

2022

Drug List (Formulary)

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

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

H5859_PH0055_C



CareOregon Advantage Plus (HMO-POS SNP) 2022 Formulary (List of Covered Drugs)

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

This formulary was updated on 8/27/2021. For more recent information or other questions, please contact CareOregon Advantage Customer Service at 503-416-4279 or toll free, 888-712-3258 or, for TTY/TDD users, 711, October 1 – March 31, 8 a.m. to 8 p.m., seven days a week, April 1 – September 30: 8 a.m. to 8 p.m., Monday through Friday, or visit careoregonadvantage.org/pharmacy.

CareOregon Advantage **Formulary (List of Covered Drugs) for 2022**

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 8/27/2021. 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, 2023 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?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug 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, or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - » If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the CareOregon Advantage Plus 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 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.
 - » If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the CareOregon Advantage Plus Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 8/27/2021. To get updated information about the drugs covered by CareOregon Advantage Plus, please contact us. Our contact information appears on the front and back cover pages. If we make any mid-year, non-maintenance changes to our formulary that affect you, they will be captured in our online formulary, which is updated on the first of each month throughout the plan year.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Drugs.” If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 65. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** CareOregon Advantage Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don’t get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, CareOregon Advantage Plus limits the amount of the drug that we will cover. For example, we provide 9 tablets per prescription for sumatriptan succinate tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CareOregon Advantage Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted documents online 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 us 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 page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer 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 us. 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 us 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, we limit 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.

CareOregon Advantage **Formulary (List of Covered Drugs) for 2022**

You should contact us to ask us for an initial coverage decision for a formulary, 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 108 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 a 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 108 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 800-MEDICARE (800-633-4227) 24 hours a day/7 days a week. TTY users should call 877-486-2048. Or, visit <http://www.medicare.gov>.

CareOregon Advantage Plus' Formulary

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

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

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

List of Abbreviations

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

LA: Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 503-416-4279 or toll free, 888-712-3258 or, for TTY/TDD users, 711, October 1 – March 31, 8 a.m. to 8 p.m., seven days a week, April 1 – September 30: 8 a.m. to 8 p.m., Monday through Friday

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

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.

CareOregon Advantage **Formulary (List of Covered Drugs) for 2022**

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>	
<i>emverm</i>	
<i>ivermectin tablet</i>	
<i>praziquantel tablet</i>	
<i>Antibacterials</i>	
<i>amikacin sulfate injection 500mg/2ml</i>	
<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>	
<i>ampicillin sodium injection</i>	
<i>ampicillin-sulbactam</i>	
<i>ampicillin capsule 500mg</i>	
ARIKAYCE	QL (8.4 ML per 1 days) PA (Arikayce)
AZACTAM INJECTION 1GM, 2GM	
<i>azithromycin suspension reconstituted, tablet</i>	
<i>azithromycin injection 500mg</i>	
<i>aztreonam</i>	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	
CAYSTON	QL (84 ML per 28 days) PA (cayston) LA
<i>cefaclor capsule</i>	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	
<i>cefadroxil</i>	
<i>cefazolin sodium/dextrose injection 1gm; 4%, 2gm; 3%</i>	
<i>cefazolin sodium injection 100gm, 10gm, 1gm/50ml; 4%, 1gm, 300gm, 500mg</i>	
<i>cefdinir</i>	
<i>cefepime hydrochloride injection 1gm, 2gm</i>	
<i>cefepime/dextrose</i>	
<i>cefepime injection 1gm, 2gm</i>	
<i>cefixime</i>	
<i>cefotaxime sodium injection 1gm, 2gm</i>	
<i>cefoxitin sodium</i>	
<i>cefpodoxime proxetil</i>	
<i>cefprozil</i>	
<i>ceftazidime/dextrose</i>	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	
<i>ceftriaxone in iso-osmotic dextrose</i>	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	
<i>ceftriaxone/dextrose</i>	
<i>cefuroxime axetil tablet</i>	

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

Drug Name	Requirements/Limits*
<i>cefuroxime sodium injection 1.5gm, 7.5gm, 750mg</i>	
<i>cephalexin capsule, suspension reconstituted</i>	
<i>chloramphenicol sodium succinate</i>	
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	
<i>ciprofloxacin i.v.-in d5w</i>	
<i>ciprofloxacin suspension reconstituted 500mg/5ml</i>	
<i>clarithromycin er</i>	
<i>clarithromycin suspension reconstituted, tablet</i>	
<i>clindamycin</i>	
<i>clindamycin hcl capsule 150mg</i>	
<i>clindamycin hydrochloride capsule 300mg, 75mg</i>	
<i>clindamycin palmitate hcl</i>	
<i>clindamycin phosphate/dextrose</i>	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 9000mg/60ml, 900mg/6ml, 9gm/60ml</i>	
<i>colistimethate sodium injection</i>	
<i>daptomycin</i>	
<i>dicloxacillin sodium</i>	
<i>doxy 100</i>	
<i>doxycycline</i>	
<i>doxycycline hyclate capsule</i>	
<i>doxycycline hyclate tablet 100mg, 20mg</i>	
<i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>	
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	
<i>e.e.s. 400 tablet</i>	
<i>ertapenem</i>	
<i>ertapenem sodium</i>	
<i>ery-tab</i>	
<i>erythrocin lactobionate injection 500mg</i>	
<i>erythrocin stearate tablet 250mg</i>	
<i>erythromycin base</i>	
<i>erythromycin dr</i>	
<i>erythromycin ethylsuccinate suspension reconstituted, tablet</i>	
<i>erythromycin capsule delayed release particles 250mg</i>	
FIRVANQ	
<i>gentamicin sulfate pediatric</i>	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 2mg/ml; 0.9%</i>	
<i>gentamicin sulfate injection 40mg/ml</i>	
<i>imipenem/cilastatin</i>	
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	
<i>levofloxacin in d5w</i>	
<i>levofloxacin injection 25mg/ml</i>	
<i>levofloxacin oral solution 25mg/ml</i>	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	
<i>lincomycin hcl injection</i>	
<i>linezolid suspension reconstituted, tablet</i>	

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

Drug Name	Requirements/Limits*
<i>linezolid injection 600mg/300ml</i>	
<i>meropenem</i>	
<i>meropenem/sodium chloride</i>	
<i>minocycline hcl capsule 75mg</i>	
<i>minocycline hcl tablet</i>	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	
<i>mondoxyne 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>	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	
<i>moxifloxacin hydrochloride tablet 400mg</i>	
NAFCILLIN	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	
<i>neomycin sulfate tablet</i>	
<i>okebo capsule 75mg</i>	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	
<i>oxacillin sodium injection 10gm, 1gm</i>	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	
<i>penicillin g sodium</i>	
<i>penicillin v potassium</i>	
<i>piperacillin sodium/ tazobactam sodium</i>	
<i>piperacillin sodium/tazobactam</i>	
<i>piperacillin sodium/tazobactam sodium</i>	
<i>piperacillin/tazobactam injection 36gm; 4.5gm</i>	
SIVEXTRO	
<i>streptomycin sulfate injection 1gm</i>	
<i>sulfadiazine tablet</i>	
<i>sulfamethoxazole/trimethoprim</i>	
<i>sulfamethoxazole/trimethoprim ds</i>	
<i>sulfasalazine tablet, tablet delayed release</i>	MO
<i>suprax tablet chewable</i>	
SUPRAX SUSPENSION RECONSTITUTED 500MG/5ML	
SYNERCID INJECTION 350MG; 150MG	
<i>tazicef injection 1gm, 2gm, 6gm</i>	
TEFLARO	
<i>tetracycline hydrochloride capsule</i>	
<i>tigecycline</i>	PA (Tigecycline)
<i>tobramycin sulfate injection</i>	
<i>tobramycin nebulization solution 300mg/5ml</i>	QL (280 ML per 56 days) B/D
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	
<i>vancomycin hcl injection 10gm</i>	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJECTION 5%; 1GM/200ML, 5%; 500MG/100ML, 5%; 750MG/150ML	
<i>vancomycin hydrochloride capsule 125mg</i>	QL (120 EA per 30 days)

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

<i>vancomycin hydrochloride capsule 250mg</i>	QL (240 EA per 30 days)
<i>vancomycin hydrochloride oral solution reconstituted</i>	
<i>vancomycin hydrochloride injection 1000mg/200ml, 1500mg/300ml, 1gm, 250mg, 500mg/100ml, 500mg, 5gm, 750mg</i>	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	
<i>vancomycin injection 2000mg/400ml</i>	
XENLETA INJECTION	PA (XENLETA)
XENLETA TABLET	QL (2 EA per 1 days) PA (XENLETA)
XIFAXAN TABLET 550MG	MO
ZERBAXA	
ZOSYN INJECTION 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	
Antifungals	
ABELCET	B/D
AMBISOME	B/D
<i>amphotericin b injection</i>	B/D
<i>caspofungin acetate</i>	
CRESEMBA	PA (Cresemba)
ERAXIS	
<i>fluconazole in sodium chloride</i>	
<i>fluconazole suspension reconstituted, tablet</i>	
<i>flucytosine capsule</i>	
<i>griseofulvin microsize</i>	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	
<i>itraconazole capsule</i>	
<i>ketoconazole tablet 200mg</i>	
<i>micafungin</i>	
NOXAFIL INJECTION, SUSPENSION	PA (Noxafil) MO
<i>nystatin suspension 100000unit/ml</i>	
<i>nystatin tablet 500000unit</i>	
<i>posaconazole dr</i>	PA (Noxafil) MO
<i>terbinafine hcl tablet</i>	
<i>voriconazole suspension reconstituted, tablet</i>	
<i>voriconazole injection</i>	PA (Voriconazole)
Antimycobacterials	
CAPASTAT SULFATE	
<i>cycloserine capsule</i>	
<i>dapsone tablet</i>	MO
<i>ethambutol hydrochloride</i>	
<i>isoniazid injection</i>	
<i>isoniazid syrup, tablet</i>	MO
<i>paser</i>	
PRETOMANID	QL (1 EA per 1 days) PA (Pretomanid)
PRIFTIN	
<i>pyrazinamide tablet</i>	
<i>rifabutin</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>rifampin capsule, injection</i>	
RIFATER	
SIRTURO	PA (sirturo)
TRECTOR	
Antiprotozoals	
<i>atovaquone/proguanil hcl</i>	
<i>atovaquone suspension</i>	
BENZNIDAZOLE	PA (Benznidazole)
<i>chloroquine phosphate tablet</i>	MO
COARTEM	
DARAPRIM	
<i>hydroxychloroquine sulfate tablet</i>	MO
IMPAVIDO	QL (3 EA per 1 days) PA (Impavido)
KRINTAFEL	QL (4 EA per 180 days)
LAMPIT	PA (Lampit)
<i>mefloquine hcl</i>	MO
<i>metronidazole injection 500mg/100ml; 0.74%, 5mg/ml; 0.79%</i>	
<i>metronidazole tablet 250mg, 500mg</i>	
<i>nitazoxanide tablet</i>	PA (Nitazoxanide)
<i>paromomycin sulfate capsule</i>	
<i>pentam 300</i>	
<i>pentamidine isethionate injection</i>	
<i>pentamidine isethionate inhalation solution reconstituted</i>	B/D
<i>primaquine phosphate tablet</i>	
<i>pyrimethamine tablet</i>	
<i>quinine sulfate capsule 324mg</i>	QL (42 EA per 30 days) PA (quinine sulfate)
<i>tinidazole tablet</i>	PA (Tinidazole)
Antivirals	
<i>abacavir</i>	MO
<i>abacavir sulfate</i>	MO
<i>abacavir sulfate/lamivudine</i>	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	MO
<i>acyclovir sodium injection 50mg/ml</i>	B/D
<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
APTIVUS CAPSULE	MO
<i>atazanavir</i>	MO
<i>atazanavir sulfate capsule 300mg</i>	MO
BARACLUDE SOLUTION	MO
BIKTARVY	QL (1 EA per 1 days) MO
<i>cidofovir</i>	
CIMDUO	QL (1 EA per 1 days) MO
COMPLERA	MO
CRIXIVAN CAPSULE 400MG	MO

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

Drug Name	Requirements/Limits*
DELSTRIGO	QL (1 EA per 1 days) MO
DESCOVY	QL (1 EA per 1 days) MO
<i>didanosine capsule delayed release 200mg, 250mg, 400mg</i>	MO
DOVATO	QL (1 EA per 1 days) MO
EDURANT	MO
<i>efavirenz</i>	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg</i>	QL (1 EA per 1 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 600mg; 300mg; 300mg</i>	QL (1 EA per 1 days) MO
<i>emtricitabine</i>	MO
<i>emtricitabine/tenofovir disoproxil</i>	QL (1 EA per 1 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	QL (1 EA per 1 days) MO
EMTRIVA SOLUTION	MO
<i>entecavir</i>	MO
EPCLUSA TABLET 200MG; 50MG	QL (1 EA per 1 days) PA (Sofosbuvir/Velpatasvir)
EPIVIR HBV SOLUTION	MO
<i>etravirine</i>	MO
EVOTAZ	MO
<i>famciclovir tablet</i>	
<i>fosamprenavir calcium</i>	
FUZEON	MO
<i>ganciclovir injection 500mg</i>	B/D
GENVOYA	QL (1 EA per 1 days) MO
INTELENCE	MO
INVIRASE TABLET	MO
ISENTRESS	MO
ISENTRESS HD	MO
JULUCA	QL (1 EA per 1 days) MO
KALETRA TABLET	MO
<i>lamivudine</i>	MO
<i>lamivudine/zidovudine</i>	MO
LEXIVA SUSPENSION	MO
<i>lopinavir/ritonavir</i>	MO
MAVYRET	QL (3 EA per 1 days) PA (Mavyret)
<i>nevirapine</i>	MO
<i>nevirapine er</i>	MO
NORVIR PACKET, SOLUTION	MO
ODEFSEY	QL (1 EA per 1 days) MO
<i>oseltamivir phosphate capsule, suspension reconstituted</i>	
PEGASYS	QL (4 ML per 28 days) PA (Pegasys)
PEGASYS PROCLICK INJECTION 180MCG/0.5ML	QL (4 ML per 28 days) PA (Pegasys)

