

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 10

This formulary was updated on February 1, 2019. 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 February 1, 2019. 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 February 1, 2019. 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 67. 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 67.

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>	
<i>albendazole tablet</i>	NDS
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

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

Drug Name	Requirements/Limits*
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	NDS
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, 400mg/40ml</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
DAPTOMYCIN INJECTION 350MG	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

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

Drug Name	Requirements/Limits*
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 0.9MG/ML; 0.9%, 1.4MG/ML; 0.9%, 2MG/ML; 0.9%	NDS
<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>mondoxylene nl capsule 100mg, 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 20000000unit, 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	

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

Drug Name	Requirements/Limits*
SUPRAX SUSPENSION RECONSTITUTED 500MG/5ML	
SYNERCID INJECTION 350MG; 150MG	NDS
<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
<i>vancomycin hydrochloride/dextrose injection 5%; 750mg/150ml</i>	NDS
<i>vancomycin hydrochloride/sodium chloride injection 0.9%; 750mg/150ml</i>	NDS
<i>vancomycin hydrochloride injection 250mg, 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 NACL 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>	

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

Drug Name	Requirements/Limits*
<i>dapsone tablet</i>	MO
<i>ethambutol hcl tablet</i>	
ISONIAZID INJECTION	NDS
<i>isoniazid syrup, tablet</i>	MO
<i>paser</i>	
PRIFTIN	
<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</i>	MO NDS
<i>abacavir sulfate/lamivudine/zidovudine</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

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

Drug Name	Requirements/Limits*
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
DELSTRIGO	QL (1 EA per 1 days) MO NDS
DESCOVY	QL (1 EA per 1 days) MO NDS
<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 (Eplusa) 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</i>	MO
<i>nevirapine er</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

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

Drug Name	Requirements/Limits*
PEGASYS PROCLICK	QL (4 ML per 28 days) PA (Pegasys) NDS
PIFELTRO	QL (1 EA per 1 days) MO NDS
PREVYMIS INJECTION	PA (Prevymis)
PREVYMIS TABLET	QL (1 EA per 1 days) PA (Prevymis) NDS
PREZCOBIX	MO NDS
PREZISTA SUSPENSION	MO NDS
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 hydrochloride</i>	MO NDS
VIDEX EC CAPSULE DELAYED RELEASE 125MG	MO
VIDEX PEDIATRIC	MO

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

Drug Name	Requirements/Limits*
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
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>diphenhydramine hydrochloride injection</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 injection</i>	PA (high risk medication - promethazine) NDS
<i>promethazine hydrochloride tablet 50mg</i>	PA (high risk medication - promethazine) NDS
<i>promethazine vc plain solution</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	
<i>abiraterone acetate</i>	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
ABRAXANE	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>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
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
ARSENIC TRIOXIDE INJECTION	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>	
<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

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

Drug Name	Requirements/Limits*
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, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	NDS
<i>carmustine</i>	PA (Cancer Drugs, new starts only) NDS
<i>cisplatin injection 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	NDS
<i>cladribine</i>	B/D NDS
<i>clofarabine</i>	PA (Cancer Drugs, new starts only) NDS
COMETRIQ	PA (Cancer Drugs, new starts only) NDS
COPIKTRA	QL (2 EA per 1 days) 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, 20mg/ml</i>	B/D NDS
<i>cytarabine injection 100mg/ml, 20mg/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
DAURISMO TABLET 100MG	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
DAURISMO TABLET 25MG	QL (3 EA per 1 days) 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 160mg/8ml, 20mg/ml</i>	PA (Cancer Drugs, new starts only) NDS
<i>doxorubicin hcl liposome</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*
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
<i>doxorubicin hydrochloride liposomal</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, 1gm/50ml, 500mg/25ml</i>	NDS
<i>exemestane</i>	MO
FARESTON	PA (Cancer Drugs, new starts only) MO NDS
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</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
<i>hydroxyurea capsule</i>	
IBRANCE	QL (21 EA per 28 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*
ICLUSIG	PA (Cancer Drugs, new starts only) LA NDS
<i>idarubicin hcl</i>	PA (Cancer Drugs, new starts only) NDS
<i>idarubicin hydrochloride</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
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 hcl</i>	NDS
<i>irinotecan hydrochloride injection 100mg/5ml</i>	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

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

Drug Name	Requirements/Limits*
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	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
LENVIMA 8 MG DAILY DOSE	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
<i>letrozole</i>	MO
LEUKERAN	NDS
LIBTAYO	PA (Cancer Drugs, new starts only) NDS
LONSURF	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
LORBRENA TABLET 100MG	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
LORBRENA TABLET 25MG	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
LUMOXITI	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

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

Drug Name	Requirements/Limits*
MEKTOVI	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
<i>melphalan 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
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, 150mg/25ml, 300mg/50ml, 30mg/5ml</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

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

Drug Name	Requirements/Limits*
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
TALZENNA	QL (3 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
<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 100mg/5ml, 1gm/50ml, 500mg/25ml</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

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

Drug Name	Requirements/Limits*
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 STARTING PACK	QL (42 EA per 180 days) PA (Cancer Drugs, new starts only) NDS
VENCLEXTA TABLET 10MG, 50MG	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only) NDS
VENCLEXTA TABLET 100MG	QL (6 EA per 1 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
VIZIMPRO	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) 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
XOSPATA	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only) 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
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

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

Drug Name	Requirements/Limits*
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 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	
KINRIX	
QUADRACEL	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED	
<i>Vaccines</i>	
MENVEO	
PEDIARIX	
PROQUAD	
RABAVERT	B/D
SHINGRIX	PA (Shingrix)
TRUMENBA	PA (Trumenba)

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

Drug Name	Requirements/Limits*
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
<i>pilocarpine hydrochloride tablet 5mg</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
Skeletal Muscle Relaxants	
<i>baclofen tablet 10mg, 20mg</i>	MO
<i>chlorzoxazone tablet 500mg</i>	PA (high risk medication - skeletal muscle relaxants) 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>cyclobenzaprine hydrochloride 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
Sympatholytic (Adrenergic Blocking) Agents	
<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
Sympathomimetic (Adrenergic) Agents	
ADVAIR DISKUS	QL (60 EA per 30 days) MO
ADVAIR HFA	QL (12 GM per 30 days) MO
<i>albuterol sulfate er</i>	MO
ALBUTEROL SULFATE HFA	QL (36 GM per 30 days) 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
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

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

Drug Name	Requirements/Limits*
Blood Formation, Coagulation & Thrombosis	
Antihemorrhagic Agents	
<i>tranexamic acid tablet</i>	
<i>tranexamic acid injection</i>	NDS
Antithrombotic Agents	
<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/NAACL 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
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	

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

Drug Name	Requirements/Limits*
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 INJECTION 300MCG/0.5ML, 480MCG/0.8ML	PA (colony stimulating factors) NDS
LEUKINE INJECTION 250MCG	PA (colony stimulating factors) NDS
MOZOBIL	PA (Mozobil) NDS
MULPLETA	QL (1 EA per 1 days) PA (Mulpleta) NDS
NEULASTA	PA (colony stimulating factors) NDS
NEUPOGEN	PA (colony stimulating factors) NDS
PROCRIT	PA (erythropoiesis-stimulating agents) NDS
PROMACTA TABLET	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
Blood Formation,Coagulation + Thrombosis	
Antithrombotic Agents	
<i>aspirin/dipyridamole er</i>	MO
<i>heparin sodium/dextrose</i>	NDS
Hematopoietic Agents	
NIVESTYM	PA (colony stimulating factors) NDS
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) MO
<i>ezetimibe/simvastatin</i>	QL (1 EA per 1 days) 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>labetalol hydrochloride injection 5mg/ml</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) tablet 120mg, 80mg</i>	MO
<i>sotalol hcl af</i>	MO
<i>sotalol hydrochloride (af)</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>sotalol hydrochloride af</i>	MO
<i>sotalol hydrochloride tablet 120mg</i>	MO
SOTYLIZE	PA (Sotylize) MO NDS
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	MO
Calcium-Channel Blocking Agents	
<i>afeditab cr</i>	MO
<i>amlodipine besylate/benazepril hcl capsule 5mg; 40mg</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>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	MO
<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
<i>amiodarone hydrochloride injection</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

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

Drug Name	Requirements/Limits*
<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
<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>procainamide hydrochloride</i>	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

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

Drug Name	Requirements/Limits*
<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
<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 20mg</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

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

Drug Name	Requirements/Limits*
<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
<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

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

Drug Name	Requirements/Limits*
<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>ibudone tablet 5mg; 200mg</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
<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, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 5mg/ml, 8mg/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

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

Drug Name	Requirements/Limits*
<i>tramadol hydrochloride/acetaminophen</i>	QL (8 EA per 1 days) 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
<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 er tablet extended release 18mg, 27mg, 36mg, 54mg</i>	QL (1 EA per 1 days) 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	
APTOM TABLET 200MG, 400MG, 800MG	QL (1 EA per 1 days) PA (Aptiom, new starts only) MO NDS
APTOM 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 INJECTION	PA (Briviact Injection, new starts only) NDS
BRIVIACT ORAL SOLUTION	PA (Briviact, new starts only) MO 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

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

Drug Name	Requirements/Limits*
<i>clobazam suspension</i>	PA (Onfi Suspension, new starts only) MO NDS
<i>clobazam tablet 20mg</i>	PA (onfi, new starts only) MO NDS
<i>clobazam tablet 10mg</i>	PA (onfi, new starts only) NDS
<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
EPIDIOLEX	PA (Epidiolex, new starts only) MO NDS
<i>epitol</i>	MO
<i>ethosuximide capsule, solution</i>	MO
<i>felbamate</i>	MO
<i>fosphenytoin sodium</i>	NDS
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
<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

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

Drug Name	Requirements/Limits*
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 packet</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
VIMPAT TABLET 100MG, 150MG, 200MG	QL (2 EA per 1 days) MO NDS
<i>zonisamide capsule</i>	MO
Antimanic Agents	
LITHIUM	MO
<i>lithium carbonate er</i>	MO
<i>lithium carbonate capsule, tablet</i>	MO
Antimigraine Agents	
AIMOVIG	QL (2 ML per 30 days) PA (Aimovig) MO
MIGERGOT	NDS
<i>naratriptan hcl</i>	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

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

Drug Name	Requirements/Limits*
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 elixir</i>	PA (high risk medication - antiparkinson agents) MO NDS
<i>trihexyphenidyl hydrochloride</i>	PA (high risk medication - antiparkinson agents) MO NDS
Anxiolytics, Sedatives, and Hypnotics	
<i>alprazolam intensol</i>	NDS
<i>alprazolam tablet</i>	NDS
<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

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

Drug Name	Requirements/Limits*
<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	
<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

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

Drug Name	Requirements/Limits*
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
<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

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

Drug Name	Requirements/Limits*
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
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
MOLINDONE HYDROCHLORIDE	MO
<i>nefazodone hcl tablet 100mg, 150mg</i>	MO
<i>nefazodone hydrochloride tablet 200mg, 250mg, 50mg</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

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

Drug Name	Requirements/Limits*
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
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

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

Drug Name	Requirements/Limits*
<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
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
<i>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</i>	
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	
Devices	
<i>alcohol prep pads</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>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	QL (200 EA per 30 days)
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	QL (200 EA per 30 days)
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</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 pen needle/original/ultra-fine/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
Caloric Agents	
AMINO ACID INJECTION 50MG/ML; 50MG/ML	B/D NDS
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

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

Drug Name	Requirements/Limits*
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
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
<i>dextrose injection</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

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

Drug Name	Requirements/Limits*
<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; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	B/D NDS
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

