA (high risk medication - butalbital) NDS
BUPRENORPHINE	QL (4 EA per 28 days) PA (Buprenorphine Patch) NDS
<i>buprenorphine hcl/naloxone hcl</i>	QL (3 EA per 1 days) NDS
<i>buprenorphine hcl tablet sublingual</i>	QL (3 EA per 1 days) NDS

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

Drug Name	Requirements/Limits*
<i>butalbital compound tablet</i>	PA (high risk medication - butalbital) NDS
<i>butalbital/acetaminophen/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	QL (12 EA per 1 days) PA (high risk medication - butalbital) NDS
<i>butalbital/acetaminophen/caffeine/codeine capsule 300mg; 50mg; 40mg; 30mg</i>	QL (13 EA per 1 days) PA (high risk medication - butalbital) NDS
<i>butalbital/acetaminophen/caffeine capsule 325mg; 50mg; 40mg</i>	QL (12 EA per 1 days) PA (high risk medication - butalbital) NDS
<i>butalbital/acetaminophen/caffeine capsule 300mg; 50mg; 40mg</i>	QL (13 EA per 1 days) PA (high risk medication - butalbital) NDS
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	QL (12 EA per 1 days) PA (high risk medication - butalbital) NDS
<i>butalbital/acetaminophen tablet 325mg; 50mg</i>	QL (12 EA per 1 days) PA (high risk medication - butalbital) NDS
<i>butalbital/aspirin/caffeine/codeine</i>	PA (high risk medication - butalbital) NDS
<i>celecoxib capsule 400mg, 50mg</i>	QL (2 EA per 1 days) MO
<i>celecoxib capsule 200mg</i>	QL (4 EA per 1 days) MO
<i>celecoxib capsule 100mg</i>	QL (8 EA per 1 days) MO
<i>codeine sulfate tablet</i>	NDS
<i>diclofenac potassium</i>	MO
<i>diclofenac sodium dr</i>	MO
<i>diclofenac sodium er</i>	MO
<i>duramorph</i>	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	QL (12 EA per 1 days) NDS
<i>etodolac capsule, tablet</i>	MO
<i>fentanyl citrate oral transmucosal</i>	QL (4 EA per 1 days) PA (oral transmucosal fentanyl) NDS
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	QL (10 EA per 30 days) ST (Fentanyl Patches #2) NDS
<i>flurbiprofen tablet</i>	MO
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	QL (184 ML per 1 days) NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 2.5mg</i>	QL (12 EA per 1 days) NDS
<i>hydrocodone/acetaminophen tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	QL (12 EA per 1 days) NDS
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	NDS
<i>hydromorphone hcl tablet</i>	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml</i>	NDS
<i>ibuprofen suspension</i>	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	MO
<i>ibu tablet 600mg, 800mg</i>	MO
ILARIS INJECTION 150MG/ML	PA (ilaris) NDS
LAZANDA	PA (Nasal Fentanyl) NDS

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

Drug Name	Requirements/Limits*
<i>lorcet</i>	QL (12 EA per 1 days) NDS
<i>lorcet hd</i>	QL (12 EA per 1 days) NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	QL (12 EA per 1 days) NDS
<i>marten-tab</i>	QL (12 EA per 1 days) PA (high risk medication - butalbital) NDS
<i>meloxicam tablet</i>	MO
<i>methadone hcl intensol</i>	NDS
METHADONE HCL INJECTION	NDS
<i>methadone hcl concentrate, oral solution, tablet</i>	NDS
<i>methadose sugar-free</i>	NDS
<i>methadose concentrate 10mg/ml</i>	NDS
<i>morphine sulfate er tablet extended release</i>	QL (3 EA per 1 days) NDS
MORPHINE SULFATE TABLET	NDS
<i>morphine sulfate oral solution</i>	NDS
MORPHINE SULFATE INJECTION 10MG/ML, 150MG/30ML, 15MG/ML, 2MG/ML, 4MG/ML, 5MG/ML, 8MG/ML	NDS
<i>morphine sulfate injection 0.5mg/ml, 1mg/ml</i>	NDS
<i>nabumetone tablet</i>	MO
<i>nalbuphine hcl injection 10mg/ml, 20mg/ml</i>	NDS
<i>naproxen dr</i>	MO
<i>naproxen suspension, tablet</i>	MO
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT	QL (3 EA per 1 days) PA (Oxycodone ER) NDS
<i>oxycodone hcl solution</i>	
<i>oxycodone hcl capsule, concentrate, tablet</i>	NDS
<i>oxycodone/acetaminophen solution</i>	QL (61 ML per 1 days) NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	QL (12 EA per 1 days) NDS
<i>oxycodone/aspirin tablet 325mg; 4.835mg</i>	NDS
<i>oxycodone/ibuprofen</i>	NDS
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT	QL (3 EA per 1 days) PA (Oxycodone ER) NDS
<i>piroxicam capsule</i>	MO
<i>roxicet tablet</i>	QL (12 EA per 1 days) NDS
<i>sulindac tablet</i>	MO
<i>tencon tablet 325mg; 50mg</i>	QL (12 EA per 1 days) PA (high risk medication - butalbital) NDS
<i>tramadol hcl tablet</i>	QL (8 EA per 1 days) NDS
<i>tramadol hydrochloride/acetaminophen</i>	QL (8 EA per 1 days) NDS
<i>xylon</i>	NDS
Anorexigenic Agents and Respiratory and CNS Stimulants	
<i>amphetamine/dextroamphetamine tablet</i>	MO NDS
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	QL (1 EA per 1 days) MO NDS
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	QL (1 EA per 1 days) PA (Armodafinil) MO NDS
<i>armodafinil tablet 50mg</i>	QL (3 EA per 1 days) PA (Armodafinil) MO NDS
<i>dexmethylphenidate hcl</i>	MO NDS

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

Drug Name	Requirements/Limits*
<i>dextroamphetamine sulfate er</i>	MO NDS
<i>dextroamphetamine sulfate tablet</i>	MO NDS
<i>metadate er tablet extended release 20mg</i>	MO NDS
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 20mg, 40mg, 50mg, 60mg</i>	QL (1 EA per 1 days) MO NDS
<i>methylphenidate hydrochloride cd capsule extended release 30mg</i>	QL (2 EA per 1 days) MO NDS
<i>methylphenidate hydrochloride er capsule extended release 10mg, 20mg, 40mg, 50mg, 60mg</i>	QL (1 EA per 1 days) MO NDS
<i>methylphenidate hydrochloride er capsule extended release 30mg</i>	QL (2 EA per 1 days) MO NDS
<i>methylphenidate hydrochloride er capsule extended release 24 hour, tablet extended release 24 hour</i>	QL (1 EA per 1 days) MO NDS
<i>methylphenidate hydrochloride er tablet extended release 10mg, 20mg</i>	MO NDS
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 36mg, 54mg</i>	QL (1 EA per 1 days) MO NDS
<i>methylphenidate hydrochloride tablet</i>	MO NDS
<i>modafinil tablet 100mg</i>	QL (1 EA per 1 days) PA (Modafinil) MO NDS
<i>modafinil tablet 200mg</i>	QL (2 EA per 1 days) PA (Modafinil) MO NDS
Anticonvulsants	
APTIOM TABLET 200MG, 400MG, 800MG	QL (1 EA per 1 days) PA (Aptiom, new starts only) MO NDS
APTIOM TABLET 600MG	QL (2 EA per 1 days) PA (Aptiom, new starts only) MO NDS
BANZEL TABLET	MO NDS
BANZEL SUSPENSION	PA (banzel suspension, new starts only) MO NDS
BRIVIACT ORAL SOLUTION	PA (Briviact, new starts only) MO NDS
BRIVIACT INJECTION	PA (Briviact, new starts only) NDS
BRIVIACT TABLET	QL (2 EA per 1 days) PA (Briviact, new starts only) MO NDS
<i>carbamazepine er</i>	MO
<i>carbamazepine tablet chewable, suspension, tablet</i>	MO
CELONTIN CAPSULE 300MG	MO
<i>clonazepam odt</i>	PA (clonazepam odt, new starts only) MO NDS
<i>clonazepam tablet</i>	MO NDS
<i>dilantin infatabs</i>	MO
DILANTIN-125	MO
<i>dilantin capsule</i>	MO
<i>divalproex sodium dr</i>	MO
<i>divalproex sodium er</i>	MO
<i>divalproex sodium capsule delayed release sprinkle</i>	MO
<i>epitol</i>	MO
<i>ethosuximide capsule, solution</i>	MO
<i>felbamate</i>	MO
<i>fospheyntoin sodium</i>	NDS

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

Drug Name	Requirements/Limits*
FYCOMPA SUSPENSION	QL (24 ML per 1 days) PA (Fycompa Suspension, new starts only) MO
FYCOMPA TABLET 2MG	QL (1 EA per 1 days) PA (Fycompa, new starts only) MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	QL (1 EA per 1 days) PA (Fycompa, new starts only) MO NDS
<i>gabapentin capsule, solution</i>	MO
<i>gabapentin tablet 600mg, 800mg</i>	MO
<i>lamotrigine odt</i>	MO
<i>lamotrigine tablet chewable, tablet</i>	MO
<i>levetiracetam er</i>	MO
<i>levetiracetam/sodium chloride</i>	NDS
<i>levetiracetam oral solution, tablet</i>	MO
<i>levetiracetam injection</i>	NDS
LYRICA SOLUTION	MO
LYRICA CAPSULE	QL (3 EA per 1 days) MO
MAGNESIUM SULFATE INJECTION 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML	NDS
<i>magnesium sulfate injection 50%</i>	NDS
ONFI SUSPENSION	PA (Onfi Suspension, new starts only) MO NDS
ONFI TABLET 10MG, 20MG	PA (onfi, new starts only) MO NDS
<i>oxcarbazepine</i>	MO
PEGANONE TABLET 250MG	MO
<i>phenytoin infatabs</i>	MO
<i>phenytoin sodium extended</i>	MO
<i>phenytoin sodium injection</i>	NDS
<i>phenytoin tablet chewable, suspension</i>	MO
<i>primidone tablet</i>	MO
<i>roweepra</i>	MO
<i>roweepra xr</i>	MO
SABRIL TABLET	PA (sabril, new starts only) LA MO NDS
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG, 250MG, 500MG	QL (2 EA per 1 days) PA (Spritam, new starts only) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	QL (4 EA per 1 days) PA (Spritam, new starts only) MO
<i>subvenite</i>	MO
<i>tiagabine hydrochloride</i>	MO
<i>topiramate capsule sprinkle, tablet</i>	MO
<i>valproate sodium injection 100mg/ml</i>	NDS
<i>valproic acid capsule, solution</i>	MO
<i>vigabatrin</i>	PA (sabril, new starts only) LA MO NDS
VIMPAT ORAL SOLUTION	MO
VIMPAT INJECTION	NDS
VIMPAT TABLET 50MG	QL (2 EA per 1 days) MO

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

Drug Name	Requirements/Limits*
VIMPAT TABLET 100MG, 150MG, 200MG <i>zonisamide capsule</i>	QL (2 EA per 1 days) MO NDS MO
Antimanic Agents	
LITHIUM <i>lithium carbonate er</i>	MO MO
<i>lithium carbonate capsule, tablet</i>	MO
Antimigraine Agents	
AIMOVIG	QL (2 ML per 30 days) PA (Aimovig) MO
MIGERGOT <i>naratriptan hcl</i>	NDS QL (9 EA per 30 days) NDS
<i>rizatriptan benzoate</i>	QL (18 EA per 30 days) NDS
<i>rizatriptan benzoate odt</i>	QL (12 EA per 30 days) NDS
<i>sumatriptan succinate refill</i>	QL (4 ML per 30 days) NDS
<i>sumatriptan succinate injection</i>	QL (4 ML per 30 days) NDS
<i>sumatriptan succinate tablet</i>	QL (9 EA per 30 days) NDS
<i>sumatriptan solution</i>	QL (12 EA per 30 days) NDS
<i>zolmitriptan odt</i>	QL (12 EA per 30 days) ST (zolmitriptan #2) NDS
<i>zolmitriptan tablet</i>	QL (12 EA per 30 days) ST (zolmitriptan #2) NDS
Antiparkinsonian Agents	
<i>amantadine hcl capsule, syrup, tablet</i>	MO
APOKYN INJECTION 30MG/3ML	PA (apokyn) LA NDS
<i>benztropine mesylate tablet</i>	PA (high risk medication - antiparkinson agents) MO NDS
<i>bromocriptine mesylate capsule, tablet</i>	MO
<i>cabergoline</i>	
<i>carbidopa/levodopa</i>	MO
<i>carbidopa/levodopa er</i>	MO
<i>carbidopa/levodopa/entacapone</i>	MO
<i>carbidopa tablet</i>	MO NDS
EMSAM	QL (1 EA per 1 days) PA (emsam, new starts only) MO NDS
<i>entacapone</i>	MO
NEUPRO	QL (1 EA per 1 days) PA (Neupro) MO
<i>pramipexole dihydrochloride</i>	MO
<i>rasagiline mesylate tablet</i>	QL (1 EA per 1 days) ST (Rasagiline #2) MO
<i>ropinirole hcl</i>	MO
<i>selegiline hcl capsule, tablet</i>	MO
<i>tolcapone</i>	ST (tolcapone #2) MO NDS
<i>trihexyphenidyl hcl</i>	PA (high risk medication - antiparkinson agents) MO NDS
Anxiolytics, Sedatives, and Hypnotics	
<i>alprazolam intensol</i>	NDS
<i>alprazolam tablet</i>	NDS

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

Drug Name	Requirements/Limits*
<i>bupirone hcl tablet</i>	
<i>chlordiazepoxide hcl</i>	NDS
<i>clorazepate dipotassium tablet</i>	NDS
DIASTAT ACUDIAL	
DIASTAT PEDIATRIC GEL 2.5MG	
<i>diazepam intensol</i>	NDS
<i>diazepam rectal gel</i>	
<i>diazepam gel</i>	
<i>diazepam concentrate, oral solution, tablet</i>	NDS
DIAZEPAM INJECTION 5MG/ML	NDS
<i>eszopiclone</i>	QL (1 EA per 1 days) PA (high risk medication - sedative hypnotics) NDS
HETLIOZ	QL (1 EA per 1 days) PA (HETLIOZ) MO NDS
<i>hydroxyzine hcl syrup</i>	PA (high risk medication - hydroxyzine) NDS
HYDROXYZINE HCL INJECTION 25MG/ML	PA (high risk medication - hydroxyzine) NDS
<i>hydroxyzine hcl injection 50mg/ml</i>	PA (high risk medication - hydroxyzine) NDS
<i>hydroxyzine hcl tablet 10mg, 25mg</i>	PA (high risk medication - hydroxyzine) NDS
<i>hydroxyzine hydrochloride tablet 50mg</i>	PA (high risk medication - hydroxyzine) NDS
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	PA (high risk medication - hydroxyzine) MO NDS
<i>hydroxyzine pamoate capsule 100mg</i>	PA (high risk medication - hydroxyzine) NDS
<i>lorazepam intensol</i>	NDS
<i>lorazepam concentrate, tablet</i>	NDS
<i>phenobarbital elixir 20mg/5ml</i>	PA (high risk medication - phenobarbital, new starts only) MO NDS
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	PA (high risk medication - phenobarbital, new starts only) MO NDS
ROZEREM	ST (rozerem #2) MO
<i>temazepam</i>	QL (1 EA per 1 days) PA (high risk medication - sedative hypnotics) NDS
<i>zaleplon</i>	QL (1 EA per 1 days) PA (high risk medication - sedative hypnotics) NDS
<i>zolpidem tartrate tablet</i>	QL (1 EA per 1 days) PA (high risk medication - sedative hypnotics) NDS
Central Nervous System Agents, Misc	

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

Drug Name	Requirements/Limits*
<i>acamprosate calcium dr</i>	MO
<i>atomoxetine capsule 100mg, 40mg, 60mg, 80mg</i>	QL (1 EA per 1 days) MO
<i>atomoxetine capsule 10mg, 25mg</i>	QL (3 EA per 1 days) MO
<i>atomoxetine capsule 18mg</i>	QL (5 EA per 1 days) MO
<i>guanfacine er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	QL (1 EA per 1 days) MO
<i>guanfacine er tablet extended release 24 hour 3mg</i>	QL (2 EA per 1 days) MO
<i>memantine hcl</i>	MO
<i>memantine hcl titration pak</i>	
<i>memantine hydrochloride solution</i>	MO
NUEDEXTA	QL (2 EA per 1 days) PA (Nuedexta) MO
RADICAVA	PA (Radicava) MO NDS
<i>riluzole</i>	MO
XYREM	PA (xyrem) LA NDS
Opiate Antagonists	
<i>naloxone hcl injection 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	
<i>naltrexone hcl tablet</i>	
NARCAN LIQUID	
Psychotherapeutic Agents	
ABILIFY MAINTENA	PA (abilify maintena, new starts only) MO NDS
<i>amitriptyline hcl tablet</i>	PA (high risk medication - antidepressants, new starts only) MO NDS
<i>amoxapine</i>	PA (high risk medication - antidepressants, new starts only) MO NDS
<i>aripiprazole odt</i>	QL (2 EA per 1 days) MO NDS
<i>aripiprazole solution</i>	MO
<i>aripiprazole tablet</i>	QL (1 EA per 1 days) MO
ARISTADA INJECTION 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	PA (Aristada, new starts only) MO NDS
ARISTADA INJECTION 1064MG/3.9ML	QL (3.9 ML per 60 days) PA (Aristada, new starts only) MO NDS
<i>buproban</i>	
<i>bupropion hcl er</i>	MO
<i>bupropion hcl sr tablet extended release 12 hour 150mg</i>	
<i>bupropion hcl sr tablet extended release 12 hour 100mg, 150mg, 200mg</i>	MO
<i>bupropion hcl xl</i>	MO
<i>bupropion hcl tablet 100mg</i>	MO
<i>bupropion hydrochloride tablet 75mg</i>	MO
<i>chlordiazepoxide/amitriptyline</i>	PA (high risk medication - antidepressants, new starts only) MO NDS
CHLORPROMAZINE HCL INJECTION	NDS
<i>chlorpromazine hcl tablet</i>	MO
<i>citalopram hydrobromide solution</i>	MO

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

Drug Name	Requirements/Limits*
<i>citalopram hydrobromide tablet 40mg</i>	QL (1 EA per 1 days) PA (Citalopram 40mg, new starts only) MO
<i>citalopram hydrobromide tablet 10mg, 20mg</i>	QL (1.5 EA per 1 days) MO
<i>clomipramine hcl capsule</i>	PA (high risk medication - antidepressants, new starts only) MO NDS
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	ST (clozapine odt #2, new starts only) NDS
<i>clozapine odt tablet disintegrating 100mg, 12.5mg, 25mg</i>	ST (clozapine odt #2, new starts only)
<i>clozapine odt tablet disintegrating 150mg</i>	ST (clozapine odt #2, new starts only) NDS
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	
<i>compro</i>	
<i>desipramine hcl tablet</i>	PA (high risk medication - antidepressants, new starts only) MO NDS
<i>desvenlafaxine er</i>	QL (1 EA per 1 days) PA (Desvenlafaxine, new starts only) MO
<i>doxepin hcl capsule, concentrate</i>	PA (high risk medication - antidepressants, new starts only) MO NDS
<i>duloxetine hcl capsule delayed release particles 40mg</i>	QL (1 EA per 1 days) MO
<i>duloxetine hcl capsule delayed release particles 20mg</i>	QL (2 EA per 1 days) MO
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	QL (1 EA per 1 days) MO
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	QL (2 EA per 1 days) MO
<i>escitalopram oxalate</i>	MO
FANAPT TITRATION PACK	QL (8 EA per 180 days) ST (atypical antipsychotics #2, new starts only) NDS
FANAPT TABLET 1MG	QL (2 EA per 1 days) ST (atypical antipsychotics #2, new starts only)
FANAPT TABLET 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	QL (2 EA per 1 days) ST (atypical antipsychotics #2, new starts only) NDS
FETZIMA	QL (1 EA per 1 days) PA (Fetzima, new starts only) MO
FETZIMA TITRATION PACK	PA (Fetzima, new starts only)
<i>fluoxetine</i>	MO
<i>fluoxetine hcl capsule, solution</i>	MO
<i>fluoxetine hydrochloride tablet 60mg</i>	MO
<i>fluphenazine decanoate injection</i>	NDS
FLUPHENAZINE HCL INJECTION	NDS
<i>fluphenazine hcl concentrate, elixir, tablet</i>	MO
<i>fluvoxamine maleate</i>	MO