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

Drug Name	Requirements/Limits*
PIFELTRO	QL (1 EA per 1 days) MO
PLEGRIDY	QL (1 ML per 28 days) MO
PLEGRIDY STARTER PACK	QL (1 ML per 180 days)
PREVYMIS INJECTION	PA (Prevymis)
PREVYMIS TABLET	QL (1 EA per 1 days) PA (Prevymis)
PREZCOBIX	MO
PREZISTA SUSPENSION	MO
PREZISTA TABLET 150MG, 600MG, 75MG, 800MG	MO
RELENZA DISKHALER	QL (120 EA per 365 days)
RESCRIPTOR TABLET 200MG	MO
RETROVIR IV INFUSION	
REYATAZ PACKET	MO
<i>ribasphere capsule</i>	PA (Oral Ribavirin)
<i>ribavirin capsule</i>	PA (Oral Ribavirin)
<i>ribavirin tablet 200mg</i>	PA (Oral Ribavirin)
<i>rimantadine hydrochloride</i>	
<i>ritonavir</i>	MO
RUKOBIA	
SELZENTRY SOLUTION	MO
SELZENTRY TABLET 150MG, 75MG	QL (2 EA per 1 days) MO
SELZENTRY TABLET 25MG, 300MG	QL (4 EA per 1 days) MO
SOFOSBUVIR/VELPATASVIR	QL (1 EA per 1 days) PA (Sofosbuvir/Velpatasvir)
<i>stavudine capsule</i>	MO
STRIBILD	MO
SYMTUZA	QL (1 EA per 1 days) MO
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	PA (Synagis)
TEMIXYS	QL (1 EA per 1 days)
<i>tenofovir disoproxil fumarate</i>	MO
TIVICAY PD	QL (6 EA per 1 days) MO
TIVICAY TABLET 10MG, 25MG	QL (1 EA per 1 days) MO
TIVICAY TABLET 50MG	QL (2 EA per 1 days) MO
TRIUMEQ	MO
TRUVADA TABLET 100MG; 150MG, 133MG; 200MG, 167MG; 250MG	QL (1 EA per 1 days) MO
<i>valacyclovir hcl tablet 1gm</i>	
<i>valacyclovir hydrochloride tablet 500mg</i>	
<i>valganciclovir</i>	MO
<i>valganciclovir hydrochloride</i>	MO
VIDEX EC CAPSULE DELAYED RELEASE 125MG	MO
VIDEX PEDIATRIC SOLUTION RECONSTITUTED 2GM	MO
VIRACEPT	MO
VIREAD POWDER	MO
VIREAD TABLET 150MG, 200MG, 250MG	MO
VOSEVI	QL (1 EA per 1 days) PA (Vosevi)
<i>zidovudine</i>	MO
Urinary Anti-infectives	
<i>methenamine hippurate</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>nitrofurantoin macrocrystals</i>	
<i>nitrofurantoin monohydrate/macrocrystals</i>	
<i>nitrofurantoin monohydrate capsule</i>	
<i>trimethoprim tablet</i>	
Antihistamine Drugs	
First Generation Antihistamines	
<i>clemastine fumarate tablet 2.68mg</i>	
<i>diphenhydramine hcl injection 50mg/ml</i>	
<i>diphenhydramine hydrochloride injection</i>	
<i>phenadoz</i>	
<i>promethazine hcl plain</i>	
<i>promethazine hcl injection, suppository</i>	
<i>promethazine hcl syrup</i>	MO
<i>promethazine hcl tablet 12.5mg</i>	
<i>promethazine hydrochloride injection</i>	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	
<i>promethazine/phenylephrine</i>	
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 tablet 500mg</i>	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>abiraterone acetate tablet 250mg</i>	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
ABRAXANE	PA (Cancer Drugs, new starts only)
<i>adriamycin injection 10mg, 2mg/ml</i>	PA (Cancer Drugs, new starts only)
<i>adrucil injection 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	PA (Cancer Drugs, new starts only)
AFINITOR DISPERZ	PA (Cancer Drugs, new starts only)
AFINITOR TABLET 10MG	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ALECENSA	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
ALIMTA	PA (Cancer Drugs, new starts only)
ALIQOPA	PA (Cancer Drugs, new starts only)
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)
ALUNBRIG TABLET 30MG	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
ARRANON	PA (Cancer Drugs, new starts only)
<i>arsenic trioxide injection</i>	
AVASTIN	PA (Cancer Drugs, new starts only)
AYVAKIT TABLET 100MG, 200MG, 300MG	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>azacitidine</i>	

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

Drug Name	Requirements/Limits*
BALVERSA TABLET 5MG	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
BALVERSA TABLET 4MG	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
BALVERSA TABLET 3MG	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
BAVENCIO	PA (Cancer Drugs, new starts only)
BELEODAQ	PA (Cancer Drugs, new starts only)
<i>bexarotene</i>	PA (Cancer Drugs, new starts only)
<i>bicalutamide</i>	
<i>bleomycin sulfate injection 30unit</i>	B/D
BORTEZOMIB	PA (Cancer Drugs, new starts only)
BOSULIF	PA (Cancer Drugs, new starts only)
BRAFTOVI CAPSULE 75MG	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
BRUKINSA	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>busulfan</i>	PA (Cancer Drugs, new starts only)
CABOMETYX	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
CALQUENCE	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
CAPRELSA TABLET 300MG	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
CAPRELSA TABLET 100MG	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) LA
<i>carboplatin injection 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	
<i>carmustine</i>	PA (Cancer Drugs, new starts only)
<i>cisplatin injection 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	
<i>cladribine</i>	B/D
<i>clofarabine</i>	PA (Cancer Drugs, new starts only)
COMETRIQ	PA (Cancer Drugs, new starts only)
COPIKTRA	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
COTELLIC	QL (63 EA per 28 days) PA (Cancer Drugs, new starts only)
CYCLOPHOSPHAMIDE TABLET	B/D
<i>cyclophosphamide capsule</i>	B/D
CYRAMZA	PA (Cancer Drugs, new starts only)
<i>cytarabine aqueous</i>	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	B/D
<i>dacarbazine injection 200mg</i>	PA (Cancer Drugs, new starts only)
<i>dactinomycin</i>	PA (Cancer Drugs, new starts only)
DARZALEX	PA (Cancer Drugs, new starts only)
DARZALEX FASPRO	PA (Cancer Drugs, new starts only)
<i>daunorubicin hydrochloride injection 20mg/4ml</i>	PA (Cancer Drugs, new starts only)
DAURISMO TABLET 100MG	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)

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

Drug Name	Requirements/Limits*
DAURISMO TABLET 25MG	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>decitabine</i>	
<i>docetaxel injection 160mg/16ml, 160mg/8ml, 200mg/10ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	PA (Cancer Drugs, new starts only)
<i>doxorubicin hydrochloride liposomal</i>	PA (Cancer Drugs, new starts only)
<i>doxorubicin hydrochloride injection 10mg</i>	PA (Cancer Drugs, new starts only)
DROXIA	MO
EMCYT	
EMPLICITI	PA (Cancer Drugs, new starts only)
<i>epirubicin hcl injection 200mg/100ml</i>	
ERBITUX INJECTION 100MG/50ML	PA (Cancer Drugs, new starts only)
ERIVEDGE	PA (Cancer Drugs, new starts only) LA
ERLEADA	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>erlotinib hydrochloride</i>	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ERWINASE	PA (Cancer Drugs, new starts only)
ERWINAZE	PA (Cancer Drugs, new starts only)
<i>etoposide injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	
<i>everolimus tablet 2.5mg, 5mg, 7.5mg</i>	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) MO
FARYDAK	PA (Cancer Drugs, new starts only)
<i>fludarabine phosphate injection 50mg</i>	
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	PA (Cancer Drugs, new starts only)
<i>flutamide</i>	
FOLOTYN	PA (Cancer Drugs, new starts only)
FOTIVDA	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)
FULVESTRANT	PA (Cancer Drugs, new starts only)
GAVRETO	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>gemcitabine hcl</i>	
<i>gemcitabine hydrochloride injection 1gm/26.3ml, 1gm, 200mg/2ml, 200mg/5.26ml, 200mg, 2gm/20ml, 2gm/52.6ml</i>	
GILOTRIF	PA (Cancer Drugs, new starts only) LA
HALAVEN	PA (Cancer Drugs, new starts only)
<i>hydroxyurea capsule</i>	
IBRANCE	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)
ICLUSIG TABLET 10MG, 30MG	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ICLUSIG TABLET 15MG, 45MG	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
<i>idarubicin hcl</i>	PA (Cancer Drugs, new starts only)

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

Drug Name	Requirements/Limits*
<i>idarubicin hydrochloride</i>	PA (Cancer Drugs, new starts only)
IDHIFA	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>ifosfamide injection 1gm</i>	
<i>imatinib mesylate</i>	PA (Cancer Drugs, new starts only)
IMBRUVICA CAPSULE 70MG	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
IMBRUVICA CAPSULE 140MG	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only) LA
IMBRUVICA TABLET 280MG, 420MG, 560MG	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
IMFINZI	PA (Cancer Drugs, new starts only)
INLYTA	PA (Cancer Drugs, new starts only) LA
INQOVI	QL (5 EA per 28 days) PA (Cancer Drugs, new starts only)
INREBIC	QL (4 EA per 1 days) PA (Inrebic, new starts only)
INTRON A	PA (interferon alfa-2b, new starts only) MO
IRESSA	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
<i>irinotecan hydrochloride</i>	
ISTODAX (OVERFILL)	PA (Cancer Drugs, new starts only)
JAKAFI	PA (Cancer Drugs, new starts only)
JEVTANA	PA (Cancer Drugs, new starts only)
KEYTRUDA INJECTION 100MG/4ML	PA (Cancer Drugs, new starts only)
KISQALI TABLET THERAPY PACK 200MG	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)
KISQALI TABLET THERAPY PACK 200MG	QL (42 EA per 28 days) PA (Cancer Drugs, new starts only)
KISQALI TABLET THERAPY PACK 200MG	QL (63 EA per 28 days) PA (Cancer Drugs, new starts only)
KOSELUGO	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
KYPROLIS	PA (Cancer Drugs, new starts only)
<i>lapatinib ditosylate</i>	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
LARTRUVO	PA (Cancer Drugs, new starts only)
LENVIMA 10 MG DAILY DOSE	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 12MG DAILY DOSE	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 14 MG DAILY DOSE	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 18 MG DAILY DOSE	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)

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

Drug Name	Requirements/Limits*
LENVIMA 20 MG DAILY DOSE	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 24 MG DAILY DOSE	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 4 MG DAILY DOSE	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 8 MG DAILY DOSE	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
LEUKERAN	
LIBTAYO	PA (Cancer Drugs, new starts only)
LONSURF	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
LORBRENA TABLET 100MG	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
LORBRENA TABLET 25MG	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
LUMOXITI	PA (Cancer Drugs, new starts only)
LYNPARZA TABLET	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
LYSODREN	
MATULANE	
MEKINIST	PA (Cancer Drugs, new starts only)
MEKTOVI	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>melfhalan hydrochloride</i>	PA (Cancer Drugs, new starts only)
<i>mercaptopurine tablet</i>	
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	
<i>methotrexate tablet</i>	B/D
<i>methotrexate injection 50mg/2ml</i>	
<i>mitomycin injection 20mg, 40mg, 5mg</i>	PA (Cancer Drugs, new starts only)
<i>mitoxantrone hcl injection 2mg/ml</i>	
<i>mutamycin</i>	PA (Cancer Drugs, new starts only)
MYLOTARG	PA (Cancer Drugs, new starts only)
NERLYNX	QL (6 EA per 1 days) PA (Nerlynx, new starts only)
NEXAVAR	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only) LA
<i>nilutamide</i>	
NINLARO	QL (3 EA per 28 days) PA (Cancer Drugs, new starts only)
NIPENT	PA (Cancer Drugs, new starts only)
NUBEQA	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
ODOMZO	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ONUREG	QL (14 EA per 28 days) PA (Cancer Drugs, new starts only)

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

Drug Name	Requirements/Limits*
OPDIVO	PA (Cancer Drugs, new starts only)
<i>oxaliplatin injection 100mg/20ml, 100mg</i>	PA (Cancer Drugs, new starts only)
<i>paclitaxel injection 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	
<i>paraplatin injection 450mg/45ml, 50mg/5ml</i>	
PEMAZYRE	QL (14 EA per 21 days) PA (Cancer Drugs, new starts only)
PERJETA	PA (Cancer Drugs, new starts only)
PIQRAY 200MG DAILY DOSE	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
PIQRAY 250MG DAILY DOSE	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
PIQRAY 300MG DAILY DOSE	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
POMALYST	PA (Cancer Drugs, new starts only)
PROLEUKIN	PA (Cancer Drugs, new starts only)
PURIXAN	PA (Purixan Suspension, new starts only)
QINLOCK	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
RETEVMO CAPSULE 80MG	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
RETEVMO CAPSULE 40MG	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
REVLIMID CAPSULE 2.5MG, 20MG	PA (Cancer Drugs, new starts only)
REVLIMID CAPSULE 10MG, 15MG, 25MG, 5MG	PA (Cancer Drugs, new starts only) LA
RIABNI	PA (Rituximab, new starts only)
RITUXAN	PA (Rituximab, new starts only)
ROMIDEPSIN INJECTION 10MG	PA (Cancer Drugs, new starts only)
ROZLYTREK CAPSULE 200MG	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
ROZLYTREK CAPSULE 100MG	QL (5 EA per 1 days) PA (Cancer Drugs, new starts only)
RUBRACA	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
RUXIENCE	PA (Rituximab, new starts only)
RYDAPT	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
SIKLOS	PA (Siklos, new starts only)
SPRYCEL	PA (Cancer Drugs, new starts only)
STIVARGA	PA (Cancer Drugs, new starts only) LA
<i>sunitinib malate</i>	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
SUTENT	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)

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

Drug Name	Requirements/Limits*
SYLATRON	PA (Cancer Drugs, new starts only) MO
SYNRIBO	PA (Cancer Drugs, new starts only)
TABLOID	
TABRECTA	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
TAFINLAR	PA (Cancer Drugs, new starts only)
TAGRISO	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
TALZENNA	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
TASIGNA	PA (Cancer Drugs, new starts only)
TAZVERIK	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
TECENTRIQ	PA (Cancer Drugs, new starts only)
<i>temsirolimus</i>	PA (Cancer Drugs, new starts only)
TEPMETKO	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>thiotepa injection 15mg</i>	PA (Cancer Drugs, new starts only)
TIBSOVO	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>toposar injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	
<i>topotecan hcl injection 4mg</i>	
TREANDA INJECTION 100MG, 25MG	PA (Cancer Drugs, new starts only)
<i>tretinoin capsule 10mg</i>	PA (Cancer Drugs, new starts only)
<i>trexall</i>	B/D
TRISENOX INJECTION 12MG/6ML	
TRUXIMA	PA (Rituximab, new starts only)
TUKYSA TABLET 50MG	QL (10 EA per 1 days) PA (Cancer Drugs, new starts only)
TUKYSA TABLET 150MG	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
TURALIO	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
TYKERB	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
UKONIQ	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
VECTIBIX INJECTION 100MG/5ML	PA (Cancer Drugs, new starts only)
VELCADE	PA (Cancer Drugs, new starts only)
VENCLEXTA STARTING PACK	QL (42 EA per 180 days) PA (Cancer Drugs, new starts only)
VENCLEXTA TABLET 10MG, 50MG	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
VENCLEXTA TABLET 100MG	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
VERZENIO	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)

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

Drug Name	Requirements/Limits*
<i>vinblastine sulfate injection 1mg/ml</i>	B/D
<i>vincristine sulfate injection</i>	B/D
<i>vinorelbine tartrate injection 50mg/5ml</i>	
VITRAKVI SOLUTION	QL (10 ML per 1 days) PA (Cancer Drugs, new starts only)
VITRAKVI CAPSULE 100MG	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
VITRAKVI CAPSULE 25MG	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
VIZIMPRO	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
VOTRIENT	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
VYXEOS	PA (Cancer Drugs, new starts only)
XALKORI	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) LA
XATMEP	B/D
XOSPATA	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
XPOVIO 100 MG ONCE WEEKLY	QL (20 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO 40 MG ONCE WEEKLY	QL (8 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO 40 MG TWICE WEEKLY	QL (16 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO 60 MG ONCE WEEKLY	QL (12 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO 60 MG TWICE WEEKLY	QL (24 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO 80 MG ONCE WEEKLY	QL (16 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO 80 MG TWICE WEEKLY	QL (32 EA per 28 days) PA (Cancer Drugs, new starts only)
XTANDI CAPSULE	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
XTANDI TABLET 80MG	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
XTANDI TABLET 40MG	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
YERVOY	PA (Cancer Drugs, new starts only)
YONDELIS	PA (Cancer Drugs, new starts only)
YONSA	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
ZALTRAP	PA (Cancer Drugs, new starts only)
ZANOSAR	PA (Cancer Drugs, new starts only)
ZEJULA	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)