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

Drug Name	Requirements/Limits*
<i>kionex suspension</i>	
<i>lanthanum carbonate</i>	ST (Phosphate Binders #2, new starts only) MO NDS
LOKELMA	QL (3 EA per 1 days) PA (Lokelma) 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
<i>Irrigating Solutions</i>	
<i>argyle sterile water 100ml</i>	
<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>sterile water irrigation w/hanger</i>	
<i>tis-u-sol</i>	
<i>Replacement Preparations</i>	
<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

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

Drug Name	Requirements/Limits*
<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
<i>lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</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
<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

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

Drug Name	Requirements/Limits*
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>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>	
<i>neomycin/polymyxin/gramicidin</i>	
<i>ofloxacin</i>	
<i>paroex</i>	
<i>perio gard</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>flac</i>	
<i>flunisolide solution 0.025%</i>	
<i>fluocinolone acetonide ear drops</i>	
<i>fluocinolone acetonide oil 0.01%</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>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>	
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

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

Drug Name	Requirements/Limits*
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>	
<i>mesalamine suppository</i>	NDS
PENTASA CAPSULE EXTENDED RELEASE 250MG	MO
PENTASA CAPSULE EXTENDED RELEASE 500MG	MO NDS
Antidiarrhea Agents	
<i>diphenoxylate/atropine</i>	
<i>loperamide hcl capsule</i>	
<i>opium</i>	QL (2.4 ML per 1 days) PA (Opium Tincture) NDS
<i>opium tincture tincture 1%</i>	QL (2.4 ML per 1 days) PA (Opium Tincture) NDS
XERMELO	QL (3 EA per 1 days) PA (Xermelo) MO NDS
Antiemetics	
<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)

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

Drug Name	Requirements/Limits*
<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>granisetron hydrochloride</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 odt</i>	QL (1 EA per 1 days) MO
<i>lansoprazole capsule delayed release</i>	QL (1 EA per 1 days) MO
<i>lansoprazole tablet disintegrating</i>	QL (1 EA per 1 days) PA (Lansoprazole ODT) 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
<i>ranitidine hcl tablet 150mg, 300mg</i>	MO
<i>ranitidine hydrochloride injection</i>	NDS
<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>	

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

Drug Name	Requirements/Limits*
<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 120000UNIT; 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</i>	
<i>metoclopramide hcl injection</i>	NDS
<i>metoclopramide hcl tablet 5mg</i>	
<i>metoclopramide hydrochloride tablet</i>	
Gold Compounds	
<i>Gold Compounds</i>	
RIDAURA	MO NDS
Heavy Metal Antagonists	
<i>Heavy Metal Antagonists</i>	
DEPEN TITRATABS	NDS
EXJADE	PA (exjade/ferriprox) LA MO NDS
FERRIPROX	PA (exjade/ferriprox) MO NDS
JADENU	PA (Jadenu) NDS

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

Drug Name	Requirements/Limits*
JADENU SPRINKLE <i>trientine hydrochloride</i>	PA (Jadenu) NDS 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 (17.6 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>	
<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 REDHALER AEROSOL BREATH ACTIVATED 40MCG/ACT	QL (10.6 GM per 60 days) MO
QVAR REDHALER 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

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

Drug Name	Requirements/Limits*
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
<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
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

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

Drug Name	Requirements/Limits*
<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
<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; 100MG	QL (1 EA per 1 days) PA (Jardiance) MO

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

Drug Name	Requirements/Limits*
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
<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>cyred eq</i>	MO
<i>dasetta 1/35</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>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>elinest</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
<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

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

Drug Name	Requirements/Limits*
<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>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
<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

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

Drug Name	Requirements/Limits*
<i>orsythia</i>	MO
<i>philith</i>	MO
<i>pimtrea</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
<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
Estrogens and Antiestrogens	
<i>amabelz</i>	PA (high risk medication - estrogens and progestins) 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>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 and Antigonadotropins</i>	
ORILISSA TABLET 150MG	QL (1 EA per 1 days) PA (Orilissa) NDS
ORILISSA TABLET 200MG	QL (2 EA per 1 days) PA (Orilissa) NDS
<i>Gonadotropins</i>	
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
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

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

Drug Name	Requirements/Limits*
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 and Antiparathyroid Agents</i>	
<i>cinacalcet hydrochloride</i>	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>	
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 (somatotropins) MO NDS
GENOTROPIN MINIQUICK	PA (somatotropins) 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*
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
Thyroid and Antithyroid Agents	
ARMOUR THYROID	PA (High Risk Medication - Thyroid) MO
<i>euthyrox tablet 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	MO
<i>levo-t</i>	MO
LEVOTHYROXINE SODIUM INJECTION	NDS
<i>levothyroxine sodium tablet</i>	MO
<i>levothyroxine/liothyronine</i>	PA (High Risk Medication - Thyroid) 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>np thyroid 120</i>	PA (High Risk Medication - Thyroid) MO
<i>np thyroid 15</i>	PA (High Risk Medication - Thyroid) MO
<i>np thyroid 30</i>	PA (High Risk Medication - Thyroid) MO
<i>np thyroid 60</i>	PA (High Risk Medication - Thyroid) MO
<i>np thyroid 90</i>	PA (High Risk Medication - Thyroid) 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	
Local Anesthetics	
<i>lidocaine hcl injection 0.5%, 1%, 1.5%, 2%, 4%</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 hydrochloride injection 1%</i>	NDS
Miscellaneous Therapeutic Agents	
5-alpha-Reductase Inhibitors	
<i>dutasteride capsule</i>	MO
<i>finasteride tablet</i>	MO
Alcohol Deterrents	
<i>disulfiram tablet</i>	MO
Antidotes	
<i>acetylcysteine solution</i>	B/D
<i>leucovorin calcium tablet</i>	
LEUCOVORIN CALCIUM INJECTION 500MG	NDS
<i>leucovorin calcium injection 100mg, 200mg, 350mg, 50mg</i>	NDS
<i>levoleucovorin calcium</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
Antisense Oligonucleotides	
TEGSEDI	QL (6 ML per 28 days) PA (Tegsed) MO NDS
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

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

Drug Name	Requirements/Limits*
<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
<i>Carbonic Anhydrase Inhibitors</i>	
KEVEYIS	QL (4 EA per 1 days) PA (Keveyis) NDS
<i>Cariostatic Agents</i>	
<i>sodium fluoride tablet 1mg</i>	MO
<i>Complement Inhibitors</i>	
CINRYZE	PA (CINRYZE) NDS
FIRAZYR	PA (FIRAZYR) NDS
HAEGARDA	PA (Haegarda) NDS
TAKHZYRO	QL (4 ML per 28 days) PA (Takhzyro) MO NDS
<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 MINI	QL (8 ML per 28 days) PA (enbrel) MO 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 80MG/0.8ML	QL (3 EA per 180 days) PA (humira) NDS
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	QL (6 EA per 180 days) PA (humira) 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*
HUMIRA PEN-PS/UV STARTER INJECTION 0	QL (3 EA per 180 days) PA (humira) 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, new starts only) LA MO NDS
AUBAGIO	PA (AUBAGIO) MO NDS
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	QL (20 ML per 180 days) PA (Ocrevus)
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

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

Drug Name	Requirements/Limits*
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>engraf</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
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>	
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
<i>dalfampridine er</i>	QL (2 EA per 1 days) PA (Ampyra) MO NDS
DEMSER	PA (Demser) NDS
ELMIRON	PA (ELMIRON)
ENDARI	PA (Endari) NDS
EXONDYS 51	PA (Exondys) NDS
GALAFOLD	QL (0.5 EA per 1 days) PA (GALAFOLD) 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*
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>	
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 PACKET	QL (2 EA per 1 days) PA (Orkambi Suspension) MO NDS
ORKAMBI TABLET	QL (4 EA per 1 days) PA (Orkambi) 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*
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 INJECTION 150MG	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	
TENIVAC	
<i>Vaccines</i>	
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	

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

Drug Name	Requirements/Limits*
ROTATEQ	
TWINRIX	B/D
TYPHIM VI	
VAQTA	
VARIVAX	
YF-VAX	
ZOSTAVAX	PA (zostavax)
Skin and Mucous Membrane Preparations	
<i>Anti-infectives</i>	
<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>	
<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>	

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

Drug Name	Requirements/Limits*
<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>cormax scalp application</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, ointment</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>	
<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</i>	
UCERIS	QL (133.6 GM per 28 days)

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

Drug Name	Requirements/Limits*
<i>Antipruritics and Local Anesthetics</i>	
<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)
<i>Cell Stimulants and Proliferants</i>	
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)
<i>Depigmenting and Pigmenting Agents</i>	
<i>methoxsalen capsule</i>	NDS
OXSORALEN	NDS
<i>Emollients, Demulcents, and Protectants</i>	
<i>ammonium lactate cream, lotion</i>	
<i>Skin and Mucous Membrane Agents, Misc</i>	
<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>	
<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>	
QBREXZA	QL (1 EA per 1 days) PA (Qbrexza) NDS
RECTIV	QL (30 GM per 30 days) PA (Rectiv) NDS
REGRANEX	QL (15 GM per 30 days) PA (regranex) NDS
SANTYL	
<i>tacrolimus ointment 0.03%, 0.1%</i>	PA (topical tacrolimus)
TALTZ	PA (Taltz) 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*
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	
Genitourinary Smooth Muscle Relaxants	
<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
Respiratory Smooth Muscle Relaxants	
<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	
Multivitamin Preparations	
<i>vp-pnv-dha</i>	PA (prenatal vitamins)
Vitamin D	
<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</i>	5
<i>abacavir sulfate/lamivudine/zidovudine</i>	5
ABELCET	4
ABILIFY MAINTENA	32
<i>abiraterone acetate</i>	8
ABRAXANE	8
<i>acamprosate calcium dr</i>	32
<i>acarbose</i>	48
<i>acebutolol hcl</i>	22
<i>acebutolol hydrochloride</i>	22
<i>acetaminophen/codeine</i>	25
<i>acetazol hc</i>	42
<i>acetazolamide</i>	43
<i>acetazolamide er</i>	43
<i>acetazolamide sodium</i>	43
<i>acetic acid</i>	44
<i>acetic acid/aluminum acetate</i>	44
<i>acetylcysteine</i>	57
<i>acitretin</i>	65
ACTHIB	62
ACTIMMUNE	59
ACTOPLUS MET XR	48
<i>acyclovir</i>	5
<i>acyclovir</i>	63
<i>acyclovir sodium</i>	5
ADACEL	62
ADAGEN	41
ADCIRCA	25
<i>adefovir dipivoxil</i>	5
ADEMPAS	62
<i>adriamycin</i>	9
<i>adrucil</i>	9
ADVAIR DISKUS	19
ADVAIR HFA	19
<i>afeditab cr</i>	23
AFINITOR	9
AFINITOR DISPERZ	9
AIMOVIG	30
<i>ak-poly-bac</i>	42
<i>ala-cort</i>	64
<i>albendazole</i>	1
ALBENZA	1
<i>albuterol</i>	19
<i>albuterol sulfate</i>	19