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

Drug Name	Requirements/Limits*
GEODON INJECTION	NDS
<i>haloperidol decanoate injection</i>	NDS
<i>haloperidol lactate</i>	NDS
<i>haloperidol concentrate, tablet</i>	MO
<i>imipramine hcl tablet 25mg, 50mg</i>	PA (high risk medication - antidepressants, new starts only) MO NDS
<i>imipramine hydrochloride tablet 10mg</i>	PA (high risk medication - antidepressants, new starts only) MO NDS
INVEGA SUSTENNA	NDS
INVEGA TRINZA	PA (Invega Trinza, new starts only) MO NDS
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	QL (1 EA per 1 days) MO NDS
LATUDA TABLET 80MG	QL (2 EA per 1 days) MO NDS
<i>loxapine succinate</i>	MO
<i>maprotiline hcl</i>	MO
MARPLAN	MO
<i>mirtazapine odt</i>	MO
<i>mirtazapine tablet</i>	MO
<i>nefazodone hcl tablet 100mg, 150mg, 250mg, 50mg</i>	MO
<i>nefazodone hydrochloride tablet 200mg</i>	MO
<i>nortriptyline hcl capsule, solution</i>	PA (high risk medication - antidepressants, new starts only) MO NDS
NUPLAZID CAPSULE	QL (1 EA per 1 days) PA (Nuplazid, new starts only) MO NDS
NUPLAZID TABLET 10MG	QL (1 EA per 1 days) PA (Nuplazid, new starts only) MO NDS
NUPLAZID TABLET 17MG	QL (2 EA per 1 days) PA (Nuplazid, new starts only) MO NDS
<i>olanzapine odt</i>	MO
<i>olanzapine/fluoxetine</i>	QL (1 EA per 1 days) MO
<i>olanzapine tablet</i>	MO
<i>olanzapine injection</i>	NDS
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg</i>	QL (1 EA per 1 days) ST (atypical antipsychotics #2, new starts only) MO
<i>paliperidone er tablet extended release 24 hour 9mg</i>	QL (1 EA per 1 days) ST (atypical antipsychotics #2, new starts only) MO NDS
<i>paliperidone er tablet extended release 24 hour 6mg</i>	QL (2 EA per 1 days) ST (atypical antipsychotics #2, new starts only) MO
<i>paroxetine hcl</i>	PA (high risk medication - paroxetine, new starts only) MO NDS

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

Drug Name	Requirements/Limits*
PAXIL SUSPENSION	PA (paxil suspension, new starts only) MO
<i>perphenazine/amitriptyline</i>	PA (high risk medication - antidepressants, new starts only) MO NDS
<i>perphenazine tablet</i>	MO
<i>phenelzine sulfate tablet</i>	MO
<i>pimozide</i>	MO
<i>prochlorperazine edisylate injection</i>	NDS
<i>prochlorperazine maleate tablet</i>	MO
<i>prochlorperazine suppository 25mg</i>	
<i>protriptyline hcl</i>	PA (high risk medication - antidepressants, new starts only) MO NDS
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	QL (1 EA per 1 days) ST (Quetiapine ER #2, new starts only) MO
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 50mg</i>	QL (2 EA per 1 days) ST (Quetiapine ER #2, new starts only) MO
<i>quetiapine fumarate er tablet extended release 24 hour 400mg</i>	QL (2 EA per 1 days) ST (Quetiapine ER #2, new starts only) MO NDS
<i>quetiapine fumarate tablet 300mg, 400mg</i>	QL (2 EA per 1 days) MO
<i>quetiapine fumarate tablet 100mg, 200mg, 25mg, 50mg</i>	QL (3 EA per 1 days) MO
REXULTI	QL (1 EA per 1 days) PA (Rexulti, new starts only) MO NDS
RISPERDAL CONSTA	NDS
<i>risperidone</i>	MO
<i>risperidone m-tab</i>	MO
<i>risperidone odt</i>	MO
SAPHRIS	QL (2 EA per 1 days) ST (saphris #2, new starts only) MO
<i>sertraline hcl concentrate, tablet</i>	MO
SILENOR	QL (1 EA per 1 days) ST (silenor #2) MO
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	MO
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	MO
<i>tranylcypromine sulfate</i>	MO
<i>trazodone hydrochloride</i>	MO
<i>trifluoperazine hcl tablet</i>	MO
<i>trimipramine maleate capsule</i>	PA (high risk medication - antidepressants, new starts only) MO NDS
TRINTELLIX	PA (Trintellix, new starts only) MO
<i>venlafaxine hcl</i>	MO
<i>venlafaxine hcl er capsule extended release 24 hour</i>	MO
<i>venlafaxine hcl er tablet extended release 24 hour 225mg</i>	QL (1 EA per 1 days) MO

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

Drug Name	Requirements/Limits*
VERSACLOZ	PA (Versacloz, new starts only) NDS
VIIBRYD STARTER PACK	PA (viibryd, new starts only)
VIIBRYD TABLET	QL (1 EA per 1 days) PA (viibryd, new starts only) MO
VRAYLAR CAPSULE	QL (1 EA per 1 days) ST (atypical antipsychotics #2, new starts only) MO NDS
VRAYLAR CAPSULE THERAPY PACK	QL (7 EA per 180 days) ST (atypical antipsychotics #2, new starts only) NDS
<i>ziprasidone hcl</i>	QL (2 EA per 1 days) MO
ZYPREXA RELPREVV	PA (zyprexa relprevv, new starts only) NDS
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors	
AUSTEDO TABLET 6MG	QL (2 EA per 1 days) PA (Austedo) MO NDS
AUSTEDO TABLET 12MG, 9MG	QL (4 EA per 1 days) PA (Austedo) MO NDS
INGREZZA CAPSULE 80MG	QL (1 EA per 1 days) PA (Ingrezza) MO NDS
INGREZZA CAPSULE 40MG	QL (2 EA per 1 days) PA (Ingrezza) MO NDS
<i>tetrabenazine tablet 25mg</i>	QL (4 EA per 1 days) PA (Tetrabenazine) MO NDS
<i>tetrabenazine tablet 12.5mg</i>	QL (8 EA per 1 days) PA (Tetrabenazine) MO NDS
Devices	
<i>Devices</i>	
<i>alcohol prep pads</i>	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	QL (200 EA per 30 days)
<i>bd insulin syringe ultrafine/0.3ml/31g x 5/16"</i>	QL (200 EA per 30 days)
<i>bd insulin syringe ultrafine/0.5ml/30g x 1/2"</i>	QL (200 EA per 30 days)
<i>bd insulin syringe ultrafine/1ml/31g x 5/16"</i>	QL (200 EA per 30 days)
<i>bd pen needle/ultrafine/29g x 12.7mm</i>	QL (200 EA per 30 days)
<i>curity gauze pads 2"x2"</i>	QL (100 EA per 30 days)
Electrolytic, Caloric, and Water Balance	
Alkalinizing Agents	
<i>potassium citrate er</i>	
SODIUM LACTATE INJECTION 5MEQ/ML	NDS
Ammonia Detoxicants	
CARBAGLU	PA (carbaglu) LA MO NDS
<i>constulose</i>	MO
<i>enulose</i>	MO
<i>generlac</i>	MO
<i>lactulose solution</i>	MO
RAVICTI	PA (ravicti) MO NDS
<i>sodium phenylbutyrate powder, tablet</i>	PA (buphenyl) MO NDS

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

Drug Name	Requirements/Limits*
Caloric Agents	
AMINOSYN 7%/ELECTROLYTES	B/D NDS
<i>aminosyn 8.5%/electrolytes</i>	B/D NDS
<i>aminosyn ii 8.5%/electrolytes</i>	B/D NDS
AMINOSYN II INJECTION 61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML, 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	B/D NDS
AMINOSYN M INJECTION 65MEQ/L; 448MG/100ML; 343MG/100ML; 40MEQ/L; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 3MEQ/L; 140MG/100ML; 154MG/100ML; 3.5MMOLE/L; 13MEQ/L; 300MG/100ML; 147MG/100ML; 40MEQ/L; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	B/D NDS
AMINOSYN-HBC	B/D NDS
AMINOSYN-PF 7%	B/D NDS
AMINOSYN-PF INJECTION 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; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	B/D NDS
AMINOSYN-RF	B/D NDS
AMINOSYN INJECTION 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML, 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	B/D NDS
CLINIMIX 2.75%/DEXTROSE 5%	B/D NDS
CLINIMIX 4.25%/DEXTROSE 10%	B/D NDS
CLINIMIX 4.25%/DEXTROSE 20%	B/D NDS
CLINIMIX 4.25%/DEXTROSE 25%	B/D NDS
CLINIMIX 4.25%/DEXTROSE 5%	B/D NDS
CLINIMIX 5%/DEXTROSE 15%	B/D NDS
CLINIMIX 5%/DEXTROSE 20%	B/D NDS
CLINIMIX 5%/DEXTROSE 25%	B/D NDS
CLINIMIX E 2.75%/DEXTROSE 10%	B/D NDS
CLINIMIX E 2.75%/DEXTROSE 5%	B/D NDS

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

Drug Name	Requirements/Limits*
CLINIMIX E 4.25%/DEXTROSE 10%	B/D NDS
CLINIMIX E 4.25%/DEXTROSE 25%	B/D NDS
CLINIMIX E 4.25%/DEXTROSE 5%	B/D NDS
CLINIMIX E 5%/DEXTROSE 15%	B/D NDS
CLINIMIX E 5%/DEXTROSE 20%	B/D NDS
CLINIMIX E 5%/DEXTROSE 25%	B/D NDS
CLINIMIX N14G30E	B/D NDS
<i>clinisol sf 15%</i>	B/D NDS
<i>dextrose 10%</i>	NDS
DEXTROSE 20%	NDS
DEXTROSE 25% INJECTION 250MG/ML	NDS
DEXTROSE 30%	NDS
DEXTROSE 40%	NDS
<i>dextrose 5%</i>	NDS
<i>dextrose 50%</i>	NDS
<i>dextrose 70%</i>	NDS
FREAMINE HBC 6.9%	B/D NDS
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	B/D NDS
<i>glucose 5%</i>	NDS
HEPATAMINE	B/D NDS
<i>intralipid injection 20gm/100ml</i>	B/D NDS
NEPHRAMINE	B/D NDS
<i>nutrilipid</i>	B/D NDS
<i>plenamine</i>	B/D NDS
PREMASOL INJECTION 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 NDS
<i>premasol injection 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	B/D NDS
PROCALAMINE	B/D NDS
PROSOL	B/D NDS
TRAVASOL INJECTION 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 NDS

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

Drug Name	Requirements/Limits*
TROPHAMINE INJECTION 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	B/D NDS
Diuretics	
<i>amiloride hcl tablet</i>	MO
<i>amiloride/hydrochlorothiazide</i>	MO
<i>bumetanide tablet</i>	MO
<i>bumetanide injection</i>	NDS
<i>chlorothiazide</i>	MO
<i>chlorothiazide sodium</i>	NDS
<i>chlorthalidone tablet 25mg, 50mg</i>	MO
DYRENIUM	MO
<i>furosemide oral solution, tablet</i>	MO
<i>furosemide injection</i>	NDS
<i>hydrochlorothiazide capsule, tablet</i>	MO
<i>indapamide</i>	MO
JYNARQUE	QL (2 EA per 1 days) PA (Jynarque)
	NDS
<i>metolazone</i>	MO
<i>toremide tablet</i>	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	MO
<i>triamterene/hydrochlorothiazide tablet</i>	MO
Ion-removing Agents	
FOSRENOL PACKET	ST (Phosphate Binders #2, new starts only) MO NDS
<i>kionex suspension</i>	
<i>lanthanum carbonate</i>	ST (Phosphate Binders #2, new starts only) MO NDS
RENAGEL TABLET 800MG	ST (Phosphate Binders #2, new starts only) MO
<i>sevelamer carbonate</i>	ST (Phosphate Binders #2, new starts only) MO
<i>sodium polystyrene sulfonate</i>	
<i>sps</i>	
VELTASSA	QL (1 EA per 1 days) PA (Veltassa)
	NDS
Irrigating Solutions	
<i>lactated ringers irrigation</i>	
<i>ringers irrigation</i>	
<i>sodium chloride 0.9%</i>	
<i>sodium chloride 0.9%</i>	
<i>sterile water for irrigation</i>	
<i>sterile water irrigation</i>	
<i>sterile water irrigation plastic bottle</i>	
<i>tis-u-sol</i>	

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

Drug Name	Requirements/Limits*
Replacement Preparations	
<i>calcium acetate capsule</i>	MO
<i>calcium acetate tablet 667mg</i>	MO
DEXTROSE 10%/NACL 0.45%	NDS
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	NDS
DEXTROSE 10%/NACL 0.2%	NDS
<i>dextrose 2.5%/nacl 0.45%</i>	NDS
<i>dextrose 5%/lactated ringers</i>	NDS
<i>dextrose 5%/nacl 0.2%</i>	NDS
DEXTROSE 5%/NACL 0.225%	NDS
DEXTROSE 5%/NACL 0.3%	NDS
<i>dextrose 5%/nacl 0.33%</i>	NDS
<i>dextrose 5%/nacl 0.45%</i>	NDS
<i>dextrose 5%/nacl 0.9%</i>	NDS
IONOSOL-B/DEXTROSE 5%	NDS
IONOSOL-MB/DEXTROSE 5%	NDS
ISOLYTE-P/DEXTROSE 5%	NDS
ISOLYTE-S	NDS
ISOLYTE-S PH 7.4	NDS
<i>kcl 0.075%/d5w/nacl 0.45%</i>	NDS
<i>kcl 0.15%/d5w/nacl 0.2%</i>	NDS
KCL 0.15%/D5W/NACL 0.225% INJECTION 5%; 20MEQ/L; 0.225%	NDS
<i>kcl 0.15%/d5w/nacl 0.45%</i>	NDS
<i>kcl 0.15%/d5w/nacl 0.9%</i>	NDS
<i>kcl 0.3%/d5w/nacl 0.45%</i>	NDS
KCL 0.3%/D5W/NACL 0.9%	NDS
<i>klor-con 10</i>	MO
<i>klor-con 8</i>	MO
<i>klor-con m10</i>	MO
<i>klor-con m15</i>	MO
<i>klor-con m20</i>	MO
<i>klor-con sprinkle</i>	MO
<i>lactated ringers viaflex</i>	NDS
NORMOSOL -R	NDS
NORMOSOL-M IN D5W	NDS
NORMOSOL-R	NDS
NORMOSOL-R IN D5W	NDS
PLASMA-LYTE A	NDS
PLASMA-LYTE-148	NDS
<i>potassium chloride cr tablet extended release 10meq</i>	MO
<i>potassium chloride er capsule extended release</i>	MO
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	MO
<i>potassium chloride sr tablet extended release 8meq</i>	MO
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	NDS
<i>potassium chloride/dextrose/sodium chloride</i>	NDS
POTASSIUM CHLORIDE/DEXTROSE INJECTION 5%; 40MEQ/L	NDS
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	NDS

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

Drug Name	Requirements/Limits*
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	NDS
<i>potassium chloride oral solution</i>	MO
POTASSIUM CHLORIDE INJECTION 10MEQ/50ML	NDS
<i>potassium chloride injection 0.4meq/ml, 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	NDS
<i>ringers injection injection 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	NDS
<i>sodium chloride 0.45%</i>	NDS
<i>sodium chloride injection 0.9%, 2.5meq/ml, 3%, 5%</i>	NDS
<i>tpn electrolytes</i>	NDS
Uricosuric Agents	
<i>probenecid/colchicine</i>	MO
<i>probenecid tablet</i>	MO
Enzymes	
Enzymes	
ADAGEN	PA (adagen) LA NDS
ALDURAZYME	PA (aldurazyme) LA NDS
CEREZYME	PA (cerezyme) NDS
ELAPRASE	PA (elaprase) LA NDS
FABRAZYME	PA (fabrazyme) LA NDS
LUMIZYME	PA (lumizyme) LA NDS
NAGLAZYME	PA (naglazyme) LA NDS
PALYNZIQ INJECTION 10MG/0.5ML, 2.5MG/0.5ML	QL (1 ML per 1 days) PA (Palynziq) MO NDS
PALYNZIQ INJECTION 20MG/ML	QL (2 ML per 1 days) PA (Palynziq) MO NDS
STRENSIQ	PA (Strensiq) MO NDS
SUCRAID	PA (sucraid) LA MO NDS
VPRIV	PA (vpriv) NDS
Eye, Ear, Nose & Throat Preparations	
Anti-infectives	
<i>ak-poly-bac</i>	
<i>bacitracin</i>	
<i>bacitracin/polymyxin b</i>	
<i>chlorhexidine gluconate</i>	
<i>chlorhexidine gluconate oral rinse</i>	
<i>ciprofloxacin hcl solution 0.3%</i>	
CIPROFLOXACIN OTIC SOLUTION 0.2%	
<i>erythromycin ointment 5mg/gm</i>	
<i>gatifloxacin</i>	
<i>gentak ointment</i>	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	
<i>levofloxacin ophthalmic solution 0.5%</i>	
<i>moxifloxacin hydrochloride solution</i>	
NATACYN	
<i>neo-polycin</i>	
<i>neomycin/bacitracin/polymyxin</i>	
<i>neomycin/polymyxin/bacitracin zinc</i>	

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

Drug Name	Requirements/Limits*
<i>neomycin/polymyxin/gramicidin</i>	
<i>ofloxacin</i>	
<i>paroex</i>	
<i>periogard</i>	
<i>polycin</i>	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	
<i>sodium sulfacetamide solution</i>	
<i>sulfacetamide sodium ointment</i>	
<i>tobramycin sulfate ophthalmic solution 0.3%</i>	
<i>trifluridine solution</i>	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	
ZIRGAN	
Anti-inflammatory Agents	
<i>acetasol hc</i>	
<i>blephamide s.o.p.</i>	
CIPRODEX	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	
<i>diclofenac sodium solution 0.1%</i>	
DUREZOL	PA (durezol)
<i>flunisolide solution 0.025%</i>	
<i>fluocinolone acetonide ear drops</i>	
<i>fluocinolone acetonide oil 0.01%</i>	
<i>fluorometholone suspension</i>	
<i>flurbiprofen sodium</i>	
<i>fluticasone propionate suspension 50mcg/act</i>	
FML	
FML FORTE	
<i>hydrocortisone/acetic acid</i>	
<i>ketorolac tromethamine</i>	
MAXIDEX SUSPENSION	
<i>neo-polycin hc</i>	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	
<i>neomycin/polymyxin/dexamethasone</i>	
<i>neomycin/polymyxin/hc</i>	
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension, otic suspension</i>	
<i>neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml</i>	
PRED MILD	
<i>prednisolone acetate</i>	
<i>prednisolone acetate p-f</i>	
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	
RESTASIS	QL (60 EA per 30 days) MO
<i>restasis multidose</i>	QL (5.5 ML per 30 days) MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	
TOBRADEX ST	
TOBRADEX OINTMENT	
<i>tobramycin/dexamethasone</i>	