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

Drug Name	Requirements/Limits*
ZELBORAF	PA (Cancer Drugs, new starts only) LA
ZOLINZA	PA (Cancer Drugs, new starts only)
ZYDELIG	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
ZYKADIA TABLET	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
Antitoxins, Immune Globulins, Toxoids, and Vaccines	
<i>Allergenic Extracts</i>	
GRASTEK	PA (Oral Immunotherapy) MO
ODACTRA	QL (1 EA per 1 days) PA (Oral Immunotherapy) MO
RAGWITEK	PA (Oral Immunotherapy) MO
<i>Antitoxins and Immune Globulins</i>	
BIVIGAM INJECTION 5GM/50ML	PA (intravenous immune globulin)
CARIMUNE NANOFILTERED INJECTION 12GM	PA (intravenous immune globulin)
FLEBOGAMMA DIF	PA (intravenous immune globulin)
GAMASTAN	PA (intravenous immune globulin)
GAMMAGARD LIQUID	PA (intravenous immune globulin)
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	PA (intravenous immune globulin)
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	PA (intravenous immune globulin)
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	PA (intravenous immune globulin)
GAMUNEX-C	PA (intravenous immune globulin)
OCTAGAM INJECTION 10GM/100ML, 1GM/20ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/50ML	PA (intravenous immune globulin)
PRIVIGEN	PA (intravenous immune globulin)
VARIZIG INJECTION 125UNIT/1.2ML	PA (Varizig)
ZINPLAVA	PA (Zinplava)
<i>Toxoids</i>	
ADACEL	
BOOSTRIX	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	
INFANRIX	
KINRIX	
QUADRACEL	
TDVAX	
TENIVAC	
<i>Vaccines</i>	
ACTHIB	
BCG VACCINE	
BEXSERO	PA (Bexsero)
ENGERIX-B	B/D
GARDASIL 9	PA (gardasil)
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	
HIBERIX	

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

Drug Name	Requirements/Limits*
IMOVAX RABIES (H.D.C.V.)	B/D
IPOL INACTIVATED IPV	
IXIARO	
M-M-R II	
MENACTRA	
MENQUADFI	
MENVEO	
PEDIARIX	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	
PROQUAD	
RABAVERT	B/D
RECOMBIVAX HB	B/D
ROTARIX	
ROTATEQ SOLUTION	
SHINGRIX	PA (Shingrix)
TRUMENBA	PA (Trumenba)
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
YF-VAX	
ZOSTAVAX	PA (zostavax)
Autonomic Drugs	
<i>Anticholinergic Agents</i>	
ANORO ELLIPTA	QL (2 EA per 1 days) MO
ATROPINE SULFATE INJECTION 0.25MG/5ML	
ATROVENT HFA	MO
<i>dicyclomine hcl solution</i>	
<i>dicyclomine hydrochloride capsule, 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
<i>Autonomic Drugs, Miscellaneous</i>	
CHANTIX CONTINUING MONTH PAK	QL (336 EA per 365 days)
CHANTIX STARTING MONTH PAK	QL (53 EA per 180 days)
CHANTIX TABLET 0.5MG, 1MG	QL (336 EA per 365 days)
NICOTROL INHALER	QL (2688 EA per 365 days)
NICOTROL NS	QL (360 ML per 365 days)
<i>Parasympathomimetic (Cholinergic) Agents</i>	
<i>bethanechol chloride tablet</i>	
<i>cevimeline hydrochloride</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

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

Drug Name	Requirements/Limits*
<i>donepezil hcl tablet 23mg</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>pilocarpine hydrochloride</i>	MO
<i>pyridostigmine bromide er</i>	
<i>pyridostigmine bromide solution</i>	
<i>pyridostigmine bromide tablet 60mg</i>	
<i>regonol injection 10mg/2ml</i>	
<i>rivastigmine tartrate</i>	MO
<i>rivastigmine transdermal system</i>	QL (1 EA per 1 days) MO
<i>Skeletal Muscle Relaxants</i>	
<i>baclofen tablet 10mg, 20mg</i>	MO
<i>chlorzoxazone tablet 500mg</i>	
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	
<i>methocarbamol tablet</i>	
<i>tizanidine hcl tablet 2mg</i>	MO
<i>tizanidine hydrochloride tablet 4mg</i>	MO
<i>Sympatholytic (Adrenergic Blocking) Agents</i>	
<i>alfuzosin hcl er</i>	MO
<i>dihydroergotamine mesylate injection</i>	
<i>dihydroergotamine mesylate nasal solution</i>	QL (8 ML per 28 days)
<i>ergoloid mesylates tablet</i>	MO
<i>tamsulosin hydrochloride</i>	MO
<i>Sympathomimetic (Adrenergic) Agents</i>	
ADVAIR HFA	QL (12 GM per 30 days) MO
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108MCG/ACT	QL (36 GM per 30 days) MO
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL (17 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	B/D MO
<i>albuterol sulfate syrup, tablet</i>	MO
BROVANA	B/D MO
COMBIVENT RESPIMAT	QL (8 GM per 30 days) MO
<i>droxidopa capsule 100mg</i>	QL (15 EA per 1 days) PA (Droxidopa)
<i>droxidopa capsule 200mg, 300mg</i>	QL (6 EA per 1 days) PA (Droxidopa)
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	
<i>fluticasone propionate/salmeterol diskus</i>	QL (60 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	B/D MO
<i>levalbuterol hcl nebulization solution</i>	B/D MO
LEVALBUTEROL TARTRATE HFA	QL (30 GM per 30 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>levalbuterol nebulization solution</i>	B/D MO
LUCEMYRA	QL (16 EA per 1 days) PA (Lucemyra)
<i>midodrine hcl</i>	
PROAIR HFA	QL (17 GM per 30 days) MO
SEREVENT DISKUS	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection</i>	
<i>terbutaline sulfate tablet</i>	MO
<i>wixela inhub</i>	QL (60 EA per 30 days) MO
Blood Formation, Coagulation & Thrombosis	
<i>Antihemorrhagic Agents</i>	
<i>tranexamic acid injection, tablet</i>	
<i>Antithrombotic Agents</i>	
<i>anagrelide hydrochloride</i>	MO
<i>argatroban injection 125mg/125ml; 0.9%, 250mg/2.5ml, 50mg/50ml</i>	
<i>aspirin/dipyridamole</i>	MO
<i>aspirin/dipyridamole er</i>	MO
BRILINTA	QL (2 EA per 1 days) MO
CABLIVI	QL (1 EA per 1 days) PA (CABLIVI)
<i>cilostazol</i>	MO
<i>clopidogrel tablet 75mg</i>	MO
COUMADIN TABLET	MO
ELIQUIS STARTER PACK	QL (74 EA per 180 days) 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>	
<i>fondaparinux sodium injection 5mg/0.4ml</i>	QL (0.4 ML per 1 days)
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	QL (0.5 ML per 1 days)
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	QL (0.6 ML per 1 days)
<i>fondaparinux sodium injection 10mg/0.8ml</i>	QL (0.8 ML per 1 days)
HEPARIN SODIUM/D5W INJECTION 5%; 100UNIT/ML, 5%; 25000UNIT/500ML, 5%; 40UNIT/ML	
HEPARIN SODIUM/DEXTROSE INJECTION 5%; 25000UNIT/250ML, 5%; 25000UNIT/500ML	
<i>heparin sodium/nacl 0.45% injection 12500unit/250ml; 0.45%, 25000unit/250ml; 0.45%</i>	
<i>heparin sodium/sodium chloride 0.9% premix injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	
<i>heparin sodium/sodium chloride injection 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	
<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)
XARELTO TABLET 15MG, 20MG	MO

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

Drug Name	Requirements/Limits*
XARELTO TABLET 10MG	QL (1 EA per 1 days) MO
XARELTO TABLET 2.5MG	QL (2 EA per 1 days) MO
<i>Blood Formation, Coagulation, and Thrombosis Agents, Misc.</i>	
OXBRYTA	QL (5 EA per 1 days) PA (Oxbryta)
TAVALISSE	QL (2 EA per 1 days) PA (Tavalisse) MO
<i>Hematopoietic Agents</i>	
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)
DOPTELET	QL (3 EA per 1 days) PA (Doptelet)
FULPHILA	PA (colony stimulating factors)
GRANIX	PA (colony stimulating factors)
LEUKINE INJECTION 250MCG	PA (colony stimulating factors)
MOZOBIL	PA (Mozobil)
MULPLETA	QL (1 EA per 1 days) PA (Mulpleta)
NEULASTA	PA (colony stimulating factors)
NEUPOGEN	PA (colony stimulating factors)
NIVESTYM	PA (colony stimulating factors)
NYVEPRIA	PA (colony stimulating factors)
PROCRIT	PA (erythropoiesis-stimulating agents)
PROMACTA PACKET	QL (6 EA per 1 days) PA (Promacta Suspension) LA MO
PROMACTA TABLET 12.5MG, 25MG	QL (1 EA per 1 days) PA (promacta) LA MO
PROMACTA TABLET 50MG, 75MG	QL (2 EA per 1 days) PA (promacta) LA MO
RETACRIT	PA (erythropoiesis-stimulating agents)
UDENYCA	PA (colony stimulating factors)
ZARXIO	PA (colony stimulating factors)
ZIEXTENZO	PA (colony stimulating factors)
<i>Hemorrhologic Agents</i>	
<i>pentoxifylline er</i>	MO
Cardiovascular Drugs	
<i>alpha-Adrenergic Blocking Agents</i>	
<i>doxazosin mesylate tablet</i>	MO
<i>prazosin hydrochloride capsule</i>	MO
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	MO
<i>terazosin hydrochloride capsule 2mg</i>	MO
<i>Antilipemic Agents</i>	
<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 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*
<i>colesevelam hydrochloride packet</i>	PA (Colesevelam) 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
<i>icosapent ethyl</i>	QL (4 EA per 1 days) PA (Vascepa) MO
JUXTAPID CAPSULE 10MG, 20MG, 30MG, 5MG	QL (2 EA per 1 days) PA (juxtapid) MO
<i>lovastatin tablet</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
<i>pravastatin sodium</i>	MO
<i>prevalite</i>	MO
REPATHA	QL (3 ML per 30 days) PA (Repatha) MO
REPATHA PUSHTRONEX SYSTEM	QL (3.5 ML per 30 days) PA (Repatha) MO
REPATHA SURECLICK	QL (3 ML per 30 days) PA (Repatha) MO
<i>rosuvastatin calcium</i>	MO
<i>simvastatin tablet</i>	MO
VASCEPA CAPSULE 0.5GM	QL (8 EA per 1 days) PA (Vascepa) MO
<i>beta-Adrenergic Blocking Agents</i>	
<i>acebutolol hydrochloride</i>	MO
<i>atenolol/chlorthalidone</i>	MO
<i>atenolol tablet</i>	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	MO
<i>bisoprolol fumarate tablet</i>	MO
<i>carvedilol</i>	MO
<i>labetalol hydrochloride tablet</i>	MO
<i>labetalol hydrochloride injection 5mg/ml</i>	
<i>metoprolol succinate er</i>	MO
<i>metoprolol tartrate tablet</i>	MO
<i>metoprolol tartrate injection 5mg/5ml</i>	
<i>metoprolol/hydrochlorothiazide</i>	MO
<i>nadolol tablet 20mg, 40mg, 80mg</i>	MO
<i>pindolol</i>	MO
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	MO
<i>propranolol hcl solution</i>	MO
<i>propranolol hcl tablet 40mg</i>	MO