Drug Name	Page #
<i>albuterol sulfate er</i>	19
ALBUTEROL SULFATE HFA	19
<i>alclometasone dipropionate</i>	64
<i>alcohol prep pads</i>	36
ALDURAZYME	41
ALECENSA	9
<i>alendronate sodium</i>	57
<i>alfuzosin hcl er</i>	19
ALIMTA	9
ALINIA	5
ALIQOPA	9
<i>allopurinol</i>	57
<i>alogliptin</i>	48
<i>alogliptin/metformin hcl</i>	48
<i>alogliptin/pioglitazone</i>	48
<i>alose tron hydrochloride</i>	44
<i>alphatrex</i>	64
<i>alprazolam</i>	31
<i>alprazolam intensol</i>	31
<i>altavera</i>	50
ALUNBRIG	9
<i>alyacen 1/35</i>	50
<i>alyacen 7/7/7</i>	50
<i>amabelz</i>	53
<i>amantadine hcl</i>	30
AMBISOME	4
<i>amcinonide</i>	64
<i>amethia</i>	50
<i>amethia lo</i>	50
<i>amethyst</i>	50
<i>amikacin sulfate</i>	1
<i>amiloride hcl</i>	39
<i>amiloride/hydrochlorothiazide</i>	39
AMINO ACID	37
<i>aminophylline</i>	66
AMINOSYN	38
AMINOSYN 7%/ELECTROLYTES	37
<i>aminosyn 8.5%/electrolytes</i>	37
AMINOSYN II	37
<i>aminosyn ii 8.5%/electrolytes</i>	37
AMINOSYN M	37
AMINOSYN-HBC	37
AMINOSYN-PF	37
AMINOSYN-PF 7%	37
AMINOSYN-RF	37
<i>amiodarone hcl</i>	23
<i>amiodarone hydrochloride</i>	23
AMITIZA	46
<i>amitriptyline hcl</i>	32

Drug Name	Page #
<i>amlodipine besylate</i>	23
<i>amlodipine besylate/benazepril hcl</i>	23
<i>amlodipine besylate/benazepril hydrochloride</i>	23
<i>ammonium lactate</i>	65
<i>amnesteem</i>	65
<i>amoxapine</i>	32
<i>amoxicillin</i>	1
<i>amoxicillin/clavulanate potassium</i>	1
<i>amoxicillin/clavulanate potassium er</i>	1
<i>amphetamine/dextroamphetamine</i>	28
AMPHOTEC	4
AMPHOTERICIN B	4
<i>ampicillin</i>	1
AMPICILLIN SODIUM	1
AMPICILLIN-SULBACTAM	1
ANADROL-50	48
<i>anagrelide hydrochloride</i>	20
<i>anastrozole</i>	9
ANDRODERM	48
ANORO ELLIPTA	18
APOKYN	30
<i>apraclonidine</i>	44
<i>aprepitant</i>	44
<i>apri</i>	50
APTIOM	28
APTIVUS	5
ARALAST NP	62
<i>aranelle</i>	50
ARANESP ALBUMIN FREE	21
ARCALYST	60
ARGATROBAN	20
<i>argyle sterile water 100ml</i>	40
<i>aripiprazole</i>	32
<i>aripiprazole odt</i>	32
ARISTADA	33
<i>armodafinil</i>	28
ARMONAIR RESPICLICK 113	47
ARMONAIR RESPICLICK 232	47
ARMONAIR RESPICLICK 55	47
ARMOUR THYROID	56
ARRANON	9
ARSENIC TRIOXIDE	9
<i>ascomp/codeine</i>	26
<i>ashlyna</i>	50
<i>aspirin/dipyridamole</i>	20
<i>aspirin/dipyridamole er</i>	21
ASTAGRAF XL	60
<i>atazanavir</i>	5

Drug Name	Page #
<i>atazanavir sulfate</i>	5
<i>atenolol</i>	22
<i>atenolol/chlorthalidone</i>	22
ATGAM	60
<i>atomoxetine</i>	32
<i>atorvastatin calcium</i>	21
<i>atovaquone</i>	5
<i>atovaquone/proguanil hcl</i>	5
ATRIPLA	5
ATROPINE SULFATE	18
<i>atropine sulfate</i>	44
ATROVENT HFA	18
AUBAGIO	59
<i>aubra</i>	50
<i>augmented betamethasone dipropionate</i>	64
AUSTEDO	36
AVASTIN	9
<i>aviane</i>	50
AVONEX	59
AVONEX PEN	59
<i>azacitidine</i>	9
AZACTAM	1
AZACTAM IN ISO-OSMOTIC DEXTROSE	1
<i>azasan</i>	60
AZATHIOPRINE	60
<i>azelastine hcl</i>	43
<i>azithromycin</i>	1
<i>aztreonam</i>	1
<i>azurette</i>	50
<i>bacitracin</i>	42
<i>bacitracin/polymyxin b</i>	42
<i>baclofen</i>	18
BACTOCILL IN DEXTROSE	1
<i>balsalazide disodium</i>	44
<i>balziva</i>	50
BANZEL	28
BARACLUDE	5
BASAGLAR KWIKPEN	48
BAVENCIO	9
BCG VACCINE	62
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	37
<i>bd insulin syringe ultrafine/0.3ml/31g x 5/16"</i>	37
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	37
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	37

Drug Name	Page #
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	37
<i>bekyree</i>	50
BELEODAQ	9
<i>benazepril hcl</i>	24
<i>benazepril hcl/hydrochlorothiazide</i>	24
BENLYSTA	60
BENZNIDAZOLE	5
<i>benztropine mesylate</i>	30
<i>betamethasone dipropionate</i>	64
<i>betamethasone valerate</i>	64
BETASERON	59
<i>betaxolol hcl</i>	43
<i>bethanechol chloride</i>	18
<i>bexarotene</i>	9
BEXSERO	62
<i>bicalutamide</i>	9
BICILLIN L-A	1
BIKTARVY	6
BILTRICIDE	1
<i>bisoprolol fumarate</i>	22
<i>bisoprolol fumarate/hydrochlorothiazide</i>	22
BIVIGAM	17
<i>bleomycin</i>	9
<i>bleomycin sulfate</i>	9
<i>blephamide s.o.p.</i>	42
<i>blisovi 24 fe</i>	50
<i>blisovi fe 1.5/30</i>	50
<i>blisovi fe 1/20</i>	50
BOOSTRIX	62
BORTEZOMIB	9
BOSULIF	9
BOTOX	60
BRAFTOVI	9
BREO ELLIPTA	47
<i>briellyn</i>	50
BRILINTA	20
<i>brimonidine tartrate</i>	43
BRIVIACT	28
<i>bromocriptine mesylate</i>	30
BROVANA	19
<i>budesonide</i>	47
<i>bumetanide</i>	39
BUPRENORPHINE	26
<i>buprenorphine hcl</i>	26
<i>buprenorphine hcl/naloxone hcl</i>	26
<i>buproban</i>	33
<i>bupropion hcl</i>	33
<i>bupropion hcl er</i>	33

Drug Name	Page #
<i>bupropion hcl sr</i>	33
<i>bupropion hcl xl</i>	33
<i>bupropion hydrochloride</i>	33
<i>buspironone hcl</i>	31
<i>busulfan</i>	9
<i>butalbital compound</i>	26
<i>butalbital/acetaminophen</i>	26
<i>butalbital/acetaminophen/caffeine</i>	26
<i>butalbital/acetaminophen/caffeine/codeine</i>	26
<i>butalbital/aspirin/caffeine/codeine</i>	26
BYDUREON	48
BYDUREON BCISE	48
BYDUREON PEN	48
BYETTA	48
<i>cabergoline</i>	30
CABOMETYX	9
<i>calcipotriene</i>	65
<i>calcitonin salmon</i>	55
<i>calcitonin-salmon</i>	55
<i>calcitrene</i>	65
<i>calcitriol</i>	66
<i>calcium acetate</i>	40
CALQUENCE	10
<i>camila</i>	50
<i>camrese</i>	50
<i>camrese lo</i>	50
CANASA	44
<i>candesartan cilexetil</i>	24
<i>candesartan cilexetil/hydrochlorothiazide</i>	24
CAPASTAT SULFATE	4
CAPRELSA	10
<i>captopril</i>	24
<i>captopril/hydrochlorothiazide</i>	24
CARAFATE	45
CARBAGLU	37
<i>carbamazepine</i>	28
<i>carbamazepine er</i>	28
<i>carbidopa</i>	30
<i>carbidopa/levodopa</i>	30
<i>carbidopa/levodopa er</i>	30
<i>carbidopa/levodopa/entacapone</i>	30
<i>carboplatin</i>	10
CARIMUNE NANOFILTERED	17
<i>carmustine</i>	10
<i>carteolol hcl</i>	43
<i>cartia xt</i>	23
<i>carvedilol</i>	22
CASPOFUNGIN ACETATE	4
CAYSTON	1

Drug Name	Page #
<i>caziant</i>	50
<i>cefaclor</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
CEFOXITIN SODIUM	1
<i>cefpodoxime proxetil</i>	1
<i>cefprozil</i>	1
<i>ceftazidime</i>	2
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>	26
CELONTIN	28
<i>cephalexin</i>	2
CERDELGA	60
CEREZYME	41
<i>cesia</i>	50
<i>cevimeline hcl</i>	18
CHANTIX	18
CHANTIX CONTINUING MONTH PAK	18
CHANTIX STARTING MONTH PAK	18
<i>chateal</i>	50
CHENODAL	46
CHLORAMPHENICOL SODIUM SUCCINATE	2
<i>chlordiazepoxide hcl</i>	31
<i>chlordiazepoxide/amitriptyline</i>	33
<i>chlorhexidine gluconate</i>	42
<i>chloroquine phosphate</i>	5
<i>chlorothiazide</i>	39
<i>chlorothiazide sodium</i>	39
CHLORPROMAZINE HCL	33
<i>chlorthalidone</i>	39
<i>chlorzoxazone</i>	18
CHOLBAM	46
<i>cholestyramine</i>	21
<i>cholestyramine light</i>	21
<i>ciclodan</i>	63
<i>ciclopirox</i>	63

Drug Name	Page #
<i>ciclopirox nail lacquer</i>	63
<i>ciclopirox olamine</i>	63
<i>cidofovir</i>	6
<i>cilostazol</i>	20
CIMDUO	6
<i>cimetidine</i>	45
<i>cimetidine hcl</i>	45
CIMZIA	58
CIMZIA STARTER KIT	58
<i>cinacalcet hydrochloride</i>	55
CINRYZE	58
CIPRODEX	42
CIPROFLOXACIN	2
CIPROFLOXACIN	42
<i>ciprofloxacin hcl</i>	2
<i>ciprofloxacin hcl</i>	42
<i>ciprofloxacin hydrochloride</i>	2
<i>ciprofloxacin i.v.-in d5w</i>	2
<i>cisplatin</i>	10
<i>citalopram hydrobromide</i>	33
<i>cladribine</i>	10
<i>claravis</i>	65
<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>	63
<i>clindamycin phosphate add-vantage</i>	2
<i>clindamycin phosphate in d5w</i>	2
CLINIMIX 2.75%/DEXTROSE 5%	38
CLINIMIX 4.25%/DEXTROSE 10%	38
CLINIMIX 4.25%/DEXTROSE 20%	38
CLINIMIX 4.25%/DEXTROSE 25%	38
CLINIMIX 4.25%/DEXTROSE 5%	38
CLINIMIX 5%/DEXTROSE 15%	38
CLINIMIX 5%/DEXTROSE 20%	38
CLINIMIX 5%/DEXTROSE 25%	38
CLINIMIX E 2.75%/DEXTROSE 10%	38
CLINIMIX E 2.75%/DEXTROSE 5%	38
CLINIMIX E 4.25%/DEXTROSE 10%	38
CLINIMIX E 4.25%/DEXTROSE 25%	38
CLINIMIX E 4.25%/DEXTROSE 5%	38
CLINIMIX E 5%/DEXTROSE 15%	38
CLINIMIX E 5%/DEXTROSE 20%	38
CLINIMIX E 5%/DEXTROSE 25%	38
CLINIMIX N14G30E	38