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

Drug Name	Requirements/Limits*
Antiallergic Agents	
<i>azelastine hcl ophthalmic solution</i>	
<i>azelastine hcl nasal solution 0.1%</i>	QL (60 ML per 30 days)
<i>cromolyn sodium solution 4%</i>	
<i>epinastine hcl</i>	
Antiglaucoma Agents	
<i>acetazolamide er</i>	MO
<i>acetazolamide sodium</i>	NDS
<i>acetazolamide tablet</i>	MO
<i>betaxolol hcl</i>	MO
<i>brimonidine tartrate solution</i>	MO
<i>carteolol hcl</i>	MO
<i>dorzolamide hcl</i>	MO
<i>dorzolamide hcl/timolol maleate</i>	MO
<i>latanoprost solution</i>	MO
<i>levobunolol hcl solution 0.5%</i>	MO
<i>methazolamide tablet</i>	MO
<i>metipranolol</i>	MO
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	MO
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	MO
<i>timolol maleate ophthalmic gel forming</i>	MO
<i>timolol maleate solution 0.25%, 0.5%</i>	MO
TRAVATAN Z	ST (travatan z #2) MO
EENT Drugs, Miscellaneous	
<i>acetic acid</i>	
<i>acetic acid/aluminum acetate solution 2%; 0</i>	
<i>apraclonidine</i>	
CYSTARAN	PA (Cystaran) LA MO NDS
IOPIDINE SOLUTION 1%	
Local Anesthetics	
<i>lidocaine hcl viscous</i>	
<i>lidocaine viscous</i>	
<i>proparacaine hcl solution</i>	
Mydriatics	
<i>atropine sulfate solution 1%</i>	MO
Vasoconstrictors	
<i>tyzine pediatric nasal drops</i>	
Gastrointestinal Drugs	
Anti-inflammatory Agents	
<i>alosetron hydrochloride</i>	PA (lotronex) MO NDS
<i>balsalazide disodium</i>	
CANASA SUPPOSITORY 1000MG	NDS
DELZICOL	MO
DIPENTUM	MO NDS
<i>mesalamine dr tablet delayed release 800mg</i>	
<i>mesalamine enema, kit</i>	
PENTASA CAPSULE EXTENDED RELEASE 250MG	MO
PENTASA CAPSULE EXTENDED RELEASE 500MG	MO NDS

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

Drug Name	Requirements/Limits*
<i>Antidiarrhea Agents</i>	
<i>diphenoxylate/atropine</i>	
<i>loperamide hcl capsule</i>	
XERMELO	QL (3 EA per 1 days) PA (Xermelo) MO NDS
<i>Antiemetics</i>	
<i>aprepitant capsule 40mg</i>	QL (1 EA per 30 days) PA (emend) NDS
<i>aprepitant capsule 125mg</i>	QL (2 EA per 30 days) PA (emend) NDS
<i>aprepitant capsule 80mg</i>	QL (4 EA per 30 days) PA (emend) NDS
<i>aprepitant capsule 0</i>	QL (6 EA per 30 days) PA (emend) NDS
<i>dronabinol</i>	QL (4 EA per 1 days) PA (dronabinol)
EMEND SUSPENSION RECONSTITUTED	QL (2 EA per 30 days) PA (emend)
<i>granisetron hcl tablet</i>	QL (2 EA per 1 days) PA (Granisetron)
<i>granisetron hcl injection 0.1mg/ml, 1mg/ml</i>	PA (Granisetron) NDS
<i>meclizine hcl tablet</i>	
<i>ondansetron hcl oral solution</i>	B/D
<i>ondansetron hcl tablet</i>	QL (3 EA per 1 days) B/D
<i>ondansetron hcl injection 40mg/20ml, 4mg/2ml</i>	NDS
<i>ondansetron odt</i>	QL (3 EA per 1 days) B/D
<i>scopolamine</i>	PA (Transderm Scop)
<i>Antiulcer Agents and Acid Suppressants</i>	
CARAFATE SUSPENSION	MO
<i>cimetidine hcl solution</i>	MO
<i>cimetidine tablet 200mg</i>	
<i>cimetidine tablet 300mg, 400mg, 800mg</i>	MO
<i>esomeprazole magnesium</i>	QL (1 EA per 1 days) ST (esomeprazole #2) MO
ESOMEPRAZOLE SODIUM INJECTION 20MG	ST (IV esomeprazole #2) NDS
<i>esomeprazole sodium injection 40mg</i>	ST (IV esomeprazole #2) NDS
<i>famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	NDS
<i>famotidine tablet 20mg, 40mg</i>	MO
<i>lansoprazole dr</i>	QL (1 EA per 1 days) MO
<i>lansoprazole capsule delayed release</i>	QL (1 EA per 1 days) MO
<i>misoprostol tablet</i>	MO
<i>omeprazole capsule delayed release 20mg, 40mg</i>	MO
<i>omeprazole capsule delayed release 10mg</i>	QL (1 EA per 1 days) MO
<i>pantoprazole sodium injection</i>	NDS
<i>pantoprazole sodium tablet delayed release 40mg</i>	MO
<i>pantoprazole sodium tablet delayed release 20mg</i>	QL (1 EA per 1 days) MO
<i>rabeprazole sodium</i>	QL (1 EA per 1 days) MO
<i>ranitidine hcl capsule, syrup</i>	MO
<i>ranitidine hcl injection 150mg/6ml, 50mg/2ml</i>	NDS

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

Drug Name	Requirements/Limits*
<i>ranitidine hcl tablet 150mg, 300mg</i>	MO
<i>sucralfate tablet</i>	MO
<i>Cathartics and Laxatives</i>	
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	
<i>gavilyte-h</i>	
<i>gavilyte-n/ flavor pack</i>	
GOLYTELY SOLUTION RECONSTITUTED 227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	
OSMOPREP	
<i>peg 3350/electrolytes</i>	
<i>peg-3350/electrolytes</i>	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	
<i>polyethylene glycol 3350 packet, powder</i>	
SUPREP BOWEL PREP KIT	
<i>trilyte</i>	
<i>Cholelitholytic Agents</i>	
CHENODAL	PA (CHENODAL) NDS
<i>ursodiol capsule, tablet</i>	MO
<i>Digestants</i>	
CREON CAPSULE DELAYED RELEASE PARTICLES 12000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 42000UNIT; 10000UNIT; 32000UNIT	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	MO
<i>GI Drugs, Miscellaneous</i>	
AMITIZA	PA (amitiza) MO
CHOLBAM	PA (Cholbam) MO NDS
GATTEX	PA (GATTEX) MO NDS
LINZESS CAPSULE 145MCG, 290MCG	QL (1 EA per 1 days) PA (Linzess) MO
OCALIVA	QL (1 EA per 1 days) PA (Ocaliva) MO NDS
RELISTOR INJECTION	PA (relistor) NDS
RELISTOR TABLET	QL (3 EA per 1 days) PA (relistor) NDS
SYMPROIC	QL (1 EA per 1 days) PA (Symproic)
VIBERZI	QL (2 EA per 1 days) PA (Viberzi) MO NDS
<i>Prokinetic Agents</i>	
<i>metoclopramide hcl oral solution, tablet</i>	

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

Drug Name	Requirements/Limits*
<i>metoclopramide hcl injection</i>	NDS
Gold Compounds	
Gold Compounds	
RIDAURA	MO NDS
Heavy Metal Antagonists	
Heavy Metal Antagonists	
DEPEN TITRATABS	NDS
EXJADE	PA (exjade/ferriprox) LA MO NDS
FERRIPROX	PA (exjade/ferriprox) MO NDS
JADENU	PA (Jadenu) NDS
JADENU SPRINKLE	PA (Jadenu) NDS
<i>trientine hydrochloride</i>	NDS
Hormones and Synthetic Substitutes	
Adrenals	
ARMONAIR RESPICLICK 113	MO
ARMONAIR RESPICLICK 232	MO
ARMONAIR RESPICLICK 55	MO
BREO ELLIPTA	QL (60 EA per 30 days) MO
<i>budesonide suspension</i>	B/D MO
<i>budesonide capsule delayed release particles</i>	NDS
<i>cortisone acetate tablet 25mg</i>	
<i>decadron elixir</i>	
<i>deltasone tablet 20mg</i>	B/D
DEPO-MEDROL INJECTION 20MG/ML	B/D NDS
<i>dexamethasone 10-day dose pack</i>	
<i>dexamethasone 13-day dose pack</i>	
<i>dexamethasone 6-day dose pack</i>	
<i>dexamethasone intensol</i>	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION 10MG/ML	NDS
<i>dexamethasone sodium phosphate injection 120mg/30ml</i>	NDS
<i>dexamethasone elixir, solution</i>	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	
<i>dexpak 13 day tablet therapy pack</i>	
DULERA	QL (13 GM per 30 days) MO
EMFLAZA	PA (Emflaza) NDS
FLOVENT DISKUS	MO
FLOVENT HFA	MO
<i>fludrocortisone acetate tablet</i>	MO
<i>fluticasone propionate/salmeterol</i>	QL (2 EA per 30 days) MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	
KENALOG-10	NDS
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	B/D NDS
<i>methylprednisolone dose pack tablet therapy pack</i>	
<i>methylprednisolone sodiumsuccinate injection 1000mg, 125mg, 40mg</i>	B/D NDS
<i>methylprednisolone tablet</i>	B/D
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	

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

Drug Name	Requirements/Limits*
<i>prednisolone solution</i>	
<i>prednisone tablet therapy pack</i>	
<i>prednisone solution</i>	B/D
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	B/D
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT	QL (10.6 GM per 60 days) MO
QVAR REDIHALER AEROSOL BREATH ACTIVATED 80MCG/ACT	QL (21.2 GM per 30 days) MO
SOLU-CORTEF INJECTION 100MG, 250MG	NDS
SOLU-MEDROL INJECTION 2GM, 500MG	B/D NDS
TRELEGY ELLIPTA	QL (2 EA per 1 days) ST (Trelegy Ellipta #2) MO
<i>triamcinolone acetonide injection 40mg/ml</i>	NDS
Androgens	
ANADROL-50	PA (Anadrol-50) NDS
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	MO
ANDROGEL PUMP GEL 1.62%	MO
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM	MO
<i>danazol capsule</i>	
<i>methitest</i>	PA (testosterone-systemic) MO
<i>oxandrolone tablet 10mg</i>	QL (2 EA per 1 days) PA (oxandrolone) NDS
<i>oxandrolone tablet 2.5mg</i>	QL (4 EA per 1 days) PA (oxandrolone)
<i>testosterone cypionate injection</i>	NDS
<i>testosterone enanthate injection</i>	NDS
<i>testosterone pump</i>	MO
<i>testosterone gel</i>	MO
Antidiabetic Agents	
<i>acarbose</i>	QL (3 EA per 1 days) MO
ACTOPLUS MET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 30MG	QL (1 EA per 1 days) MO
ACTOPLUS MET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 15MG	QL (2 EA per 1 days) MO
<i>alogliptin</i>	QL (1 EA per 1 days) MO
<i>alogliptin/metformin hcl tablet 12.5mg; 500mg</i>	QL (1 EA per 1 days) MO
<i>alogliptin/metformin hcl tablet 12.5mg; 1000mg</i>	QL (2 EA per 1 days) MO
<i>alogliptin/pioglitazone</i>	QL (1 EA per 1 days) MO
BASAGLAR KWIKPEN	MO
BYDUREON	QL (4 EA per 28 days) MO
BYDUREON BCISE	QL (4 ML per 28 days) MO
BYDUREON PEN	QL (4 EA per 28 days) MO
BYETTA INJECTION 5MCG/0.02ML	QL (1.2 ML per 30 days) MO
BYETTA INJECTION 10MCG/0.04ML	QL (2.4 ML per 30 days) MO
CYCLOSET	ST (cycloset #2) MO
FARXIGA	QL (1 EA per 1 days) PA (Farxiga) MO
FIASP	MO

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

Drug Name	Requirements/Limits*
FIASP FLEXTOUCH	MO
<i>glimepiride tablet 4mg</i>	QL (2 EA per 1 days) MO
<i>glimepiride tablet 2mg</i>	QL (4 EA per 1 days) MO
<i>glimepiride tablet 1mg</i>	QL (8 EA per 1 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	QL (2 EA per 1 days) MO
<i>glipizide er tablet extended release 24 hour 5mg</i>	QL (4 EA per 1 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg</i>	QL (8 EA per 1 days) MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>	QL (2 EA per 1 days) MO
<i>glipizide xl tablet extended release 24 hour 5mg</i>	QL (4 EA per 1 days) MO
<i>glipizide xl tablet extended release 24 hour 2.5mg</i>	QL (8 EA per 1 days) MO
<i>glipizide/metformin hcl tablet 2.5mg; 500mg, 5mg; 500mg</i>	QL (4 EA per 1 days) MO
<i>glipizide/metformin hcl tablet 2.5mg; 250mg</i>	QL (8 EA per 1 days) MO
<i>glipizide tablet 10mg</i>	QL (4 EA per 1 days) MO
<i>glipizide tablet 5mg</i>	QL (8 EA per 1 days) MO
GLYXAMBI	QL (1 EA per 1 days) PA (Jardiance) MO
JANUMET	QL (2 EA per 1 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 500MG; 50MG	QL (1 EA per 1 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG	QL (2 EA per 1 days) MO
JANUVIA	QL (1 EA per 1 days) MO
JARDIANCE	QL (1 EA per 1 days) PA (Jardiance) MO
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 5MG, 500MG; 5MG	QL (1 EA per 1 days) MO
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 2.5MG	QL (2 EA per 1 days) MO
KORLYM	PA (Korlym) MO NDS
LANTUS	MO
LANTUS SOLOSTAR	MO
<i>metformin hcl er tablet extended release 24 hour 750mg</i>	QL (2 EA per 1 days) MO
<i>metformin hcl er tablet extended release 24 hour 500mg</i>	QL (4 EA per 1 days) MO
<i>metformin hcl tablet 1000mg</i>	QL (2.5 EA per 1 days) MO
<i>metformin hcl tablet 850mg</i>	QL (3 EA per 1 days) MO
<i>metformin hydrochloride tablet 500mg</i>	QL (5 EA per 1 days) MO
<i>miglitol</i>	QL (3 EA per 1 days) MO
<i>nateglinide</i>	QL (3 EA per 1 days) MO
NOVOLIN 70/30	MO
NOVOLIN N	MO
NOVOLIN R	MO
NOVOLOG	MO
NOVOLOG FLEXPEN	MO
NOVOLOG MIX 70/30	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	MO
NOVOLOG PENFILL	MO
ONGLYZA	QL (1 EA per 1 days) MO
<i>pioglitazone hcl</i>	QL (1 EA per 1 days) MO

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

Drug Name	Requirements/Limits*
<i>pioglitazone hcl/metformin hcl</i>	QL (3 EA per 1 days) MO
QTERN	QL (1 EA per 1 days) PA (Farxiga) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	QL (4 EA per 1 days) MO
<i>repaglinide tablet 2mg</i>	QL (8 EA per 1 days) MO
SYMLINPEN 120	PA (symlin) MO NDS
SYMLINPEN 60	PA (symlin) MO NDS
SYNJARDY	QL (2 EA per 1 days) PA (Jardiance) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	QL (1 EA per 1 days) PA (Jardiance) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	QL (2 EA per 1 days) PA (Jardiance) MO
<i>tolazamide tablet 500mg</i>	QL (2 EA per 1 days) MO
<i>tolazamide tablet 250mg</i>	QL (4 EA per 1 days) MO
<i>tolbutamide</i>	QL (6 EA per 1 days) MO
TOUJEO MAX SOLOSTAR	MO
TOUJEO SOLOSTAR	MO
TRULICITY	QL (2 ML per 28 days) MO
VICTOZA	QL (9 ML per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG, 5MG; 500MG	QL (1 EA per 1 days) PA (Farxiga) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	QL (2 EA per 1 days) PA (Farxiga) MO
<i>Antihypoglycemic Agents</i>	
GLUCAGEN HYPOKIT	NDS
GLUCAGON EMERGENCY KIT	NDS
PROGLYCEM	MO NDS
<i>Contraceptives</i>	
<i>altavera</i>	MO
<i>alyacen 1/35</i>	MO
<i>alyacen 7/7/7</i>	MO
<i>amethia</i>	MO
<i>amethia lo</i>	MO
<i>amethyst</i>	MO
<i>apri</i>	MO
<i>aranelle</i>	MO
<i>ashlyna</i>	MO
<i>aubra</i>	MO
<i>aviane</i>	MO
<i>azurette</i>	MO
<i>balziva</i>	MO
<i>bekyree</i>	MO
<i>blisovi 24 fe</i>	MO
<i>blisovi fe 1.5/30</i>	MO
<i>blisovi fe 1/20</i>	MO
<i>briellyn</i>	MO
<i>camila</i>	MO

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

Drug Name	Requirements/Limits*
<i>camrese</i>	MO
<i>camrese lo</i>	MO
<i>caziant</i>	MO
<i>cesia</i>	MO
<i>chateal</i>	MO
<i>cryselle-28</i>	MO
<i>cyclafem 1/35</i>	MO
<i>cyclafem 7/7/7</i>	MO
<i>cyred</i>	MO
<i>dasetta 1/35</i>	MO
<i>dasetta 7/7/7</i>	MO
<i>daysee</i>	MO
<i>deblitane</i>	MO
<i>delyla</i>	MO
<i>desogestrel/ethinyl estradiol</i>	MO
<i>drospirenone/ethinyl estradiol</i>	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	MO
<i>elinst</i>	MO
ELLA	QL (1 EA per 1 days)
<i>emoquette</i>	MO
<i>enpresse-28</i>	MO
<i>enskyce</i>	MO
<i>errin</i>	MO
<i>estarylla</i>	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	MO
<i>falmina</i>	MO
<i>fayosim</i>	MO
<i>femynor</i>	MO
<i>gianvi</i>	MO
<i>gildess 1.5/30</i>	MO
<i>gildess 1/20</i>	MO
<i>gildess 24 fe</i>	MO
<i>gildess fe 1.5/30</i>	MO
<i>gildess fe 1/20</i>	MO
<i>heather</i>	MO
<i>incassia</i>	MO
<i>introvale</i>	MO
<i>isibloom</i>	MO
<i>jencycla</i>	MO
<i>jolessa</i>	MO
<i>jolivette</i>	MO
<i>juleber</i>	MO
<i>junel 1.5/30</i>	MO
<i>junel 1/20</i>	MO
<i>junel fe 1.5/30</i>	MO
<i>junel fe 1/20</i>	MO
<i>junel fe 24</i>	MO
<i>kaitlib fe</i>	MO

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

Drug Name	Requirements/Limits*
<i>kariva</i>	MO
<i>kelnor 1/35</i>	MO
<i>kelnor 1/50</i>	MO
<i>kimidess</i>	MO
<i>kurvelo</i>	MO
<i>larin 1.5/30</i>	MO
<i>larin 1/20</i>	MO
<i>larin 24 fe</i>	MO
<i>larin fe 1.5/30</i>	MO
<i>larin fe 1/20</i>	MO
<i>larissia</i>	MO
<i>layolis fe</i>	MO
<i>leena</i>	MO
<i>lessina</i>	MO
<i>levonest</i>	MO
<i>levonorgestrel and ethinyl estradiol</i>	MO
<i>levonorgestrel/ethinyl estradiol</i>	MO
<i>levonorgestrel tablet 1.5mg</i>	
<i>levora 0.15/30-28</i>	MO
<i>lillow</i>	MO
LO LOESTRIN FE	MO
<i>loryna</i>	MO
<i>low-ogestrel</i>	MO
<i>lutra</i>	MO
<i>lyza</i>	MO
<i>marlissa</i>	MO
<i>melodetta 24 fe</i>	MO
<i>mibelas 24 fe</i>	MO
<i>microgestin 1.5/30</i>	MO
<i>microgestin 1/20</i>	MO
<i>microgestin 24 fe</i>	MO
<i>microgestin fe</i>	MO
<i>microgestin fe 1.5/30</i>	MO
<i>mili</i>	MO
<i>mono-linyah</i>	MO
<i>mononessa</i>	MO
<i>myzilra</i>	MO
NATAZIA	MO
<i>necon 0.5/35-28</i>	MO
<i>necon 1/35</i>	MO
<i>necon 7/7/7</i>	MO
<i>nikki</i>	MO
<i>nora-be</i>	MO
<i>norethindrone</i>	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	MO
<i>norethindrone acetate/ethinyl estradiol</i>	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	MO