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

<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	MO
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	MO
<i>sorine</i>	MO
<i>sotalol hcl</i>	MO
<i>sotalol hcl (af) tablet 80mg</i>	MO
<i>sotalol hcl af</i>	MO
<i>sotalol hydrochloride (af) tablet 120mg, 80mg</i>	MO
<i>sotalol hydrochloride af</i>	MO
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	MO
SOTYLIZE	PA (Sotylize) MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	MO
Calcium-Channel Blocking Agents	
<i>amlodipine besylate/atorvastatin calcium</i>	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hcl capsule 5mg; 40mg</i>	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride</i>	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan</i>	QL (1 EA per 1 days) MO
<i>amlodipine besylate tablet</i>	MO
<i>amlodipine/olmesartan medoxomil</i>	QL (1 EA per 1 days) MO
<i>amlodipine/valsartan/hctz tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	QL (1 EA per 1 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	QL (1 EA per 1 days) MO
<i>cartia xt</i>	MO
<i>dilt-xr</i>	MO
<i>diltiazem hcl cd</i>	MO
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	MO
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	MO
<i>diltiazem hcl tablet</i>	MO
<i>diltiazem hcl injection 100mg, 125mg/25ml, 50mg/10ml</i>	
<i>diltiazem hydrochloride er</i>	MO
<i>diltiazem hydrochloride injection 25mg/5ml</i>	
<i>felodipine er</i>	MO
<i>matzim la</i>	MO
<i>nicardipine hcl capsule</i>	MO
<i>nicardipine hydrochloride injection 2.5mg/ml</i>	
<i>nifediac cc tablet extended release 24 hour 30mg, 60mg</i>	MO
<i>nifedipine er</i>	MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	QL (1 EA per 1 days) MO
<i>taztia xt</i>	MO
<i>telmisartan/amlodipine</i>	QL (1 EA per 1 days) MO
<i>tiadylt er</i>	MO
<i>verapamil hcl er capsule extended release 24 hour 100mg, 300mg</i>	MO
<i>verapamil hcl er tablet extended release</i>	MO
<i>verapamil hcl sr capsule extended release 24 hour</i>	MO
<i>verapamil hcl tablet 40mg, 80mg</i>	MO
<i>verapamil hydrochloride er capsule extended release 24 hour</i>	MO
<i>verapamil hydrochloride injection</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>verapamil hydrochloride tablet</i>	MO
Cardiac Drugs	
<i>amiodarone hcl injection 50mg/ml, 900mg/18ml</i>	
<i>amiodarone hcl tablet 100mg</i>	MO
<i>amiodarone hydrochloride tablet</i>	MO
<i>amiodarone hydrochloride injection 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	
CORLANOR SOLUTION	PA (Corlanor) MO
CORLANOR TABLET	QL (2 EA per 1 days) PA (Corlanor) MO
<i>digitek</i>	MO
<i>digox</i>	MO
<i>digoxin oral solution</i>	MO
<i>digoxin injection 0.25mg/ml</i>	
<i>digoxin tablet 125mcg, 250mcg</i>	MO
<i>disopyramide phosphate</i>	MO
<i>dofetilide</i>	MO
<i>flecainide acetate</i>	MO
<i>lidocaine hcl in d5w injection 5%; 4mg/ml, 5%; 8mg/ml</i>	
<i>lidocaine hcl/dextrose injection 5%; 4mg/ml, 5%; 8mg/ml</i>	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	
<i>mexiletine hcl</i>	MO
MULTAQ	PA (Multaq) MO
NORPACE CR	MO
<i>pacerone tablet 100mg, 200mg, 400mg</i>	MO
<i>procainamide hcl injection</i>	
<i>procainamide hydrochloride</i>	
<i>propafenone hcl</i>	MO
<i>quinidine gluconate cr</i>	MO
<i>quinidine gluconate er</i>	MO
<i>quinidine sulfate tablet</i>	MO
<i>ranolazine er</i>	MO
VYNDAMAX	QL (1 EA per 1 days) PA (VYNDAQEL)
VYNDAQEL	QL (4 EA per 1 days) PA (VYNDAQEL)
Hypotensive Agents	
<i>clonidine hcl patch weekly</i>	MO
<i>clonidine hydrochloride tablet</i>	MO
<i>guanfacine hcl</i>	MO
<i>hydralazine hcl injection</i>	
<i>hydralazine hcl tablet 10mg</i>	MO
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	MO
<i>methyldopa tablet 250mg, 500mg</i>	MO
<i>minoxidil tablet</i>	MO
Renin-Angiotensin-Aldosterone Sys Inhib	
<i>aliskiren</i>	MO
<i>benazepril hcl/hydrochlorothiazide tablet 5mg; 6.25mg</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>benazepril hcl tablet 10mg, 40mg, 5mg</i>	MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	MO
<i>benazepril hydrochloride tablet 20mg</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 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>	MO
<i>eprosartan mesylate</i>	QL (1 EA per 1 days) MO
<i>fosinopril sodium</i>	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	MO
<i>irbesartan</i>	MO
<i>irbesartan/hydrochlorothiazide</i>	MO
<i>lisinopril/hydrochlorothiazide</i>	MO
<i>lisinopril tablet</i>	MO
<i>losartan potassium/hydrochlorothiazide</i>	MO
<i>losartan potassium tablet</i>	MO
<i>moexipril hcl</i>	MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil tablet</i>	QL (1 EA per 1 days) MO
<i>perindopril erbumine</i>	MO
<i>quinapril hcl tablet 20mg, 40mg</i>	MO
<i>quinapril hydrochloride tablet 10mg, 5mg</i>	MO
<i>quinapril/hydrochlorothiazide</i>	MO
<i>ramipril</i>	MO
<i>spironolactone/hydrochlorothiazide</i>	MO
<i>spironolactone tablet</i>	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	
<i>alyq</i>	QL (2 EA per 1 days) PA (Tadalafil) MO
<i>dipyridamole tablet</i>	MO
<i>isosorbide dinitrate er</i>	MO
<i>isosorbide dinitrate tablet</i>	MO
<i>isosorbide mononitrate</i>	MO
<i>isosorbide mononitrate er</i>	MO
<i>minitran</i>	MO
<i>nitroglycerin lingual solution</i>	MO
<i>nitroglycerin transdermal</i>	MO
<i>nitroglycerin injection 5mg/ml</i>	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</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>sildenafil citrate suspension reconstituted</i>	QL (6 ML per 1 days) PA (Sildenafil) MO
<i>sildenafil citrate tablet 20mg</i>	QL (3 EA per 1 days) PA (Sildenafil) MO
<i>tadalafil tablet 20mg</i>	QL (2 EA per 1 days) PA (Tadalafil) MO
VERQUVO	QL (1 EA per 1 days) PA (Verquvo)
Central Nervous System Agents	
<i>Analgesics and Antipyretics</i>	
<i>acetaminophen/codeine tablet</i>	QL (13 EA per 1 days)
<i>acetaminophen/codeine solution</i>	QL (166 ML per 1 days)
<i>ascomp/codeine</i>	
<i>buprenorphine hcl/naloxone hcl</i>	QL (3 EA per 1 days)
<i>buprenorphine hcl tablet sublingual</i>	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	QL (2 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	QL (3 EA per 1 days)
<i>buprenorphine patch weekly</i>	QL (4 EA per 28 days) ST (Buprenorphine patch #2, new starts only)
<i>butalbital compound tablet</i>	
<i>butalbital/acetaminophen/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	QL (12 EA per 1 days)
<i>butalbital/acetaminophen/caffeine/codeine capsule 300mg; 50mg; 40mg; 30mg</i>	QL (13 EA per 1 days)
<i>butalbital/acetaminophen/caffeine capsule 325mg; 50mg; 40mg</i>	QL (12 EA per 1 days)
<i>butalbital/acetaminophen/caffeine capsule 300mg; 50mg; 40mg</i>	QL (13 EA per 1 days)
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	QL (12 EA per 1 days)
<i>butalbital/acetaminophen tablet 325mg; 50mg</i>	QL (12 EA per 1 days)
<i>butalbital/aspirin/caffeine/codeine</i>	
<i>butalbital/aspirin/caffeine tablet</i>	
<i>celecoxib capsule</i>	QL (2 EA per 1 days) MO
<i>codeine sulfate tablet 30mg, 60mg</i>	
<i>diclofenac potassium</i>	MO
<i>diclofenac sodium dr</i>	MO
<i>diclofenac sodium er</i>	MO
<i>duramorph</i>	
<i>ec-naproxen tablet delayed release 500mg</i>	MO
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	QL (12 EA per 1 days)
<i>etodolac capsule, tablet</i>	MO
<i>fentanyl citrate oral transmucosal</i>	QL (4 EA per 1 days) PA (oral transmucosal fentanyl)
<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, new starts only)
<i>flurbiprofen tablet</i>	MO

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

<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	QL (184 ML per 1 days)
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg</i>	QL (12 EA per 1 days)
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	QL (12 EA per 1 days)
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	
<i>hydromorphone hcl tablet</i>	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	
<i>ibu</i>	MO
<i>ibuprofen suspension</i>	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	MO
LAZANDA	PA (Nasal Fentanyl)
<i>lorcet</i>	QL (12 EA per 1 days)
<i>lorcet hd</i>	QL (12 EA per 1 days)
<i>lorcet plus tablet 325mg; 7.5mg</i>	QL (12 EA per 1 days)
<i>meloxicam tablet</i>	MO
<i>methadone hcl injection, oral solution, tablet</i>	
<i>methadone hydrochloride intensol</i>	
<i>methadone hydrochloride concentrate</i>	
<i>methadose sugar-free</i>	
<i>methadose concentrate 10mg/ml</i>	
<i>morphine sulfate er tablet extended release</i>	QL (3 EA per 1 days)
<i>morphine sulfate oral solution, tablet</i>	
<i>morphine sulfate injection 0.5mg/ml, 10mg/ml, 150mg/30ml, 1mg/ml, 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	
<i>nabumetone tablet 500mg</i>	
<i>nabumetone tablet 750mg</i>	MO
<i>nalbuphine hcl injection 10mg/ml, 20mg/ml</i>	
<i>naproxen suspension, tablet delayed release</i>	MO
<i>naproxen tablet 250mg, 375mg, 500mg</i>	MO
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT	QL (3 EA per 1 days) PA (Oxycodone ER)
<i>oxycodone hcl capsule</i>	
<i>oxycodone hydrochloride</i>	
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	QL (12 EA per 1 days)
<i>oxycodone/ibuprofen</i>	
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT	QL (3 EA per 1 days) PA (Oxycodone ER)
<i>piroxicam capsule</i>	MO
<i>sulindac tablet</i>	MO
<i>tencon tablet 325mg; 50mg</i>	QL (12 EA per 1 days)
<i>tramadol hcl tablet</i>	QL (8 EA per 1 days)
<i>tramadol hydrochloride/acetaminophen</i>	QL (8 EA per 1 days)
<i>Anorexigenic Agents and Respiratory and CNS Stimulants</i>	
<i>amphetamine/dextroamphetamine 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*
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	QL (1 EA per 1 days) MO
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	QL (1 EA per 1 days) PA (Armodafinil) MO
<i>armodafinil tablet 50mg</i>	QL (3 EA per 1 days) PA (Armodafinil) MO
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg, 5mg</i>	MO
<i>dextroamphetamine sulfate er</i>	MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	MO
<i>methylphenidate hydrochloride cd capsule extended release 20mg, 50mg, 60mg</i>	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride cd capsule extended release 30mg</i>	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour 10mg, 20mg, 30mg, 40mg</i>	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride er capsule extended release 10mg, 20mg, 40mg, 50mg</i>	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour</i>	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride er tablet extended release 10mg, 20mg</i>	MO
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 36mg, 54mg</i>	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride tablet</i>	MO
<i>modafinil tablet 100mg</i>	QL (1 EA per 1 days) PA (Modafinil) MO
<i>modafinil tablet 200mg</i>	QL (2 EA per 1 days) PA (Modafinil) MO
WAKIX TABLET 17.8MG	QL (2 EA per 1 days) PA (Wakix)
WAKIX TABLET 4.45MG	QL (4 EA per 1 days) PA (Wakix)
<i>Anticonvulsants</i>	
APTIOM TABLET 200MG, 400MG, 800MG	QL (1 EA per 1 days) PA (Aptiom, new starts only) MO
APTIOM TABLET 600MG	QL (2 EA per 1 days) PA (Aptiom, new starts only) MO
BRIVIACT INJECTION	PA (Briviact Injection, new starts only)
BRIVIACT ORAL SOLUTION	PA (Briviact, new starts only) MO
BRIVIACT TABLET	QL (2 EA per 1 days) PA (Briviact, new starts only) MO
<i>carbamazepine er</i>	MO
<i>carbamazepine tablet chewable, suspension, tablet</i>	MO
CELONTIN CAPSULE 300MG	MO
<i>clobazam tablet</i>	MO
<i>clobazam suspension</i>	PA (clobazam, new starts only) MO
<i>clonazepam odt</i>	PA (clonazepam odt, new starts only) MO
<i>clonazepam tablet</i>	MO
DIACOMIT	PA (Diacomit, new starts only) MO
<i>dilantin infatabs</i>	MO
DILANTIN-125	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>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
<i>epitol</i>	MO
<i>ethosuximide capsule, solution</i>	MO
<i>felbamate</i>	MO
FINTEPLA	QL (11.82 ML per 1 days) PA (Fintepla, new starts only)
<i>fosphenytoin sodium</i>	
FYCOMPA TABLET	QL (1 EA per 1 days) PA (Fycompa, new starts only) MO
FYCOMPA SUSPENSION	QL (24 ML per 1 days) PA (Fycompa Suspension, new starts only) MO
<i>gabapentin capsule, solution</i>	MO
<i>gabapentin tablet 600mg, 800mg</i>	MO
<i>lamotrigine er</i>	ST (Lamotrigine ER #2, new starts only)
<i>lamotrigine odt</i>	MO
<i>lamotrigine tablet chewable, tablet</i>	MO
<i>levetiracetam er</i>	MO
<i>levetiracetam/sodium chloride</i>	
<i>levetiracetam injection</i>	
<i>levetiracetam oral solution, tablet</i>	MO
<i>magnesium sulfate injection 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 50%</i>	
NAYZILAM	QL (10 EA per 30 days)
<i>oxcarbazepine</i>	MO
<i>phenytoin infatabs</i>	MO
<i>phenytoin sodium extended</i>	MO
<i>phenytoin sodium injection</i>	
<i>phenytoin tablet chewable, suspension</i>	MO
<i>pregabalin solution</i>	MO
<i>pregabalin capsule</i>	QL (3 EA per 1 days) MO
<i>primidone tablet</i>	MO
<i>roweepra xr</i>	MO
ROWEEPRA TABLET 500MG	MO
<i>roweepra tablet 1000mg, 750mg</i>	MO
<i>rufinamide tablet</i>	MO
<i>rufinamide suspension</i>	PA (Rufinamide suspension, new starts only) MO
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

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

Drug Name	Requirements/Limits*
SYMPAZAN	QL (2 EA per 1 days) PA (Sympazan, new starts only)
<i>tiagabine hydrochloride</i>	MO
<i>topiramate capsule sprinkle, tablet</i>	MO
<i>valproate sodium injection 100mg/ml</i>	
<i>valproic acid capsule, solution</i>	MO
VALTOCO LIQUID	QL (10 EA per 30 days)
VALTOCO LIQUID THERAPY PACK	QL (20 EA per 30 days)
<i>vigabatrin</i>	PA (Vigabatrin, new starts only) LA MO
<i>vigadrone</i>	PA (Vigabatrin, new starts only) LA MO
VIMPAT INJECTION	
VIMPAT ORAL SOLUTION	MO
VIMPAT TABLET	QL (2 EA per 1 days) MO
XCOPRI TABLET THERAPY PACK 0	QL (2 EA per 1 days) PA (Xcopri, new starts only)
XCOPRI TABLET THERAPY PACK 0	QL (28 EA per 180 days) PA (Xcopri, new starts only)
XCOPRI TABLET 100MG, 50MG	QL (1 EA per 1 days) PA (Xcopri, new starts only)
XCOPRI TABLET 150MG, 200MG	QL (2 EA per 1 days) PA (Xcopri, new starts only)
<i>zonisamide capsule</i>	MO
<i>Antimanic Agents</i>	
LITHIUM	MO
<i>lithium carbonate er</i>	MO
<i>lithium carbonate capsule, tablet</i>	MO
<i>Antimigraine Agents</i>	
AIMOVIG	QL (1 ML per 30 days) PA (Aimovig) MO
<i>eletriptan hydrobromide</i>	QL (12 EA per 30 days)
EMGALITY	PA (Emgality)
<i>migergot</i>	
<i>naratriptan hcl</i>	QL (9 EA per 30 days)
REYVOW TABLET 50MG	QL (4 EA per 30 days) PA (Reyvow)
REYVOW TABLET 100MG	QL (8 EA per 30 days) PA (Reyvow)
<i>rizatriptan benzoate</i>	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	QL (12 EA per 30 days)
<i>sumatriptan succinate refill injection 6mg/0.5ml</i>	QL (4 ML per 30 days)
<i>sumatriptan succinate injection</i>	QL (4 ML per 30 days)
<i>sumatriptan succinate tablet</i>	QL (9 EA per 30 days)
<i>sumatriptan solution</i>	QL (12 EA per 30 days)
<i>zolmitriptan odt</i>	QL (12 EA per 30 days)
<i>zolmitriptan tablet</i>	QL (12 EA per 30 days)
<i>Antiparkinsonian Agents</i>	