Drug Name	Page #
<i>clinisol sf 15%</i>	38
<i>clobazam</i>	29
<i>clobetasol propionate</i>	64
<i>clobetasol propionate e</i>	64
<i>clobetasol propionate emollient</i>	64
<i>clodan</i>	64
<i>clofarabine</i>	10
<i>clomipramine hcl</i>	33
<i>clonazepam</i>	29
<i>clonazepam odt</i>	29
<i>clonidine hcl</i>	24
<i>clopidogrel</i>	20
<i>clorazepate dipotassium</i>	31
<i>clotrimazole</i>	63
<i>clotrimazole/betamethasone dipropionate</i>	63
<i>clozapine</i>	33
CLOZAPINE ODT	33
COARTEM	5
<i>codeine sulfate</i>	26
COLCHICINE	57
COLCRYS	57
<i>colesevelam hydrochloride</i>	21
<i>colestipol hcl</i>	21
<i>colistimethate sodium</i>	2
<i>colocort</i>	64
COMBIVENT RESPIMAT	19
COMETRIQ	10
COMPLERA	6
<i>compro</i>	33
<i>constulose</i>	37
COPIKTRA	10
CORLANOR	23
<i>cormax scalp application</i>	64
<i>cortisone acetate</i>	47
COSENTYX	65
COSENTYX SENSOREADY PEN	65
COTELLIC	10
COUMADIN	20
CREON	46
CRESEMBA	4
CRIXIVAN	6
<i>cromolyn sodium</i>	43
<i>cromolyn sodium</i>	61
<i>crotan</i>	63
<i>cryselle-28</i>	50
<i>curity gauze pads 2"x2"</i>	37
<i>cyclafem 1/35</i>	50
<i>cyclafem 7/7/7</i>	50
<i>cyclobenzaprine hydrochloride</i>	19

Drug Name	Page #
CYCLOPHOSPHAMIDE	10
<i>cycloserine</i>	4
CYCLOSET	48
<i>cyclosporine</i>	60
<i>cyclosporine modified</i>	60
CYRAMZA	10
<i>cyred</i>	50
<i>cyred eq</i>	50
CYSTADANE	60
CYSTAGON	60
CYSTARAN	44
<i>cytarabine</i>	10
CYTARABINE AQUEOUS	10
<i>dacarbazine</i>	10
DACTINOMYCIN	10
<i>dalfampridine er</i>	60
DALIRESP	62
<i>danazol</i>	48
<i>dapsone</i>	5
DAPTACEL	62
DAPTOMYCIN	2
DARAPRIM	5
DARZALEX	10
<i>dasetta 1/35</i>	50
<i>dasetta 7/7/7</i>	51
<i>daunorubicin hcl</i>	10
<i>daunorubicin hydrochloride</i>	10
DAURISMO	10
<i>daysee</i>	51
<i>deblitane</i>	51
<i>decadron</i>	47
<i>decitabine</i>	10
DELSTRIGO	6
<i>deltasone</i>	47
<i>delyla</i>	51
DELZICOL	44
DEMSEER	60
DENAVIR	63
DEPEN TITRATABS	46
DEPO-MEDROL	47
DEPO-PROVERA	55
DEPO-SUBQ PROVERA 104	55
DESCOVY	6
<i>desipramine hcl</i>	33
<i>desloratadine</i>	8
<i>desmopressin acetate</i>	55
<i>desogestrel/ethinyl estradiol</i>	51
<i>desonide</i>	64
<i>desvenlafaxine er</i>	33

Drug Name	Page #
<i>dexamethasone</i>	47
<i>dexamethasone 10-day dose pack</i>	47
<i>dexamethasone 13-day dose pack</i>	47
<i>dexamethasone 6-day dose pack</i>	47
<i>dexamethasone intensol</i>	47
<i>dexamethasone sodium phosphate</i>	42
DEXAMETHASONE SODIUM PHOSPHATE	47
<i>dexmethylphenidate hcl</i>	28
<i>dexpak 13 day</i>	47
<i>dexrazoxane</i>	61
<i>dextroamphetamine sulfate</i>	28
<i>dextroamphetamine sulfate er</i>	28
<i>dextrose</i>	38
DEXTROSE 10%/NACL 0.45%	40
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	40
<i>dextrose 10%</i>	38
DEXTROSE 10%/NACL 0.2%	40
<i>dextrose 2.5%/nacl 0.45%</i>	40
DEXTROSE 20%	38
DEXTROSE 25%	38
DEXTROSE 30%	38
DEXTROSE 40%	38
<i>dextrose 5%</i>	38
<i>dextrose 5%/lactated ringers</i>	40
<i>dextrose 5%/nacl 0.2%</i>	40
DEXTROSE 5%/NACL 0.225%	40
DEXTROSE 5%/NACL 0.3%	40
<i>dextrose 5%/nacl 0.33%</i>	40
<i>dextrose 5%/nacl 0.45%</i>	40
<i>dextrose 5%/nacl 0.9%</i>	40
<i>dextrose 50%</i>	38
<i>dextrose 70%</i>	38
DIASTAT ACUDIAL	31
DIASTAT PEDIATRIC	31
<i>diazepam</i>	31
<i>diazepam intensol</i>	31
<i>diazepam rectal gel</i>	31
<i>diclofenac potassium</i>	26
<i>diclofenac sodium</i>	42
<i>diclofenac sodium</i>	65
<i>diclofenac sodium dr</i>	26
<i>diclofenac sodium er</i>	26
<i>dicloxacillin sodium</i>	2
<i>dicyclomine hcl</i>	18
<i>dicyclomine hydrochloride</i>	18
<i>didanosine</i>	6
<i>digitek</i>	23

Drug Name	Page #
<i>digox</i>	23
DIGOXIN	23
DIHYDROERGOTAMINE MESYLATE	19
<i>dilantin</i>	29
<i>dilantin infatabs</i>	29
DILANTIN-125	29
<i>diltiazem cd</i>	23
<i>diltiazem hcl</i>	23
<i>diltiazem hcl cd</i>	23
<i>diltiazem hcl er</i>	23
<i>diltiazem hydrochloride er</i>	23
<i>dilt-xr</i>	23
DIPENTUM	44
<i>diphenhydramine hcl</i>	8
<i>diphenhydramine hydrochloride</i>	8
<i>diphenoxylate/atropine</i>	44
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	17
<i>dipyridamole</i>	25
<i>disopyramide phosphate</i>	24
<i>disulfiram</i>	57
<i>divalproex sodium</i>	29
<i>divalproex sodium dr</i>	29
<i>divalproex sodium er</i>	29
DOCETAXEL	10
<i>dofetilide</i>	24
<i>donepezil hcl</i>	18
<i>donepezil hydrochloride</i>	18
<i>donepezil hydrochloride odt</i>	18
DOPTELET	21
DORIPENEM	2
<i>dorzolamide hcl</i>	43
<i>dorzolamide hcl/timolol maleate</i>	43
<i>doxazosin mesylate</i>	21
<i>doxepin hcl</i>	33
<i>doxepin hydrochloride</i>	65
<i>doxercalciferol</i>	66
DOXORUBICIN HCL	11
<i>doxorubicin hcl liposome</i>	10
<i>doxorubicin hydrochloride liposomal</i>	11
<i>doxy 100</i>	2
<i>doxycycline</i>	2
<i>doxycycline hyclate</i>	2
<i>doxycycline monohydrate</i>	2
<i>dronabinol</i>	44
<i>drospirenone/ethinyl estradiol</i>	51
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	51
DROXIA	11

Drug Name	Page #
DULERA	47
<i>duloxetine hcl</i>	33
<i>duloxetine hydrochloride</i>	33
DUPIXENT	65
<i>duramorph</i>	26
DUREZOL	42
<i>dutasteride</i>	57
DYRENIUM	39
<i>e.e.s. 400</i>	2
<i>econazole nitrate</i>	63
EDURANT	6
<i>efavirenz</i>	6
EGRIFTA	55
ELAPRASE	41
ELIGARD	54
<i>elinest</i>	51
ELIQUIS	20
ELLA	51
ELMIRON	60
EMCYT	11
EMEND	44
EMFLAZA	47
<i>emoquette</i>	51
EMPLICITI	11
EMSAM	31
EMTRIVA	6
EMVERM	1
<i>enalapril maleate</i>	24
<i>enalapril maleate/hydrochlorothiazide</i>	24
ENBREL	58
ENBREL MINI	58
ENBREL SURECLICK	58
ENDARI	60
<i>endocet</i>	26
ENGERIX-B	62
<i>enoxaparin sodium</i>	20
<i>enpresse-28</i>	51
<i>enskyce</i>	51
<i>entacapone</i>	31
<i>entecavir</i>	6
ENTRESTO	24
<i>enulose</i>	37
EPCLUSA	6
EPIDIOLEX	29
<i>epinastine hcl</i>	43
EPINEPHRINE	19
<i>epirubicin hcl</i>	11
<i>epitol</i>	29
EPIVIR HBV	6

Drug Name	Page #
<i>eplerenone</i>	24
<i>eprosartan mesylate</i>	24
ERAXIS	4
ERBITUX	11
<i>ergoloid mesylates</i>	19
ERIVEDGE	11
ERLEADA	11
<i>errin</i>	51
<i>ertapenem</i>	2
<i>ertapenem sodium</i>	2
ERWINAZE	11
ERYPED 400	2
<i>ery-tab</i>	2
ERYTHROCIN LACTOBIONATE	2
<i>erythrocin stearate</i>	2
<i>erythromycin</i>	2
<i>erythromycin</i>	42
<i>erythromycin base</i>	2
<i>erythromycin ethylsuccinate</i>	2
ESBRIET	61
<i>escitalopram oxalate</i>	33
<i>esomeprazole magnesium</i>	45
ESOMEPRAZOLE SODIUM	45
<i>estarylla</i>	51
<i>estradiol</i>	54
<i>estradiol valerate</i>	54
<i>estradiol/norethindrone acetate</i>	54
ESTRING	54
<i>estropipate</i>	54
<i>eszopiclone</i>	31
<i>ethambutol hcl</i>	5
<i>ethosuximide</i>	29
<i>ethynodiol diacetate/ethinyl estradiol</i>	51
<i>etidronate disodium</i>	57
<i>etodolac</i>	26
<i>etoposide</i>	11
EURAX	63
<i>euthyrox</i>	56
EVOTAZ	6
<i>exemestane</i>	11
EXJADE	46
EXONDYS 51	60
EXTAVIA	59
<i>ezetimibe</i>	21
<i>ezetimibe/simvastatin</i>	21
FABRAZYME	41
<i>falmina</i>	51
<i>famciclovir</i>	6
<i>famotidine</i>	45

Drug Name	Page #
FANAPT	34
FANAPT TITRATION PACK	34
FARESTON	11
FARXIGA	48
FARYDAK	11
FASENRA	61
FASLODEX	11
<i>fayosim</i>	51
<i>felbamate</i>	29
<i>felodipine er</i>	23
<i>femynor</i>	51
<i>fenofibrate</i>	21
<i>fenofibrate micronized</i>	21
<i>fenofibric acid dr</i>	21
<i>fentanyl</i>	26
<i>fentanyl citrate oral transmucosal</i>	26
FERRIPROX	46
FETZIMA	34
FETZIMA TITRATION PACK	34
FIASP	48
FIASP FLEXTOUCH	48
<i>finasteride</i>	57
FIRAZYR	58
FIRMAGON	11
<i>flac</i>	42
<i>flavoxate hcl</i>	66
FLEBOGAMMA DIF	17
<i>flecainide acetate</i>	24
FLOVENT DISKUS	47
FLOVENT HFA	47
<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>	47
<i>flunisolide</i>	42
<i>fluocinolone acetonide</i>	42
<i>fluocinolone acetonide</i>	64
<i>fluocinolone acetonide ear drops</i>	42
<i>fluocinonide</i>	64
<i>fluocinonide emulsified base</i>	64
<i>fluorometholone</i>	43
<i>fluorouracil</i>	11
<i>fluorouracil</i>	65
<i>fluoxetine</i>	34
<i>fluoxetine hcl</i>	34
<i>fluoxetine hydrochloride</i>	34
<i>fluphenazine decanoate</i>	34