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

Drug Name	Requirements/Limits*
<i>norgestimate/ethinyl estradiol</i>	MO
<i>norgestrel/ethinyl estradiol</i>	MO
NORINYL 1+50	MO
<i>norlyda</i>	MO
<i>norlyroc</i>	MO
<i>nortrel 0.5/35 (28)</i>	MO
<i>nortrel 1/35</i>	MO
<i>nortrel 7/7/7</i>	MO
NUVARING	MO
<i>ocella</i>	MO
<i>ogestrel</i>	MO
<i>orsythia</i>	MO
<i>philith</i>	MO
<i>pimtreea</i>	MO
<i>pirmella 1/35</i>	MO
<i>pirmella 7/7/7</i>	MO
<i>portia-28</i>	MO
<i>previfem</i>	MO
<i>quasense</i>	MO
<i>rajani</i>	MO
<i>reclipsen</i>	MO
<i>rivelsa</i>	MO
<i>setlakin</i>	MO
<i>sharobel</i>	MO
<i>sprintec 28</i>	MO
<i>sronyx</i>	MO
<i>syeda</i>	MO
<i>tarina fe 1/20</i>	MO
<i>tilia fe</i>	MO
<i>tri femynor</i>	MO
<i>tri-estarylla</i>	MO
<i>tri-legest fe</i>	MO
<i>tri-linyah</i>	MO
<i>tri-lo-estarylla</i>	MO
<i>tri-lo-marzia</i>	MO
<i>tri-lo-sprintec</i>	MO
<i>tri-mili</i>	MO
<i>tri-previfem</i>	MO
<i>tri-sprintec</i>	MO
<i>tri-vylibra</i>	MO
<i>trinessa</i>	MO
<i>trinessa lo</i>	MO
<i>trivora-28</i>	MO
<i>tulana</i>	MO
<i>tydemy</i>	MO
<i>velivet</i>	MO
<i>vienva</i>	MO
<i>viorele</i>	MO

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

Drug Name	Requirements/Limits*
<i>vyfemla</i>	MO
<i>vylibra</i>	MO
<i>wera</i>	MO
<i>wymzya fe</i>	MO
<i>xulane</i>	MO
<i>zarah</i>	MO
<i>zenchent</i>	MO
<i>zovia 1/35e</i>	MO
<i>Estrogens and Antiestrogens</i>	
<i>amabelz</i>	PA (high risk medication - estrogens and progestins) MO NDS
<i>estradiol valerate injection</i>	NDS
<i>estradiol/norethindrone acetate</i>	PA (high risk medication - estrogens and progestins) MO NDS
<i>estradiol cream, vaginal tablet</i>	MO
<i>estradiol oral tablet</i>	PA (high risk medication - estrogens and progestins) MO NDS
<i>estradiol patch weekly</i>	QL (4 EA per 28 days) PA (high risk medication - estrogens and progestins) MO NDS
<i>estradiol patch twice weekly</i>	QL (8 EA per 28 days) PA (high risk medication - estrogens and progestins) MO NDS
ESTRING	MO
<i>estropipate tablet 0.75mg</i>	PA (high risk medication - estrogens and progestins) MO NDS
<i>lopreeza</i>	PA (high risk medication - estrogens and progestins) MO NDS
<i>menest tablet 0.3mg, 0.625mg, 1.25mg</i>	PA (high risk medication - estrogens and progestins) MO NDS
<i>mimvey</i>	PA (high risk medication - estrogens and progestins) MO NDS
<i>mimvey lo</i>	PA (high risk medication - estrogens and progestins) MO NDS
<i>prefest</i>	PA (high risk medication - estrogens and progestins) MO NDS
PREMARIN CREAM	MO
<i>raloxifene hydrochloride</i>	MO
<i>yuvafem</i>	MO
<i>Gonadotropins</i>	
<i>chorionic gonadotropin</i>	PA (chorionic gonadotropin) NDS
ELIGARD	PA (leuprolide, new starts only) NDS
<i>leuprolide acetate</i>	PA (leuprolide, new starts only) NDS
LUPANETA PACK KIT 3.75MG; 5MG	QL (12 EA per 365 days) PA (leuprolide) NDS

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

Drug Name	Requirements/Limits*
LUPANETA PACK KIT 11.25MG; 5MG	QL (4 EA per 365 days) PA (leuprolide) NDS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	PA (leuprolide) NDS
LUPRON DEPOT (1-MONTH) INJECTION 7.5MG	PA (leuprolide, new starts only) NDS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	PA (leuprolide) NDS
LUPRON DEPOT (3-MONTH) INJECTION 22.5MG	PA (leuprolide, new starts only) NDS
LUPRON DEPOT (4-MONTH)	PA (leuprolide, new starts only) NDS
LUPRON DEPOT (6-MONTH)	PA (leuprolide, new starts only) NDS
LUPRON DEPOT-PED (1-MONTH)	PA (leuprolide) NDS
LUPRON DEPOT-PED (3-MONTH)	PA (leuprolide) NDS
SYNAREL	PA (synarel) NDS
TRELSTAR MIXJECT	PA (Cancer Drugs, new starts only) NDS
<i>Leptins</i>	
MYALEPT	PA (Myalept) MO NDS
<i>Parathyroid</i>	
<i>calcitonin salmon</i>	MO
<i>calcitonin-salmon</i>	MO
FORTEO	QL (2.4 ML per 28 days) PA (forteo) MO NDS
MIACALCIN	NDS
NATPARA	QL (2 EA per 28 days) PA (natpara) MO NDS
TYMLOS	QL (1.56 ML per 30 days) PA (Tymlos) MO NDS
<i>Pituitary</i>	
<i>desmopressin acetate nasal solution, tablet</i>	MO
<i>desmopressin acetate injection</i>	NDS
H.P. ACTHAR	PA (Acthar HP) NDS
<i>Progestins</i>	
DEPO-PROVERA INJECTION 400MG/ML	NDS
DEPO-SUBQ PROVERA 104	QL (0.65 ML per 84 days)
<i>medroxyprogesterone acetate injection</i>	
<i>medroxyprogesterone acetate tablet</i>	MO
<i>norethindrone acetate tablet</i>	MO
<i>progesterone capsule</i>	MO
<i>Somatostatin Agonists and Antagonists</i>	
<i>octreotide acetate</i>	MO NDS
SANDOSTATIN LAR DEPOT	PA (Sandostatin LAR) NDS
SIGNIFOR	PA (Signifor) MO NDS
SOMATULINE DEPOT INJECTION 60MG/0.2ML, 90MG/0.3ML	PA (somatuline depot) NDS
SOMATULINE DEPOT INJECTION 120MG/0.5ML	PA (somatuline depot, new starts only) NDS
<i>Somatotropin Agonists and Antagonists</i>	

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

Drug Name	Requirements/Limits*
EGRIFTA INJECTION 2MG	QL (1 EA per 1 days) PA (egrifta) MO NDS
EGRIFTA INJECTION 1MG	QL (2 EA per 1 days) PA (egrifta) MO NDS
GENOTROPIN	PA (somatropins) MO NDS
GENOTROPIN MINIQUICK	PA (somatropins) MO NDS
HUMATROPE COMBO PACK	PA (somatropins) MO NDS
HUMATROPE INJECTION 12MG, 24MG, 6MG	PA (somatropins) MO NDS
INCRELEX	PA (increlex) LA MO NDS
NORDITROPIN FLEXPRO	PA (somatropins) MO NDS
NUTROPIN AQ NUSPIN 10	PA (somatropins) MO NDS
NUTROPIN AQ NUSPIN 20	PA (somatropins) MO NDS
NUTROPIN AQ NUSPIN 5	PA (somatropins) MO NDS
NUTROPIN AQ PEN INJECTION 20MG/2ML	PA (somatropins) MO NDS
OMNITROPE	PA (somatropins) MO NDS
SAIZEN	PA (somatropins) MO NDS
SAIZENPREP RECONSTITUTIONKIT	PA (somatropins) MO NDS
SOMAVERT	PA (somavert) LA MO NDS
ZORBTIVE	PA (somatropins) LA MO NDS
<i>Thyroid and Antithyroid Agents</i>	
<i>levo-t</i>	MO
LEVOTHYROXINE SODIUM INJECTION	NDS
<i>levothyroxine sodium tablet</i>	MO
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	MO
<i>liothyronine sodium tablet</i>	MO
<i>methimazole tablet 10mg, 5mg</i>	MO
<i>propylthiouracil tablet</i>	MO
SYNTHROID TABLET	MO
THYROLAR-1	MO
THYROLAR-1/2	MO
THYROLAR-1/4	MO
THYROLAR-2	MO
THYROLAR-3	MO
<i>unithroid</i>	MO
Local Anesthetics	
<i>Local Anesthetics</i>	
<i>lidocaine hcl injection 0.5%, 1%, 1.5%, 2%, 4%</i>	NDS
Miscellaneous Therapeutic Agents	
<i>5-alpha-Reductase Inhibitors</i>	
<i>dutasteride capsule</i>	MO
<i>finasteride tablet</i>	MO
<i>Alcohol Deterrents</i>	
<i>disulfiram tablet</i>	MO
<i>Antidotes</i>	
<i>acetylcysteine solution</i>	B/D
<i>leucovorin calcium tablet</i>	
LEUCOVORIN CALCIUM INJECTION 500MG	NDS

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

Drug Name	Requirements/Limits*
<i>leucovorin calcium injection 100mg, 350mg</i>	NDS
<i>levoleucovorin calcium injection 175mg/17.5ml</i>	PA (levoleucovorin, new starts only) NDS
LEVOLEUCOVORIN INJECTION 175MG, 250MG/25ML	PA (levoleucovorin, new starts only) NDS
<i>levoleucovorin injection 175mg/17.5ml, 50mg</i>	PA (levoleucovorin, new starts only) NDS
Antigout Agents	
<i>allopurinol tablet</i>	MO
COLCHICINE TABLET	
COLCRYS	
ULORIC	ST (uloric #2) MO
Bone Resorption Inhibitors	
<i>alendronate sodium solution</i>	MO
<i>alendronate sodium tablet 40mg</i>	QL (1 EA per 1 days)
<i>alendronate sodium tablet 10mg, 5mg</i>	QL (1 EA per 1 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	QL (4 EA per 28 days) MO
<i>etidronate disodium</i>	
<i>ibandronate sodium injection</i>	NDS
<i>ibandronate sodium tablet</i>	QL (1 EA per 28 days) MO
PAMIDRONATE DISODIUM INJECTION 6MG/ML	PA (parenteral bisphosphonates) NDS
<i>pamidronate disodium injection 30mg/10ml, 30mg, 90mg/10ml, 90mg</i>	PA (parenteral bisphosphonates) NDS
PROLIA	QL (1 ML per 180 days) PA (Prolia) NDS
<i>risedronate sodium tablet 35mg</i>	QL (4 EA per 28 days) ST (risedronate #2) MO
<i>risedronate sodium tablet 30mg</i>	ST (risedronate #2)
<i>risedronate sodium tablet 150mg, 5mg</i>	ST (risedronate #2) MO
XGEVA	PA (Xgeva) NDS
ZOLEDRONIC ACID INJECTION 4MG/100ML, 4MG	PA (parenteral bisphosphonates, new starts only) NDS
<i>zoledronic acid injection 5mg/100ml</i>	PA (parenteral bisphosphonates) NDS
<i>zoledronic acid injection 4mg/5ml</i>	PA (parenteral bisphosphonates, new starts only) NDS
ZOMETA INJECTION 4MG/100ML	PA (parenteral bisphosphonates, new starts only) NDS
Carbonic Anhydrase Inhibitors	
KEVEYIS	QL (4 EA per 1 days) PA (Keveyis) NDS
Cariostatic Agents	
<i>sodium fluoride tablet 1mg</i>	MO
Complement Inhibitors	
CINRYZE	PA (CINRYZE) NDS
FIRAZYR	PA (FIRAZYR) NDS
HAEGARDA	PA (Haegarda) NDS

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

Drug Name	Requirements/Limits*
<i>Disease-modifying Antirheumatic Drugs</i>	
CIMZIA STARTER KIT	QL (1 EA per 28 days) PA (Cimzia) MO NDS
CIMZIA INJECTION 200MG/ML	QL (1 EA per 28 days) PA (Cimzia) MO NDS
CIMZIA INJECTION 200MG	QL (1 EA per 28 days) PA (Cimzia) NDS
ENBREL SURECLICK	QL (7.84 ML per 28 days) PA (enbrel) MO NDS
ENBREL INJECTION 25MG/0.5ML	QL (4 ML per 28 days) PA (enbrel) MO NDS
ENBREL INJECTION 25MG	QL (8 EA per 28 days) PA (enbrel) MO NDS
ENBREL INJECTION 50MG/ML	QL (8 ML per 28 days) PA (enbrel) MO NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	QL (2 EA per 180 days) PA (humira) MO NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 40MG/0.8ML	QL (3 EA per 180 days) PA (humira) MO NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	QL (3 EA per 180 days) PA (humira, new starts only) NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 40MG/0.8ML	QL (6 EA per 180 days) PA (humira) MO NDS
HUMIRA PEN	QL (6 EA per 28 days) PA (humira) MO NDS
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	QL (6 EA per 180 days) PA (humira) MO NDS
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	QL (4 EA per 180 days) PA (humira) MO NDS
HUMIRA INJECTION 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	QL (2 EA per 28 days) PA (humira) MO NDS
HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML	QL (6 EA per 28 days) PA (humira) MO NDS
INFLECTRA	PA (Inflectra) NDS
KINERET	QL (18.76 ML per 28 days) PA (kineret) MO NDS
<i>leflunomide tablet</i>	MO
ORENCIA CLICKJECT	PA (orencia) MO NDS
ORENCIA INJECTION 125MG/ML, 250MG	PA (orencia) MO NDS
RENFLEXIS	PA (Renflexis) NDS
SIMPONI ARIA	PA (Simponi) MO NDS
SIMPONI INJECTION 50MG/0.5ML	QL (0.5 ML per 30 days) PA (Simponi) MO NDS
SIMPONI INJECTION 100MG/ML	QL (1 ML per 28 days) PA (Simponi) MO NDS
<i>Immunomodulatory Agents</i>	
ACTIMMUNE	PA (Actimmune) LA MO NDS
AUBAGIO	PA (AUBAGIO) MO NDS

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

Drug Name	Requirements/Limits*
AVONEX PEN	QL (4 EA per 28 days) MO NDS
AVONEX INJECTION 30MCG/0.5ML	QL (1 EA per 28 days) MO NDS
AVONEX INJECTION 30MCG/VIAL	QL (4 EA per 28 days) MO NDS
BETASERON	QL (14 EA per 28 days) MO NDS
EXTAVIA	QL (15 EA per 30 days) MO NDS
GILENYA CAPSULE 0.5MG	QL (1 EA per 1 days) PA (Gilenya) MO NDS
GILENYA CAPSULE 0.25MG	QL (1 EA per 1 days) PA (Gilenya) NDS
<i>glatiramer acetate injection 20mg/ml</i>	QL (1 ML per 1 days) MO NDS
<i>glatiramer acetate injection 40mg/ml</i>	QL (12 ML per 28 days) MO NDS
<i>glatopa injection 20mg/ml</i>	QL (1 ML per 1 days) MO NDS
<i>glatopa injection 40mg/ml</i>	QL (12 ML per 28 days) MO NDS
OCREVUS	PA (Ocrevus) NDS
PLEGRIDY	QL (1 ML per 28 days) MO NDS
PLEGRIDY STARTER PACK	QL (1 ML per 180 days) NDS
REBIF	QL (6 ML per 28 days) MO NDS
REBIF REBIDOSE	QL (6 ML per 28 days) MO NDS
REBIF REBIDOSE TITRATION PACK	QL (4.2 ML per 180 days) MO NDS
REBIF TITRATION PACK	QL (4.2 ML per 180 days) MO NDS
TECFIDERA	PA (tecfidera) MO NDS
TECFIDERA STARTER PACK	PA (tecfidera) NDS
THALOMID	PA (thalomid, new starts only) MO NDS
TYSABRI	PA (tysabri) LA NDS
<i>Immunosuppressive Agents</i>	
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	PA (ASTAGRAF, new starts only) MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	PA (ASTAGRAF, new starts only) MO NDS
ATGAM	PA (intravenous immune globulin, new starts only) NDS
<i>azasan</i>	B/D MO
AZATHIOPRINE INJECTION	B/D NDS
<i>azathioprine tablet</i>	B/D MO
BENLYSTA INJECTION 120MG, 400MG	PA (benlysta) NDS
BENLYSTA INJECTION 200MG/ML	QL (4 ML per 28 days) PA (benlysta) MO NDS
<i>cyclosporine modified</i>	B/D MO
<i>cyclosporine capsule</i>	B/D MO
<i>cyclosporine injection</i>	B/D NDS
<i>gengraf</i>	B/D MO
<i>mycophenolate mofetil capsule, tablet</i>	B/D MO
<i>mycophenolate mofetil suspension reconstituted</i>	B/D MO NDS
<i>mycophenolate mofetil injection</i>	B/D NDS
<i>mycophenolic acid dr</i>	B/D MO
NULOJIX	PA (nulojix, new starts only) NDS
PROGRAF INJECTION	B/D NDS

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

Drug Name	Requirements/Limits*
RAPAMUNE SOLUTION	B/D MO NDS
SIMULECT	B/D NDS
<i>sirolimus tablet</i>	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	B/D MO
THYMOGLOBULIN	PA (intravenous immune globulin, new starts only) NDS
ZORTRESS	B/D MO NDS
<i>Other Miscellaneous Therapeutic Agents</i>	
AMPYRA	QL (2 EA per 1 days) PA (Ampyra) MO NDS
ARCALYST	PA (arcalyst) LA MO NDS
BOTOX	PA (botulinum toxin) NDS
CERDELGA	QL (2 EA per 1 days) PA (Cerdelga) MO NDS
CYSTADANE	PA (cystadane) MO NDS
CYSTAGON	LA MO
DEMSEER	PA (Demser) NDS
ELMIRON	PA (ELMIRON)
ENDARI	PA (Endari) NDS
EXONDYS 51	PA (Exondys) NDS
GRASTEK	PA (Oral Immunotherapy) MO
KUVAN	PA (kuvan) LA MO NDS
<i>levocarnitine oral solution, tablet</i>	MO
<i>levocarnitine injection</i>	NDS
<i>miglustat</i>	PA (zavesca) LA MO NDS
ORFADIN SUSPENSION	PA (Orfadin Suspension) MO NDS
ORFADIN CAPSULE	PA (Orfadin) MO NDS
RAGWITEK	PA (Oral Immunotherapy) MO
SENSIPAR	MO NDS
TYBOST	MO
XEOMIN	PA (botulinum toxin) NDS
XURIDEN	QL (8 EA per 1 days) PA (Xuriden) MO NDS
<i>Protective Agents</i>	
<i>dexrazoxane</i>	NDS
MESNEX TABLET	NDS
Respiratory Tract Agents	
<i>Anti-inflammatory Agents</i>	
<i>cromolyn sodium concentrate 100mg/5ml</i>	MO
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	B/D MO
FASENRA	PA (Fasenra) NDS
<i>montelukast sodium packet, tablet</i>	QL (1 EA per 1 days) MO
<i>montelukast sodium tablet chewable 4mg</i>	MO
<i>montelukast sodium tablet chewable 5mg</i>	QL (1 EA per 1 days) MO
NUCALA	QL (1 EA per 28 days) PA (Nucala) MO NDS
<i>zafirlukast</i>	QL (2 EA per 1 days) MO
<i>Antifibrotic Agents</i>	

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

Drug Name	Requirements/Limits*
ESBRIET CAPSULE	QL (9 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO NDS
ESBRIET TABLET 801MG	QL (3 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO NDS
ESBRIET TABLET 267MG	QL (6 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO NDS
OFEV	QL (2 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO NDS
<i>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</i>	
KALYDECO	QL (2 EA per 1 days) PA (kalydeco) MO NDS
ORKAMBI TABLET	QL (4 EA per 1 days) PA (Orkambi) MO NDS
SYMDEKO	QL (2 EA per 1 days) PA (Symdeko) MO NDS
<i>Mucolytic Agents</i>	
PULMOZYME	QL (150 ML per 30 days) B/D MO NDS
<i>Phosphodiesterase Type 4 Inhibitors</i>	
DALIRESP TABLET 500MCG	PA (Daliresp) MO
DALIRESP TABLET 250MCG	QL (1 EA per 1 days) PA (Daliresp) MO
<i>Respiratory Tract Agents, Miscellaneous</i>	
ARALAST NP INJECTION 1000MG, 500MG	PA (aralast) LA NDS
ARALAST NP INJECTION 800MG	PA (aralast) NDS
PROLASTIN-C	PA (zemaira/prolastin) LA NDS
XOLAIR	PA (xolair) LA NDS
ZEMAIRA	PA (zemaira/prolastin) LA NDS
<i>Vasodilating Agents</i>	
ADEMPAS	PA (Adempas) MO NDS
LETAIRIS	PA (letairis) LA MO NDS
OPSUMIT	QL (1 EA per 1 days) PA (opsumit) MO NDS
REMODULIN	PA (remodulin) LA NDS
TRACLEER TABLET	PA (Bosentan) LA MO NDS
TRACLEER TABLET SOLUBLE	QL (4 EA per 1 days) PA (Bosentan) LA MO NDS
VENTAVIS	PA (Ventavis) MO NDS
Serums, Toxoids and Vaccines	
<i>Toxoids</i>	
ADACEL	
BOOSTRIX	
DAPTACEL	
INFANRIX	