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

Drug Name	Requirements/Limits*
<i>amantadine hcl capsule, syrup, tablet</i>	MO
APOKYN INJECTION 30MG/3ML	PA (apokyn) LA
<i>benztropine mesylate tablet</i>	MO
<i>bromocriptine mesylate capsule, tablet</i>	MO
<i>cabergoline</i>	
<i>carbidopa/levodopa</i>	MO
<i>carbidopa/levodopa er</i>	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	MO
<i>carbidopa tablet</i>	MO
EMSAM	QL (1 EA per 1 days) PA (emsam, new starts only) MO
<i>entacapone</i>	MO
INBRIJA	PA (INBRIJA)
KYNMOBI	PA (Kynmobi)
KYNMOBI TITRATION KIT	PA (Kynmobi)
NEUPRO	QL (1 EA per 1 days) PA (Neupro) MO
ONGENTYS	QL (1 EA per 1 days) ST (Ongentys #2) MO
<i>pramipexole dihydrochloride</i>	MO
<i>rasagiline mesylate tablet</i>	QL (1 EA per 1 days) ST (Rasagiline #2) MO
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	MO
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	MO
<i>selegiline hcl capsule, tablet</i>	MO
<i>trihexyphenidyl hcl solution</i>	MO
<i>trihexyphenidyl hydrochloride</i>	MO
<i>Anxiolytics, Sedatives, and Hypnotics</i>	
<i>alprazolam intensol</i>	
<i>alprazolam tablet</i>	
<i>bupirone hcl tablet 15mg, 30mg</i>	
<i>bupirone hydrochloride tablet 10mg, 5mg, 7.5mg</i>	
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	
<i>chlordiazepoxide hydrochloride</i>	
<i>clorazepate dipotassium tablet</i>	
DIASTAT ACUDIAL	
DIASTAT PEDIATRIC GEL 2.5MG	
<i>diazepam intensol</i>	
DIAZEPAM RECTAL GEL	
<i>diazepam concentrate, oral solution, tablet</i>	
<i>diazepam injection 5mg/ml</i>	
<i>eszopiclone</i>	QL (1 EA per 1 days)
HETLIOZ	QL (1 EA per 1 days) PA (HETLIOZ) MO
<i>hydroxyzine hcl syrup</i>	
<i>hydroxyzine hcl injection 25mg/ml</i>	
<i>hydroxyzine hcl tablet 50mg</i>	
<i>hydroxyzine hydrochloride injection</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>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	
<i>hydroxyzine hydrochloride tablet 50mg</i>	MO
<i>hydroxyzine pamoate capsule 100mg</i>	
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	MO
<i>lorazepam intensol</i>	
<i>lorazepam tablet</i>	
<i>midazolam hcl injection 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	
<i>midazolam hydrochloride injection 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	
<i>phenobarbital elixir 20mg/5ml</i>	MO
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	MO
<i>ramelteon</i>	ST (Ramelteon #2) MO
<i>temazepam</i>	QL (1 EA per 1 days)
<i>zaleplon</i>	QL (1 EA per 1 days)
<i>zolpidem tartrate tablet</i>	QL (1 EA per 1 days)
Central Nervous System Agents, Misc	
<i>acamprosate calcium dr</i>	MO
<i>atomoxetine hydrochloride capsule 100mg</i>	QL (1 EA per 1 days) MO
<i>atomoxetine hydrochloride capsule 25mg</i>	QL (3 EA per 1 days) MO
<i>atomoxetine hydrochloride capsule 18mg</i>	QL (5 EA per 1 days) MO
<i>atomoxetine capsule 40mg, 60mg, 80mg</i>	QL (1 EA per 1 days) MO
<i>atomoxetine capsule 10mg</i>	QL (3 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 hydrochloride tablet extended release 24 hour 3mg</i>	QL (2 EA per 1 days) MO
<i>memantine hcl titration pak</i>	
<i>memantine hydrochloride solution, tablet</i>	MO
NUEDEXTA	QL (2 EA per 1 days) PA (Nuedexta) MO
RADICAVA	PA (Radicava) MO
<i>riluzole</i>	MO
XYREM	PA (xyrem) LA
XYWAV	QL (18 ML per 1 days) PA (Xywav)
Opiate Antagonists	
<i>naloxone hcl injection 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	
<i>naltrexone hcl tablet</i>	
NARCAN LIQUID	
Psychotherapeutic Agents	
ABILIFY MAINTENA	PA (abilify maintena, new starts only) MO
ABILIFY MYCITE	QL (1 EA per 1 days) PA (Abilify Mycite, new starts only) MO
<i>amitriptyline hcl tablet 100mg, 150mg, 75mg</i>	MO
<i>amitriptyline hydrochloride tablet 10mg, 25mg, 50mg</i>	MO
<i>amoxapine</i>	MO
<i>aripiprazole odt</i>	QL (2 EA per 1 days) MO

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

Drug Name	Requirements/Limits*
<i>aripiprazole solution</i>	MO
<i>aripiprazole tablet</i>	QL (1 EA per 1 days) MO
ARISTADA INJECTION 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	PA (Aristada, new starts only) MO
ARISTADA INJECTION 1064MG/3.9ML	QL (3.9 ML per 60 days) PA (Aristada, new starts only) MO
<i>asenapine maleate sl</i>	QL (2 EA per 1 days) ST (Asenapine #2, new starts only) MO
<i>bupropion hcl tablet 100mg</i>	MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	MO
<i>bupropion hydrochloride tablet 75mg</i>	MO
CAPLYTA	QL (1 EA per 1 days) PA (Caplyta, new starts only) MO
<i>chlordiazepoxide/amitriptyline</i>	MO
<i>chlorpromazine hcl injection</i>	
<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>	MO
<i>clozapine odt</i>	ST (clozapine odt #2, new starts only)
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	
<i>compro</i>	
<i>desipramine hydrochloride</i>	MO
<i>desvenlafaxine er</i>	QL (1 EA per 1 days) MO
<i>doxepin hcl capsule 150mg, 75mg</i>	MO
<i>doxepin hcl concentrate</i>	MO
<i>doxepin hydrochloride capsule 100mg, 10mg, 25mg, 50mg</i>	MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	QL (1 EA per 1 days) ST (Doxepin #2) MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	QL (1 EA per 1 days) PA (Drizalma, new starts only) MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	QL (2 EA per 1 days) PA (Drizalma, new starts only) MO
<i>duloxetine hcl capsule delayed release particles 30mg, 40mg</i>	QL (1 EA per 1 days) MO
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	QL (2 EA per 1 days) MO
<i>escitalopram oxalate</i>	MO
FANAPT	QL (2 EA per 1 days) ST (atypical antipsychotics #2, new starts only)

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)
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 dr</i>	MO
<i>fluoxetine hcl capsule 20mg</i>	MO
<i>fluoxetine hcl solution</i>	MO
<i>fluoxetine hydrochloride capsule 10mg, 40mg</i>	MO
<i>fluoxetine hydrochloride tablet 60mg</i>	MO
<i>fluphenazine decanoate injection</i>	
<i>fluphenazine hcl injection</i>	
<i>fluphenazine hcl concentrate, tablet</i>	MO
<i>fluphenazine hydrochloride elixir</i>	MO
<i>fluvoxamine maleate</i>	MO
<i>haloperidol decanoate injection</i>	
<i>haloperidol lactate</i>	
<i>haloperidol concentrate, tablet</i>	MO
<i>imipramine hcl tablet 25mg, 50mg</i>	MO
<i>imipramine hydrochloride tablet 10mg</i>	MO
INVEGA SUSTENNA	
INVEGA TRINZA	PA (Invega Trinza, new starts only) MO
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	QL (1 EA per 1 days) MO
LATUDA TABLET 80MG	QL (2 EA per 1 days) MO
<i>loxapine succinate</i>	MO
<i>loxapine capsule 10mg</i>	MO
MARPLAN	MO
<i>mirtazapine odt</i>	MO
<i>mirtazapine tablet</i>	MO
<i>molindone hydrochloride</i>	MO
<i>nefazodone hcl tablet 100mg, 150mg</i>	MO
<i>nefazodone hydrochloride tablet 200mg, 250mg, 50mg</i>	MO
<i>nortriptyline hcl capsule 25mg, 75mg</i>	MO
<i>nortriptyline hcl solution</i>	MO
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	MO
NUPLAZID CAPSULE	QL (1 EA per 1 days) PA (Nuplazid, new starts only) MO
NUPLAZID TABLET 10MG	QL (1 EA per 1 days) PA (Nuplazid, new starts only) MO
<i>olanzapine odt</i>	MO
<i>olanzapine/fluoxetine</i>	QL (1 EA per 1 days) MO
<i>olanzapine injection</i>	
<i>olanzapine tablet</i>	MO
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	QL (1 EA per 1 days) ST (atypical antipsychotics #2, new starts only) 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>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 tablet 30mg, 40mg</i>	MO
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	MO
PAXIL SUSPENSION	PA (paxil suspension, new starts only) MO
<i>perphenazine/amitriptyline</i>	MO
<i>perphenazine tablet</i>	MO
<i>phenelzine sulfate tablet</i>	MO
<i>pimozide</i>	MO
<i>prochlorperazine edisylate injection 10mg/2ml, 50mg/10ml</i>	
<i>prochlorperazine maleate tablet</i>	MO
<i>prochlorperazine suppository 25mg</i>	
<i>protriptyline hcl</i>	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	QL (1 EA per 1 days) MO
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	QL (2 EA per 1 days) MO
<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
RISPERDAL CONSTA	
<i>risperidone</i>	MO
<i>risperidone odt</i>	MO
SECUADO	QL (1 EA per 1 days) PA (Secuado, new starts only)
<i>sertraline hcl tablet 25mg, 50mg</i>	MO
<i>sertraline hydrochloride concentrate</i>	MO
<i>sertraline hydrochloride tablet 100mg</i>	MO
SPRAVATO 56MG DOSE	PA (Spravato, new starts only)
SPRAVATO 84MG DOSE	PA (Spravato, new starts only)
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	MO
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	MO
<i>trazodone hydrochloride</i>	MO
<i>trifluoperazine hcl tablet</i>	MO
<i>trimipramine maleate capsule</i>	MO
TRINTELLIX	QL (1 EA per 1 days) PA (Trintellix, new starts only) MO
<i>venlafaxine hcl</i>	MO
<i>venlafaxine hcl er capsule extended release 24 hour 150mg, 37.5mg</i>	MO
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	MO
<i>venlafaxine hydrochloride er tablet extended release 24 hour 225mg</i>	QL (1 EA per 1 days) MO
VERSACLOZ	PA (Versacloz, new starts only)
VIIBRYD STARTER PACK	PA (viibryd, new starts only)
VIIBRYD TABLET	QL (1 EA per 1 days) PA (viibryd, new starts only) MO

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

Drug Name	Requirements/Limits*
VRAYLAR CAPSULE	QL (1 EA per 1 days) ST (atypical antipsychotics #2, new starts only) MO
VRAYLAR CAPSULE THERAPY PACK	QL (7 EA per 180 days) ST (atypical antipsychotics #2, new starts only)
<i>ziprasidone hcl</i>	QL (2 EA per 1 days) MO
<i>ziprasidone mesylate</i>	
ZYPREXA RELPREVV	PA (zyprexa relprevv, new starts only)
<i>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</i>	
AUSTEDO TABLET 6MG	QL (2 EA per 1 days) PA (Austedo) MO
AUSTEDO TABLET 12MG, 9MG	QL (4 EA per 1 days) PA (Austedo) MO
INGREZZA CAPSULE THERAPY PACK	QL (28 EA per 180 days) PA (Ingrezza) MO
INGREZZA CAPSULE 40MG, 80MG	QL (1 EA per 1 days) PA (Ingrezza) MO
<i>tetrabenazine tablet 25mg</i>	QL (4 EA per 1 days) PA (Tetrabenazine) MO
<i>tetrabenazine tablet 12.5mg</i>	QL (8 EA per 1 days) PA (Tetrabenazine) MO
Devices	
<i>Devices</i>	
ALCOHOL PREP PADS	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2"	
Electrolytic, Caloric, and Water Balance	
<i>Alkalinizing Agents</i>	
<i>potassium citrate er</i>	
SODIUM LACTATE INJECTION 5MEQ/ML	
<i>Ammonia Detoxicants</i>	
CARBAGLU	PA (carbaglu) LA MO
<i>constulose</i>	MO
<i>enulose</i>	MO
<i>generlac</i>	MO
<i>lactulose solution</i>	MO
RAVICTI	PA (ravicti) MO
<i>sodium phenylbutyrate powder, tablet</i>	PA (buphenyl) MO
<i>Caloric Agents</i>	
AMINOSYN II INJECTION 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;	B/D

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

38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	
Drug Name	Requirements/Limits*
AMINOSYN-PF 7%	B/D
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
CLINIMIX 4.25%/DEXTROSE 10%	B/D
CLINIMIX 4.25%/DEXTROSE 25%	B/D
CLINIMIX 4.25%/DEXTROSE 5%	B/D
CLINIMIX 5%/DEXTROSE 15%	B/D
CLINIMIX 5%/DEXTROSE 20%	B/D
CLINIMIX 5%/DEXTROSE 25%	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	B/D
CLINIMIX E 5%/DEXTROSE 15%	B/D
CLINIMIX E 5%/DEXTROSE 20%	B/D
<i>clinisol sf 15%</i>	B/D
<i>clinolipid</i>	B/D
<i>dextrose 10%</i>	
<i>dextrose 20%</i>	
<i>dextrose 25% injection 250mg/ml</i>	
<i>dextrose 5%</i>	
<i>dextrose 50%</i>	
<i>dextrose 70%</i>	
DOJOLVI	PA (Dojolvi)
FREAMINE HBC 6.9%	B/D
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
HEPATAMINE	B/D
INTRALIPID INJECTION 20GM/100ML	B/D
NUTRILIPID	B/D
<i>plenamine</i>	B/D
<i>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</i>	B/D
PROCALAMINE	B/D
PROSOL	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML;	B/D

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

406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	
Drug Name	Requirements/Limits*
TROPHAMINE INJECTION 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	B/D
Diuretics	
<i>amiloride hcl tablet</i>	MO
<i>amiloride/hydrochlorothiazide</i>	MO
<i>bumetanide injection</i>	
<i>bumetanide tablet</i>	MO
<i>chlorothiazide sodium</i>	
<i>chlorothiazide tablet</i>	MO
<i>chlorthalidone tablet 25mg, 50mg</i>	MO
<i>furosemide injection</i>	
<i>furosemide oral solution, tablet</i>	MO
<i>hydrochlorothiazide capsule, tablet</i>	MO
<i>indapamide</i>	MO
JYNARQUE TABLET	QL (4 EA per 1 days) PA (Jynarque) MO
JYNARQUE TABLET THERAPY PACK 0	QL (2 EA per 1 days) PA (Jynarque)
JYNARQUE TABLET THERAPY PACK 0, 15MG	QL (2 EA per 1 days) PA (Jynarque) MO
<i>metolazone</i>	MO
<i>toremide tablet</i>	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	MO
<i>triamterene/hydrochlorothiazide tablet</i>	MO
<i>triamterene capsule</i>	MO
Ion-removing Agents	
FOSRENOL PACKET	ST (Phosphate Binders #2, new starts only) MO
<i>kionex suspension</i>	
<i>lanthanum carbonate</i>	ST (Phosphate Binders #2, new starts only) MO
LOKELMA	QL (3 EA per 1 days) PA (Lokelma) MO
<i>sevelamer carbonate</i>	ST (Phosphate Binders #2, new starts only) MO
<i>sevelamer hydrochloride</i>	ST (Phosphate Binders #2, new starts only) MO
<i>sodium polystyrene sulfonate powder, suspension</i>	
<i>sps</i>	
VELTASSA	QL (1 EA per 1 days) PA (Veltassa)

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

Drug Name	Requirements/Limits*
<i>Irrigating Solutions</i>	
<i>lactated ringers irrigation solution 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	
<i>ringers irrigation</i>	
<i>sodium chloride 0.9%</i>	
<i>sterile water for irrigation</i>	
<i>tis-u-sol</i>	
<i>Replacement Preparations</i>	
<i>calcium acetate capsule</i>	MO
<i>calcium acetate tablet 667mg</i>	MO
<i>dextrose 10%/nacl 0.45%</i>	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	
<i>dextrose 10%/nacl 0.2%</i>	
<i>dextrose 2.5%/nacl 0.45%</i>	
<i>dextrose 5%/lactated ringers injection 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	
<i>dextrose 5%/nacl 0.2%</i>	
<i>dextrose 5%/nacl 0.225%</i>	
<i>dextrose 5%/nacl 0.3%</i>	
<i>dextrose 5%/nacl 0.33%</i>	
<i>dextrose 5%/nacl 0.45%</i>	
<i>dextrose 5%/nacl 0.9%</i>	
<i>dextrose/sodium chloride</i>	
IONOSOL-MB/DEXTROSE 5% INJECTION 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	
ISOLYTE-P/DEXTROSE 5%	
ISOLYTE-S PH 7.4	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	
<i>kcl 0.15%/d5w/nacl 0.225% injection 5%; 20meq/l; 0.225%</i>	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	
<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 injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	
NORMOSOL -R	
NORMOSOL-M IN D5W	
NORMOSOL-R	
NORMOSOL-R IN D5W	
PLASMA-LYTE A	
PLASMA-LYTE-148	