Drug Name	Page #
FLUPHENAZINE HCL	34
<i>flurbiprofen</i>	26
<i>flurbiprofen sodium</i>	43
<i>flutamide</i>	11
<i>fluticasone propionate</i>	43
<i>fluticasone propionate</i>	64
<i>fluticasone propionate/salmeterol</i>	47
<i>fluvoxamine maleate</i>	34
FML	43
FML FORTE	43
FOLOTYN	11
<i>fondaparinux sodium</i>	20
FORTEO	55
<i>fosamprenavir calcium</i>	6
<i>fosinopril sodium</i>	25
<i>fosinopril sodium/hydrochlorothiazide</i>	25
<i>fosphenytoin sodium</i>	29
FOSRENOL	39
FREAMINE HBC 6.9%	38
FREAMINE III	38
FULPHILA	21
<i>furosemide</i>	39
FUZEON	6
FYCOMPA	29
<i>gabapentin</i>	29
GALAFOLD	60
<i>galantamine hydrobromide</i>	18
<i>galantamine hydrobromide er</i>	18
GAMASTAN	17
GAMASTAN S/D	17
GAMMAGARD LIQUID	17
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	17
GAMMAKED	17
GAMMAPLEX	17
GAMUNEX-C	17
<i>ganciclovir</i>	6
GARDASIL 9	62
<i>gatifloxacin</i>	42
GATTEX	46
<i>gavilyte-c</i>	45
<i>gavilyte-g</i>	45
<i>gavilyte-h</i>	45
<i>gavilyte-n/ flavor pack</i>	45
<i>gemcitabine</i>	11
<i>gemcitabine hcl</i>	11
<i>gemcitabine hydrochloride</i>	11
<i>gemfibrozil</i>	21
<i>generlac</i>	37

Drug Name	Page #
<i>gengraf</i>	60
GENOTROPIN	55
GENOTROPIN MINIQUICK	55
<i>gentak</i>	42
<i>gentamicin sulfate</i>	3
<i>gentamicin sulfate</i>	42
<i>gentamicin sulfate</i>	63
<i>gentamicin sulfate pediatric</i>	2
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	3
GENVOYA	6
GEODON	34
<i>gianvi</i>	51
<i>gildess 1.5/30</i>	51
<i>gildess 1/20</i>	51
<i>gildess 24 fe</i>	51
<i>gildess fe 1.5/30</i>	51
<i>gildess fe 1/20</i>	51
GILENYA	59
GILOTRIF	11
<i>glatiramer acetate</i>	59
<i>glatopa</i>	59
GLEOSTINE	11
<i>glimepiride</i>	48
<i>glipizide</i>	49
<i>glipizide er</i>	48
<i>glipizide xl</i>	48
<i>glipizide/metformin hcl</i>	48
GLUCAGEN HYPOKIT	50
GLUCAGON EMERGENCY KIT	50
<i>glucose 5%</i>	38
<i>glycopyrrolate</i>	18
<i>glydo</i>	65
GLYXAMBI	49
GOLYTELY	45
<i>granisetron hcl</i>	45
<i>granisetron hydrochloride</i>	45
GRANIX	21
GRASTEK	61
<i>griseofulvin microsize</i>	4
<i>griseofulvin ultramicrosize</i>	4
<i>guanfacine er</i>	32
<i>guanfacine hcl</i>	24
<i>guanidine hcl</i>	18
H.P. ACTHAR	55
HAEGARDA	58
HALAVEN	11
<i>halobetasol propionate</i>	64
<i>haloperidol</i>	34

Drug Name	Page #
<i>haloperidol decanoate</i>	34
<i>haloperidol lactate</i>	34
HARVONI	6
HAVRIX	62
<i>heather</i>	51
HEPARIN SODIUM	20
HEPARIN SODIUM/D5W	20
<i>heparin sodium/dextrose</i>	21
HEPARIN SODIUM/NAACL 0.45%	20
<i>heparin sodium/nacl 0.9%</i>	20
<i>heparin sodium/sodium chloride</i>	20
HEPARIN SODIUM/SODIUM CHLORIDE 0.9%	20
<i>heparin sodium/sodium chloride 0.9% premix</i>	20
HEPATAMINE	38
HERCEPTIN	11
HETLIOZ	31
HIBERIX	62
HUMATROPE	56
HUMATROPE COMBO PACK	56
HUMIRA	59
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	58
HUMIRA PEN	58
HUMIRA PEN-CD/UC/HS STARTER	58
HUMIRA PEN-PS/UV STARTER	59
<i>hydralazine hcl</i>	24
<i>hydrochlorothiazide</i>	39
<i>hydrocodone bitartrate/acetaminophen</i>	26
<i>hydrocodone/acetaminophen</i>	26
<i>hydrocodone/ibuprofen</i>	26
<i>hydrocortisone</i>	47
<i>hydrocortisone</i>	64
<i>hydrocortisone butyrate</i>	64
<i>hydrocortisone valerate</i>	64
<i>hydrocortisone/acetic acid</i>	43
<i>hydromorphone hcl</i>	26
<i>hydromorphone hydrochloride</i>	27
<i>hydroxychloroquine sulfate</i>	5
<i>hydroxyurea</i>	11
<i>hydroxyzine hcl</i>	31
<i>hydroxyzine hydrochloride</i>	31
<i>hydroxyzine pamoate</i>	31
<i>ibandronate sodium</i>	57
IBRANCE	11
<i>ibu</i>	27
<i>ibudone</i>	27
<i>ibuprofen</i>	27

Drug Name	Page #
ICLUSIG	12
<i>idarubicin hcl</i>	12
<i>idarubicin hydrochloride</i>	12
IDHIFA	12
<i>ifosfamide</i>	12
ILARIS	27
<i>imatinib mesylate</i>	12
IMBRUVICA	12
IMFINZI	12
<i>imipenem/cilastatin</i>	3
<i>imipramine hcl</i>	34
<i>imipramine hydrochloride</i>	34
<i>imiquimod</i>	65
IMOVAX RABIES (H.D.C.V.)	62
<i>incassia</i>	51
INCRELEX	56
INCRUSE ELLIPTA	18
<i>indapamide</i>	39
INFANRIX	62
INFLECTRA	59
INGREZZA	36
INLYTA	12
INTELENCE	6
<i>intralipid</i>	38
INTRON A	12
INTRON A W/DILUENT	12
<i>introvale</i>	51
INVANZ	3
INVEGA SUSTENNA	34
INVEGA TRINZA	34
INVIRASE	6
IONOSOL-B/DEXTROSE 5%	40
IONOSOL-MB/DEXTROSE 5%	40
IOPIDINE	44
IPOL INACTIVATED IPV	62
<i>ipratropium bromide</i>	18
<i>ipratropium bromide/albuterol sulfate</i>	19
<i>irbesartan</i>	25
<i>irbesartan/hydrochlorothiazide</i>	25
IRESSA	12
<i>irinotecan</i>	12
<i>irinotecan hcl</i>	12
<i>irinotecan hydrochloride</i>	12
ISENTRESS	6
ISENTRESS HD	6
<i>isibloom</i>	51
ISOLYTE-P/DEXTROSE 5%	40
ISOLYTE-S	40
ISOLYTE-S PH 7.4	40

Drug Name	Page #
ISONIAZID	5
<i>isosorbide dinitrate</i>	25
<i>isosorbide dinitrate er</i>	25
<i>isosorbide mononitrate</i>	25
<i>isosorbide mononitrate er</i>	25
<i>isotonic gentamicin</i>	3
<i>isotretinoin</i>	65
ISTODAX	12
ISTODAX (OVERFILL)	12
<i>itraconazole</i>	4
<i>ivermectin</i>	1
IXIARO	62
JADENU	46
JADENU SPRINKLE	47
JAKAFI	12
<i>jantoven</i>	20
JANUMET	49
JANUMET XR	49
JANUVIA	49
JARDIANCE	49
<i>jencycla</i>	51
JEVTANA	12
<i>jolessa</i>	51
<i>jolivette</i>	51
<i>juleber</i>	51
JULUCA	6
<i>junel 1.5/30</i>	51
<i>junel 1/20</i>	51
<i>junel fe 1.5/30</i>	51
<i>junel fe 1/20</i>	51
<i>junel fe 24</i>	51
JUXTAPID	22
JYNARQUE	39
KADCYLA	12
<i>kaitlib fe</i>	51
KALETRA	6
KALYDECO	61
<i>kariva</i>	51
<i>kcl 0.075%/d5w/nacl 0.45%</i>	40
<i>kcl 0.15%/d5w/nacl 0.2%</i>	40
KCL 0.15%/D5W/NACL 0.225%	40
<i>kcl 0.15%/d5w/nacl 0.45%</i>	40
<i>kcl 0.15%/d5w/nacl 0.9%</i>	41
<i>kcl 0.3%/d5w/nacl 0.45%</i>	41
KCL 0.3%/D5W/NACL 0.9%	41
<i>kelnor 1/35</i>	51
<i>kelnor 1/50</i>	51
KENALOG-10	47
KEPIVANCE	65

Drug Name	Page #
<i>ketoconazole</i>	4
<i>ketoconazole</i>	63
<i>ketorolac tromethamine</i>	43
KEVEYIS	58
KEYTRUDA	12
<i>kimidess</i>	51
KINERET	59
KINRIX	17
<i>kionex</i>	40
KISQALI	13
KISQALI FEMARA 200 DOSE	12
KISQALI FEMARA 400 DOSE	12
KISQALI FEMARA 600 DOSE	12
<i>klor-con 10</i>	41
<i>klor-con 8</i>	41
<i>klor-con m10</i>	41
<i>klor-con m15</i>	41
<i>klor-con m20</i>	41
<i>klor-con sprinkle</i>	41
KOMBIGLYZE XR	49
KORLYM	49
<i>kurvelo</i>	51
KUVAN	61
KYNAMRO	22
KYPROLIS	13
<i>labetalol hcl</i>	22
<i>labetalol hydrochloride</i>	22
<i>lactated ringers</i>	41
<i>lactated ringers irrigation</i>	40
<i>lactated ringers viaflex</i>	41
<i>lactulose</i>	37
<i>lamivudine</i>	6
<i>lamivudine/zidovudine</i>	6
<i>lamotrigine</i>	29
<i>lamotrigine odt</i>	29
<i>lansoprazole</i>	45
<i>lansoprazole dr</i>	45
<i>lansoprazole odt</i>	45
<i>lanthanum carbonate</i>	40
LANTUS	49
LANTUS SOLOSTAR	49
<i>larin 1.5/30</i>	51
<i>larin 1/20</i>	51
<i>larin 24 fe</i>	51
<i>larin fe 1.5/30</i>	51
<i>larin fe 1/20</i>	51
<i>larissia</i>	52
LARTRUVO	13
<i>latanoprost</i>	43