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

Drug Name	Requirements/Limits*
TENIVAC	
Vaccines	
ACTHIB	
BCG VACCINE	
BEXSERO	PA (Bexsero)
ENGERIX-B	B/D
GARDASIL 9	PA (gardasil)
HAVRIX	
HIBERIX	
IMOVAX RABIES (H.D.C.V.)	B/D
IPOL INACTIVATED IPV	
IXIARO	
M-M-R II	
MENACTRA	
PEDVAX HIB	
RECOMBIVAX HB	B/D
ROTARIX	
ROTATEQ	
TWINRIX	B/D
TYPHIM VI	
VAQTA	
VARIVAX	
YF-VAX	
ZOSTAVAX	PA (zostavax)
Skin and Mucous Membrane Preparations	
Anti-infectives	
<i>acyclovir ointment 5%</i>	PA (topical antivirals)
<i>ciclodan</i>	
<i>ciclopirox nail lacquer</i>	
<i>ciclopirox olamine cream</i>	
<i>ciclopirox gel, shampoo, suspension</i>	
<i>clindamycin phosphate cream 2%</i>	
<i>clindamycin phosphate gel 1%</i>	
<i>clindamycin phosphate lotion 1%</i>	
<i>clindamycin phosphate external solution 1%</i>	
<i>clotrimazole/betamethasone dipropionate</i>	
<i>clotrimazole cream, lozenge, solution</i>	
<i>crotan</i>	
DENAVIR	PA (topical antivirals) NDS
<i>econazole nitrate cream</i>	
EURAX	
<i>gentamicin sulfate cream 0.1%</i>	
<i>gentamicin sulfate ointment 0.1%</i>	
<i>ketoconazole cream 2%</i>	
<i>ketoconazole shampoo 2%</i>	
<i>lindane shampoo</i>	
<i>metronidazole vaginal</i>	
<i>metronidazole cream 0.75%</i>	

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

Drug Name	Requirements/Limits*
<i>metronidazole gel 0.75%, 1%</i>	
<i>metronidazole lotion 0.75%</i>	
<i>miconazole 3 suppository</i>	
<i>mupirocin ointment</i>	
<i>nyamyc</i>	
<i>nyata powder</i>	
<i>nystatin cream 100000unit/gm</i>	
<i>nystatin ointment 100000unit/gm</i>	
<i>nystatin powder 100000unit/gm</i>	
<i>nystop</i>	
<i>permethrin cream</i>	
<i>rosadan</i>	
<i>selenium sulfide lotion</i>	
<i>silver sulfadiazine cream</i>	
<i>ssd</i>	
<i>terconazole cream</i>	
<i>vandazole</i>	
<i>zazole cream 0.4%</i>	
ZOVIRAX CREAM	PA (topical antivirals) NDS
Anti-inflammatory Agents	
<i>ala-cort</i>	
<i>alclometasone dipropionate</i>	
<i>alphatrex gel</i>	
<i>amcinonide</i>	
<i>augmented betamethasone dipropionate</i>	
<i>betamethasone dipropionate cream, lotion, ointment</i>	
<i>betamethasone valerate cream, lotion, ointment</i>	
<i>clobetasol propionate e</i>	
<i>clobetasol propionate emollient</i>	
<i>clobetasol propionate cream, foam, gel, lotion, ointment, shampoo, solution</i>	
<i>clodan</i>	
<i>colocort</i>	
<i>desonide cream, lotion, ointment</i>	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	
<i>fluocinolone acetonide ointment 0.025%</i>	
<i>fluocinolone acetonide solution 0.01%</i>	
<i>fluocinonide emulsified base</i>	
<i>fluocinonide cream 0.05%</i>	
<i>fluocinonide gel, ointment, solution</i>	
<i>fluticasone propionate cream 0.05%</i>	
<i>fluticasone propionate ointment 0.005%</i>	
<i>halobetasol propionate cream</i>	
<i>hydrocortisone butyrate cream, ointment, solution</i>	
<i>hydrocortisone valerate</i>	
<i>hydrocortisone external cream 1%, 2.5%</i>	
<i>hydrocortisone rectal cream 1%, 2.5%</i>	
<i>hydrocortisone enema 100mg/60ml</i>	

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

Drug Name	Requirements/Limits*
<i>hydrocortisone lotion 2.5%</i>	
<i>hydrocortisone ointment 1%, 2.5%</i>	
<i>mometasone furoate</i>	
<i>nystatin/triamcinolone</i>	
<i>oralone dental paste</i>	
<i>prednicarbate</i>	
<i>procto-med hc</i>	
<i>procto-pak</i>	
<i>proctosol hc</i>	
<i>proctozone-hc</i>	
<i>triamcinolone acetonide dental paste</i>	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	
<i>triderm cream 0.1%</i>	
UCERIS	QL (133.6 GM per 28 days)
Antipruritics and Local Anesthetics	
<i>doxepin hydrochloride</i>	
<i>glydo</i>	
<i>lidocaine hcl jelly</i>	
<i>lidocaine hcl gel 2%</i>	
<i>lidocaine hcl external solution 4%</i>	
<i>lidocaine/prilocaine cream</i>	QL (60 GM per 30 days)
<i>lidocaine patch</i>	QL (3 EA per 1 days) PA (lidocaine patches)
<i>lidocaine ointment</i>	QL (70.88 GM per 30 days)
Cell Stimulants and Proliferants	
KEPIVANCE	PA (palifermin) LA NDS
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	QL (45 GM per 30 days)
<i>tretinoin gel 0.01%, 0.025%</i>	QL (45 GM per 30 days)
Depigmenting and Pigmenting Agents	
<i>methoxsalen capsule</i>	NDS
OXSORALEN	NDS
Emollients, Demulcents, and Protectants	
<i>ammonium lactate cream, lotion</i>	
Skin and Mucous Membrane Agents, Misc	
<i>acitretin</i>	
<i>amnestem</i>	PA (isotretinoin) NDS
<i>calcipotriene cream, ointment, solution</i>	
<i>calcitrene</i>	
<i>claravis</i>	PA (isotretinoin) NDS
COSENTYX	PA (Cosentyx) MO NDS
COSENTYX SENSOREADY PEN	PA (Cosentyx) MO NDS
<i>diclofenac sodium gel 1%</i>	
<i>diclofenac sodium gel 3%</i>	QL (100 GM per 30 days) PA (diclofenac 3% gel)
DUPIXENT	PA (Dupixent) NDS
<i>fluorouracil cream 5%</i>	

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

Drug Name	Requirements/Limits*
<i>fluorouracil external solution 2%, 5%</i>	
<i>imiquimod cream</i>	
<i>isotretinoin capsule</i>	PA (isotretinoin) NDS
<i>myorisan</i>	PA (isotretinoin) NDS
PANRETIN	NDS
<i>podofilox solution</i>	
RECTIV	QL (30 GM per 30 days) PA (Rectiv) NDS
REGRANEX	QL (15 GM per 30 days) PA (regranex) NDS
SANTYL	QL (30 GM per 30 days)
<i>tacrolimus ointment 0.03%, 0.1%</i>	PA (topical tacrolimus)
TALTZ	PA (Taltz) MO NDS
TARGRETIN	PA (Cancer Drugs, new starts only) NDS
<i>tazarotene cream</i>	PA (tazorac)
TAZORAC GEL	QL (30 GM per 30 days) PA (tazorac)
TAZORAC CREAM 0.05%	PA (tazorac)
TOLAK	
VALCHLOR	PA (Cancer Drugs, new starts only) NDS
VEREGEN	NDS
<i>zenatane</i>	PA (isotretinoin) NDS
Smooth Muscle Relaxants	
<i>Genitourinary Smooth Muscle Relaxants</i>	
<i>flavoxate hcl</i>	MO
MYRBETRIQ	QL (1 EA per 1 days) ST (Myrbetriq #2) MO
<i>oxybutynin chloride er</i>	MO
<i>oxybutynin chloride syrup, tablet</i>	MO
<i>tolterodine tartrate</i>	MO
<i>tolterodine tartrate er</i>	ST (Tolterodine ER #2) MO
<i>tropium chloride</i>	QL (2 EA per 1 days) MO
<i>tropium chloride er</i>	QL (1 EA per 1 days) ST (Tropium ER #2) MO
<i>Respiratory Smooth Muscle Relaxants</i>	
<i>aminophylline injection</i>	NDS
<i>theo-24</i>	MO
<i>theochron tablet extended release 12 hour 100mg, 200mg, 300mg</i>	MO
<i>theophylline cr tablet extended release 12 hour 100mg, 200mg</i>	MO
<i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour</i>	MO
<i>theophylline solution</i>	MO
Vitamins	
<i>Multivitamin Preparations</i>	
<i>vp-pnv-dha</i>	PA (prenatal vitamins)
<i>Vitamin D</i>	

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

Drug Name	Requirements/Limits*
<i>calcitriol capsule, oral solution</i>	MO
<i>calcitriol injection 1mcg/ml</i>	NDS
<i>doxercalciferol capsule</i>	MO
<i>doxercalciferol injection</i>	NDS
<i>paricalcitol capsule</i>	PA (Paricalcitol) MO
<i>paricalcitol injection</i>	PA (Paricalcitol) NDS

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

Index

Drug Name	Page #
<i>abacavir</i>	5
<i>abacavir sulfate/lamivudine/zidovudine</i>	5
<i>abacavir/lamivudine</i>	5
ABELCET	4
ABILIFY MAINTENA	31
ABRAXANE	8
<i>acamprosate calcium dr</i>	31
<i>acarbose</i>	46
<i>acebutolol hcl</i>	21
<i>acebutolol hydrochloride</i>	21
<i>acetaminophen/codeine</i>	24
<i>acetasol hc</i>	41
<i>acetazolamide</i>	42
<i>acetazolamide er</i>	42
<i>acetazolamide sodium</i>	42
<i>acetic acid</i>	42
<i>acetic acid/aluminum acetate</i>	42
<i>acetylcysteine</i>	54
<i>acitretin</i>	62
ACTHIB	60
ACTIMMUNE	56
ACTOPLUS MET XR	46
<i>acyclovir</i>	5
<i>acyclovir</i>	60
<i>acyclovir sodium</i>	5
ADACEL	59
ADAGEN	40
ADCIRCA	24
<i>adefovir dipivoxil</i>	5
ADEMPAS	59
<i>adriamycin</i>	8
<i>adrucil</i>	8
ADVAIR DISKUS	18
ADVAIR HFA	18
<i>afeditab cr</i>	22
AFINITOR	8
AFINITOR DISPERZ	8
AIMOVIG	29
<i>ak-poly-bac</i>	40
<i>ala-cort</i>	61
ALBENZA	1
<i>albuterol</i>	18
<i>albuterol sulfate</i>	18
<i>albuterol sulfate er</i>	18
<i>alclometasone dipropionate</i>	61

Drug Name	Page #
<i>alcohol prep pads</i>	35
ALDURAZYME	40
ALECENSA	8
<i>alendronate sodium</i>	55
<i>alfuzosin hcl er</i>	18
ALIMTA	8
ALINIA	5
ALIQOPA	9
<i>allopurinol</i>	55
<i>alogliptin</i>	46
<i>alogliptin/metformin hcl</i>	46
<i>alogliptin/pioglitazone</i>	46
<i>alosetron hydrochloride</i>	42
<i>alphatrex</i>	61
<i>alprazolam</i>	29
<i>alprazolam intensol</i>	29
<i>altavera</i>	48
ALUNBRIG	9
<i>alyacen 1/35</i>	48
<i>alyacen 7/7/7</i>	48
<i>amabelz</i>	52
<i>amantadine hcl</i>	29
AMBISOME	4
<i>amcinonide</i>	61
<i>amethia</i>	48
<i>amethia lo</i>	48
<i>amethyst</i>	48
<i>amikacin sulfate</i>	1
<i>amiloride hcl</i>	38
<i>amiloride/hydrochlorothiazide</i>	38
<i>aminophylline</i>	63
AMINOSYN	36
AMINOSYN 7%/ELECTROLYTES	36
<i>aminosyn 8.5%/electrolytes</i>	36
AMINOSYN II	36
<i>aminosyn ii 8.5%/electrolytes</i>	36
AMINOSYN M	36
AMINOSYN-HBC	36
AMINOSYN-PF	36
AMINOSYN-PF 7%	36
AMINOSYN-RF	36
<i>amiodarone hcl</i>	22
AMITIZA	44
<i>amitriptyline hcl</i>	31
<i>amlodipine besylate</i>	22
<i>amlodipine besylate/benazepril hydrochloride</i>	22
<i>ammonium lactate</i>	62
<i>amnesteem</i>	62

Drug Name	Page #
<i>amoxapine</i>	31
<i>amoxicillin</i>	1
<i>amoxicillin/clavulanate potassium</i>	1
<i>amoxicillin/clavulanate potassium er</i>	1
<i>amphetamine/dextroamphetamine</i>	26
AMPHOTEC	4
AMPHOTERICIN B	4
<i>ampicillin</i>	1
AMPICILLIN SODIUM	1
AMPICILLIN-SULBACTAM	1
AMPYRA	58
ANADROL-50	46
<i>anagrelide hydrochloride</i>	19
<i>anastrozole</i>	9
ANDRODERM	46
ANDROGEL	46
ANDROGEL PUMP	46
ANORO ELLIPTA	17
APOKYN	29
<i>apraclonidine</i>	42
<i>aprepitant</i>	43
<i>apri</i>	48
APTIOM	27
APTIVUS	5
ARALAST NP	59
<i>aranelle</i>	48
ARANESP ALBUMIN FREE	20
ARCALYST	58
ARGATROBAN	19
<i>aripiprazole</i>	31
<i>aripiprazole odt</i>	31
ARISTADA	31
<i>armodafinil</i>	26
ARMONAIR RESPICLICK 113	45
ARMONAIR RESPICLICK 232	45
ARMONAIR RESPICLICK 55	45
ARRANON	9
<i>ascomp/codeine</i>	24
<i>ashlyna</i>	48
<i>aspirin/dipyridamole</i>	19
ASTAGRAF XL	57
<i>atazanavir</i>	5
<i>atazanavir sulfate</i>	5
<i>atenolol</i>	21
<i>atenolol/chlorthalidone</i>	21
ATGAM	57
<i>atomoxetine</i>	31
<i>atorvastatin calcium</i>	20
<i>atovaquone</i>	5

Drug Name	Page #
<i>atovaquone/proguanil hcl</i>	5
ATRIPLA	5
ATROPINE SULFATE	17
<i>atropine sulfate</i>	42
ATROVENT HFA	17
AUBAGIO	56
<i>aubra</i>	48
<i>augmented betamethasone dipropionate</i>	61
AUSTEDO	35
AVASTIN	9
<i>aviane</i>	48
AVONEX	57
AVONEX PEN	57
<i>azacitidine</i>	9
AZACTAM	1
AZACTAM IN ISO-OSMOTIC DEXTROSE	1
<i>azasan</i>	57
AZATHIOPRINE	57
<i>azelastine hcl</i>	42
<i>azithromycin</i>	1
<i>aztreonam</i>	1
<i>azurette</i>	48
<i>bacitracin</i>	40
<i>bacitracin/polymyxin b</i>	40
<i>baclofen</i>	18
BACTOCILL IN DEXTROSE	1
<i>balsalazide disodium</i>	42
<i>balziva</i>	48
BANZEL	27
BARACLUDE	5
BASAGLAR KWIKPEN	46
BAVENCIO	9
BCG VACCINE	60
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	35
<i>bd insulin syringe ultrafine/0.3ml/31g x 5/16"</i>	35
<i>bd insulin syringe ultrafine/0.5ml/30g x 1/2"</i>	35
<i>bd insulin syringe ultrafine/1ml/31g x 5/16"</i>	35
<i>bd pen needle/ultrafine/29g x 12.7mm</i>	35
<i>bekyree</i>	48
BELEODAQ	9
<i>benazepril hcl</i>	23
<i>benazepril hcl/hydrochlorothiazide</i>	23
BENLYSTA	57
BENZNIDAZOLE	5
<i>benztropine mesylate</i>	29
<i>betamethasone dipropionate</i>	61

Drug Name	Page #
<i>betamethasone valerate</i>	61
BETASERON	57
<i>betaxolol hcl</i>	42
<i>bethanechol chloride</i>	17
<i>bexarotene</i>	9
BEXSERO	60
<i>bicalutamide</i>	9
BICILLIN L-A	1
BICNU	9
BIKTARVY	5
BILTRICIDE	1
<i>bisoprolol fumarate</i>	21
<i>bisoprolol fumarate/hydrochlorothiazide</i>	21
BIVIGAM	16
<i>bleomycin</i>	9
<i>bleomycin sulfate</i>	9
<i>blephamide s.o.p.</i>	41
<i>blisovi 24 fe</i>	48
<i>blisovi fe 1.5/30</i>	48
<i>blisovi fe 1/20</i>	48
BOOSTRIX	59
BORTEZOMIB	9
BOSULIF	9
BOTOX	58
BRAFTOVI	9
BREO ELLIPTA	45
<i>briellyn</i>	48
BRILINTA	19
<i>brimonidine tartrate</i>	42
BRIVIACT	27
<i>bromocriptine mesylate</i>	29
BROVANA	18
<i>budesonide</i>	45
<i>bumetanide</i>	38
BUPRENORPHINE	24
<i>buprenorphine hcl</i>	24
<i>buprenorphine hcl/naloxone hcl</i>	24
<i>buproban</i>	31
<i>bupropion hcl</i>	31
<i>bupropion hcl er</i>	31
<i>bupropion hcl sr</i>	31
<i>bupropion hcl xl</i>	31
<i>bupropion hydrochloride</i>	31
<i>bupirone hcl</i>	30
<i>busulfan</i>	9
<i>butalbital compound</i>	25
<i>butalbital/acetaminophen</i>	25
<i>butalbital/acetaminophen/caffeine</i>	25
<i>butalbital/acetaminophen/caffeine/codeine</i>	25

Drug Name	Page #
<i>butalbital/aspirin/caffeine/codeine</i>	25
BYDUREON	46
BYDUREON BCISE	46
BYDUREON PEN	46
BYETTA	46
<i>cabergoline</i>	29
CABOMETYX	9
<i>calcipotriene</i>	62
<i>calcitonin salmon</i>	53
<i>calcitonin-salmon</i>	53
<i>calcitrene</i>	62
<i>calcitriol</i>	64
<i>calcium acetate</i>	39
CALQUENCE	9
<i>camila</i>	48
<i>camrese</i>	49
<i>camrese lo</i>	49
CANASA	42
<i>candesartan cilexetil</i>	23
<i>candesartan cilexetil/hydrochlorothiazide</i>	23
CAPASTAT SULFATE	4
CAPRELSA	9
<i>captopril</i>	23
<i>captopril/hydrochlorothiazide</i>	23
CARAFATE	43
CARBAGLU	35
<i>carbamazepine</i>	27
<i>carbamazepine er</i>	27
<i>carbidopa</i>	29
<i>carbidopa/levodopa</i>	29
<i>carbidopa/levodopa er</i>	29
<i>carbidopa/levodopa/entacapone</i>	29
<i>carboplatin</i>	9
CARIMUNE NANOFILTERED	16
<i>carteolol hcl</i>	42
<i>cartia xt</i>	22
<i>carvedilol</i>	21
CASPOFUNGIN ACETATE	4
CAYSTON	1
<i>caziant</i>	49
<i>cefactor</i>	1
<i>cefadroxil</i>	1
CEFAZOLIN SODIUM	1
CEFAZOLIN SODIUM/DEXTROSE	1
<i>cefdinir</i>	1
<i>cefepime</i>	1
CEFEPIME/DEXTROSE	1
<i>cefixime</i>	1
CEFOTAXIME SODIUM	1