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

Drug Name	Requirements/Limits*
<i>potassium chloride cr tablet extended release 10meq</i>	MO
<i>potassium chloride er</i>	MO
<i>potassium chloride sr tablet extended release 8meq</i>	MO
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	
<i>potassium chloride/dextrose/sodium chloride</i>	
<i>potassium chloride/dextrose injection 5%; 20meq/l, 5%; 40meq/l</i>	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	
<i>potassium chloride oral solution</i>	MO
<i>potassium chloride injection 0.4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	
<i>ringers injection injection 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	
<i>sodium chloride 0.45%</i>	
<i>sodium chloride injection 0.45%, 0.9%, 2.5meq/ml, 3%, 5%</i>	
TPN ELECTROLYTES	
<i>Uricosuric Agents</i>	
<i>probenecid/colchicine</i>	MO
<i>probenecid tablet</i>	MO
Enzymes	
<i>Enzymes</i>	
ALDURAZYME	PA (aldurazyme) LA
CEREZYME	PA (cerezyme)
ELAPRASE	PA (elaprase) LA
FABRAZYME	PA (fabrazyme) LA
LUMIZYME	PA (lumizyme) LA
NAGLAZYME	PA (naglazyme) LA
PALYNZIQ INJECTION 10MG/0.5ML, 2.5MG/0.5ML	QL (1 ML per 1 days) PA (Palynziq) MO
PALYNZIQ INJECTION 20MG/ML	QL (2 ML per 1 days) PA (Palynziq) MO
STRENSIQ	PA (Strensiq) MO
SUCRAID	PA (sucraid) LA MO
VPRIV	PA (vpriv)
Eye, Ear, Nose & Throat Preparations	
<i>Anti-infectives</i>	
<i>bacitracin</i>	
<i>bacitracin/polymyxin b</i>	
<i>chlorhexidine gluconate</i>	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	
CIPROFLOXACIN 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 ophthalmic solution 0.5%</i>	
NATACYN	
<i>neo-polycin</i>	

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

Drug Name	Requirements/Limits*
<i>neomycin/bacitracin/polymyxin</i>	
<i>neomycin/polymyxin/bacitracin zinc</i>	
<i>neomycin/polymyxin/gramicidin</i>	
<i>ofloxacin</i>	
<i>paroex</i>	
<i>polycin</i>	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	
<i>sodium sulfacetamide solution</i>	
<i>sulfacetamide sodium ointment, solution</i>	
<i>tobramycin solution 0.3%</i>	
<i>trifluridine solution</i>	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	
ZIRGAN	
Anti-inflammatory Agents	
<i>blephamide s.o.p.</i>	
<i>ciprofloxacin/dexamethasone</i>	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	
<i>diclofenac sodium solution 0.1%</i>	
DUREZOL	ST (Durezol #2)
<i>flac</i>	
<i>flunisolide solution 0.025%</i>	
<i>fluocinolone acetonide ear drops</i>	
<i>fluocinolone acetonide oil 0.01%</i>	
<i>fluorometholone suspension</i>	
<i>flurbiprofen sodium</i>	
<i>fluticasone propionate suspension 50mcg/act</i>	
FML	
FML FORTE	
<i>hydrocortisone/acetic acid</i>	
<i>ketorolac tromethamine</i>	
MAXIDEX SUSPENSION	
<i>neo-polycin hc</i>	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	
<i>neomycin/polymyxin/dexamethasone</i>	
<i>neomycin/polymyxin/hc</i>	
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension, otic suspension</i>	
<i>neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml</i>	
PRED MILD	
PREDNISOLONE ACETATE	
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	
RESTASIS	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	QL (5.5 ML per 30 days) MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	
TOBRADEX ST	
TOBRADEX OINTMENT	
<i>tobramycin/dexamethasone</i>	

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

Drug Name	Requirements/Limits*
Antiallergic Agents	
<i>azelastine hcl solution</i>	
<i>azelastine hydrochloride solution 0.1%</i>	QL (60 ML per 30 days)
<i>cromolyn sodium solution 4%</i>	
<i>epinastine hcl</i>	
<i>olopatadine hcl solution</i>	
<i>olopatadine hydrochloride solution 0.2%</i>	
Antiglaucoma Agents	
<i>acetazolamide er</i>	MO
<i>acetazolamide sodium</i>	
<i>acetazolamide tablet</i>	MO
<i>betaxolol hcl</i>	MO
<i>brimonidine tartrate solution</i>	MO
<i>brinzolamide</i>	MO
<i>carteolol hcl</i>	MO
<i>dorzolamide hcl/timolol maleate</i>	MO
<i>dorzolamide hydrochloride solution</i>	MO
<i>latanoprost solution</i>	MO
<i>levobunolol hcl solution 0.5%</i>	MO
<i>methazolamide tablet</i>	MO
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	MO
ROCKLATAN	QL (5 ML per 28 days) ST (Rocklatan #2) MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	MO
<i>timolol maleate solution 0.25%, 0.5%</i>	MO
<i>travoprost</i>	ST (Travoprost #2) MO
EENT Drugs, Miscellaneous	
<i>acetic acid</i>	
<i>apraclonidine</i>	
CYSTADROPS	QL (20 ML per 28 days) PA (Cysteamine) MO
CYSTARAN	PA (Cysteamine) LA MO
IOPIDINE SOLUTION 1%	
OXERVATE	QL (1 ML per 1 days) PA (Oxervate)
Local Anesthetics	
<i>lidocaine hcl viscous</i>	
<i>lidocaine viscous</i>	
<i>proparacaine hcl solution</i>	
Mydriatics	
ATROPINE SULFATE SOLUTION 1%	MO
Gastrointestinal Drugs	
Anti-inflammatory Agents	
<i>alosetron hydrochloride</i>	PA (Alosetron) MO
<i>balsalazide disodium</i>	
DIPENTUM	MO
<i>mesalamine dr tablet delayed release</i>	
<i>mesalamine dr capsule delayed release</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>mesalamine enema, kit, suppository</i>	
PENTASA	MO
<i>Antidiarrhea Agents</i>	
<i>diphenoxylate/atropine</i>	
<i>loperamide hcl capsule</i>	
<i>opium</i>	QL (2.4 ML per 1 days) PA (Opium Tincture)
<i>opium tincture tincture 1%</i>	QL (2.4 ML per 1 days) PA (Opium Tincture)
XERMELO	QL (3 EA per 1 days) PA (Xermelo) MO
<i>Antiemetics</i>	
<i>aprepitant capsule 40mg</i>	QL (1 EA per 30 days) PA (emend)
<i>aprepitant capsule 125mg</i>	QL (2 EA per 30 days) PA (emend)
<i>aprepitant capsule 80mg</i>	QL (4 EA per 30 days) PA (emend)
<i>aprepitant capsule 0</i>	QL (6 EA per 30 days) PA (emend)
<i>dronabinol</i>	QL (4 EA per 1 days) PA (dronabinol)
EMEND SUSPENSION RECONSTITUTED	QL (2 EA per 30 days) PA (emend)
<i>granisetron hcl tablet</i>	QL (2 EA per 1 days) PA (Granisetron)
<i>granisetron hcl injection 1mg/ml</i>	PA (Granisetron)
<i>granisetron hydrochloride</i>	PA (Granisetron)
<i>meclizine hcl tablet 12.5mg</i>	
<i>meclizine hydrochloride tablet 25mg</i>	
<i>ondansetron hcl solution</i>	B/D
<i>ondansetron hcl tablet 24mg</i>	B/D
<i>ondansetron hydrochloride injection</i>	
<i>ondansetron hydrochloride tablet</i>	B/D
<i>ondansetron odt</i>	B/D
<i>scopolamine</i>	PA (Scopolamine)
<i>Antiulcer Agents and Acid Suppressants</i>	
<i>cimetidine hcl solution</i>	MO
<i>cimetidine hydrochloride</i>	MO
<i>cimetidine tablet 200mg</i>	
<i>cimetidine tablet 300mg, 400mg, 800mg</i>	MO
<i>esomeprazole magnesium capsule delayed release</i>	QL (1 EA per 1 days) MO
<i>famotidine suspension reconstituted</i>	
<i>famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	
<i>famotidine tablet 20mg, 40mg</i>	MO
<i>lansoprazole odt</i>	QL (1 EA per 1 days) PA (Lansoprazole ODT) MO
<i>lansoprazole capsule delayed release</i>	QL (1 EA per 1 days) MO
<i>misoprostol tablet</i>	MO
<i>omeprazole dr capsule delayed release 10mg</i>	QL (1 EA per 1 days) 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>	

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

Drug Name	Requirements/Limits*
<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 injection 150mg/6ml, 50mg/2ml</i>	
<i>ranitidine hcl syrup 75mg/5ml</i>	MO
<i>ranitidine hcl tablet 300mg</i>	MO
<i>ranitidine hydrochloride injection</i>	
<i>ranitidine hydrochloride capsule, tablet</i>	MO
<i>sucralfate suspension, tablet</i>	MO
<i>Cathartics and Laxatives</i>	
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	
<i>gavilyte-n/flavor pack</i>	
OSMOPREP	
<i>peg-3350/electrolytes</i>	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	
SUPREP BOWEL PREP KIT	
<i>trilyte</i>	
<i>Cholelitholytic Agents</i>	
<i>chenodal</i>	PA (CHENODAL)
<i>ursodiol capsule 300mg</i>	MO
<i>ursodiol tablet</i>	MO
<i>Digestants</i>	
CREON CAPSULE DELAYED RELEASE PARTICLES 12000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 42000UNIT; 10000UNIT; 32000UNIT	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	MO
<i>GI Drugs, Miscellaneous</i>	
AMITIZA	QL (2 EA per 1 days) PA (amitiza) MO
CHOLBAM	PA (Cholbam) MO
GATTEX	PA (GATTEX) MO
LINZESS	QL (1 EA per 1 days) MO
LUBIPROSTONE	QL (2 EA per 1 days) PA (amitiza) MO
MOVANTIK	QL (1 EA per 1 days) PA (Movantik) MO
OICALIVA	QL (1 EA per 1 days) PA (Ocaliva) MO
RELISTOR INJECTION	PA (relistor)
RELISTOR TABLET	QL (3 EA per 1 days) PA (relistor)

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

Drug Name	Requirements/Limits*
STELARA INJECTION 130MG/26ML	QL (104 ML per 180 days) PA (Stelara)
SYMPROIC	QL (1 EA per 1 days) PA (Symproic)
VIBERZI	QL (2 EA per 1 days) PA (Viberzi) MO
<i>Prokinetic Agents</i>	
<i>metoclopramide hcl injection, oral solution</i>	
<i>metoclopramide hcl tablet 5mg</i>	
<i>metoclopramide hydrochloride tablet</i>	
Gold Compounds	
<i>Gold Compounds</i>	
RIDAURA	MO
Heavy Metal Antagonists	
<i>Heavy Metal Antagonists</i>	
<i>clovique</i>	
<i>deferasirox packet</i>	PA (Iron chelator)
<i>deferasirox tablet soluble</i>	PA (Iron chelator) MO
<i>deferasirox tablet 360mg, 90mg</i>	PA (Iron chelator)
<i>deferasirox tablet 180mg</i>	PA (Iron chelator) MO
<i>deferiprone</i>	PA (Iron chelator) MO
FERRIPROX SOLUTION	PA (Iron chelator) MO
FERRIPROX TABLET 1000MG	PA (Iron chelator) MO
<i>penicillamine tablet</i>	
<i>trientine hydrochloride</i>	
Hormones and Synthetic Substitutes	
<i>Adrenals</i>	
ARMONAIR DIGIHALER	MO
ARNUITY ELLIPTA	QL (30 EA per 30 days) MO
BREO ELLIPTA	QL (60 EA per 30 days) MO
BREZTRI AEROSPHERE	QL (10.7 GM per 30 days) ST (Breztri #2) MO
<i>budesonide capsule delayed release particles</i>	
<i>budesonide suspension</i>	B/D MO
<i>cortisone acetate tablet 25mg</i>	
<i>decadron elixir</i>	
DEPO-MEDROL INJECTION 20MG/ML	B/D
<i>dexabliss</i>	
<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>	
<i>dexamethasone sodium phosphate injection 10mg/ml, 120mg/30ml</i>	
<i>dexamethasone elixir, solution</i>	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	
<i>dexpak 10 day tablet therapy pack</i>	
<i>dexpak 13 day tablet therapy pack</i>	