Drug Name	Page #
LATUDA	34
<i>layolis fe</i>	52
LAZANDA	27
<i>leena</i>	52
<i>leflunomide</i>	59
LENVIMA 10 MG DAILY DOSE	13
LENVIMA 12MG DAILY DOSE	13
LENVIMA 14 MG DAILY DOSE	13
LENVIMA 18 MG DAILY DOSE	13
LENVIMA 20 MG DAILY DOSE	13
LENVIMA 24 MG DAILY DOSE	13
LENVIMA 4 MG DAILY DOSE	13
LENVIMA 8 MG DAILY DOSE	13
<i>lessina</i>	52
LETAIRIS	62
<i>letrozole</i>	13
<i>leucovorin calcium</i>	57
LEUKERAN	13
LEUKINE	21
<i>leuprolide acetate</i>	54
<i>levalbuterol</i>	19
<i>levalbuterol hcl</i>	19
<i>levalbuterol tartrate hfa</i>	19
<i>levetiracetam</i>	29
<i>levetiracetam er</i>	29
<i>levetiracetam/sodium chloride</i>	29
<i>levobunolol hcl</i>	43
<i>levocarnitine</i>	61
<i>levocetirizine dihydrochloride</i>	8
<i>levofloxacin</i>	3
<i>levofloxacin</i>	42
<i>levofloxacin in d5w</i>	3
LEVOLEUCOVORIN	57
<i>levoleucovorin calcium</i>	57
<i>levonest</i>	52
<i>levonorgestrel and ethinyl estradiol</i>	52
<i>levonorgestrel/ethinyl estradiol</i>	52
<i>levora 0.15/30-28</i>	52
<i>levo-t</i>	56
LEVOTHYROXINE SODIUM	56
<i>levothyroxine/liothyronine</i>	56
<i>levoxyl</i>	56
LEXIVA	6
LIBTAYO	13
<i>lidocaine</i>	65
LIDOCAINE HCL	24
<i>lidocaine hcl</i>	56
<i>lidocaine hcl</i>	65
<i>lidocaine hcl in d5w</i>	24

Drug Name	Page #
<i>lidocaine hcl jelly</i>	65
<i>lidocaine hcl viscous</i>	44
<i>lidocaine hcl/dextrose</i>	24
<i>lidocaine hydrochloride</i>	57
<i>lidocaine viscous</i>	44
<i>lidocaine/prilocaine</i>	65
<i>lillow</i>	52
<i>lincomycin hcl</i>	3
<i>lindane</i>	63
<i>linezolid</i>	3
LINZESS	46
<i>liothyronine sodium</i>	56
<i>lisinopril</i>	25
<i>lisinopril/hydrochlorothiazide</i>	25
LITHIUM	30
<i>lithium carbonate</i>	30
<i>lithium carbonate er</i>	30
LO LOESTRIN FE	52
LOKELMA	40
LONSURF	13
<i>loperamide hcl</i>	44
<i>lopinavir/ritonavir</i>	6
<i>lopreeza</i>	54
<i>lorazepam</i>	32
<i>lorazepam intensol</i>	31
LORBRENA	13
<i>lorcet</i>	27
<i>lorcet hd</i>	27
<i>lorcet plus</i>	27
<i>loryna</i>	52
<i>losartan potassium</i>	25
<i>losartan potassium/hydrochlorothiazide</i>	25
<i>lovastatin</i>	22
<i>low-ogestrel</i>	52
<i>loxapine succinate</i>	34
LUCEMYRA	19
LUMIZYME	41
LUMOXITI	13
LUPANETA PACK	54
LUPRON DEPOT (1-MONTH)	54
LUPRON DEPOT (3-MONTH)	54
LUPRON DEPOT (4-MONTH)	55
LUPRON DEPOT (6-MONTH)	55
LUPRON DEPOT-PED (1-MONTH)	55
LUPRON DEPOT-PED (3-MONTH)	55
<i>lutra</i>	52
LYNPARZA	13
LYRICA	29
LYSODREN	13

Drug Name	Page #
<i>lyza</i>	52
MAGNESIUM SULFATE	29
<i>maprotiline hcl</i>	34
<i>marlissa</i>	52
MARPLAN	34
<i>marten-tab</i>	27
MATULANE	13
<i>matzim la</i>	23
MAVYRET	6
MAXIDEX	43
<i>meclizine hcl</i>	45
<i>medroxyprogesterone acetate</i>	55
<i>mefloquine hcl</i>	5
<i>megestrol acetate</i>	13
MEKINIST	13
MEKTOVI	14
<i>melodetta 24 fe</i>	52
<i>meloxicam</i>	27
<i>melphalan hydrochloride</i>	14
<i>memantine hcl</i>	32
<i>memantine hcl titration pak</i>	32
<i>memantine hydrochloride</i>	32
MENACTRA	62
<i>menest</i>	54
MENVEO	17
<i>mercaptopurine</i>	14
<i>meropenem</i>	3
MEROPENEM/SODIUM CHLORIDE	3
<i>mesalamine</i>	44
<i>mesalamine dr</i>	44
MESNEX	61
MESTINON	18
<i>metadate er</i>	28
<i>metaproterenol sulfate</i>	19
<i>metformin hcl</i>	49
<i>metformin hcl er</i>	49
<i>metformin hydrochloride</i>	49
METHADONE HCL	27
<i>methadone hcl intensol</i>	27
<i>methadose</i>	27
<i>methadose sugar-free</i>	27
<i>methazolamide</i>	43
<i>methenamine hippurate</i>	8
<i>methimazole</i>	56
<i>methitest</i>	48
<i>methocarbamol</i>	19
<i>methotrexate</i>	14
METHOTREXATE SODIUM	14
<i>methoxsalen</i>	65

Drug Name	Page #
<i>methyl dopa</i>	24
<i>methyl dopa/hydrochlorothiazide</i>	24
<i>methylphenidate hydrochloride</i>	28
<i>methylphenidate hydrochloride cd</i>	28
<i>methylphenidate hydrochloride er</i>	28
<i>methylprednisolone</i>	47
<i>methylprednisolone acetate</i>	47
<i>methylprednisolone dose pack</i>	47
<i>methylprednisolone sodiumsuccinate</i>	47
<i>metipranolol</i>	43
<i>metoclopramide hcl</i>	46
<i>metoclopramide hydrochloride</i>	46
<i>metolazone</i>	39
<i>metoprolol succinate er</i>	22
<i>metoprolol tartrate</i>	22
<i>metoprolol/hydrochlorothiazide</i>	22
METRONIDAZOLE	5
<i>metronidazole</i>	63
<i>metronidazole in nacl 0.79%</i>	5
<i>metronidazole vaginal</i>	63
<i>mexiletine hcl</i>	24
MIACALCIN	55
<i>mibelas 24 fe</i>	52
<i>miconazole 3</i>	63
<i>microgestin 1.5/30</i>	52
<i>microgestin 1/20</i>	52
<i>microgestin 24 fe</i>	52
<i>microgestin fe</i>	52
<i>microgestin fe 1.5/30</i>	52
<i>midodrine hcl</i>	19
MIGERGOT	30
<i>miglitol</i>	49
<i>miglustat</i>	61
MIGRANAL	19
<i>mili</i>	52
<i>mimvey</i>	54
<i>mimvey lo</i>	54
<i>minitran</i>	25
<i>minocycline hcl</i>	3
<i>minoxidil</i>	24
<i>mirtazapine</i>	34
<i>mirtazapine odt</i>	34
<i>misoprostol</i>	45
MITOMYCIN	14
<i>mitoxantrone hcl</i>	14
M-M-R II	62
<i>modafinil</i>	28
<i>moderiba</i>	6
<i>moexipril hcl</i>	25

Drug Name	Page #
<i>moexipril/hydrochlorothiazide</i>	25
MOLINDONE HYDROCHLORIDE	34
<i>mometasone furoate</i>	64
<i>mondoxyne nl</i>	3
<i>mono-lynyah</i>	52
<i>mononessa</i>	52
<i>montelukast sodium</i>	61
<i>morgidox 1x100mg</i>	3
<i>morgidox 1x50mg</i>	3
<i>morgidox 2x100mg</i>	3
MORPHINE SULFATE	27
<i>morphine sulfate er</i>	27
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	3
MOXIFLOXACIN HCL	3
<i>moxifloxacin hydrochloride</i>	42
MOZOBIL	21
MULPLETA	21
MULTAQ	24
<i>mupirocin</i>	63
MUSTARGEN	14
<i>mutamycin</i>	14
MYALEPT	55
MYCAMINE	4
<i>mycophenolate mofetil</i>	60
<i>mycophenolic acid dr</i>	60
MYLOTARG	14
<i>myorisan</i>	65
MYRBETRIQ	66
<i>myzilra</i>	52
<i>nabumetone</i>	27
<i>nadolol</i>	22
<i>nafacillin</i>	3
<i>nafacillin sodium</i>	3
NAGLAZYME	41
<i>nalbuphine hcl</i>	27
<i>naloxone hcl</i>	32
<i>naltrexone hcl</i>	32
<i>naproxen</i>	27
<i>naproxen dr</i>	27
<i>naratriptan hcl</i>	30
NARCAN	32
NATACYN	42
NATAZIA	52
<i>nateglinide</i>	49
NATPARA	55
NEBUPENT	5
<i>necon 0.5/35-28</i>	52
<i>necon 1/35</i>	52

Drug Name	Page #
<i>necon 7/7/7</i>	52
<i>nefazodone hcl</i>	34
<i>nefazodone hydrochloride</i>	34
<i>neomycin sulfate</i>	3
<i>neomycin/bacitracin/polymyxin</i>	42
<i>neomycin/polymyxin/bacitracin zinc</i>	42
<i>neomycin/polymyxin/bacitracin/hydrocortis one</i>	43
<i>neomycin/polymyxin/dexamethasone</i>	43
<i>neomycin/polymyxin/gramicidin</i>	42
<i>neomycin/polymyxin/hc</i>	43
<i>neomycin/polymyxin/hydrocortisone</i>	43
<i>neo-polycin</i>	42
<i>neo-polycin hc</i>	43
NEPHRAMINE	38
NERLYNX	14
NEULASTA	21
NEUPOGEN	21
NEUPRO	31
<i>nevirapine</i>	6
<i>nevirapine er</i>	6
NEXAVAR	14
<i>niacin er</i>	22
<i>nicardipine hcl</i>	23
NICOTROL INHALER	18
NICOTROL NS	18
<i>nifediac cc</i>	23
<i>nifedical xl</i>	23
<i>nifedipine er</i>	23
<i>nikki</i>	52
<i>nilutamide</i>	14
NINLARO	14
NIPENT	14
<i>nitrofurantoin macrocrystals</i>	8
<i>nitrofurantoin monohydrate</i>	8
<i>nitrofurantoin monohydrate/macrocrystals</i>	8
NITROGLYCERIN	25
NITROGLYCERIN LINGUAL	25
<i>nitroglycerin transdermal</i>	25
NIVESTYM	21
<i>nora-be</i>	52
NORDITROPIN FLEXPRO	56
<i>norethindrone</i>	52
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	52
<i>norethindrone acetate</i>	55
<i>norethindrone acetate/ethinyl estradiol</i>	52
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	52

Drug Name	Page #
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	52
<i>norgestimate/ethinyl estradiol</i>	52
<i>norgestrel/ethinyl estradiol</i>	52
NORINYL 1+50	52
<i>norlyda</i>	52
<i>norlyroc</i>	52
NORMOSOL -R	41
NORMOSOL-M IN D5W	41
NORMOSOL-R	41
NORMOSOL-R IN D5W	41
NORPACE CR	24
NORTHERA	19
<i>nortrel 0.5/35 (28)</i>	52
<i>nortrel 1/35</i>	52
<i>nortrel 7/7/7</i>	52
<i>nortriptyline hcl</i>	34
NORVIR	6
NOVOLIN 70/30	49
NOVOLIN N	49
NOVOLIN R	49
NOVOLOG	49
NOVOLOG FLEXPEN	49
NOVOLOG MIX 70/30	49
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	49
NOVOLOG PENFILL	49
NOXAFIL	4
<i>np thyroid 120</i>	56
<i>np thyroid 15</i>	56
<i>np thyroid 30</i>	56
<i>np thyroid 60</i>	56
<i>np thyroid 90</i>	56
NUCALA	61
NUDEXTA	32
NULOJIX	60
NUPLAZID	34
<i>nutrilipid</i>	39
NUTROPIN AQ NUSPIN 10	56
NUTROPIN AQ NUSPIN 20	56
NUTROPIN AQ NUSPIN 5	56
NUTROPIN AQ PEN	56
NUVARING	52
<i>nyamyc</i>	63
<i>nyata</i>	63
<i>nystatin</i>	4
<i>nystatin</i>	63
<i>nystatin/triamcinolone</i>	64
<i>nystop</i>	63