Drug Name	Page #
CEFOXITIN SODIUM	1
<i>cefepodoxime proxetil</i>	1
<i>cefprozil</i>	1
<i>ceftazidime</i>	1
CEFTAZIDIME/DEXTROSE	1
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	2
<i>ceftriaxone sodium</i>	2
CEFTRIAXONE/DEXTROSE	2
<i>cefuroxime axetil</i>	2
CEFUROXIME SODIUM	2
<i>celecoxib</i>	25
CELONTIN	27
<i>cephalexin</i>	2
CERDELGA	58
CEREZYME	40
<i>cesia</i>	49
<i>cevimeline hcl</i>	17
CHANTIX	17
CHANTIX CONTINUING MONTH PAK	17
CHANTIX STARTING MONTH PAK	17
<i>chateal</i>	49
CHENODAL	44
CHLORAMPHENICOL SODIUM SUCCINATE	2
<i>chlordiazepoxide hcl</i>	30
<i>chlordiazepoxide/amitriptyline</i>	31
<i>chlorhexidine gluconate</i>	40
<i>chlorhexidine gluconate oral rinse</i>	40
<i>chloroquine phosphate</i>	5
<i>chlorothiazide</i>	38
<i>chlorothiazide sodium</i>	38
CHLORPROMAZINE HCL	31
<i>chlorthalidone</i>	38
<i>chlorzoxazone</i>	18
CHOLBAM	44
<i>cholestyramine</i>	20
<i>cholestyramine light</i>	20
<i>chorionic gonadotropin</i>	52
<i>ciclodan</i>	60
<i>ciclopirox</i>	60
<i>ciclopirox nail lacquer</i>	60
<i>ciclopirox olamine</i>	60
<i>cidofovir</i>	5
<i>cilostazol</i>	19
CIMDUO	5
<i>cimetidine</i>	43
<i>cimetidine hcl</i>	43
CIMZIA	56

Drug Name	Page #
CIMZIA STARTER KIT	56
CINRYZE	55
CIPRODEX	41
CIPROFLOXACIN	2
CIPROFLOXACIN	40
<i>ciprofloxacin hcl</i>	2
<i>ciprofloxacin hcl</i>	40
<i>ciprofloxacin hydrochloride</i>	2
<i>ciprofloxacin i.v.-in d5w</i>	2
<i>cisplatin</i>	9
<i>citalopram hydrobromide</i>	31
<i>cladribine</i>	9
<i>claravis</i>	62
<i>clarithromycin</i>	2
<i>clarithromycin er</i>	2
<i>clemastine fumarate</i>	8
<i>clindamycin</i>	2
<i>clindamycin hcl</i>	2
<i>clindamycin palmitate hcl</i>	2
<i>clindamycin phosphate</i>	2
<i>clindamycin phosphate</i>	60
<i>clindamycin phosphate add-vantage</i>	2
<i>clindamycin phosphate in d5w</i>	2
CLINIMIX 2.75%/DEXTROSE 5%	36
CLINIMIX 4.25%/DEXTROSE 10%	36
CLINIMIX 4.25%/DEXTROSE 20%	36
CLINIMIX 4.25%/DEXTROSE 25%	36
CLINIMIX 4.25%/DEXTROSE 5%	36
CLINIMIX 5%/DEXTROSE 15%	36
CLINIMIX 5%/DEXTROSE 20%	36
CLINIMIX 5%/DEXTROSE 25%	36
CLINIMIX E 2.75%/DEXTROSE 10%	36
CLINIMIX E 2.75%/DEXTROSE 5%	36
CLINIMIX E 4.25%/DEXTROSE 10%	37
CLINIMIX E 4.25%/DEXTROSE 25%	37
CLINIMIX E 4.25%/DEXTROSE 5%	37
CLINIMIX E 5%/DEXTROSE 15%	37
CLINIMIX E 5%/DEXTROSE 20%	37
CLINIMIX E 5%/DEXTROSE 25%	37
CLINIMIX N14G30E	37
<i>clinisol sf 15%</i>	37
<i>clobetasol propionate</i>	61
<i>clobetasol propionate e</i>	61
<i>clobetasol propionate emollient</i>	61
<i>clodan</i>	61
<i>clofarabine</i>	9
<i>clomipramine hcl</i>	32
<i>clonazepam</i>	27
<i>clonazepam odt</i>	27

Drug Name	Page #
<i>clonidine hcl</i>	23
<i>clopidogrel</i>	19
<i>clorazepate dipotassium</i>	30
<i>clotrimazole</i>	60
<i>clotrimazole/betamethasone dipropionate</i>	60
<i>clozapine</i>	32
CLOZAPINE ODT	32
COARTEM	5
<i>codeine sulfate</i>	25
COLCHICINE	55
COLCRYS	55
<i>colesevelam hydrochloride</i>	20
<i>colestipol hcl</i>	20
<i>colistimethate sodium</i>	2
<i>colocort</i>	61
COMBIVENT RESPIMAT	18
COMETRIQ	10
COMPLERA	5
<i>compro</i>	32
<i>constulose</i>	35
CORLANOR	22
<i>cortisone acetate</i>	45
COSENTYX	62
COSENTYX SENSOREADY PEN	62
COTELLIC	10
COUMADIN	19
CREON	44
CRESEMBA	4
CRIXIVAN	5
<i>cromolyn sodium</i>	42
<i>cromolyn sodium</i>	58
<i>crotan</i>	60
<i>cryselle-28</i>	49
<i>curity gauze pads 2"x2"</i>	35
<i>cyclafem 1/35</i>	49
<i>cyclafem 7/7/7</i>	49
<i>cyclobenzaprine hcl</i>	18
CYCLOPHOSPHAMIDE	10
<i>cycloserine</i>	4
CYCLOSET	46
<i>cyclosporine</i>	57
<i>cyclosporine modified</i>	57
CYRAMZA	10
<i>cyred</i>	49
CYSTADANE	58
CYSTAGON	58
CYSTARAN	42
CYTARABINE AQUEOUS	10
<i>dacarbazine</i>	10

Drug Name	Page #
DACTINOMYCIN	10
DALIRESP	59
<i>danazol</i>	46
<i>dapsone</i>	4
DAPTACEL	59
<i>daptomycin</i>	2
DARAPRIM	5
DARZALEX	10
<i>dasetta 1/35</i>	49
<i>dasetta 7/7/7</i>	49
<i>daunorubicin hcl</i>	10
<i>daunorubicin hydrochloride</i>	10
<i>daysee</i>	49
<i>deblitane</i>	49
<i>decadron</i>	45
<i>decitabine</i>	10
<i>deltasone</i>	45
<i>delyla</i>	49
DELZICOL	42
DEMSEK	58
DENAVIR	60
DEPEN TITRATABS	45
DEPO-MEDROL	45
DEPO-PROVERA	53
DEPO-SUBQ PROVERA 104	53
DESCOVY	5
<i>desipramine hcl</i>	32
<i>desloratadine</i>	8
<i>desmopressin acetate</i>	53
<i>desogestrel/ethinyl estradiol</i>	49
<i>desonide</i>	61
<i>desvenlafaxine er</i>	32
<i>dexamethasone</i>	45
<i>dexamethasone 10-day dose pack</i>	45
<i>dexamethasone 13-day dose pack</i>	45
<i>dexamethasone 6-day dose pack</i>	45
<i>dexamethasone intensol</i>	45
<i>dexamethasone sodium phosphate</i>	41
DEXAMETHASONE SODIUM PHOSPHATE	45
<i>dexmethylphenidate hcl</i>	26
<i>dexpak 13 day</i>	45
<i>dexrazoxane</i>	58
<i>dextroamphetamine sulfate</i>	27
<i>dextroamphetamine sulfate er</i>	27
DEXTROSE 10%/NAACL 0.45%	39
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	39
<i>dextrose 10%</i>	37

Drug Name	Page #
DEXTROSE 10%/NAACL 0.2%	39
<i>dextrose 2.5%/nacl 0.45%</i>	39
DEXTROSE 20%	37
DEXTROSE 25%	37
DEXTROSE 30%	37
DEXTROSE 40%	37
<i>dextrose 5%</i>	37
<i>dextrose 5%/lactated ringers</i>	39
<i>dextrose 5%/nacl 0.2%</i>	39
DEXTROSE 5%/NAACL 0.225%	39
DEXTROSE 5%/NAACL 0.3%	39
<i>dextrose 5%/nacl 0.33%</i>	39
<i>dextrose 5%/nacl 0.45%</i>	39
<i>dextrose 5%/nacl 0.9%</i>	39
<i>dextrose 50%</i>	37
<i>dextrose 70%</i>	37
DIASTAT ACUDIAL	30
DIASTAT PEDIATRIC	30
<i>diazepam</i>	30
<i>diazepam intensol</i>	30
<i>diazepam rectal gel</i>	30
<i>diclofenac potassium</i>	25
<i>diclofenac sodium</i>	41
<i>diclofenac sodium</i>	62
<i>diclofenac sodium dr</i>	25
<i>diclofenac sodium er</i>	25
<i>dicloxacillin sodium</i>	2
<i>dicyclomine hcl</i>	17
<i>dicyclomine hydrochloride</i>	17
<i>didanosine</i>	6
<i>digitek</i>	22
<i>digox</i>	22
DIGOXIN	22
DIHYDROERGOTAMINE MESYLATE	18
<i>dilantin</i>	27
<i>dilantin infatabs</i>	27
DILANTIN-125	27
<i>diltiazem cd</i>	22
<i>diltiazem hcl</i>	22
<i>diltiazem hcl cd</i>	22
<i>diltiazem hcl er</i>	22
<i>dilt-xr</i>	22
DIPENTUM	42
<i>diphenhydramine hcl</i>	8
<i>diphenoxylate/atropine</i>	43
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	16
<i>dipyridamole</i>	24
<i>disopyramide phosphate</i>	22

Drug Name	Page #
<i>disulfiram</i>	54
<i>divalproex sodium</i>	27
<i>divalproex sodium dr</i>	27
<i>divalproex sodium er</i>	27
DOCETAXEL	10
<i>dofetilide</i>	22
<i>donepezil hcl</i>	17
<i>donepezil hydrochloride</i>	17
<i>donepezil hydrochloride odt</i>	17
DOPTELET	20
DORIPENEM	2
<i>dorzolamide hcl</i>	42
<i>dorzolamide hcl/timolol maleate</i>	42
<i>doxazosin mesylate</i>	20
<i>doxepin hcl</i>	32
<i>doxepin hydrochloride</i>	62
<i>doxercalciferol</i>	64
DOXORUBICIN HCL	10
<i>doxorubicin hcl liposome</i>	10
<i>doxy 100</i>	2
<i>doxycycline</i>	2
<i>doxycycline hyclate</i>	2
<i>doxycycline monohydrate</i>	2
<i>dronabinol</i>	43
<i>drospirenone/ethinyl estradiol</i>	49
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	49
DROXIA	10
DULERA	45
<i>duloxetine hcl</i>	32
<i>duloxetine hydrochloride</i>	32
DUPIXENT	62
<i>duramorph</i>	25
DUREZOL	41
<i>dutasteride</i>	54
DYRENIUM	38
<i>e.e.s. 400</i>	2
<i>econazole nitrate</i>	60
EDURANT	6
<i>efavirenz</i>	6
EGRIFTA	54
ELAPRASE	40
ELIGARD	52
<i>elinest</i>	49
ELIQUIS	19
ELLA	49
ELMIRON	58
EMCYT	10
EMEND	43

Drug Name	Page #
EMFLAZA	45
<i>emoquette</i>	49
EMPLICITI	10
EMSAM	29
EMTRIVA	6
EMVERM	1
<i>enalapril maleate</i>	23
<i>enalapril maleate/hydrochlorothiazide</i>	23
ENBREL	56
ENBREL SURECLICK	56
ENDARI	58
<i>endocet</i>	25
ENGERIX-B	60
<i>enoxaparin sodium</i>	19
<i>enpresse-28</i>	49
<i>enskyce</i>	49
<i>entacapone</i>	29
<i>entecavir</i>	6
ENTRESTO	23
<i>enulose</i>	35
EPCLUSA	6
<i>epinastine hcl</i>	42
EPINEPHRINE	18
<i>epirubicin hcl</i>	10
<i>epitol</i>	27
EPIVIR HBV	6
<i>eplerenone</i>	23
<i>eprosartan mesylate</i>	23
ERAXIS	4
ERBITUX	10
<i>ergoloid mesylates</i>	18
ERIVEDGE	10
ERLEADA	10
<i>errin</i>	49
<i>ertapenem</i>	2
<i>ertapenem sodium</i>	2
ERWINAZE	10
ERYPED 400	2
<i>ery-tab</i>	2
ERYTHROCIN LACTOBIONATE	2
<i>erythrocine stearate</i>	2
<i>erythromycin</i>	2
<i>erythromycin</i>	40
<i>erythromycin base</i>	2
<i>erythromycin ethylsuccinate</i>	2
ESBRIET	59
<i>escitalopram oxalate</i>	32
<i>esomeprazole magnesium</i>	43
ESOMEPRAZOLE SODIUM	43

Drug Name	Page #
<i>estarylla</i>	49
<i>estradiol</i>	52
<i>estradiol valerate</i>	52
<i>estradiol/norethindrone acetate</i>	52
ESTRING	52
<i>estropipate</i>	52
<i>eszopiclone</i>	30
<i>ethambutol hcl</i>	4
<i>ethosuximide</i>	27
<i>ethynodiol diacetate/ethinyl estradiol</i>	49
<i>etidronate disodium</i>	55
<i>etodolac</i>	25
<i>etoposide</i>	10
EURAX	60
EVOTAZ	6
<i>exemestane</i>	10
EXJADE	45
EXONDYS 51	58
EXTAVIA	57
<i>ezetimibe</i>	20
<i>ezetimibe/simvastatin</i>	20
FABRAZYME	40
<i>falmina</i>	49
<i>famciclovir</i>	6
<i>famotidine</i>	43
FANAPT	32
FANAPT TITRATION PACK	32
FARESTON	10
FARXIGA	46
FARYDAK	11
FASENRA	58
FASLODEX	11
<i>fayosim</i>	49
<i>felbamate</i>	27
<i>felodipine er</i>	22
<i>femynor</i>	49
<i>fenofibrate</i>	20
<i>fenofibrate micronized</i>	20
<i>fenofibric acid dr</i>	20
<i>fentanyl</i>	25
<i>fentanyl citrate oral transmucosal</i>	25
FERRIPROX	45
FETZIMA	32
FETZIMA TITRATION PACK	32
FIASP	46
FIASP FLEXTOUCH	47
<i>finasteride</i>	54
FIRAZYR	55
FIRMAGON	11

Drug Name	Page #
<i>flavoxate hcl</i>	63
FLEBOGAMMA DIF	16
<i>flecainide acetate</i>	22
FLOVENT DISKUS	45
FLOVENT HFA	45
<i>fluconazole</i>	4
<i>fluconazole in dextrose</i>	4
FLUCONAZOLE IN NAACL	4
<i>flucytosine</i>	4
<i>fludarabine phosphate</i>	11
<i>fludrocortisone acetate</i>	45
<i>flunisolide</i>	41
<i>fluocinolone acetonide</i>	41
<i>fluocinolone acetonide</i>	61
<i>fluocinolone acetonide ear drops</i>	41
<i>fluocinonide</i>	61
<i>fluocinonide emulsified base</i>	61
<i>fluorometholone</i>	41
<i>fluorouracil</i>	11
<i>fluorouracil</i>	62
<i>fluoxetine</i>	32
<i>fluoxetine hcl</i>	32
<i>fluoxetine hydrochloride</i>	32
<i>fluphenazine decanoate</i>	32
FLUPHENAZINE HCL	32
<i>flurbiprofen</i>	25
<i>flurbiprofen sodium</i>	41
<i>flutamide</i>	11
<i>fluticasone propionate</i>	41
<i>fluticasone propionate</i>	61
<i>fluticasone propionate/salmeterol</i>	45
<i>fluvoxamine maleate</i>	32
FML	41
FML FORTE	41
FOLOTYN	11
<i>fondaparinux sodium</i>	19
FORTEO	53
<i>fosamprenavir calcium</i>	6
<i>fosinopril sodium</i>	23
<i>fosinopril sodium/hydrochlorothiazide</i>	23
<i>fosphenytoin sodium</i>	27
FOSRENOL	38
FREAMINE HBC 6.9%	37
FREAMINE III	37
FULPHILA	20
<i>furosemide</i>	38
FUZEON	6
FYCOMPA	28
<i>gabapentin</i>	28

Drug Name	Page #
<i>galantamine hydrobromide</i>	17
<i>galantamine hydrobromide er</i>	17
GAMASTAN	16
GAMASTAN S/D	16
GAMMAGARD LIQUID	16
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	16
GAMMAKED	16
GAMMAPLEX	16
GAMUNEX-C	16
<i>ganciclovir</i>	6
GARDASIL 9	60
<i>gatifloxacin</i>	40
GATTEX	44
<i>gavilyte-c</i>	44
<i>gavilyte-g</i>	44
<i>gavilyte-h</i>	44
<i>gavilyte-n/ flavor pack</i>	44
<i>gemcitabine</i>	11
<i>gemcitabine hcl</i>	11
<i>gemcitabine hydrochloride</i>	11
<i>gemfibrozil</i>	20
<i>generlac</i>	35
<i>gengraf</i>	57
GENOTROPIN	54
GENOTROPIN MINIQUICK	54
<i>gentak</i>	40
<i>gentamicin sulfate</i>	3
<i>gentamicin sulfate</i>	40
<i>gentamicin sulfate</i>	60
<i>gentamicin sulfate pediatric</i>	2
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	2
GENVOYA	6
GEODON	33
<i>gianvi</i>	49
<i>gildess 1.5/30</i>	49
<i>gildess 1/20</i>	49
<i>gildess 24 fe</i>	49
<i>gildess fe 1.5/30</i>	49
<i>gildess fe 1/20</i>	49
GILENYA	57
GILOTRIF	11
<i>glatiramer acetate</i>	57
<i>glatopa</i>	57
GLEOSTINE	11
<i>glimepiride</i>	47
<i>glipizide</i>	47
<i>glipizide er</i>	47

Drug Name	Page #
<i>glipizide xl</i>	47
<i>glipizide/metformin hcl</i>	47
GLUCAGEN HYPOKIT	48
GLUCAGON EMERGENCY KIT	48
<i>glucose 5%</i>	37
<i>glycopyrrolate</i>	17
<i>glydo</i>	62
GLYXAMBI	47
GOLYTELY	44
<i>granisetron hcl</i>	43
GRANIX	20
GRASTEK	58
<i>griseofulvin microsize</i>	4
<i>griseofulvin ultramicrosize</i>	4
<i>guanfacine er</i>	31
<i>guanfacine hcl</i>	23
<i>guanidine hcl</i>	17
H.P. ACTHAR	53
HAEGARDA	55
HALAVEN	11
<i>halobetasol propionate</i>	61
<i>haloperidol</i>	33
<i>haloperidol decanoate</i>	33
<i>haloperidol lactate</i>	33
HARVONI	6
HAVRIX	60
<i>heather</i>	49
HEPARIN SODIUM	19
HEPARIN SODIUM/D5W	19
HEPARIN SODIUM/NACL 0.45%	19
<i>heparin sodium/nacl 0.9%</i>	19
<i>heparin sodium/sodium chloride</i>	19
HEPARIN SODIUM/SODIUM CHLORIDE 0.9%	19
<i>heparin sodium/sodium chloride 0.9% premix</i>	19
HEPATAMINE	37
HERCEPTIN	11
HETLIOZ	30
HEXALEN	11
HIBERIX	60
HUMATROPE	54
HUMATROPE COMBO PACK	54
HUMIRA	56
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	56
HUMIRA PEN	56
HUMIRA PEN-CD/UC/HS STARTER	56
HUMIRA PEN-PS/UV STARTER	56