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

Drug Name	Requirements/Limits*
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	QL (13 GM per 30 days) ST (Dulera #2, new starts only) MO
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	QL (17.6 GM per 30 days) ST (Dulera #2, new starts only) MO
<i>dxevo 11-day</i>	
EMFLAZA	PA (Emflaza)
FLOVENT DISKUS	MO
FLOVENT HFA	MO
<i>fludrocortisone acetate tablet</i>	MO
FLUTICASONE PROPIONATE/SALMETEROL	QL (2 EA per 30 days) MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	
KENALOG-10	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	B/D
<i>methylprednisolone dose pack tablet therapy pack</i>	
<i>methylprednisolone sodium succinate</i>	B/D
<i>methylprednisolone sodiumsuccinate injection 125mg, 40mg</i>	B/D
<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 REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT	QL (10.6 GM per 60 days) MO
QVAR REDIHALER AEROSOL BREATH ACTIVATED 80MCG/ACT	QL (21.2 GM per 30 days) MO
SOLU-CORTEF INJECTION 100MG, 250MG	
SOLU-MEDROL INJECTION 2GM, 500MG	B/D
SYMBICORT	QL (10.2 GM per 30 days) MO
TRELEGY ELLIPTA	QL (2 EA per 1 days) ST (Trelegy Ellipta #2) MO
<i>triamcinolone acetonide injection 40mg/ml</i>	
Androgens	
ANADROL-50	PA (Anadrol-50)
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)
<i>oxandrolone tablet 2.5mg</i>	QL (4 EA per 1 days) PA (oxandrolone)
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	
<i>testosterone enanthate injection</i>	
<i>testosterone pump</i>	MO
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</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>Antidiabetic Agents</i>	
<i>acarbose tablet</i>	QL (3 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 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	MO
FARXIGA	QL (1 EA per 1 days) MO
FIASP	MO
FIASP FLEXTOUCH	MO
FIASP PENFILL	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 hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	QL (4 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	QL (8 EA per 1 days) MO
<i>glipizide tablet 10mg</i>	QL (4 EA per 1 days) MO
<i>glipizide tablet 5mg</i>	QL (8 EA per 1 days) MO
GLYXAMBI	QL (1 EA per 1 days) MO
INSULIN ASPART	MO
INSULIN ASPART FLEXPEN	MO
INSULIN ASPART PENFILL	
INSULIN ASPART PROTAMINE/INSULIN ASPART	MO
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	
INSULIN LISPRO	MO
INSULIN LISPRO JUNIOR KWIKPEN	
INSULIN LISPRO KWIKPEN	MO
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	
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) MO
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 5MG, 500MG; 5MG	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*
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 2.5MG	QL (2 EA per 1 days) MO
KORLYM	PA (Korlym) MO
LANTUS	MO
LANTUS SOLOSTAR	MO
<i>metformin hydrochloride er tablet extended release 24 hour 750mg</i>	QL (2 EA per 1 days) MO
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	QL (4 EA per 1 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	QL (2.5 EA per 1 days) MO
<i>metformin hydrochloride 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 70/30 FLEXPEN	MO
NOVOLIN N	MO
NOVOLIN N FLEXPEN	MO
NOVOLIN R	MO
NOVOLIN R FLEXPEN	MO
NOVOLOG	MO
NOVOLOG FLEXPEN	MO
NOVOLOG FLEXPEN RELION	MO
NOVOLOG MIX 70/30	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	MO
NOVOLOG MIX 70/30 RELION	MO
NOVOLOG PENFILL	MO
NOVOLOG RELION	MO
ONGLYZA	QL (1 EA per 1 days) MO
<i>pioglitazone hcl/metformin hcl</i>	QL (3 EA per 1 days) MO
<i>pioglitazone hcl tablet 45mg</i>	QL (1 EA per 1 days) MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	QL (1 EA per 1 days) MO
QTERN	QL (1 EA per 1 days) 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	MO
SYMLINPEN 60	MO
SYNJARDY	QL (2 EA per 1 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	QL (1 EA per 1 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	QL (2 EA per 1 days) MO
<i>tolbutamide</i>	QL (6 EA per 1 days) MO
TOUJEO MAX SOLOSTAR	MO
TOUJEO SOLOSTAR	MO
<i>tranylcypromine sulfate</i>	MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	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*
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	QL (2 EA per 1 days) 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) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	QL (2 EA per 1 days) MO
<i>Antihypoglycemic Agents</i>	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide suspension</i>	MO
GLUCAGEN HYPOKIT	
GLUCAGON EMERGENCY KIT	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	
GVOKE HYPOPEN 1-PACK	
GVOKE HYPOPEN 2-PACK	
GVOKE PFS	
PROGLYCEM	MO
<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 eq</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>chateal</i>	MO
<i>cryselle-28</i>	MO
<i>cyclafem 1/35</i>	MO
<i>cyclafem 7/7/7</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>cyred eq</i>	MO
<i>dasetta 1/35</i>	MO
<i>dasetta 7/7/7</i>	MO
<i>daysee</i>	MO
<i>deblitane</i>	MO
<i>delyla</i>	MO
<i>desogestrel/ethinyl estradiol</i>	MO
<i>dolishale</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>eluryng</i>	MO
<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>etonogestrel/ethinyl estradiol</i>	MO
<i>falmina</i>	MO
<i>fayosim</i>	MO
<i>femynor</i>	MO
<i>hailey 24 fe</i>	MO
<i>heather</i>	MO
<i>iclevia</i>	MO
<i>incassia</i>	MO
<i>introvale</i>	MO
<i>isibloom</i>	MO
<i>jasmiel</i>	MO
<i>jencycla</i>	MO
<i>jolessa</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>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>lyleq</i>	MO
<i>lyza</i>	MO
<i>marlissa</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 1.5/30</i>	MO
<i>microgestin fe 1/20</i>	MO
<i>mili</i>	MO
<i>mono-lyyah</i>	MO
NATAZIA	MO
<i>necon 0.5/35-28</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/ferrous fumarate tablet chewable</i>	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg</i>	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg</i>	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	MO
<i>norgestimate/ethinyl estradiol</i>	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
<i>nylia 7/7/7</i>	MO
<i>ocella</i>	MO
<i>ogestrel</i>	MO
<i>orsythia</i>	MO
<i>philith</i>	MO
<i>pimtrea</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>pirmella 1/35</i>	MO
<i>pirmella 7/7/7</i>	MO
<i>portia-28</i>	MO
<i>previfem</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 24 fe</i>	MO
<i>tarina fe 1/20 eq</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>tri-vylibra lo</i>	MO
<i>trivora-28</i>	MO
<i>tulana</i>	MO
<i>tydemy</i>	MO
<i>velivet</i>	MO
<i>vestura</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>zafemy</i>	MO
<i>zarah</i>	MO
<i>zovia 1/35</i>	MO
<i>zovia 1/35e</i>	MO
Estrogens and Antiestrogens	
<i>amabelz</i>	MO
<i>anastrozole tablet</i>	MO
<i>dotti</i>	QL (16 EA per 28 days) MO
<i>estradiol valerate injection</i>	
<i>estradiol/norethindrone acetate</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>estradiol cream, oral tablet, vaginal tablet</i>	MO
<i>estradiol patch twice weekly</i>	QL (16 EA per 28 days) MO
<i>estradiol patch weekly</i>	QL (4 EA per 28 days) MO
ESTRING	MO
<i>exemestane</i>	MO
KISQALI FEMARA 200 DOSE	QL (49 EA per 28 days) PA (Cancer Drugs, new starts only)
KISQALI FEMARA 400 DOSE	QL (70 EA per 28 days) PA (Cancer Drugs, new starts only)
KISQALI FEMARA 600 DOSE	QL (91 EA per 28 days) PA (Cancer Drugs, new starts only)
<i>letrozole tablet</i>	MO
<i>lopreeza</i>	MO
<i>lyllana</i>	QL (16 EA per 28 days) MO
<i>menest tablet 0.3mg, 0.625mg, 1.25mg</i>	MO
<i>mimvey</i>	MO
<i>mimvey lo</i>	MO
<i>prefest</i>	MO
PREMARIN CREAM	MO
<i>raloxifene hydrochloride</i>	MO
SOLTAMOX	PA (Soltamox, new starts only) MO
<i>tamoxifen citrate tablet</i>	MO
<i>toremifene citrate</i>	PA (Cancer Drugs, new starts only) MO
<i>yuvafem</i>	MO
<i>Gonadotropins and Antigonadotropins</i>	
ELIGARD	PA (leuprolide, new starts only)
FIRMAGON INJECTION 120MG/VIAL, 80MG	PA (Cancer Drugs, new starts only)
<i>leuprolide acetate injection</i>	PA (leuprolide, new starts only)
LUPANETA PACK KIT 3.75MG; 5MG	QL (12 EA per 365 days) PA (leuprolide)
LUPANETA PACK KIT 11.25MG; 5MG	QL (4 EA per 365 days) PA (leuprolide)
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	PA (leuprolide)
LUPRON DEPOT (1-MONTH) INJECTION 7.5MG	PA (leuprolide, new starts only)
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	PA (leuprolide)
LUPRON DEPOT (3-MONTH) INJECTION 22.5MG	PA (leuprolide, new starts only)
LUPRON DEPOT (4-MONTH)	PA (leuprolide, new starts only)
LUPRON DEPOT (6-MONTH)	PA (leuprolide, new starts only)
LUPRON DEPOT-PED (1-MONTH)	PA (leuprolide)
LUPRON DEPOT-PED (3-MONTH)	PA (leuprolide)
ORGOVYX	PA (Orgovyx, new starts only)
ORIAHNN	QL (2 EA per 1 days) PA (Oriahnn)
ORILISSA TABLET 150MG	QL (1 EA per 1 days) PA (Orilissa)
ORILISSA TABLET 200MG	QL (2 EA per 1 days) PA (Orilissa)
SYNAREL	PA (synarel)
TRELSTAR MIXJECT	PA (Cancer Drugs, new starts only)
<i>Leptins</i>	

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

Drug Name	Requirements/Limits*
MYALEPT	PA (Myalept) MO
<i>Parathyroid and Antiparathyroid Agents</i>	
<i>calcitonin salmon injection</i>	
<i>calcitonin salmon nasal solution</i>	MO
<i>calcitonin-salmon solution</i>	MO
<i>cinacalcet hydrochloride</i>	MO
FORTEO INJECTION 620MCG/2.48ML	QL (2.4 ML per 28 days) PA (Teriparatide) MO
MIACALCIN INJECTION	
NATPARA	QL (2 EA per 28 days) PA (natpara) MO
TERIPARATIDE	QL (2.48 ML per 28 days) PA (Teriparatide) MO
TYMLOS	QL (1.56 ML per 30 days) PA (Tymlos) MO
<i>Pituitary</i>	
ACTHAR	PA (Acthar HP)
<i>desmopressin acetate injection</i>	
<i>desmopressin acetate tablet</i>	MO
<i>desmopressin acetate nasal solution 0.01%</i>	MO
<i>Progestins</i>	
DEPO-PROVERA INJECTION 400MG/ML	
DEPO-SUBQ PROVERA 104	QL (0.65 ML per 84 days)
<i>medroxyprogesterone acetate injection</i>	
<i>medroxyprogesterone acetate tablet</i>	MO
<i>megestrol acetate suspension, tablet</i>	
<i>norethindrone acetate tablet</i>	MO
<i>progesterone capsule</i>	MO
<i>Somatostatin Agonists and Antagonists</i>	
MYCAPSSA	QL (4 EA per 1 days) PA (Mycapssa)
<i>octreotide acetate</i>	MO
SANDOSTATIN LAR DEPOT	PA (Sandostatin LAR)
SIGNIFOR	PA (Signifor) MO
SOMATULINE DEPOT INJECTION 60MG/0.2ML, 90MG/0.3ML	PA (somatuline depot)
SOMATULINE DEPOT INJECTION 120MG/0.5ML	PA (somatuline depot, new starts only)
<i>Somatotropin Agonists and Antagonists</i>	
EGRIFTA SV	QL (1 EA per 1 days) PA (egrifta)
EGRIFTA INJECTION 1MG	QL (2 EA per 1 days) PA (egrifta) MO
GENOTROPIN	PA (somatropins) MO
GENOTROPIN MINIQUICK	PA (somatropins) MO
HUMATROPE COMBO PACK	PA (somatropins) MO
HUMATROPE INJECTION 12MG, 24MG, 6MG	PA (somatropins) MO
INCRELEX	PA (increlex) LA MO
NORDITROPIN FLEXPRO	PA (somatropins) MO
NUTROPIN AQ NUSPIN 10	PA (somatropins) MO

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

Drug Name	Requirements/Limits*
NUTROPIN AQ NUSPIN 20	PA (somatropins) MO
NUTROPIN AQ NUSPIN 5	PA (somatropins) MO
OMNITROPE	PA (somatropins) MO
SAIZEN	PA (somatropins) MO
SAIZENPREP RECONSTITUTIONKIT	PA (somatropins) MO
SOMAVERT	PA (somavert) LA MO
ZORBTIVE	PA (somatropins) LA MO
<i>Thyroid and Antithyroid Agents</i>	
ARMOUR THYROID	MO
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	MO
<i>levo-t</i>	MO
<i>levothyroxine sodium tablet</i>	MO
<i>levothyroxine sodium injection 100mcg, 200mcg, 500mcg</i>	
<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>	MO
<i>np thyroid 15</i>	MO
<i>np thyroid 30</i>	MO
<i>np thyroid 60</i>	MO
<i>np thyroid 90</i>	MO
<i>propylthiouracil tablet</i>	MO
SYNTHROID TABLET	MO
TIROSINT-SOL SOLUTION 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 13MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 50MCG/ML, 75MCG/ML, 88MCG/ML	PA (Tirosint Solution) MO
<i>unithroid</i>	MO
Local Anesthetics	
<i>Local Anesthetics</i>	
<i>lidocaine hcl injection 0.5%, 1%, 1.5%, 2%, 4%</i>	
<i>lidocaine hydrochloride injection 1%, 2%</i>	
Miscellaneous Therapeutic Agents	
<i>5-alpha-Reductase Inhibitors</i>	
<i>dutasteride capsule</i>	MO
<i>finasteride tablet</i>	MO
<i>Alcohol Deterrents</i>	
<i>disulfiram tablet 250mg</i>	MO
<i>Antidotes</i>	
<i>acetylcysteine solution</i>	B/D
<i>leucovorin calcium tablet</i>	
<i>leucovorin calcium injection 100mg, 200mg, 350mg, 500mg, 50mg</i>	
<i>levoleucovorin calcium</i>	PA (levoleucovorin, new starts only)
<i>levoleucovorin injection 50mg</i>	PA (levoleucovorin, new starts only)
<i>Antigout Agents</i>	
<i>allopurinol 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*
<i>colchicine tablet</i>	
COLCRYS	
<i>febuxostat</i>	ST (Febuxostat #2) MO
<i>Antisense Oligonucleotides</i>	
EXONDYS 51	PA (Exondys)
TEGSEDI	QL (6 ML per 28 days) PA (Tegsedì) MO
<i>Bone Anabolic Agents</i>	
EVENITY	QL (2.34 ML per 28 days) PA (EVENITY)
<i>Bone Resorption Inhibitors</i>	
<i>alendronate sodium solution</i>	MO
<i>alendronate sodium tablet 40mg</i>	QL (1 EA per 1 days)
<i>alendronate sodium tablet 10mg</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>	
<i>ibandronate sodium tablet</i>	QL (1 EA per 28 days) MO
<i>pamidronate disodium</i>	PA (parenteral bisphosphonates)
PROLIA	QL (1 ML per 180 days)
<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)
<i>zoledronic acid injection 5mg/100ml</i>	PA (parenteral bisphosphonates)
<i>zoledronic acid injection 4mg/100ml, 4mg/5ml</i>	PA (parenteral bisphosphonates, new starts only)
<i>Carbonic Anhydrase Inhibitors</i>	
KEVEYIS	QL (4 EA per 1 days) PA (Keveyis)
<i>Cariostatic Agents</i>	
<i>fluoride tablet chewable 1mg</i>	
<i>nafrinse</i>	
<i>sodium fluoride tablet chewable 1mg, 2.2mg</i>	
SODIUM FLUORIDE TABLET 1MG	MO
<i>Complement Inhibitors</i>	
CINRYZE	PA (CINRYZE)
HAEGARDA	PA (Haegarda)
<i>icatibant acetate</i>	PA (Icatibant)
ORLADEYO CAPSULE 110MG	QL (1 EA per 1 days) PA (Orladeyo)
TAKHZYRO	QL (4 ML per 28 days) PA (Takhzyro) MO
<i>Disease-modifying Antirheumatic Drugs</i>	
AVSOLA	PA (Infliximab)
CIMZIA STARTER KIT	QL (3 EA per 180 days) PA (Cimzia) MO
CIMZIA INJECTION 200MG	QL (1 EA per 28 days) PA (Cimzia)

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

Drug Name	Requirements/Limits*
CIMZIA INJECTION 200MG/ML	QL (1 EA per 28 days) PA (Cimzia) MO
ENBREL MINI	QL (8 ML per 28 days) PA (enbrel) MO
ENBREL SURECLICK	QL (8 ML per 28 days) PA (enbrel) MO
ENBREL INJECTION 25MG/0.5ML	QL (4 ML per 28 days) PA (enbrel)
ENBREL INJECTION 25MG/0.5ML	QL (4 ML per 28 days) PA (enbrel) MO
ENBREL INJECTION 25MG	QL (8 EA per 28 days) PA (enbrel) MO
ENBREL INJECTION 50MG/ML	QL (8 ML per 28 days) PA (enbrel) MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	QL (2 EA per 180 days) PA (humira) MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	QL (3 EA per 180 days) PA (humira)
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	QL (3 EA per 180 days) PA (humira)
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	QL (6 EA per 180 days) PA (humira) MO
HUMIRA PEN-PEDIATRIC UC STARTER PACK	QL (4 EA per 180 days) PA (humira)
HUMIRA PEN-PS/UV STARTER INJECTION 0	QL (3 EA per 180 days) PA (humira)
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	QL (4 EA per 180 days) PA (humira) MO
HUMIRA PEN INJECTION 80MG/0.8ML	QL (2 EA per 28 days) PA (humira)
HUMIRA PEN INJECTION 40MG/0.4ML, 40MG/0.8ML	QL (6 EA per 28 days) PA (humira) MO
HUMIRA INJECTION 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	QL (2 EA per 28 days) PA (humira) MO
HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML	QL (6 EA per 28 days) PA (humira) MO
INFLECTRA	PA (Infliximab)
KINERET	QL (18.76 ML per 28 days) PA (kineret) MO
<i>leflunomide tablet</i>	MO
ORENCIA CLICKJECT	PA (orencia) MO
ORENCIA INJECTION 250MG	PA (orencia)
ORENCIA INJECTION 125MG/ML	PA (orencia) MO
RENFLEXIS	PA (Infliximab)
RINVOQ	QL (1 EA per 1 days) PA (Rinvoq) MO
SIMPONI ARIA	PA (Simponi) MO
SIMPONI INJECTION 50MG/0.5ML	QL (0.5 ML per 30 days) PA (Simponi) MO