Drug Name	Page #
OCALIVA	46
<i>ocella</i>	52
OCREVUS	59
OCTAGAM	17
<i>octreotide acetate</i>	55
ODEFSEY	6
ODOMZO	14
OFEV	61
<i>ofloxacin</i>	42
<i>ogestrel</i>	52
<i>okebo</i>	3
<i>olanzapine</i>	35
<i>olanzapine odt</i>	35
<i>olanzapine/fluoxetine</i>	35
<i>olmesartan medoxomil</i>	25
<i>olmesartan medoxomil/hydrochlorothiazide</i>	25
<i>omega-3-acid ethyl esters</i>	22
<i>omeprazole</i>	45
OMNITROPE	56
<i>ondansetron hcl</i>	45
<i>ondansetron odt</i>	45
ONGLYZA	49
OPDIVO	14
<i>opium</i>	44
<i>opium tincture</i>	44
OPSUMIT	62
<i>oralone dental paste</i>	64
ORENCIA	59
ORENCIA CLICKJECT	59
ORFADIN	61
ORLISSA	54
ORKAMBI	61
<i>orsythia</i>	53
<i>oseltamivir phosphate</i>	6
OSMOPREP	45
<i>oxacillin</i>	3
<i>oxacillin sodium</i>	3
<i>oxaliplatin</i>	14
<i>oxandrolone</i>	48
<i>oxcarbazepine</i>	29
OXSORALEN	65
<i>oxybutynin chloride</i>	66
<i>oxybutynin chloride er</i>	66
<i>oxycodone hcl</i>	27
OXYCODONE HCL ER	27
<i>oxycodone/acetaminophen</i>	27
<i>oxycodone/aspirin</i>	27
<i>oxycodone/ibuprofen</i>	27
OXYCONTIN	27

Drug Name	Page #
<i>pacerone</i>	24
<i>paclitaxel</i>	14
<i>paliperidone er</i>	35
PALYNZIQ	42
PAMIDRONATE DISODIUM	57
PANRETIN	65
<i>pantoprazole sodium</i>	45
<i>paricalcitol</i>	66
<i>paroex</i>	42
<i>paromomycin sulfate</i>	5
<i>paroxetine hcl</i>	35
<i>paser</i>	5
PAXIL	35
PEDIARIX	17
PEDVAX HIB	62
<i>peg 3350/electrolytes</i>	45
<i>peg-3350/electrolytes</i>	45
<i>peg-3350/nacl/na bicarbonate/kcl</i>	46
PEGANONE	29
PEGASYS	6
PEGASYS PROCLICK	7
<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	44
<i>pentoxifylline er</i>	21
<i>perindopril erbumine</i>	25
<i>periogard</i>	42
PERJETA	14
<i>permethrin</i>	63
<i>perphenazine</i>	35
<i>perphenazine/amitriptyline</i>	35
<i>phenadoz</i>	8
<i>phenelzine sulfate</i>	35
<i>phenobarbital</i>	32
<i>phenytoin</i>	29
<i>phenytoin infatabs</i>	29
<i>phenytoin sodium</i>	29
<i>phenytoin sodium extended</i>	29
<i>philith</i>	53
PHOSPHOLINE IODIDE	43
PIFELTRO	7
<i>pilocarpine hcl</i>	18
<i>pilocarpine hcl</i>	43
<i>pilocarpine hydrochloride</i>	18
<i>pimozide</i>	35

Drug Name	Page #
<i>pimtrex</i>	53
<i>pindolol</i>	22
<i>pioglitazone hcl</i>	49
<i>pioglitazone hcl/metformin hcl</i>	49
<i>piperacillin sodium/ tazobactam sodium</i>	3
<i>piperacillin sodium/tazobactam sodium</i>	3
<i>piperacillin/tazobactam</i>	3
<i>pirmella 1/35</i>	53
<i>pirmella 7/7/7</i>	53
<i>piroxicam</i>	27
PLASMA-LYTE A	41
PLASMA-LYTE-148	41
PLEGRIDY	59
PLEGRIDY STARTER PACK	59
<i>plenamine</i>	39
<i>podofilox</i>	65
<i>polycin</i>	42
<i>polyethylene glycol 3350</i>	46
<i>polymyxin b sulfate/trimethoprim sulfate</i>	42
POMALYST	14
<i>portia-28</i>	53
<i>potassium chloride</i>	41
<i>potassium chloride cr</i>	41
<i>potassium chloride er</i>	41
<i>potassium chloride sr</i>	41
POTASSIUM CHLORIDE/DEXTROSE	41
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	41
<i>potassium chloride/dextrose/sodium chloride</i>	41
<i>potassium chloride/sodium chloride</i>	41
<i>potassium citrate er</i>	37
PRALUENT	22
<i>pramipexole dihydrochloride</i>	31
<i>prasugrel</i>	20
<i>pravastatin sodium</i>	22
<i>praziquantel</i>	1
<i>prazosin hcl</i>	21
PRED MILD	43
<i>prednicarbate</i>	64
<i>prednisolone</i>	47
<i>prednisolone acetate</i>	43
<i>prednisolone acetate p-f</i>	43
<i>prednisolone sodium phosphate</i>	43
<i>prednisolone sodium phosphate</i>	47
<i>prednisone</i>	47
<i>prefest</i>	54
PREMARIN	54

Drug Name	Page #
PREMASOL	39
<i>prevalite</i>	22
<i>previfem</i>	53
PREVYMIS	7
PREZCOBIX	7
PREZISTA	7
PRIFTIN	5
PRIMAQUINE PHOSPHATE	5
<i>primidone</i>	29
PRIVIGEN	17
PROAIR HFA	19
<i>probenecid</i>	41
<i>probenecid/colchicine</i>	41
PROCAINAMIDE HCL	24
<i>procainamide hydrochloride</i>	24
PROCALAMINE	39
<i>prochlorperazine</i>	35
<i>prochlorperazine edisylate</i>	35
<i>prochlorperazine maleate</i>	35
PROCRT	21
<i>procto-med hc</i>	64
<i>procto-pak</i>	64
<i>proctosol hc</i>	64
<i>proctozone-hc</i>	64
<i>progesterone</i>	55
PROGLYCEM	50
PROGRAF	60
PROLASTIN-C	62
PROLEUKIN	14
PROLIA	57
PROMACTA	21
<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>	24
<i>proparacaine hcl</i>	44
<i>propranolol hcl</i>	22
<i>propranolol hcl er</i>	22
<i>propranolol hydrochloride</i>	22
<i>propranolol/hydrochlorothiazide</i>	22
<i>propylthiouracil</i>	56
PROQUAD	17
PROSOL	39
<i>protriptyline hcl</i>	35
PROVENTIL HFA	19
PULMOZYME	62
PURIXAN	14

Drug Name	Page #
<i>pyrazinamide</i>	5
<i>pyridostigmine bromide</i>	18
<i>pyridostigmine bromide er</i>	18
QBREXZA	65
QTERN	49
QUADRACEL	17
<i>quasense</i>	53
<i>quetiapine fumarate</i>	35
<i>quetiapine fumarate er</i>	35
<i>quinapril hcl</i>	25
<i>quinapril/hydrochlorothiazide</i>	25
QUINIDINE GLUCONATE	24
<i>quinidine gluconate cr</i>	24
<i>quinidine gluconate er</i>	24
<i>quinidine sulfate</i>	24
<i>quinine sulfate</i>	5
QVAR REDIHALER	47
RABAVERT	17
<i>rabeprazole sodium</i>	45
RADICAVA	32
RAGWITEK	61
<i>rajani</i>	53
<i>raloxifene hydrochloride</i>	54
<i>ramipril</i>	25
RANEXA	24
<i>ranitidine hcl</i>	45
<i>ranitidine hydrochloride</i>	45
RAPAMUNE	60
<i>rasagiline mesylate</i>	31
RAVICTI	37
REBIF	59
REBIF REBIDOSE	59
REBIF REBIDOSE TITRATION PACK	59
REBIF TITRATION PACK	59
<i>reclipsen</i>	53
RECOMBIVAX HB	62
RECTIV	65
REGONOL	18
REGRANEX	65
RELENZA DISKHALER	7
RELISTOR	46
REMODULIN	62
RENAGEL	40
RENFLEXIS	59
<i>repaglinide</i>	49
REPATHA	22
REPATHA PUSHTRONEX SYSTEM	22
REPATHA SURECLICK	22
RESCRIPTOR	7

Drug Name	Page #
RESTASIS	43
<i>restasis multidose</i>	43
RETACRIT	21
RETROVIR IV INFUSION	7
REVATIO	25
REVLIMID	14
REXULTI	35
REYATAZ	7
<i>ribasphere</i>	7
<i>ribavirin</i>	7
RIDAURA	46
<i>rifabutin</i>	5
<i>rifampin</i>	5
RIFATER	5
<i>riluzole</i>	32
<i>rimantadine hcl</i>	7
<i>ringers injection</i>	41
<i>ringers irrigation</i>	40
<i>risedronate sodium</i>	57
RISPERDAL CONSTA	35
<i>risperidone</i>	35
<i>risperidone m-tab</i>	35
<i>risperidone odt</i>	36
<i>ritonavir</i>	7
RITUXAN	15
<i>rivastigmine tartrate</i>	18
RIVASTIGMINE TRANSDERMAL SYSTEM	18
<i>rivelsa</i>	53
<i>rizatriptan benzoate</i>	30
<i>rizatriptan benzoate odt</i>	30
ROMIDEPSIN	15
<i>ropinirole hcl</i>	31
<i>rosadan</i>	63
<i>rosuvastatin calcium</i>	22
ROTARIX	62
ROTATEQ	63
<i>roweepra</i>	29
<i>roweepra xr</i>	29
<i>roxicet</i>	27
ROZEREM	32
RUBRACA	15
RYDAPT	15
SABRIL	30
SAIZEN	56
SAIZENPREP RECONSTITUTIONKIT	56
SANDOSTATIN LAR DEPOT	55
SANTYL	65
SAPHRIS	36

Drug Name	Page #
<i>scopolamine</i>	45
<i>selegiline hcl</i>	31
<i>selenium sulfide</i>	63
SELZENTRY	7
SENSIPAR	61
SEREVENT DISKUS	19
<i>sertraline hcl</i>	36
<i>setlakin</i>	53
<i>sevelamer carbonate</i>	40
<i>sharobel</i>	53
SHINGRIX	17
SIGNIFOR	55
<i>sildenafil</i>	25
SILENOR	36
<i>silver sulfadiazine</i>	63
SIMPONI	59
SIMPONI ARIA	59
SIMULECT	60
<i>simvastatin</i>	22
<i>sirolimus</i>	60
SIRTURO	5
SIVEXTRO	3
<i>sodium chloride</i>	41
<i>sodium chloride 0.9%</i>	40
<i>sodium chloride 0.45%</i>	41
<i>sodium chloride 0.9%</i>	40
<i>sodium fluoride</i>	58
SODIUM LACTATE	37
<i>sodium phenylbutyrate</i>	37
<i>sodium polystyrene sulfonate</i>	40
<i>sodium sulfacetamide</i>	42
SOLTAMOX	15
SOLU-CORTEF	47
SOLU-MEDROL	47
SOMATULINE DEPOT	55
SOMAVERT	56
<i>sorine</i>	22
<i>sotalol hcl</i>	22
<i>sotalol hcl (af)</i>	22
<i>sotalol hcl af</i>	22
<i>sotalol hydrochloride</i>	23
<i>sotalol hydrochloride (af)</i>	22
<i>sotalol hydrochloride af</i>	23
SOTYLIZE	23
SPIRIVA HANDIHALER	18
SPIRIVA RESPIMAT	18
<i>spironolactone</i>	25
<i>spironolactone/hydrochlorothiazide</i>	25
<i>sprintec 28</i>	53