Drug Name	Page #
<i>hydralazine hcl</i>	23
<i>hydrochlorothiazide</i>	38
<i>hydrocodone bitartrate/acetaminophen</i>	25
<i>hydrocodone/acetaminophen</i>	25
<i>hydrocodone/ibuprofen</i>	25
<i>hydrocortisone</i>	45
<i>hydrocortisone</i>	61
<i>hydrocortisone butyrate</i>	61
<i>hydrocortisone valerate</i>	61
<i>hydrocortisone/acetic acid</i>	41
<i>hydromorphone hcl</i>	25
<i>hydromorphone hydrochloride</i>	25
<i>hydroxychloroquine sulfate</i>	5
<i>hydroxyurea</i>	11
<i>hydroxyzine hcl</i>	30
<i>hydroxyzine hydrochloride</i>	30
<i>hydroxyzine pamoate</i>	30
<i>ibandronate sodium</i>	55
IBRANCE	11
<i>ibu</i>	25
<i>ibuprofen</i>	25
ICLUSIG	11
<i>idarubicin hcl</i>	11
<i>idarubicin hydrochloride</i>	11
IDHIFA	11
<i>ifosfamide</i>	11
ILARIS	25
<i>imatinib mesylate</i>	11
IMBRUVICA	11
IMFINZI	11
<i>imipenem/cilastatin</i>	3
<i>imipramine hcl</i>	33
<i>imipramine hydrochloride</i>	33
<i>imiquimod</i>	63
IMOVAX RABIES (H.D.C.V.)	60
<i>incassia</i>	49
INCRELEX	54
INCRUSE ELLIPTA	17
<i>indapamide</i>	38
INFANRIX	59
INFLECTRA	56
INGREZZA	35
INLYTA	11
INTELENCE	6
<i>intralipid</i>	37
INTRON A	12
INTRON A W/DILUENT	12
<i>introvale</i>	49
INVANZ	3

Drug Name	Page #
INVEGA SUSTENNA	33
INVEGA TRINZA	33
INVIRASE	6
IONOSOL-B/DEXTROSE 5%	39
IONOSOL-MB/DEXTROSE 5%	39
IOPIDINE	42
IPOL INACTIVATED IPV	60
<i>ipratropium bromide</i>	17
<i>ipratropium bromide/albuterol sulfate</i>	18
<i>irbesartan</i>	23
<i>irbesartan/hydrochlorothiazide</i>	23
IRESSA	12
<i>irinotecan</i>	12
ISENTRESS	6
ISENTRESS HD	6
<i>isibloom</i>	49
ISOLYTE-P/DEXTROSE 5%	39
ISOLYTE-S	39
ISOLYTE-S PH 7.4	39
ISONIAZID	4
<i>isosorbide dinitrate</i>	24
<i>isosorbide dinitrate er</i>	24
<i>isosorbide mononitrate</i>	24
<i>isosorbide mononitrate er</i>	24
<i>isotonic gentamicin</i>	3
<i>isotretinoin</i>	63
ISTODAX	12
ISTODAX (OVERFILL)	12
<i>itraconazole</i>	4
<i>ivermectin</i>	1
IXIARO	60
JADENU	45
JADENU SPRINKLE	45
JAKAFI	12
<i>jantoven</i>	19
JANUMET	47
JANUMET XR	47
JANUVIA	47
JARDIANCE	47
<i>jencycla</i>	49
JEVTANA	12
<i>jolessa</i>	49
<i>jolivette</i>	49
<i>juleber</i>	49
JULUCA	6
<i>junel 1.5/30</i>	49
<i>junel 1/20</i>	49
<i>junel fe 1.5/30</i>	49
<i>junel fe 1/20</i>	49

Drug Name	Page #
<i>junel fe 24</i>	49
JUXTAPID	21
JYNARQUE	38
KADCYLA	12
<i>kaitlib fe</i>	49
KALETRA	6
KALYDECO	59
<i>kariva</i>	50
<i>kcl 0.075%/d5w/nacl 0.45%</i>	39
<i>kcl 0.15%/d5w/nacl 0.2%</i>	39
KCL 0.15%/D5W/NACL 0.225%	39
<i>kcl 0.15%/d5w/nacl 0.45%</i>	39
<i>kcl 0.15%/d5w/nacl 0.9%</i>	39
<i>kcl 0.3%/d5w/nacl 0.45%</i>	39
KCL 0.3%/D5W/NACL 0.9%	39
<i>kelnor 1/35</i>	50
<i>kelnor 1/50</i>	50
KENALOG-10	45
KEPIVANCE	62
<i>ketoconazole</i>	4
<i>ketoconazole</i>	60
<i>ketorolac tromethamine</i>	41
KEVEYIS	55
KEYTRUDA	12
<i>kimidess</i>	50
KINERET	56
KINRIX	17
<i>kionex</i>	38
KISQALI	12
KISQALI FEMARA 200 DOSE	12
KISQALI FEMARA 400 DOSE	12
KISQALI FEMARA 600 DOSE	12
<i>klor-con 10</i>	39
<i>klor-con 8</i>	39
<i>klor-con m10</i>	39
<i>klor-con m15</i>	39
<i>klor-con m20</i>	39
<i>klor-con sprinkle</i>	39
KOMBIGLYZE XR	47
KORLYM	47
<i>kurvelo</i>	50
KUVAN	58
KYNAMRO	21
KYPROLIS	12
<i>labetalol hcl</i>	21
<i>lactated ringers irrigation</i>	38
<i>lactated ringers viaflex</i>	39
<i>lactulose</i>	35
<i>lamivudine</i>	6

Drug Name	Page #
<i>lamivudine/zidovudine</i>	6
<i>lamotrigine</i>	28
<i>lamotrigine odt</i>	28
<i>lansoprazole</i>	43
<i>lansoprazole dr</i>	43
<i>lanthanum carbonate</i>	38
LANTUS	47
LANTUS SOLOSTAR	47
<i>larin 1.5/30</i>	50
<i>larin 1/20</i>	50
<i>larin 24 fe</i>	50
<i>larin fe 1.5/30</i>	50
<i>larin fe 1/20</i>	50
<i>larissia</i>	50
LARTRUVO	12
<i>latanoprost</i>	42
LATUDA	33
<i>layolis fe</i>	50
LAZANDA	25
<i>leena</i>	50
<i>leflunomide</i>	56
LENVIMA 10 MG DAILY DOSE	12
LENVIMA 12MG DAILY DOSE	12
LENVIMA 14 MG DAILY DOSE	12
LENVIMA 18 MG DAILY DOSE	12
LENVIMA 20 MG DAILY DOSE	12
LENVIMA 24 MG DAILY DOSE	12
LENVIMA 4 MG DAILY DOSE	12
LENVIMA 8 MG DAILY DOSE	13
<i>lessina</i>	50
LETAIRIS	59
<i>letrozole</i>	13
<i>leucovorin calcium</i>	54
LEUKERAN	13
LEUKINE	20
<i>leuprolide acetate</i>	52
<i>levalbuterol</i>	18
<i>levalbuterol hcl</i>	18
<i>levalbuterol tartrate hfa</i>	18
<i>levetiracetam</i>	28
<i>levetiracetam er</i>	28
<i>levetiracetam/sodium chloride</i>	28
<i>levobunolol hcl</i>	42
<i>levocarnitine</i>	58
<i>levocetirizine dihydrochloride</i>	8
<i>levofloxacin</i>	3
<i>levofloxacin</i>	40
<i>levofloxacin in d5w</i>	3
LEVOLEUCOVORIN	55

Drug Name	Page #
<i>levoleucovorin calcium</i>	55
<i>levonest</i>	50
<i>levonorgestrel</i>	50
<i>levonorgestrel and ethinyl estradiol</i>	50
<i>levonorgestrel/ethinyl estradiol</i>	50
<i>levora 0.15/30-28</i>	50
<i>levo-t</i>	54
LEVOTHYROXINE SODIUM	54
<i>levoxyl</i>	54
LEXIVA	6
<i>lidocaine</i>	62
LIDOCAINE HCL	23
<i>lidocaine hcl</i>	54
<i>lidocaine hcl</i>	62
<i>lidocaine hcl in d5w</i>	22
<i>lidocaine hcl jelly</i>	62
<i>lidocaine hcl viscous</i>	42
<i>lidocaine hcl/dextrose</i>	23
<i>lidocaine viscous</i>	42
<i>lidocaine/prilocaine</i>	62
<i>lillow</i>	50
<i>lincomycin hcl</i>	3
<i>lindane</i>	60
<i>linezolid</i>	3
LINZESS	44
<i>liothyronine sodium</i>	54
<i>lisinopril</i>	23
<i>lisinopril/hydrochlorothiazide</i>	23
LITHIUM	29
<i>lithium carbonate</i>	29
<i>lithium carbonate er</i>	29
LO LOESTRIN FE	50
LONSURF	13
<i>loperamide hcl</i>	43
<i>lopinavir/ritonavir</i>	6
<i>lopreeza</i>	52
<i>lorazepam</i>	30
<i>lorazepam intensol</i>	30
<i>lorcet</i>	26
<i>lorcet hd</i>	26
<i>lorcet plus</i>	26
<i>loryna</i>	50
<i>losartan potassium</i>	23
<i>losartan potassium/hydrochlorothiazide</i>	23
<i>lovastatin</i>	21
<i>low-ogestrel</i>	50
<i>loxapine succinate</i>	33
LUCEMYRA	18
LUMIZYME	40

Drug Name	Page #
LUPANETA PACK	52
LUPRON DEPOT (1-MONTH)	53
LUPRON DEPOT (3-MONTH)	53
LUPRON DEPOT (4-MONTH)	53
LUPRON DEPOT (6-MONTH)	53
LUPRON DEPOT-PED (1-MONTH)	53
LUPRON DEPOT-PED (3-MONTH)	53
<i>luter</i>	50
LYNPARZA	13
LYRICA	28
LYSODREN	13
<i>lyza</i>	50
MAGNESIUM SULFATE	28
<i>maprotiline hcl</i>	33
<i>marlissa</i>	50
MARPLAN	33
<i>marten-tab</i>	26
MATULANE	13
<i>matzim la</i>	22
MAVYRET	6
MAXIDEX	41
<i>meclizine hcl</i>	43
<i>medroxyprogesterone acetate</i>	53
<i>mefloquine hcl</i>	5
<i>megestrol acetate</i>	13
MEKINIST	13
MEKTOVI	13
<i>melodetta 24 fe</i>	50
<i>meloxicam</i>	26
<i>melphalan hydrochloride</i>	13
<i>memantine hcl</i>	31
<i>memantine hcl titration pak</i>	31
<i>memantine hydrochloride</i>	31
MENACTRA	60
<i>menest</i>	52
MENVEO	17
<i>mercaptopurine</i>	13
<i>meropenem</i>	3
MEROPENEM/SODIUM CHLORIDE	3
<i>mesalamine</i>	42
<i>mesalamine dr</i>	42
MESNEX	58
MESTINON	17
<i>metadate er</i>	27
<i>metaproterenol sulfate</i>	18
<i>metformin hcl</i>	47
<i>metformin hcl er</i>	47
<i>metformin hydrochloride</i>	47
METHADONE HCL	26

Drug Name	Page #
<i>methadone hcl intensol</i>	26
<i>methadose</i>	26
<i>methadose sugar-free</i>	26
<i>methazolamide</i>	42
<i>methenamine hippurate</i>	8
<i>methimazole</i>	54
<i>methitest</i>	46
<i>methocarbamol</i>	18
<i>methotrexate</i>	13
METHOTREXATE SODIUM	13
<i>methoxsalen</i>	62
<i>methyl dopa</i>	23
<i>methyl dopa/hydrochlorothiazide</i>	23
<i>methylphenidate hydrochloride</i>	27
<i>methylphenidate hydrochloride cd</i>	27
<i>methylphenidate hydrochloride er</i>	27
<i>methylprednisolone</i>	45
<i>methylprednisolone acetate</i>	45
<i>methylprednisolone dose pack</i>	45
<i>methylprednisolone sodiumsuccinate</i>	45
<i>metipranolol</i>	42
<i>metoclopramide hcl</i>	44
<i>metolazone</i>	38
<i>metoprolol succinate er</i>	21
<i>metoprolol tartrate</i>	21
<i>metoprolol/hydrochlorothiazide</i>	21
METRONIDAZOLE	5
<i>metronidazole</i>	60
<i>metronidazole in nacl 0.79%</i>	5
<i>metronidazole vaginal</i>	60
<i>mexiletine hcl</i>	23
MIACALCIN	53
<i>mibelas 24 fe</i>	50
<i>miconazole 3</i>	61
<i>microgestin 1.5/30</i>	50
<i>microgestin 1/20</i>	50
<i>microgestin 24 fe</i>	50
<i>microgestin fe</i>	50
<i>microgestin fe 1.5/30</i>	50
<i>midodrine hcl</i>	18
MIGERGOT	29
<i>miglitol</i>	47
<i>miglustat</i>	58
MIGRANAL	18
<i>mili</i>	50
<i>mimvey</i>	52
<i>mimvey lo</i>	52
<i>minitran</i>	24
<i>minocycline hcl</i>	3

Drug Name	Page #
<i>minoxidil</i>	23
<i>mirtazapine</i>	33
<i>mirtazapine odt</i>	33
<i>misoprostol</i>	43
MITOMYCIN	13
<i>mitoxantrone hcl</i>	13
M-M-R II	60
<i>modafinil</i>	27
<i>moderiba</i>	6
<i>moexipril hcl</i>	24
<i>moexipril/hydrochlorothiazide</i>	24
<i>mometasone furoate</i>	62
<i>mondoxyne nl</i>	3
<i>mono-lynyah</i>	50
<i>mononessa</i>	50
<i>montelukast sodium</i>	58
<i>morgidox 1x100mg</i>	3
<i>morgidox 1x50mg</i>	3
<i>morgidox 2x100mg</i>	3
MORPHINE SULFATE	26
<i>morphine sulfate er</i>	26
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	3
MOXIFLOXACIN HCL	3
<i>moxifloxacin hydrochloride</i>	40
MOZOBIL	20
MULTAQ	23
<i>mupirocin</i>	61
MUSTARGEN	13
<i>mutamycin</i>	13
MYALEPT	53
MYCAMINE	4
<i>mycophenolate mofetil</i>	57
<i>mycophenolic acid dr</i>	57
MYLOTARG	13
<i>myorisan</i>	63
MYRBETRIQ	63
<i>myzilra</i>	50
<i>nabumetone</i>	26
<i>nadolol</i>	21
<i>nafacillin</i>	3
<i>nafacillin sodium</i>	3
NAGLAZYME	40
<i>nalbuphine hcl</i>	26
<i>naloxone hcl</i>	31
<i>naltrexone hcl</i>	31
<i>naproxen</i>	26
<i>naproxen dr</i>	26
<i>naratriptan hcl</i>	29

Drug Name	Page #
NARCAN	31
NATACYN	40
NATAZIA	50
<i>nateglinide</i>	47
NATPARA	53
NEBUPENT	5
<i>necon 0.5/35-28</i>	50
<i>necon 1/35</i>	50
<i>necon 7/7/7</i>	50
<i>nefazodone hcl</i>	33
<i>nefazodone hydrochloride</i>	33
<i>neomycin sulfate</i>	3
<i>neomycin/bacitracin/polymyxin</i>	40
<i>neomycin/polymyxin/bacitracin zinc</i>	40
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	41
<i>neomycin/polymyxin/dexamethasone</i>	41
<i>neomycin/polymyxin/gramicidin</i>	41
<i>neomycin/polymyxin/hc</i>	41
<i>neomycin/polymyxin/hydrocortisone</i>	41
<i>neo-polycin</i>	40
<i>neo-polycin hc</i>	41
NEPHRAMINE	37
NERLYNX	13
NEULASTA	20
NEUPOGEN	20
NEUPRO	29
<i>nevirapine</i>	6
<i>nevirapine er</i>	6
NEXAVAR	13
<i>niacin er</i>	21
<i>nicardipine hcl</i>	22
NICOTROL INHALER	17
NICOTROL NS	17
<i>nifediac cc</i>	22
<i>nifedical xl</i>	22
<i>nifedipine er</i>	22
<i>nikki</i>	50
<i>nilutamide</i>	13
NINLARO	13
NIPENT	13
<i>nitrofurantoin macrocrystals</i>	8
<i>nitrofurantoin monohydrate</i>	8
<i>nitrofurantoin monohydrate/macrocrystals</i>	8
NITROGLYCERIN	24
NITROGLYCERIN LINGUAL	24
<i>nitroglycerin transdermal</i>	24
<i>nora-be</i>	50
NORDITROPIN FLEXPRO	54

Drug Name	Page #
<i>norethindrone</i>	50
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	50
<i>norethindrone acetate</i>	53
<i>norethindrone acetate/ethinyl estradiol</i>	50
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	50
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	50
<i>norgestimate/ethinyl estradiol</i>	51
<i>norgestrel/ethinyl estradiol</i>	51
NORINYL 1+50	51
<i>norlyda</i>	51
<i>norlyroc</i>	51
NORMOSOL -R	39
NORMOSOL-M IN D5W	39
NORMOSOL-R	39
NORMOSOL-R IN D5W	39
NORPACE CR	23
NORTHERA	18
<i>nortrel 0.5/35 (28)</i>	51
<i>nortrel 1/35</i>	51
<i>nortrel 7/7/7</i>	51
<i>nortriptyline hcl</i>	33
NORVIR	6
NOVOLIN 70/30	47
NOVOLIN N	47
NOVOLIN R	47
NOVOLOG	47
NOVOLOG FLEXPEN	47
NOVOLOG MIX 70/30	47
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	47
NOVOLOG PENFILL	47
NOXAFIL	4
NUCALA	58
NUEDEXTA	31
NULOJIX	57
NUPLAZID	33
<i>nutrilipid</i>	37
NUTROPIN AQ NUSPIN 10	54
NUTROPIN AQ NUSPIN 20	54
NUTROPIN AQ NUSPIN 5	54
NUTROPIN AQ PEN	54
NUVARING	51
<i>nyamyc</i>	61
<i>nyata</i>	61
<i>nystatin</i>	4
<i>nystatin</i>	61

Drug Name	Page #
<i>nystatin/triamcinolone</i>	62
<i>nystop</i>	61
OCALIVA	44
<i>ocella</i>	51
OCREVUS	57
OCTAGAM	16
<i>octreotide acetate</i>	53
ODEFSEY	6
ODOMZO	13
OFEV	59
<i>ofloxacin</i>	41
<i>ogestrel</i>	51
<i>okebo</i>	3
<i>olanzapine</i>	33
<i>olanzapine odt</i>	33
<i>olanzapine/fluoxetine</i>	33
<i>olmesartan medoxomil</i>	24
<i>olmesartan medoxomil/hydrochlorothiazide</i>	24
<i>omega-3-acid ethyl esters</i>	21
<i>omeprazole</i>	43
OMNITROPE	54
<i>ondansetron hcl</i>	43
<i>ondansetron odt</i>	43
ONFI	28
ONGLYZA	47
OPDIVO	14
OPSUMIT	59
<i>oralone dental paste</i>	62
ORENCIA	56
ORENCIA CLICKJECT	56
ORFADIN	58
ORKAMBI	59
<i>orsythia</i>	51
<i>oseltamivir phosphate</i>	6
OSMOPREP	44
<i>oxacillin</i>	3
<i>oxacillin sodium</i>	3
<i>oxaliplatin</i>	14
<i>oxandrolone</i>	46
<i>oxcarbazepine</i>	28
OXSORALEN	62
<i>oxybutynin chloride</i>	63
<i>oxybutynin chloride er</i>	63
<i>oxycodone hcl</i>	26
OXYCODONE HCL ER	26
<i>oxycodone/acetaminophen</i>	26
<i>oxycodone/aspirin</i>	26
<i>oxycodone/ibuprofen</i>	26
OXYCONTIN	26