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

Drug Name	Requirements/Limits*
SIMPONI INJECTION 100MG/ML	QL (1 ML per 28 days) PA (Simponi) MO
XELJANZ XR	QL (1 EA per 1 days) PA (Xeljanz)
XELJANZ SOLUTION	PA (Xeljanz)
XELJANZ TABLET	QL (2 EA per 1 days) PA (Xeljanz)
<i>Immunomodulatory Agents</i>	
ACTIMMUNE	PA (Actimmune, new starts only) LA MO
AUBAGIO	PA (AUBAGIO) MO
AVONEX PEN	QL (4 EA per 28 days) MO
AVONEX INJECTION 30MCG/0.5ML	QL (1 EA per 28 days) MO
BETASERON	QL (14 EA per 28 days) MO
<i>dimethyl fumarate starterpack</i>	PA (Dimethyl Fumarate)
<i>dimethyl fumarate capsule delayed release</i>	PA (Dimethyl Fumarate) MO
ENSPRYNG	QL (3 ML per 28 days) PA (Enspryng)
EXTAVIA	QL (15 EA per 30 days) MO
GILENYA CAPSULE 0.25MG	QL (1 EA per 1 days) PA (Gilenya)
GILENYA CAPSULE 0.5MG	QL (1 EA per 1 days) PA (Gilenya) MO
<i>glatiramer acetate injection 20mg/ml</i>	QL (1 ML per 1 days) MO
<i>glatiramer acetate injection 40mg/ml</i>	QL (12 ML per 28 days) MO
<i>glatopa injection 20mg/ml</i>	QL (1 ML per 1 days) MO
<i>glatopa injection 40mg/ml</i>	QL (12 ML per 28 days) MO
MAYZENT STARTER PACK	QL (12 EA per 180 days) PA (MAYZENT)
MAYZENT TABLET 2MG	QL (1 EA per 1 days) PA (MAYZENT) MO
MAYZENT TABLET 0.25MG	QL (4 EA per 1 days) PA (MAYZENT) MO
OCREVUS	QL (20 ML per 180 days) PA (Ocrevus)
REBIF	QL (6 ML per 28 days) MO
REBIF REBIDOSE	QL (6 ML per 28 days) MO
REBIF REBIDOSE TITRATION PACK	QL (4.2 ML per 180 days) MO
REBIF TITRATION PACK	QL (4.2 ML per 180 days) MO
THALOMID	PA (thalomid, new starts only) MO
TYSABRI	PA (tysabri) LA
<i>Immunosuppressive Agents</i>	
ASTAGRAF XL	PA (ASTAGRAF, new starts only) MO
ATGAM	PA (intravenous immune globulin, new starts only)
<i>azasan</i>	B/D MO
<i>azathioprine injection</i>	B/D
<i>azathioprine tablet</i>	B/D MO
BENLYSTA INJECTION 120MG, 400MG	PA (benlysta)

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

Drug Name	Requirements/Limits*
BENLYSTA INJECTION 200MG/ML	QL (8 ML per 28 days) PA (benlysta) MO
<i>cyclosporine modified</i>	B/D MO
<i>cyclosporine injection</i>	B/D
<i>cyclosporine capsule</i>	B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg</i>	B/D MO
<i>engraft capsule 100mg, 25mg</i>	B/D MO
<i>engraft solution</i>	B/D MO
LUPKYNIS	QL (6 EA per 1 days) PA (Lupkynis)
<i>mycophenolate mofetil injection</i>	B/D
<i>mycophenolate mofetil capsule, suspension reconstituted, tablet</i>	B/D MO
<i>mycophenolic acid dr</i>	B/D MO
NULOJIX	PA (nulojix, new starts only)
PROGRAF INJECTION	B/D
PROGRAF PACKET	B/D MO
SIMULECT	B/D
<i>sirolimus solution, tablet</i>	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	B/D MO
THYMOGLOBULIN	PA (intravenous immune globulin, new starts only)
ZORTRESS TABLET 1MG	B/D MO
<i>Other Miscellaneous Therapeutic Agents</i>	
ARCALYST	PA (arcalyst) LA MO
BOTOX	PA (botulinum toxin)
CERDELGA	QL (2 EA per 1 days) PA (Cerdelga) MO
CYSTADANE	PA (cystadane) MO
CYSTAGON	LA MO
<i>dalfampridine er</i>	QL (2 EA per 1 days) PA (Dalfampridine) MO
ELMIRON	PA (ELMIRON)
ENDARI	PA (Endari)
EVRYSDI	QL (6.67 ML per 1 days) PA (Evrysdi)
FIRDAPSE	QL (8 EA per 1 days) PA (Firdapse)
GALAFOLD	QL (0.5 EA per 1 days) PA (GALAFOLD) MO
<i>levocarnitine solution, tablet</i>	MO
<i>metyrosine</i>	PA (Metyrosine)
<i>miglustat</i>	PA (zavesca) LA MO
<i>nitisinone</i>	PA (Orfadin) MO
NITYR	PA (Nityr) LA
ORFADIN SUSPENSION	PA (Orfadin) MO
ORFADIN CAPSULE 20MG	PA (Orfadin) MO
RUZURGI	PA (Ruzurgi) MO
<i>sapropterin dihydrochloride</i>	PA (Sapropterin) MO
TYBOST	MO
XEOMIN	PA (botulinum toxin)

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

Drug Name	Requirements/Limits*
XURIDEN	QL (8 EA per 1 days) PA (Xuriden) MO
ZOKINVY	PA (Zokinvy)
Protective Agents	
<i>dexrazoxane</i>	
MESNEX TABLET	
Respiratory Tract Agents	
Anti-inflammatory Agents	
<i>cromolyn sodium concentrate 100mg/5ml</i>	MO
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	B/D MO
DUPIXENT INJECTION 200MG/1.14ML	PA (Dupixent)
FASENRA	PA (Fasenra)
FASENRA PEN	PA (Fasenra)
<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 INJECTION 100MG	QL (3 EA per 28 days) PA (Nucala) MO
NUCALA INJECTION 100MG/ML	QL (3 ML per 28 days) PA (Nucala) MO
<i>zafirlukast</i>	QL (2 EA per 1 days) MO
Antifibrotic Agents	
ESBRIET CAPSULE	QL (9 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO
ESBRIET TABLET 801MG	QL (3 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO
ESBRIET TABLET 267MG	QL (6 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO
OFEV	QL (2 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO
Cystic Fibrosis Transmembrane Conductance Regulator Modulators	
KALYDECO	QL (2 EA per 1 days) PA (kalydeco) MO
ORKAMBI PACKET	QL (2 EA per 1 days) PA (Orkambi) MO
ORKAMBI TABLET	QL (4 EA per 1 days) PA (Orkambi) MO
SYMDEKO	QL (2 EA per 1 days) PA (Symdeko) MO
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	QL (3 EA per 1 days) PA (TRIKAFTA) MO
Mucolytic Agents	
PULMOZYME	QL (150 ML per 30 days) B/D MO
Phosphodiesterase Type 4 Inhibitors	
DALIRESP TABLET 500MCG	PA (Daliresp) MO
DALIRESP TABLET 250MCG	QL (1 EA per 1 days) PA (Daliresp) MO
Respiratory Tract Agents, Miscellaneous	

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

Drug Name	Requirements/Limits*
ARALAST NP INJECTION 1000MG, 500MG	PA (aralast) LA
PROLASTIN-C	PA (zemaira/prolastin) LA
XOLAIR	PA (xolair) LA
ZEMAIRA	PA (zemaira/prolastin) LA
<i>Vasodilating Agents</i>	
ADEMPAS	PA (Adempas) MO
<i>ambrisentan</i>	PA (Ambrisentan) LA MO
<i>bosentan</i>	PA (Bosentan) LA MO
OPSUMIT	QL (1 EA per 1 days) PA (opsumit) MO
TRACLEER TABLET SOLUBLE	QL (4 EA per 1 days) PA (Bosentan) LA MO
<i>treprostinil</i>	PA (Treprostinil) LA
VENTAVIS	PA (Ventavis) MO
Skin and Mucous Membrane Preparations	
<i>Anti-infectives</i>	
<i>acyclovir cream 5%</i>	PA (topical antivirals)
<i>acyclovir ointment 5%</i>	PA (topical antivirals)
<i>ciclodan solution</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, solution, troche</i>	
<i>crotan</i>	
DENAVIR	PA (topical antivirals)
<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>nystatin cream 100000unit/gm</i>	
<i>nystatin ointment 100000unit/gm</i>	
<i>nystatin powder 100000unit/gm</i>	
<i>nystop</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>permethrin cream</i>	
<i>rosadan</i>	
<i>selenium sulfide lotion</i>	
<i>silver sulfadiazine cream</i>	
<i>ssd</i>	
<i>terconazole cream</i>	
<i>vandazole</i>	
<i>zazole cream 0.4%</i>	
Anti-inflammatory Agents	
<i>ala-cort</i>	
<i>alclometasone dipropionate</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 foam</i>	
<i>clobetasol propionate cream, foam, gel, lotion, ointment, shampoo, solution</i>	
<i>clodan</i>	
<i>colocort</i>	
<i>desonide cream, lotion, ointment</i>	
<i>diclofenac sodium gel 1%</i>	
<i>diclofenac sodium gel 3%</i>	QL (100 GM per 30 days) PA (diclofenac 3% gel)
<i>fluocinolone acetonide body</i>	
<i>fluocinolone acetonide scalp</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 cream 1%, 2.5%</i>	
<i>hydrocortisone enema 100mg/60ml</i>	
<i>hydrocortisone lotion 2.5%</i>	
<i>hydrocortisone ointment 2.5%</i>	
<i>hydrocortisone ointment 1%</i>	QL (100 GM per 30 days)
<i>mometasone furoate</i>	
<i>nystatin/triamcinolone</i>	
<i>oralone dental paste</i>	
<i>prednicarbate ointment</i>	
<i>procto-med hc</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>procto-pak</i>	
<i>proctosol hc</i>	
<i>proctozone-hc</i>	
<i>tovet</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	
<i>Antipruritics and Local Anesthetics</i>	
DOXEPIN HYDROCHLORIDE CREAM 5%	QL (90 GM per 30 days)
<i>glydo</i>	
<i>lidocaine hcl jelly prefilled syringe</i>	
<i>lidocaine hcl jelly gel</i>	QL (60 ML per 30 days)
<i>lidocaine hcl prefilled syringe 2%</i>	
<i>lidocaine hcl external solution 4%</i>	QL (250 ML per 30 days)
<i>lidocaine/prilocaine cream</i>	QL (60 GM per 30 days)
<i>lidocaine ointment 5%</i>	QL (70.88 GM per 30 days)
<i>lidocaine patch 5%</i>	QL (3 EA per 1 days) PA (lidocaine patches)
<i>Cell Stimulants and Proliferants</i>	
KEPIVANCE	PA (palifermin) LA
<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>	
<i>Emollients, Demulcents, and Protectants</i>	
<i>ammonium lactate cream, lotion</i>	
<i>Skin and Mucous Membrane Agents, Misc</i>	
<i>acutane</i>	PA (isotretinoin)
<i>acitretin</i>	
<i>amneesteem</i>	PA (isotretinoin)
ARAZLO	PA (tazorac)
<i>calcipotriene cream, ointment</i>	QL (120 GM per 30 days)
<i>calcipotriene solution</i>	QL (120 ML per 30 days)
<i>calcitrene</i>	QL (120 GM per 30 days)
<i>claravis</i>	PA (isotretinoin)
COSENTYX SENSOREADY PEN	PA (Cosentyx) MO
COSENTYX INJECTION 150MG/ML	PA (Cosentyx) MO
DUPIXENT INJECTION 300MG/2ML	PA (Dupixent)
<i>fluorouracil cream 5%</i>	
<i>fluorouracil external solution 2%, 5%</i>	
<i>imiquimod cream 5%</i>	
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	PA (isotretinoin)
<i>myorisan</i>	PA (isotretinoin)
PANRETIN	PA (Panretin)
<i>podofilox solution</i>	

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

Drug Name	Requirements/Limits*
QBREXZA	QL (1 EA per 1 days) PA (Qbrexza)
RECTIV	QL (30 GM per 30 days)
REGRANEX	QL (15 GM per 30 days) PA (regranex)
SANTYL	
SKYRIZI INJECTION 75MG/0.83ML	QL (2 EA per 84 days) PA (Skyrizi) MO
STELARA INJECTION 45MG/0.5ML	QL (1.5 ML per 84 days) PA (Stelara)
STELARA INJECTION 90MG/ML	QL (2 ML per 56 days) PA (Stelara)
<i>tacrolimus ointment 0.03%, 0.1%</i>	PA (topical tacrolimus)
TALTZ	PA (Taltz) MO
TARGRETIN	PA (Cancer Drugs, new starts only)
<i>tazarotene cream</i>	PA (tazorac)
TAZORAC GEL	QL (30 GM per 30 days) PA (tazorac)
TOLAK	
VALCHLOR	PA (Cancer Drugs, new starts only)
VEREGEN	
<i>zenatane</i>	PA (isotretinoin)
Smooth Muscle Relaxants	
<i>Genitourinary Smooth Muscle Relaxants</i>	
<i>flavoxate hcl</i>	MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	QL (1 EA per 1 days) ST (Myrbetriq #2) MO
<i>oxybutynin chloride er</i>	MO
<i>oxybutynin chloride syrup, tablet</i>	MO
<i>solifenacin succinate</i>	QL (1 EA per 1 days) MO
<i>tolterodine tartrate</i>	QL (2 EA per 1 days) MO
<i>tolterodine tartrate er</i>	QL (1 EA per 1 days) MO
<i>tropium chloride</i>	QL (2 EA per 1 days) MO
<i>tropium chloride er</i>	QL (1 EA per 1 days) ST (Trospium ER #2) MO
VESICARE LS	PA (Vesicare LS)
<i>Respiratory Smooth Muscle Relaxants</i>	
<i>aminophylline injection</i>	
<i>theo-24</i>	MO
<i>theophylline cr tablet extended release 12 hour 100mg, 200mg</i>	MO
<i>theophylline er tablet extended release 24 hour</i>	MO
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	MO
<i>theophylline solution</i>	MO
Vitamins	
<i>Multivitamin Preparations</i>	
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	PA (prenatal vitamins)
<i>Vitamin D</i>	
<i>calcitriol capsule, oral solution</i>	MO
<i>calcitriol injection 1mcg/ml</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>doxercalciferol injection</i>	
<i>doxercalciferol capsule</i>	MO
<i>paricalcitol injection</i>	PA (Paricalcitol)
<i>paricalcitol capsule</i>	PA (Paricalcitol) MO

You can find information on what the symbols and abbreviations on this table mean by going to page v.
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<i>abiraterone acetate</i>	8
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<i>acamprosate calcium dr</i>	31
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<i>acebutolol hydrochloride</i>	21
<i>acetaminophen/codeine</i>	25
<i>acetazolamide</i>	41
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<i>acetazolamide sodium</i>	41
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<i>acyclovir sodium</i>	5
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XPOVIO 40 MG TWICE WEEKLY	15
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This formulary was updated on 8/27/2021. 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](https://www.careoregonadvantage.org)**

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CareOregon Advantage Customer Service

CALL: 503-416-4279 or toll-free 888-712-3258, TTY 711

HOURS OF OPERATION:

8 a.m. to 8 p.m. seven days a week, October 1 to March 31

8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30



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