Drug Name	Page #
SPRITAM	30
SPRYCEL	15
<i>sps</i>	40
<i>sronyx</i>	53
<i>ssd</i>	63
<i>stavudine</i>	7
<i>sterile water for irrigation</i>	40
<i>sterile water irrigation</i>	40
<i>sterile water irrigation plastic bottle</i>	40
<i>sterile water irrigation w/hanger</i>	40
STIOLTO RESPIMAT	18
STIVARGA	15
STRENSIQ	42
STREPTOMYCIN SULFATE	3
STRIBILD	7
<i>subvenite</i>	30
SUCRAID	42
<i>sucralfate</i>	45
<i>sulfacetamide sodium</i>	42
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	43
<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>	27
<i>sumatriptan</i>	30
<i>sumatriptan succinate</i>	30
<i>sumatriptan succinate refill</i>	30
SUPRAX	3
SUPREP BOWEL PREP KIT	46
SUTENT	15
<i>syeda</i>	53
SYLATRON	15
SYMDEKO	62
SYMFI	7
SYMFI LO	7
SYMLINPEN 120	49
SYMLINPEN 60	49
SYMPROIC	46
SYMTUZA	7
SYNAGIS	7
SYNAREL	55
SYNERCID	4
SYNJARDY	49
SYNJARDY XR	49
SYNRIBO	15

Drug Name	Page #
SYNTHROID	56
TABLOID	15
<i>tacrolimus</i>	60
<i>tacrolimus</i>	65
<i>tadalafil</i>	25
TAFINLAR	15
TAGRISO	15
TAKHZYRO	58
TALTZ	65
TALZENNA	15
<i>tamoxifen citrate</i>	15
<i>tamsulosin hcl</i>	19
TARCEVA	15
TARGRETIN	66
<i>tarina fe 1/20</i>	53
TASIGNA	15
TAVALISSE	20
<i>tazarotene</i>	66
<i>tazicef</i>	4
TAZORAC	66
<i>taztia xt</i>	23
TECENTRIQ	15
TECFIDERA	59
TECFIDERA STARTER PACK	59
TEFLARO	4
TEGSEDI	57
TEKTURNA	25
<i>telmisartan</i>	25
<i>telmisartan/amlodipine</i>	23
<i>telmisartan/hydrochlorothiazide</i>	25
<i>temazepam</i>	32
<i>temsirrolimus</i>	15
<i>tencon</i>	27
TENIVAC	62
<i>tenofovir disoproxil fumarate</i>	7
<i>terazosin hcl</i>	21
<i>terbinafine hcl</i>	4
<i>terbutaline sulfate</i>	19
<i>terconazole</i>	63
<i>testosterone</i>	48
<i>testosterone cypionate</i>	48
<i>testosterone enanthate</i>	48
<i>testosterone pump</i>	48
TETANUS/DIPHThERIA TOXOIDS- ADSORBED	17
<i>tetrabenazine</i>	36
<i>tetracycline hydrochloride</i>	4
THALOMID	60
<i>theo-24</i>	66

Drug Name	Page #
<i>theochron</i>	66
<i>theophylline</i>	66
<i>theophylline cr</i>	66
<i>theophylline er</i>	66
<i>thioridazine hcl</i>	36
<i>thiotepa</i>	15
<i>thiothixene</i>	36
THYMOGLOBULIN	60
THYROLAR-1	56
THYROLAR-1/2	56
THYROLAR-1/4	56
THYROLAR-2	56
THYROLAR-3	56
<i>tiagabine hydrochloride</i>	30
TIBSOVO	15
TIGECYCLINE	4
<i>tilia fe</i>	53
<i>timolol maleate</i>	23
<i>timolol maleate</i>	43
<i>timolol maleate ophthalmic gel forming</i>	43
<i>tinidazole</i>	5
<i>tis-u-sol</i>	40
TIVICAY	7
<i>tizanidine hcl</i>	19
<i>tizanidine hydrochloride</i>	19
TOBRADEX	43
TOBRADEX ST	43
<i>tobramycin</i>	4
TOBRAMYCIN SULFATE	4
<i>tobramycin sulfate</i>	42
<i>tobramycin/dexamethasone</i>	43
TOLAK	66
<i>tolazamide</i>	50
<i>tolbutamide</i>	50
<i>tolcapone</i>	31
<i>tolterodine tartrate</i>	66
<i>tolterodine tartrate er</i>	66
<i>topiramate</i>	30
<i>toposar</i>	15
<i>topotecan hcl</i>	15
<i>torseamide</i>	39
TOUJEO MAX SOLOSTAR	50
TOUJEO SOLOSTAR	50
<i>tpn electrolytes</i>	41
TRACLEER	62
<i>tramadol hcl</i>	27
<i>tramadol hydrochloride/acetaminophen</i>	28
<i>trandolapril</i>	25
<i>tranexamic acid</i>	20

Drug Name	Page #
<i>tranylcypromine sulfate</i>	36
TRAVASOL	39
TRAVATAN Z	44
<i>trazodone hydrochloride</i>	36
TREANDA	15
TRECATOR	5
TRELEGY ELLIPTA	48
TRELSTAR MIXJECT	55
<i>tretinoin</i>	15
<i>tretinoin</i>	65
<i>trexall</i>	15
<i>tri femynor</i>	53
<i>triamcinolone acetonide</i>	48
<i>triamcinolone acetonide</i>	64
<i>triamcinolone acetonide dental paste</i>	64
<i>triamterene/hydrochlorothiazide</i>	39
<i>triderm</i>	64
<i>trientine hydrochloride</i>	47
<i>tri-estarylla</i>	53
<i>trifluoperazine hcl</i>	36
<i>trifluridine</i>	42
<i>trihexyphenidyl hcl</i>	31
<i>trihexyphenidyl hydrochloride</i>	31
<i>triklo</i>	22
<i>tri-legest fe</i>	53
<i>tri-linyah</i>	53
<i>tri-lo-estarylla</i>	53
<i>tri-lo-marzia</i>	53
<i>tri-lo-sprintec</i>	53
<i>trilyte</i>	46
<i>trimethoprim</i>	8
<i>trimethoprim sulfate/polymyxin b sulfate</i>	42
<i>tri-mili</i>	53
<i>trimipramine maleate</i>	36
<i>trinessa</i>	53
<i>trinessa lo</i>	53
TRINTELLIX	36
<i>tri-previfem</i>	53
TRISENOX	15
<i>tri-sprintec</i>	53
TRIUMEQ	7
<i>trivora-28</i>	53
<i>tri-vylibra</i>	53
TROPHAMINE	39
<i>trospium chloride</i>	66
<i>trospium chloride er</i>	66
TRULICITY	50
TRUMENBA	17
TRUVADA	7

Drug Name	Page #
<i>tulana</i>	53
TWINRIX	63
TYBOST	61
<i>tydemy</i>	53
TYKERB	16
TYMLOS	55
TYPHIM VI	63
TYSABRI	60
<i>tyzine pediatric nasal drops</i>	44
UCERIS	64
ULORIC	57
<i>unithroid</i>	56
<i>ursodiol</i>	46
<i>valacyclovir hcl</i>	7
<i>valacyclovir hydrochloride</i>	7
VALCHLOR	66
<i>valganciclovir</i>	7
<i>valganciclovir hydrochloride</i>	7
<i>valproate sodium</i>	30
<i>valproic acid</i>	30
<i>valsartan</i>	25
<i>valsartan/hydrochlorothiazide</i>	25
VANCOMYCIN	4
<i>vancomycin hcl</i>	4
VANCOMYCIN HCL IN DEXTROSE	4
<i>vancomycin hydrochloride</i>	4
<i>vancomycin hydrochloride/dextrose</i>	4
<i>vancomycin hydrochloride/sodium chloride</i>	4
<i>vandazole</i>	63
VAQTA	63
VARIVAX	63
VARIZIG	17
VECTIBIX	16
VELCADE	16
<i>velivet</i>	53
VELTASSA	40
VENCLEXTA	16
VENCLEXTA STARTING PACK	16
<i>venlafaxine hcl</i>	36
<i>venlafaxine hcl er</i>	36
VENTAVIS	62
VENTOLIN HFA	19
<i>verapamil hcl</i>	23
<i>verapamil hcl er</i>	23
<i>verapamil hcl sr</i>	23
VEREGEN	66
VERSACLOZ	36
<i>verzenio</i>	16
VIBERZI	46

Drug Name	Page #
VICTOZA	50
VIDEX EC	7
VIDEX PEDIATRIC	7
<i>vienva</i>	53
<i>vigabatrin</i>	30
VIIBRYD	36
VIIBRYD STARTER PACK	36
VIMPAT	30
VINBLASTINE SULFATE	16
<i>vincasar pfs</i>	16
<i>vincristine sulfate</i>	16
<i>vinorelbine tartrate</i>	16
<i>viorele</i>	53
VIRACEPT	8
VIRAMUNE	8
VIREAD	8
VIZIMPRO	16
<i>voriconazole</i>	4
VOSEVI	8
VOTRIENT	16
<i>vp-pnv-dha</i>	66
VPRIV	42
VRAYLAR	36
<i>vyfemla</i>	53
<i>vylibra</i>	53
VYXEOS	16
<i>warfarin sodium</i>	20
WELCHOL	22
<i>wera</i>	53
<i>wymzya fe</i>	53
XALKORI	16
XARELTO	20
XARELTO STARTER PACK	20
XATMEP	16
XEOMIN	61
XERMELO	44
XGEVA	57
XIFAXAN	4
XIGDUO XR	50
XOLAIR	62
XOSPATA	16
XTANDI	16
<i>xulane</i>	53
XURIDEN	61
XYREM	32
YERVOY	16
YF-VAX	63
YONDELIS	16
YONSA	16

Drug Name	Page #
<i>yuvafem</i>	54
<i>zafirlukast</i>	61
<i>zaleplon</i>	32
ZALTRAP	16
ZANOSAR	16
<i>zarah</i>	53
ZARXIO	21
<i>zazole</i>	64
ZEJULA	16
ZELBORAF	16
ZEMAIRA	62
<i>zenatane</i>	66
<i>zenchent</i>	53
ZENPEP	46
ZERBAXA	4
ZERIT	8
<i>zidovudine</i>	8
ZINPLAVA	17
<i>ziprasidone hcl</i>	36
ZIRGAN	42
ZOLEDRONIC ACID	57
ZOLINZA	16
<i>zolmitriptan</i>	30
<i>zolmitriptan odt</i>	30
<i>zolpidem tartrate</i>	32
ZOMETA	58
<i>zonisamide</i>	30
ZORBTIVE	56
ZORTRESS	60
ZOSTAVAX	63
ZOSYN	4
<i>zovia 1/35e</i>	53
ZOVIRAX	64
ZYDELIG	17
ZYKADIA	17
ZYPREXA RELPREVV	36
ZYTIGA	17

This formulary was updated on February 1, 2019. 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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