Drug Name	Page #
<i>pacerone</i>	23
<i>paclitaxel</i>	14
<i>paliperidone er</i>	33
PALYNZIQ	40
PAMIDRONATE DISODIUM	55
PANRETIN	63
<i>pantoprazole sodium</i>	43
<i>paricalcitol</i>	64
<i>paroex</i>	41
<i>paromomycin sulfate</i>	5
<i>paroxetine hcl</i>	33
<i>paser</i>	4
PAXIL	34
PEDIARIX	17
PEDVAX HIB	60
<i>peg 3350/electrolytes</i>	44
<i>peg-3350/electrolytes</i>	44
<i>peg-3350/nacl/na bicarbonate/kcl</i>	44
PEGANONE	28
PEGASYS	6
PEGASYS PROCLICK	6
<i>penicillin g potassium</i>	3
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3
PENICILLIN G SODIUM	3
<i>penicillin v potassium</i>	3
PENTAM 300	5
PENTASA	42
<i>pentoxifylline er</i>	20
<i>perindopril erbumine</i>	24
<i>perio gard</i>	41
PERJETA	14
<i>permethrin</i>	61
<i>perphenazine</i>	34
<i>perphenazine/amitriptyline</i>	34
<i>phenadoz</i>	8
<i>phenelzine sulfate</i>	34
<i>phenobarbital</i>	30
<i>phenytoin</i>	28
<i>phenytoin infatabs</i>	28
<i>phenytoin sodium</i>	28
<i>phenytoin sodium extended</i>	28
<i>philith</i>	51
PHOSPHOLINE IODIDE	42
<i>pilocarpine hcl</i>	17
<i>pilocarpine hcl</i>	42
<i>pilocarpine hydrochloride</i>	18
<i>pimozide</i>	34
<i>pimtree</i>	51

Drug Name	Page #
<i>pindolol</i>	21
<i>pioglitazone hcl</i>	47
<i>pioglitazone hcl/metformin hcl</i>	48
<i>piperacillin sodium/ tazobactam sodium</i>	3
<i>piperacillin sodium/tazobactam sodium</i>	3
<i>piperacillin/tazobactam</i>	3
<i>pirmella 1/35</i>	51
<i>pirmella 7/7/7</i>	51
<i>piroxicam</i>	26
PLASMA-LYTE A	39
PLASMA-LYTE-148	39
PLEGRIDY	57
PLEGRIDY STARTER PACK	57
<i>plenamine</i>	37
<i>podofilox</i>	63
<i>polycin</i>	41
<i>polyethylene glycol 3350</i>	44
<i>polymyxin b sulfate/trimethoprim sulfate</i>	41
POMALYST	14
<i>portia-28</i>	51
<i>potassium chloride</i>	40
<i>potassium chloride cr</i>	39
<i>potassium chloride er</i>	39
<i>potassium chloride sr</i>	39
POTASSIUM CHLORIDE/DEXTROSE	39
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	39
<i>potassium chloride/dextrose/sodium chloride</i>	39
<i>potassium chloride/sodium chloride</i>	40
<i>potassium citrate er</i>	35
PRALUENT	21
<i>pramipexole dihydrochloride</i>	29
<i>prasugrel</i>	19
<i>pravastatin sodium</i>	21
<i>praziquantel</i>	1
<i>prazosin hcl</i>	20
PRED MILD	41
<i>prednicarbate</i>	62
<i>prednisolone</i>	46
<i>prednisolone acetate</i>	41
<i>prednisolone acetate p-f</i>	41
<i>prednisolone sodium phosphate</i>	41
<i>prednisolone sodium phosphate</i>	45
<i>prednisone</i>	46
<i>prefest</i>	52
PREMARIN	52
PREMASOL	37

Drug Name	Page #
<i>prevalite</i>	21
<i>previfem</i>	51
PREVYMIS	6
PREZCOBIX	6
PREZISTA	6
PRIFTIN	4
PRIMAQUINE PHOSPHATE	5
<i>primidone</i>	28
PRIVIGEN	16
PROAIR HFA	19
<i>probenecid</i>	40
<i>probenecid/colchicine</i>	40
PROCAINAMIDE HCL	23
PROCALAMINE	37
<i>prochlorperazine</i>	34
<i>prochlorperazine edisylate</i>	34
<i>prochlorperazine maleate</i>	34
PROCRIT	20
<i>procto-med hc</i>	62
<i>procto-pak</i>	62
<i>proctosol hc</i>	62
<i>proctozone-hc</i>	62
<i>progesterone</i>	53
PROGLYCEM	48
PROGRAF	57
PROLASTIN-C	59
PROLEUKIN	14
PROLIA	55
PROMACTA	20
<i>promethazine hcl</i>	8
<i>promethazine hcl plain</i>	8
<i>promethazine hydrochloride</i>	8
<i>promethazine vc plain</i>	8
<i>promethazine/phenylephrine</i>	8
<i>propafenone hcl</i>	23
<i>proparacaine hcl</i>	42
<i>propranolol hcl</i>	21
<i>propranolol hcl er</i>	21
<i>propranolol hydrochloride</i>	21
<i>propranolol/hydrochlorothiazide</i>	21
<i>propylthiouracil</i>	54
PROQUAD	17
PROSOL	37
<i>protriptyline hcl</i>	34
PROVENTIL HFA	19
PULMOZYME	59
PURIXAN	14
<i>pyrazinamide</i>	5
<i>pyridostigmine bromide</i>	18

Drug Name	Page #
<i>pyridostigmine bromide er</i>	18
QTERN	48
QUADRACEL	17
<i>quasense</i>	51
<i>quetiapine fumarate</i>	34
<i>quetiapine fumarate er</i>	34
<i>quinapril hcl</i>	24
<i>quinapril/hydrochlorothiazide</i>	24
QUINIDINE GLUCONATE	23
<i>quinidine gluconate cr</i>	23
<i>quinidine gluconate er</i>	23
<i>quinidine sulfate</i>	23
<i>quinine sulfate</i>	5
QVAR REDIHALER	46
RABAVERT	17
<i>rabeprazole sodium</i>	43
RADICAVA	31
RAGWITEK	58
<i>rajani</i>	51
<i>raloxifene hydrochloride</i>	52
<i>ramipril</i>	24
RANEXA	23
<i>ranitidine hcl</i>	43
RAPAMUNE	58
<i>rasagiline mesylate</i>	29
RAVICTI	35
REBIF	57
REBIF REBIDOSE	57
REBIF REBIDOSE TITRATION PACK	57
REBIF TITRATION PACK	57
<i>reclipsen</i>	51
RECOMBIVAX HB	60
RECTIV	63
REGONOL	18
REGRANEX	63
RELENZA DISKHALER	7
RELISTOR	44
REMODULIN	59
RENAGEL	38
RENFLEXIS	56
<i>repaglinide</i>	48
REPATHA	21
REPATHA PUSHTRONEX SYSTEM	21
REPATHA SURECLICK	21
RESCRIPTOR	7
RESTASIS	41
<i>restasis multidose</i>	41
RETACRIT	20
RETROVIR IV INFUSION	7

Drug Name	Page #
REVATIO	24
REVLIMID	14
REXULTI	34
REYATAZ	7
<i>ribasphere</i>	7
<i>ribavirin</i>	7
RIDAURA	45
<i>rifabutin</i>	5
<i>rifampin</i>	5
RIFATER	5
<i>riluzole</i>	31
<i>rimantadine hcl</i>	7
<i>ringers injection</i>	40
<i>ringers irrigation</i>	38
<i>risedronate sodium</i>	55
RISPERDAL CONSTA	34
<i>risperidone</i>	34
<i>risperidone m-tab</i>	34
<i>risperidone odt</i>	34
<i>ritonavir</i>	7
RITUXAN	14
<i>rivastigmine tartrate</i>	18
RIVASTIGMINE TRANSDERMAL SYSTEM	18
<i>rivelsa</i>	51
<i>rizatriptan benzoate</i>	29
<i>rizatriptan benzoate odt</i>	29
ROMIDEPSIN	14
<i>ropinirole hcl</i>	29
<i>rosadan</i>	61
<i>rosuvastatin calcium</i>	21
ROTARIX	60
ROTATEQ	60
<i>roweeptra</i>	28
<i>roweeptra xr</i>	28
<i>roxicet</i>	26
ROZEREM	30
RUBRACA	14
RYDAPT	14
SABRIL	28
SAIZEN	54
SAIZENPREP RECONSTITUTIONKIT	54
SANDOSTATIN LAR DEPOT	53
SANTYL	63
SAPHRIS	34
<i>scopolamine</i>	43
<i>selegiline hcl</i>	29
<i>selenium sulfide</i>	61
SELZENTRY	7

Drug Name	Page #
SENSIPAR	58
SEREVENT DISKUS	19
<i>sertraline hcl</i>	34
<i>setlakin</i>	51
<i>sevelamer carbonate</i>	38
<i>sharobel</i>	51
SHINGRIX	17
SIGNIFOR	53
<i>sildenafil</i>	24
SILENOR	34
<i>silver sulfadiazine</i>	61
SIMPONI	56
SIMPONI ARIA	56
SIMULECT	58
<i>simvastatin</i>	21
<i>sirolimus</i>	58
SIRTURO	5
SIVEXTRO	3
<i>sodium chloride</i>	40
<i>sodium chloride 0.9%</i>	38
<i>sodium chloride 0.45%</i>	40
<i>sodium chloride 0.9%</i>	38
<i>sodium fluoride</i>	55
SODIUM LACTATE	35
<i>sodium phenylbutyrate</i>	35
<i>sodium polystyrene sulfonate</i>	38
<i>sodium sulfacetamide</i>	41
SOLTAMOX	14
SOLU-CORTEF	46
SOLU-MEDROL	46
SOMATULINE DEPOT	53
SOMAVERT	54
<i>sorine</i>	21
<i>sotalol hcl</i>	21
<i>sotalol hcl (af)</i>	21
<i>sotalol hydrochloride</i>	21
<i>sotalol hydrochloride (af)</i>	21
SOTYLIZE	21
SPIRIVA HANDIHALER	17
SPIRIVA RESPIMAT	17
<i>spironolactone</i>	24
<i>spironolactone/hydrochlorothiazide</i>	24
<i>sprintec 28</i>	51
SPRITAM	28
SPRYCEL	14
<i>sps</i>	38
<i>sronyx</i>	51
<i>ssd</i>	61
<i>stavudine</i>	7

Drug Name	Page #
<i>sterile water for irrigation</i>	38
<i>sterile water irrigation</i>	38
<i>sterile water irrigation plastic bottle</i>	38
STIOLTO RESPIMAT	17
STIVARGA	14
STRENSIQ	40
STREPTOMYCIN SULFATE	3
STRIBILD	7
<i>subvenite</i>	28
SUCRAID	40
<i>sucrafate</i>	44
<i>sulfacetamide sodium</i>	41
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	41
<i>sulfadiazine</i>	3
SULFAMETHOXAZOLE/TRIMETHOPRIM	3
<i>sulfamethoxazole/trimethoprim ds</i>	3
<i>sulfasalazine</i>	3
<i>sulfatrim pediatric</i>	3
<i>sulindac</i>	26
<i>sumatriptan</i>	29
<i>sumatriptan succinate</i>	29
<i>sumatriptan succinate refill</i>	29
SUPRAX	3
SUPREP BOWEL PREP KIT	44
SUTENT	14
<i>syeda</i>	51
SYLATRON	14
SYMDEKO	59
SYMFI	7
SYMFI LO	7
SYMLINPEN 120	48
SYMLINPEN 60	48
SYMPROIC	44
SYMTUZA	7
SYNAGIS	7
SYNAREL	53
SYNERCID	3
SYNJARDY	48
SYNJARDY XR	48
SYNRIBO	14
SYNTHROID	54
TABLOID	14
<i>tacrolimus</i>	58
<i>tacrolimus</i>	63
<i>tadalafil</i>	24
TAFINLAR	14
TAGRISSO	14

Drug Name	Page #
TALTZ	63
<i>tamoxifen citrate</i>	14
<i>tamsulosin hcl</i>	18
TARCEVA	14
TARGRETIN	63
<i>tarina fe 1/20</i>	51
TASIGNA	14
TAVALISSE	20
<i>tazarotene</i>	63
<i>tazicef</i>	4
TAZORAC	63
<i>taztia xt</i>	22
TECENTRIQ	14
TECFIDERA	57
TECFIDERA STARTER PACK	57
TEFLARO	4
TEKTURNA	24
<i>telmisartan</i>	24
<i>telmisartan/amlodipine</i>	22
<i>telmisartan/hydrochlorothiazide</i>	24
<i>temazepam</i>	30
<i>temsirolimus</i>	15
<i>tencon</i>	26
TENIVAC	60
<i>tenofovir disoproxil fumarate</i>	7
<i>terazosin hcl</i>	20
<i>terbinafine hcl</i>	4
<i>terbutaline sulfate</i>	19
<i>terconazole</i>	61
<i>testosterone</i>	46
<i>testosterone cypionate</i>	46
<i>testosterone enanthate</i>	46
<i>testosterone pump</i>	46
TETANUS/DIPHThERIA TOXOIDS-ADSORBED	17
<i>tetrabenazine</i>	35
<i>tetracycline hydrochloride</i>	4
THALOMID	57
<i>theo-24</i>	63
<i>theochron</i>	63
<i>theophylline</i>	63
<i>theophylline cr</i>	63
<i>theophylline er</i>	63
<i>thioridazine hcl</i>	34
<i>thiotepa</i>	15
<i>thiothixene</i>	34
THYMOGLOBULIN	58
THYROLAR-1	54
THYROLAR-1/2	54

Drug Name	Page #
THYROLAR-1/4	54
THYROLAR-2	54
THYROLAR-3	54
<i>tiagabine hydrochloride</i>	28
TIBSOVO	15
TIGECYCLINE	4
<i>tilia fe</i>	51
<i>timolol maleate</i>	22
<i>timolol maleate</i>	42
<i>timolol maleate ophthalmic gel forming</i>	42
<i>tinidazole</i>	5
<i>tis-u-sol</i>	38
TIVICAY	7
<i>tizanidine hcl</i>	18
<i>tizanidine hydrochloride</i>	18
TOBRADEX	41
TOBRADEX ST	41
<i>tobramycin</i>	4
TOBRAMYCIN SULFATE	4
<i>tobramycin sulfate</i>	41
<i>tobramycin/dexamethasone</i>	41
TOLAK	63
<i>tolazamide</i>	48
<i>tolbutamide</i>	48
<i>tolcapone</i>	29
<i>tolterodine tartrate</i>	63
<i>tolterodine tartrate er</i>	63
<i>topiramate</i>	28
<i>toposar</i>	15
<i>topotecan hcl</i>	15
<i>torseamide</i>	38
TOUJEO MAX SOLOSTAR	48
TOUJEO SOLOSTAR	48
<i>tpn electrolytes</i>	40
TRACLEER	59
<i>tramadol hcl</i>	26
<i>tramadol hydrochloride/acetaminophen</i>	26
<i>trandolapril</i>	24
<i>tranexamic acid</i>	19
<i>tranlycypromine sulfate</i>	34
TRAVASOL	37
TRAVATAN Z	42
<i>trazodone hydrochloride</i>	34
TREANDA	15
TRECATOR	5
TRELEGY ELLIPTA	46
TRELSTAR MIXJECT	53
<i>tretinoin</i>	15
<i>tretinoin</i>	62

Drug Name	Page #
<i>trexall</i>	15
<i>tri femynor</i>	51
<i>triamcinolone acetonide</i>	46
<i>triamcinolone acetonide</i>	62
<i>triamcinolone acetonide dental paste</i>	62
<i>triamterene/hydrochlorothiazide</i>	38
<i>triderm</i>	62
<i>trientine hydrochloride</i>	45
<i>tri-estarylla</i>	51
<i>trifluoperazine hcl</i>	34
<i>trifluridine</i>	41
<i>trihexyphenidyl hcl</i>	29
<i>triklo</i>	21
<i>tri-legest fe</i>	51
<i>tri-linyah</i>	51
<i>tri-lo-estarylla</i>	51
<i>tri-lo-marzia</i>	51
<i>tri-lo-sprintec</i>	51
<i>trilyte</i>	44
<i>trimethoprim</i>	8
<i>trimethoprim sulfate/polymyxin b sulfate</i>	41
<i>tri-mili</i>	51
<i>trimipramine maleate</i>	34
<i>trinessa</i>	51
<i>trinessa lo</i>	51
TRINTELLIX	34
<i>tri-previfem</i>	51
TRISENOX	15
<i>tri-sprintec</i>	51
TRIUMEQ	7
<i>trivora-28</i>	51
<i>tri-vylibra</i>	51
TROPHAMINE	38
<i>tropium chloride</i>	63
<i>tropium chloride er</i>	63
TRULICITY	48
TRUMENBA	17
TRUVADA	7
<i>tulana</i>	51
TWINRIX	60
TYBOST	58
<i>tydemy</i>	51
TYKERB	15
TYMLOS	53
TYPHIM VI	60
TYSABRI	57
<i>tyzine pediatric nasal drops</i>	42
UCERIS	62
ULORIC	55

Drug Name	Page #
<i>unithroid</i>	54
<i>ursodiol</i>	44
<i>valacyclovir hcl</i>	7
<i>valacyclovir hydrochloride</i>	7
VALCHLOR	63
<i>valganciclovir</i>	7
<i>valganciclovir hydrochlorde</i>	7
<i>valproate sodium</i>	28
<i>valproic acid</i>	28
<i>valsartan</i>	24
<i>valsartan/hydrochlorothiazide</i>	24
VANCOMYCIN	4
<i>vancomycin hcl</i>	4
VANCOMYCIN HCL IN DEXTROSE	4
<i>vandazole</i>	61
VAQTA	60
VARIVAX	60
VARIZIG	16
VECTIBIX	15
VELCADE	15
<i>velivet</i>	51
VELTASSA	38
VENCLEXTA	15
VENCLEXTA STARTING PACK	15
<i>venlafaxine hcl</i>	34
<i>venlafaxine hcl er</i>	34
VENTAVIS	59
VENTOLIN HFA	19
<i>verapamil hcl</i>	22
<i>verapamil hcl er</i>	22
<i>verapamil hcl sr</i>	22
VEREGEN	63
VERSACLOZ	35
<i>verzenio</i>	15
VIBERZI	44
VICTOZA	48
VIDEX EC	7
VIDEX PEDIATRIC	7
<i>vienva</i>	51
<i>vigabatrin</i>	28
VIIBRYD	35
VIIBRYD STARTER PACK	35
VIMPAT	28
VINBLASTINE SULFATE	15
<i>vincasar pfs</i>	15
<i>vincristine sulfate</i>	15
<i>vinorelbine tartrate</i>	15
<i>viorele</i>	51
VIRACEPT	7

Drug Name	Page #
VIRAMUNE	7
VIREAD	7
<i>voriconazole</i>	4
VOSEVI	7
VOTRIENT	15
<i>vp-pnv-dha</i>	63
VPRIV	40
VRAYLAR	35
<i>vyfemla</i>	52
<i>vylibra</i>	52
VYXEOS	15
<i>warfarin sodium</i>	19
WELCHOL	21
<i>wera</i>	52
<i>wymzya fe</i>	52
XALKORI	15
XARELTO	19
XARELTO STARTER PACK	19
XATMEP	15
XEOMIN	58
XERMELO	43
XGEVA	55
XIFAXAN	4
XIGDUO XR	48
XOLAIR	59
XTANDI	15
<i>xulane</i>	52
XURIDEN	58
<i>xylon</i>	26
XYREM	31
YERVOY	15
YF-VAX	60
YONDELIS	15
YONSA	15
<i>yuvafem</i>	52
<i>zafirlukast</i>	58
<i>zaleplon</i>	30
ZALTRAP	15
ZANOSAR	16
<i>zarah</i>	52
ZARXIO	20
<i>zazole</i>	61
ZEJULA	16
ZELBORAF	16
ZEMAIRA	59
<i>zenatane</i>	63
<i>zenchent</i>	52
ZENPEP	44
ZERBAXA	4

Drug Name	Page #
ZERIT	7
<i>zidovudine</i>	7
ZINPLAVA	16
<i>ziprasidone hcl</i>	35
ZIRGAN	41
ZOLEDRONIC ACID	55
ZOLINZA	16
<i>zolmitriptan</i>	29
<i>zolmitriptan odt</i>	29
<i>zolpidem tartrate</i>	30
ZOMETA	55
<i>zonisamide</i>	29
ZORBTIVE	54
ZORTRESS	58
ZOSTAVAX	60
ZOSYN	4
<i>zovia 1/35e</i>	52
ZOVIRAX	61
ZYDELIG	16
ZYKADIA	16
ZYPREXA RELPREVV	35
ZYTIGA	16

This formulary was updated on September 26, 2018. For more recent information or other questions, please contact CareOregon Advantage Customer Service at 888-712-3258 or, for TTY/TDD users, 711, 8 a.m. to 8 p.m., daily, or visit careoregonadvantage.org

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